In General, for All IDT Team Members:

The key is to document smarter, not longer, and you chart smarter by being focused on the Plan of Care. Including things like what they were wearing, and the appearance of the room may help “paint the picture” but unless those details help support your care plan or their diagnosis they are unnecessary.

Reflect upon:

- **Who** did you see (patient, family, staff)? Who did you talk to (include staff as this attests to cross-disciplinary support)?
- **What** do you see? How does the patient appear (tired, weak, pleasant, thin, pale)? Are there any visual as well as verbal indicators of pain?
- **Why** are you there? Is this a routine visit or an emergency? Is this an assessment? Were you consulted to visit for a reason? Is there a particular problem you are addressing?
- **What** did you do? What specific services did you provide? What else did you do that is related to their plan of care goals and interventions (taking them outside, providing life review, discussion of moral or ethical issues)?
- **What** do you plan to do next? Is a follow up call to family needed? Do goals or interventions on their Plan of Care need to be changed? Are other services or consultations needed?

The patient’s diagnosis is known to you, so look for decline and document it. Often the tendency is to try to highlight the positives, but in hospice it’s best to highlight the negatives. Your documentation makes a difference and can help keep a patient on service.

Documentation is ultimately the best evidence of what you do and the value you add to your patients’ and families’ lives, as well as to the team. Don’t think that it’s not as important as anything else you do.

**Regarding relatedness:**

“It is our [CMS’] general view that . . . hospices are required to provide virtually all the care that is needed by terminally ill patients. Therefore, unless there is clear evidence that a condition is unrelated to the terminal prognosis, all services would be considered related. It is also the responsibility of the hospice physician to document why a patient’s medical need(s) would be unrelated to the terminal prognosis.”

FY 2014 Hospice Wage Index and Payment Rate Update
Suggestions for the Physician’s Narrative

Four Ways to Document Eligibility

- **Perfect Fit**
  Meets an LCD guideline
- **Close Fit + Support**
  Almost meets an LCD guideline + has significant comorbidities
- **Close Fit + Rapid Decline**
  Almost meets an LCD guideline + has rapid decline
- **Clinical Judgment**
  There is not a guideline but does have a terminal prognosis
* If documenting with one of these, explain why pt is still terminal!

§ 418.22 **Certification of terminal illness.**

(b) **Content of certification**

*(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.*

*(3) The physician must include a brief narrative explanation of the clinical findings that supports a life expectancy of 6 months or less as part of the certification and recertification forms, or as an addendum to the certification and recertification forms.*

*(iii) The narrative shall include a statement directly above the physician signature **attesting that by signing, the physician confirms that he/she composed the narrative based on his/her review of the patient’s medical record, or if applicable, his/her examination of the patient.** (emphasis added)*

The narrative should include: (underlined topics should always be included in all narratives, if known, with all patients)

- **State the patient’s age & terminal diagnosis**
- **State the complicating medical conditions pertinent to prognosis, including severity**
- **State & describe functional impairments**
- **Palliative Performance Scale (PPS), ADLs, etc.**

- **State & describe nutritional impairments**
- **Body Mass Index (BMI), Mid-arm circumference (MAC), serum albumin level**
- **State & describe cognitive impairments**
- **FAST if dementia, presence of delirium**

Compiled and Developed by Lores Consulting, LLC 2017
For MNHPC
Hospice Documentation Tips
Intervention Words and Phrases

• Disease specific (by the LCD) and/or disabling symptoms when present
• Discuss burden of disease & effect on quality of life
• Onset, duration of the condition, response to treatment, location of care, time to task completion, degree of frailty, if asleep>12h/24h
• Describe these serially over time, documenting with absolute numbers tied to a time period
• Discussion of ‘trajectory of disease’
• Reference to what the narrative was based on:
  - F2F/review of clinical findings/NP’s F2F
• The narrative cannot utilize preprinted check-boxes;
• The narrative must be written by the physician performing the certification;
• The narrative, itself, cannot consist of preprinted or standardized language.

Examples of Succinct Narratives

(Review the individual’s clinical circumstances and synthesize the medical information to provide clinical justification for admission to the hospice services)

• **Certification:** 18-year-old male with a diagnosis of stage 4 lung cancer. Completed three rounds of chemotherapy, but cancer has metastasized to the liver and bone. Patient no longer wants to continue chemotherapy and states he wants comfort measures only. Increased dyspnea and pain over past 2 weeks. Is now oxygen dependent with 2LNC and requires morphine every 6 hours for bone pain and shortness of breath.

