

Ohio Department of Health
Division of Quality Assurance

Interpretive Guidelines of Chapter 3701-19 of the Ohio Administrative Code
Hospice Care Program Rules 3701-19-01 to 3701-19-24

October 2014

Hospice Care Programs

Rules 3701-19-01 to 3701-19-24 establish the licensing requirements and regulatory standards for Hospice Care Programs in Ohio. The following Interpretive Guidelines are provided to assist Hospice Care Programs with understanding and attaining the quality, safety, and other regulatory goals of Chapter 3701-19.

3701-19-01

(R) Nothing in rules 3701-19-01 to 3701-19-24 prohibits an entity other than a hospice care program from providing palliative care. An organization that operates a hospice care program may provide palliative care to individuals who are not hospice patients as long as the organization does not hold itself out as providing palliative care to non-hospice patients as part of the hospice care program.

3701-19-06

(B) A governing body that provides governance for a hospice care program that is dually-licensed as a pediatric respite care program should ensure that the two programs are governed individually, records are maintained separately, and the quality assessment and performance improvement programs remain independent of each other.

(C)(3)(f) The hospice care program may use the reporting form made available by ODH on the hospice care program website or a form of the program's own creation as long as the form contains the information necessary for local law enforcement to take appropriate action. Documentation of the required reporting to local law enforcement should be maintained by the hospice care program for at least four years.

(D) The quality assessment and performance improvement program of a hospice care program that shares a governing body with a dually-licensed pediatric respite care program should be independent of the quality assessment and performance improvement program of the pediatric respite care program.

(D) & (F) The hospice care program governing board may assume these duties directly or may delegate these responsibilities to board committees or to hospice care program staff.

3701-19-07

In addition to general requirements of this rule, hospice care programs must maintain compliance with the specific interdisciplinary plan of care, bereavement counseling, medical records standards, home care and inpatient care requirements established in other rules within Chapter 3701-19.

3701-19-08

The facility should design and equip areas for the optimal comfort and privacy of each hospice patient and family members. A comfortable homelike environment may include, but not be limited to, providing a decor which is homelike in design and function, providing accommodations for family members to remain with the patient, and allowing patients to receive visitors, including small children, at any hour. Privacy may be ensured through providing physical space for private patient and family visiting.

3701-19-09

(E) The orientation should include an overview of the hospice care program philosophies and include instruction on the tasks the staff member will be expected to perform. Ongoing or continuing training should be designed to assure maintenance of appropriate skill levels and that personnel are informed of changes in techniques, philosophies, goals, and similar matters. The ongoing training could include continuing education or attendance and participation in professional meetings and seminars.

3701-19-10

The medical director should be aware of the physician who is designated by the governing board to act in the medical director's absence.

3701-19-11

(D) Signs of drug diversion may include, but are not limited to: a significant quantity of missing medication; repeated smaller quantities of missing medication; claims of lost medication; claims that the pharmacy did not completely fill the prescription; or increased use of PRN medication and repeated claims of the patient's pain is not controlled by the prescribed dosage of medication during times, such as nights and weekends, when hospice care program staff are not present.

(F) The requirement for periodic review by the attending physician may be satisfied by review whenever there is a significant change in the patient's condition, so long as a review is performed within the applicable time-frame.

3701-19-12

(C)(2) If compliance with the plan of care or provision of care in accordance with hospice care philosophies requires that the contractor not comply with a requirement of the contractor's licensure, certification, or accreditation standards, it is recommended that the contractor seek appropriate waivers or variances for those standards from the applicable licensing, certifying, or accrediting organization, in order to cover its provision of care to hospice care and their families.

(C)(4) It is recommended that the hospice care program assure that the coordinator or coordinator's designee is on call at all times to communicate with the contractor concerning implementation of the plan of care.

3701-19-13

(B) Volunteers should also be informed of changes in techniques, philosophies, goals, and similar matters.

3701-19-14

The number of nursing staff necessary to meet the needs of patients be should be based upon a number of factors, including the acuity of each patient's level of care and the combined needs of the patient population, not solely on patient census.

(D) Nursing care means care provided by a Licensed Practical Nurse or a Registered Nurse.

3701-19-15

(A) A physician's approval of a patient's interdisciplinary plan of care may constitute direction.

3701-19-16

Home health aides and hospice aides should be informed of any changes to the written instructions for patient care provided by the registered nurse responsible for preparing the written instructions.

3701-19-17

Oversight of the provision of medical services is the responsibility of the hospice care program's medical director, pursuant to rule 3701-19-10 of the Administrative Code. The medical director also complements the attending

physician's care by providing or arranging for the provision of care to meet the patient's needs that are not met by the attending physician.

3701-19-18

(B)(2) Dietary counseling also should include counseling of family members to enable them to prepare food for the hospice patient if the family will be preparing food.

3701-19-19

(C) Hospice care programs that request a Director's waiver from the requirements of this rule, should inform existing patients of the effect of an approved waiver, including limitations on services.

3701-19-20

(F) A hospice care program should obtain information regarding hospice care patient's current medical findings, dietary restrictions, medication orders, and treatment orders orally from the patient's attending physician, if any, prior to or upon admission. Any oral communication of orders or information should be confirmed in writing, within acceptable standards of practice guidelines.

3701-19-21

(D) The hospice care program's written policy may vary depending on the patient and the patient's home environment. Provisions to account for the controlled drugs that have been prescribed to the patient as part of the patient's plan of care with the hospice care program and provisions for the disposal of, in an appropriate manner, any controlled drugs that may no longer be needed by the patient because they have been discontinued by the physician or because they remain in the hospice care patient's possession at the time of a patient's death, must be included in the written policy.

3701-19-22

The inpatient facilities used by a hospice care program to provide inpatient care to hospice patients should provide continuity of care in keeping with the hospice care program's standards so as to cause the least disruption in care for the hospice care patient during the period of inpatient care.

(B) The hospice care program should consider the requests of the hospice patient and the hospice patient's family when determining the type of inpatient setting.

(D) & (E) The number and type of personnel necessary to meet the needs of patients should be based upon a number of factors, including the acuity of each patient's level of care and the combined needs of the patient population, not solely on patient census.

(E) The hospice care program may provide or arrange for inpatient care for respite purposes for adult and pediatric patients of the hospice care program.

(G)(1)(c) It is recommended that temperatures not exceed eighty-nine degrees Fahrenheit or fall below seventy-one degrees Fahrenheit, unless a higher or lower temperature is medically indicated, as documented by a physician in the patient's record, or the patient chooses a higher or lower temperature. If such a patient shares his or her room with other patients, the facility should make arrangements to accommodate the needs and desires of the other patients.

3701-19-23

(B) Entries in the clinical record should be made within a reasonable period of time after the services are provided, which is recommended to be not more than twenty-one days or within other acceptable standards of practice guidelines.

3701-19-24

Waivers and variances are granted on an individual case basis; previous granting of a waiver or variance should not be viewed as setting a precedent for additional or future requests.