

## **SECTION .0500 - SCOPE OF SERVICES**

### **10A NCAC 13K .0501 SERVICE REQUIREMENTS**

The governing body shall ensure through policies and implemented procedures that the following services encompassing the essential elements of hospice care be provided, either directly by hospice personnel, or by contractual arrangement:

- (1) Hospice nursing services, available 24 hours a day, by or under the supervision of a registered nurse; provided in accordance with the North Carolina Nurse Practice Act (G.S. 90, Article 9A) and the hospice care plan; and sufficient to ensure that nursing needs of each patient are met.
  - (a) Registered nurse duties include the following as a minimum:
    - (i) regularly assess the nursing needs of the hospice patient;
    - (ii) develop and implement the patient's hospice nursing care plan;
    - (iii) provide hospice nursing services, treatment, and diagnostic and preventive procedures;
    - (iv) initiate nursing procedures appropriate for the patient's hospice care and safety;
    - (v) observe signs and symptoms and report to the physician any unexpected changes in the patient's physical or emotional condition;
    - (vi) teach, supervise, and counsel the hospice patient and family members about providing care for the patient at home; and
    - (vii) supervise and train other nursing service personnel.
  - (b) Licensed practical nurse duties are delegated by and performed under the supervision of a registered nurse. Consistent with the hospice care plan, duties may include:
    - (i) participating in assessment of the patient's condition;
    - (ii) implementing nursing activities, including the administration of prescribed medical treatments and medications;
    - (iii) assisting in teaching the hospice patient and family members about providing care to the patient at home; and
    - (iv) delegating tasks to nurse aides and supervising their performance of tasks within the limitations established in 21 NCAC 36 .0225(d)(2) adopted by reference.
  - (c) The agency must retain current nursing on-call schedules and previous schedules for one year and make them available, on request, to the Department.
- (2) Social work services which shall include, but not be limited to conducting an assessment of the psychosocial needs of the patient and family with the establishment of goals in the care plan to meet those needs; on-going counseling related to issues of death and dying to the patient and family as needed; and assisting the patient and family in the utilization of appropriate community resources.
- (3) Spiritual counseling shall be offered to each hospice patient/family. The hospice shall assure that:
  - (a) no spiritual value or belief system is imposed on patients and families;
  - (b) a spiritual assessment is completed on each patient during the admission process; and
  - (c) a liaison and consultation is maintained with the patient family clergy or spiritual caregiver and other community based clergy or spiritual caregivers.
- (4) Patient family volunteer services for a broad range of activities under the direction of the coordinator of patient family volunteers.
- (5) Inpatient care services, for symptom management or respite care in a licensed hospital, nursing facility or licensed hospice inpatient facility, unless the hospice operates its own inpatient facility. The hospice shall assure that:
  - (a) a written agreement, is signed by both providers, which assures that the inpatient facility will provide care and services to hospice patients when necessary;
  - (b) the inpatient provider has policies consistent with the needs of hospice patients and their families and will, if necessary, modify policies such as visiting hour restrictions and routine tests, to meet those needs;
  - (c) the hospice monthly updated plan of care is furnished to the inpatient provider to ensure that the regimen established is followed as closely as feasible during the inpatient stay;
  - (d) all inpatient treatment and services are documented in the inpatient medical record and copy of the discharge summary retained as part of the hospice record; and

- (e) effective transition from one type care to another be maintained with continuity of care being the primary goal.
- (6) If the hospice provides or arranges for nurse aide services, those services shall be provided in accordance with physician's orders and interdisciplinary team care plan.
  - (a) Nurse aides shall only be assigned duties for which competence has been demonstrated and recorded in appropriate personnel records.
  - (b) Nurse aide duties may include, but are not limited to:
    - (i) providing or assisting with personal care, i.e. bathing, mouth care, hair and skin care;
    - (ii) checking vital signs and observing the patient's condition;
    - (iii) assisting with ambulation and limited, routine exercises.
  - (c) All nurse aide services shall be performed in accordance with a written assignment prepared by and under the supervision of the registered nurse. Supervision shall include a visit to the home by the nurse at least every two weeks, with or without the aide's presence, to assess the care and services provided. Documentation of supervisory visits shall be maintained in the medical record and include an assessment of the aide's performance in carrying out assigned duties and of the aide's relationship with the patient and family.
- (7) Additional services shall be offered either directly by the hospice or by arrangement when ordered by the physician. These include physical therapy, occupational therapy, nutritional assessment and dietary counseling and other services as needed and ordered by the physician in accordance with the hospice plan of care.
- (8) Bereavement counseling shall be offered to family members and others identified in the bereavement plan of care for a period of 12 months after the patient's death. The hospice shall assure that:
  - (a) an assessment of survivor risk factors is completed during the patient's admission to hospice and during the patient's illness;
  - (b) the bereavement care plan is established within six weeks after the patient's death;
  - (c) the bereavement care plan shall contain information about who shall receive bereavement services and what services will be offered;
  - (d) the bereavement care plan is reviewed quarterly at a minimum or more often as needed; and
  - (e) discharge from bereavement services before the 12 months expire is justified and documented.

*History Note: Authority G.S. 131E-202;  
Eff. November 1, 1984;  
Amended Eff. February 1, 1996; June 1, 1991; November 1, 1989;  
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. December 22, 2018.*