

August 2008

in this issue

# The Journal

The Role of Hospice Medical Directors

of the Louisiana-Mississippi Hospice & Palliative Care Organization

## Do You Know These VIPs?

They come in all shapes, forms and sizes - young and old, male and female. They hail from far and near, rural and urban. They share their expertise, lead the team, and care for dying patients. Why some have even been known to “leap tall buildings with a single bound” or “boldly go where no man has gone before”! Who are these incredible people? Our **Hospice Medical Directors** of course!

compassion

The role of a **Hospice Medical Director** is not one to be taken lightly. There is much responsibility that he/she assumes in this position. The Interdisciplinary Group (IDG) can't function without him/her. The **Hospice Medical Director** provides leadership and guidance, is a consultant to many, is an expert on pain and symptom management, is often a liaison with other members of the local medical community, has to make sure patients meet hospice criteria and are hospice appropriate, has to certify the terminal illness of hospice patients, and has to stay abreast of the changes in guidelines (state and federal) – just to mention a few highlights of the job.

leadership

liason

This issue of *The Journal* focuses on **Hospice Medical Directors**. Included in this issue you will find a crosswalk of the LA State Minimum Standards, the Condition of Participation (CoPs), and the MS State Minimum Standards - all with regards to **Hospice Medical Directors**.

guidance

**Hospice Medical Directors** are special people with a heart of compassion and a philosophy of care that is to be commended. Make sure to let your **Medical Director** know how much you appreciate him/her.

The Crosswalk is designed to help equip hospice providers with necessary information to compare their State Minimum Standards with the Federal Conditions of Participation. Highlights pertaining to **Medical Directors** were taken from each state as well as the newly revised Federal Conditions of Participation. The columns are color coded for each of the three entities.

The Crosswalk is not all inclusive of all standards and providers are urged to make sure they have a current copy of the CoPs as well as the state minimum standards. The new CoPs are effective December 2, 2008.

Hospice providers are responsible to be compliant with the current regulations and its requirements until December 2, 2008.

Remember, hospice providers are held to the most stringent guidelines, whether it is state or federal.

- Merciful
- Empathetic
- Devoted
- Indispensable
- Caring
- Approachable
- Leader
- Doctor
- Individual
- Ready to serve
- Educator
- Consultant
- Teacher
- Overseer
- Regulatory Expert



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HOSPICE AND PALLIATIVE CARE ORGANIZATION

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Get more information about LMHPCO at [www.LMHPCO.org](http://www.LMHPCO.org)

next month: Role of the Hospice Nurse



The Louisiana-Mississippi Hospice and Palliative Care Organization is a 501(c)3 non-profit organization governed by a board of directors representing all member hospice programs. It is funded by membership dues, grants, tax-deductible donations and revenues generated by educational activities. LMHPCO exists to ensure the continued development of hospice and palliative care services in Louisiana and Mississippi. LMHPCO provides public awareness, education, research, and technical assistance regarding end-of-life care, as well as advocacy for terminally ill and bereaved persons, striving to continually improve the quality of end-of-life care in Louisiana and Mississippi.

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# Calendar

[www.LMHPCO.org](http://www.LMHPCO.org)

**NHPCO September Audio Web Seminar Update**

**Leadership Topic, September 23, 2008**  
Enhancing Access for Eligible Patients:  
Successful Strategies  
Advanced Registration Ends September 18th.  
**Register today!**

**All seminars take place from 2p - 3:30p ET.**  
For presenter information, detailed seminar descriptions and a full listing of all 2008 seminar topics visit [www.nhpc.org/aws2008](http://www.nhpc.org/aws2008).

Provided by the Meniscus Educational Institute

**Management Strategies for Opioid-Induced Side Effects – Available for CNE Credit**

**Registration Information**  
There is no fee for participating in these activities.

**WEBINAR SCHEDULE**

Monday, September 15, 2008: 8:00–9:00 PM EDT  
Tuesday, September 30, 2008: 8:00–9:00 PM EDT  
Thursday, October 2, 2008: 9:30–10:30 AM EDT  
Thursday, October 2, 2008: 2:30–3:30 PM EDT  
Wednesday, October 8, 2008: 11:00 AM-12:00 PM EDT

**GENERAL INFORMATION**  
Phone: 610-834-1810

**REGISTRATION DEADLINE**  
Please register 1 to 2 days prior to the live webinar to download log-in and conference call instructions, and important program materials.

**REGISTRATION OPTIONS**  
Phone 1-888-622-9927

**INTERNET**  
[www.meniscus.com/register/nursing-sideeffects08](http://www.meniscus.com/register/nursing-sideeffects08)

*Supported by an educational grant from Wyeth Pharmaceuticals*

Area Code 601 Quarterly Luncheon  
Tuesday September 30, 2008 (11:30AM - 1:30PM)  
To reserve your seat you must contact Belinda Patterson at [bpatterson@hospiceministries.org](mailto:bpatterson@hospiceministries.org) or by phone at (800) 273-7724.

