

Long-Term Care Survey Alert

SURVEY MANAGEMENT: Dodge 3 Problems That Lead to F309 Citations for Hospice-Related Care

Here's what you never want to happen when caring for hospice patients.

Hospice care is increasingly finding itself in the hot seat, and so will your nursing home if it cares for residents receiving such services. You can, however, avoid known stumbling blocks that trip up efforts to coordinate hospice care and maintain survey compliance.

Problem No. 1. The facility and hospice physician orders don't jibe. Suppose the nursing home attending physician writes a directive saying the resident should receive no lab tests or weights, says **Harold Bob, MD, CMD**, a hospice and nursing home medical director in Baltimore, Md. But then the hospice gets an order for either or both to verify the hospice patient's continuing decline and eligibility. "The surveyor can interpret this as a violation of a directive," Bob says.

Solution: The nursing home medical director can work with the physicians to make sure everyone is on the same page with the care directives and orders.

Problem No. 2: Nursing home and hospice caregivers aren't on the same page in managing pain.

For example, Bob has seen a "mismatch in documentation" where "the hospice nurse writes a note in the chart saying 'the patient had a 10 out of a 10 for pain, and only when I came did he get morphine.' If a nursinghome surveyor reads that note -- the facility is going to get cited with actual harm and a CMP potentially."

Instead: The nursing home and hospice should collaborate in assessing and treating pain -- and agree not to air their differences about care in the medical chart, Bob advises.

Problem No. 3: Providers don't keep their eye on the hospice patient's or family's goals. Nursing home surveyors will likely hone in on instances where the nursing home and hospice are working against each other in providing care. As one example, nursing facilities sometimes tend to provide "aggressive" nutritional interventions to heal a hospice patient's pressure ulcer, observes **Joy Barry, RN, MEd, CLNC**, principal of Weatherbee Resources Inc. in Hyannis, Mass. And that might be good, she says, if it's the goal for care. "But you have to ask whose goals of care they are -- the patient's, the family's, the nursing home's, a consulting physician's, etc. -- and are those goals aligned with the hospice philosophy?"

The way out: Nursing home and hospice staff tend to get on the same "wavelength," when they talk about a resident's care in terms of what's best for the person and what he and his family wish to do, says Bob. For example, if a treatment, such as a blood transfusion, can give a patient an extra week or two of quality life -- "and that time is precious to the patient and family" -- Bob believes the person should receive it.

Another example: "Sometimes hospices will administer oxygen or IV therapy for unconscious patients because the family feels a need to do something," says Barry. "This type of treatment can help families avoid having regrets later that they did not do more to help the patient."

In some cases, the patient may wish to come off hospice and pursue curative care, such as a new cancer treatment. Nursing homes and hospices should educate patients that they are free to go back on the hospice benefit at a later time.

Problem No. 4: The nursing home and hospice don't have a standardized way to communicate. The nursing home should appoint a "go-to" person to handle specific hospice issues, advises **Rachel Schmidt**, a hospice consultant in Morganton, NC. Ditto for the hospice. For example, Seasons Hospice and Palliative Care appoints each hospice patient a nurse case

manager who is responsible for the patient's hospice care within the facility, reports **Tim Simpson, RN, CHPN**, VP of clinical services for the hospice in Des Plaines, Ill. The nurse case manager, who serves as the "point person" to the nursing home, meets with the nursing home's DON and the staff nurse during each visit, and discusses the needs of the patient and family.

Good idea: Develop a system to notify the hospice of any changes that occur in the patient. Seasons Hospice puts a sticker on the resident's chart to remind staff to do that, Simpson reports.