

Hospice Documentation to Support Terminality

4/3/2024

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Objective

This session will offer the knowledge and tools necessary to enhance quality of documentation practices for hospice clinicians, emphasize the significance of comprehensive record-keeping, and encourage clinicians to provide the highest quality of care while adhering to regulatory requirements.

Today's Presenters

Provider Outreach and Education
Consultant

- Erin Musumeci, RN





Agenda

Supporting Hospice Terminality

References and Resources

Q & A

Supporting Hospice Terminality

Supporting Hospice Terminality

- Documentation *must* support Physician CTI, life expectancy < six months
 - Focus on patient deterioration and decline
 - Use objective data
- Consider and Document
 - Patient's end stage disease trajectory
 - Comorbid and related secondary conditions
 - Impact on the terminal prognosis
 - Any relevant laboratory and other test values
 - Decline in performance status
 - Amount of assistance required for ADLs
 - Decline in nutritional status
 - Any changes in status / condition over time

Supporting Terminality, continued

Measurable Objectives

- ✓ Weights
- ✓ Mid Arm Circumference
 - ✓ Abdominal Girths
- ✓ Food and fluid intake
- ✓ Signs and symptoms
- ✓ Diagnostic studies
 - ✓ Lab Values

- ❖ Specific to the patient
- ❖ Supports the trajectory of decline related to the terminal prognosis

Supporting Terminality, continued

- ADLS

- Ambulation
- Contenance
- Transfers
- Feeding
- Bathing
- Dressing

- Amount of assistance required

- Independent
- Uses device
- Requires personal assistance
- Completely dependent

- Determine the amount needed for each ADL and any increase in need over the past three – six months

**Be descriptive!

Supporting Terminality, continued

Avoid

- × Stable
- × No change
- × Same as last visit

Use

- ✓ Comparisons
- ✓ Stable because of...
- ✓ Unchanged how?
- ✓ Descriptives

Supporting Terminality, continued

- Vague documentation
 - Patient having dyspnea on exertion
- Objective documentation
 - Patient ambulates ten feet between chair and bed before experiencing dyspnea and weakness; with one assist. One month ago, patient ambulated slowly from room to room with walker. Family reports that the patient is only able to sit up with family for 30 minutes before returning to bed

Supporting Terminality, continued

- Vague documentation
 - Overall weakness
- Objective documentation
 - Patient is unable to independently hold head up this visit which lasted 45 minutes
 - Patient is unable to dress or bathe self this week
 - Patient was able to assist with dressing last month
 - Patient fell last week; now using walker for assistance with ambulating

Supporting Terminality, continued

Vague documentation

- Poor appetite; eating less

Objective documentation

- Appetite declined from eating 50% of a sandwich one month ago, now eating two-three bites at a meal. Family is concerned that the patient refuses her favorite meal
- Eating three to four bites of food with difficulty, last week was eating two full meals per day. Drinks two-three sips of thickened liquids and aspirates easily, last week was drinking two glasses per day

References and Resources

References

- [Conditions of Participation: Hospice Care \(42CFR 418.3-418.22\)](#)
- [CMS IOM, Publication 100-04, Medicare Claims Processing Manual](#)
Chapter 11, Processing Hospice Claims
- [CMS IOM, Publication 100-02, Medicare Benefit Policy Manual](#), Chapter 9,
Coverage of Hospice Services Under Hospital Insurance
- [Medicare Learning Network](#)
- [NGSMedicare.com](#)
 - Job Aids
 - Webinars
 - Medicare University Computer Based Training (CBT)

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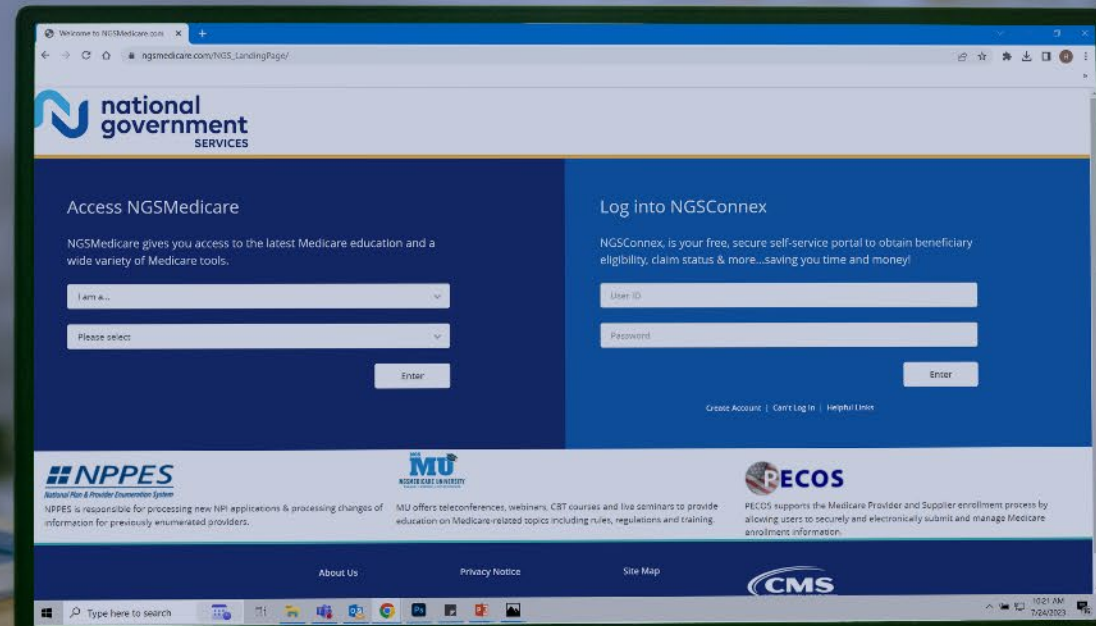
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Questions?

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