**September 23-26, 2008**  
17th International Congress on Palliative Care  
Palais des Congrès in Montréal, Canada  
For more information go to: [www.pal2008.com](http://www.pal2008.com)

**September 23, 2008**  
Palmetto-GBA Coalition Meeting  
Columbia, SC

**October 23-25, 2008**  
NHPCO's 9th Clinical Team Conference  
Hyatt Regency, Dallas, TX  
For more information go to: <http://www.nhpc.org/i4a/pages/index.cfm?pageid=3259>

**March 25-28, 2009**  
AAHPM & HPNA Annual Assembly  
Austin, TX  
For more information go to: <http://www.hpna.org/DisplayPage.aspx?Title=Annual%20Conferences>

**April 23-25, 2009**  
NHPCO's 24th Management & Leadership Conference  
Omni-Shoreham Hotel, Washington, DC  
For more information go to: <http://www.nhpc.org/i4a/pages/index.cfm?pageid=3259>

**April 29, 2009**  
16th Annual National HFA Living with Grief Teleconference (12:30-3:00PM)  
**Diversity & End-of-Life Care**  
For more information, go to: [www.hospicefoundation.org](http://www.hospicefoundation.org)

**The Leslie Lancon Memorial Education Nursing Scholarship was established in 2005 by LMHPCO. The annual scholarship will be awarded to support hospice nursing excellence and education throughout Louisiana and Mississippi. The awards will focus not only on excellence for those seeking academic degrees in hospice nursing, but also those seeking advanced certification in hospice and palliative care nursing.**



# MEDICAL DIRECTOR/PHYSICIAN crosswalk

## LA State Minimum Standards

Current as of December, 1999  
Proposed Changes in Red

### Subchapter A. General Provisions

#### §8201. Definitions

*Hospice Physician*— a person who is a doctor of medicine or osteopathy, and is currently and legally authorized to practice medicine in the State of Louisiana, designated by the hospice to provide medical care to hospice patients in lieu of their primary physician.

*Interdisciplinary Group (IDG)*— an interdisciplinary group or groups designated by the hospice, composed of representatives from all the core services. The IDG must include at least a doctor of medicine or osteopathy, a registered nurse, a social worker, and a pastoral or other counselor. The interdisciplinary group is responsible for participation in the establishment of the plan of care; provision or supervision of hospice care and services; periodic review and updating of the plan of care for each individual receiving hospice care, and establishment of policies governing the day-to-day provision of hospice care and services. If a hospice has more than one interdisciplinary group, it must designate in advance the group it chooses to execute the establishment of policies governing the day-to-day provision of hospice care and services.

## Medicare Conditions of Participation (CoPs)

Revised June 5, 2008 with  
Effective Date of Revisions  
December 2, 2008

### § 418.3 Definitions.

*Attending physician* means a physician who--

(a) Is a doctor of medicine or osteopathy; and (b) Is identified by the individual, at the time he or she elects to receive hospice care, as having the most significant role in the determination and delivery of the individual's medical care.

*Physician designee* means a doctor of medicine or osteopathy designated by the hospice who assumes the same responsibilities and obligations as the medical director when the medical director is not available.

(1) The hospice must designate an interdisciplinary group or groups composed of individuals who work together to meet the physical, medical, psychosocial, emotional, and spiritual needs of the hospice patients and families facing terminal illness and bereavement. Interdisciplinary group members must provide the care and services offered by the hospice, and the group, in its entirety, must supervise the care and services. The hospice must designate a registered nurse that is a member of the interdisciplinary group to provide coordination of care and to ensure continuous assessment of each patient's and family's needs and implementation of the interdisciplinary plan of care. The interdisciplinary group must include, but is not limited to, individuals who are qualified and competent to practice in the following professional roles:

(i) A doctor of medicine or osteopathy (who is an employee or under contract

## MS State Minimum Standards

Current as of February 22, 2008

### 101 DEFINITIONS

**101.31 Hospice Physician** – A doctor of medicine or osteopathy who is currently and legally authorized to practice medicine in the State of Mississippi and is designated by the hospice to provide medical care to hospice patients, in coordination with the patient's primary physician.

**101.35 Interdisciplinary Team (IDT)** – An interdisciplinary team or group(s) designated by the hospice, composed of representatives from all the core services. The Interdisciplinary Team **must** include at least a doctor of medicine or osteopathy, a registered nurse, a social worker, and a pastoral or other counselor. The interdisciplinary team is responsible for participation in the establishment of the plan of care; provision or supervision of hospice care and services; periodic review and updating of the plan of care for each individual receiving hospice care, and establishment of policies governing the day-to-day provision of hospice care and services. If a hospice has more than one interdisciplinary team; it must designate, in advance, the team it chooses to execute the establishment of policies governing the day to-day provision of hospice care and services.

## LA State Minimum Standards

### Subchapter B. Organization and Staffing

#### §8217. Personnel

##### Qualifications/Responsibilities

##### I. Medical Director/Physician

Designee. A physician, currently and legally authorized to practice medicine in the State, and knowledgeable about the medical and psychosocial aspects of hospice care. The Medical Director reviews, coordinates, and is responsible for the management of clinical and medical care for all patients.

**NOTE:** *The Medical Director or Physician Designee may be an employee or a volunteer of the hospice agency. The hospice agency may also contract for the services of the Medical Director or Physician Designee.*

##### Proposed Changes:

The Medical Director shall complete 2 hours of Continuous Medical Education (CME) annually related to end of life care. Documentation of this CME shall be maintained in the Medical Director's personnel record.

