

ARTICLE 17.1. HOSPICE PROGRAM PROVIDER CERTIFICATION

Rule 1. Certification of Program Providers

410 IAC 17.1-1-1 Definitions

Authority: IC 16-27-1-7

Affected: IC 16-27-1; IC 25-22.5; IC 25-23-1-11; IC 25-23-1-12; IC 25-26-13; IC 25-27-1-8; IC 25-35.6-3

Sec. 1. As used in 410 IAC 17.1:

“Attending physician” means the physician who holds a valid license issued pursuant to IC 25-22.5 who is identified by the patient at the time of hospice program admission as having the most significant role in the determination and delivery of medical care for the patient.

“Board” means the Indiana state board of health.

“Bereavement services” means services provided to the family after the hospice patient's death.

“Care plan” means the proposed method developed in writing by the interdisciplinary care team through which the hospice program seeks to provide services which meet the patient's/family's medical, psychosocial and spiritual needs.

“Clergy member” means an individual who has received a degree from an accredited theological school and has fulfilled appropriate denominational seminary requirements; an individual who, by ordination or authorization from the individual's denomination, has been approved to function in a pastoral capacity; or the spiritual counselor of the individual's choice.

“Coordinator of volunteers” means an individual on the hospice program staff who coordinates and supervises the activities of all volunteers.

“Dietary counseling” means counseling given by a qualified dietitian, one who meets the qualifications established by the Committee on Professional Registration of the American Dietetic Association.

“Director” means the person having administrative responsibility for the operation of the hospice program.

“Governing body” means the person or group of persons responsible for the establishment of a hospice program and for development and monitoring of policies and procedures related to all aspects of the hospice program. The governing body ensures that all services provided are consistent with accepted standards of hospice practice.

“Home health aide/nursing assistant” means an individual who renders assistance to patients for personal care and any other duties specified in the care plan as assigned by a registered nurse.

“Hospice patient's family” includes an individual's spouse, sibling, child, parent or significant others as designated by patient.

“Hospice program” means a specialized form of interdisciplinary health care that is designed to alleviate the physical, psychological, social and spiritual discomforts of an individual who is experiencing the last phase of a terminal disease. Services to terminally ill patients and family unit as provided in 410 IAC 17.1 by a hospital, health facility, or home health agency do not constitute a “hospice program” unless that entity has a distinct hospice program.

“Hospice program patient” means a terminally ill patient, as diagnosed by a physician with an unlimited license to practice medicine in Indiana under IC 25-22.5, which illness is anticipated to have a terminal prognosis within six (6) months.

“Hospice staff” means personnel working under the jurisdiction of a hospice, either salaried employee or volunteer, appropriately trained and assigned.

“Identifiable hospice program administration” means an administrative group, individual, or legal entity that has an identifiable organizational structure, accountable to a governing board directly or through a chief executive officer. This administration shall be responsible for the management of all aspects of the program.

“Informed consent” means the agreement in writing to receive hospice program care by a person who can give consent pursuant to IC 16-8-12-1 [*IC 16-8 was repealed by P.L.2-1993, SECTION 209, effective April 30, 1993.*] et seq.

“Inpatient beds” means beds provided by existing facilities for use by hospice patients, under written agreement, when they are required for medical management of symptoms or for respite care.

“Interdisciplinary care team” means the following hospice program personnel: physician, registered nurse, social worker, clergy member, the coordinator of volunteers, and appropriate volunteers. Other health care practitioners providing services such as physical therapy, occupational therapy, speech therapy, dietary counseling, home health aide services or other services may be included on the team when appropriate.

“Licensed practical nurse” means an individual who holds a valid license issued pursuant to IC 25-23-1-12.

“Medical director” means a physician who directs the medical aspects of the hospice's patient care program.

“Occupational therapist” means an individual who is registered as such with the American Occupational Therapy Association.

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“Palliative care” means treatment and comfort measures directed toward relief of symptoms, controlling pain and focusing on the special needs of the patient and family as they experience the stress of the dying process, rather than treatment aimed at intervention for the purpose of cure or prolongation of life.

“Patient/family care coordinator” means a registered nurse designated by the hospice to coordinate the provision of hospice program services for each patient/family.

“Pharmacist” means an individual who holds a valid license issued pursuant to IC 25-26-13.

“Physical therapist” means an individual who holds a valid license issued pursuant to IC 25-27-1-8.

“Physician” means an individual who holds a valid license issued pursuant to IC 25-22.5.

