

Avoiding the Top Five Survey Deficiencies



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Today's Speaker



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Robert is an attorney with Hall, Render, Killian, Heath & Lyman, P.C. He focuses his practice on representing home health, hospice, and private-duty providers. With over a decade's experience, he works on issues related to Medicare and Medicaid compliance including surveys, responding to surveys, state and federal appeals of survey findings; payer issues, including appealing payer audit findings; HIPAA compliance; Medicare and Medicaid fraud and abuse, including developing and implementing compliance programs, performing internal investigations and representing providers in external investigations and civil and criminal matters. Robert further assists clients with purchasing and selling home health, hospice, and private-duty agencies.

Because these providers depend heavily on their staff, Robert also addresses legal issues related to employment matters. A frequent speaker, Robert graduated from Hanover College with a degree in Computer Science and received his law degree from Indiana University School of Law. Robert is certified in health care compliance by the Health Care Compliance Board and is admitted to practice in Indiana and Oklahoma.

Agenda

- Appendix Q
- Survey Data/Trends
- Final home health interpretive guidelines
- Home health CoP FAQ
- Key survey issues from 2018 and responses

SOM Appendix Q

- On March 5, 2019, CMS published an update to Appendix Q of the State Operations Manual.
- Appendix Q provides guidance to surveyors of ALL PROVIDER TYPES.
- Has specific guidance related to SNFs and Labs, but still impacts home health and hospice.

SOM Appendix Q

- Does not change definition of immediate jeopardy (IJ), which is defined in the regulations.
- **Immediate Jeopardy** “means a situation in which the provider's or supplier's non-compliance with one or more Medicare requirements, conditions of participation, conditions for coverage or certification has caused, or is likely to cause, serious injury, harm, impairment, or death to a resident or patient.” 42 C.F.R. 488.1

SOM Appendix Q

- Guidance describes this as:
 - (1) Noncompliance;
 - (2) Caused or created a likelihood that serious injury, harm, impairment or death to a recipient would occur or recur; and
 - (3) Immediate action is necessary to prevent the occurrence or recurrence of serious injury, harm, impairment or death to one or more recipients.

SOM Appendix Q

- Changes:
 - Old Appendix Q referred to a potential for harm, not a likelihood.
 - Regulation says “caused, or is likely to cause.”
 - This change appears to better align Appendix Q with regulations.

SOM Appendix Q

- Changes:
 - Manual states that likelihood means “whether a specific serious adverse outcome is reasonably expected to occur if immediate action is not taken.”
 - Surveyors do not have to show when the reasonably expected harm will occur or even that it will occur within a particular timeframe.
 - Not clear that this is more objective than probable.
 - Reasonable expectation – more likely than not?

SOM Appendix Q

- Changes:
 - Old Appendix Q required “culpability.” Provider had knowledge or intent.
 - Revised Appendix Q eliminates culpability. Noncompliance is sufficient.
 - CMS states regulatory definition does not require culpability.
 - This is now strict liability. Any noncompliance can lead to an IJ.

SOM Appendix Q

- Changes:
 - Revised Appendix Q directs surveyors to consider mental or psychosocial harm.
 - Psychosocial harm “refers to the combined influence of psychological factors and the surrounding social environment on physical, emotional, and/or mental wellness.”
 - Psychosocial outcomes may result from noncompliance with any requirement.

SOM Appendix Q

- Changes:
 - Assessing psychosocial impact can be difficult.
 - Manual states: “The surveyor's investigation should attempt to determine if a recipient’s change in mood and/or behavior is a significant factor of the noncompliance, or part of the recipient’s baseline, or disease process.”
 - This seems like a significant task for a surveyor.

SOM Appendix Q

- Changes – Psychosocial Harm:
 - Manual notes that cases involving limited or no physical harm may result in psychosocial harm.
 - Manual notes that psychosocial harm may not be obvious and that the “psychosocial outcome to the recipient may be difficult to determine or incongruent with what would be expected.”
 - Directs surveyors to consider the “reasonable person standard.”

