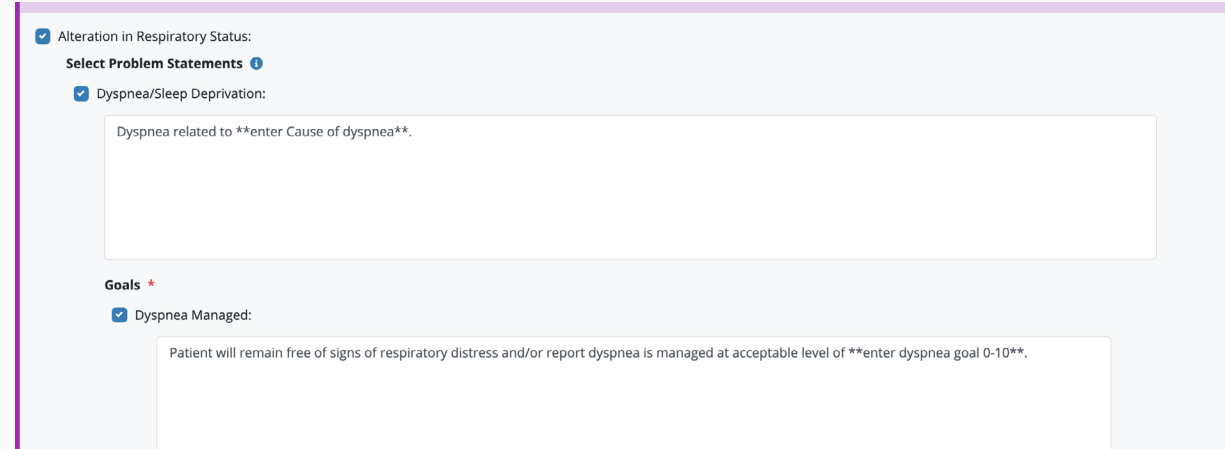


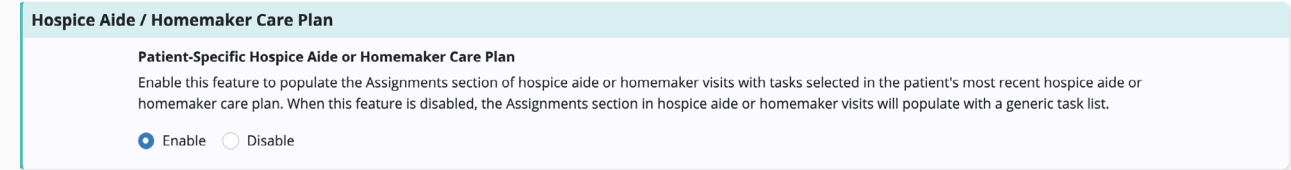
# TOP TEN HOSPICE DEFICIENCIES FOR 2021

## and How Axxess Hospice Helps

### HCPC21.1 / L545

Standard Content	Tips for Compliance	Axxess Solution
Patient's individualized written plan of care include planned interventions based on problems identified in the initial and updated comprehensive assessments.	<ul style="list-style-type: none"> <li>Educate IDG and all disciplines on including problems, interventions and goals based on the completed initial comprehensive assessment and on-going clinical assessments.</li> <li>Review the QAPI indicator, or PIP, to achieve and sustain compliance with problems, interventions and goals.</li> <li>Ensure that Aide care plan reflects findings of initial and ongoing assessments.</li> </ul>	 <p><b>Best Practice:</b> Ensure clinicians are editing all sections in visit notes that contain asterisks for individualization. Templates can also be utilized and customized.</p>

### HCDT16.1 / L626

Standard Content	Tips for Compliance	Axxess Solution
The hospice aide provides services ordered by the IDG and is included in the plan of care.	<ul style="list-style-type: none"> <li>Educate aides on following the Aide Care Plan and communicating with the RN.</li> <li>Educate RNs on collaboration with the aide and to revise Aide Care Plan as necessary.</li> <li>Perform home supervisory visits to observe the aide and identify if they are following the Aide Care Plan.</li> <li>Timely submission of Hospice aide Care plan so that is approved prior to aide visit scheduling and collaboration regarding care needs occur</li> </ul>	 <p>Assign Aide visits after aide care plan is approved in QA so that aide visit note care options are limited to care plan items and reflect ordered care.</p> <p><b>Best Practice:</b> Enable setting at Company Setup that prevents aides from documenting anything that is not on the approved plan of care.</p>