“Primary caregiver” means the family member or other person who assumes the overall responsibility for the care of the patient in the home.

“Registered nurse” means an individual who holds a valid license issued pursuant to IC 25-23-1-11.

“Respite care” means care provided to a patient for the purpose of temporary relief to family members or others caring for the patient at home.

“Social worker” means an individual holding a master's degree or a bachelor's degree in social work from a school accredited by the Council on Social Work Education with experience in a health related field and who is capable of providing for hospice patients'/families' psychosocial needs.

“Speech pathologist” means an individual who hold *[sic.]* a valid license issued pursuant to IC 25-35.6-3.

“Volunteer” means an individual, professional or nonprofessional, who has received appropriate orientation and training consistent with acceptable standards of hospice philosophy and practice. This does not include the clergy member. (*Indiana State Department of Health; 410 IAC 17.1-1-1; filed Dec 11, 1987, 2:30 pm: 11 IR 1519; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234*)

410 IAC 17.1-1-2 Application

Authority: IC 16-27-1-7

Affected: IC 16-27-1

Sec. 2. An applicant may obtain voluntary certification as follows: The applicant shall submit a certification fee and an application showing the ability to comply with the minimum standards for hospice program certification. The application at a minimum shall contain the following information:

- (1) The name of the applicant.
- (2) The type of services to be provided.
- (3) The location of the program's operation and geographic area served.
- (4) The names and business addresses of persons in charge of the program, including governing body, director, and corporate officers or partners.
- (5) Composition of medical, paramedical, professional and volunteer staff.
- (6) Name and business address of medical director and patient/family care coordinator.
- (7) Information related to the provision of inpatient care.
- (8) Other information as may be required.

(*Indiana State Department of Health; 410 IAC 17.1-1-2; filed Dec 11, 1987, 2:30 pm: 11 IR 1521; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234*)

410 IAC 17.1-1-3 Inspections

Authority: IC 16-27-1-7

Affected: IC 16-27-1

Sec. 3. (a) The hospice program shall provide and make available for inspection policies, administrative and statistical data, and clinical records required to verify compliance with rules contained in this chapter *[410 IAC 17.1]*.

(b) No certification shall be issued until a representative of the board has conducted a survey of the hospice program for determination of compliance with 410 IAC 17.1.

(c) The certification shall be posted in a conspicuous location accessible to public view within the premises.

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(d) Certification of provider expires one (1) year after the date of issuance. It is not assignable or transferable and may be issued only for the premises named in the application. Certification of a provider may be renewed by submitting a renewal application approved by the board and the annual certification fee.

(e) An annual certification fee of one hundred dollars (\$100) for each provider certified must be paid to the board prior to inspection. *(Indiana State Department of Health; 410 IAC 17.1-1-3; filed Dec 11, 1987, 2:30 pm: 11 IR 1521; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234)*

410 IAC 17.1-1-4 Approval; denial; suspension; revocation

Authority: IC 16-27-1-7

Affected: IC 4-21.5; IC 16-27-1

Sec. 4. The board shall:

(1) approve the certification of an applicant upon the application and after a survey without further evidence; or

(2) deny, suspend, or revoke a certification pursuant to IC 4-21.5 (actions commenced prior to July 1, 1987 shall be governed by IC 4-22-1 [*IC 4-22-1 was repealed by P.L.18-1986, SECTION 2, effective July 1, 1987.*]).

(Indiana State Department of Health; 410 IAC 17.1-1-4; filed Dec 11, 1987, 2:30 pm: 11 IR 1521; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234)

Rule 2. Interdisciplinary Team

410 IAC 17.1-2-1 Planned, continuous care

Authority: IC 16-27-1-7

Affected: IC 16-27-1

Sec. 1. An interdisciplinary team must provide hospice program care through a program of planned and continuous care, the medical components of which must be under the direction of a physician as defined in 410 IAC 17.1-1. Hospice program care must provide for the physical, psychological, social, spiritual, and other special needs of the hospice program patients and their families that are experienced during the final stages of terminal illnesses, during dying, and during the period in which the patient's family experiences and adjusts to the patient's death. Hospice program care must be available twenty-four (24) hours a day, seven (7) days a week. *(Indiana State Department of Health; 410 IAC 17.1-2-1; filed Dec 11, 1987, 2:30 pm: 11 IR 1521; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234)*

