

Aw

HOSPICE SURVEY READINESS AND PREPAREDNESS



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Why?

- Historically – 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

What To Plan For 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, PREPARE, PREPARE

Information hospices need to provide

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
 - d. Location of services provided, i.e. residential home, SNF, ALF, etc.
 - e. For the IPF, what level of care the patient is receiving
 - e. Date Initial Assessment completed
 - f. Date Comprehensive Assessment completed

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Information hospices need to provide

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

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Information hospices need to provide

9. List of volunteers with
 - start date,
 - job function/role i.e. patient-care, administrative patient care, or administrative non-patient
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

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What Additional Documents You Can Expect Surveyors to Ask For:

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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What Additional Documents You Can Expect Surveyors To Ask For:

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

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What Additional Documents You Can Expect Surveyors To Ask For:

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

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What Additional Documents You Can Expect Surveyors To Ask For:

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 and proof of 8 hours in core curriculum
 - If providing care in nursing facility, Hoyer lift training and competency

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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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Policies and Procedures

- 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

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- 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 THE SURVEY

State's Here!! – Now What?!

- ❖ 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. 0938-0713**

HOSPICE REQUEST FOR CERTIFICATION IN THE MEDICARE PROGRAM
(Read Instructions and Information Collection Statement (E) Cover Sheet of Form Prior to Completion)

I. Identifying Information		Name of Hospice		Street Address	
Required to Establish Eligibility in		City, County and State		Zip Code	
1. <input type="checkbox"/> Medicare		PH1		PH2	
Medicare/Certification Number		State/County		Certification Number	
PH2		PH2		PH2	
II. Type of Hospice (Check One)		For Hospice Only (Check One)		Fiscal Year Ending Date	
1. <input type="checkbox"/> Hospital		A. <input type="checkbox"/> The Joint Commission Accredited			
2. <input type="checkbox"/> Skilled Nursing Facility		B. <input type="checkbox"/> ADA Accredited			
3. <input type="checkbox"/> Intermediate Care Facility		C. <input type="checkbox"/> Both The Joint Commission and ADA Accredited			
4. <input type="checkbox"/> Home Health Agency		D. <input type="checkbox"/> Non-Accredited			
5. <input type="checkbox"/> Free-standing Hospice					
III. Type of Control (Check One)		Non-Profit		Proprietary	
1. <input type="checkbox"/> Church		4. <input type="checkbox"/> Individual		6. <input type="checkbox"/> State	
2. <input type="checkbox"/> Private		5. <input type="checkbox"/> Partnership		7. <input type="checkbox"/> County	
3. <input type="checkbox"/> Other		6. <input type="checkbox"/> Corporation		8. <input type="checkbox"/> City	
PH2		7. <input type="checkbox"/> Other		9. <input type="checkbox"/> City-County	
				10. <input type="checkbox"/> Combination Government and Nonprofit	
				11. <input type="checkbox"/> Other	
IV. Services Provided:		Care		Name and Address of Contractor	
By staff, place a "1" in the block(s)		1. <input type="checkbox"/> Physician Services		2. <input type="checkbox"/> Nursing Services	
If under arrangement, place a "2" in the block(s)		3. <input type="checkbox"/> Physical Therapy		4. <input type="checkbox"/> Medical Social Services	
		5. <input type="checkbox"/> Occupational Therapy		5. <input type="checkbox"/> Counseling Services	
		6. <input type="checkbox"/> Speech Language Pathology			
		7. <input type="checkbox"/> Hospice Aide			
		8. <input type="checkbox"/> Homecare			
		9. <input type="checkbox"/> Medical Supplies			
		10. <input type="checkbox"/> Short Term Intensive Care			
		11. <input type="checkbox"/> Other (Specify)			
PH2		PH1D A. Acute B. Skilled		Medicare Certification/Supplier Number	
V. Number of Employees/Volunteers Full-time Equivalent		Physicians PH11		Registered Professional Nurses PH12	
Top section of professional category reflects total number of FTE (i.e., PH 11 through PH 18)		Employees A. Volunteers B.		Skilled Practical Nurses/ Licensed Vocational Nurses PH13	
		PH11		Employees A. Volunteers B.	
		PH12		Medical Social Workers PH14	
		PH13		Employees A. Volunteers B.	
		PH14		Total Number PH15	
		PH15		Employees A. Volunteers B.	
		PH16		Employees A. Volunteers B.	
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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 OASIS NO. 03-03-011		
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(D1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: _____	(D2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(U3) DATE SURVEY COMPLETED ____/____/____
NAME OF FACILITY _____		STREET ADDRESS, CITY, STATE, ZIP CODE _____		
(D4) 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-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(U5) 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 such safeguards provide sufficient protection to the patients. (See reverse for further explanation.) (Except for nursing homes, the findings stated above are due within 30 days following the date of survey unless an oral plan of correction is provided. For nursing homes, the above findings and plans of correction are due within 14 days following the date these statements are made available to the facility. If deficiencies are cited, an approved plan of correction is required to maintain program participation.				
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____			TITLE _____	(U6) 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