1. Qualifications. A Doctor of Medicine or Osteopathy licensed to practice in the state of Louisiana.

2. Responsibilities. The Medical Director or Physician designee assumes overall responsibility for the medical component of the hospice's patient care program and shall include, but not be limited to:

- a. serve as a consultant with the attending physician regarding pain and symptom control as needed;
- b. serve as the attending physician if designated by the patient/family unit;

## Medicare Conditions of Participation (CoPs)

- with the hospice).
- (ii) A registered nurse.
- (iii) A social worker.
- (iv) A pastoral or other counselor.
- (2) If the hospice has more than one interdisciplinary group, it must identify a specifically designated interdisciplinary group to establish policies governing the day-to-day provision of hospice care and services.

### § 418.102 Condition of participation: Medical director.

The hospice must designate a physician to serve as medical director. The medical director must be a doctor of medicine or osteopathy who is an employee, or is under contract with the hospice.

When the medical director is not available, a physician designated by the hospice assumes the same responsibilities and obligations as the medical director.

#### (a) Standard: Medical director contract.

(1) A hospice may contract with either of the following—

- (i) A self-employed physician; or
- (ii) A physician employed by a professional entity or physicians group.

When contracting for medical director services, the contract must specify the physician who assumes the medical director responsibilities and obligations.

#### (b) Standard: Initial certification of terminal illness.

The medical director or physician designee reviews the clinical information for each hospice patient and

provides written certification that it is anticipated that the patient's life expectancy is 6 months or less if the illness runs its normal course. The physician must consider the following when making this determination:

- (1) The primary terminal condition;
- (2) Related diagnosis(es), if any;
- (3) Current subjective and objective medical findings;
- (4) Current medication and treatment

## MS State Minimum Standards

### PART IV ADMINISTRATION

#### 109 ADMINISTRATION

##### 109.02 Medical Director

1. Each hospice shall have a Medical Director, who, on the basis of training, experience and interest, shall be knowledgeable about the psychosocial and medical aspects of hospice care.
2. The Medical Director shall be appointed by the governing body or its designee.

3. The Medical Director is expected to play an integral role in providing medical supervision to the hospice interdisciplinary group and in providing overall coordination of the patient's plan of care. The Medical Director's expertise in managing pain and symptoms associated with the patient's terminal disease is necessary, regardless of the setting in which the patient is receiving services to assure that the hospice patient has access quality hospice care. The duties of the Medical Director shall include, but not be limited to:

- a. Determination of patient medical eligibility for hospice services in accordance with hospice program policy;
- b. Collaboration with the individual's attending physician to assure all aspects of medical care are taken into consideration in devising a palliative plan of care;
- c. Review, revise and document the plan at intervals specified in the plan, but no less than every 14 calendar days;
- d. Acting as a medical resource to the hospice care team and as a medical liaison with physicians in the community; and

## LA State Minimum Standards

- c. review patient eligibility for hospice services;
- d. serve as a medical resource for the hospice interdisciplinary group;
- Proposed Changes:**
- d. serve as a medical resource for the hospice Interdisciplinary Team;
- e. act as a liaison to physicians in the community;
- f. develop and coordinate procedures for the provision of emergency care;
- Proposed Changes:**
- f. develop and coordinate policies and procedures for the provision of patient care;
- g. provide a system to assure continuing education for hospice medical staff as needed;
- h. participate in the development of the POC prior to providing care, unless the POC has been established by an attending physician who is not also the Medical Director or Physician Designee; and
- i. participate in the review and update of the POC, unless the plan of care has been reviewed/updated by the attending physician who is not also the Medical Director or Physician Designee. These reviews must be documented.
- Proposed Changes:**
- j. attend IDT meetings
- k. document evidence of active participation in the hospice program (i.e. performance of above responsibilities and time spent upon performance of those responsibilities)

## Medicare Conditions of Participation (CoPs)

- orders; and
- (5) Information about the medical management of any of the patient's conditions unrelated to the terminal illness.
- (c) Standard: Recertification of the terminal illness.** Before the recertification period for each patient, as described in §418.21(a), the medical director or physician designee must review the patient's clinical information.
- (d) Standard: Medical director responsibility.** The medical director or physician designee has responsibility for the medical component of the hospice's patient care program.

## MS State Minimum Standards

- e. Coordination of efforts with each attending physician to provide care in the event that the attending physician is unable to retain responsibility for patient care.

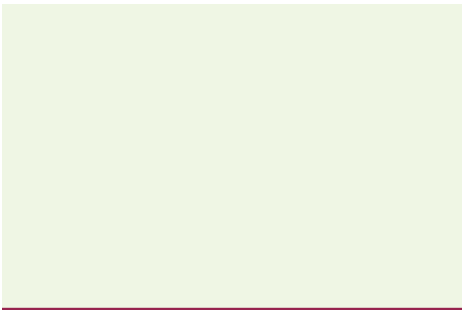
### 113 ORGANIZATION AND STAFFING PERSONNEL QUALIFICATIONS/RESPONSIBILITIES 113.09 Medical Director/Physician Designee

A physician, currently and legally authorized to practice medicine in the State, and knowledgeable about the medical and psychosocial aspects of hospice care. The Medical Director reviews, coordinates, and is responsible for the management of clinical and medical care for all patients.