SOM Appendix Q

- Takeaways
 - At a minimum, revisions draw more attention to Appendix Q.
 - Changes may give surveyors more room to call IJs.
 - Psychosocial harm seems like a very nebulous standard.
- Remember: IJ is a 23-day termination track that, for home health, carries significant civil penalties.

SOM Appendix Q

- Since the revised SOM was issued, industry is seeing an increasing number of IJs.
- This is a problematic trend for agencies.
- Appears to be driven by changes to Appendix Q.
- Agencies need to be prepared for survey.

CMS Survey Data FY2019 – Totals

Surveys by Number of Conditions Cited							
Region	0 Cited	1 Cited	2 Cited	3 Cited	4 Cited	5+ Cited	Total
(I) Boston	111	3	1	2	0	0	117
(II) New York	73	0	2	0	0	0	75
(III) Philadelphia	236	7	4	2	0	2	251
(IV) Atlanta	481	13	4	1	1	0	500
(V) Chicago	620	40	8	11	6	8	693
(VI) Dallas	699	9	2	3	1	1	715
(VII) Kansas City	136	11	11	2	1	1	162
(VIII) Denver	112	11	3	4	2	4	136
(IX) San Francisco	588	9	4	1	1	1	604
(X) Seattle	43	4	1	2	1	0	51
National Total	3,099	107	40	28	13	17	3,304

CMS Survey Data FY2019

Tag #	Tag Description	# Citations	% Providers Cited	% Surveys Cited
Totals represent the # of providers and surveys that meet the selection criteria specified above.			Active Providers = 11677	Total Number of Surveys = 198
G0570	Care planning, coordination, quality of care	77	0.6%	38.9%
E0001	Establishment of the Emergency Program (EP)	57	0.5%	28.8%
G0940	Organization and administration of services	52	0.4%	26.3%
G0640	Quality assessment/performance improvement	51	0.4%	25.8%
G0700	Skilled professional services	34	0.3%	17.2%
G0406	Patient rights	30	0.2%	15.2%
G0750	Home health aide services	29	0.2%	14.6%
G0510	Comprehensive Assessment of Patients	22	0.2%	11.1%
G0680	Infection prevention and control	18	0.2%	9.1%
G1008	Clinical records	15	0.1%	7.6%
G0848	Compliance with Federal, State, Local Law	13	0.1%	6.6%
G0370	Reporting OASIS information	3	0.0%	1.5%
G1050	Personnel qualifications	2	0.0%	1.0%
G0350	Release of patient identifiable OASIS info.	1	0.0%	0.5%

CMS Survey Data FY2019 – Standard Level

Tag #	Tag Description	# Citations	% Providers Cited	% Surveys Cited
Totals represent the # of providers and surveys that meet the selection criteria specified above.			Active Providers = 11677	Total Number of Surveys = 1126
G0572	Plan of care	318	2.6%	28.2%
G0578	Conformance with physician orders	204	1.7%	18.1%
G0682	Infection Prevention	196	1.6%	17.4%
E0039	EP Testing Requirements	160	1.4%	14.2%
G0798	Home health aide assignments and duties	144	1.2%	12.8%
E0037	EP Training Program	104	0.9%	9.2%
E0006	Plan Based on All Hazards Risk Assessment	90	0.8%	8.0%
E0017	HHA Comprehensive Assessment in Disaster	87	0.7%	7.7%
G0658	Performance improvement projects	87	0.7%	7.7%
G1024	Authentication	86	0.7%	7.6%

