

## HOSPICE SERVICES

### I. DEFINITION

Hospice is a coordinated program providing a continuum of home and inpatient care for the terminally ill patient and family and/or significant other. It employs an interdisciplinary team acting under the direction of an identifiable hospice administration. The program provides palliative and supportive care to meet the special needs arising out of the physical, emotional, spiritual, social, and economic stresses which are experienced during the final stages of illness, and during dying and bereavement. The care is available 24 hours a day, seven days a week.

#### Hospice Models

Freestanding:	A hospice inpatient facility that is administratively and physically freestanding. This type of hospice operates a home care program in conjunction with the inpatient unit.
Hospital Based:	A hospice administratively and/or physically linked to a hospital. This type of hospice operates a home care program and may also operate an inpatient unit.
Nursing Home Based:	A hospice administratively and/or physically linked to a nursing home or long-term care facility. This type of hospice can operate an inpatient unit and a home care program.
Community-Based:	A hospice home care program that operates under an autonomous administration. This type of hospice may be affiliated with an inpatient unit.
Home Health Agency Based:	A hospice administratively and/or physically linked to a Based home-health agency. This type of hospice may contract for inpatient services.

### II. CURRENT INVENTORY

The Authority shall provide the applicant with a current inventory of Hospice providers.

### III. NEED METHODOLOGY

The evaluation of need for proposed hospice services or facilities will be based on the county of location as the smallest unit of analysis. The actual proposed area to be served may be smaller than a county.

#### Formula for Projecting Hospice Needs

The following formula shall be utilized to project unmet need for hospice services:

Total deaths for the county (x) 25 percent = Total projected hospice users  
Total projected hospice users – current utilization per county.

If the total projected hospice users exceed the current utilization, then an unmet need exists.

To determine the total number of deaths the applicant must use the most recent edition of West Virginia Vital Statistics, published by the West Virginia Department of Health and Human Resources, Bureau for Public Health, Office of Epidemiology and Health Promotion, or the most recent provisional data from the same source.

For purposes of determining current utilization, applicants shall use the West Virginia Health Care Authority's (Authority) most recent finalized Hospice Survey. To the extent that this finalized survey is more than one year old at the time the application is filed, an applicant may conduct its own survey of the service area. In order to be considered, the applicant must conduct a written survey, return receipt requested. The return receipt along with all responses to the survey must be submitted to the Authority. The Authority may consider the applicant's survey when evaluating unmet need.

#### IV. QUALITY

A. The roles, responsibilities of, accountability of, and relationship of the hospice administrator and the hospice medical director shall be defined in writing.

B. The roles and responsibilities of the medical director and the patient's physician shall be defined in writing.

C. All hospice programs shall arrange on at least a yearly basis for orientation and continuing education of staff and volunteers, as appropriate. This training shall include but not be limited to:

1. basic hospice philosophy, including patient rights and responsibilities;
2. symptom control;
3. communication skills; and

4. bereavement counseling.

D. Applicants for a Certificate of Need for hospice services shall develop written protocols that govern the admission and medical treatment of patients. Policies and procedures shall relate to at least the following:

1. Within 48 hours prior to, or within 24 hours after admission of a patient/family, the attending physician must provide at least
  - a. the admitting diagnosis and prognosis,
  - b. current medical findings,
  - c. the diet prescribed,
  - d. medication and treatment orders,
  - e. pertinent orders regarding the patient's terminal condition, and
  - f. a history and physical examination; and
2. The designation of an alternative physician to contact regarding emergency care of a patient when the attending physician is not available.

E. The hospice program shall have written admission criteria that includes the following patient characteristics required for admission to the program:

1. An assessment of the patient's family's desire and need for hospice service; and
2. The eligibility of a patient who does not have a designated primary care person.

Applicants for a Certificate of Need for hospice services shall develop procedures that will ensure evidence of the informed consent of the patient and a family member or other primary care person, as appropriate, to receive hospice program services.