**NOTE:** *The Medical Director or Physician Designee may be an employee or a volunteer of the hospice agency. The hospice agency may also contract for the services of the Medical Director or Physician Designee.*

1. Qualifications – A Doctor of Medicine or Osteopathy licensed to practice in the State of Mississippi.
2. Responsibilities – The Medical Director or Physician designee assumes overall responsibility for the medical component of the hospice's patient care program and shall include, but not be limited to:
  - a. Serve as a consultant with the attending physician regarding pain and symptom control as needed;
  - b. Serve as the attending physician if designated by the patient/family unit;
  - c. Review patient eligibility for hospice services;
  - d. Participate in the review and update of the POC for each patient at a minimum of every 14 calendar days, unless the plan of care has been reviewed/updated by the attending physician who is not also the Medical Director or Physician Designee. These reviews must be documented.
  - e. Document the patient's progress toward the outcomes specified in the

**LA State Minimum Standards**



**Subchapter C. Patient Care Services §8219. Patient Care Standard**

B. Admission criteria.  
 2. certification of terminal illness signed by the attending physician and the medical director of the agency;  
 C. Admission procedure. Patients are to be admitted only upon the order of the patient's attending physician.  
 f. for an individual who is terminally ill, certification of terminal illness signed by the medical director or the physician member of the IDG and the individual's attending physician.

**Medicare Conditions of Participation (CoPs)**



**§ 418.25 Admission to hospice care.**

(a) The hospice admits a patient only on the recommendation of the medical director in consultation with, or with input from, the patient's attending physician (if any).  
 (b) In reaching a decision to certify that the patient is terminally ill, the hospice medical director must consider at least the following information:  
 (1) Diagnosis of the terminal condition of the patient.  
 (2) Other health conditions, whether related or unrelated to the terminal condition.  
 (3) Current clinically relevant information supporting all diagnoses

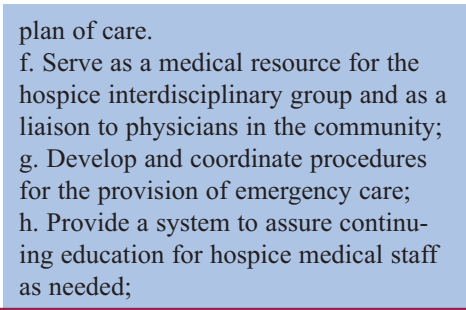
**§ 418.26 Discharge from hospice care.**

(b) *Discharge order.* Prior to discharging a patient for any reason listed in paragraph (a) of this section, the hospice must obtain a written physician's discharge order from the hospice medical director. If a patient has an attending physician involved in his or her care, this physician should be consulted before discharge and his or her review and decision included in the discharge note.

**Sec. 418.22 Certification of terminal illness.**

(b) *Content of certification.* Certification will be based on the physician's or medical director's clinical judgment regarding the normal course of the individual's illness. The certification must conform to the following requirements:

**MS State Minimum Standards**



plan of care.  
 f. Serve as a medical resource for the hospice interdisciplinary group and as a liaison to physicians in the community;  
 g. Develop and coordinate procedures for the provision of emergency care;  
 h. Provide a system to assure continuing education for hospice medical staff as needed;

**114 PATIENT CARE SERVICES 114.01 Patient Care Standard**

2. Admission criteria  
 b. Certification of terminal illness signed by the attending physician and the medical director of the agency upon admission and recertification;  
 3. Admission Procedure – Patients are to be admitted only upon the order of the patient's attending physician.  
 b. Documentation at admission will be retained in the clinical record and shall include:  
 e. Certification of terminal illness signed by the medical director and attending physician.

## LA State Minimum Standards

## Medicare Conditions of Participation (CoPs)

## MS State Minimum Standards

(1) The certification must specify that the individual's prognosis is for a life expectancy of 6 months or less if the terminal illness runs its normal course.

(2) Clinical information and other documentation that support the medical prognosis must accompany the certification and must be filed in the medical record with the written certification as set forth in paragraph (d)(2) of this section. Initially, the clinical information may be provided verbally, and must be documented in the medical record and included as part of the hospice's eligibility assessment.

**(c) Sources of certification.**

(1) For the initial 90-day period, the hospice must obtain written certification statements (and oral certification statements if required under paragraph (a)(3) of this section) from--

- (i) The medical director of the hospice or the physician member of the hospice interdisciplinary group; and
- (ii) The individual's attending physician if the individual has an attending physician.

(2) For subsequent periods, the only requirement is certification by one of the physicians listed in paragraph (c)(1)(i) of this section.

**§8221. Plan of Care (POC)**

A. Prior to providing care, a written plan of care is developed for each patient/family by the attending physician, the Medical Director or physician designee and the IDG. The care provided to an individual must be in accordance with the POC.

B. Review and Update of the Plan of Care. The plan of care is reviewed and updated at intervals specified in the POC, when the patient's condition changes, and a minimum of every 14 days for home care and every 7 days for general inpatient care, collaboratively with the IDG and the attending physician.

1. Agency shall have policy and procedures for the following:

**§ 418.54 Condition of participation: Initial and comprehensive assessment of the patient.**

**(b) Standard: Timeframe for completion of the comprehensive assessment.**

The hospice interdisciplinary group, in consultation with the individual's attending physician (if any), must complete the comprehensive assessment no later than 5 calendar days after the election of hospice care in accordance with § 418.24.

**(d) Standard: Update of the comprehensive assessment.**

The update of the comprehensive assessment must be accomplished by the hospice interdisciplinary group (in collaboration with the individual's attending physician, if any) and must

**114.02 Plan of Care (POC)**

1. Within 48 hours of the admission, a written plan of care must be developed for each patient/family by a minimum of two IDT members and approved by the full IDT and the Medical Director at the next meeting. The care provided to an individual must be in accordance with the POC.

