

HOSPICE SURVEY STATISTICS
April - June 2015

	Department of Health Services, State of Wisconsin	
Federal Tag Cited	Regulation Language	Number of Cites
418.56(b) Plan of Care	All hospice care and services furnished to patients and their families must follow an individualized written plan of care established by the hospice interdisciplinary group in collaboration with the attending physician (if any), the patient or representative, and the primary caregiver in accordance with the patient's needs if any of them so desire.	3
418.56(c) Content of Plan of Care	The hospice must develop an individualized written plan of care for each patient. The plan of care must reflect patient and family goals and interventions based on the problems identified in the initial, comprehensive, and updated comprehensive assessments. The plan of care must include all services necessary for the palliation and management of the terminal illness and related conditions, including the following:	3
418.56(C)(2)Content of Plan of Care	[The plan of care must include all services necessary for the palliation and management of the terminal illness and related conditions, including the following:](2) A detailed statement of the scope and frequency of services necessary to meet the specific patient and family needs.	2
418.60(A) Prevention	The hospice must follow accepted standards of practice to prevent the transmission of infections and communicable diseases, including the use of standard precautions.	2
418.54 Initial & Comprehensive Assessment	Condition of Participation	1
418.54(c)(2) Program Activities	(2) Performance improvement activities must track adverse patient events, analyze their causes, and implement preventive actions and mechanisms that include feedback and learning throughout the hospice.	1
418.54 (c)(6) Content of Comprehensive Assessment	[The comprehensive assessment must take into consideration the following factors:] (6) Drug profile. A review of all of the patient's prescription and over-the-counter drugs, herbal remedies and other alternative treatments that could affect drug therapy. This includes, but is not limited to, identification of the following: (i) Effectiveness of drug therapy(ii) Drug side effects (iii) Actual or potential drug interactions(iv) Duplicate drug therapy(v) Drug therapy currently associated with laboratory monitoring.	1

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418.54(d) Update of Comprehensive Assessment	The update of the comprehensive assessment must be accomplished by the hospice interdisciplinary group (in collaboration with the individual's attending physician, if any) and must consider changes that have taken place since the initial assessment. It must include information on the patient's progress toward desired outcomes, as well as a reassessment of the patient's response to care. The assessment update must be accomplished as frequently as the condition of the patient requires, but no less frequently than every 15 days.	1
418.54(e)(1) Patient Outcome Measures	(1) The comprehensive assessment must include data elements that allow for measurement of outcomes. The hospice must measure and document data in the same way for all patients. The data elements must take into consideration aspects of care related to hospice and palliation.	1
418.56 IDG, Care Planning, Coordination of	Condition of Participation	1
418.56(e)(3) Content of Plan of Care	[The plan of care must include all services necessary for the palliation and management of the terminal illness and related conditions, including the following:](3) Measurable outcomes anticipated from implementing and coordinating the plan of care.	1
418.58 Quality Assessment & Performance	Condition of Participation	1
418.58 Quality Assessment & Performance	The hospice must develop, implement, and maintain an effective, ongoing, hospice-wide data-driven quality assessment and performance improvement program. The hospice's governing body must ensure that the program: reflects the complexity of its organization and services; involves all hospice services (including those services furnished under contract or arrangement); focuses on indicators related to improved palliative outcomes; and takes actions to demonstrate improvement in hospice performance. The hospice must maintain documentary evidence of its quality assessment and performance improvement program and be able to demonstrate its operation to CMS.	1
418.58(b)(3) Program Data	(3) The frequency and detail of the data collection must be approved by the hospice's governing body.	1
418.58(e)(1) Executive Responsibilities	The hospice's governing body is responsible for ensuring the following:(1)That an ongoing program for quality improvement and patient safety is defined, implemented, and maintained, and is evaluated annually.	1
418.58(e)(2) Executive Responsibilities	[The hospice's governing body is responsible for ensuring the following:](2) That the hospice-wide quality assessment and performance improvement efforts address priorities for improved quality of care and patient safety, and that all improvement actions are evaluated for effectiveness.	1

