Practice Toolkit: Hospice

Save to myBoK

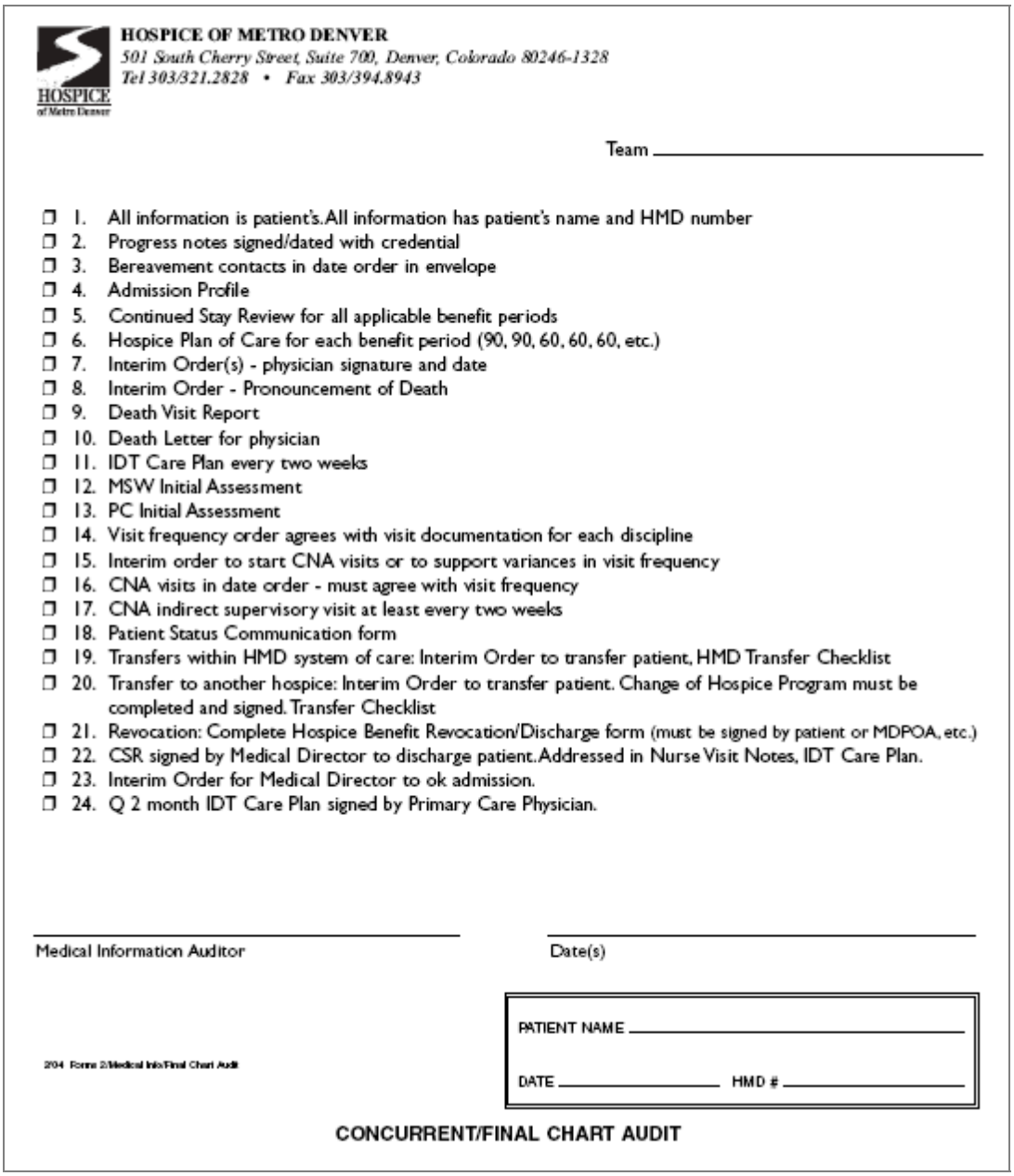
by Jill Burrington-Brown, MS, RHIA

In AHIMA's Home Health and Hospice Community of Practice (CoP), members have shown an interest in the quality monitoring of hospice records. Here, Janice Myers, RHIT, medical information manager at Hospice of Metro Denver, shares her organization's quality improvement tool. Myers has been in her current position for a year after 20 years in other settings. Her previous experience was as implementation consultant for a large hospital-wide computer systems vendor.

