



IHO Update

Bi-weekly News for Hospice Professionals in Iowa

April 4, 2008

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IHO Seeks Presentations for Fall Conference

Have you heard a great hospice-related speaker recently? Do you have a question you've always wanted answered? Does your hospice have a strong program you would like to share? This is your opportunity to ensure topics you are interested in are covered at the IHO Fall Conference. The 2008 Fall Conference Call for Presentations was sent out this week. Please review the Call for Presentations and either complete the application form or pass it on to someone you think would make a great presenter.

How to Apply:

- Fill out your application online at www.iowahospice.org. The application can be found on the *Calendar* page.
- Download the application form enclosed with this week's *IHO Update* or located on the Web site under the *Calendar* Tab. Then mail or fax the application to Stacey Nay, Iowa Hospice Organization, 100 E. Grand Avenue, Des Moines, IA 50309. Fax: 515.698.5109.

Deadline:

The deadline to submit an application is **Friday, May 16, 2008**.

Questions:

Contact Stacey Nay, IHO Director of Education, 515.243.1046.

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Ten Most Frequently Cited Hospice Deficiencies Identified

Mary Spracklin, Medicare Bureau Chief, and Rosemary Kirlin, Program Coordinator for Home Health Agencies, Hospices, CORFs and Rehabilitation Agencies with the Health Facilities Division attended the March 12 IHO Board meeting to give a Department of Inspections and Appeals update. As part of the report, Kirlin shared a list of the ten most frequently cited deficiencies in Iowa hospice facilities. The list includes such deficiencies as home health aide competency, written plan of care and non-licensed caregivers administering drugs or biologicals.

The complete list is attached.

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Hospice Nurses Honored

Two members of IHO are included in the 2008 list of “100 Great Iowa Nurses.” Julie Schilling, Lee County Health Department Hospice in Ft. Madison and Nadine Schlienzy, Trinity Hospice in Ft. Dodge are two of the 100 nurses who will be honored at a celebration on May 4 in Des Moines.

The 100 honorees represent 38 counties, and the initial pool of 276 nominees came from 70 of Iowa's 99 counties. The field of nominees was narrowed to 100 by a panel of judges, including nursing professionals and past years' award winners, who reviewed nominations from around the state. Nurses selected for this honor represent many sectors of health care, including hospitals, long-term care facilities, and school and office nurses.

For more information on the Great Nurses program, go to <http://www.greatnurses.org/>.

Congratulations to Julie and Nadine!

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Another Opportunity to Join the IHO/OCS Quarterly and Annual Benchmarking Effort

Nearly two dozen IHO members are currently participating in the IHO/QAPI Snapshot program. This new quarterly and annual benchmark opportunity is in its second year. The program is based on the OCS QAPI Snapshot nationwide benchmarking program. It includes around 36 performance measures that are important for all hospices and that are currently captured by most hospices. The measures span all areas of analysis required by the proposed hospice QAPI Condition of Participation, as well as the 10 components of quality cited by the NHPCO Quality Partners Initiative. Further, QAPI Snapshot includes a review of an agency's success in reporting data and performing in all 10 Quality Partners components.

The QAPI Snapshot is an executive-level dashboard that includes performance analysis covering quality outcomes, patient volume and mix and operational measures in an easy-to-read format that includes a comprehensive set of performance measures including: quality outcomes, patient volumes and mix, quality operations and quality practices. For each report, you complete an online survey and, after a short processing time, download the completed benchmark report. If you want baseline and trends in your first report, you can enter 2006 and 2007 data.

Special Member Pricing

IHO has worked with OCS to bring IHO members this entire program for **\$600** annually per reporting location.

Online Resources

Go to www.iowahospice.org, and click on the *Data* tab. Here you can access the following:

- **Downloadable survey.** You may download a PDF version of the online annual survey in order to prepare your systems and staff for data submission.
- **QAPI Snapshot Order Form.** Download an order form, complete it and fax it to OCS.

Join Now!

If you are just getting started with data submission, QAPI Snapshot will help you build your systems and capabilities so that you are well-prepared when the new CoPs are final.

If you have any questions, call 603-795-4802 or email QAPI@ocsys.com

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Quality Partner Program and QAPI Conference Calls Ahead

Quality Partners Program

The first conference call to address the elements of the Quality Partners Program took place on March 18 from 10:00-11:00 am and covered the Ethical Behavior and Consumer Rights section. The call was well attended and a number of issues were addressed. Minutes from the session are posted on the IHO Web site as are the Quality Partners Assessment Measures.

The April 15 call will be at 10:00 am and will cover the Performance Measurement section of the Quality Partners Assessment. To register for this and future calls, complete the attached registration form and return it to IHO.

Rescheduled QAPI Snapshot Conference Call

The Iowa QAPI snapshot report conference call, originally scheduled for March 25, and rescheduled to April 15 is now scheduled for **APRIL 16 at 10:00 am**, due to a conflict with the IHO Quality Partners call. Join us to learn more about areas of excellence and gaps in performance; review agency trends to see the impact of PI action plans; discuss how to use the report for Performance Improvement and program management; and to gather tips on presentation to your board and staff.

The Call will begin at 10:00 am on Wednesday, April 16 and will last approximately 90 minutes.

