

HOSPICE INPATIENT CLINICAL RECORD REVIEW – INTERVIEWS

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| Provider License No. | Surveyor No. | Date – Review |
|----------------------|--------------|---------------|

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|----------------|---------------|----------------------------|
| Name – Patient | Date of Birth | Date – Inpatient Admission |
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Reimbursement Source: Medicare Medicaid Insurance Private Pay

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|-----------|---|
| Diagnosis | Reason For Admission <input type="checkbox"/> Pain / Symptom Management <input type="checkbox"/> Respite |
|-----------|---|

Yes No **L781** Evidence that hospice provided inpatient provider with required information

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| Hospice Plan of Care | Date – Hospice Provided POC: |
|-----------------------------|------------------------------|

Yes No **L655, L773, L775, P832** – Established and maintained in consultation and participation of facility representative and patient/family

Yes No **L774** – Identifies care and services with responsible party

Yes No **L776** – Changes in POC discussed with facility representative and patient/family

Yes No **L655** – Care provided in safe and effective manner by qualified personnel

Interview – Patient or Spokesperson

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|------------------|-------------------------|--|
| Date – Interview | Services Being Provided | Are needs met? <input type="checkbox"/> Yes <input type="checkbox"/> No (<i>Explain.</i>) |
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Patient Response to Intervention

Facility Response to Requests (Patient and/or Family Needs)

Identification of Unmet Patient and/or Family Needs

Interview – Unit Manager / Inpatient Staff *CFR 418.100(e) Assess knowledge of hospice philosophy and services.*

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| Date – Interview | Name – Manager |
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L777, L778, P834 – Coordination and continuity of care

L779, L780 – Communication between hospice and inpatient provider, including with hospice interdisciplinary group

L782 – Hospice orientation and training to inpatient provider staff

Supervision of Staff