104: How to be Ready for Your Hospice Survey

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Katie Wehri, CHC, CHPC
Hospice Operations Specialist
NAHC
Katie@nahc.org
Objectives

- Review CMS's plans for implementing the IMPACT Act
- Discuss each step surveyors should take and how hospices are expected to respond from entrance interview to exit interview
- List the forms, reports, and documents hospices should have “at the ready” for CMS recertification surveys
- Share tips for handling concerns that arise during a survey

Why?

**History**
- No survey frequency requirement
- For some hospices most recent survey predates 2008 CoPs

**IMPACT Act**
- Implementation April 6, 2015
- Federal recertification surveys every 36 months through 2025
- Survey process not changed
Types of Surveys

- Initial certification survey
- Recertification survey
- Complaint survey
- Revalidation survey
- Post-survey revisit

BEFORE SURVEY

**READ** and know the regulations!
[www.cms.gov](http://www.cms.gov) > Regulations and Guidance > Hospice Center > Conditions of Participation


**SHARE** with staff
- Orientation
- Continuing Education
- Compliance audits
Plan Prior to Survey

Provide the surveyors a place to work

Provide them a person who can explain the chart layout/contents and navigate EMR

Assign a “go to” person for the survey – with alternates

Be able to retrieve requested items timely
   Practice running lists and printing documents
   If electronic, have back-up

Professionalism
Practice survey interviews with staff

PREPARE

1. Organizational Chart
   Lines of authority, especially if multiple locations

2. Total # of unduplicated admissions in the past 12 months

1. List of current hospice patients with the
   a. Election date
   b. Services received (all disciplines) i.e. RN, Hospice Aide, etc.
   c. Diagnosis
   c. Location of services provided, i.e. residential home, SNF, ALF, etc.
   d. For the IPU, what level of care the patient is receiving
   e. Date Initial Assessment completed
   f. Date Comprehensive Assessment completed
PREPARE

4. List or access to name of patients scheduled for visits during the days of the survey

4. Admission packet

4. List of contracted facilities
   • helpful to include address and Medicare provider number
   • Identify in which facilities inpatient acute care and respite care are provided

5. List of contracted vendors (DME, Pharmacy, etc.)

4. List of paid staff to include DOH and job title, need to specify which are contracted staff

PREPARE

9. List of volunteers with
   • start date,
   • job function/role i.e. patient-care, administrative patient care, or administrative non-patient
   • Vol Coord and recruitment and retention program

10. Bereavement Program supervisor/coordinator and access to records of individuals who have received services in the past 12 months

9. List of governing body members
   • name, credentials and address of each officer
   • governing body meeting minutes

9. Date(s) and time(s) of IDG reviews and Plan of Care updates
PREPARE

1. Current Hospice License and/or Application

   1. CLIA Waiver, if applicable
      1. Expiration date of Hospice CLIA Waiver
      2. CLIA Waiver and expiration date for any labs used by
         the Hospice

2. Contracts/Agreements and accompanying documentation:
   - Orientation
   - Job Description (if individual)
   - Ongoing education (especially infection control and patient
     rights)
   - Special requirements for DME, Pharmacy, etc.

5. Complaint/Grievance Records (including documentation of
   when Administrator notified)

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PREPARE

6. Reports of Patient Rights Violations

7. All QAPI documents
   - Self Assessments
   - Plan
   - “Meeting minutes” or other documentation
   - PIPs, etc.
   - Evidence in Assessments, POC, and visit notes
   - Proof that improvements have taken place/ability to
     improve
PREPARE

8. Volunteer documents
   Cost saving documentation
   Level of Activity (the 5% rule-know # of hours provided by
   patient care staff and # of hours provided by volunteers)
   Recruitment and Retention evidence
   Training (orientation and ongoing)
   Job roles defined

9. Job descriptions and personnel files for
   Medical Director and Alternate
   Administrator (and proof of appointment by governing body)
   “Clinical Coordinator” /RN Coordinator

PREPARE

10. Personnel Files
    Licensure/certification
    Orientation
    Competency
    Inservice training
    Criminal history
    Health requirements as defined by your policy
    Job description
    Anything else required by your policy
    *Hospice Aide
    Proof of HHA Registry, if applicable
    Documentation of hospice aide training and/or competency
    evaluations and in-service training
    12 hours of education
PREPARE
Policies and Procedures

Advance Directives                          Information Security
Patient Rights / Violation of Rights
Governing Body
Limitation of Services*
Benefit Election Statement
Initial Assessment
Comprehensive Assessment
IDG – policy making and oversight
Authentication of medical record entries
Pain management and symptom control (L512)
Infection Control

*Incorporated in Patient Rights

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PREPARE

Provision of Services (for each discipline)
Complaint (process)
Plan of Care – be sure to include collaboration with attending physician
Medication review*
Clinical records
Information security
Disposal of drugs
QAPI program
Disaster/Emergency Plans
HR Policies
Health Policies
Adverse events – be sure to define
**PREPARE**

Be able to show how Facility is involved in POC for patient

- Hospice assessment collaboration
- Involvement in development, approval, and review of the POC
- The facility is to collaborate with us on their RAI/MDS
- Identify which care is related to the terminal dx. and which is not (this is specified in contracts)
- POC must identify who is providing the service

Provide documentation of ongoing communication

- IDG/Plan of Care Update/Physicians Orders
- Collaboration

**DURING SURVEY**

- Who to call?!?!?
- Goals for every survey, from the Entrance to the Exit Conference
  1) Have the survey completed in as few days as possible
  2) Have as little disruption to the day-to-day operations of your organization as possible
  3) Have a successful, deficiency-free outcome.