HSIM3.1 / L678		
Standard Content	Tips for Compliance	Axxess Solution
Patient clinical records containing past and current findings are maintained for each hospice patient, including physician orders.	<ul style="list-style-type: none"><li>Re-educate clinicians and counselors regarding following physician orders.</li><li>Perform QAPI and an ongoing clinical record review using criteria to capture noncompliance in physician orders.</li><li>Perform focused audits on noncompliant areas, such as wound orders.</li><li>Timely documentation of assessments, interventions, care plans and updated orders and processes associated with complaint care management.</li></ul>	<div><div><div>New Orders/Plan of Care Updates Since Last IDG Meeting</div><div>Physician Orders</div><div>Orders Updates Since Last IDG Meeting</div><div>03/27/2022Ellis, Zandra</div><div>Plan of Care Updates: Caregiver will report reduced or acceptable feeling of burden/distress. Educate patient/caregiver regarding appropriate coping strategies.</div><div>Infection suspected/diagnosed sinusitis. Patient will be free from symptoms of infection. Patient/caregiver will state symptoms of infection, appropriate interventions, and when to contact hospice. Patient/caregiver will verbalize understanding of ordered antibiotic regimen, including potential side effects and when to contact hospice. Administer medications per physician orders: 2 pack, q day/AM. Educate patient/caregiver on appropriate indicators for antibiotic use, signs of decline in status, and the risks associated with overuse of antibiotics. Educate patient/caregiver on ordered antibiotic regimen, including possible side effects, ineffectiveness of medication, and when to contact hospice.</div><div>Remove</div></div></div> <div>EMR with cloud based storage of initial and subsequent care assessment, interventions, and orders that direct care. Similar storage of related claims for care.</div> <div>Best Practice: Review all orders at IDG to ensure compliance.</div>

HCDT15.1 / L625		
Standard Content	Tips for Compliance	Axxess Solution
Written patient care instructions for a hospice aide are prepared by an RN who is responsible for the supervision of the hospice aide.	<ul style="list-style-type: none"><li>Educate RNs on writing specific tasks with clear direction on aide care plans.</li><li>Educate aides to notify the RN if the Aide Care Plan lacks specific directions to follow, and to contact the RN prior to varying any tasks on the assignment sheet.</li><li>Perform home supervisory visits to ensure aides are following the assignment sheet.</li><li>Audit Aide Care Plans to identify noncompliance.</li></ul>	<div><div>Hospice Aide / Homemaker Care Plan</div><div>Patient-Specific Hospice Aide or Homemaker Care Plan</div><div>Enable this feature to populate the Assignments section of hospice aide or homemaker visits with tasks selected in the patient's most recent hospice aide or homemaker care plan. When this feature is disabled, the Assignments section in hospice aide or homemaker visits will populate with a generic task list.</div><div>EnableDisable</div></div> <div>Best Practice: Enable setting at Company Setup that prevents aides from documenting anything that is not on the approved plan of care.</div>

HCPC19.1 / L543		
Standard Content	Tips for Compliance	Axxess Solution
The hospice designates RNs to ensure services follow the orders in the individualized plan of care.	<ul style="list-style-type: none"><li>Ensure process to proactively schedule visits to current orders to follow the ordered visit frequencies.</li><li>Perform audits to validate missed visits are documented and approved by the medical director or attending physician.</li></ul>	<div><div>Visit AlertsView Report</div><div><div>0Missed Visits</div><div>1Unassigned Visits</div><div>35Visits Not Started</div><div>14Visits Pending QA</div></div></div> <div>Best Practice: Utilize Missed Visits by user report, Schedule Dashbord &gt; Missed Visits tile, the Visit Alerts Report and the Frequency Watch Report.</div>