Hospice Challenges

When asked about challenges in HIM in the hospice care setting, Myers notes that the challenges in ensuring hospice records are complete and reflect the care given are very similar to those in other healthcare facilities. In fact, another member of the CoP, Susan Torzewski, RHIA, states in the CoP discussion thread that "the problems are actually the same: completeness, timeliness, accuracy, and availability are items that will cause issues."

However, Myers reports that hospice care is a bit different in that a patient must have a prognosis of six months or less in order to receive hospice service. The Centers for Medicare and Medicaid Services also look for a decline in a patient over time.



HOSPICE OF METRO DENVER
501 South Cherry Street, Suite 700, Denver, Colorado 80246-1328
Tel 303/321.2828 • Fax 303/394.8943

Team _____

- ❒ 1. All information is patient's. All information has patient's name and HMD number
- ❒ 2. Progress notes signed/dated with credential
- ❒ 3. Bereavement contacts in date order in envelope
- ❒ 4. Admission Profile
- ❒ 5. Continued Stay Review for all applicable benefit periods
- ❒ 6. Hospice Plan of Care for each benefit period (90, 90, 60, 60, 60, etc.)
- ❒ 7. Interim Order(s) - physician signature and date
- ❒ 8. Interim Order - Pronouncement of Death
- ❒ 9. Death Visit Report
- ❒ 10. Death Letter for physician
- ❒ 11. IDT Care Plan every two weeks
- ❒ 12. MSW Initial Assessment
- ❒ 13. PC Initial Assessment
- ❒ 14. Visit frequency order agrees with visit documentation for each discipline
- ❒ 15. Interim order to start CNA visits or to support variances in visit frequency
- ❒ 16. CNA visits in date order - must agree with visit frequency
- ❒ 17. CNA indirect supervisory visit at least every two weeks
- ❒ 18. Patient Status Communication form
- ❒ 19. Transfers within HMD system of care: Interim Order to transfer patient, HMD Transfer Checklist
- ❒ 20. Transfer to another hospice: Interim Order to transfer patient. Change of Hospice Program must be completed and signed. Transfer Checklist
- ❒ 21. Revocation: Complete Hospice Benefit Revocation/Discharge form (must be signed by patient or MDPOA, etc.)
- ❒ 22. CSR signed by Medical Director to discharge patient. Addressed in Nurse Visit Notes, IDT Care Plan.
- ❒ 23. Interim Order for Medical Director to ok admission.
- ❒ 24. Q 2 month IDT Care Plan signed by Primary Care Physician.

