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| **DEPARTMENT OF HEALTH SERVICES**Division of Quality Assurance F-62236 (01/2024)  | **STATE OF WISCONSIN** Chapter DHS 131, Wis. Admin. CodePage 1 of 2 |
| **HOSPICE CLINICAL RECORD REVIEW** |
| Name – HOSPICE AGENCY      | CCN/License no.      |
| Review Date      | Name – Patient      | Name – Surveyor      |
| Birth Date      | Date of Death      | Record Number (Open/Closed)      | MB Election Date/SOC      |
| [ ]  **Service Agreement** *DHS 131.17(4)(b)* [ ]  **Patient Rights**  *DHS 131.19/L502* [ ]  **Advance Directive** *L503* |
| Certification Period Reviewed  | **Certification of Terminal Illness** |
|       | [ ]  Initial 90 days (both) [ ]  Subsequent 90 – 60 (either)[ ]  Medical Director [ ]  Medical Director[ ]  Attending MD [ ]  Narrative [ ]  Attending MD |
| **Diagnosis**  |
|       |
| **Patient Resides In** |
| *[ ]*  Home [ ]  ALF [ ]  SNF [ ]  Currently Inpatient [ ]  Other:       |
| **Initial Plan of Care** – Initial Assessment Completed within 48 hours from election of hospice care [ ]  Yes [ ]  No *DHS 131.21(2)*  |
| A nurse and one other core team person develop the POC*. [DHS 131.21(2)(c)]**[ ]*  Attending MD [ ]  RN [ ]  Medical Director / Physician [ ]  Social Worker [ ]  Counselor |
| **Revised Plan of Care/IDGs** – Disciplines must attend IDG: [ ]  RN [ ]  Med. Dir. / Phys. [ ]  SW [ ]  Counselor *CFR 418.56(d)* *(at least every 15 days)* *DHS 131.21(3)(c)* |
| **Date** | **IDG Discussion / Comments** |
|       |       |
|       |       |
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|       |       |
|  Content of Plan of Care *CFR 418.56(c) / DHS 131.21(3)(b)*  | Nursing Assessment *CFR 418.54(c) & DHS 131.20(3)*  |
| ***PLAN OF CARE*** | **YES** | **NO** | **Comments** |
| Scope and Frequency of Services on POC | [ ]  | [ ]  |       |
| Individualized to Patient  | [ ]  | [ ]  |       |
| Individualized interventions to manage pain/symptoms | [ ]  | [ ]  |       |
| Include Patient/Caregiver Goals of Care/Measurable  | [ ]  | [ ]  |       |
| IDG maintains responsibility for directing/coordinating, and supervising the care/service provided  | [ ]  | [ ]  |       |
| Facility Patients have delineated services on the POC  | [ ]  | [ ]  |       |
| ***NURSING ASSESSMENT***  | **YES** | **NO** | **Comments** |
| Assessments Complete, Consistent person centered/Individualized to patient | [ ]  | [ ]  |       |
| 1st Comprehensive Assessment completed in 5 calendar Days after election of hospice care  | [ ]  | [ ]  |       |
| Care/Service in accordance with POC  | [ ]  | [ ]  |       |
| Medication Reconciliation Assessed  | [ ]  | [ ]  |       |
| Regular Pain/Symptom Management  | [ ]  | [ ]  |       |
| ***ADDITIONAL COMMENTS*** |       |
| **Home Health Aide**  |
| **Assignment Date** *418.76(g) & 131.26(2)(a)* | **Documentation** *CFR 418.104 & DHS 131.33*[ ]  Yes [ ]  No | **Supervision Every 2 Weeks** *418.76(h) & 131.26(2)(c)*[ ]  Yes [ ]  No |
| **Volunteers/Companions**  |
| **Assignment Date** *DHS 131.26(1)(b)*      | **Documentation** *CFR 418.104 & DHS 131.33*[ ]  Yes [ ]  No |
| **Physician Orders** (Orders Signed Within 20 Business Days) [ ]  Yes [ ]  No *DHS 131.21(2)(d)* |
| **Bereavement Care Plan and Services Documentation** *CFR 418.64(d) & DHS 131.21(3)(d)* |
| Compatible with Core Team Direction Within the Plan of Care (POC). [ ]  Yes [ ]  No  |
| **Social Services** – Provided by a Qualified Person in Accordance with the POC [ ]  Yes [ ]  No [ ]  N/A *CFR 418.64 & DHS 131.25(5)* |
| **Closed Record Reviews** *CFR 418.104* |
| Review care provided in the final days of life, post-death bereavement counseling and services for the family and caregivers. [ ]  Yes [ ]  No Live discharges, explore the circumstances leading to the cessation of hospice services. [ ]  Yes [ ]  No **Revoked/Discharged/Transfer Patients to have record of:**Discharge Summary/Patient’s clinical record sent to Primary Attending MD if requested (L683/682) [ ]  Yes [ ]  No **Discharge of Summary required information:**Summary of Care, POC, Current/new orders; and other information for continuity of care (L684) [ ]  Yes [ ]  No  |
| **Controlled Drug Disposal** *CFR 418.106 & DHS 131.32(2)(G)* |
| Has the RN participated? [ ]  Yes [ ]  No  | Has the RN educated the family on how to dispose of drugs? [ ]  Yes [ ]  No  |
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| **TAG** | **COMMENTS** |
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