

HOSPICE SURVEY STATISTICS
July - September 2012

	Department of Health Services, State of Wisconsin	
Federal Tag Cited	Regulation Language	Number of Cites
418.54 Initial and Comprehensive Assessment of Patient	Condition of participation: Initial and Comprehensive Assessment of Patient	2
418.54(c) Content of Comprehensive Assessment	The comprehensive assessment must identify the physical, psychosocial, emotional, and spiritual needs related to the terminal illness that must be addressed in order to promote the hospice patient's well-being, comfort, and dignity throughout the dying process.	2
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.	2
418.56(d) Review of the Plan of Care	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
418.64(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	2
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	2

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418.52(b)(1) Exercise of Rights/Respect for Property/Person	(1) The patient has the right: (i) To exercise his or her rights as a patient of the hospice; (ii) To have his or her property and person treated with respect; (iii) To voice grievances regarding treatment or care that is (or fails to be) furnished and the lack of; respect for property by anyone who is furnishing services on behalf of the hospice; and (iv) To not be subjected to discrimination or reprisal for exercising his or her rights.	1
418.52(c)(2) Rights of the Patient	[The patient has a right to the following:] (2) Be involved in developing his or her hospice plan of care;	1
418.54(c)(2) Content of Comprehensive Assessment	[The comprehensive assessment must take into consideration the following factors:] (2) Complications and risk factors that affect care planning.	1
418.54(c)(4) Content of Comprehensive Assessment	[The comprehensive assessment must take into consideration the following factors:] (4) Imminence of death.	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
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 Services	Condition of participation: Care Planning, Coordination of Services	1

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<p>418.56 IDG, Care Planning, Coordination of Services (patient & family specific needs identified)</p>	<p>The plan of care must specify the hospice care and services necessary to meet the patient and family-specific needs identified in the comprehensive assessment as such needs relate to the terminal illness and related conditions.</p>	<p align="center">1</p>
<p>418.56(b) Plan of Care</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) 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">1</p>
<p>418.56(c)(1) Content of Plan of Care</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(c)(2) Content of Plan of Care</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:] (2) A detailed statement of the scope and frequency of services necessary to meet the specific patient and family needs.</p>	<p align="center">1</p>
<p>418.56(c)(3) Content of Plan of Care</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">1</p>

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<p>418.60(a) Prevention</p>	<p>The hospice must follow accepted standards of practice to prevent the transmission of infections and communicable diseases, including the use of standard precautions.</p>	<p align="center">1</p>
<p>418.78(e) Level of Activity</p>	<p>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.</p>	<p align="center">1</p>
<p>418.104 Clinical Records</p>	<p>A clinical record containing past and current findings is maintained for each hospice patient. The clinical record must contain correct clinical information that is available to the patient's attending physician and hospice staff. The clinical record may be maintained electronically.</p>	<p align="center">1</p>
<p>Total Federal Tags</p>		<p align="center">28</p>

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	Department of Health Services, State of Wisconsin	
State Tags Cited	Code Language	Number of Cites
131.20(4) Assessment	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	2
131.21(1) Plan of care	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	2
131.25(4)(a)1 Core Services	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.	2
131.26(2)(c)1 Non-core services	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.	2

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<p>131.19(2)(b) Patient Rights</p>	<p>RIGHTS OF PATIENTS. In addition to rights to the information under sub. (1), each patient shall have the following right: To participate in planning care and in planning changes in care.</p>	<p align="center">1</p>
<p>131.19(2)(i) Patient Rights</p>	<p>RIGHTS OF PATIENTS. In addition to rights to the information under sub. (1), each patient shall have the following right: To be treated with courtesy, respect and full recognition of the patient's dignity and individuality and to choose physical and emotional privacy in treatment, living arrangements and the care of personal needs.</p>	<p align="center">1</p>
<p>131.19(3)(a) Patient Rights</p>	<p>PATIENT COMPLAINT PROCEDURE. Each patient shall have the right, on his or her own behalf or through others, to do the following: Express a complaint to hospice employees, without fear of reprisal, about the care and services provided and to have the hospice investigate the complaint in accordance with an established complaint procedure. The</p>	<p align="center">1</p>
<p>131.20(3) 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.</p>	<p align="center">1</p>
<p>131.20(3)(b) 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: Complications and risk factors that affect care planning.</p>	<p align="center">1</p>

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131.20(3)(d) Assessment	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: Imminence of death.	1
131.20(3)(f) Assessment	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.	1
131.20(5)(b)2 Assessment	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. The data elements shall do the following: Be an integral part of the comprehensive assessment.	1
131.21(3)(b) Plan of Care	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.	1

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State Tags Cited	Code Language	Number of Cites
131.21(3)(b)1 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, including the following: Interventions to manage pain and symptoms.</p>	1
131.21(3)(b)2 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, including the following: A detailed statement of the scope and frequency of services necessary to meet the specific patient and family needs.</p>	1
131.21(3)(b)3 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, including the following: Measurable outcomes anticipated from implementing and coordinating the plan of care.</p>	1

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131.21(3)(c) Plan of Care	<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>	1
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</p>	1
131.33(3)(c)2 Clinical record	<p>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: Interventions.</p>	1
131.33(4)(b) Clinical Record	<p>AUTHENTICATION. A written record shall be made for every service provided on the date the service is provided. This written record shall be incorporated into the clinical record no later than 7 calendar days after the date of service.</p>	1
Total State		24
Total Tags Cited:		52

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	Department of Health Services, State of Wisconsin	
	Surveys Completed:	
	State Licensing	9
	Recertification	0
	Initials	2
	Complaints	0
	Revisits	5
	Revisits	2
Total Complaints Received:		5
Complaints Assigned for Investigation:		6
Complaint Subject Areas: Quality of Care/Treatment (3) Resident/Patient/Client Rights (2)		