



104: How to be Ready for Your Hospice Survey

National Association for Home Care &
Hospice Annual Meeting & Exposition

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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

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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 > Regulations and Guidance > Hospice Center > Conditions of Participation

Surveyors utilize the Hospice Interpretive Guidelines from the State Operations Manual (SOM) https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_m_hospice.pdf

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)

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
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

Information Security

*Incorporated in Patient Rights

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED
OMB No. 0938-0313

HOSPICE REQUEST FOR CERTIFICATION IN THE MEDICARE PROGRAM

(Read Instructions and Information Collection Statement On Cover Sheet of Form Prior to Completion)

I. Identifying Information		Name of Hospice		Street Address	
Request to Establish Eligibility in 1. <input type="checkbox"/> Medicare		City, County and State		Zip Code	
Medicare/Certification Number		State/County	State/Region	Telephone Number (include area code)	Related Certification Number
PH2		PH3	PH4	PH5	PH6
II. Type of Hospice (Check One)		For Hospitals Only (Check One)			Fiscal Year Ending Date
1. <input type="checkbox"/> Hospital 2. <input type="checkbox"/> Skilled Nursing Facility 3. <input type="checkbox"/> Intermediate Care Facility 4. <input type="checkbox"/> Home Health Agency 5. <input type="checkbox"/> Freestanding Hospice		A. <input type="checkbox"/> The Joint Commission Accredited B. <input type="checkbox"/> AOA Accredited C. <input type="checkbox"/> Both The Joint Commission and AOA Accredited D. <input type="checkbox"/> Non-Accredited			
III. Type of Control (Check One)		Non-Profit:		Proprietary:	
1. <input type="checkbox"/> Church 2. <input type="checkbox"/> Private 3. <input type="checkbox"/> Other		4. <input type="checkbox"/> Individual 5. <input type="checkbox"/> Partnership 6. <input type="checkbox"/> Corporation 7. <input type="checkbox"/> Other		Government: 8. <input type="checkbox"/> State 9. <input type="checkbox"/> County 10. <input type="checkbox"/> City 11. <input type="checkbox"/> City-County	
PH7		PH8		PH9	
IV. Services Provided: By staff, place a "1" in the block(s) If under arrangement, place a "2" in the block(s)		Core:		Name and Address of Contractee	
1. <input type="checkbox"/> Physician Services 2. <input type="checkbox"/> Physical Therapy 3. <input type="checkbox"/> Occupational Therapy 4. <input type="checkbox"/> Speech-Language Pathology 5. <input type="checkbox"/> Hospice Aide 6. <input type="checkbox"/> Homemaker 7. <input type="checkbox"/> Medical Supplies 8. <input type="checkbox"/> Short Term Inpatient Care 9. <input type="checkbox"/> Other(Specify)		1. <input type="checkbox"/> Nursing Services 2. <input type="checkbox"/> Medical Social Services 3. <input type="checkbox"/> Counseling Services 4. <input type="checkbox"/> Other		Medicare Certification/Supplier Number	
PH9		PH10		PH11	
V. Number of Employees/Volunteers Full-time Equivalent Top section of professional category reflects total number of FTE (i.e., PH 11 through PH 18)		Physicians		Registered Professional Nurses	
PH11		PH12		PH13	
Employees		Employees		Employees	
A.		A.		A.	
B.		B.		B.	
PH14		PH15		PH16	
Homemakers		Hospice Aide		Counselors	
A.		A.		A.	
B.		B.		B.	
PH17		PH18		PH19	
Employees		Employees		Employees	
A.		A.		A.	
B.		B.		B.	

Whoever knowingly or willfully makes or causes to be made a false statement or representation on this form may be prosecuted under applicable Federal or State laws. In addition, knowingly and willfully failing to fully and accurately disclose the information requested may result in denial of a request to participate, or where the entity already participates, a termination of its agreement or contract with the State agency or the Secretary as appropriate.

Name of Authorized Representative and Title (Typed) _____ Signature _____ Date _____

PH20

Form CMS-417 (08/10)

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.

Unduplicated Admissions	Min # of Record Reviews Without Home Visit	Min # of Record Review With Home Visit	Total Record Reviews
<150	8	3	11
150-750	10	3	13
751-1250	12	4	16
1251 or more	15	5	20

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

DURING THE SURVEY

Immediate Jeopardy

- 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

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES		FORM APPROVED OMB NO. 0938-0391	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: _____	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____
NAME OF FACILITY _____		(X3) DATE SURVEY COMPLETED _____ STREET ADDRESS, CITY, STATE, ZIP CODE _____	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY SHOULD BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERRED TO THE APPROPRIATE DEFICIENCY)
			(X5) COMPLETION DATE
Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See reverse for further instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.			
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____		TITLE _____	(X6) DATE _____
FORM CMS-2567 (02/99) Previous Versions Obsolete		If continuation sheet Page ____ of ____	

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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