



Hospice and Hospice Care Center Policy and Procedure Checklist

Chapter 246-335 WAC

Agency _____ Surveyor _____ Date _____

Date policies and procedures last reviewed: _____

WAC	Policy & Procedure	Agency Administrator Verification
246-335-615	Plan of Operation	
Z 2110	(1) A description of the organizational structure;	
Z 2115	(2) Personnel job descriptions according to WAC 246-335-625(2)	
Z 2120	(3) Responsibilities of contractors and volunteers;	
Z 2125	(4) Services to be provided;	
Z 2130	(5) The days and hours of agency operation;	
Z 2135	(6) Criteria for management and supervision of hospice services throughout all approved service areas, which include:(a) How the initial assessment and development of the plan of care will be completed per WAC 246-335-640;	
Z 2140	(6) Criteria for management and supervision of hospice services throughout all approved service areas, which include:(b) How supervision of personnel and volunteers and monitoring of services provided by contractors will occur which meet the requirements of WAC 246-335-645;	
Z 2145	(6) Criteria for management and supervision of hospice services throughout all approved service areas, which include:(c) How performance evaluations for personnel and volunteers and evaluation of services provided by contractors will be conducted per WAC 246-335-625 (15) and (16); and	
Z 2150	(6) Criteria for management and supervision of hospice services throughout all approved service areas, which include: (d) How the quality improvement program required in WAC 246-335-655 will be applied throughout all approved service areas.	
Z 2155	(7) A process to inform patients of alternative services prior to ceasing operation or when the licensee is unable to meet the patient's needs;	
Z 2160	(8) A plan for preserving records, including the process to preserve or dispose of records prior to ceasing operation according to WAC 246-335-650 (7) and (8); and	
Z 2165	(9) Time frames for filing documents in the patient records;	
Z 2170	(10) Emergency preparedness that addresses service delivery when natural disasters, manmade incidents, or public health emergencies occur that prevent normal agency operation. Include, at minimum: Risk assessment and emergency planning, communication plan, coordination of service delivery with emergency personnel to meet emergent needs of patients, and staff training;	
Z 2175	(11) Availability of a bereavement program for up to one year after a patient's death;	
Z 2180	(12) Availability of social services, spiritual counseling, volunteer services, and respite care;	
Z 2185	(13) Assuring direct care personnel, contractors and volunteers have training specific to the needs of the terminally ill patients and their families;	
Z 2190	(14) The applicant or licensee must identify an administrator. The administrator is appointed by and reports to the agency owner or governing body, is a hospice employee, and possesses education and experience	