410 IAC 17.1-2-2 Minimum care

Authority: IC 16-27-1-7

Affected: IC 16-27-1

Sec. 2. The interdisciplinary team that provides for the care under Sec. 1 above shall include, at a minimum, the patient's attending physician or designated physician and personnel of the hospice program, including the medical director or physician designated, a nurse, a social worker, a member of the clergy, and a trained individual who offers services to the hospice program without compensation other than reimbursement for that individual's expenses in providing the services. *(Indiana State Department of Health; 410 IAC 17.1-2-2; filed Dec 11, 1987, 2:30 pm: 11 IR 1521; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234)*

Rule 3. Administration

410 IAC 17.1-3-1 Written policies

Authority: IC 16-27-1-7

Affected: IC 16-27-1

Sec. 1. The governing body shall establish written policies for all aspects of the hospice program. Such policies shall be available for inspection by the board. *(Indiana State Department of Health; 410 IAC 17.1-3-1; filed Dec 11, 1987, 2:30 pm: 11 IR*

1521; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234)

410 IAC 17.1-3-2 Supervision and management

Authority: IC 16-27-1-7

Affected: IC 16-27-1

Sec. 2. (a) The governing body shall designate individuals to serve as director, medical director, patient/family care coordinator, and coordinator of volunteers.

(b) There shall be written policies that specify the authority and responsibilities of these individuals. In the event the position of director or medical director becomes vacant, the board shall be notified, in writing, within 72 hours of the vacancy. (*Indiana State Department of Health; 410 IAC 17.1-3-2; filed Dec 11, 1987, 2:30 pm: 11 IR 1522; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234*)

410 IAC 17.1-3-3 Statistical records

Authority: IC 16-27-1-7

Affected: IC 16-27-1

Sec. 3. (a) The hospice program shall maintain statistical records.

(b) Records shall include, but not be limited to: hours worked by staff, including volunteers; patient census information including numbers of referrals, admissions and discharges; patient diagnoses; service location (home or inpatient) and other appropriate statistical data as required for the operation of the hospice.

(c) Records shall be retained for a period in accordance with federal and state laws. (*Indiana State Department of Health; 410 IAC 17.1-3-3; filed Dec 11, 1987, 2:30 pm: 11 IR 1522; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234*)

Rule 4. Personnel

410 IAC 17.1-4-1 Policies, records

Authority: IC 16-27-1-7

Affected: IC 16-27-1

Sec. 1. The hospice program shall have written personnel policies. Personnel records shall be established and maintained for hospice program staff providing direct patient/family services which include education, training, previous experience, verification of license when applicable, and other qualifications. (*Indiana State Department of Health; 410 IAC 17.1-4-1; filed Dec 11, 1987, 2:30 pm: 11 IR 1522; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234*)

410 IAC 17.1-4-2 In-service education and training

Authority: IC 16-27-1-7

Affected: IC 16-27-1

Sec. 2. (a) Written policies shall be established and implemented which include orientation, volunteer training and in-service education for all hospice program staff. Records on the content of volunteer training sessions and on the subject of in-service shall be maintained by the hospice program; attendance records for both shall be kept.

(b) Training for hospice program staff providing direct patient/family services shall include, but not be limited to, the following:

- (1) hospice program philosophy and concepts of care;
- (2) physiological and psychological aspects of terminal illness;
- (3) symptom management;
- (4) family dynamics and coping;
- (5) communication and listening;
- (6) emergency procedures;

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- (7) procedure for death occurring in the home;
- (8) grief and bereavement; and
- (9) documentation and record keeping.

(Indiana State Department of Health; 410 IAC 17.1-4-2; filed Dec 11, 1987, 2:30 pm: 11 IR 1522; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234)

410 IAC 17.1-4-3 Job descriptions

Authority: IC 16-27-1-7
Affected: IC 16-27-1

Sec. 3. (a) Job descriptions for each hospice program staff position shall be established which include qualifications and specific responsibilities.

(b) Hospice program staff shall be assigned only to duties for which they are trained and competent to perform. Volunteers shall have clearly defined roles and where applicable, meet the same professional standards of practice as required for hospice salaried employees. Volunteers shall function under the supervision of the coordinator of volunteers. *(Indiana State Department of Health; 410 IAC 17.1-4-3; filed Dec 11, 1987, 2:30 pm: 11 IR 1522; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234)*

Rule 5. Services

410 IAC 17.1-5-1 Service requirements

Authority: IC 16-27-1-7
Affected: IC 16-27-1; IC 25-23-1

Sec. 1. The governing body shall ensure through policies and implemented procedures that the following services encompassing the essential elements of hospice program care are provided.