HIPC9.1 / N/A

Standard Content	Tips for Compliance	Axxess Solution																		
Occupational exposure to TB - follow state/local law or per the organization’s assessment of TB exposure risk or CDC guidelines. Ensure there is an appropriate follow-up when TB risk is identified.	<ul style="list-style-type: none"><li>Identify current state or local laws and regulations and/or CDC guidelines.</li><li>Ensure agency is identifying TB exposure risk based on the population and/or the community served.</li><li>Review policy at a minimum of once a year to ensure it is current.</li></ul>	<div>Document Types</div> <div><div>Enterprise Demo Agency (HOS) Search Document types... Custom Default Add Document Type</div><table><tr><th>Provider</th><th>Type</th><th>Category</th><th>Created</th><th>Last Modified</th><th>Actions</th></tr><tr><td>Enterprise Demo Agency (HOS)</td><td>TB Test</td><td>Employee</td><td>05/03/2022</td><td>05/03/2022</td><td>Edit Delete</td></tr><tr><td>Enterprise Demo Agency (HOS)</td><td>TB Screening</td><td>Employee</td><td>04/26/2022</td><td>04/26/2022</td><td>Edit Delete</td></tr></table></div> <p><b>Best Practice:</b> Create Document Types for TB tests and then upload to each user with the expiration date for when it’s due again. Then utilize the Expiring Documents Report to identify staff with the “expiring test” to get completed again.</p>	Provider	Type	Category	Created	Last Modified	Actions	Enterprise Demo Agency (HOS)	TB Test	Employee	05/03/2022	05/03/2022	Edit Delete	Enterprise Demo Agency (HOS)	TB Screening	Employee	04/26/2022	04/26/2022	Edit Delete
Provider	Type	Category	Created	Last Modified	Actions															
Enterprise Demo Agency (HOS)	TB Test	Employee	05/03/2022	05/03/2022	Edit Delete															
Enterprise Demo Agency (HOS)	TB Screening	Employee	04/26/2022	04/26/2022	Edit Delete															

HCPC15.1 / L530

Standard Content	Tips for Compliance	Axxess Solution
The comprehensive assessment includes a drug profile that contains the patient’s current prescription and over-the-counter (OTC) drugs with medication regimen review process.	<ul style="list-style-type: none"><li>Educate IDG to communicate any medication changes found on visits to the case manager RN.</li><li>Perform record audits to verify all medications are present on the medication profile</li></ul>	<div><div>Medications</div><div><div><input type="checkbox"/> New/Changed Medications:</div><div><input type="checkbox"/> Medications Reviewed with Patient/Caregiver</div><div><input type="checkbox"/> Caregiver Able to Administer Medication as Prescribed</div><div><input type="checkbox"/> Patient Able to Take Medication as Prescribed</div><div><input type="checkbox"/> Medication Issues Identified:</div><div><input type="checkbox"/> Intravenous/Subcutaneous Access:</div></div><div>Comments</div><div>Enter Other Assessment Findings</div><div>Review Medication Profile</div></div> <p>Medication Assessment is in the RN Initial/Comprehensive Assessment with a link to Medication Profile where all medications can be entered, reviewed and the medication profile signed.</p> <p><b>Best Practice:</b> Ensure RNs review the Medication Profile at each visit and sign the Medication profile before completing the visit. During IDG, ensure the “Review Medication Profile” button is selected on each patient and that Medication Profile is signed.</p>

HCPC9.1 / L523

Standard Content	Tips for Compliance	Axxess Solution
The Hospice IDG completes an initial comprehensive assessment no later than five calendar days after the election of hospice care.	<ul style="list-style-type: none"><li>Review process for ensuring initial comprehensive assessment is completed in required timeframe.</li><li>Ensure RN includes spiritual and psychosocial assessment in the initial comprehensive assessment if social worker or spiritual counselor do not complete involvement in that timeframe</li></ul>	<div><div>Comprehensive Assessments Due</div><div>View Report</div><div><div>Assessment Type</div><div>Count</div><div><div>Skilled Nursing</div><div>3</div></div><div><div>Spiritual Counseling</div><div>12</div></div><div><div>Volunteer</div><div>2</div></div><div><div>Medical Social Work</div><div>23</div></div></div></div> <p>In the RN Comprehensive Assessment, there is a psychosocial component that can meet the five-day requirement in the event the patient declines SW services. Spiritual Assessment questions are in the RN Initial Assessments, as well to meet the spiritual component.</p> <p><b>Best Practice:</b> The Schedule Dashboard &gt; Comprehensive Assessment Due report can be utilized to ensure assessments are completed within the five days. The Admission Report can be utilized as well.</p>