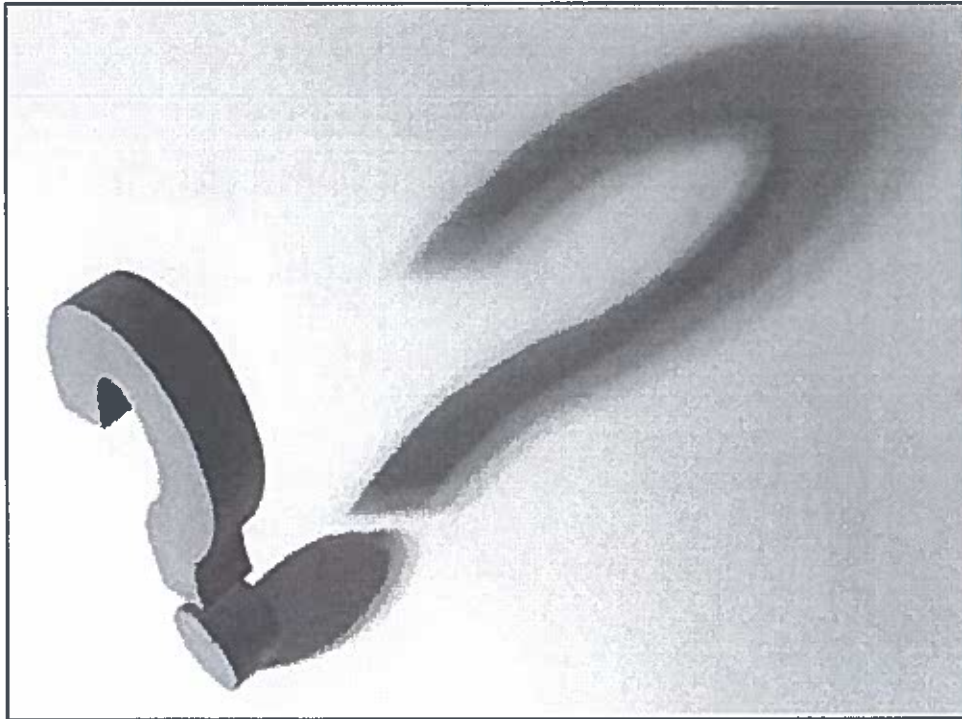
- L591 Nursing Svcs. (6)
- L553 Review of POC
- L579 Prevention
- L557 Coord of Svcs (8)
- L596 Counseling Svcs
- L795 Criminal Background Checks
- L554 Coord of Svcs
- L651 Governing Body and Administrator
- L663 Training
- L671 Clinical Records (10)
- L626 Hospice Aide Assignment and Duties
- L548 Content of Plan of Care
- L538 IDG, Care Planning, Coord of Svcs

Payment Reform Findings/Concerns

- Beneficiaries dying without skilled visits in the last days of life
 - 28.9% hospice beneficiaries on RHC did NOT receive skilled visit on day of death
 - 14.4% of hospice beneficiaries on RHC did NOT receive skilled visit in last two days of life
 - 6.2% of hospice beneficiaries on RHC did NOT receive skilled visit in last four days of life
- CMS plan: refer provider-specific data to Survey & Certification

Payment Reform Findings/Concerns

- Utilization of GIP, CHC, Respite
 - 21+% of hospices provided NO GIP; longest GIP stays in hospice-owned facility
 - 40 hospices account for 46% of ALL CHC days; 58% of hospices billed no CHC days
 - 26% of hospices billed NO Respite Care in 2012
- Referrals to Survey & Certification
- Hospice must demonstrate availability of ALL levels of care



HOSPICE SURVEY READINESS AND PREPAREDNESS



Thank you for attending

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Hospice Operations Expert

Theresa Forster
Vice President for Hospice Policy &
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