Health Facilities and Emergency Medical Services Division Update Hospice 2019

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Home Care Services Section Manager
HOSPICE IN COLORADO

- 69 Certified Hospices (37 Deemed)
- 18 Hospices (Licensed only)
- 12 Inpatient units

Commonly Cited Deficiencies
FEDERAL RECERTIFICATION'S

- 13 - Services Provided According to Plan of Care
- 8 - Nursing Services
- 6 - Plan of Care
- 5 - Volunteer Services
  - Not meeting the 5% requirement
  - Not meeting the patient requests for volunteer services
- 5 - Bereavement Counseling
  - Not following the bereavement requirements of contacts and community resources needed after death

RELICENSE INSPECTIONS
TOP CITED DEFICIENCIES

- Interdisciplinary Group - Responsibility
- Services provided according to Plan of Care
- Nursing services
- Volunteer Services
- Hospice Aid Supervision
Complaints and Occurrences

HOSPICE OCCURRENCES

<table>
<thead>
<tr>
<th>2017-2018</th>
<th>2018-2019</th>
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<tbody>
<tr>
<td>Physical Abuse</td>
<td>3</td>
</tr>
<tr>
<td>Sexual Abuse</td>
<td>1</td>
</tr>
<tr>
<td>Verbal Abuse</td>
<td>2</td>
</tr>
<tr>
<td>Death</td>
<td>3</td>
</tr>
<tr>
<td>Diverted Drugs</td>
<td>5</td>
</tr>
<tr>
<td>Equipment Malfunction</td>
<td>2</td>
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<tr>
<td>Misappropriation of Property</td>
<td>2</td>
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<tr>
<td>Neglect</td>
<td>1</td>
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NEGLECT AND ABUSE
REPORTING GUIDELINES

This information is taken directly out of the occurrence manual found on the CDPHE website.

- 25-1-124(2)(e) states “Any occurrence involving neglect of a patient or resident, as described in Title 26-3.1-101 (2.3), C.R.S.” is a reportable occurrence.
- In order for an incident to meet the requirement for reporting neglect, it must meet both the definition of neglect and the person involved must be an “at-risk adult” as defined in Title 26-3.1-101(1), C.R.S.

AT RISK ADULTS

- Title 26-3.1-101 (4)(b) defines an “at-risk adult” as “an individual eighteen years of age or older who is susceptible to mistreatment or self-neglect because the individual is unable to perform or obtain services necessary for the individual’s health, safety, or welfare or lacks sufficient understanding or capacity to make or communicate responsible decisions concerning the individual’s person or affairs.”
AT RISK ADULTS

- Adults with a developmental disability, traumatic brain injury, Alzheimer’s, dementia, or other neurological or cognitive deficit
- Adults with a debilitating mental illness
- Frail or elderly persons who are no longer able to understand or make appropriate choices to manage their affairs
- Adults with a physically disability that limits their ability to perform activities of daily living

ABUSE - PHYSICAL

- **Definition** - “Any occurrence involving physical abuse of a patient or resident, as described in Title 18-3-202, 18-3-203, and 18-3-204...C.R.S., by another patient or resident, an employee of the facility, or a visitor to the facility.” Title 25-1-124(2)(d), C.R.S.
2 Elements needed:

- Intent OR Knowingly OR Recklessly
- AND
- Bodily injury and/or serious bodily injury
- AND/OR
  - Unreasonable confinement or restraint

**DRUG DIVERSION**

- **Definition:** "Any occurrence in which drugs intended for use by patients or residents are diverted to use by other persons" Section 25-1-124 (2)(g) C.R.S.
Only 1 element needed to report drug diversion:
- Deliberate –

What classification of drugs needs to be reported as an occurrence?
The statute does not exclude any classification of drugs. The element specifies a deliberate diversion, not a particular classification of drugs.

If staff gives medication to person A that belongs to person B because the medication for person A is not available, is this reportable?
Yes, this is reportable. The staff member deliberately gave medication to a person for whom it was not ordered.

EMERGENCY PREPAREDNESS

- Four Core Elements: Risk assessment and emergency planning; communication plan; policies and procedures; training and testing

- CMS resources: https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/index.html (Google search “CMS emergency preparedness”)
WE WELCOME YOUR FEEDBACK

Your Feedback Helps Us Improve Our Processes
STAY IN TOUCH!

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DISCUSSION AND QUESTIONS

What questions are on your mind??