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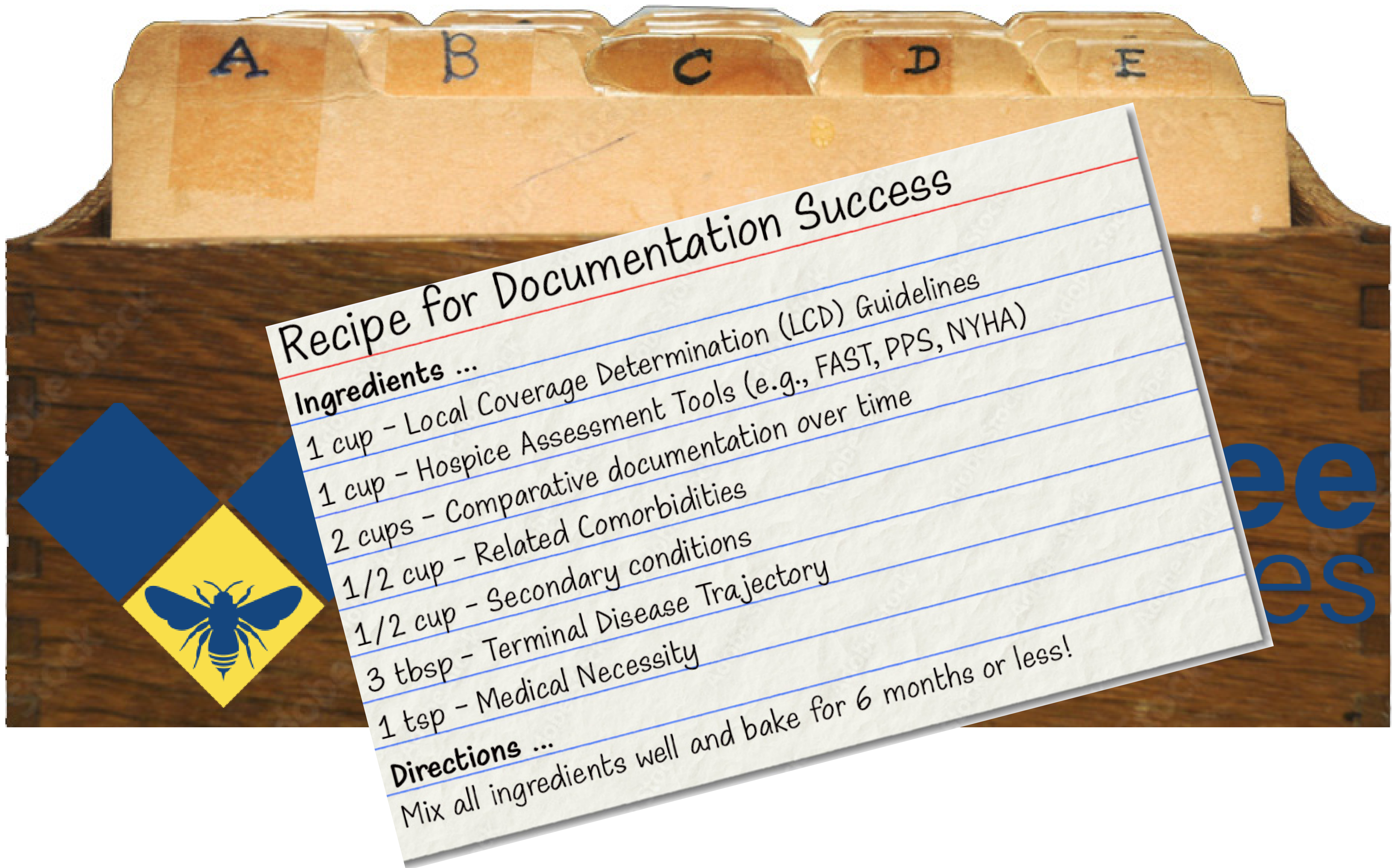

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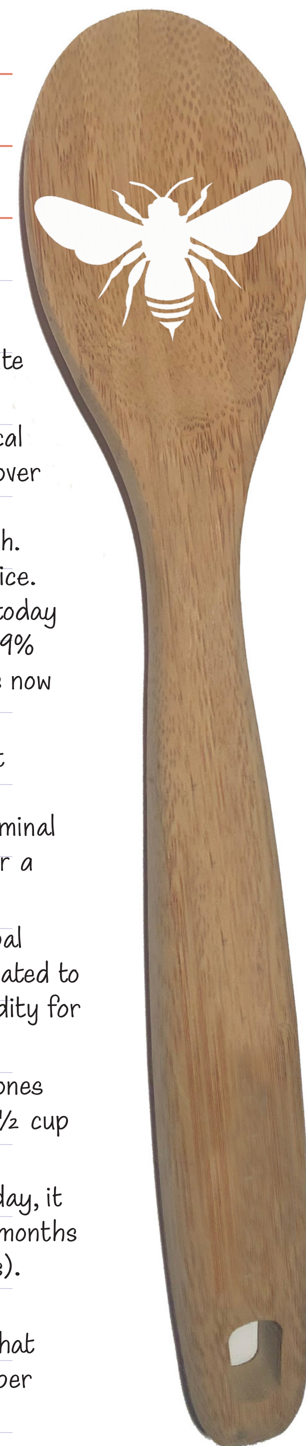
Directions ...

