

HOSPICE SURVEY STATISTICS
July - September 2016

	Department of Health Services, State of Wisconsin	
Federal Tag Cited	Regulation Language	Number of Cites
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.	5
418.56(c)(3) Content of Plan of Care (measuring implementation 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.	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 IDG, Care Planning, Coordination of Services	Condition of participation	2
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
418.56(d) Review of the Plan of Care (content)	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.	2
418.60 Infection Control	Condition of participation	2
418.60 Infection Control (standard)	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.	2
418.60(b)(1) Control	The hospice must maintain a coordinated agency-wide program for the surveillance, identification, prevention, control, and investigation of infectious and communicable diseases that-(1) Is an integral part of the hospice's quality assessment and performance improvement program; and	2
418.60(b)(2) Control	[The hospice must maintain a coordinated agency-wide program for the surveillance, identification, prevention, control, and investigation of infectious and communicable diseases that-] (2) Includes the following: (i) A method of identifying infectious and communicable disease problems; and (ii) A plan for implementing the appropriate actions that are expected to result in improvement and disease prevention.	2
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.	2
418.52(c)(4) Rights of the Patient (choice of physicians)	[The patient has a right to the following:] (4) Choose his or her attending physician;	1
418.54(b) Timeframe for Completion of Assessments	The hospice interdisciplinary group, in consultation with the individual's attending physician (if any), must complete the comprehensive assessment no later than 5 calendar days after the election of hospice care in accordance with §418.24.	1
418.56(a)(1) Approach to Service Delivery	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.	1

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418.56(b) Plan of Care (participants in process)	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.	1
418.56(d) Review of the Plan of Care (periodic revision)	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.	1
418.56(e)(1) Coordination of Services	The hospice must develop and maintain a system of communication and integration, in accordance with the hospice's own policies and procedures, to--(1) Ensure that the interdisciplinary group maintains responsibility for directing, coordinating, and supervising the care and services provided.	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(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
418.102(b) Initial Certification of Terminal Illness	The medical director or physician designee reviews the clinical information for each hospice patient and provides written certification that it is anticipated that the patient's life expectancy is 6 months or less if the illness runs its normal course. The physician must consider the following when making this determination: (1) The primary terminal condition; (2) Related diagnosis(es), if any; (3) Current subjective and objective medical findings; (4) Current medication and treatment orders; and (5) Information about the medical management of any of the patient's conditions unrelated to the terminal illness.	1
418.104(f) Retrieval of Clinical Records	The clinical record, whether hard copy or in electronic form, must be made readily available on request by an appropriate authority.	1
418.112(e)(3) Coordination of Services	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.	1
Total Federal Tags		38

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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>131.23(2) Infection Control</p>	<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>	<p align="center">5</p>
<p>131.21(3)(b)3. Plan of Care (measurable outcomes)</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">3</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(3)(b)2. 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: A detailed statement of the scope and frequency of services necessary to meet the specific patient and family needs.</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>131.23(1) Infection Control</p>	<p>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.</p>	<p align="center">2</p>
<p>131.23(3)(a) Infection Control</p>	<p>CONTROL. The hospice shall maintain a coordinated agency-wide program for the surveillance, identification, prevention, control, and investigation of infectious and communicable diseases that is an integral part of the hospice's quality assessment and performance improvement program.</p>	<p align="center">2</p>
<p>131.33(1) Infection Control</p>	<p>CONTROL. The hospice shall maintain a coordinated agency-wide program for the surveillance, identification, prevention, control, and investigation of infectious and communicable diseases that is an integral part of the hospice's quality assessment and performance improvement program.</p>	<p align="center">2</p>