- KEY: The Entrance Conference sets the tone of the survey
### DURING THE SURVEY

**DO:**
- Be Honest.
- Be exceptionally well organized.
- Assign someone to be the "go-to" person.
- Have someone available (R.N. in office) during hours of operation.
- Ask questions if you don’t understand what the surveyor is saying.
- Pay close attention to everything that is said at the Exit Conference.

**DON’T:**
- Be surprised when on-call system is checked by surveyor.
- Provide more information than is asked for.
<table>
<thead>
<tr>
<th>Unduplicated Admissions</th>
<th>Min # of Record Reviews Without Home Visit</th>
<th>Min # of Record Review With Home Visit</th>
<th>Total Record Reviews</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;150</td>
<td>8</td>
<td>3</td>
<td>11</td>
</tr>
<tr>
<td>150-750</td>
<td>10</td>
<td>3</td>
<td>13</td>
</tr>
<tr>
<td>751-1250</td>
<td>12</td>
<td>4</td>
<td>16</td>
</tr>
<tr>
<td>1251 or more</td>
<td>15</td>
<td>5</td>
<td>20</td>
</tr>
</tbody>
</table>

**DURING THE SURVEY**

- Surveyor not correct?
- Surveyor requesting items not under their authority
- Surveyor access to various office locations
  - Medical records
  - Copying, etc.
DURING THE SURVEY

Immediate Jeopardy

A situation in which the provider’s noncompliance with one or more requirements of participation has caused, or is likely to cause, serious injury, harm, impairment, or death to a resident.

- Only ONE individual needs to be at risk
- Serious harm, injury, impairment, or death does NOT have to occur before considering Immediate Jeopardy
- Psychological harm is as serious as physical harm.
DURING THE SURVEY

Immediate Jeopardy

- Past, present, future
- The entity either created a situation or allowed a situation to continue which resulted in serious harm or a potential for serious harm, injury, impairment or death to individuals.
- The entity had an opportunity to implement corrective or preventive measures.

DURING THE SURVEY

Immediate Jeopardy Triggers

- Failure to protect from abuse
- Failure to protect from psychological harm
- Failure to prevent neglect
- Failure to protect from undue adverse medication consequences and/or failure to provide medications as prescribed.
- Failure to provide adequate nutrition and hydration to support and maintain health.
- Failure to protect from widespread nosocomial infections
DURING THE SURVEY

Immediate Jeopardy Triggers
- Failure to correctly identify individuals
- Failure to safely administer blood products and safely monitor organ transplantation.
- Failure to provide safety from fire, smoke and environment hazards and/or failure to educate staff in handling emergency situations.

EXIT CONFERENCE

- Conducted at the end of the survey
- The purpose: inform the hospice of observations and preliminary findings of the survey
AFTER SURVEY

- If deficiencies are cited, you will know what they are and you will be involved in the plan of correction
  - Statement of Deficiencies CMS Form 2567

- Depending on the type of deficiency, there may be a revisit from the surveyors

- Your hospice may be charged for the revisit if one occurs
AFTER SURVEY

Form 2567 – Plan of Correction

- How the deficiency cited has been/will be corrected
- How the agency will prevent the deficiency from reoccurring in the future
- Who is going to be responsible for the above
- How agency plans to monitor performance to ensure the improvement is sustained
- By what date are you going to have the deficiency corrected
- Condition level survey – credible allegation of compliance

AFTER SURVEY

- Statement of deficiencies received within 10 working days of survey exit
- Agency has 10 calendar days from receipt of 2567 to write the plan of correction and submit it for review
- Standard-level deficiencies – no post-survey revisit
- Condition-level deficiencies – post-survey revisit
Top 25 Survey Deficiencies

- L543 Plan of Care (POC) (1)
- L545 Content of POC (2)
- L530 Content of Comp. Assessment (3)
- L629 Supervision of Hospice Aides (7)
- L533 Update of Comp. Assessment (9)
- L555 Coord of Svcs. (4)

- L547 Content of POC (5)
- L552 Review of POC
- L523 Timeframe for Completion of Assessment
- L560 QAPI
- L625 Hospice Aide Assignment and Duties
- L647 Level of Activity

Top 25 Survey Deficiencies

- L591 Nursing Svcs. (6)
- L553 Review of POC
- L579 Prevention
- L557 Coord of Svcs (8)
- L596 Counseling Svcs
- L795 Criminal Background Checks
- L554 Coord of Svcs
- L651 Governing Body and Administrator

- L663 Training
- L671 Clinical Records (10)
- L626 Hospice Aide Assignment and Duties
- L548 Content of Plan of Care
- L538 IDG, Care Planning, Coord of Svcs
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