	required by the agency's policies or the hospice's governing body. The administrator is responsible to:(a) Oversee the day to day operation and fiscal affairs of the agency;	
Z 2195	(14) The applicant or licensee must identify an administrator. The administrator is appointed by and reports to the agency owner or governing body, is a hospice employee, and possesses education and experience required by the agency's policies or the hospice's governing body. The administrator is responsible to:(b) Implement the provisions of this section;	
Z 2200	(14) The applicant or licensee must identify an administrator. The administrator is appointed by and reports to the agency owner or governing body, is a hospice employee, and possesses education and experience required by the agency's policies or the hospice's governing body. The administrator is responsible to:(c) Designate in writing an alternate to act in the administrator's absence;	
Z 2205	(14) The applicant or licensee must identify an administrator. The administrator is appointed by and reports to the agency owner or governing body, is a hospice employee, and possesses education and experience required by the agency's policies or the hospice's governing body. The administrator is responsible to:(d) Provide management and supervision of services throughout all approved service areas according to subsection (6) of this section;	
Z 2210	(14) The applicant or licensee must identify an administrator. The administrator is appointed by and reports to the agency owner or governing body, is a hospice employee, and possesses education and experience required by the agency's policies or the hospice's governing body. The administrator is responsible to:(e) Arrange for necessary services;	
Z 2215	(14) The applicant or licensee must identify an administrator. The administrator is appointed by and reports to the agency owner or governing body, is a hospice employee, and possesses education and experience required by the agency's policies or the hospice's governing body. The administrator is responsible to:(f) Keep contracts current and consistent with WAC 246-335-625(4);	
Z 2220	(14) The applicant or licensee must identify an administrator. The administrator is appointed by and reports to the agency owner or governing body, is a hospice employee, and possesses education and experience required by the agency's policies or the hospice's governing body. The administrator is responsible to:(g) Serve as a liaison between the licensee, personnel, contractors and volunteers;	
Z 2225	(14) The applicant or licensee must identify an administrator. The administrator is appointed by and reports to the agency owner or governing body, is a hospice employee, and possesses education and experience required by the agency's policies or the hospice's governing body. The administrator is responsible to:(h) Ensure personnel, contractors and volunteers are currently credentialed by the state of Washington, when appropriate, according to applicable practice acts and consistent with WAC 246-335-625(5);	
Z 2230	(14) The applicant or licensee must identify an administrator. The administrator is appointed by and reports to the agency owner or governing body, is a hospice employee, and possesses education and experience required by the agency's policies or the hospice's governing body. The administrator is responsible to:(i) Ensure personnel, contractors and volunteers comply with the licensee's policies and procedures;	
Z 2235	(14) The applicant or licensee must identify an administrator. The administrator is appointed by and reports to the agency owner or governing body, is a hospice employee, and possesses education and experience required by the agency's policies or the hospice's governing body. The administrator is responsible to:(j) Implement a quality improvement process consistent with WAC 246-335-655;	
Z 2240	(14) The applicant or licensee must identify an administrator. The administrator is appointed by and reports to the agency owner or governing body, is a hospice employee, and possesses education and experience required by the agency's policies or the hospice's governing body. The administrator is responsible to:(k) Manage recordkeeping according to WAC 246-335-650;	
Z 2245	(14) The applicant or licensee must identify an administrator. The administrator is appointed by and reports to the agency owner or governing body, is a hospice employee, and possesses education and experience required by the agency's policies or the hospice's governing body. The administrator is responsible to:(l) Ensure supplies and equipment necessary	

	to patient care are available, maintained, and in working order;	
Z 2250	(14) The applicant or licensee must identify an administrator. The administrator is appointed by and reports to the agency owner or governing body, is a hospice employee, and possesses education and experience required by the agency's policies or the hospice's governing body. The administrator is responsible to:(m) Ensure the accuracy of public information materials; and	
Z 2255	(14) The applicant or licensee must identify an administrator. The administrator is appointed by and reports to the agency owner or governing body, is a hospice employee, and possesses education and experience required by the agency's policies or the hospice's governing body. The administrator is responsible to:(n) Ensure current written policies and procedures are accessible to personnel, contractors, and volunteers during hours of operation.	
Z 2260	(15) The applicant or licensee must identify a medical director who is responsible to:(a) Advise the licensee on policies and procedures;	
Z 2265	(15) The applicant or licensee must identify a medical director who is responsible to:(b) Serve as liaison with a patient's authorizing practitioner;	
Z 2270	(15) The applicant or licensee must identify a medical director who is responsible to:(c) Provide patient care and family support;	
Z 2275	(15) The applicant or licensee must identify a medical director who is responsible to:(d) Approve modifications in individual plans of care; and	
Z 2280	(15) The applicant or licensee must identify a medical director who is responsible to: (e) Participate in interdisciplinary team conferences as required by WAC 246-335-640, hospice plan of care.	
Z 2285	(16) The licensee must continue to update its plan of operation to reflect current practice, services provided by the agency, and state and local laws.	
246-335-620	Delivery of Services	
Z 2290	(1) Admission, transfer, discharge, and referral processes:(a) In order to minimize the possibility of patient abandonment, patients must be given at least a forty eight hour written or verbal notice prior to discharge that will be documented in the patient record;	
Z 2295	(1) Admission, transfer, discharge, and referral processes:(b) Forty eight hour notice is not required if hospice agency worker safety, significant patient noncompliance, or patient's failure to pay for services rendered are the reason(s) for the discharge;	
Z 2300	(1) Admission, transfer, discharge, and referral processes:(c) A Hospice agency discharging a patient that is concerned about their ongoing care and safety may submit a self-report to appropriate state agencies which identifies the reasons for discharge and the steps taken to mitigate safety concerns;	
Z 2305	(2) Specific hospice services, including palliative care and any nonmedical services, available to meet patient, or family needs as identified in plans of care;	
Z 2310	(3) Initial patient assessment completed by a registered nurse within seven calendar days of receiving and accepting a physician or practitioner referral for hospice services. Longer time frames are permitted when one or more of the following is documented:(a) Longer time frame for completing the initial patient assessment is requested by physician or practitioner;	
Z 2315	(3) Initial patient assessment completed by a registered nurse within seven calendar days of receiving and accepting a physician or practitioner referral for hospice services. Longer time frames are permitted when one or more of the following is documented:(b) Longer time frame for completing the initial patient assessment is requested by the patient, designated family member, or legal representative; or	
Z 2320	(3) Initial patient assessment completed by a registered nurse within seven calendar days of receiving and accepting a physician or practitioner referral for hospice services. Longer time frames are permitted when one or more of the following is documented:(c) Initial patient assessment was delayed due to agency having challenges contacting the patient, designated family member, or legal representative.	
Z 2325	(4) Agency personnel, contractor, and volunteer roles and responsibilities related to medication self-administration with assistance and medication administration;	
Z 2330	(5) Coordination of care, including:(a) Coordination among services being provided by a licensee having an additional home health or home care service category; and	
Z 2335	The applicant or licensee must develop and operationalize policies and procedures that describe: (5) Coordination of care, including:(a) Coordination	