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418.58(e)(3) Executive Responsibilities	[The hospice's governing body is responsible for ensuring the following:](3) That one or more individual(s) who are responsible for operating the quality assessment and performance improvement program are designated.	1
418.64(b)(1) Nursing Services	(1) The hospice must provide nursing care and services by or under the supervision of a registered nurse. Nursing services must ensure that the nursing needs of the patient are met as identified in the patient's initial assessment, comprehensive assessment, and updated assessments.	1
418.76(h)(1)(i) Supervision of Hospice Aides	(i) A registered nurse must make an on-site visit to the patient's home:(i) No less frequently than every 14 days to assess the quality of care and services provided by the hospice aide and to ensure that services ordered by the hospice interdisciplinary group meet the patient's needs. The hospice aide does not have to be present during this visit.	1
418.100 Organizational Environment	Condition of Participation	1
418.100(b) Governing Body and Administrator	A governing body (or designated persons so functioning) assumes full legal authority and responsibility for the management of the hospice, the provision of all hospice services, its fiscal operations, and continuous quality assessment and performance improvement. A qualified administrator appointed by and reporting to the governing body is responsible for the day-to-day operation of the hospice. The administrator must be a hospice employee and possess education and experience required by the hospice's governing body.	1
418.100(e) Professional Management Responsibility	A hospice that has a written agreement with another agency, individual, or organization to furnish any services under arrangement must retain administrative and financial management, and oversight of staff and services for all arranged services, to ensure the provision of quality care. Arranged services must be supported by written agreements that require that all services be--(1) Authorized by the hospice; (2) Furnished in a safe and effective manner by qualified personnel; and (3) Delivered in accordance with the patient's plan of care.	1
418.104(c) Protection of Information	The clinical record, its contents and the information contained therein must be safeguarded against loss or unauthorized use. The hospice must be in compliance with the Department's rules regarding personal health information as set out at 45 CFR parts 160 and 164.	1
418.112 Residents of SNF/ NF or ICF/MR	Condition of Participation	1

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<p>Federal Tag Cited</p>	<p>Regulation Language</p>	<p>Number of Cites</p>
<p>418.112(b) Professional Management</p>	<p>The hospice must assume responsibility for professional management of the resident's hospice services provided, in accordance with the hospice plan of care and the hospice conditions of participation, and make any arrangements necessary for hospice-related inpatient care in a participating Medicare/Medicaid facility according to §418.100 and §418.108.</p>	<p align="center">1</p>
<p>418.112(d) Hospice Plan of Care</p>	<p>In accordance with §418.56, a written hospice plan of care must be established and maintained in consultation with SNF/NF or ICF/MR representatives. All hospice care provided must be in accordance with this hospice plan of care.</p>	<p align="center">1</p>
<p>418.112(e)(3) Coordination of Services</p>	<p>The hospice must:](3) Provide the SNF/NF or ICF/MR with the following information:(i) The most recent hospice plan of care specific to each patient;(ii) Hospice election form and any advance directives specific to each patient;(iii) Physician certification and recertification of the terminal illness specific to each patient; (iv) Names and contact information for hospice personnel involved in hospice care of each patient;(v) Instructions on how to access the hospice's 24-hour on-call system;(vi) Hospice medication information specific to each patient; and(vii) Hospice physician and attending physician (if any) orders specific to each patient.</p>	<p align="center">1</p>

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	Department of Health Services, State of Wisconsin	
Total Federal Tags		33

