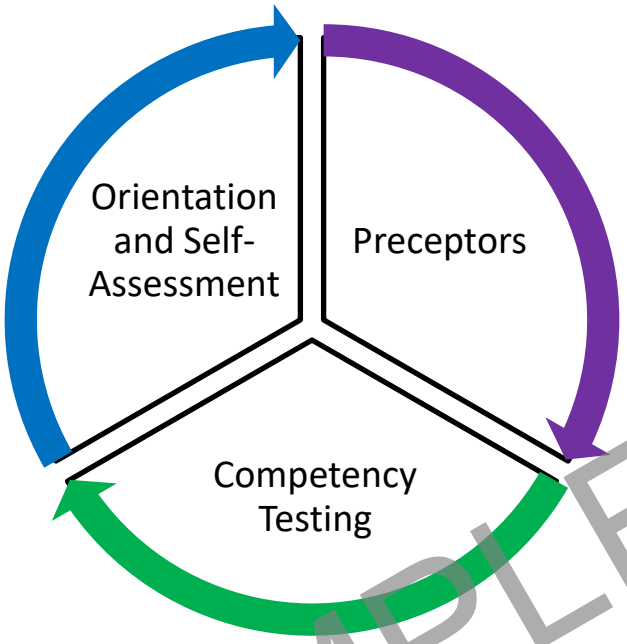
The best method to ensure that your agency's clinicians are well prepared is a three-pronged approach: a thorough orientation and self-assessment, the use of preceptors and competency testing.






**Orientation**

- Include a self-assessment of skills and hospice knowledge that allows the clinician to identify his/her perceived strengths and learning needs
- Provide classroom education on regulations that govern hospice:
  - Medicare Conditions of Participation (CoPs)
  - Medicare Conditions for Payment
  - State regulations and Medicaid Coverage; other payer requirements
  - Organizational Policies
  - Hospice Standards of Practice
  - Accreditation Standards (if applicable)
- Provide education on specific care procedures in the home setting:
  - Bag technique
  - Hand hygiene and equipment cleansing for infection control
  - Communication with the team and physician
  - Case management
  - Initial and Comprehensive assessments in the home setting

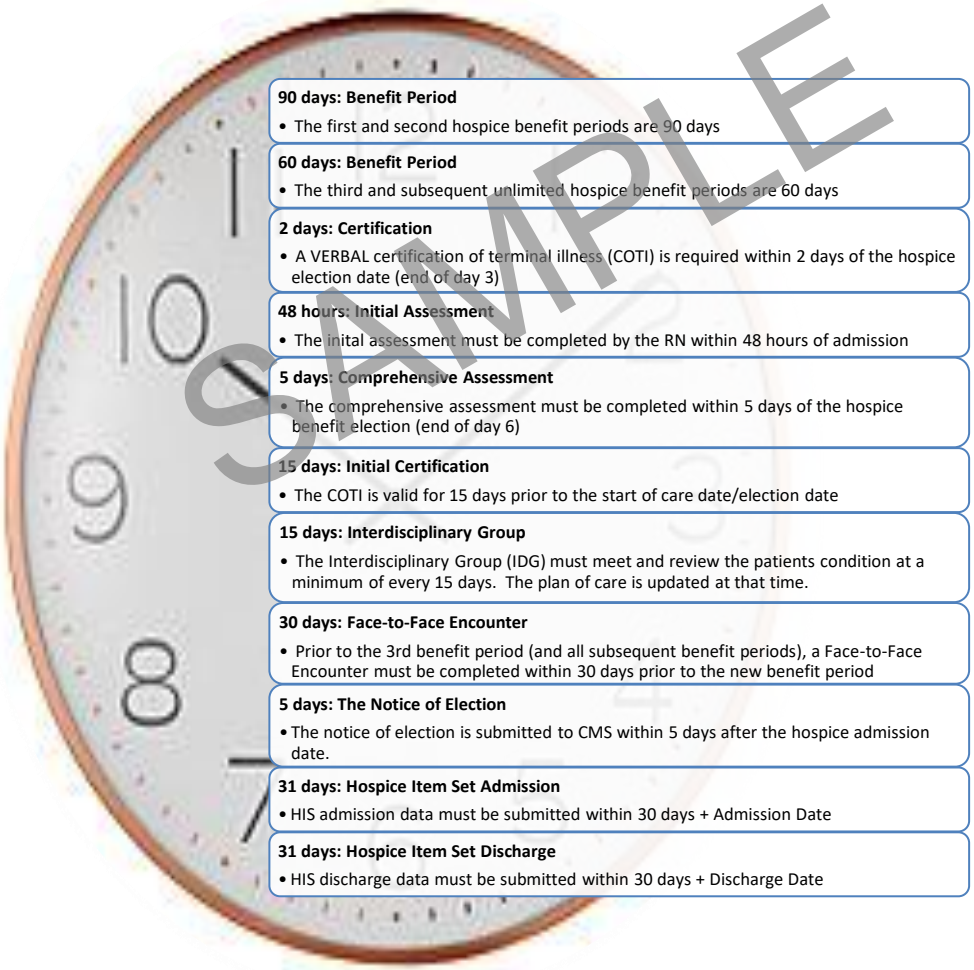
# Quick Reference #11
# Duration of Election Periods