CMS Survey Data FY2019 Standard Level

E0009	Local, State, Tribal Collaboration Process	85	0.7%	7.5%
E0024	Policies/Procedures-Volunteers and Staffing	84	0.7%	7.5%
E0004	Develop EP Plan, Review and Update Annually	71	0.6%	6.3%
E0036	EP Training and Testing	70	0.6%	6.2%
G0642	Program scope	69	0.6%	6.1%
G0684	Infection control	61	0.5%	5.4%
G0768	Competency evaluation	60	0.5%	5.3%
E0021	HHA- Procedures for Follow up Staff/Pts.	60	0.5%	5.3%
G0372	Encoding and transmitting OASIS	58	0.5%	5.2%
G0942	Governing body	54	0.4%	4.8%
G0660	Executive responsibilities for QAPI	52	0.4%	4.6%
E0019	Homebound HHA/Hospice Inform EP Officials	52	0.4%	4.6%

Trends

- Care planning, coordination and quality of care is number 1 (again).
- Emergency preparedness being cited at condition level.
- Of the top 10 standard level deficiencies, 4 are standards under emergency preparedness.
- But the number one standard cited, by a wide margin, is plan of care.
- CARE MATTERS.
- Infection control was the third most frequently cited standard.

Hospice Survey Issues FY2019

Survey Activity Report

Region	Standard Surveys		Complaint Surveys		Total
	# of Surveys	% Providers Surveyed	# of Surveys	% Providers Surveyed	
<u>(I) Boston</u>	43	27.4%	13	8.3%	56
<u>(II) New York</u>	33	21.9%	16	9.6%	49
<u>(III) Philadelphia</u>	50	14.4%	30	8.5%	80
<u>(IV) Atlanta</u>	139	20.0%	89	9.9%	228
<u>(V) Chicago</u>	93	14.8%	52	7.5%	145
<u>(VI) Dallas</u>	217	20.9%	90	8.2%	307
<u>(VII) Kansas City</u>	80	25.6%	53	13.3%	133
<u>(VIII) Denver</u>	47	20.5%	14	6.1%	61
<u>(IX) San Francisco</u>	296	22.8%	83	5.4%	379
<u>(X) Seattle</u>	33	23.6%	4	2.9%	37
<u>National Total</u>	1,031	20.6%	444	7.7%	1,475

Hospice Survey Issues FY2019

Tag #	Tag Description	# Citations	% Providers Cited	% Surveys Cited
Totals represent the # of providers and surveys that meet the selection criteria specified above.			Active Providers = 4955	Total Number of Surveys = 76
L0536	IDG, CARE PLANNING, COORDINATION OF SERVICES	28	0.6%	36.8%
L0648	ORGANIZATIONAL ENVIRONMENT	17	0.3%	22.4%
L0559	QUALITY ASSESSMENT & PERFORMANCE IMPROVEMENT	16	0.3%	21.1%
L0587	CORE SERVICES	13	0.3%	17.1%
L0500	PATIENTS RIGHTS	13	0.3%	17.1%
L0520	INITIAL & COMPREHENSIVE ASSESSMENT OF PATIENT	11	0.2%	14.5%
L0641	VOLUNTEERS	11	0.2%	14.5%
E0001	Establishment of the Emergency Program (EP)	6	0.1%	7.9%
L0577	INFECTION CONTROL	6	0.1%	7.9%
L0607	HOSPICE AIDE AND HOMEMAKER SERVICES	5	0.1%	6.6%
L0797	FEDERAL, STATE, LOCAL LAWS & REGULATIONS	4	0.1%	5.3%
L0664	MEDICAL DIRECTOR	4	0.1%	5.3%
L0759	RESIDENTS OF SNF/NF OR ICF/MR	4	0.1%	5.3%
L0670	CLINICAL RECORDS	3	0.1%	3.9%
L0719	HOSPICES THAT PROVIDE INPATIENT CARE DIRECTLY	2	0.0%	2.6%
L0603	PHYS, OCCUPNL THERAPY & SPEECH-LANG PATHOLOGY	2	0.0%	2.6%
L0686	DRUGS BIOLOGICALS MEDICAL SUPPLIES & DME	1	0.0%	1.3%
L0783	PERSONNEL QUALIFICATION	1	0.0%	1.3%
L0704	SHORT-TERM INPATIENT CARE	1	0.0%	1.3%

Hospice Survey Issues

- Top ten tags are pretty consistent with past years.
- Number two issue represents a main area of surveyor focus.
- CMS concerned about parent and branch/multiple location interaction.
- Have identified agencies in which the branches operate independently.