G. Applicants for a Certificate of Need for hospice services shall document the existence of protocols that establish the number, education, training, and experience of the personnel who will provide each interdisciplinary team service and are consistent with the defined needs of patients/families and the scope of services provided by the hospice program.

H. The medical director of a hospice program shall be a physician who is currently licensed to practice in West Virginia and who, on the basis of training, experience and interest is knowledgeable about the psychosocial and medical aspects of hospice care.

I. The nursing services of a hospice program shall be supervised by a registered nurse who is currently licensed in West Virginia and whose minimum education and experience includes a demonstrated ability in nursing practice, including two years of clinical experience in home care and/or inpatient services.

J. Hospice support services shall include:

1. access to pharmacy services,
2. access to x-ray and laboratory services, and
3. other services such as homemaker support services as indicated and available.

V. CONTINUUM OF CARE

A. All levels of hospice services shall have written protocols for referral to and from the service, and to and from components within the service, as well as procedures for carrying out referrals.

B. Communication and cooperation between the referring physician and the hospice is essential to continuity of care for the patient and his/her family, and referring physicians should, to the fullest extent possible, be maintained as the primary physician as well as participate in the diagnosis and management of problems requiring consultation or referral.

C. Applicants for a Certificate of Need for hospice services shall have written policies and procedures regarding discharge planning for the improved patient and follow-up care for the family during bereavement. The effectiveness of those policies shall be periodically evaluated and action taken as indicated.

D. Applicants for a Certificate of Need shall present written linkage agreements of at least a pre-commitment nature, where necessary, to assure provision of a full range of services, which includes inpatient facilities.

E. Physicians associated with hospice programs not operated by a hospital shall have admitting privileges to at least one acute care facility in the service area.

#### IV. COSTS

A. Applicants for a certificate of need for hospice service should have a plan for financing the proposed project that identifies the expected sources of income and projected expenses, which will indicate a stable financial basis.

B. Hospice services shall be offered at the least restrictive level, which is consistent with the patient's needs.

#### VII. ACCESS

A. Appropriate hospice services shall be available 24 hours per day, 7 days per week.

B. Applicants for a Certificate of Need for hospice services must provide written policies, which are non-discriminatory in terms of race, color, creed, age, ethnicity, sex, sexual preference, financial resources, or location of residence in the service area.

C. Applicants for a Certificate of Need for hospice services must provide written documentation that a list of services covered by the hospice and a fee schedule for hospice services will be made available to the consumer.

D. Inpatient hospice units shall have flexible visitation policies with 24-hour privileges.

E. The hospice system of care shall provide:

1. A program of care, which considers the patient and family as the unit of care.

2. A protocol of palliative care which includes, but is not limited to:

a. controlling pain;

b. controlling other symptoms as effectively as medically possible; and

c. providing comprehensive physical, social, psychological, and spiritual services to address the full spectrum of the patient and family needs.

3. Physician directed medical care.

4. Palliative care provided by an interdisciplinary team that should normally include:

a. physicians,

- b. nurses,
  - c. social workers,
  - d. physical and other therapists,
  - e. pastoral care counselors/clergymen,
  - f. homemaker/home health aides,
  - g. volunteers, specially selected and extensively trained to augment staff. (In palliative care, volunteers frequently bring unique skills and create a personalized environment which the traditional patient-professional relationship is unable to achieve.),
  - h. consultants, including nutritionists, pharmacists, psychiatrists, psychologists, radiologists, pediatricians, oncologists, funeral home directors and others,
  - i. family and friends, and
  - j. other caregivers as may be appropriate.
5. Bereavement counseling extended to the family and friends during the period of grieving and for one year following the death of the patient.
  6. Home care and coordinated inpatient respite care for short periods of time to provide relief to the primary caretaker. Additionally, short-term inpatient palliative care services for persons requiring management of acute symptoms, unable to manage at home.

F. Hospice programs should include 24 hours, 7 days a week access to appropriate members of the interdisciplinary team.

#### VIII. OTHER

Hospice services are considered to be on the low end of the continuum of care, provided in the least restrictive environment, and are therefore to be encouraged.