

§8623. Rules

The department shall adopt rules in accordance with Title 5, chapter 375 that specify the requirements for licensure under this chapter. The rules must require, but are not limited to, the following provisions. [PL 1993, c. 692, §1 (NEW).]

1. Mission statement. A hospice program must have a clear mission statement that is consistent with hospice philosophy adopted by the council. [PL 1993, c. 692, §1 (NEW).]

2. Discreet entity. A hospice program must be a discreet entity with at least the following features:

- A. A governing body; [PL 1993, c. 692, §1 (NEW).]
- B. A program director; [PL 1993, c. 692, §1 (NEW).]
- C. An interdisciplinary team; [PL 1993, c. 692, §1 (NEW).]
- D. Volunteers; and [PL 1993, c. 692, §1 (NEW).]
- E. A medical director. [PL 1993, c. 692, §1 (NEW).]

[PL 1993, c. 692, §1 (NEW).]

3. Clients. A hospice program may provide services to any person who consents to receive those services.

[PL 1993, c. 692, §1 (NEW).]

4. Services. Hospice services must be delivered in accordance with a care plan approved by the interdisciplinary team, regardless of whether the hospice services are provided by hospice program staff or by contractors. The care plan must provide for 24-hours-a-day, 7-days-a-week services. The care plan must be reviewed periodically by the interdisciplinary team and revised as needed. The interdisciplinary team must consider the need for at least the following services when developing the care plan:

- A. Social services; [PL 1993, c. 692, §1 (NEW).]
- B. Nursing care; [PL 1993, c. 692, §1 (NEW).]
- C. Counseling; [PL 1993, c. 692, §1 (NEW).]
- D. Pastoral care; [PL 1993, c. 692, §1 (NEW).]
- E. Volunteer visits to provide comfort, companionship and respite; [PL 1993, c. 692, §1 (NEW).]
- F. Bereavement services for at least one year after the death of the person who is terminally ill; and [PL 1993, c. 692, §1 (NEW).]
- G. Medical services. [PL 1993, c. 692, §1 (NEW).]

[PL 1993, c. 692, §1 (NEW).]

5. Nursing. Nursing services provided by a hospice program must be provided in accordance with a care plan and must be under the direction and supervision of a nurse supervisor. The nurse supervisor shall:

- A. Develop nursing objectives, policies and procedures consistent with hospice philosophy; [PL 1993, c. 692, §1 (NEW).]
- B. Develop job descriptions for nursing personnel consistent with hospice philosophy; [PL 1993, c. 692, §1 (NEW).]
- C. Establish staffing and on-call schedules for nursing staff; and [PL 1993, c. 692, §1 (NEW).]
- D. Develop and implement orientation and training programs for nursing staff. [PL 1993, c. 692, §1 (NEW).]

[PL 1993, c. 692, §1 (NEW).]

6. Orientation. Before providing any hospice service, a direct service provider must receive an orientation of at least 4 hours specific to hospice service. The policy and procedures of the provider define the agenda of the hospice orientation program. The provider shall document in personnel files that staff members have completed the 4-hour orientation. Indirect service volunteers must be oriented according to provider policies.

The hospice orientation program must include, but is not limited to, the following subjects:

- A. Hospice philosophy; [PL 1993, c. 692, §1 (NEW).]
- B. Personal death awareness; [PL 1993, c. 692, §1 (NEW).]
- C. Communication skills; [PL 1993, c. 692, §1 (NEW).]
- D. Personnel issues; [PL 1993, c. 692, §1 (NEW).]
- E. Identification of hospice resource people; [PL 1993, c. 692, §1 (NEW).]
- F. Stress management; [PL 1993, c. 692, §1 (NEW).]
- G. Ethics; [PL 1993, c. 692, §1 (NEW).]
- H. Stages of dying; and [PL 1993, c. 692, §1 (NEW).]
- I. Funeral arrangements. [PL 1993, c. 692, §1 (NEW).]

[PL 1993, c. 692, §1 (NEW).]

7. Training. A hospice program shall provide an educational program that offers a comprehensive overview of hospice philosophy and hospice care. A minimum of 18 hours of education, including 4 hours of orientation, is required for all direct service providers delivering hospice care. The educational program must include, but is not limited to, the following subjects:

- A. Hospice philosophy; [PL 1993, c. 692, §1 (NEW).]
- B. Family dynamics; [PL 1993, c. 692, §1 (NEW).]
- C. Pain and symptom management; [PL 1993, c. 692, §1 (NEW).]
- D. Grief, loss and transition; [PL 1993, c. 692, §1 (NEW).]
- E. Psychological perspectives on death and dying; [PL 1993, c. 692, §1 (NEW).]
- F. Spirituality; [PL 1993, c. 692, §1 (NEW).]
- G. Communication skills; [PL 1993, c. 692, §1 (NEW).]
- H. Volunteer roles; and [PL 1993, c. 692, §1 (NEW).]
- I. Multidisciplinary management. [PL 1993, c. 692, §1 (NEW).]

Hospice personnel who choose to provide direct service to patients are required to meet the minimum training requirement of 18 hours within one year. Documentation of completion of training is transferable from one hospice program to another.

[PL 1993, c. 692, §1 (NEW).]

8. Continuing education and in-service training. Hospice direct service providers are required to complete a minimum of 8 hours of continuing education or in-service training each year after the first year, based on date of hire.

[PL 1993, c. 692, §1 (NEW).]

9. Records. A hospice program shall maintain, at a minimum, the following records:

- A. Minutes of governing body meetings; [PL 1993, c. 692, §1 (NEW).]

- B. Care plans of interdisciplinary teams; [PL 1993, c. 692, §1 (NEW).]
 - C. Progress notes regarding the families receiving services; [PL 1993, c. 692, §1 (NEW).]
 - D. All receipts and expenditures; [PL 1993, c. 692, §1 (NEW).]
 - E. Training provided to paid staff and volunteers; and [PL 1993, c. 692, §1 (NEW).]
 - F. A discharge summary for each client, a copy of which must be provided to the primary physician. [PL 1993, c. 692, §1 (NEW).]
- [PL 1993, c. 692, §1 (NEW).]

10. Policies. A hospice program shall have and follow written policies and procedures governing its operation, including, but not limited to, a policy regarding confidentiality and a policy regarding training.

[PL 1993, c. 692, §1 (NEW).]

11. Required information. A person who enters a hospice program must be given information regarding durable health care power of attorney.

[PL 1993, c. 692, §1 (NEW).]

12. Quality assurance. The hospice provider shall have a functional quality assurance or improvement plan in place that:

A. Continually monitors and evaluates the care provided; [PL 1993, c. 692, §1 (NEW).]

B. Identifies issues and potential issues; [PL 1993, c. 692, §1 (NEW).]

C. Proposes and implements improvements; and [PL 1993, c. 692, §1 (NEW).]

D. Reevaluates the care provided to determine if further improvement is possible or needed. [PL 1993, c. 692, §1 (NEW).]

[PL 1993, c. 692, §1 (NEW).]

SECTION HISTORY

PL 1993, c. 692, §1 (NEW).

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