Eli's Hospice Insider

Clinical Care: Get on the Same Page With Nursing Homes About Wound Care

Cooperation can be a 'win-win' for everyone.

The last thing you want to happen is for your hospice to be at odds with the nursing home over pressure ulcer prevention of care for hospice patients. The Conditions of Participation (CoPs) for both SNFs and hospices require that the care plans for both providers "correspond to each other," says **Harold Bob, MD, CMD,** a medical director for nursing homes and hospices in Baltimore, Md.

Best bet: Hospice of Lancaster County in Pennsylvania partners with nursing homes to devise a wound-care protocol for their hospice patients in that setting. "We will do wound assessment and measurements with the nursing home nurses and brainstorm about what to do," says **Marygrace Lomboy, ARNP,** a nurse practitioner at the hospice.

A coordinated approach that includes the right care planning and documentation can help allay nursing home staff's fears of racking up F314 and other citations.

Bob notes that nursing home surveyor guidance makes it very difficult for a surveyor to cite deficient care when the physician and nursing documentation reflect a specific plan of care for a given situation.

The physician notes should also spell out the rationale for the care plan and expected outcomes. For example, says Bob, a physician's progress note for a patient near end of life might read: "Skin extremely fragile, and due to cachexia of terminal illness, breakdown is expected and non preventable." Also make sure the plan reflects the patient's and family's input and goals -- and discuss the plan with the patient's routine healthcare providers.

Don't Forget the Minimum Data Set

The nursing home staff -- with input from hospice staff -- should make sure that the nursing home hospice patient's MDS reflects the plan of care for wounds and other care issues. That's important to do, Bob emphasizes.

For example, Section M5 of the MDS allows you to check off woundcare interventions the resident is receiving. The MDS should also indicate that the resident is on hospice and has six months or fewer to live. To code the latter, you need a physician statement in the medical record to that effect. The MDS should also definitely capture any advance directives -- for example, a DNR or do not hospitalize order, advises **Jennifer Gross, RN, BSN,** a consultant with PointRight Inc. in Lexington, Mass. Also code any feeding restrictions, such as no artificial nutrition and hydration (IV fluids or tube feeding), she adds.