HCPC13.1 / L531		
Standard Content	Tips for Compliance	Axxess Solution
Information gathered from the initial bereavement assessment is incorporated into the plan of care and considered in the bereavement plan of care.	<ul style="list-style-type: none"><li>Educate clinical staff that the initial bereavement assessment is to be completed by the RN or social worker if there is no spiritual counselor visit within the timeframe.</li><li>Audit to ensure initial bereavement assessment is completed timely and in the POC.</li></ul>	<div><p><b>Psychosocial Assessment</b></p><div><input type="checkbox"/> No Problems Identified</div><div><input type="checkbox"/> Home Environment/Safety Concerns:</div><div><input type="checkbox"/> Suspected Abuse/Neglect:</div><div><input type="checkbox"/> Community Resources Requested:</div><div><input type="checkbox"/> Community Resources Providing Assistance:</div><div>Emergency Preparedness</div><div>Bereavement Assessment</div></div> <p><b>Best Practice:</b> Have RNs complete the Bereavement Assessment during admission. The Bereavement Assessment is embedded in the RN Initial Comprehensive visits or can be scheduled as standalone tasks.</p>

HCDT40.1 / L684		
Standard Content	Tips for Compliance	Axxess Solution
Hospice discharge summary is provided to a facility receiving a hospice patient for care or to the patient’s attending physician upon hospice discharge.	<ul style="list-style-type: none"><li>Review the Discharge Summary process for location, document date sent and to whom.</li><li>Assign the responsible party to ensure the proper process occurs.</li><li>Provide education to RN on DC summary process.</li></ul>	<div><div><p><b>Coordination of Care</b></p><p><b>Discharge Notification</b></p><div><input type="checkbox"/> Physician in Agreement with Plan to Discharge for Stated Reason</div><div><input type="checkbox"/> Patient/Caregiver in Agreement with Plan to Discharge for Stated Reason</div><div><input type="checkbox"/> Patient Legal Representative in Agreement with Plan to Discharge for Stated Reason</div><div><input type="checkbox"/> Patient/Caregiver/Legal Representative Not in Agreement with Plan to Discharge For Stated Reason</div><div><input type="checkbox"/> Notified Patient/Caregiver/Legal Representative:</div><div><input type="checkbox"/> Notified IDG Staff</div><div><input type="checkbox"/> Notified Pharmacy/Pharmacy Benefit Manager:</div><div><input type="checkbox"/> Notified DME Company:</div><div><input type="checkbox"/> Notified Insurance Case Manager:</div><div><input type="checkbox"/> Notified Facility Staff:</div><div><input type="checkbox"/> Notified Other:</div><p><b>Copy of Discharge Summary Sent to</b></p><div><input type="checkbox"/> Inpatient Receiving Facility</div></div><div><p><b>Discharge Interventions</b></p><p><b>Discharge Instruction Given to</b></p><div><input checked="" type="checkbox"/> Patient</div><div><input type="checkbox"/> Caregiver</div><div><input type="checkbox"/> Legal Representative</div><div><input checked="" type="checkbox"/> Facility Nurse</div><div><input type="checkbox"/> Other:</div><p><b>Discharge Readiness</b></p><div><input type="checkbox"/> Patient/Caregiver is Safe With Medication Administration</div><div><input type="checkbox"/> Patient/Caregiver Can Identify and Manage Symptoms</div><div><input type="checkbox"/> Patient/Caregiver Can Verbalize who to Follow-up With Post Discharge</div><div><input type="checkbox"/> Patient/Caregiver Can Verbalize Emergency Preparedness Response</div><div><input type="checkbox"/> Discharge Order Received</div><div><input type="checkbox"/> Accepting Provider Agreed to Assume Primary Care of Patient</div><div><input type="checkbox"/> Medication Refills Provided in an Adequate Supply Until Patient Can Follow Up With Attending Physician</div></div></div> <p>Axxess Hospice provides places to document discharge summaries in the Discharge Visits. Best Practice: Use a template so all required information according to agency policy is pulled onto the summary and completed.</p>