POC Charting in HospiceMD

POC charting in HospiceMD follows the interpretative guideline of ***CFR418.56 and *CFR418.56(c)**, fundamental elements of which are;

1. There should be a direct link between all identified need of patient* and the plan of care (POC)
2. POC should have data elements that makes it possible to measure the outcome of goals associated with each identified need/problem.

**Suggests congruency between the active Meds/Treatment and the POC, to address the identified needs of patient. HospiceMD therefore compares prescribed Meds/Tx with issues in POC.*

Measuring 'Goal Status' in HospiceMD

Since problem/symptom can be Acute and/or Chronic in nature, goal outcome status in HospiceMD is identified as; **RESOLVED, CONTROLLED, PENDING, UNRESOLVED, QAPI Issue, or CLOSED.**

RESOLVED: When a problem has been resolved within the target date and **all associated Meds/Tx/Interventions are discontinued. Resolved issues are removed from POC as of the resolve date.**
Note: Usually applies to sudden exasperation of acute symptom/s which cause extreme discomfort.

CONTROLLED: When a problem has been addressed within the target date **but still requires continued use of associated Meds/Tx/Interventions for on-going management of the problem/symptom.**

PENDING: When a problem has a target date but has no documented resolve date. **This status indicates that effectiveness of Meds/Interventions is still being monitored.**

UNRESOLVED: If problem is not Controlled or Resolved by the established target date.

QAPI Issue: If problem is Resolved after the established target date.

CLOSED: Indicates removal of duplicates issues in POC.

CFRs Referenced for POC Charting

- ***§418.56 - The plan of care must specify the hospice care and services necessary to meet the patient and family-specific needs identified in the comprehensive assessment as such needs relate to the terminal illness and related conditions.***
  Interpretive Guidelines §418.56
  There should be a direct link between the needs identified in the patient/family assessment and the plan of care developed by the hospice*. Hospices may identify needs in the comprehensive assessment that are not related to the terminal illness and related conditions and should document that they are aware of these needs and note who is addressing them. Hospices are not required to provide direct services to meet needs unrelated to the terminal illness. Hospices are responsible for including services and treatments in the plan of care that address how they will meet the patient and family-specific needs related to the terminal illness and related conditions.*

The medical director and/or other hospice physician is responsible for meeting the medical needs *of the patient according to §418.64(a)(3) per the patient's attending physician's request or when the hospice is unable to contact the attending physician to address the patient's medical needs.*

* ***CFR418.56(c) Standard: Content of the plan of care****. The hospice must develop an individualized written plan of care for each patient. The plan of care must reflect patient and family goals and interventions based on the problems identified in the initial, comprehensive, and updated comprehensive assessments. The plan of care must include all services necessary for the palliation and management of the terminal illness and related conditions, including the following:*

(1) Interventions to manage pain and symptoms.

(2) A detailed statement of the scope and frequency of services necessary to meet the specific patient and family needs.

(3) Measurable outcomes anticipated from implementing and coordinating the plan of care.

(4) Drugs and treatment necessary to meet the needs of the patient.

(5) Medical supplies and appliances necessary to meet the needs of the patient.

(6) The interdisciplinary group's documentation of the patient's or representative's level of understanding, involvement, and agreement with the plan of care, in accordance with the hospice's own policies, in the clinical record

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