	among services being provided by a licensee having an additional home health or home care service category; and	
Z 2340	(6) Actions to address patient or family communication needs;	
Z 2345	(7) Utilization of telehealth or telemedicine for patient consultation or to acquire patient vitals and other health data in accordance to state and federal laws;	
Z 2350	(8) Management of patient medications and treatments in accordance with appropriate practice acts;	
Z 2355	(9) Utilization of restraints and/or seclusion following an individualized patient assessment process;	
Z 2360	(10) Emergency care of the patient;	
Z 2365	(11) Actions to be taken upon death of a patient;	
Z 2370	(12) Providing backup care to the patient when services cannot be provided as scheduled. Backup care which requires assistance with patient ADLs or patient health services must be provided by staff with minimum health care credentialing. Non credentialed staff may provide backup care only when assisting a patient with IADLs or in emergency situations;	
Z 2375	(13) Actions to be taken when the patient has a signed advanced directive;	
Z 2380	(14) Actions to be taken when the patient has a signed POLST form. Any section of the POLST form not completed implies full treatment for that section. Also include: In the event of a patient medical emergency and agency staff are present, provide emergency medical personnel with a patient's signed POLST form; and	
Z 2385	(15) Nurse delegation according to the following: (a) Delegation is only permitted for patients requiring specific nursing tasks that do not require clinical judgment.	
Z 2390	(15) Nurse delegation according to the following:(b) Hospice agencies coordinating patient care with a separate home care agency must ensure that a formal delegation contract has been established between the two agencies in order for the hospice nurse to delegate to the home care agency workers.	
246-335-625	Personnel Contractor and Volunteer Policies	
Z 2395	(1) Employment criteria regarding discrimination consistent with chapter 49.60 RCW;	
Z 2400	(2) Job descriptions that contain responsibilities and are consistent with health care professional credentialing and scope of practice as defined in relevant practice acts and rules;	
Z 2405	(3) References for personnel, contractors and volunteers;	
Z 2410	(4) Contracting process when using a contractor. The contract should include, at minimum, a description of the duties the contractor will perform, and a statement indicating that the contractor, not the employer, is responsible for withholding any necessary taxes. As with personnel and volunteers, contractors are subject to all applicable requirements in this chapter;	
Z 2415	(5) Credentials of health care professionals that are current and in good standing;	
Z 2420	(6) Criminal history background checks and disclosure statements for personnel, contractors, volunteers, students, and any other individual associated with the licensee having direct contact with children under sixteen years of age, people with developmental disabilities, or vulnerable persons according to RCW 43.43.830 through 43.43.842 and the following: (a) Criminal history background checks must be processed through the Washington state patrol;	
Z 2425	(6) Criminal history background checks and disclosure statements for personnel, contractors, volunteers, students, and any other individual associated with the licensee having direct contact with children under sixteen years of age, people with developmental disabilities, or vulnerable persons according to RCW 43.43.830 through 43.43.842 and the following:(b) Disclosure statements must be approved by the department; and	
Z 2430	(6) Criminal history background checks and disclosure statements for personnel, contractors, volunteers, students, and any other individual associated with the licensee having direct contact with children under sixteen years of age, people with developmental disabilities, or vulnerable persons according to RCW 43.43.830 through 43.43.842 and the following:(c) All criminal history background checks and disclosure statements required under this chapter must be renewed within two years from the date of the previous check.	

