

## CREDENTIALING CRITERIA

### Hospice Nurse

#### I. CRITERIA FOR APPLICATION

- A. A written statement of need from the sponsoring physician (who must be a member of the Medical and Dental Staff) for privileges which includes delineation of tasks, roles, and functions, and assertion of competency in the specified role.
- B. Completion and submission of the requirements delineated by credentialing service per requested position.

#### II. PRIVILEGES TO BE CREDENTIALALED

- A. Assessment
  - 1. Assessment of patient/family needs
  - 2. Assessment of patient's condition prior to discharge
- B. Planning
  - 1. Input into plan of care
  - 2. Coordinating hospital and hospice plan of care
  - 3. Establish realistic outcomes with patient/family for return to home/transfer to inpatient hospice, hospice house
  - 4. Plan of care for pain and symptom control
  - 5. Preparation of family for death
- C. Intervention
  - 1. Deliver basic patient care-assisting with activities of daily living
  - 2. Patient/family teaching regarding home maintenance
  - 3. Supportive care to patient/family/staff
  - 4. On call to family/patient 24 hours per day
- D. Evaluation
  - 1. Conduct patient care conference with patient/family/staff
  - 2. Educational offerings to staff regarding hospice concepts
  - 3. Documentation of achieved outcome of plan of care
  - 4. Participation in Quality Assurance activities

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### E. Documentation

1. Access to medical record
2. Document all assessment, planning and intervention performed

### III. PRIVILEGES NOT TO BE CREDENTIALALED

The privileges to be granted are limited to only those described above. Any other privileges, including but not limited to invasive procedures and ordering or administering of medications, will not be granted.

### IV. RENEWAL OF PRIVILEGES

- A. Completion and submission of the requirements delineated by credentialing service per requested position.

### V. TERMINATION OF PRIVILEGES

- A. Failure to renew within 60 days of expiration date of current privileges (reapplication may be made after such termination).
- B. Misconduct or non-compliance with hospital policies and procedures or failure to function within the limitations of the privileges granted.
- C. Change in employment status.
- D. Revocation of license.

Revised: 10/2006  
04/2015

Reviewed: 01/2000  
10/2003  
10/2006  
05/2009