**114.03 Review and Update of the Plan of Care**

The plan of care is reviewed and updated at intervals specified in the POC, when the patient's condition changes and a minimum of every 14 days for home care and every 7 days for general inpatient care, collaboratively with the IDT and the attending physician.

## LA State Minimum Standards

- b. physician orders must be signed and dated in a timely manner, not to exceed 14 days, unless the hospice has documentation that verifies attempts to get orders signed; in this situation up to 30 days will be allowed.
- 2. The agency shall have documentation that the patient's condition and POC is reviewed and the POC updated, even when the patient's condition does not change.
- C. Coordination and Continuity of Care. The hospice shall adhere to the following additional principles and responsibilities:
  - 2. nursing services, physician services, and drugs and biologicals are routinely available to hospice patients on a 24-hour basis, seven days a week;

### §8201

*Core Services*— nursing services, physician services, medical social services, and counseling services, including bereavement counseling, dietary counseling, spiritual counseling, and any other counseling services provided to meet the needs of the individual and family. These services must be provided by employees of the hospice, except that physician services and counseling services may be provided through contract.

### §8233. Clinical Records

H. The clinical record shall contain a comprehensive compilation of information including, but not limited to, the following:

## Medicare Conditions of Participation (CoPs)

consider changes that have taken place since the initial assessment. It must include information on the patient's progress toward desired outcomes, as well as a reassessment of the patient's response to care. The assessment update must be accomplished as frequently as the condition of the patient requires, but no less frequently than every 15 days.

### Core Services

**§ 418.64 Condition of participation: Core services.** (a) *Standard: Physician services.* The hospice medical director, physician employees, and contracted physician(s) of the hospice, in conjunction with the patient's attending physician, are responsible for the palliation and management of the terminal illness and conditions related to the terminal illness.

- (1) All physician employees and those under contract, must function under the supervision of the hospice medical director.
- (2) All physician employees and those under contract shall meet this requirement by either providing the services directly or through coordinating patient care with the attending physician.
- (3) If the attending physician is unavailable, the medical director, contracted physician, and/or hospice physician employee is responsible for meeting the medical needs of the patient.

### § 418.104 Condition of participation: Clinical records.

(a) *Standard: Content.* Each patient's record must include the following:

- (5) Physician certification and recertifi-

## MS State Minimum Standards

- 1. Agency shall have policy and procedures for the following:
  - a. The attending physician's participation in the development, revision, and approval of the POC is documented. This is evidenced by change in patient orders and documented communication between Hospice Staff and the attending physician;
  - b. Physician orders must be signed and dated in a timely manner, but must be received before billing is submitted for each patient.
- 2. The agency shall have documentation that the patient's condition and POC is reviewed and the POC updated, even when the patient's condition does not change.

### PART VI BASIC HOSPICE CARE 116 CORE SERVICES

**116.01** Hospice care shall be provided by a hospice care team. Medical, nursing and counseling services are basic to hospice care and shall be provided directly (Medical Director only may be contract). Hospice care will be available twenty-four (24) hours a day, seven (7) days a week.

- 1. Medical services shall be under the direction of the Medical Director.

### 114.10 Clinical Records

8. The clinical record shall contain a comprehensive compilation of information including, but not limited to, the following:



<h2 style="text-align: center;">LA State Minimum Standards</h2>	<h2 style="text-align: center;">Medicare Conditions of Participation (CoPs)</h2>	<h2 style="text-align: center;">MS State Minimum Standards</h2>
<p>2. certifications of terminal illness; 3. written physician's orders for admission and changes to the POC;</p>	<p>cation of terminal illness as required in § 418.22 and § 418.25 and described in § 418.102(b) and § 418.102(c) respectively, if appropriate. (7) Physician orders.</p>	<p>b. Certifications of terminal illness; c. Written physician's orders for admission and changes to the POC;</p>
<p><b>§8223. Pharmaceutical Services</b> 3. Drugs and treatments are administered by agency staff only as ordered by the physician.</p>	<p><b>§ 418.106 Condition of participation: Drugs and biologicals, medical supplies, and durable medical equipment.</b> <b>(b) Standard: Ordering of drugs.</b> (1) Only a physician as defined by section 1861(r)(1) of the Act, or a nurse practitioner in accordance with the plan of care and State law, may order drugs for the patient. (2) If the drug order is verbal or given by or through electronic transmission— (i) It must be given only to a licensed nurse, nurse practitioner (where appropriate), pharmacist, or physician; and (ii) The individual receiving the order must record and sign it immediately and have the prescribing person sign it in accordance with State and Federal regulations.</p>	<p><b>114.05 Pharmaceutical Services</b> 4. Drugs and treatments are administered by agency staff as ordered by the physician.</p>
<p><b>Subchapter D. Administration</b> <b>§8235. Agency Operations</b> B. Hours of Operation 2. Hospice provides on-call medical and nursing services to assess and meet changing patient/family needs, provide instruction and support, and conduct additional on-site assessment or treatment, 24 hours a day, seven days per week.</p>	<p><b>§ 418.100 Condition of Participation: Organization and administration of services.</b> (2) Nursing services, physician services, and drugs and biologicals (as specified in § 418.106) must be made routinely available on a 24-hour basis 7 days a week. Other covered services must be available on a 24-hour basis when reasonable and necessary to meet the needs of the patient and family.</p>	<p><b>115 ADMINISTRATION</b> <b>115.02 Hours of Operation</b> 2. Hospice provides on-call medical and nursing services to assess and meet changing patient/family needs, provide instruction and support, and conduct additional on-site assessment or treatment, 24 hours a day, seven days per week.  <b>115.05 Quality Assurance</b> 5. The Hospice's written plan for continually assessing and improving all aspects of operations must include: b. A system to ensure systematic, objective quarterly reports. Documentation must be maintained to reflect that such reports were reviewed with the IDT, the Medical Director, the Governing Body and distributed to appropriate areas;</p>

## LA State Minimum Standards

### Subchapter E. Hospice Inpatient Facility

#### §8251. Medical Director

The hospice inpatient facility shall have a Medical Director who is a doctor of medicine or osteopathy and is currently licensed to practice medicine in Louisiana. The Medical Director must ensure and assume the overall responsibility for the medical component of the hospice's in-patient care program.