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	<p>Department of Health Services, State of Wisconsin</p>	
State Tags Cited	Code Language	Number of Cites
131.21(3)(b) Plan of Care	<p>PLAN OF CARE. Content of the plan of care. The hospice shall develop an individualized written plan of care for each patient. The plan of care shall reflect patient and family goals and interventions based on the problems identified in the initial, comprehensive, and updated comprehensive assessments. The plan of care shall include all services necessary for the palliation and management of the terminal illness and related conditions.</p>	3
131.21(1) Plan of Care	<p>GENERAL REQUIREMENTS. A written plan of care shall be established and maintained for each patient admitted to the hospice program and the patient's family. The hospice plan of care is a document that describes both the palliative and supportive care to be provided by the hospice to the patient and the patient's family, as well as the manner by which the hospice will provide that care. The care provided to the patient and the patient's family shall be in accordance with the plan of care.</p>	2
131.21(3)(b) Plan of Care	<p>PLAN OF CARE. Content of the plan of care. The hospice shall develop an individualized written plan of care for each patient. The plan of care shall reflect patient and family goals and interventions based on the problems identified in the initial, comprehensive, and updated comprehensive assessments. The plan of care shall include all services necessary for the palliation and management of the terminal illness and related conditions.</p>	2
131.23(2) Infection Control	<p>PREVENTION. The hospice shall follow accepted standards of practice to prevent the transmission of infections and communicable diseases, including the use of standard precautions.</p>	2
131.20(3)(b) Assessment	<p>CONTENT OF THE COMPREHENSIVE ASSESSMENT. The comprehensive assessment shall identify the physical, psychosocial, emotional, and spiritual needs related to the terminal illness that shall be addressed in order to promote the hospice patient's well-being, comfort, and dignity throughout the dying process. The comprehensive assessment shall take into consideration the following factor: Complications and risk factors that affect care planning.</p>	1
State Tags Cited	Code Language	Number of Cites

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	<p>Department of Health Services, State of Wisconsin</p>	
<p>131.20(3)(f) Assessment</p>	<p>CONTENT OF THE COMPREHENSIVE ASSESSMENT. The comprehensive assessment shall identify the physical, psychosocial, emotional, and spiritual needs related to the terminal illness that shall be addressed in order to promote the hospice patient's well-being, comfort, and dignity throughout the dying process. The comprehensive assessment shall take into consideration the following factor: Drug profile. A review of the patient's prescription and over-the-counter drugs, herbal remedies and other alternative treatments that could affect drug therapy.</p>	<p align="center">1</p>
<p>131.20(4) Assessment</p>	<p>UPDATE OF THE COMPREHENSIVE ASSESSMENT. The update of the comprehensive assessment shall be accomplished by the hospice interdisciplinary group in collaboration with the individual's attending physician, if any, and shall consider changes that have taken place since the initial assessment. The comprehensive assessment shall include information on the patient's progress toward desired outcomes, as well as a reassessment of the patient's response to care. The assessment update shall be accomplished as frequently as the condition of the patient requires, but no less frequently than every 15 days. The hospice interdisciplinary group shall primarily meet in person to conduct the update of the comprehensive assessment.</p>	<p align="center">1</p>
<p>131.20(5)(a) Assessment</p>	<p>PATIENT OUTCOME MEASURES. The comprehensive assessment shall include data elements that allow for measurement of outcomes. The hospice shall measure and document data in the same way for all patients.</p>	<p align="center">1</p>
<p>131.21(3)(b)3 Plan of Care</p>	<p>PLAN OF CARE. Content of the plan of care. The hospice shall develop an individualized written plan of care for each patient. The plan of care shall reflect patient and family goals and interventions based on the problems identified in the initial, comprehensive, and updated comprehensive assessments. The plan of care shall include all services necessary for the palliation and management of the terminal illness and related conditions, including the following: Measurable outcomes anticipated from implementing and coordinating the plan of care.</p>	<p align="center">1</p>
<p>131.22(1)(a) Quality assessment & performance improvement</p>	<p>PROGRAM STANDARDS. The hospice shall develop, implement, and maintain an effective, ongoing, hospice-wide data-driven quality assessment and performance improvement program.</p>	<p align="center">1</p>