The hospice is required to track election periods for several reasons:

- To have knowledge of whether the certification period is a 60-day or 90-day certification period
- To prepare appropriately and timely for recertification
- To arrange a face-to-face encounter prior to recertification as indicated

## Hospice Timelines

Listed below are the timelines that you should pay attention to and refer to routinely when managing the delivery of care to patients enrolled in hospice. Pay particular attention to these timelines as many of them, if completed incorrectly, will result in the hospice organization's inability to bill for the care and services provided to patients and technical issues that are not in compliance with hospice regulations.



**90 days: Benefit Period**
- The first and second hospice benefit periods are 90 days

**60 days: Benefit Period**
- The third and subsequent unlimited hospice benefit periods are 60 days

**2 days: Certification**
- A VERBAL certification of terminal illness (COTI) is required within 2 days of the hospice election date (end of day 3)

**48 hours: Initial Assessment**
- The inital assessment must be completed by the RN within 48 hours of admission

**5 days: Comprehensive Assessment**
- The comprehensive assessment must be completed within 5 days of the hospice benefit election (end of day 6)

**15 days: Initial Certification**
- The COTI is valid for 15 days prior to the start of care date/election date

**15 days: Interdisciplinary Group**
- The Interdisciplinary Group (IDG) must meet and review the patients condition at a minimum of every 15 days. The plan of care is updated at that time.

**30 days: Face-to-Face Encounter**
- Prior to the 3rd benefit period (and all subsequent benefit periods), a Face-to-Face Encounter must be completed within 30 days prior to the new benefit period

**5 days: The Notice of Election**
- The notice of election is submitted to CMS within 5 days after the hospice admission date.

**31 days: Hospice Item Set Admission**
- HIS admission data must be submitted within 30 days + Admission Date

**31 days: Hospice Item Set Discharge**
- HIS discharge data must be submitted within 30 days + Discharge Date

## Quick Reference #26
## Care in Facilities

Hospices often provide care in hospitals, nursing homes, assisted living facilities, group homes and other types of healthcare facilities. Care provided in facilities is scrutinized more stringently to assure that hospice care and services supplement the care patients receive in the facilities.

Hospices are required to work collaboratively with facility staff and implement an integrated plan of care. The hospice must focus on the palliative and end of life care needs of the patient which may be at odds with the goals of the facility staff.

Hospice staff are required to educate facility staff regarding hospice care/services and support the facility staff, patient and family as they cope with the patient's declining health and changes to the plan of care.

Significant challenges that impact the quality of hospice care provided in a facility include:

- Hospice professional management of the patient care
- Professional relationships between hospice staff and facility staff
- Integration of the hospice plan of care with the facility plan of care
- Staff education regarding end of life, hospice care, goals of care, death and dying and bereavement
- Pain and symptom management interventions

Hospices may have a number of long term care and assisted living facilities in which they provide care to hospice patients. Hospice interventions provided in nursing facilities with dying patients are essential to the hospice relationship with the facility. To optimize these relationships, the hospice manager should:

- Provide quality care to hospice patients at the facility
- Advocate for the patient
- Make recommendations regarding the treatment plan
- Build a rapport with the leadership team at the facility
- Learn the nuances of each facility and meet their needs as appropriate
- Be sensitive to facility staff reservations and disagreements with the plan of care
- Visit the facility and meet with clinical staff at least annually
- Provide staff that are consistent, helpful and patient centered to the facility
- Make efforts to ensure that the same staff visit the facility
- Offer educational initiatives in hospice topics to facility staff
- Highlight the value added by hospice care and services at the facility
- Educate facility clinical staff regarding pain and symptom management