

Terminal Illness Certification Case

Objective	Given a scenario, the surveyor will identify areas of concern, potential citations, and related regulatory requirements.
Prior to Class	Print copies of the scenario. Have the hospice regulations available. Have flip charts and markers available.
Total Time for Activity	60 minutes* (The time given is approximate.)
Set-up	Set class up for small groups if appropriate.*

Step	Preceptor Instructions	Activity Time
1.	Divide the class into groups.*	5 min.
2.	Each group should select someone to take notes on the flip charts and be prepared to report to class. Groups must answer the questions provided.	5 min.
3.	Give the teams time to read and discuss the scenario. As the groups are completing this task, walk around the room and listen to the conversations. Provide direction where appropriate. Warn the class when the time available is down to the last five minutes.	25 min.
4.	Debrief each scenario by discussing key points contained in the Preceptor Answer Sheet.	25 min.

*For individual assignment, provide the worksheet and support where appropriate during the completion of the activity. Once completed, review answers against the answer sheet, and discuss the key points together from the scenario.

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Directions: Read the scenario and document your answers on the flip chart provided. Work as a team, if able.

Certification of Terminal Illness Scenario

During a standard hospice survey, clinical record review showed three of six clinical records failed to include documentation to show why the hospice Medical Director certified or recertified patients to hospice services for specific terminal diagnoses and/or related diagnoses. Current subjective and objective medical findings sometimes do not support terminal diagnoses.

For record number 1:

- The hospice admitted the patient on 11/10/09 and readmitted the patient on 11/25/09 after the patient revoked hospice (11/12/09) to obtain additional hospital treatments (elective prostate surgery).
- The clinical record failed to include medical findings (such as medical history, laboratory, or radiologic studies) or clinical facts (patient symptoms) to show why the Medical Director signed the patient's hospice certification and assigned a terminal diagnosis of "heart disease unspecified."
- The assessment completed by the Registered Nurse (RN) at admission on 11/10/09, but not reviewed at the second admission on 11/25/09, showed the patient failed to meet the New York Heart Association (NYHA) Class IV criteria, necessary for a terminal diagnosis of heart disease.
- The clinical record contained no supporting documentation of problems with chest pain for at least six weeks prior to the 11/25/09 certification date.
- The Medical Director, during an interview on 02/09/10, said he thought he heard the patient was still having heart symptoms, but agreed the clinical record failed to show current clinical facts or medical findings that could show why he selected this terminal diagnosis. The Medical Director said he goes by "report" of patient status from nurses.

For record number 2:

- The hospice admitted the patient on 03/30/09 with a terminal diagnosis of adult failure to thrive following a hospitalization for pneumonia. The patient had a history of coronary heart disease, heart bypass surgery in the past, hypertension, and peripheral vascular disease.
- The clinical record failed to show any clinical values such as weight loss, recurrent infections and/or hospitalizations (other than the recent pneumonia), deteriorating/abnormal laboratory values or other clinical information to support the terminal diagnosis (adult failure to thrive), which the hospice Medical Director wrote on the certification form.
- The nursing director, during interview on 03/05/10, agreed that the patient's clinical record failed to contain objective and subjective clinical information to show how the patient met the criteria to recertify to hospice with the same terminal diagnosis: adult failure to thrive. Before

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the recent recertification, the RN documented the patient had weekly weights checked and “continues to lose weight on a weekly basis.”

- Review of weight records showed the patient had no weekly weights documented after 11/23/09. The last four weekly weights showed the patient weighed 102.9, 101.6, 102, and 102 pounds.

Record number 6:

- Hospice recertified the patient on 12/16/09. The Medical Director decided to keep the same terminal diagnosis: “vascular dementia.”
- The RN incorrectly scored the Palliative Performance Scale (PPS). Two days before the 12/15/12 recertification assessment, the RN and the hospice aide documented the patient could get up to his wheelchair, but on the PPS, the RN said the patient was totally bed-bound.
- Review of the Plan of Care (POC) for the past eight weeks showed there were no changes in medications or interventions.
- Documentation by the RN and social worker showed the patient had no decline in cognition or ability to communicate.
- The patient was still confused but alert, active, talking, and eating 75 percent of all meals.
- On 12/15/12, in a brief narrative to support the recertification, the Medical Director documented, “Patient declining. Continue on hospice.”
- The narrative failed to give supporting clinical facts or medical findings to show how the patient was “declining” or why vascular dementia was likely to cause death within six months.

Survey Team Questions:

1. Under what condition of participation would you cite? Defend your answer.
2. Which tags are the most appropriate based on this information? Defend your answer.

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Preceptor Answer Sheet

1. Under what Condition of Participation would you cite? Defend your answer.
 - CoP §418.102(b), Certification of Terminal Illness
2. Which tags are the most appropriate based on this information? Defend your answer.
 - We cited L667 and L668 for Certification and Recertification requirements of the Medical Director.

(State Operations Manual Appendix M - Guidance to Surveyors: Hospice 2015)