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<p>131.22(3)(i) Quality assessment & performance improvement</p>	<p>PROGRAM DATA. The frequency and detail of the data collection shall be approved by the hospice's governing body.</p>	<p align="center">1</p>
<p>131.22(6)(a) Quality assessment & performance improvement</p>	<p>EXECUTIVE RESPONSIBILITIES. The hospice's governing body is responsible for ensuring the following: That an ongoing program for quality improvement and patient safety is defined, implemented, and maintained, and is evaluated annually.</p>	<p align="center">1</p>
<p>131.22(6)(b) Quality assessment&performance improvement</p>	<p>EXECUTIVE RESPONSIBILITIES. The hospice's governing body is responsible for ensuring the following: That the hospice-wide quality assessment and performance improvement efforts address priorities for improved quality of care and patient safety, and that all improvement actions are evaluated for effectiveness.</p>	<p align="center">1</p>
<p>131.22(6)(c) Quality assessment & performance improvement</p>	<p>EXECUTIVE RESPONSIBILITIES. The hospice's governing body is responsible for ensuring the following: That one or more individuals who are responsible for operating the quality assessment and performance improvement program are designated.</p>	<p align="center">1</p>
<p>131.25(4)(a)1 Core Services</p>	<p>NURSING SERVICES. Nursing services shall be provided by or under the supervision of a registered nurse and shall consist of the following: Regularly assessing the patient's nursing needs, implementing the plan of care provisions to meet those needs and reevaluating the patient's nursing needs.</p>	<p align="center">1</p>
<p>131.26(2)(c)1 Non-core services</p>	<p>NURSE AIDE SERVICES. The hospice may provide nurse aide services as follows: Supervision of nurse aides. A registered nurse shall make an on-site visit to the patient's home no less frequently than every 14 days to assess the quality of care and services provided by the nurse aide and to ensure that services ordered by the hospice interdisciplinary group meet the patient's needs. The nurse aide does not have to be present during this visit.</p>	<p align="center">1</p>
<p>131.28(1) Governing Body</p>	<p>Each hospice shall have a governing body that assumes full legal responsibility for determining, implementing and monitoring the overall conduct and operation of the program, including the quality of the care and services.</p>	<p align="center">1</p>
<p>131.30(2)(c) Professional management responsibility`</p>	<p>CONTRACT SERVICES. The hospice may contract with other providers for the provision of services to a patient or the patient's family, or both, in which case the hospice shall retain responsibility for the quality, availability, safety, effectiveness, documentation and overall coordination of the care provided to the patient or the patient's family, or both, as directed by the hospice plan of care. The hospice shall: Evaluate the services provided under a contractual arrangement on an annual basis.</p>	<p align="center">1</p>

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131.33(1) Clinical record	GENERAL. A hospice shall establish a single and complete clinical record for every patient. Clinical record information shall remain confidential except as required by law or a third-party contract.	1
131.33(3)(a) Clinical record	CONTENT. A patient's clinical record shall contain all of the following: The initial, integrated and updated plans of care prepared under s. DHS 131.21.	1
131.33(3)(4) Clinical record	CONTENT. A patient's clinical record shall contain all of the following: Complete documentation of all services provided to the patient or the patient's family or both, including: Coordination of activities.	1
Total State		26
Total Tags Cited:		59

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	<p>Department of Health Services, State of Wisconsin</p>	
Surveys Completed:		
	State Licensing	0
	Recertification	5
	Initials	0
	Complaints	4
	Revisits	6
Total Complaints Received:		6
Complaints Assigned for Investigation:		5
Complaint Subject Areas:	<ul style="list-style-type: none"> Administrative Personnel (1) Admission, Transfer & Discharge Rights (1) Other (1) Resident/Patient/Client Rights (1) Quality of Care and Treatment (2) 	