Hospice Deficiencies

Chaplains and Spiritual Counseling

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Counseling service must include, but are not limited to, the following:

(1) Bereavement counseling. The hospice must:

   I. Have an organized program for the provision of bereavement services furnished under the supervision of a qualified professional with experience or education in grief or loss counseling.

   II. Make bereavement services available to the family and other individuals in the bereavement plan of care up to 1 year following the death of the patient.
Bereavement Counseling (cont.)

III. Ensure that bereavement services reflect the needs of the bereaved.
IV. Develop a bereavement plan of care that notes the kind of bereavement services to be offered and the frequency of services delivery.
Interpretive Guidelines

The supervisor of bereavement services may be the IDG social worker or other professional with documented evidence of experience or education in grief or loss counseling.

Probes:

• Ask the hospice to explain how and when they incorporate the bereavement assessment into the comprehensive assessment.

• What services does the hospice provide to reflect the needs of the family and other individuals in the bereavement plan of care?
Probes (cont.):

• How does the hospice evaluate the outcomes and effectiveness of the bereavement services they provide?

• Select and review a sample of 2-3 bereavement plans of care from a list of patients who have died within the past 12 months. Determine if the bereavement follow up was appropriate and provided with identified time frames. Did the bereavement services provided reflect the needs of the bereaved?
CMS cont.

• §418.64(d) 3) Spiritual Counseling. The hospice must:
  i. Provide an assessment of the patient’s and family’s spiritual needs.
  ii. Provide spiritual counseling to meet these needs in accordance with the patient’s and family’s acceptance of this service, and in a manner consistent with patient and family beliefs and desires.
  iii. Make all reasonable efforts to facilitate visits by local clergy, pastoral counselors, or patient’s spiritual needs to the best of its ability.
  iv. Advise the patient and family of this service.
Guidance to Surveyors

• There should be evidence in the clinical record that the hospice has offered and/or provided spiritual counseling in accordance with the patient/family’s desires. If a patient and family desires spiritual counseling, then a hospice should facilitate visits by local clergy, pastoral counselors, or other to the best of its ability.
Procedures and Probes

• Determine through clinical record review, interview and home visits how the hospice addresses the spiritual needs/concerns of the patients and families.
• How does the hospice introduce the availability of spiritual counseling?
• What mechanisms are in place to meet the patient/family spiritual needs?
Missouri Hospice Licensure

ML 195 B. Within two months following the patient’s death, there shall be an assessment of risk of the bereaved individual and a plan of care that extends for one year appropriate to the level of risk assessed.

ML 196 C. In addition to the assessment, at least one bereavement visit (other than funeral attendance/visitation) shall occur within six months after the death of the patient.

ML 192 C. The spiritual assessment shall include, at a minimum:

(i) the identification of any religious affiliation the patient and family may have; and

(ii) The nature and scope of any spiritual concerns or needs identified.
Who is assigned to do these tasks? Do you know?

- **Assessment by the lead clinical care giver may do the assessment.**
  - Does this person need some tips on how to ask these questions?
  - Is this person comfortable with asking these questions?
  - Does this person introduce the availability of spiritual counseling?
  - What about the family and/or friends’ spiritual needs?
  - Is the spiritual assessment on-going?
PROVIDE SPIRITUAL COUNSELING TO MEET THESE NEEDS IN ACCORDANCE WITH THE PATIENT’S AND FAMILY’S ACCEPTANCE OF THIS SERVICE, AND IN A MANNER CONSISTENT WITH THE PATIENT AND FAMILY BELIEFS AND DESIRES

• How does the hospice know that spiritual counseling is effective, and is meeting the needs of the patient and family/friends?
Make all reasonable efforts to facilitate visits by local clergy, pastoral counselors, or other individuals who can support the patient’s spiritual needs to the best of its ability.

• Does the hospice facilitate visits by local clergy, pastoral counselors, or others to the best of its ability?
Advise the patient and family of this service

- What is actually said?
- Are they offered options?
Electronic vs Paper Records

- Many different charting programs
  - Some are targeted for organization – wide medical record sharing: hospital, lab, home health, hospice.
- Can a person who is not familiar with your charting system get the information that (s)he needs to provide safe and comprehensive patient care?
- How does your IDT communicate with each other (in the chart?)
- How do you keep the record current?
Remember:

**ALL OF THESE QUESTIONS ARE IMPORTANT TO THE PROVISION OF QUALITY CARE TO THE PATIENT AND FAMILY/FRIENDS**

**ALL OF THESE QUESTIONS CAN AND WILL BE ASKED BY THE STATE SURVEYOR DURING HOME VISITS.**