

SUBJECT: HAZARD VULNERABILITY ANALYSIS (HVA)	REFERENCE #1002
DEPARTMENT: HOSPICE	PAGE: 1 OF: 2
APPROVED BY:	EFFECTIVE:
	REVISED:

POLICY:

- A Hazard Vulnerability Analysis (HVA) is performed by the Emergency Management Committee to identify areas of vulnerability so that provisions may be undertaken to lessen the severity and/or impact of an emergency/disaster.
 - The Hazard Vulnerability Analysis (HVA) identifies potential emergencies/disasters that could affect the need for the Hospice’s services or the Hospice’s ability to provide said services; the likelihood of the emergencies/disasters occurring and the consequences of the emergencies/disasters
- During the Hazard Vulnerability Analysis (HVA), the following are considered potential emergencies/disasters for this Hospice:
 - (List the types of emergencies/disasters that may affect your facility, i.e., acts of terrorism, including bioterrorism [i.e., chemical] and physical acts [i.e., acts that result in physical damage and may include severe injury and loss of life], hurricanes, earthquakes, tornadoes, hailstorms, bombs.)
- _____ Hospice and its community partners shall prioritize and document the potential emergencies/disasters identified through the Hazard Vulnerability Analysis (HVA), based on the likelihood of occurrence for which mitigation, preparation, response and recovery activities will need to be undertaken. Priorities will be set, and the Hospice’s role in relationship to the communitywide emergency management plan shall be established.
- Community partners of _____ Hospice, who shall help with defining priorities in the HVA, include:

POSITION DESCRIPTION / PERFORMANCE EVALUATION

Job Title: Hospice Executive Director/Administrator
 Prepared by: _____
 Date: _____

Supervised by: Board of Directors
 Approved by: _____
 Date: _____

Job Summary: Provides overall management of clinical, regulatory, administrative and financial direction of the organization and assumes final responsibility for all activities and staff. 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. Evaluates provision of services through performance improvement. Consults with staff, physicians, management team on problems and interpretation of organization policies to ensure patient and family needs are met. Formulates the budget. Reviews operating results of the organization, compares them to established objectives, and takes steps to ensure that appropriate measures are taken to correct unsatisfactory results.

DUTIES AND RESPONSIBILITIES:

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

Demonstrates Competency in the Following Areas:

Responsible for all aspects of the operation of the Hospice.	3	2	1
Initiates the development and implementation of policies and procedures that govern the organization.	3	2	1
Selects, employs, controls and discharges staff and develops and maintains personnel policies and practices for the Hospice.	3	2	1
Provides direction in planning, decision making and policy formulation at management meetings.	3	2	1
Plans, develops, implements and controls the annual budget for the organization.	3	2	1
Supervises the business affairs of the Hospice to ensure that funds are collected and expended to the best possible advantage.	3	2	1
Presents to the Board, and/or its committees, periodic reports reflecting the services and financial activities of the Hospice and such special reports as may be required by the Board.	3	2	1
Ensures that the Hospice maintains accreditation, licensing and quality patient care through the establishment of performance improvement monitoring programs and standards.	3	2	1
Treats patients and their families with respect and dignity.	3	2	1
Identifies and addresses psychosocial needs of patients and their families.	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
Ensures a culture of safety and quality.	3	2	1
Demonstrates knowledge of the dying patient and pain control measures. Evaluates licensed nurses' abilities to assess and reassess patients.	3	2	1
Supervises licensed nurses in their daily work.	3	2	1
Directs continuing education and inservice programs.	3	2	1

SUBJECT: HOSPICE PLAN AND RESPONSE TO A POTENTIAL OR ACTUAL INFLUENZA PANDEMIC OUTBREAK	REFERENCE #4040
	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: COMPREHENSIVE AND ONGOING ASSESSMENT	REFERENCE #9010
	PAGE: 1 OF: 3
DEPARTMENT: HOSPICE	EFFECTIVE:
APPROVED BY:	REVISED:

PURPOSE:

To provide guidelines for a comprehensive patient assessment and reassessment within the Hospice setting.

POLICY:

- The comprehensive assessment and reassessment shall identify the physical, psychosocial, emotional and spiritual needs related to the terminal illness that must be addressed in order to promote the patient’s well-being, comfort and dignity throughout the dying process.
- Data elements that allow for measurement of outcomes shall be included in all assessments, such as outcomes of treatment for pain, dyspnea, nausea, vomiting, constipation, emotional distress and spiritual needs.

PROCEDURE:

- The Hospice interdisciplinary group, in consultation with the patient’s attending physician (when applicable), shall complete and document a comprehensive assessment no later than five (5) days after the election of Hospice care.
- The comprehensive assessment shall take into account the following:
 - The nature and condition causing admission (including the presence or lack of objective data and subjective complaints)
 - Pain, including the origin, location, duration, severity and relief measures
 - Secondary symptoms related to the terminal illness, such as nausea, vomiting and respiratory distress, and patients’ response to medications and other interventions
 - Complications and risk factors that affect care planning
 - Blood pressure, pulse, respirations, temperature
 - Breath sounds
 - Skin integrity

SUBJECT: USE OF ADVANCE BENEFICIARY NOTICE OF NON-COVERAGE (ABN)	REFERENCE #11005
	PAGE: 1 OF: 5
DEPARTMENT: HOSPICE	EFFECTIVE:
APPROVED BY:	REVISED:

POLICY:

- The Advanced Beneficiary Notice of Non-Coverage (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.
- The ABN notice shall be delivered far enough in advance that the patient or representative has time to consider the options and make an informed choice.
- The ABN notice shall be delivered in person. When in-person delivery is not possible, Hospice staff may deliver the ABN via telephone contact, mail, secure fax, e-mail.
 - All methods of delivery require strict adherence to HIPAA regulations. The Hospice Agency must receive a response from the patient or patient representative in order to validate the delivery of the ABN notice.
 - Hospice staff shall note in the patient’s medical record how contact was made, if not in-person
- The ABN shall be verbally reviewed with the patient or representative, and any questions raised during that review shall be answered before the ABN is signed by the patient or patient representative.
- The three (3) situations that would require issuance of the ABN to a Hospice patient are:
 - Ineligibility because the beneficiary is not “terminally ill” as defined in §1879(g)(2) of the Act
 - Specific items or services that are billed separately from the Hospice payment, such as physician services, are not reasonable and necessary as defined in either §1862(a)(1)(A) or §1862(a)(1)(C) or
 - The level of Hospice care is determined to be not reasonable or medically necessary as defined in §1862(a)(1)(A) or §1862(a)(1)(C), specifically for the management of the terminal illness and/or related conditions