

Notes from Quality Partners Call
July 15, 2008
Workforce Excellence (WE)

Anyone wishing to join the NHPCO listserv for questions on Quality Partners issues can do so by doing the following:

Go to www.nhpc.org

Click on the Quality Partners Link on the homepage

Click on: [Join The Quality Partners Listserv link](#)

1.2 NHPCO is working on new staffing ratios that are expected to be out in the next year. There are staffing ratios on the NHPCO website now, but these are outdated.

2.1a One hospice is partnering with its local hospital to sponsor bilingual candidates for a nurse aide class in an effort to hire staff representing diversity in the community.

4.0h Frances will check on policies for retention activities and efforts.

4.3 Frances will investigate a conflict of interest policy.

5.4a Frances will look for potential surveys to assess staff learning needs and desires.

5.5a Frances will create a presentation for hospice staff regarding healthy coping mechanisms and stress reduction strategies.

6.2a Frances will create/find suitable presentations for hospice governing board members.

7.1 One hospice recommended Symptom Management Algorithms: A Handbook for Palliative Care, 2nd edition by Linda Wiede-Seaman, MD for staff.

8.1 Most hospices are using a checklist and/or mandatory competency day to fulfill the need to assess competencies. One uses a different theme each year to make this more fun.

8.2 Some hospices are using monthly volunteer luncheons to assess job performance.

9.4 There was a lot of variety in how volunteer training is being carried out. Some hospices are using a 12-hour basic training plus additional individual training based on the area where the volunteer will work. One is doing a 4-hour

training, assessing the individual's needs, then providing additional training based on the assessment. Others are doing a 20-hour training for everyone.

10.2 Frances will investigate possible management competency evaluations.

13.3 Most hospices are checking websites for sanctions and licensure issues for physicians, nurse practitioners, and others who provide orders or prescriptions for patients. Others use their local hospital's credentialing process.

13.1l Most hospices are having nurses do a basic nutritional assessment and then making referrals to dietitians as needed.

15.1g One hospice is doing a survivor risk assessment at admission which is updated at the time of death.

16.1g Most hospices are having complementary therapies documented via a narrative note in the chart. It was noted that an individual must be certified in Music Therapy to call him/her a Music Therapist.

19.2a Most hospices tend to schedule team meetings at noon in order to facilitate participation by aides.