

SUBJECT: USE OF ADVANCE BENEFICIARY NOTICE (ABN) IN THE HOSPICE SETTING	REFERENCE #1005
DEPARTMENT: HOSPICE	PAGE: 1 OF: 3
APPROVED BY:	EFFECTIVE: REVISED:

**POLICY:**

- The Advanced Beneficiary Notice (ABN) is a written notice provided to Medicare beneficiaries informing them that Medicare may deny payment for a specific procedure or treatment, and that the beneficiary may be personally responsible for full payment if Medicare denies payment.
- This organization shall inform the patient/family in writing using the ABN form of any charges for which the patient will be liable prior to furnishing the item or service.
- The patient/family has the option of signing the form.
- If the patient signs and dates the form:
  - The appropriate modifier is included on the claim form
  - The signed, written notice is maintained in the patient's medical record
  - The claim will be sent to Medicare:
    - If Medicare does pay, the patient is not responsible for the claim.
    - If Medicare denies payment, the patient will be personally responsible for full payment.
    - The patient will have the right to appeal Medicare's decision.
- Each ABN shall be individualized for the patient and for the item or service at issue. Generic notices are not utilized.

**PROCEDURE:**

- The patient/family is informed of potential charges verbally by \_\_\_\_\_ and provided with the completed ABN form.
- The patient selects the “yes” or “no” option on the form, and signs and dates the form.
- A copy of the ABN form signed form remains with the patient/family. The original is retained in the patient's medical record.

SUBJECT: INTERDISCIPLINARY TEAM COORDINATION OF CARE	REFERENCE #2108
DEPARTMENT: HOSPICE	PAGE: 1 OF: 2
APPROVED BY:	EFFECTIVE: REVISED:

**PURPOSE:**

To ensure the coordination of services for each patient.

**POLICY:**

Hospice uses a comprehensive, coordinated healthcare process and an interdisciplinary team to provide services and aid patients, families or caregivers.

**PROCEDURE:**

- The interdisciplinary team consists of physicians, registered nurses, social workers, certified home health aides, clergy, counselors, volunteers and therapists.
- A registered nurse shall be designated to coordinate the implementation of the plan of care for each patient.
- The type and scope of services provided by the team are based upon the initial and ongoing assessments. The comprehensive plan of care defines patient, family or caregiver problems, goals and interventions.
- The exact combination of services and the level of care is unique to each patient, family and caregiver. Hospice staff maintain continuity of care throughout the patient's illness.
- The team will initiate changes as the patient, family and caregiver needs evolve during the terminal illness. It is the responsibility of the team to facilitate communication about changes in the patient's status among all assigned staff.
- The team communicates changes via telephone, one-on-one meetings, case conferences and home visits. Hospice staff include documentation of all communications in the clinical record on a communication note, Interdisciplinary Team Meeting Form, and/or clinical note. Documentation includes the date and time of the communication, individuals involved with the communication, information discussed and the outcome of the communication.
- When patients require more than one service, the team is responsible for cooperative care planning to assure goals, actions and that the interrelationship of services are not duplicated.

SUBJECT: HOSPICE PLAN AND RESPONSE TO A POTENTIAL OR ACTUAL INFLUENZA PANDEMIC OUTBREAK	REFERENCE #4033
	PAGE: 1
DEPARTMENT: HOSPICE	OF: 6
	EFFECTIVE:
APPROVED BY:	REVISED:

**POLICY:**

- When pandemic influenza is in the community, Hospice shall contact patients before the home visit to determine whether persons in the household have an influenza-like illness.
- If patients with pandemic influenza are in the home, the following will occur as appropriate:
  - Nonessential services shall be postponed.
  - Staff who are not at increased risk for complications of pandemic influenza shall be assigned to care for Hospice patients.
  - Hospice staff who enter homes where there is a person with an influenza-like illness shall follow the standard and droplet precautions.
- Infection Control Measures:
  - Hospice staff who enter homes where there is a person with an influenza-like illness shall adhere to Standard and Droplet precautions with scrupulous attention to hand hygiene.
  - The current US Department of Health and Human Services influenza plan includes the following recommendations, which shall be adhered to by the organization's staff:
    - Standard Precautions should be combined with Droplet Precautions when providing care, treatment and services to patients with diagnosed or suspected influenza.
    - Staff shall:
      - ◆ Adhere to appropriate hand hygiene protocols before, during and after providing patient care, treatment and services
      - ◆ Wear disposable gloves when providing patient care, treatment and services

SUBJECT: SCOPE OF SERVICES	REFERENCE #6001
DEPARTMENT: HOSPICE	PAGE: 1 OF: 2
APPROVED BY:	EFFECTIVE:
	REVISED:

**PURPOSE:**

To describe the services Hospice provides, including the geographical service area.

