

Stage II – Critical Elements for Hospitalization or Death

Facility Name: _____ Facility ID: _____ Date: _____
Surveyor Name: _____
Resident Name: _____ Resident ID: _____
Initial Admission Date: _____ Interviewable: Yes No Resident Room: _____
Care Area(s): _____

Use
Use this protocol for: <input type="checkbox"/> Hospitalization of a resident for other than a planned elective surgery. <input type="checkbox"/> Death of a resident not receiving terminal or hospice care. NOTE: All pertinent conditions must be addressed during the Stage II review.

Assessment	
<input type="checkbox"/> Review the MDS or initial admission (or readmission) information, physician orders, progress notes, history and physical, hospital and discharge summaries, EMT records, facility discharge summary and other information to determine relevant care issues associated with the resident's hospitalization or death. Determine whether staff: <ul style="list-style-type: none">▪ Identified risk and contributing factors related to the relevant condition for which the resident was hospitalized or to the resident's death;▪ Conducted ongoing assessments and monitored the resident's condition while the resident was experiencing a change in condition; and▪ If the resident resisted services and treatment, identified the reasons for the refusal and revised interventions to address resident needs. <input type="checkbox"/> Interview staff and the resident/responsible party, as appropriate, to determine whether the assessment information accurately and sufficiently reflected the status of the resident.	Notes:

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Assessment	
<p>1. Did the facility accurately assess the resident's condition relevant to the care issues associated with the resident's hospitalization or death? <input type="checkbox"/> Yes <input type="checkbox"/> No F272</p> <p><i>The comprehensive assessment is not required to be completed until 14 days after admission. For newly admitted residents, before the 14-day assessment is complete, the lack of sufficient assessment and care planning to meet the resident's needs should be addressed under F281.</i></p> <p><i>NOTE: The facility may have completed a 5-day assessment for the Medicare beneficiary. Use the 5-day assessment as the comprehensive assessment only if it was completed with the RAPS.</i></p>	

Care Planning	
<p><input type="checkbox"/> Review the plan of care for specific interventions relevant to the care issues associated with the hospitalization or death. Determine whether the care plan:</p> <ul style="list-style-type: none">▪ Was oriented towards recognizing and preventing decline in status; and▪ Reflected decisions or written instructions identified in advance directives or made explicitly by a resident with capacity to make health care decisions. <p><input type="checkbox"/> As needed, interview staff responsible for care planning as to the rationale for the plan of care.</p> <p>2. Did the facility plan care to meet resident needs? <input type="checkbox"/> Yes <input type="checkbox"/> No F279</p> <p><i>The comprehensive care plan does not need to be completed until 7 days after the comprehensive assessment (the assessment completed with the RAPS). Lack of sufficient care planning to meet the needs of a newly admitted resident should be addressed under F281.</i></p>	<p>Notes:</p>

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Care Planning	
<p><i>Additionally, lack of physician orders for immediate care (until staff can conduct a comprehensive assessment and develop an interdisciplinary care plan) should be addressed under F271.</i></p>	
Care and Services Meet Professional Standards	
<p><input type="checkbox"/> Review the record and determine whether staff immediately:</p> <ul style="list-style-type: none"> ▪ Identified and responded to an acute status change; ▪ Documented signs and symptoms reported by the resident, family/significant others or other members of the interdisciplinary team (such as behavioral changes, mental status changes, physical function changes, evidence of delayed response to resident needs and/or mistreatment or abuse, and signs/symptoms of acute pain); ▪ Evaluated vital signs, assessed acute pain, and reviewed body system[s]; ▪ Informed the physician of the change and implemented orders; ▪ Informed the family/responsible party of the change in condition; ▪ Identified potential contributing or causal factors such as medications, current medical diagnoses and potential for exacerbation, falls or other recent events, recent abnormal lab values; and ▪ Interventions were consistent with established standards of clinical practice such as immediate first aid measures and other acute care procedures including (according to advance directives) glucose monitoring, oxygen evaluation and delivery, wound care, CPR and Immediate transfer in a life-threatening situation. <p><input type="checkbox"/> Interview the resident/responsible party, as possible and appropriate,</p>	<p>Notes:</p>

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Care and Services Meet Professional Standards	
<p>to gain additional information about staff response to condition.</p> <p>3. Did the facility implement practices that meet professional standards of quality? <input type="checkbox"/> Yes <input type="checkbox"/> No F281</p> <p><i>NOTE: If the care plan addressed the risks and identified needs of the resident, but the care plan was not implemented as written, consider F282 for failure to implement the care plan.</i></p>	
Notification of Changes	
<p>Review documentation, and interview staff and resident/representative (if possible), to determine whether staff consulted with the physician and the resident and/or representative to ensure prompt care and treatment, based on resident/representative desires. Determine whether staff:</p> <p><input type="checkbox"/> Consulted with the physician in a timely manner according to resident condition;</p> <p><input type="checkbox"/> Obtained diagnostic tests (lab work, X-rays) as ordered by the physician with prompt notification of the diagnostic results to the physician;</p> <p><input type="checkbox"/> Updated the physician regarding the resident’s condition when there were changes or when expected outcomes did not occur and there was a need to alter treatment; and</p> <p><input type="checkbox"/> Promptly notified and consulted with the resident, family or representative regarding changes in resident status.</p> <p>4. Did the facility appropriately consult with the resident/resident’s family and physician? <input type="checkbox"/> Yes <input type="checkbox"/> No F157</p>	<p>Notes:</p>

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Provision of Care and Services	
<p>5. Did the facility provide the necessary care and services to maintain the highest level of physical, mental, and psychosocial functioning? <input type="checkbox"/> Yes <input type="checkbox"/> No F309</p>	<p>Notes:</p>

Concerns with Structure, Process, and/or Outcome Requirements Related to Process of Care	
<p>During the investigation of the provision of care and services prior to hospitalization or death, the surveyor may have identified concerns with related outcome, process, and/or structure requirements. The surveyor is cautioned to investigate these related requirements before determining whether non-compliance may be present. Some examples of requirements that should be considered include the following (not all inclusive):</p> <ul style="list-style-type: none"><input type="checkbox"/> F241, Dignity — Determine whether the facility provided care in a manner that enhances the resident’s dignity and respect with full recognition for his/her individuality.<input type="checkbox"/> F242, Self-determination and Participation — Determine whether the facility has provided the resident with choices about aspects of his or her life in the facility that are significant to the resident.	<p>Notes:</p>

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Concerns with Structure, Process, and/or Outcome Requirements Related to Process of Care

- F353, Sufficient Staff** — Determine whether the facility had qualified staff in sufficient numbers to assure the resident was provided necessary care and services.
- F385, Physician Supervision** — Determine whether the physician has assessed and developed a treatment regimen relevant to acute changes or end of life care and responded appropriately to the notice of changes in condition.
- F501, Medical Director** — Determine whether the medical director:
 - Assisted the facility in the development and implementation of policies and procedures for care related to acute changes and provision of care related to end of life, and that these are based on current standards of practice; and
 - Interacts with the physician supervising the care of the resident, if requested by the facility to intervene on behalf of the resident.

If the surveyor determines that the facility is not in compliance with any of these related requirements, the appropriate F tag should be surveyor initiated.