## Medicare Conditions of Participation (CoPs)

### § 418.114 Condition of participation: Personnel qualifications.

(a) **General qualification requirements.** Except as specified in paragraph (c)

of this section, all professionals who furnish services directly, under an individual contract, or under arrangements with a hospice, must be legally authorized (licensed, certified or registered) in accordance with applicable Federal, State and local laws, and must act only within the scope of his or her State license, or State certification, or registration. All personnel qualifications must be kept current at all times.

(b) **Personnel qualifications for certain disciplines.**

The following qualifications must be met:

(1) **Physician.** Physicians must meet the qualifications and conditions as defined in section 1861(r) of the Act and implemented at §410.20 of this chapter.

## MS State Minimum Standards

### PART VIII INPATIENT FACILITY 130 INPATIENT FACILITY

#### 130.02 Medical Director-Inpatient Services

The hospice inpatient facility shall have a Medical Director who is a doctor of medicine or osteopathy and is currently licensed to practice medicine in Mississippi. The Medical Director must ensure and assume the overall responsibility for the medical component of the hospice's inpatient care services.

### § 418.110 Condition of participation: Hospices that provide inpatient care directly.

A hospice that provides inpatient care directly in its own facility must demonstrate compliance with all of the following standards:

(m) **Standard: Restraint or seclusion.**

(4) The use of restraint or seclusion must be in accordance with the order of a physician authorized to order restraint or seclusion by hospice policy in accordance with State law.

(5) Orders for the use of restraint or seclusion must never be written as a standing order or on an as needed basis (PRN).

(6) The medical director or physician designee must be consulted as soon as possible if the attending physician did not order the restraint or seclusion.

(7) Unless superseded by State law that is more restrictive—

(i) Each order for restraint or seclusion used for the management of violent or

## LA State Minimum Standards

## Medicare Conditions of Participation (CoPs)

## MS State Minimum Standards

self-destructive behavior that jeopardizes the immediate physical safety of the patient, a staff member, or others may only be renewed in accordance with the following limits for up to a total of 24 hours:

- (A) 4 hours for adults 18 years of age or older;
- (B) 2 hours for children and adolescents 9 to 17 years of age; or
- (C) 1 hour for children under 9 years of age; and

After 24 hours, before writing a new order for the use of restraint or seclusion for the management of violent or self-destructive behavior, a physician authorized to order restraint or seclusion by hospice policy in accordance with State law must see and assess the patient.

(5) The condition of the patient who is restrained or secluded must be monitored by a physician or trained staff that have completed the training criteria specified in paragraph (n) of this section at an interval determined by hospice policy.

(6) Physician, including attending physician, training requirements must be specified in hospice policy. At a minimum, physicians and attending physicians authorized to order restraint or seclusion by hospice policy in accordance with State law must have a working knowledge of hospice policy regarding the use of restraint or seclusion.

(7) When restraint or seclusion is used for the management of violent or self-destructive behavior that jeopardizes the immediate physical safety of the patient, a staff member, or others, the patient must be seen face-to-face within 1 hour after the initiation of the intervention—

- (i) By a—
  - (A) Physician; or
  - (B) Registered nurse who has been trained in accordance with the requirements specified in paragraph (n) of this section.

## LA State Minimum Standards

### §8257. Pharmaceutical Services of Inpatient Hospice

E. Orders for medications. A physician must order all medication for the patient.

1. If the medication order is verbal, the physician must give it only to a licensed nurse, pharmacist, or another physician; and the individual receiving the order must record and sign it immediately.

2. All orders (to include telephone and/or verbal) are to be signed by the prescribing physician in a timely manner, not to exceed 30 days.

F. Administering Medications.

2. Physicians' orders are checked at least daily to assure that changes are noted.

## Medicare Conditions of Participation (CoPs)

- (ii) To evaluate—
  - (A) The patient's immediate situation;
  - (B) The patient's reaction to the intervention;
  - (C) The patient's medical and behavioral condition; and
  - (D) The need to continue or terminate the restraint or seclusion.
- (9) If the face-to-face evaluation specified in § 418.110(m)(11) is conducted by a trained registered nurse, the trained registered nurse must consult the medical director or physician designee as soon as possible after the completion of the 1-hour face-to-face evaluation.

### § 418.106 Condition of participation: Drugs and biologicals, medical supplies, and durable medical equipment.

**(d) Standard: Administration of drugs and biologicals.**

(2) Patients receiving care in a hospice that provides inpatient care directly in its own facility may only be administered medications by the following individuals:

- (i) A licensed nurse, physician, or other health care professional in accordance with their scope of practice and State law;
- (ii) An employee who has completed a State-approved training program in medication administration; and
- (iii) The patient, upon approval by the interdisciplinary group.