(1) Nursing services available 24 hours a day under the supervision of a registered nurse; provided in accordance with the Indiana Nurse Practice Act (IC 25-23-1) and the care plan; and sufficient to ensure that the nursing needs of each patient are met.

(2) Social work services which may include, but not be limited to, conducting an assessment of the psychosocial needs of the patient/family with the establishment of goals in the care plan to meet those needs; on-going counseling related to death and dying to the patient/family as needed; and assisting the patient/family in the utilization of appropriate community resources.

(3) Additional counseling services shall include spiritual and any other counseling services desired by the patient/family. Spiritual counseling shall include liaison and consultation with the patient/family, clergy and other community based clergy. The hospice shall not impose any spiritual value or belief systems on patients/families. All counseling services shall be in accordance with the care plan.

(4) Bereavement services shall be provided for an appropriate period of time to the family following the death of the patient, generally not less than one (1) year.

(5) Volunteer services for a broad range of activities under the direction of the coordinator of volunteers.

(6) When inpatient care services for symptom management or respite care are provided in a licensed hospital, skilled nursing or comprehensive care facility, the hospice program shall ensure that:

(A) A written agreement is signed by both providers which assures that the inpatient facility will provide care and services to hospice program patients when necessary.

(B) The inpatient provider has policies consistent with the needs of hospice program patients and their families and shall, if necessary, modify policies such as visiting hour restrictions and routine tests to meet those needs.

(C) The hospice program 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 records and a copy of the discharge summary shall be made part of the hospice program record.

(E) Effective transition from one type of care to another maintained with continuity of care being the primary goal.

(Indiana State Department of Health; 410 IAC 17.1-5-1; filed Dec 11, 1987, 2:30 pm: 11 IR 1522; readopted filed Jul 11, 2001,

2:23 p.m.: 24 IR 4234)

410 IAC 17.1-5-2 Additional services

Authority: IC 16-27-1-7

Affected: IC 16-27-1

Sec. 2. When ordered by the attending physician and specified in the care plan, the following services shall be provided either directly by the hospice program or by contractual arrangement:

- (1) Mental health services.
- (2) Pharmaceutical services.
- (3) Allied health services, to include:
 - (A) physical therapy;
 - (B) occupational therapy;
 - (C) speech therapy;
 - (D) home health aide;
 - (E) nutritional assessment and dietary counseling; and
 - (F) other services when ordered by the attending physician in accordance with the care plan to meet unusual needs.

(Indiana State Department of Health; 410 IAC 17.1-5-2; filed Dec 11, 1987, 2:30 pm: 11 IR 1523; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234)

410 IAC 17.1-5-3 Other service providers

Authority: IC 16-27-1-7

Affected: IC 16-27-1

Sec. 3. (a) When a hospice program makes arrangements for the provision of services by other agencies and individuals, there shall be a written agreement signed by both providers which includes the following:

- (1) the specific services to be provided;
- (2) the period of time the contract is to be in effect;
- (3) the availability of service;
- (4) the financial arrangements;
- (5) the provision for supervision of contracted personnel where applicable;
- (6) the verification that any individual providing service is appropriately licensed as required by statute;
- (7) the assurance that individuals providing services under contractual arrangement meet the same requirements as found in this chapter [410 IAC 17.1] for hospice staff; and
- (8) the provision for the documentation of services provided in the patient's medical record.

(b) All contracted services shall be provided in accordance with the orders of the attending physician and the care plan.

(c) The hospice program shall assure that all contracted services are provided in accordance with the agreement.

(d) The hospice program shall provide information and education as necessary on the hospice philosophy and concept of care to all agencies and individuals providing contracted services. *(Indiana State Department of Health; 410 IAC 17.1-5-3; filed Dec 11, 1987, 2:30 pm: 11 IR 1523; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234)*

410 IAC 17.1-5-4 Direction and coordination

Authority: IC 16-27-1-7

Affected: IC 16-27-1

Sec. 4. (a) All hospice program services shall be provided in accordance with the attending physician's orders and coordinated by the patient/family care coordinator in accordance with the written care plan developed by the interdisciplinary care team.

