Monday, October 14, 2019   4:30 PM

507  Breaking Down the Hospice Conditions of Participation
Breaking down Hospice CoPs

Sanford Health
Learning Objectives

1. How to be compliant with the CoPs
2. Breakdown department silos to facilitate expertise
3. Delegate responsibilities

Lesson 1 - Staying compliant with the CoPs

- Know the CoPs
- Understand the Survey Process
- Regularly educate/train all staff on CoPs
History of Hospice

1944: the concept of hospice care originated
1948: hospice developed into interdisciplinary concept
1967: first hospice in London
1982: Hospice benefits added to Medicare
2008: Hospice CoPs Established
2018: Medicare expended approximately $16.8 BILLION dollars on the hospice benefit

State Operations Manual

Practice how you want to perform; be survey ready today.
They will be prepared – you need to be too!
Types of Surveys

- Initial Certification
- Recertification
- Post-Survey Revisit
- Complaint Investigation

At time of survey, the hospice must-

- Operational
- Medicare Enrolled
- Serve <5 patients

- <3 patients currently on service
- Ability to perform all operations
- Provide all services patient needs
Tasks performed by surveyors

1. Pre-Survey Prep
2. Entrance Interview
3. Gathering Info
4. Analyze Information
5. Exit Interview
6. Statement of Deficiencies

Does Compliance = Quality?

Can a hospice agency provide quality care without being compliant with the CoPs?

Hospice CoPs were established to set the minimum necessary standards.
Lesson 1 – How to be compliant with the Regs

A Systematic Process encompassing regular education/training and ongoing evaluation.

Happiness. It doesn’t cost a damn thing. Sprinkle that shit everywhere.

CoPs. It costs a lot! Sprinkle that shit everywhere.
Onboarding

- Employee responsibilities
- Job Descriptions
- CoPs 101
- QAPI Program
- CoPs most pertaining to each employee’s role
IDG

- Review Important Deadlines
- Evaluate Services
- Assess Supervision Requirements
- Define appropriateness of common diagnosis

Staff/Quarterly Meetings

- OIG Risk Assessment
- Run ADC reports
- Emergency Preparation Drills
Yearly Evaluation

- Circle back to job descriptions/employee responsibility
- QAPI program
- Infection Control

Additional Education

- Top 10 Survey Deficiencies
- Quarterly Newsletters
- Staff Appreciation
Breaking down the Regs – Lesson 2

- Getting everyone involved – breakdown the silos for true expertise
- What is the effect of not following a regulation?
- What does that have to do with me?
- Explore the cause and effect of financial burden to clinical staff
- Set up an arrival process for meeting surveyors

Breaking down the silos

- Compliance, HR, Finance, Administration are NOT responsible for staying compliant
- It’s everyone’s responsibility
- Compliance must be the foundation of the agency not a stand alone silo

Remember:
Compliance should be the foundation of the organization rather than the silo!
Set-up a Survey Process

- Who is going to meet surveyors?
- Why are they here?
- What questions do we need to ask?

- Who should be notified?
- Where will the surveyors work?
- How long will they be here?

Prepare ahead of time the information you know will be requested.

They’re here! Now what?

What information do you need ASAP?

What information can be put together prior to surveyors arriving?

This will free staff up when the surveyors arrive?

Locations
Referral/Admission Packets
Reports
HR Records
Clinical/Other
Always Be Ready

• Locations
  – Verification of addresses of all locations and/or short term inpatient facilities used by the hospice (both directly and/or under arrangement)

Always Be Ready

• Referral brochures
• Notice of Election
• Privacy Practice Documents
• Medication Disposal Information
• Patient Rights
Always Be Ready

- Number of current patients (disseminated by location)
- List of patients scheduled for home visits
- Access to all active patient names receiving services
  - Include: Election date, dx, date initial comp completed
- Access to bereavement records
- Number of unduplicated admissions
  ***This will determine how many patient visits and number of records are reviewed.

Always Be Ready

- List of current employees, volunteers (name and title)
- Names of Key Staff
  - Hospice Aides/Homemakers/Volunteers
  - Infection Control/QAPI/Education/Bereavement/Clinical Supervision/etc.
- Name of person who will be primary source of info
- Personnel files, policies, procedures, CLIA cert
Always Be Ready

- Dates and times of IDG
- Documentation of complaints
- List of contracts (Pharmacy/SNF/PT/etc.)
- Patient consent for surveyor to accompany clinician

Locations
Referral/Admission Packets
Reports
HR Records
Clinical/Other

Lesson 3

- Spread the love by disseminating responsibility of the CoPs
- Successfully passing a state survey truly takes the work of all hospice employees
- The State Operations Manual breaks down surveyors’ steps however the manual contains 182 pages!
- Let's breakdown the process
Clinical Visits and Records

- Must provide:
  - Electronic equipment if agency utilizes an EMR
  - Quick tutorial for finding information
  - Or access to all paper documentation

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<th>Unduplicated Admits</th>
<th>Minimum # of Record Reviews</th>
<th>Minimum # of Record Reviews with a survey visit</th>
<th>Total Record Reviews</th>
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<td>15 or more</td>
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What information do they want?

Surveyors are looking for:

1. Timeliness of comprehensive and updated assessments
2. Accuracy of patient and family status
3. Up-to-date Plan of Care (POC) with all disciplines participation
4. Safe and Appropriate Services
5. Hospice Aid Notes
6. Collaboration between other services
Interviews

Visits

- Home Visits
- SNF Visits
- IDG
- Disciplinary Focused
Questions?