Z 2435	(7) Character, competence, and suitability determination conducted for personnel, contractors, volunteers, and students whose background check results reveal non disqualifying convictions, pending charges, or negative actions. Factors to consider when making a determination include, but are not limited to:(a) Whether there is a reasonable, good faith belief that they would be unable to meet the care needs of the patient;	
Z 2440	(7) Character, competence, and suitability determination conducted for personnel, contractors, volunteers, and students whose background check results reveal non disqualifying convictions, pending charges, or negative actions. Factors to consider when making a determination include, but are not limited to:(b) Level of vulnerability of the patient under their care;	
Z 2445	(7) Character, competence, and suitability determination conducted for personnel, contractors, volunteers, and students whose background check results reveal non disqualifying convictions, pending charges, or negative actions. Factors to consider when making a determination include, but are not limited to:(c) Behaviors since the convictions, charges, negative actions or other adverse behaviors;	
Z 2450	(7) Character, competence, and suitability determination conducted for personnel, contractors, volunteers, and students whose background check results reveal non disqualifying convictions, pending charges, or negative actions. Factors to consider when making a determination include, but are not limited to:(d) Pattern of offenses or other behaviors that may put the patient at risk;	
Z 2455	(7) Character, competence, and suitability determination conducted for personnel, contractors, volunteers, and students whose background check results reveal non disqualifying convictions, pending charges, or negative actions. Factors to consider when making a determination include, but are not limited to:(e) Number of years since the conviction, negative action, or other issue;	
Z 2460	(7) Character, competence, and suitability determination conducted for personnel, contractors, volunteers, and students whose background check results reveal non disqualifying convictions, pending charges, or negative actions. Factors to consider when making a determination include, but are not limited to:(f) Whether they self disclosed the conviction(s), pending charge(s) and/or negative action(s);	
Z 2465	(7) Character, competence, and suitability determination conducted for personnel, contractors, volunteers, and students whose background check results reveal non disqualifying convictions, pending charges, or negative actions. Factors to consider when making a determination include, but are not limited to:(g) Other health and safety concerns; and	
Z 2470	(7) Character, competence, and suitability determination conducted for personnel, contractors, volunteers, and students whose background check results reveal non disqualifying convictions, pending charges, or negative actions. Factors to consider when making a determination include, but are not limited to:(h) Although a licensee may determine, based on their assessment process, that an employee is suitable to work with vulnerable patients, the department has the final authority to deny, revoke, modify, or suspend any professional credential it issues based on application and criminal background check information.	
Z 2475	(8) Mandatory reporting: (a) Mandatory reporters shall report failure to comply with the requirements of chapters 246-335 WAC and 70.127 RCW to the department. The report must be submitted on department forms. Reports must be submitted within fourteen calendar days after the reporting person has knowledge of noncompliance that must be reported;	
Z 2480	(8) Mandatory reporting:(b) Mandatory reporters shall report suspected abandonment, abuse, financial exploitation, or neglect of a person in violation of RCW 74.34.020 or 26.44.030 to the department of social and health services and the proper law enforcement agency. Reports must be submitted immediately when the reporting person has reasonable cause to believe that abandonment, abuse, financial exploitation, or neglect of a vulnerable adult has occurred.	
Z 2485	(9) In person orientation to current agency policies and procedures and verification of skills or training prior to independently providing patient care. Examples of skills verification include written testing, skills observation, and evidence of previous training and experience such as the nursing assistant training detailed in WAC 246-841-400;	
Z 2490	(10) Training on the use of telehealth or telemedicine for patient consultation and the transmission of health data, if applicable;	
Z 2495	(11) Ongoing training pertinent to patient care needs;	