(b) Each patient/family accepted for hospice program care shall receive written information pertaining to services available, including the means of contacting "on call" personnel and other information as necessary. *(Indiana State Department of Health; 410 IAC 17.1-5-4; filed Dec 11, 1987, 2:30 pm: 11 IR 1523; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234)*

410 IAC 17.1-5-5 Medical supplies

Authority: IC 16-27-1-7

Affected: IC 16-27-1

Sec. 5. The hospice program shall make arrangements for obtaining any necessary supplies or equipment needed by the patient in the home; e.g., dressing, catheters, and oxygen. (*Indiana State Department of Health; 410 IAC 17.1-5-5; filed Dec 11, 1987, 2:30 pm: 11 IR 1524; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234*)

Rule 6. Patient/Family Care

410 IAC 17.1-6-1 Acceptance of patients

Authority: IC 16-27-1-7

Affected: IC 16-27-1

Sec. 1. (a) The hospice program shall have written policies which are implemented by the interdisciplinary care team in making decisions regarding acceptance of patients/families and the designation of a primary caregiver.

(b) On acceptance, the hospice program shall ensure its resources are sufficient to meet the needs of the patient/family.

(c) Patients accepted shall be under the care of the attending physician or designee who has determined that hospice program care is appropriate, indicating prognosis, generally not to exceed six (6) months, and so indicates with a signed referral. (*Indiana State Department of Health; 410 IAC 17.1-6-1; filed Dec 11, 1987, 2:30 pm: 11 IR 1524; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234*)

410 IAC 17.1-6-2 Provision of care

Authority: IC 16-27-1-7

Affected: IC 16-27-1

Sec. 2. (a) All care and services provided shall be in accordance with the attending physician's or designee's written orders and the care plan. Physician's orders shall be reviewed and signed by the physician at least every two months and maintained in the patient's medical record.

(b) Care and treatments that are required by statute or rule to be rendered by or under the supervision of licensed persons must be carried out by individuals currently licensed, certified, or registered in Indiana.

(c) Care provided by home health aides shall be supervised by licensed registered nurses every two weeks.

(d) The hospice program shall have a written policy implemented which controls the exposure of patients, families and hospice personnel to persons with communicable disease. (*Indiana State Department of Health; 410 IAC 17.1-6-2; filed Dec 11, 1987, 2:30 pm: 11 IR 1524; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234*)

Rule 7. Care Plan for Patient/Family

410 IAC 17.1-7-1 Establishment of plan

Authority: IC 16-27-1-7

Affected: IC 16-27-1

Sec. 1. The hospice program shall have policies and procedures which ensure that a written care plan is developed and maintained for each patient/family. The plan shall be established by the interdisciplinary care team in accordance with the orders of the attending physician and be based on the complete assessment of the patient's/family's physical needs and the psychosocial, economic and spiritual needs of the patient. (*Indiana State Department of Health; 410 IAC 17.1-7-1; filed Dec 11, 1987, 2:30 pm: 11 IR 1524; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234*)

410 IAC 17.1-7-2 Content of plan

Authority: IC 16-27-1-7
Affected: IC 16-27-1

Sec. 2. The plan shall include the following:

- (1) patient's diagnosis and prognosis;
- (2) identification of problems and/or needs and the establishment of appropriate goals;
- (3) types and frequency of services required to meet the goals; and
- (4) identification of persons/disciplines responsible for each service.

(Indiana State Department of Health; 410 IAC 17.1-7-2; filed Dec 11, 1987, 2:30 pm: 11 IR 1524; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234)

410 IAC 17.1-7-3 Review of plan; team meetings

Authority: IC 16-27-1-7
Affected: IC 16-27-1

Sec. 3. (a) The care plan shall be reviewed by appropriate interdisciplinary care team members and updated at least once monthly.

(b) The interdisciplinary care team and other appropriate personnel shall meet on a frequent and regular basis, at a minimum of once every 30 days, for the purpose of care plan review. Entries shall be recorded in the medical records of those patients whose care plans are reviewed. *(Indiana State Department of Health; 410 IAC 17.1-7-3; filed Dec 11, 1987, 2:30 pm: 11 IR 1524; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234)*

Rule 8. Drug and Treatment Orders; Administration

410 IAC 17.1-8-1 Policies and procedures

Authority: IC 16-27-1-7
Affected: IC 16-27-1

Sec. 1. (a) The hospice program shall have written policies and procedures for the administration of drugs and treatments including controlled substances initially approved and annually reviewed by the medical director.

(b) The original order for drugs and treatments shall be signed by the attending physician and incorporated in the patient's medical record.

(c) Verbal orders shall be given to a licensed registered nurse or physician, recorded and signed by the person receiving it and countersigned by the physician within one (1) week.