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<p>131.19(2)(d) Patient Rights (choice of physician)</p>	<p>RIGHTS OF PATIENTS. In addition to rights to the information under sub. (1), each patient shall have the following right: To choose his or her attending physician.</p>	<p align="center">1</p>
<p>131.19(2)(j) Patient Rights (private communication)</p>	<p>RIGHTS OF PATIENTS. In addition to rights to the information under sub. (1), each patient shall have the following right: To privately communicate with others without restrictions.</p>	<p align="center">1</p>
<p>131.19(2)(k) Patient Rights (receive visitors)</p>	<p>RIGHTS OF PATIENTS. In addition to rights to the information under sub. (1), each patient shall have the following right: To receive visitors at any hour, including small children, and to refuse visitors.</p>	<p align="center">1</p>
<p>131.20(2) Assessment (deadline)</p>	<p>TIME FRAME FOR COMPLETION OF THE COMPREHENSIVE ASSESSMENT. The hospice interdisciplinary group, in consultation with the individual's attending physician, if any, shall complete the comprehensive assessment no later than 5 calendar days after the election of</p>	<p align="center">1</p>
<p>131.20(4) Assessment (content and update of comprehensive 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>131.21(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)(d) Plan of Care (bereavement plan review)</p>	<p>PLAN OF CARE. Bereavement plan of care. The hospice core team shall review and update the bereavement plan of care.</p>	<p align="center">1</p>
<p>131.21(3)(f) Plan of Care (recording notes)</p>	<p>PLAN OF CARE. Record of notes. The core team shall develop a system for recording and maintaining a record of notes within the plan of care.</p>	<p align="center">1</p>
<p>131.23(3) Infection Control (duty to maintain program)</p>	<p>CONTROL. The hospice shall maintain a coordinated agency-wide program for the surveillance, identification, prevention, control, and investigation of infectious and communicable diseases.</p>	<p align="center">1</p>
<p>131.23(3)(b)1. Infection Control (disease identification)</p>	<p>CONTROL. The hospice shall maintain a coordinated agency-wide program for the surveillance, identification, prevention, control, and investigation of infectious and communicable diseases that include the following: A method of identifying infectious and communicable disease problems.</p>	<p align="center">1</p>
<p>131.23(3)(b)2. Infection Control (plan implementation)</p>	<p>CONTROL. The hospice shall maintain a coordinated agency-wide program for the surveillance, identification, prevention, control, and investigation of infectious and communicable diseases that include the following: A plan for implementing the appropriate actions that are expected to result in improvement and disease prevention.</p>	<p align="center">1</p>
<p>131.25(1) Core Services</p>	<p>GENERAL REQUIREMENTS. A hospice is responsible for providing care and services to a patient and, as necessary, the patient's family, based on the plan of care developed by the core team. Volunteers shall participate in the delivery of program services.</p>	<p align="center">1</p>

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<p>131.29(2)(d) Administration (duties of administrator)</p>	<p>DUTIES OF THE ADMINISTRATOR. The administrator shall do all of the following: Ensure that employees are oriented to the program and their responsibilities, that they are continuously trained and that their performance is evaluated.</p>	<p align="center">1</p>
<p>131.30(2) Professional Management Responsibility (contracting services)</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:</p>	<p align="center">1</p>
<p>131.30(2)(c) Professional Management Responsibility (contracting services)</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>
<p>131.32(2)(b) Medical Director (establish patient's terminal status)</p>	<p>The medical director shall do all of the following: Ensure that the terminal status of each individual admitted to the program has been established.</p>	<p align="center">1</p>
<p>131.33(2) Clinical record (standards)</p>	<p>DOCUMENTATION AND ACCESSIBILITY. The clinical record shall be completely accurate and up-to-date, readily accessible to all individuals providing services to the patient or the patient's family, or both, and shall be systematically organized to facilitate prompt retrieval of information.</p>	<p align="center">1</p>
<p>Total State</p>		<p align="center">38</p>
<p>Total Tags Cited:</p>		<p align="center">76</p>

HOSPICE SURVEY STATISTICS
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	Department of Health Services, State of Wisconsin	
	Surveys Completed:	
	State Licensing	0
	Recertification	10
	Initials	0
	Complaints	4
	Other	0
	Revisits	5
Total Complaints Received:		2
Complaints Assigned for Investigation:		2
Complaint Subject Areas:	Quality of Care/Treatment (2)	