

**Sec. 19a-495-6a. Hospice inpatient facilities**

Definitions. As used in Sections 19a-495-6a through 19a-495-6m, inclusive, of the Regulations of Connecticut State Agencies:

(1) “Adverse event” means a discrete, auditable and clearly defined occurrence with a negative consequence of care that results in unanticipated injury, illness, or death which may or may not have been preventable;

(2) “Attending practitioner” means a physician, or an advance practice registered nurse, licensed in Connecticut (who may or may not be an employee of the hospice inpatient facility) identified by the terminally ill patient or family as having a significant role in the determination and delivery of the patient’s medical care;

(3) “Bereavement” means the extended period of grief, which is usually thirteen months, preceding the death and following the death of a loved one, during which individuals experience, respond and adjust emotionally, physically, socially and spiritually to the loss of a loved one;

(4) “Bereavement counseling” means emotional, psychosocial, and spiritual support and services provided before and after the death of the patient to assist with issues related to grief, loss, and adjustment;

(5) “Clinical experience” means employment in providing patient services in a health care setting;

(6) “Commissioner” means the Commissioner of Public Health, or the commissioner’s designee;

(7) “Complementary therapies” means non-traditional therapies that are used in combination with standard medical treatments, including, but not limited to, massage, yoga, art or music therapy;

(8) “Comprehensive assessment” means a thorough evaluation of the patient’s physical, psychosocial, emotional and spiritual status and needs related to the terminal illness and related conditions. This includes an evaluation of the caregiver’s and family’s willingness and capability to care for the patient;

(9) “Contracted services” means services provided by the hospice inpatient facility which are subject to a written agreement with an individual, another agency or another facility;

(10) “Contractor” means any organization, individual or facility that is hired or paid to provide services to hospice patients under a written agreement with the hospice inpatient facility;

(11) “Department” means the Department of Public Health;

(12) “Dietary counseling” means education and interventions provided to the patient and family regarding appropriate nutritional intake as the patient’s condition progresses. Dietary counseling is provided by qualified individuals, which may include an advanced practice registered nurse, registered nurse, registered dietician or nutritionist, when identified in the patient centered plan of care;

(13) “Direct service staff” means individuals employed or under written agreement with the hospice inpatient facility whose primary responsibility is delivery of care to patients;

(14) “Family” means an individual or a group of individuals whom the patient identifies as such regardless of blood relation or legal status;

(15) “Full-time” means employed and on duty not less than thirty-five hours per work

week on a regular basis;

(16) “Twenty-four hour basis” means services provided twenty-four hours per day, seven days per week;

(17) “Hospice care” means a comprehensive set of services identified and coordinated by an interdisciplinary team to provide for the physical, psychosocial, spiritual, and emotional needs of a terminally ill patient and the patient’s family members, which shall be delineated in the individualized patient centered plan of care across all care settings;

(18) “Hospice inpatient facility” means a facility or hospice residence that provides palliative care for hospice patients requiring short-term, general inpatient care for pain and symptom management, end of life care or respite care and provides the services required pursuant to 19a-122b of the Connecticut General Statutes;

(19) “Initial assessment” means an evaluation of the patient’s physical, psychosocial and emotional status at the time of admission related to the terminal illness and related conditions to determine the patient’s immediate care and support needs;

(20) “Inpatient respite care” means short-term inpatient care provided to terminally ill patients to provide relief to family members or others caring for the patient;

(21) “Interdisciplinary team” means a group of individuals who work together to meet the physical, medical, psychosocial, emotional and spiritual needs of the hospice patients and families facing terminal illness and bereavement. The team shall include: a physician, registered nurse, social worker, spiritual counselor and other persons as may be deemed appropriate;

(22) “Licensed independent practitioner” means an individual licensed in Connecticut as a physician, or an advanced practice registered nurse;

(23) “Licensee” means a person, group of persons, association, organization, institution, or agency, public or private that is licensed in accordance with section 19a-495-6b of the Regulations of Connecticut State Agencies;