(d) Changes in drugs and treatments shall be signed by the physician and incorporated in the medical record within one week.

(e) Hospice program nursing staff and/or pharmacist shall monitor the patient's drug regimen frequently to assure optimal symptom control in accordance with physician's orders. *(Indiana State Department of Health; 410 IAC 17.1-8-1; filed Dec 11, 1987, 2:30 pm: 11 IR 1524; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234)*

410 IAC 17.1-8-2 Drug disposition

Authority: IC 16-27-1-7
Affected: IC 16-27-1

Sec. 2. (a) The hospice program shall not keep any legend drugs or pharmaceuticals on its premises, unless it is a part of an inpatient licensed health or hospital facility.

(b) Medications are the property of the patient/family and shall be appropriately stored in the home.

(c) Hospice program shall have a policy for the disposal of unused or discontinued medications. *(Indiana State Department of Health; 410 IAC 17.1-8-2; filed Dec 11, 1987, 2:30 pm: 11 IR 1525; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234)*

Rule 9. Medical Records

410 IAC 17.1-9-1 Content

Authority: IC 16-27-1-7

Affected: IC 16-27-1

Sec. 1. (a) The hospice program shall have policies and procedures implemented to ensure that a medical record is maintained for each patient and is made available for certification inspection.

(b) The record shall contain pertinent past and current medical and social data and include the following information:

- (1) identification data (name, address, telephone, date of birth, sex, marital status);
- (2) name of next of kin and/or legal guardian;
- (3) names of other family members;
- (4) religious preference and church affiliation and clergy, if appropriate;
- (5) diagnosis and prognosis as determined by attending physician;
- (6) source of referral;
- (7) initial assessments;
- (8) informed consent for care form;
- (9) physician's orders for drugs, treatments, diet, activity and other specific therapy services;
- (10) care plan;
- (11) clinical notes containing a record of all professional services provided directly or by contract with entries signed by the individual providing the services;
- (12) volunteer notes, as applicable, indicating type of contact, activities performed and time spent;
- (13) discharge summary to include services provided, or reason for discharge if services are terminated prior to the death of the patient.

(Indiana State Department of Health; 410 IAC 17.1-9-1; filed Dec 11, 1987, 2:30 pm: 11 IR 1525; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234)

410 IAC 17.1-9-2 Record review

Authority: IC 16-27-1-7

Affected: IC 16-27-1

Sec. 2. Conduct a semi-annual review of randomly selected patient/family records for appropriateness of admission, adequacy of assessment of patient/family needs and quality of services provided. *(Indiana State Department of Health; 410 IAC 17.1-9-2; filed Dec 11, 1987, 2:30 pm: 11 IR 1525; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234)*

410 IAC 17.1-9-3 Retention of records

Authority: IC 16-27-1-7

Affected: IC 16-27-1

Sec. 3. (a) The hospice program shall assure that medical records are kept confidential and secure on the certified premises and retained in accordance with federal and state laws.

(b) Bereavement service records shall be maintained in accordance with subsection (a) above. *(Indiana State Department of Health; 410 IAC 17.1-9-3; filed Dec 11, 1987, 2:30 pm: 11 IR 1525; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234)*

Rule 10. Evaluation

410 IAC 17.1-10-1 Evaluation required

Authority: IC 16-27-1-7

Affected: IC 16-27-1

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Sec. 1. (a) The hospice program shall have policies and a written plan for the implementation of a comprehensive assessment at least annually of its overall program and performance. The quality and appropriateness of care provided shall be assessed with the findings used to verify policy implementation, to identify problems and to establish problem resolution and policy provision as necessary.

(b) The hospice program shall determine what individuals will carry out the evaluation. Representatives of the governing body, hospice staff, the interdisciplinary care team, and other appropriate professionals shall be used.

(c) The evaluation shall include, but not be limited to, a review of all policies and procedures and a medical record review. *(Indiana State Department of Health; 410 IAC 17.1-10-1; filed Dec 11, 1987, 2:30 pm: 11 IR 1525; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234)*

410 IAC 17.1-10-2 Documentation

Authority: IC 16-27-1-7

Affected: IC 16-27-1

Sec. 2. Documentation of the evaluation must include:

- (1) criteria and methods used to accomplish it;
- (2) names and credentials of individuals who did the evaluation; and
- (3) action taken as a result of findings, including any subsequent policy change.

(Indiana State Department of Health; 410 IAC 17.1-10-2; filed Dec 11, 1987, 2:30 pm: 11 IR 1526; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234)

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