

Hospice Document Request List

Note: This is a guideline. Additional information may be requested depending on the Scope of Services (discipline/services provided). * will be reviewed on site

| Standard(s) | Item | Comment(s) | Requested | Provided |
|--|---|---|-----------|----------|
| | General Documents | | | |
| NA | Unduplicated Admissions/Clients Served | New patients for the past 12 months | | |
| NA | List of Active Patients | Include Admit Date, Diagnoses, Clinical Disciplines | | |
| NA | List of Discharged Patients | Past 30 - 60 days | | |
| NA | List of Scheduled Visits | | | |
| NA | List of Personnel - Active/Terminated | Include Date of Hire, Title/Discipline | | |
| NA | List of Contract Staff | | | |
| HSLG 10.I, HSLG 14.D, HSLG 15.D, HSLG 16.D | All Contracts | Including the Interpreter if Applicable | | |
| HPFC 2.D | Sample Admission Packet | | | |
| HIPC.2.I | Bag Technique Policy | Included in the Infection control Program | * | |
| HIPC.2.I | Handwashing Policy | Included in the Infection control Program | * | |
| NA | Billing Week | | | |
| | Quality Documents | | | |
| HQPI 1.D | QAPI Meeting Minutes | | | |
| HQPI 8.I | Patient Experience Surveys | | | |
| HQPI 9.I | Performance Improvement Projects | | | |
| HQPI 5.I | Hospice-Level Quality Measure Report/ Hospice-Patient Stay Level Quality Measure Report/PEPPER | | | |
| HQPI 4.I, HQPI 6.I | Quality Indicator Tracking Data | | | |
| HQPI 8.I | Complaint log | | | |
| HQPI 8.I | Recent Survey Results | As Applicable, since last Comprehensive visit | | |
| HQPI 1.D | Annual Evaluation of Quality Program | | | |

Hospice Document Request List

| | Item | Comment(s) | Requested | Provided |
|------------------------|--|---|-----------|----------|
| | Policies and Procedures | | | |
| HSLG 1.I | Policy Manuals | Specific Polices to be reviewed on site: | | |
| | HIPC.1.D/HSIC 26.I | Infection Control Program | * | |
| | HSEP 2.D/HSIC9.D | Emergency Preparedness Program | * | |
| | Governance Documents | | | |
| NA | List of Governing Body members and positions | As Applicable | | |
| HSLG 2.I | Governing Body meeting minutes | | | |
| HSLG 1.I | State and/or Business License(s) | As Applicable | | |
| | Financial Documents | | | |
| HSLG 6.I | Capital Expenditure Plan | | | |
| HSLG 6.I | Operational Budget | | | |
| HSLG 7.I | Hospice Volunteer Hour Tracking | | | |
| HSLG 7.I | Hospice Cost Savings | | | |
| | Operational Documents | | | |
| HSRM 2.D | Organizational Chart | HSLG 5.I | * | |
| HSRM 9.I | Aide Training Program | As Applicable | * | |
| HSLG 11.I | CLIA Certificate(s) | As Applicable | | |
| HSEP2.D - HSEP5.D | Emergency Preparedness Plan | | * | |
| HSRM 12.I, HSRM14.I | Clinical Competency Documentation | For each discipline | * | |
| HSRM 18.I | Annual In-service Education Provided | | | |
| HCDT 1.I, HCDT 22.I | Bereavement Records | | | |
| | IPU Operations Documents | | | |
| | As Applicable | | | |
| HSIC 13.I | State Fire Inspection Report | | * | |
| HSIC 17.I | Most Recent Engineering/Building Report | | * | |
| HSIC 10.D, HSIC 14.I | Mock Fire Drill | | * | |
| HSIC 9.D | Emergency Preparedness | | * | |
| HSIC 15.I, HSIC 26.I | Infection Control | | * | |