

Comprehensive Assessment of the Patient PC.C.31

Regulation(s): 42 CFR 418.54; 418.54 (b)
L-Tag(s): 520, 521, 523

POLICY: The hospice IDG conducts and documents a patient-specific comprehensive assessment that identifies the patient’s need for hospice care, including medical, nursing, psychosocial, emotional and spiritual care.

PROCEDURE:

1. The hospice Registered Nurse makes an initial assessment visit to the patient within twenty-four (24) hours after the patient elects hospice care to determine the patient’s immediate care and support needs.
2. The comprehensive assessment of the patient is completed by designated members of the IDG, in consultation with the patient’s attending physician, no later than five calendar days after the patient elects the hospice benefit. Ideally, Social Worker will complete the psychosocial needs and bereavement risk assessment and a Spiritual Care Coordinator should complete the spiritual needs assessment. If the patient/representative refuses visits from supportive care teammates, then this assessment data should be completed by the Registered Nurse.
3. The hospice Registered Nurse coordinates the comprehensive assessment process and ensures that the patient’s physical, emotional, psychosocial, spiritual and bereavement needs are assessed.
4. Each member of the IDG provides input into the comprehensive assessment within the scope of his/her practice and in accordance with the needs and desires of the patient.
5. Discipline-specific assessment tools obtain accurate and timely information that guide decisions for the development of the patient’s plan of care.
6. The patient’s comprehensive assessment is updated at a minimum of every 14 days, or more frequently if the patient’s condition warrants.
7. The hospice’s assessment and reassessment tools contain data elements that allow for the measurement of outcomes.
8. The IDG treats and prevents symptoms of the patient’s terminal illness and its related conditions based on findings in the comprehensive assessment and reassessments.

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