**POLICY:**

Hospice provides services intended to meet the physical, psychosocial, practical and spiritual needs of terminally ill patients, their families or caregivers.

**PROCEDURE:**

- Hospice has an office that provides a safe and adequate location related to space, facilities and administrative services.
- The Hospice office is open from 8:00 AM to 5:00 PM, Monday through Friday, except designated holidays and/or other days provided by \_\_\_\_\_ Hospital.
- Designated on-call staff are available to patients 24 hours a day, seven (7) days a week.
- Hospice provides care to persons living in the counties of \_\_\_\_\_, \_\_\_\_\_, and \_\_\_\_\_ in the state of \_\_\_\_\_.
- Hospice provides services to terminally ill patients who want Hospice care at home.
- An interdisciplinary team of professionals and volunteers develop a plan of care with each patient, family member or caregiver. This plan may include, as appropriate, the following services provided directly or via a contract:
  - Medical Director, Physician
  - Registered Nurse
  - Medical Social Worker
  - Spiritual Support Services
  - Therapists (Physical, Occupational and Speech)
  - Home Health Aide

# POSITION DESCRIPTION / PERFORMANCE EVALUATION

Job Title: Hospice Medical Director  
 Prepared by: \_\_\_\_\_  
 Date: \_\_\_\_\_

Supervised by: Administration, Board of Directors  
 Approved by: \_\_\_\_\_  
 Date: \_\_\_\_\_

**Job Summary:** Provides overall management of medical care of Hospice patients. Ensures provision of Hospice services that reflects the organization’s philosophy and standards. Adheres to all state, federal, Joint Commission and other regulatory guidelines as applicable. Works in conjunction with the patient’s attending physician. Provides direct patient care in the Hospice setting. Establishes relationships with the medical community in order to increase awareness and provide education about hospice and palliative care. Participates in the Hospice performance improvement program.

**Note:** All medical staff will be privileged and credentialed according to the rules and regulations of that specific healthcare organization. The medical staff of each department or service is responsible for peer review activities to promote continuous improvement of the quality of patient care provided by the medical staff in all departments of the healthcare organization. See your organizations Medical Staff Bylaws and Rules and Regulations to define these processes.

**DUTIES AND RESPONSIBILITIES:**

3 = Exceeds Performance                      2 = Expected Performance                      1 = Needs Improvement

**Demonstrates Competency in the Following Areas:**

Directs and coordinates medical care for the Hospice.	3	2	1
Participates in administrative decision making, establishes policies, procedures and guidelines designed to ensure the provision of adequate, comprehensive care.	3	2	1
Communicates with patients’ attending physicians and other healthcare providers regarding the Hospice’s policies, procedures and standards.	3	2	1
In conjunction with the administration, develops and implements rules, regulations and policies that govern the attending physicians that admit patients to the Hospice.	3	2	1
Monitors the clinical practice of the attending physicians; may intervene as needed on the patient’s behalf.	3	2	1
Assists in developing procedures for the emergency treatment of patients. May assume care of the patient if the attending physician is not available or the patient does not have an attending physician.	3	2	1
Assists with the development of policies and procedures for the admission, transfer or discharge of patients to other facilities when necessary.	3	2	1
Participates in patient comprehensive care planning.	3	2	1
Participates in the development and implementation of educational programs for nursing and other healthcare professionals of the Hospice.	3	2	1
Helps to ensure a safe and sanitary environment for patients and staff through review and evaluation of incident reports and identification of hazards to health and safety. Makes relevant recommendations to Administration.	3	2	1
Understands and ensures compliance with the Hospice’s policies and procedures for safety, infection control, hazardous materials and waste, etc.	3	2	1
Ensures all aspects of patient care in an environment that optimizes patient safety and reduces the likelihood of medical/health care errors.	3	2	1