## MS State Minimum Standards

### 130.05 Pharmaceutical Services of Inpatient Hospice-

The hospice shall provide pharmaceutical services in accordance with acceptable professional standards of nursing and pharmaceutical practice and State law. The hospice shall have policies and procedures that

address receipt, storage, dispensing, labeling, medication administration, all aspects of controlled substance storage, usage, and disposal of controlled substances, the handling of medication errors and components for incorporating pharmacy practices into the facility's overall quality improvement plan.

# briefs

Dr Jack McNulty, Director of the Palliative Care Institute of Southeastern Louisiana led a dinner time discussion with 30 hospital based palliative care professionals (representing 14 hospitals in south-east Louisiana and the Mississippi Gulf Coast) regarding the continued development of palliative care services within their facilities. This is the third year the dinner meeting was organized by LMHPCO, funded by the Palliative Care Institute and held in conjunction with the annual Leadership Conference. This year's table conversation focused on the development of a survey instrument that will benchmark the current level of palliative care services offered within hospital facilities located in both Mississippi and Louisiana.



This year's Heart of Hospice recipients were Susan Stephens (Willis-Knighton Hospice of Louisiana, Shreveport, LA) and June Stevens (Hospice Ministries, Ridgeland, MS). Both were honored their many years of service at a luncheon held on the final day of the LMHPCO annual Leadership Conference. Both Susan and June were surrounded by family and friends, as well as the 247 hospice professionals in attendance at this year's Conference.



## NOTE

CMS has released more the following guidance with regards to CR5567  
[https://questions.cms.hhs.gov/cgi-bin/cms/hhs.cfg/php/enduser/std\\_adp.php?p\\_faqid=9353&p\\_created=1215795853&p\\_sid=yMMBxj9j&p\\_accessibility=0&p\\_redirect=&p\\_lva=9149&p\\_sp=cF9zcmNoPTEmcF9zb3J0X2J5PSZwX2dy aWRzb3J0PTQ6MiZwX3Jvd19jbnQ9MzYs MzYmcF9wcm9kc04LDU3LDEwMTAmcF9jYXRzPSZwX3B2PTMuMTAxMCZwX2N2PSZwX3NIYXJja F90eXBIPWFuc3dlcnMuc2VhcmNoX25sJn BfcGFnZT0x](https://questions.cms.hhs.gov/cgi-bin/cms/hhs.cfg/php/enduser/std_adp.php?p_faqid=9353&p_created=1215795853&p_sid=yMMBxj9j&p_accessibility=0&p_redirect=&p_lva=9149&p_sp=cF9zcmNoPTEmcF9zb3J0X2J5PSZwX2dy aWRzb3J0PTQ6MiZwX3Jvd19jbnQ9MzYs MzYmcF9wcm9kc04LDU3LDEwMTAmcF9jYXRzPSZwX3B2PTMuMTAxMCZwX2N2PSZwX3NIYXJja F90eXBIPWFuc3dlcnMuc2VhcmNoX25sJn BfcGFnZT0x)

## NOTE

LA Medicaid follow up from Leadership Conference session: Information as requested by the Leadership Conference attendees during Lana Ryland's session can be found at:  
<http://www.lmhpc.org/forums/Blah.cgi?b=52,m=1218142783> These attachments contain a list of services and supplies currently covered by the Medicaid Nursing Home Room & Board reimbursement. If you need further clarification regarding these items, please contact Lana directly at 225-342-6116

## INTERNET RESOURCES

American Academy of Hospice and Palliative Medicine  
[www.aahpm.org](http://www.aahpm.org)

The Center to Advance Palliative Care (CAPC)  
[www.capc.org](http://www.capc.org)

End of Life/ Palliative Education Resource Center  
[www.eperc.mcw.edu](http://www.eperc.mcw.edu)

Growth House, Inc.  
[www.growthhouse.org](http://www.growthhouse.org)

Hospice Foundation of America  
[www.hospicefoundation.org](http://www.hospicefoundation.org)

Louisiana-Mississippi Hospice & Palliative Care Organization  
[www.LMHPCO.org](http://www.LMHPCO.org)

The National Hospice & Palliative Care Organization  
[www.nhpco.org](http://www.nhpco.org)

## NOTE

CMS Published the Final Rule on FY2009 Hospice Wage Index on August 1, 2008 and LMHPCO members can access the rates for your region at: [http://www.lmhpc.org/login/wages/FY2009\\_Wage\\_Index.pdf](http://www.lmhpc.org/login/wages/FY2009_Wage_Index.pdf) Louisiana parishes are located on page 62-64; Mississippi counties on pages 77-80.

# BACK TO THE FUTURE: WHAT'S OLD IS NEW AGAIN

## Proves to be a Huge Success

*Nancy Dunn, RN, MS, CT, LMHPCO Education Director*

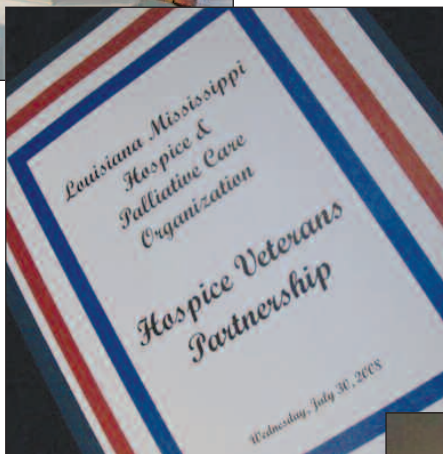
This year's annual conference proved to be a huge success. We had our biggest number of attendees ever. The availability of information on a local, state and national level was outstanding. Sessions were packed, some to overflowing. A plethora of information was made available to help assist providers as they continue to provide hospice care within our two state region. The NHPCO Bookstore was a big hit. Thanks to Dr. Larry Grubbs and Tammy LeBouef for spear heading this event.

