

HOSPICE SURVEY STATISTICS
April - June 2016

	<p align="center">Department of Health Services, State of Wisconsin</p>	
<p align="center">Federal Tag Cited</p>	<p align="center">Regulation Language</p>	<p align="center">Number of Cites</p>
<p>418.56(c)(3) Content of Plan of Care (measuring outcomes)</p>	<p>[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.</p>	<p align="center">5</p>
<p>418.56(c) Content of Plan of Care</p>	<p>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:</p>	<p align="center">3</p>
<p>418.56 Idg, Care Planning, Coordination of Services</p>	<p>Condition of participation</p>	<p align="center">2</p>
<p>418.56(d) Review of the Plan of Care (content)</p>	<p>A revised plan of care must include information from the patient's updated comprehensive assessment and must note the patient's progress toward outcomes and goals specified in the plan of care.</p>	<p align="center">2</p>
<p>418.52 Patients' Rights</p>	<p>Condition of participation</p>	<p align="center">1</p>
<p>418.52(c)(1) Rights of the Patient (pain management)</p>	<p>The patient has a right to the following: (1) Receive effective pain management and symptom control from the hospice for conditions related to the terminal illness;</p>	<p align="center">1</p>
<p>418.52(c)(7) Rights of the Patient (to be informed)</p>	<p>[The patient has a right to the following:] (7) Receive information about the services covered under the hospice benefit;</p>	<p align="center">1</p>
<p>418.56(a)(1) Approach to Service Delivery</p>	<p>The hospice must designate a registered nurse that is a member of the interdisciplinary group to provide coordination of care and to ensure continuous assessment of each patient's and family's needs and implementation of the interdisciplinary plan of care.</p>	<p align="center">1</p>
<p>418.56(b) Plan of Care (participants in process)</p>	<p>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.</p>	<p align="center">1</p>
<p>418.56(c)(1) Content of the Plan of Care (pain and symptom management)</p>	<p>[The plan of care must include all services necessary for the palliation and management of the terminal illness and related conditions, including the following:] (1) Interventions to manage pain and symptoms.</p>	<p align="center">1</p>
<p>418.56(d) Review of the Plan of Care (periodic revision)</p>	<p>The hospice interdisciplinary group (in collaboration with the individual's attending physician, (if any) must review, revise and document the individualized plan as frequently as the patient's condition requires, but no less frequently than every 15 calendar days.</p>	<p align="center">1</p>
<p>418.56(e)(2) Coordination of Services</p>	<p>[The hospice must develop and maintain a system of communication and integration, in accordance with the hospice's own policies and procedures, to-] (2) Ensure that the care and services are provided in accordance with the plan of care.</p>	<p align="center">1</p>
<p>418.58 Quality Assessment & Performance</p>	<p>Condition of participation</p>	<p align="center">1</p>
<p>418.58 Quality Assessment & Performance (elements of program)</p>	<p>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.</p>	<p align="center">1</p>

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418.58(e)(1) Executive Responsibilities (quality improvement)	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
418.60 Infection Control	The hospice must maintain and document an effective infection control program that protects patients, families, visitors, and hospice personnel by preventing and controlling infections and communicable diseases.	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
418.78(e) Level of Activity (volunteer coordination)	Volunteers must provide day-to-day administrative and/or direct patient care services in an amount that, at a minimum, equals 5 percent of the total patient care hours of all paid hospice employees and contract staff. The hospice must maintain records on the use of volunteers for patient care and administrative services, including the type of services and time worked.	1
418.100 Organizational Environment	Condition of participation	1
418.100(b) Governing Body and Administrator (duties)	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
418.104(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
418.106(f)(1) User & Maintenance of Equipment & Supplies (according to manufacturers' specifications)	The hospice must ensure that manufacturer recommendations for performing routine and preventive maintenance on durable medical equipment are followed. The equipment must be safe and work as intended for use in the patient's environment. Where a manufacturer recommendation for a piece of equipment does not exist, the hospice must ensure that repair and routine maintenance policies are developed. The hospice may use persons under contract to ensure the maintenance and repair of durable medical equipment.	1
418.112(e)(1)(ii) Coordination of Services (communication with other subacute care providers)	[The designated interdisciplinary group member is responsible for:] (ii) Communicating with SNF/NF or ICF/MR representatives and other health care providers participating in the provision of care for the terminal illness and related conditions and other conditions to ensure quality of care for the patient and family.	1
Total Federal Tags		31

