

HOSPICE PROGRAM REVIEW WORKSHEET

Review Date	Surveyor No.	Hospice License No.
-------------	--------------	---------------------

Service Agreement

DHS 131.17(4)(b) and 131.19(2)(L) and (m)

- Identification of services
- Identification of setting for the provision of services
- Fees to be charged/service costs
- Patient responsibility
- Authorized signature

Bereavement

CFR 418.64(d); DHS 131.25(6)(a)

- Organized program supervised by qualified individuals specified by hospice
- Orientation and training to individuals providing bereavement services to ensure continuity of care
- Assignment, supervision, and evaluation of individuals performing bereavement services
- Service intervention either directly or through trained bereavement counselors
- Referrals of family members to community programs where appropriate
- Plan reflects needs of bereaved
- Plan available following individual's death for up to one year

Infection Control

CFR 418.60; DHS 131.23 and .24

- Maintain and document an effective program
- Follow accepted standards of practice, including the use of standard precautions
Standard of practice utilized: _____
- Maintain agency-wide program for the surveillance, identification, prevention, control, and investigation of infectious and communicable disease
- Is an integral part of Quality Assessment Performance Improvement (QAPI)
- Provide education and training for employees, contracted providers, patients, and caregivers
- Screen for TB and other clinically apparent communicable disease
- Assures employees with signs/symptoms of communicable disease are not permitted to work unless authorized to do so by physician / physician's assistant / advanced practice nurse

Availability of Clergy

CFR 418.64(d)3; DHS 131.25(6)

- Arrangement made for availability

Clinical Records

CFR 418.104(c); DHS 131.33(4)(d)

- Policy – Safeguarded against loss, destruction, and unauthorized use