Z 2500	(12) Safe food storage, preparation and handling practices consistent with the United States Food and Drug administration's recommendations for "food safety at home" for personnel, contractors, and volunteers involved in food preparation services on behalf of patients. Personnel, contractors, and volunteers may not provide patients with homemade food items or baked goods that they themselves prepared;	
Z 2505	(13) Current cardiopulmonary resuscitation (CPR) training consistent with agency policies and procedures for direct care personnel and contractors. Internet based classroom training is only permissible when the demonstration of skills is hands on and observed by a certified trainer;	
Z 2510	(14) Infection control practices, communicable disease testing, and vaccinations. Policies and procedures must include, at minimum:(a) Standard precautions such as hand hygiene, respiratory hygiene and cough etiquette, and personal protective equipment;	
Z 2515	(14) Infection control practices, communicable disease testing, and vaccinations. Policies and procedures must include, at minimum:(b) Availability of personal protective equipment and other equipment necessary to implement client plans of care;	
Z 2520	(14) Infection control practices, communicable disease testing, and vaccinations. Policies and procedures must include, at minimum: (c) Tuberculosis (TB) infection control program. Key elements include, but are not limited to: (i) Conducting a TB risk assessment for all new employees upon hire. Agencies must use a tuberculosis risk assessment form provided by the department. Based on risk assessment results, determine the agency's responsibility to conduct TB testing of new employees. If TB testing is required, follow the department's tuberculosis risk assessment form testing recommendations;	
Z 2525	(14) Infection control practices, communicable disease testing, and vaccinations. Policies and procedures must include, at minimum: (c) Tuberculosis (TB) infection control program. Key elements include, but are not limited to: (ii) Conducting an annual assessment of new TB risk factors for all employees. Agencies must use a tuberculosis risk assessment form provided by the department. Based on risk assessment results, determine agency's responsibility to conduct TB testing of employees. Retesting should only be done for persons who previously tested negative and have new risk factors since the last assessment; and	
Z 2530	(14) Infection control practices, communicable disease testing, and vaccinations. Policies and procedures must include, at minimum: (c) Tuberculosis (TB) infection control program. Key elements include, but are not limited to: (iii) Ensuring workers receive TB related training and education at the time of hire or during new employee orientation. Training and education must be consistent with the department's Tuberculosis program's online posted educational materials.	
Z 2535	(14) Infection control practices, communicable disease testing, and vaccinations. Policies and procedures must include, at minimum: (c) Tuberculosis (TB) infection control program. Key elements include, but are not limited to:(d) Actions to take when personnel, volunteers, contractors, or clients exhibit or report symptoms of a communicable disease in an infectious stage in accordance with chapters 246100 and 246101 WAC;	
Z 2540	(14) Infection control practices, communicable disease testing, and vaccinations. Policies and procedures must include, at minimum: (e) Exposure to blood borne pathogens such as Hepatitis B and HIV, and other potentially infectious materials in compliance with the department of labor and industries chapter 296823 WAC. Key elements include, but are not limited to:(i) Conducting an initial risk assessment of the environment in which personnel, volunteers, and contractors perform their assigned duties to determine occupational exposure. The results of the risk assessment will inform policy and procedure development and level of employee training and education. Annually, agencies must determine if significant changes have occurred that would require a new risk assessment to be performed;	
Z 2545	(14) Infection control practices, communicable disease testing, and vaccinations. Policies and procedures must include, at minimum: (e) Exposure to blood borne pathogens such as Hepatitis B and HIV, and other potentially infectious materials in compliance with the department of labor and industries chapter 296-823 WAC. Key elements include, but are not limited to: (ii) If the risk assessment concludes that workers have a reasonably anticipated risk of occupational exposure to blood and other potentially infectious materials, agencies must offer workers the Hepatitis B vaccine series at the agency's expense. Workers have the right to decline the	

