Discharge: Discontinuation of Hospice Care

Presented By Hospice of Southern Illinois

There comes a time... for us to serve you.

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Types of Discontinuation of Hospice Services

Discharge from a hospice can occur as a result of one of the following:

1. Non-recertification
2. The patient moves out of the service area or leaves the service area for a vacation
3. The patient enters a non-contracted facility
4. Discharge for cause
5. The patient/caregiver chooses to revoke from hospice services
6. The patient chooses to transfer to another hospice
7. Patient death
1. Non-Recertification

- This is a hospice initiated action.
- The Interdisciplinary team determines the patient no longer meets hospice eligibility with a prognosis of six months or less and recertification will not occur.
- A Notice of Medicare Non-Coverage (NOMNC) form must be issued to the patient/legal representative at least two calendar days prior to the date of discharge.
Non-Recertification (cont’)

• Requires a physician order from the hospice medical director or associate.

Example: “Patient is not being recertified per IDT consensus. The patient no longer meets hospice eligibility. Last day under hospice benefit will be________.”
Non-Recertification (cont’)

• Discharge planning due to non-recertification should occur at least four weeks prior to the patient’s recertification date.
• Communicate thoroughly with all parties involved. Who needs to know this?
• The patient and family #1. Is the patient in a facility? Have you informed the facility staff?
  *Staff nurse, Director of Nursing, Care Plan Coordinator, Social Service Director
Non-Recertification (cont’)

• If the patient is in a facility, a discharge order must be given to the facility staff and/or written on the facility chart.
• Make sure the patient has two weeks of medications on hand at the point of discharge.
• The patient should also be provided with two weeks of supplies that we have been providing.
Non-Recertification (cont’)

• The attending physician must be notified in verbal and written form. Always document who you spoke with.

• Continuity of care must be maintained up to and including the date of discharge, this includes during the appeal process until the final decision has been determined.
Non-Recertification (cont’)

• Remember…Not meeting hospice criteria is a GOOD thing. It means they are no longer terminally ill.
Non-Recertification (cont’)

• Please do not document the word “Graduate” in the clinical record. Do document that the patient no longer meets hospice eligibility.
Non-Recertification (cont’)

- Assist patient/family with community resources, or alternative healthcare.
- Speak with DME company in advance to inform them of patient’s discharge. If the patient is on oxygen, they may have to go through an Oxygen Study before Medicare will allow payment for O2. Inform their attending physician of this prior to discharge.
- Verify with current DME provider to determine if they can bill Medicare.
Non-Recertification (cont’)

• If there are any changes in the patient's condition prior to discharge, notify the Hospice of Southern IL Medical Director or Associate with changes reported/observed before discharging the patient.

• It is expected that a nursing visit is made the day of discharge and a phone call the evening of discharge to ensure there have been no changes with the patient that would justify staying on services.
Non-Recertification (cont’)

• Click on the **Discharge** “Running Man” icon to discharge the patient in Suncoast.

• The Discharge window will then appear. Select *Patient no longer terminally Ill*. Do not check or uncheck any of the **Discontinue** boxes.
Non-Recertification (cont’)

• Complete the Discharge Checklist and Discharge Summary forms in Suncoast.
• Before signing the Discharge/Transfer Checklist be sure that the effective DC/Transfer date is accurate.
2. The Patient Moves Out Of The Service Area or Leaves the Service Area For A Vacation

• **Requires a physician** order from the hospice medical director or associate.

  **Example:** “Discharge from Hospice of Southern Illinois due to leaving service area.”

• The attending physician must be notified in verbal and written form. Always document who you spoke with.
The Patient Moves Out Of the Service Area or Leaves the Service Area For A Vacation (cont’)

• Documentation of the physician’s order and the consultation with the attending physician must be in the patient’s electronic medical record.

• Collaboration/coordination of discharge planning must occur and care must be maintained during the discharge process.
The Patient Moves Out Of the Service Area or Leaves the Service Area For A Vacation (cont’)

• Make sure the patient has two weeks of medications on hand at the point of discharge.
• The patient should also be provided with two weeks of supplies that we have been providing.
• A timesheet entry must be completed once it is determined the patient has left the service area.
• Communicate with all team members involved.
The Patient Moves Out Of the Service Area or Leaves the Service Area For A Vacation (cont’)

• Click on the Discharge “Running Man” icon to discharge the patient in Suncoast.

• The Discharge window will then appear. Select Moved out of area. Do not check or uncheck any of the Discontinue boxes below.
The Patient Moves Out Of the Service Area or Leaves the Service Area For A Vacation (cont’)

- Complete the Discharge Checklist and Discharge Summary forms in Suncoast.
- Before signing the Discharge/Transfer Checklist be sure that the effective DC/Transfer date is accurate.
3. The Patient Enters A Non-Contracted Facility

• Requires a physician order from the hospice medical director or associate.

