

**RESIDENTIAL HOSPICE  
SERVICES**

## RESIDENTIAL HOSPICE SERVICES

1. The need for residential hospice services shall be determined by using the Residential Hospice Bed Need Formula (see page 42).
2. The “service area” shall mean the county or counties represented on an application as the reasonable area to which a health care institution intends to provide services and/or in which the majority of its service recipients reside.
3. The services of other residential hospices in the county or the service area will be taken into consideration.
4. The determination of hospice service areas should take into account several factors. These factors include but are not limited to:
  - a. the size of the population required to support the hospice program;
  - b. the size of the geographic area;
  - c. the distance that families might be reasonably expected to travel to visit members of their family; and
  - d. the existing health care resources and coordinating mechanisms that exist which might be expected to assist the residential hospice.
5. The purpose of establishing residential hospice facilities is not to replace home care hospice purposes, but rather to provide an option to those patients who cannot be adequately cared for in the home setting. The reasons for this may vary, but include people who have no available able or willing caregiver or people who reside in inadequate living environments.
6. The applicant must demonstrate an ability and willingness to serve equally all of the geographic area in which it seeks certification.
7. The applicant should provide a plan for how it intends to educate physicians, hospital discharge planners, and public health nursing agencies about the need for timely referral of potential hospice patients.
8. The delivery of prescribed services should not be limited by the patient’s payment mechanism.
9. The sponsor’s case mix shall be reasonably consistent with that of existing hospices in the service area and should not exclude hard-to-serve patients.
10. The applicant should demonstrate a willingness to work with other community-based organizations to develop informal support systems to enable homeless persons and those without a primary care system to benefit from hospice services.

11. At least the following data should be collected on an ongoing basis for accountability in program planning and monitoring budgetary priorities:

- ~ total number of clients seen annually;
- ~ number of clients by age, sex, race, diagnosis, discipline;
- ~ number of clients by source of referral;
- ~ average length of stay;
- ~ average daily census;
- ~ indicate the diagnosis for each patient, i.e., cancer, AIDS, etc.;
- ~ total days of respite care and inpatient care;
- ~ site of death for all patients who die in the program;
- ~ average annual cost per patient per year.

#### Tennessee Residential Hospice Bed Need Formula

Cancer death statistics to be used are from the most recent year.

Number of cancer deaths in this county “example” is 1,000.

A. Cancer patients utilizing hospice services is assumed to be 40% x cancer death cases (1,000) in the county.

$$40\% \times 1,000 = 400$$

B. Other hospice users is assumed to be 15% of the estimated cancer patients (400) utilizing the hospice service.

$$400 \times 15\% = 60$$

C. Total hospice users = (A) cancer patients utilizing hospice services and (B) other (non-cancer) hospice patients utilizing hospice services.

A + B = Total number of hospice patients.

$$400 + 60 = 460$$

D. Total number of hospice patients (460) times the average length of stay x (45 days) – the uniform state standard for all counties = total hospice days.

$$460 \times 45 = 20,700$$

E. Total hospice days 20,700, divided by 365 days =

$$\frac{20,700}{365} = 57 \text{ Average Daily Hospice Census}$$

- F. Inpatient bed need is 20% of the average daily hospice census (E) divided by the expected occupancy rate, which is .85.

$$20\% \times 57 = 11$$

$$11 \times .85 = 13 \text{ residential hospice beds}$$

#### **Footnotes**

1. All figures are rounded off to whole numbers.
2. The Tennessee formula utilizes the format of the New York State Residential Hospice Bed Need Formula. However, the components of the Tennessee formula are based on health statistics and/or health trends pertinent to the State of Tennessee. Statistics to be used in this formula will be obtained from the Tennessee Department of Health.
3. Forty-five (45) days are the uniform state standard used for average length of stays and will be applied to all counties.