_____ _____
Medical Information Auditor Date(s)

PATIENT NAME _____

DATE _____ HMD # _____

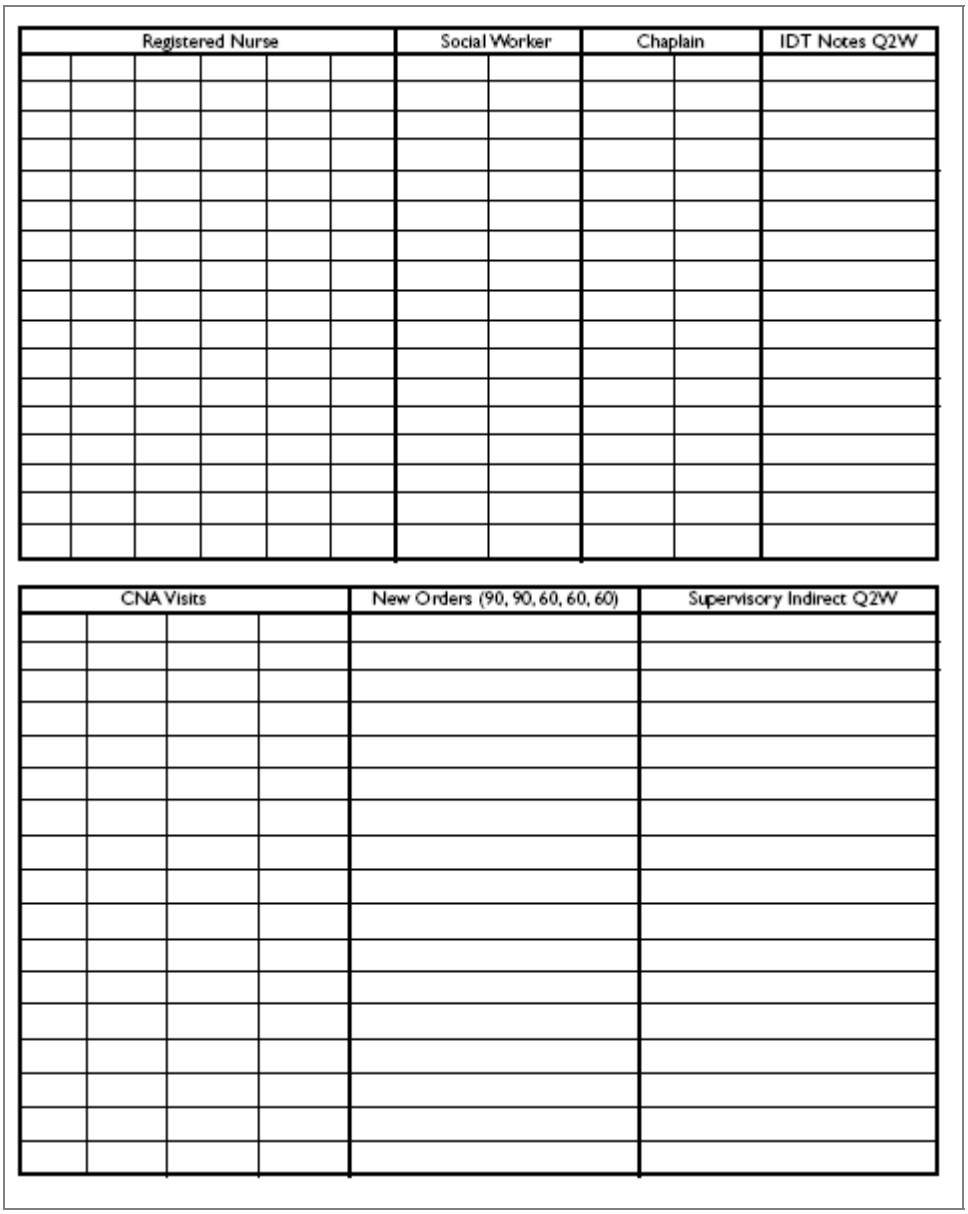
204 Forms 2/Medical Info/Final Chart Audit

CONCURRENT/FINAL CHART AUDIT

The Record Process

Myers' staff at Hospice of Metro Denver reviews patient records upon admission, then concurrently (at least monthly) during a patient's length of care. Approximately one and a half to two months after discharge her department performs a final closed chart review. They perform a review by the nursing staff quarterly, looking at greater than 10 percent of the census and dividing the review between cancer and noncancer diagnoses. Among the items that are audited at the hospice are:

- A timely hospice plan of care
- Interdisciplinary team care plan (every two weeks)
- Visit frequency order agrees with visit documentation for each discipline
- Communication among the team and with the physician



Registered Nurse						Social Worker		Chaplain		IDT Notes Q2W

CNA Visits				New Orders (90, 90, 60, 60, 60)	Supervisory Indirect Q2W

Key

CNA: Certified nurse assistant
CSR: Continued stay review
HMD: Hospice of Metro Denver
IDT: Interdisciplinary team (registered nurse, social worker, chaplain, certified nurse assistant, medical director, clinical manager)
MDPOA: Power of attorney for healthcare
MSW: Social worker
PC: Pastoral care
Q: Every

Jill Burrington-Brown *(jill.burrington-brown@ahima.org) is an HIM practice manager at AHIMA.*

Article citation:
Burrington-Brown, Jill. "Practice Toolkit: Hospice." *Journal of AHIMA* 76, no.2 (Feb 2005): 57,59.

Driving the Power of Knowledge

Copyright 2022 by The American Health Information Management Association. All Rights Reserved.