Example: “Discharge from Hospice of Southern Illinois due to entering a non-contracted facility.”

• The attending physician must be notified in verbal and written form. Always document who you spoke with.
The Patient Enters A Non-Contracted Facility (cont’)

• When a patient enters a non-contracted facility, Medicare expects that consideration of the amount of time the patient is in that facility and the effect on the plan of care is determined before making a decision to discharge from hospice.
The Patient Enters A Non-Contracted Facility (cont’)

• A timesheet entry must be completed once it is determined the patient has transferred to the non-contracted facility.

• Documentation of the physician’s order and the consultation with the attending physician must be in the patient’s electronic medical record.

• Collaboration/coordination of discharge planning must occur and care must be maintained during the discharge process.
The Patient Enters A Non-Contracted Facility (cont’)

• Click on the **Discharge** “Running Man” icon to discharge the patient in Suncoast.

• The Discharge window will then appear. Select *Moved out of area*. Do not check or uncheck any of the Discontinue boxes below.
The Patient Enters A Non-Contracted Facility (cont’)

• A Discharge Checklist and Discharge Summary must be completed in Suncoast.

• Before signing the Discharge/Transfer Checklist be sure that the effective DC/Transfer date is accurate.
4. Discharge for Cause

- Discharge for cause- This is an extraordinary circumstance- abusive, disruptive, uncooperative behaviors from a patient or other persons in the home. The safety of the patient or the hospice employee has compromised the ability to deliver care effectively.
Discharge for Cause (cont’)

- Requires a physician order from the hospice medical director or associate. Below is just an example of an order related to a possible situation, but will vary based on the specific situation.

**Example:** “Discharge patient from Hospice of Southern Illinois for non-compliance to medication safety protocol.”
Discharge for Cause (cont’)

• The following must be completed before seeking discharge for cause:
  a. Advise the patient/legal representative of the discharge for cause
  b. Make serious efforts to resolve the situation with solid documentation supporting the efforts
  c. Establish the proposed discharge is not due to the patient’s utilization of hospice services.
Discharge for Cause (cont’)

• When the discharge is discharge for cause, Hospice of Southern Illinois must notify the Medicare contractor and State Survey Agency of the circumstances surrounding the impending discharge for cause. The hospice may also need to make referrals to other relevant state/community agencies as appropriate. The President/CEO and Chief Clinical Officer or designee must be made aware of any impending discharges for cause. A certified letter from the President/CEO or designee is sent to the patient/legal representative when discharge for cause is determined.
Discharge for Cause (cont’)

• The attending physician must be notified in verbal and written form. Always document who you spoke with.
Discharge for Cause (cont’)

• A timesheet entry must be completed once the date and time has been determined for the patient to be discharged for cause.

• Click on the **Discharge** “Running Man” icon to discharge the patient in Suncoast.
Discharge for Cause (cont’)

- The “Discharge” window will then appear. Select *Patient Discharged for Cause*. Do not check or uncheck any of the Discontinue boxes below.
Discharge for Cause (cont’)

• A Discharge Checklist and Discharge Summary must be completed in Suncoast.
• Before signing the Discharge/Transfer Checklist be sure that the effective DC/Transfer date is accurate.
5. Revocation

- A revocation is when a patient decides to revoke their hospice benefit. It is a patient/caregiver option. **We do not revoke patients.** They are choosing to revoke their Hospice Medicare/Medicaid benefit. A *Revocation Statement* form must be signed by the patient/legal representative.
Revocation (cont’)

• A patient being sent to the Emergency room does not necessarily mean they have to revoke from hospice services.

• It is the expectation that a nurse makes a phone call to the Emergency room informing them that the patient is on hospice services and then a nursing visit follows.
Revocation (cont’)

- Verbal discussions of revocation are not acceptable; the corresponding form must be signed and dated.
- The date of revocation cannot be earlier than the signature date on the Revocation Statement.
Revocation (cont’)

• A modified order is **not required** for a revocation.
• Please notify a supervisor as soon as possible if a revocation is discussed.
• If there is a question whether or not it is in the patient’s best interest to revoke from hospice services...

Please consult with the Hospice of Southern Illinois physician on call for guidance.
Revocation (cont’)

• A timesheet entry must be completed once the date and time has been determined that the patient chooses to revoke.