• **Recertification:** 78-year-old male with a diagnosis of stage 4 lung cancer who has been receiving hospice services since _______. Oxygen dependent and has been increased to 6LNC. Increasing somnolence and is only out of bed for short periods of time with max assist. Poor appetite and is only taking small sips of water and broth. Evident cachexia. Receiving morphine every 2 hours for pain

• 83-year-old female with end-state CHF, NYHA Class IV. Dyspnea at rest. Bilateral 2+ pitting edema in feet, calves and thighs not responsive to diuretic therapy. Increasing episodes of angina. Was ambulatory one month ago but is now bedbound and sleeps most of the time. Is arousable but with increasing confusion. Taking only small sips of water. Patient has been under hospice services since _______.

• “78-year-old male with NYHA class IV heart failure who has been aggressively treated with diuretics, ACE-inhibitors and nitrates continues to experience massive peripheral edema, dyspnea even during conversation requiring frequent doses of morphine. He has been hospitalized 3 times in the last 2 months. He has comorbid peripheral vascular disease with several lower extremity ulcers. He is not a candidate for invasive cardiovascular procedures. He has a PPS of 50%, down from 70% 3 months ago. Based on his severe heart failure he has a prognosis of months.”

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For MNHPC
• This 99-year-old NH resident has end-stage dementia from Alzheimer’s disease with a FAST of 7C, reflecting her non-verbal, non-ambulatory status. Her care was complicated by a hip fracture requiring pinning 3 weeks ago. During that hospitalization, she had an episode of aspiration pneumonia, and continues to frequently choke at meals. Her PPS of 40% reflects her dependence in 5/6 ADLs and sleeping >20h/d, up from 12h/d six months ago. Her BMI is 22.2, though she is having more trouble feeding herself. Considering this data, she clearly meets dementia guidelines (FAST 7, recent aspiration pneumonia, ongoing decline) so that she is unlikely to survive another 6 months.

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Examples of Incomplete Physician Narrative

• Dx: Lung Cancer
  • Increased need for cares
  • PPS 40%, FAST 7C
  • Poor appetite
  • Incontinent of bowel and bladder
  • Bilateral LE Edema
  • No further treatment needed
  • Anticipate 6 months or less

• DX: CHF
  • Comorbidity of NHP, COPD
  • Increased needs for care PPS 50%
  • Increased edema with increased weight
  • Bilateral LE edema +3 requiring increased does of Bumex
  • Poor oral intake
  • Anticipate 6 months of less to live
Spiritual Care

Spiritual issues as evidenced by:

- No local church/synagogue/mosque
- Unresolved guilt
- Fear
- Anxiety
- Desire for peace
- Spiritual crisis
- Alienation from belief system
- Concerns about life after death
- Forgiveness issues - self and of others
- Search for meaning
- Need for atonement
- Family in conflicting belief system
- Unresolved grief and loss

Verbs to describe actions and interventions may include:

- Directed
- Encouraged
- Explored
- Assist in life review
- Assist in identifying spiritual strengths and challenges
- Provided prayer
- Explored anger, fear, doubt, anxiety, hope, self-image
- Facilitated linkages
- Validated
- Reframed
- Normalized
- Reflective listening
- Heard confession
- Educated
- Modeled
- Mediated conflict
- Provided spiritual guidance
- Provided spiritual reading ________
- Facilitation/Engaged in life review
- Sang/played/listened to meaningful music
- Encouraged focus on present
- Facilitated decision-making
- Provided ritual meaningful to patient and/or family


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For MNHPC
Social Worker

Psychosocial Issues as evidenced by:

- Anticipatory grief
- Fear
- Finances present and future
- Failure
- Faith concerns
- Powerlessness
- Anger
- Guilt
- Sadness
- Loss of control
- Withdrawal/depression
- Mental illness of patient/family
- Addiction
- Parental issues
- Relationship issues
- Caregiver exhaustion
- Anticipated move
- Family issues
- Multiple losses
- Loss of value to others-being a burden
- Advance directives
- Burial expenses
- MA access
- Burden to family

Verbs to describe actions and interventions may include:

- Provide support (what kind), offer acceptance (how)
- Encourage expression of feelings
- Instruct/Teach
- Encourage verbalization of personal story
- Identify support systems
- Make referral to...make sure to follow up and document
- Assist with completion of___________
- Facilitate communication (how) between (whom) • Reflective listening
- Explore attitudes of... to alleviate/promote...
  Facilitate respite care/ move to alternative living
- Assess... what and how
- Provide grief support by__________
- Inform of resources for__________
- IDT conference with_________
- Promote patient comfort
- Alleviate... (what -- stress, discomfort, sadness, etc.)
- Increase knowledge about__________
- Initiate/Complete long-range planning
- Improve quality of life (must be defined according to Patient)
- Facilitate death with dignity
- Facilitate family communication, peace, reconcile interpersonal relationships, etc.
- Facilitate healthy grief
- Acceptance of loss/limitation, terminal illness, EOL, etc.
Nurses