	Hepatitis B vaccine series; and	
Z 2550	(14) Infection control practices, communicable disease testing, and vaccinations. Policies and procedures must include, at minimum: (e) Exposure to blood borne pathogens such as Hepatitis B and HIV, and other potentially infectious materials in compliance with the department of labor and industries chapter 296-823 WAC. Key elements include, but are not limited to: (iii) Ensuring workers receive TB related training and education at the time of hire or during new employee orientation. Training and education must be consistent with the department's Tuberculosis program's online posted educational materials.	
Z 2555	(14) Infection control practices, communicable disease testing, and vaccinations. Policies and procedures must include, at minimum: (f) Agencies must document an annual review of applicable state and federal health authority recommendations related to infection control practices, communicable disease testing, and vaccinations and update trainings and policies and procedures as necessary.	
Z 2560	(15) Annual performance evaluations of all personnel and volunteers providing direct patient care, including onsite observation of care and skills specific to the care needs of patients; and	
Z 2565	(16) Annual evaluations of services provided by contractors providing direct patient care.	
	Hospice only if Home Medical Supplies and Equipment Furnished Patients	
246-335-660	Home Medical Supplies and Equipment	
Z 3090	(1) The applicant or licensee must develop and implement policies and procedures to: (a) Maintain medical supplies and equipment;	
Z 3095	(1) The applicant or licensee must develop and implement policies and procedures to:(b) Clean, inspect, repair and calibrate equipment per the manufacturers' recommendations, and document the date and name of individual conducting the activity;	
Z 3100	(1) The applicant or licensee must develop and implement policies and procedures to:(c) Ensure safe handling and storage of medical supplies and equipment;	
Z 3105	(1) The applicant or licensee must develop and implement policies and procedures to:(d) Inform the patient, designated family member, or legal representative of the cost and method of payment for equipment, equipment repairs and equipment replacement;	
Z 3110	(1) The applicant or licensee must develop and implement policies and procedures to:(e) Document the patient, designated family member, or legal representative's approval;	
Z 3120	(1) The applicant or licensee must develop and implement policies and procedures to:(f) Instruct each patient, designated family member, or legal representative to use and maintain supplies and equipment in a language or format the patient or family understands, using one or more of the following:	
Z 3125	(1) The applicant or licensee must develop and implement policies and procedures to:(f) Instruct each patient, designated family member, or legal representative to use and maintain supplies and equipment in a language or format the patient or family understands, using one or more of the following: (i) Written instruction; (ii) Verbal instruction; or (iii) Demonstration	
Z 3130	(1) The applicant or licensee must develop and implement policies and procedures to:(g) Document the patient, designated family member, or legal representative understanding of the instructions provided;	
Z 3135	(1) The applicant or licensee must develop and implement policies and procedures to:(h) Replace supplies and equipment essential for the health or safety of the patient; and	
Z 3140	(2) If the applicant or licensee contracts for medical supplies or equipment services, develop and implement policies and procedures to ensure that contractors have policies and procedures consistent with subsection (1) of this section.	
246-335-718	Hospice Care Center	
	Infection Control	
Z 3430	A hospice care center applicant or licensee must develop and implement written policies and procedures addressing infection control pertinent to the hospice care center and consistent with WAC 246-335-625(14)	
246-335-720	Emergency Preparedness	

Z 3435	(1) Develop and operationalize written policies and procedures governing emergency preparedness and fire protection;	
Z 3440	(2) Develop a written emergency preparedness plan, rehearsed at least annually with personnel, contractors, and volunteers that addresses service delivery when natural disasters, man-made incidents, or public health emergencies occur that prevent normal facility operation. Include, at minimum: Risk assessment and emergency planning, communication plan, subsistence needs, evacuation plans, sheltering in place, care of casualties, tracking patients and staff during an emergency, and staff training and drills to test emergency plan; and	
Z 3445	A hospice care center applicant or licensee must:(3) Develop a fire protection plan to include:(a) Instruction for all personnel, contractors or volunteers in use of alarms, firefighting equipment, methods of fire containment, evacuation routes and procedures for calling the fire department and the assignment of specific tasks to all personnel, contractors and volunteers in response to an alarm; and	
Z 3450	(3) Develop a fire protection plan to include: (b) Fire drills for each shift of personnel.	

Agency Administrator Signature _____ Date _____