The electronic version of the handouts made available to us by the presenters is being made available to our membership on LMHPCO web-site. Check out those sessions you wish you could have attended.

There is excitement in the air as LMHPCO looks at the educational needs and continues planning. Thanks to all of you who completed an annual LMHPCO Survey as this helps us meet the needs of the organization as well as prepare for upcoming events. Be on the lookout for upcoming area code educational opportunities in the near future.

Thanks to the Education Committee members and all others who helped make this year's conference a success. It is indeed a pleasure to work with such talented people!





**NOTE**

The 2008 Leadership Conference Handouts are now available to members at:  
<http://www.lmhpc.org/login/leadership-conf/index.shtml>

## Members make the work of LMHPCO possible!

(as of 7/15/2008):

### PROVIDER MEMBERS:

A & E Hospice, Olive Branch, MS  
 Agape Hospice Care of Shreveport, LA  
 Agape Northeast Hospice, West Monroe, LA  
 Agape Northwest Hospice, Minden, LA  
 Baptist Memorial Hospice-Golden Triangle, Columbus, MS  
 Bayou Region Hospice, Houma, LA  
 Brighton Bridge Hospice, Oberlin, LA  
 Camellia Home Health & Hospice, Bogalusa, LA  
 Camellia Home Health & Hospice, Columbia, MS  
 Camellia Home Health & Hospice, Hattiesburg, MS  
 Camellia Home Health & Hospice, Jackson, MS  
 Christus Schumpert, Shreveport, LA  
 Circle of Life Hospice, Inc, Shreveport, LA  
 Comfort Care Hospice, Laurel, MS  
 Community Hospice, LLC, New Orleans, LA  
 Community Hospice, Inc, Sherman, MS  
 Community Hospices of America – McComb, MS  
 Community Hospices of America – Meridian, MS  
 Community Hospices of America – Minden, LA  
 Community Hospices of America – Natchez, MS  
 Community Hospices of America – Shreveport, LA  
 Continue Care Hospice & Home Health, Hollandale, MS  
 Delta Regional Medical Center Hospice, Greenville, MS  
 Destiny Hospice, Palliative Care & Specialty Services, Inc, Tutwiler, MS  
 Elayn Hunt Correctional Center Hospice, St Gabriel, LA  
 Eternity Hospice, Inc, Gulfport, MS  
 Eternity Hospice, Inc, Indianola, MS  
 Eternity Hospice, Inc, Laurel, MS  
 Faith Foundation, Alexandria, LA  
 First Choice Hospice, Inc, Olla, LA  
 Forrest General Hospice, Hattiesburg, MS  
 Generations Hospice Service Corporation, Denham Springs, LA  
 Genesis Hospice Care, Inc, Cleveland, MS  
 Gilbert's Hospice Care – Flowood, MS  
 Gilbert's Hospice Care – Tupelo, MS  
 Guardian Hospice Care, LLC, Alexandria, LA  
 Harbor Hospice of Lake Charles LP, LA  
 Heart to Heart Hospice, Inc – Amory, MS  
 Heart to Heart Hospice, Inc – Belmont, MS  
 Heart to Heart Hospice, Inc – Booneville, MS  
 Helping Hands Hospice dba: Hospice in His Hands-In-Patient, Kosciusko, MS  
 Helping Hands Hospice dba: Hospice in His Hands-In-Patient, Magee, MS  
 Helping Hands Hospice dba: Hospice in His Hands-In-Patient, Walnut Grove, MS  
 Heritage Hospice, Amory, MS  
 Heritage Hospice, Corinth, MS  
 Hospice Associates, Metairie, LA  
 Hospice Care of Louisiana, Alexandria, LA  
 Hospice Care of Avoyelles, Alexandria, LA  
 Hospice Care of Avoyelles, Marksville, LA  
 Hospice Care of Louisiana, Baton Rouge, LA  
 Hospice Care of Louisiana, Lafayette, LA  
 Hospice Care of Louisiana/Mississippi, Slidell, LA  
 Hospice Care of Louisiana, Monroe, LA  
 Hospice Care of Louisiana, New Orleans, LA  
 Hospice Care of Mississippi, Waveland, LA  
 Hospice Ministries, Brookhaven, MS  
 Hospice Ministries, Forest, MS  
 Hospice Ministries, Natchez, MS  
 Hospice Ministries, McComb, MS  
 Hospice Ministries, Ridgeland, MS  
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 Hospice of Baton Rouge, Baton Rouge, LA  
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 Hospice of Leesville, Leesville, LA  
 Hospice of Light, Gautier, MS  
 Hospice of Light, Lucedale, MS  
 Hospice of Many, Many, LA  
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 Hospice of St Tammany, Mandeville, LA  
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 Life Source Services, Baton Rouge, LA  
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 Louisiana Hospice & Palliative Care, Opelousas, LA  
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 Memorial Hospital Hospice at Gulfport, Gulfport, MS  
 Memorial Hospice & Palliative Care, Ponchatoula, LA  
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 My Hospice, Metairie, LA  
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