Clinical Issues as evidenced by:

- Pain and/or discomfort
- Loss of appetite
- Dysphagia
- Weight loss or weight gain (fluid/mass)
- Shortness of breath with increasing discomfort
- Increased anxiety, fear and worry
- Lab values out of normal ranges
- Expressions of worsening symptoms
- Muscle loss/strength
- Decreasing endurance
- Expression of wishes to dc treatments
- Change in cognition
- Changes in medications
- Recurrent infections
- Recurrent hospitalizations/ER visits
- Nausea and/or vomiting
- Decline in performance of IADL’s and ADL’s
- Worsening symptoms of primary disease

Verbs to describe actions and interventions may include:

- Assess and evaluate
- Educate patient/family and non-hospice provider
- Analyze symptoms and conversations
- Describe
- Facilitate discussion
- Administered medication, treatment, symptom management
- Compare and contrast
- Alleviate
- Reassess
- Reflected, reported
- Research
- Referred
- Collaborate/Coordinate
- Guided
- Provide direct care, resources, supplies
- Supported patient/family
- Modeled
- Responded to...
- Expressed empathy through...listening, reflecting
Integrative Therapies

Issues as evidenced by:

- Anxiety about being alone, death, burden, worsening symptoms
- Fear
- Insomnia
- Symptoms of pain, shortness of breath, depression
- Body image
- Lack of comfort
- Difficulty coping
- Acceptance of disease
- Constipation
- Life reflection
- Guilt
- Shame
- Searching for faith, meaning in suffering
- Fatigue
- Weakness
- Aphasia
- Locked in syndrome

Music Therapy: Verbs to describe actions and interventions may include;

- Provide attentive presence
- Facilitate use of spiritual resources familiar to patient/family
- Provide spiritual comfort/compassion during the withdrawal and dying process
- Provide music as a means of spiritual expression, inspiration, and comfort
- Create an accepting, nonjudgmental atmosphere
- Encourage recognition, ventilation, and acceptance of feelings
- Reduce anxiety, agitation, stress
- Improved mood
- Increased verbalization/socialization/language skills
- Decreased pain and discomfort
- Provide diversion
- Self-expression (respond-recognize-recall-reflect-
- Reality orientation
- Intonation therapy
- Guided imagery
- Minimize behaviors –combative, wandering, restlessness

Massage Therapy: Verbs to describe actions and interventions may include;

- Holding
- Kneading
- Myofascial release
- ROM
- Skin rolling
- Muscle massage
- Stretching
- Energy balancing
- Deep breathing and relaxation exercises
- Education patient/family
- Lowering respirations/blood pressure
- Increased range of motion
PT/OT/ST

Clinical Issues as Expressed by:

- Fatigue-endurance
- Decreasing independence
- Pain and/or discomfort
- Anxiety
- Contractures
- Skin breakdown
- Decreased mobility and function
- Caregiver stress and burnout
- Dependence on assistive devices
- Increased dependence for ADL’s
- Dysphagia
- Impending or existing paralysis

Verbs to describe actions and interventions may include:

- Evaluate, assess and treat
- Reduce pain by ______________
- Increase mobility by ______________
- Adaptive devices to aide in ______________
- Safety devices recommended/provided
- Communication devices installed/educated for current and anticipated needs
- Evaluate swallowing, speech and risk of aspiration
- Falls reduction plan
- Equipment training for ______________
- Lymphedema therapy to ______________
- Compression wraps to ______________
- Auditory devices
- PROM instructions to ____________
- Massage to ______________ to treat ____________
- Weight and gait training safety
- Home safety plan
- Wheelchair, walker, chair adaptive devices, splints, etc
- Assessed wound and provided ____________
- Assess ADL’s and goals for self-care
Volunteers

Verbs to describe actions and interventions may include:

- Preserve dignity and respect
- Communicate patient’s needs/concerns to others
- Collaborate with IDT members
- Demonstrate caring and concern
- Provide compassionate touch and companionship
- Offer emotional support
- Faith affirmation
- Meaning making
- Establish rapport and connectedness
- Offer support
- Pray for ______ as patient requested
- Provide services per the care plan
- Provide intentional listening
- Report symptoms, concerns and questions raised by patient/family to IDT team members

Hospice Aide

Verbs to describe actions and interventions may include:

- Provided personal cares and assistance with ADL’s
- Provided privacy
- Honor dignity and personal choices
- Reported and monitored symptoms of ______ to _______
- Collaborated with ______
- Listened intentionally
- Respond by contacting RN
- Feeding patient. Ate _____ % meal. Took ____ min.
- Assist with ambulation, feeding, bathing, transferring
- Support patient and family in ______
- Reinforced ______
- Patient unable to _______
- Family states, “______________”
- Patient states, “______________”