• Click on the **Discharge** “Running Man” icon to discharge the patient in Suncoast.
Revocation (cont’)

- The “Discharge” window will then appear. Select *Patient Revoked*. Do not check or uncheck any of the Discontinue boxes below.
Revocation (cont’)

• A Discharge Checklist and Discharge Summary must be completed in Suncoast.
• Before signing the Discharge/Transfer Checklist be sure that the effective DC/Transfer date is accurate.
6. Patient Transfers to Another Hospice

• If a patient decides to transfer to another hospice, a *Change of Designated Hospice* form must be signed and dated.

• The date of transfer cannot be earlier than the signature date on the *Change of Designated Hospice* form.

• A modified order is **not required** when a patient chooses to transfer to another hospice.
Patient Transfers to Another Hospice (cont’)

• A timesheet entry must be completed once the date and time has been determined for the transfer to take place.

• Click on the **Discharge** “Running Man” icon to discharge the patient in Suncoast.
Patient Transfers to Another Hospice (cont’)

• The “Discharge” window will then appear. Select *Transfer to other hospice-home* or *Transfer to other hospice-facility*. Do not check or uncheck any of the Discontinue boxes below.
Patient Transfers to Another Hospice (cont’)

• A Discharge Checklist and Discharge Summary must be completed in Suncoast.
• Before signing the Discharge/Transfer Checklist be sure that the effective DC/Transfer date is accurate.
Patient Death

• A modified order is **not required** when a patient is discharged from Suncoast due to death.

• A timesheet entry must be completed once the patient has passed and the TOD has been determined.

• Traveling to a patient death is a Death Call/Travel timesheet entry. Post Mortem timesheet entries start on the next fifteen minute interval following the TOD unless it is on the even quarter of the hour.
Patient Death (cont’)

• All documentation is attached to the Post Mortem timesheet entry.
• Phone calls received on patient deaths that do not require a visit are entered on the timesheet as a Phone Call with the appropriate documentation attached.
• Click on the Death “Daisy” icon to enter the patient death and TOD in Suncoast.
Patient Death (cont’)

• After clicking on the Death “Daisy” icon, the Death/Bereavement window will appear. Enter date of death and Time of death. (Do not use military time) Do not check or uncheck any of the Discontinue boxes below.

Always double check for accuracy…
Patient Death (cont’)

• Enter your name in the “Attended By” field ONLY if you attended the patient’s death.
Patient Death (cont’)

- A Hospice Death Checklist and Death Summary must be completed in Suncoast.
- Before signing the Hospice Death Checklist and Death Summary be sure that client date of death is accurate.
Patient Death (cont’)

• The attending physician must be notified in verbal and written form. Always document who you spoke with.
Hospice Discharge Documentation

- Collaboration /coordination of discharge planning must occur with supporting documentation in the patient’s electronic medical record. Care must be maintained during any discharge process.
- A notice of Termination/Revocation (NOTR) of final claim must be filed with the Medicare contractor within 5 calendar days after the effective date of discharge or revocation.
Hospice Discharge Documentation (cont’)

• If the discharge date is entered on the “Running Man” or “Daisy” before the checklist and summary forms, the discharge/date of death date will automatically populate onto these forms.

• On the “Running Man” screen... **You will not be able to edit Discharge Date, Reason or Disposition once saved.**
Communication

In each of these situations it is VERY important that you have communicated with all parties involved.

- Patient
- Family/Caregiver
- Facility Staff- all involved
- Attending Physician
- Interdisciplinary Team
- Pharmacy
- Outcome Resources
- DME Company
- Insurance Company if applicable
Communication (cont’)

• All HSI team members involved in a patient’s care will be listed on the Team tab on the patient’s Face sheet.
Communication (cont’)

- The pharmacy being utilized can be found by clicking on the Medication Icon.
  *Then click on the Pharmacy tab on the upper right corner of the Medication profile.
  *This box will appear. It is your responsibility to notify all pharmacies listed.
Communication (cont’)

• The DME company can be found by clicking on the “DME” icon.

• Scroll to the right of the screen and the DME company name will appear.
Communication (cont’)

• The Insurance company (if applicable) can be found by clicking on the Face Sheet.

• Then click Payors.

• The Pay Sources window will appear as shown below.

![Pay Sources Window](image)
Communication (cont’)

- Once the Pay Sources window appears, click on Benefit Information tab.
Communication (cont’)

• After clicking on Benefit Information tab, the Insurance Benefit Verification window will appear with the Verification Representative’s name and phone number.
Communication (cont’)

• All forms of discontinuation MUST at a minimum be thoroughly explained to the patient/caregiver IN PERSON (if applicable) and be thoroughly documented in the medical record.
Questions?
References

There comes a time... for us to serve you.

Hospice of Southern Illinois, Inc.

Your Community Not-For-Profit Hospice
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