The CMS Hospice Agency journey highlights key moments in delivering hospice care to people with Medicare. It conveys how hospice agency actions support each moment along the journey.

**CURATIVE CARE**

- **Beneficiary wellbeing +**
- **Health decline**
- **Select hospice**

**ENTER HOSPICE**

- **The First Five Days**
- **Patients may feel vulnerable and have a hard time taking in information. We explain that hospice is not giving up.**
- **While we educate them, they have to get proper approvals, or risk derailing admission.**

- **Meet care team**
- **Initial care team visits**

**HOSPICE CARE & SERVICES**

- **Expire/plateau**
- **Live discharge**
- **Hospice benefit revoked or terminated**

**GRIEVING**

- **Imminent death**
- **Remembrance**

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<table>
<thead>
<tr>
<th>Attending Physician</th>
<th>Complete Certification of Terminal of Illness (CTI)</th>
<th>Reconcile medications with hospice physician</th>
<th>Collaborate on care plan and write medical orders</th>
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</thead>
<tbody>
<tr>
<td>Hospice Clinician</td>
<td>Check understanding of benefit</td>
<td>Outreach to patient and family for visit(s)</td>
<td><strong>Interdisciplinary Team Meetings</strong></td>
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<tr>
<td></td>
<td>• Review hospice care philosophy</td>
<td>• Record patient preferences</td>
<td>• Collaborate with external caregivers, specialists, providers</td>
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<tr>
<td></td>
<td>• Secure consents</td>
<td>• Develop plan of care</td>
<td>• Review eligibility and conduct face-to-face visits for recertification</td>
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<td></td>
<td>• Conduct initial assessment</td>
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<td>• Arrange for respite care</td>
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<td></td>
<td>• Reconcile Medications</td>
<td></td>
<td><strong>Update patient status to impending death</strong></td>
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<tr>
<td></td>
<td>• Order supplies, equipment, and medications</td>
<td></td>
<td><strong>Honor bereavement preferences</strong></td>
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<thead>
<tr>
<th>Hospice Administrative Staff</th>
<th>Establish visit schedule</th>
<th><strong>Review and submit claims</strong></th>
<th><strong>Enter recipient Consumer Assessment of Healthcare Providers and Systems (CAHPS) Survey data</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Check CWF for NOE status</td>
<td>Respond to audits and documentation requests</td>
<td>Document discharge</td>
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*Attending physicians are patient-elected or may be a hospice Medical Director*

**Family are the people the patient includes in their personal definition of close loved ones. They are most impacted by the patient’s death and may or may not be a relative.**

This is a key moment because...

- It is a big decision to choose hospice. Some physicians have a hard time talking about it. Patients, families, and caregivers do not know what is offered and are anxious about what is to come.

- Patients may feel vulnerable and have a hard time taking in information. We explain that hospice is not giving up. While we educate them, we have to get proper approvals, or risk derailing admission.

- It can be overwhelming for patients and families to meet new people and process their emotions, especially in the first five days. Thoughtful interactions help us build trust while we learn the patient’s preferences.**

- We create care plans that consider spiritual, medical, mental, and socioeconomic needs. Detailed narratives and working with the attending physician is key to ease suffering and honor the patient’s wishes.

- Visits are more frequent to give comfort as death nears. We show care by being there to hold their hands. If a patient’s condition plateaus, we have to explain to the patient and family the potential change in our support. It’s hard.

- We help the family accept and deal with loss by being there when they need us. Everyone grieves differently. Even if they do not want comfort right away, we make sure they know they can count on us when they are ready.