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	<p align="center">Department of Health Services, State of Wisconsin</p>	
<p>State Tags Cited</p>	<p>Code Language</p>	<p>Number of Cites</p>
<p>131.21(3)(b)3 Plan of Care (contents)</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">5</p>
<p>131.21(3)(b) Plan of Care (contents)</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.</p>	<p align="center">3</p>
<p>131.21(2)(c) Plan of Care (development responsibility)</p>	<p>INITIAL PLAN OF CARE. The initial plan of care shall be developed jointly by the employee who performed the initial assessment and at least one other member of the core team.</p>	<p align="center">2</p>
<p>131.21(3)(c) Plan of Care (development responsibility)</p>	<p>PLAN OF CARE. Review of the plan of care. The hospice interdisciplinary group in collaboration with the individual's attending physician, if any, shall review, revise and document the individualized plan as frequently as the patient's condition requires, but no less frequently than every 15 calendar days. A revised plan of care shall include information from the patient's updated comprehensive assessment and shall note the patient's progress toward outcomes and goals specified in the plan of care. The hospice interdisciplinary group shall primarily meet in person to review and revise the individualized plan of care.</p>	<p align="center">2</p>
<p>131.25(4)(a)1 Core Services (enumeration)</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">2</p>
<p>131.19(2)(a) Patient Rights (pain management)</p>	<p>RIGHTS OF PATIENTS. In addition to rights to the information under sub. (1), each patient shall have the following right: To receive effective pain management and symptom control from the hospice for conditions related to the terminal illness.</p>	<p align="center">1</p>
<p>131.19(2)(m) Patient Rights (to be informed of costs)</p>	<p>RIGHTS OF PATIENTS. In addition to rights to the information under sub. (1), each patient shall have the following right: To be informed of those items and services that the hospice offers and for which the resident may be charged and the amount of charges for those services.</p>	<p align="center">1</p>
<p>131.21(1) Plan of Care (contents and purpose)</p>	<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>	<p align="center">1</p>
<p>131.21(3)(b)1 Plan of Care (pain management)</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: Interventions to manage pain and symptoms.</p>	<p align="center">1</p>
<p>131.22(1)(c) Quality Assessment and Performance Improvement (record maintenance)</p>	<p>PROGRAM STANDARDS. The hospice shall maintain documentary evidence of its quality assessment and performance improvement program and be able to demonstrate its operation to the department.</p>	<p align="center">1</p>

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	Department of Health Services, State of Wisconsin	
State Tags Cited	Code Language	Number of Cites
131.22(6)(a) Quality Assessment and Performance Improvement (governing body)	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.	1
131.23(1) Infection Control	INFECTION CONTROL PROGRAM. The hospice shall maintain and document an effective infection control program that protects patients, families, visitors, and hospice employees by preventing and controlling infections and communicable diseases.	1
131.28(1) Governing Body (quality control)	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.	1
131.30(2) Professional Management Responsibility (contracting services)	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:	1
131.30(2)(c) Professional Management Responsibility (contracting services)	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.	1
131.33(4)(d) Clinical Record (security)	AUTHENTICATION. Protection of information. Written record policies shall ensure that all record information is safeguarded against loss, destruction and unauthorized usage.	1
50.065(6)(AM) Four Year Caregiver Background Requirement	Every 4 years an entity shall require its caregivers and nonclient residents to complete a background information form that is provided to the entity by the Department.	1
Total State		26
Total Tags Cited:		57

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	Department of Health Services, State of Wisconsin	
	Surveys Completed:	
	State Licensing	0
	Recertification	9
	Initials	0
	Complaints	8
	Other	0
	Revisits	0
Total Complaints Received:		7
Complaints Assigned for Investigation:		7
Complaint Subject Areas:	Quality of Care/Treatment (2) Nursing Services (5)	