(24) “Medical director” means a physician with experience and training in hospice care licensed to practice medicine in Connecticut in accordance with Chapter 370 of the Connecticut General Statutes;

(25) “Nurse” means a person licensed under chapter 378 of the Connecticut General Statutes to practice nursing as an advanced practice registered nurse, registered nurse, or licensed practical nurse;

(26) “Nursing assistant” means the hospice aide, home health aide, or a nurse’s aide who is registered and in good standing on the nurse’s aide registry maintained by the department in accordance with section 20-102bb of the Connecticut General Statutes;

(27) “Occupational therapy” shall have the same meaning as provided in section 20-74a of the Connecticut General Statutes and shall be performed in accordance with accepted standards of practice and applicable law by an occupational therapist or occupational therapy assistant licensed under Chapter 376a of the Connecticut General Statutes;

(28) “Palliative care” means patient and family-centered care that optimizes quality of life by anticipating, preventing, and treating suffering. Palliative care throughout the continuum of illness involves addressing physical, intellectual, emotional, social, and spiritual needs and the facilitation of patient autonomy, access to information, and choice;

(29) “Patient” means a person that is terminally ill and has a medical prognosis with a

life expectancy of 6 months or less if the illness runs its usual course;

(30) “Patient centered plan of care” means a comprehensive individualized written plan of care established by the interdisciplinary team in collaboration with a licensed independent practitioner, and the patient or family that addresses the physical, intellectual, emotional, social, and spiritual needs of the patient;

(31) “Pharmacist” shall have the same meaning as provided in section 20-571 of the Connecticut General Statutes;

(32) “Physical Therapy” shall have the same meaning as provided in section 20-66 of the Connecticut General Statutes and shall be performed by a physical therapist or physical therapist assistant who is licensed under Chapter 376 of the Connecticut General Statutes;

(33) “Physician” shall have the same meaning as provided in section 20-13a of the Connecticut General Statutes;

(34) “Physician assistant” shall have the same meaning as provided in section 20-12a of the Connecticut General Statutes;

(35) “Quality care” means that the patient receives clinically competent care that meets current professional standards, is supported and directed in a planned pattern toward mutually defined outcomes, achieves maximum symptom management and comfort consistent with individual potential life style and goals, receives coordinated service through each level of care and is taught self-management and preventive health measures;

(36) “Representative” means a designated member of the patient’s family or person legally authorized to act for the patient in the exercise of the patient’s rights in accordance with applicable law;

(37) “Restraint” means:

(A) Any manual method, physical or mechanical device, material, or equipment that immobilizes or reduces the ability of a patient to move the arms, legs, body, or head freely, not including devices, such as orthopedically prescribed devices, surgical dressings or bandages, protective helmets, methods that involve the physical holding of a patient for the purpose of escorting the patient or conducting a routine physical examination or test, methods or devices intended to protect the patient from falling out of bed or allowing the patient to participate in an activity without the risk of physical harm; or

(B) A drug or medication when it is used as a restriction to manage the patient’s behavior or restrict the patient’s freedom of movement and is not a standard treatment or dosage for the patient’s condition;

(38) “Seclusion” means the involuntary confinement of a patient alone in a room or an area from which the patient is physically prevented from leaving;

(39) “Social work services” means services provided in accordance with accepted standards of practice and applicable law by a licensed clinical social worker or licensed master social worker licensed under Chapter 383b of the Connecticut General Statutes;

(40) “Speech and language therapy services” means services provided in accordance with accepted standards of practice and applicable law by a speech and language pathologist licensed under Chapter 399 of the Connecticut General Statutes;

(41) “Spiritual counseling” means the assessment and delivery of services in accordance with the patient and family’s beliefs;

(42) “Spiritual counselor” means a person who is ordained clergy (individual ordained

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for religious service), pastoral counselor or other person who can support the patient's spiritual needs;

(43) "Statement of ownership and operation" means a written statement as to the legal owners of the premises and legal entity that operates the hospice inpatient facility to be licensed; and

(44) "Volunteer" means a person who receives no remuneration for services provided to the hospice inpatient facility.

(Effective July 31, 2012)