Mix all ingredients together and bake for 6 months or less

... Additional Documentation Tips



- **STOP** using the word "decline" in documentation; instead, document "how" the patient is exhibiting a terminal disease trajectory (listed below). In other words, as the disease runs its normal course, document the assessed/reported signs and symptoms consistent with terminal disease progression.
- Disease Trajectories: Rapid Decline (e.g., cancer); Saw-Tooth (e.g., organ failure: CHF, COPD, etc.); Dwindling (e.g., Alzheimer's disease, etc.)
- **AVOID** generic words in documentation (e.g., better, worse, sometimes, frequently, declining, eating more, eating less, sleeping more, sleeping less). These words are not value-added and do not allow comparison over time.
- **DO NOT copy/paste anything in the clinical record** — ever!
- Prior to making (and documenting) a patient visit, read the visit notes completed by other interdisciplinary group (IDG) members in the weeks prior.
- When documenting Hospice Assessment Tools (e.g., ADL Dependence, PPS, FAST, NYHA, etc.), document the score <u>and</u> the determination. <u>Example</u>: Ms. Jones' FAST is 7c; she has no meaningful, consistent, or reliable verbalization and is completely bedbound (i.e., no longer ambulatory).
- Establishing medical necessity in hospice means the documentation should show that the patient is terminally ill versus chronically ill. A chronically ill patient needs optimal care/support to survive; a terminally ill patient will progress toward death despite optimal care/support.
- LCD Guidelines are NOT regulatory but hold great weight with auditors. LCD Guidelines are the "scorecard" used by CMS contractors during audits.
- The FAST (Functional Assessment Staging Tool) is <u>only</u> utilized for patients with Alzheimer's disease. A FAST score should <u>not</u> be documented for any other type of dementia or to demonstrate neurological compromise.
- PPS (Palliative Performance Scale) scores are determined by starting at the left column and reading downward until the appropriate ambulation is reached. Then, read directly across to the next column and downward again until the activity/evidence of disease is located. Repeat across all 5 columns until a "best fit" is determined. Do not use decimals or half percentages (e.g., 82.5% or 65%). Only use whole percentages only as shown on the PPS scale.
- When assessing Activities of Daily Living (ADL) dependency, describe the type and frequency of assistance needed for each ADL. Documenting, "dependent on assistance for 6 of 6 ADLs" is not value-added and does not allow comparison over time to demonstrate functional deterioration.
- Comparative documentation utilizes baseline data and current clinical data to demonstrate how the patient's clinical status has worsened over a specific period time. Comparative documentation is the BEST way to demonstrate a patient's terminal disease progression toward death. <u>Example</u>: Ms. Jones has lost 32 pounds since her admission to hospice. On admission 6 months ago (04/20/24), she weighed 140 pounds; today (10/14/24), her weight is 108 pounds. This equates to a loss of 22.9% of her total body weight in 6 months. Her Body Mass Index (BMI) is now 18.3kg/m2.
- A Secondary Condition is a mental or physical health condition that results from the principal terminal diagnosis; secondary conditions demonstrate sequalae (i.e., clinical progression/worsening) of the terminal condition. <u>Example</u>: Aspiration pneumonia is a secondary condition for a patient with Alzheimer's disease who exhibits dysphagia.
- A Comorbidity is a medical condition that coexists with the principal terminal diagnosis. In hospice, a comorbidity may be related or unrelated to the patient's terminal prognosis. <u>Example</u>: Hypertension is a comorbidity for a patient with Alzheimer's disease.
- When documenting oral intake, avoid using percentages (e.g., Ms. Jones ate 50% of breakfast). Instead, give details. <u>Example</u>: Ms. Jones ate ½ cup scrambled eggs, 1 piece of bacon, ½ biscuit, and 50ml apple juice.
- Consider documenting time-to-task completion, if helpful (e.g., Today, it took the hospice aide 75 minutes to feed breakfast to Ms. Jones; 2 months ago, Ms. Jones would finish each manually fed meal in 20-25 minutes).
- During <u>every</u> IDG member visit, ask about the "in-between times." <u>Examples</u>: What was the patient's best day this week? And why? What was the patient's worst day this week? And why? How many times per night is the family/caregiver waking up to care for the patient?

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