To connect via the internet:

<https://ocsys.webex.com/ocsys/onstage/g.php?t=a&d=718810441>

Event number: 718 810 441

Event password: ocs0416

To dial in:

Teleconference: 866-809-6529

Guest code: 5453921#

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National Healthcare Decisions Day – April 16

IHO continues to work with the End-of-Life Coalition on activities related to the National Healthcare Decisions Day, which is a collaborative effort of national, state, and community organizations committed to ensuring that all adults with decision-making capacity in the United States have the

information and opportunity to communicate and document their health care decisions. April 16, 2008 has been designated for this purpose. The message below was sent by Nathan Kottkamp, chair, National Healthcare Decisions Day Initiative. For more information on National Healthcare Decisions Day, go to www.nationalhealthcaredecisionsday.org/Welcome.htm.

April is here and tomorrow marks two weeks to National Healthcare Decisions Day. There are activities of some sort in all 50 states, DC, Puerto Rico, and internationally (thanks to the U.S. Army and U.S. Navy)! The ever growing participants list is at: <http://www.nationalhealthcaredecisionsday.org/participants.htm>
While two weeks isn't much time, there is still plenty of time to do the following if you haven't already:

- **Lead by example.** Encourage to each of your members/staffs to execute their own advance directives and be familiar with your own advance directives resources or direct them to the resources at http://www.nationalhealthcaredecisionsday.org/takeaction/advance_directive, so they will be in the best position to help others with theirs.
- Use the **free** materials available at: http://www.nationalhealthcaredecisionsday.org/takeaction/organize_community
- Remind your **media** contacts of your activities for National Healthcare Decisions Day. Note: we will be issuing a press release next week, which we will distribute and which you may share as well.
- Let others know: **it's not too late to get involved.** Participants can use the free resources above and/or highlight the materials they already have in place. Please encourage others to confirm their participation so we will know who they are, so we can give them the latest news, and so they can get due media credit: http://www.nationalhealthcaredecisionsday.org/takeaction/join_us
- **Keep us posted** on news. I know that several states have had their Governors issue proclamations and several cities and towns have had proclamations as well. I've also seen articles and other media. Please send these items along to me and to nhdd@nhpco.org

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CMS Issues Clarification on Physician Signature Requirements

On March 28, 2008, CMS posted a clarification of the instructions on signature requirements for physicians, CR5971.

Stamped Signatures: Medicare requires a legible identifier for services provided/ordered. The method *shall* be hand written or an electronic signature. *Stamp signatures are not acceptable.*

Facsimile Signatures: Facsimile of original written or electronic signatures are acceptable for the certification of terminal illness for hospice. The guidance also states that hard copies of the facsimile signatures and physician's electronic signature must be in the patient's medical record for the certification of terminal illness for hospice.

Electronic Signatures: Electronic signatures by physicians are allowed. Providers need a system and software products that are protected against modification and should apply administrative procedures which are adequate and correspond to recognized standards and laws. Note that the CR requires that the hospice must have a hard copy of the physician's signature and must place the hard copy in the patient's medical record for certification of terminal illness. The individual whose name is featured on the electronic signature method and the provider bear the responsibility for the authenticity of the information being attested to.

View [CMS Transmittal 248 \(CR 5671\)](#) on the CMS Web site (PDF).

Questions may be directed to NHPCO's Regulatory and Compliance Team at regulatory@nhpco.org.

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Cahaba GBA Notes

Several new items are available on the Cahaba GBA page of hospice educational materials. New forms include samples of Change of Hospice, Hospice Medicare Benefit Revocation, Hospice Certification and Hospice Election. For more information, see https://www.cahabagba.com/part_a/education_and_outreach/educational_materials/hospice.htm

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Hospice News Network – Notes

- ***Challenges of an Aging Society: Ethical Dilemmas, Political Issues* is reviewed in the NEJM.** According to the reviewer, the book focuses “on the implications of old age and our aging society. In sum, this book contains some interesting original material as well as a useful synthesis of the literature. It does not present a singular viewpoint about the nature and challenges of an aging society, few readers are likely to respond to its entirety, and it does not lead to a call to action in either clinical practice or policy. But there is something in it for almost everyone.” (*NEJM*, 2008;358:1311-1312)
- **The US Government’s fifth annual report on healthcare disparities found that the disparities in life expectancy between rich and poor Americans is “large and growing.”** While life expectancy has increased for all groups, richer Americans saw greater gains, which have just widened the gap. Researchers do not necessarily agree on the reasons for the gap, but suggest that the greater availability to more affluent patients of new discoveries in treatment contributes to the gap, as do the decline in smoking among better educated and richer Americans, the likelihood of poorer Americans to live in unsafe neighborhoods, and the lack of medical insurance among low-income people. (*The New York Times*, 3/23)
- **The American Geriatrics Society warns that, by 2030, there could be a shortage of 26,000 geriatricians to care for the 80 million people who will be 65 and older.** Dr. Jane Potter, chief of geriatrics and gerontology at the University of Nebraska Medical Center, says that about 230 physicians are certified as geriatricians per year. Additionally, many geriatricians in current practice who “entered the field when it was considered a hot commodity in the 1970s and '80s, are now at or nearing retirement age.” (*Austin American-Statesman*, 3/9)

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