Surveyor Focus-Specifics Behind the Trends

- As always, patient care is a primary surveyor focus for both home health and hospice.
- Agency organization/administration was also a commonly cited condition. This was also common in both home health and hospice surveys.
 - Surveyors appeared to focus on several “organizational issues.”
 - Parent and branch relationships.
 - Administrator’s role.
 - Corporate parent involvement/intercompany efforts.

Guidance from Survey Results

What standards are being cited for Plan of Care:

G572	Individualized POC: measurable outcomes, visit frequency, etc.
G578	Conformance with physicians orders

These tags are familiar from old CoPs. Looking at visit frequency, outcomes, missed visits, etc.

Guidance from Survey Results

This appears to indicate that surveyors did not focus on new standards. Supports the overall conclusion that in 2018 surveyors “stuck with what they knew.”

New Plan of Care tags, like G574 – which outlines the new, more detailed plan of care requirements did not make the top 20 citations. This means it was cited less than 78 times in 1,318 surveys.

In comparison, G572 was cited 346 times.

Guidance from Survey Results

This means that the two most frequently cited standards under Plan of Care were areas with which providers were already familiar, due to former CoPs.

These citations look familiar to most agencies. We have seen them before (and will discuss them later).

This trend continues for other conditions.

Guidance from Survey Results

What standards are being cited for Infection Control:

G682	Infection Prevention (233 citations)
G684	Infection Control (83) citations

Infection control was an issue under the old CoPs, but now has a specific Condition.

G682 addresses what was formerly grouped under “following professional standards.”

Guidance from Survey Results

What standards are being cited for Infection Control:

G682 cited much more frequently than G684, which is a new aspect of infection control – incorporation into QAPI.

G682 tends to be cited when staff fail to follow appropriate infection control protocols – washing hands, barriers, etc.

G682 may be a “new” tag, but it is familiar.

Guidance from Survey Results

What standards are being cited for QAPI:

G642

Program Scope (80 citations)

This was the most frequently cited QAPI standard, but still only 80 out of 1,318 surveys.

Goes to the structure of the QAPI program, including incorporation of infection control.

This will likely receive more focus in 2019, when PIPs are surveyable.

Guidance from Survey Results

Overall, these numbers appear to show that surveyors focused on areas with which the surveyors (and the HHA) were familiar.

This may have made the survey process in 2018 less onerous than originally feared.

It did not, however, add much to our understanding of the new CoPs.

Guidance from Survey Results

The 2018 Survey process did two things:

1. Left a significant gap in agency knowledge. HHAs would have gained some insight if surveyors looked at areas under the new surveys. Furthermore, it would have been preferable to learn what the new CoPs meant when the threat of sanctions was not hanging over HHAs' heads.
2. Identified a new area of survey focus that was not related to the changes outlined in the new CoPs.

Key Survey Focus Issues/Interpretations

Additional areas of focus from 2018

- Agency Organization
 - Parent/Branch/Multiple Site
 - Administrator
 - Corporate
- Patient Care
 - Failure to follow POC
 - Plan of Care – missing information, incomplete
 - Delayed start of care/missed visits

Agency Organization

- Branches/Multiple Locations
- Branches are part of the parent. They are not independent.
CoPs require:
 - Medicare approval of branch.
 - Multiple Location must “share administration, supervision, and services with the hospice [parent location]”.
 - The “lines of authority and professional and administrative control must be clearly delineated in the hospice’s organizational structure and in practice.”
- The parent must also monitor and manage all services.

Agency Organization

- Branches/Multiple Locations
- Home health branches are part of the parent. They are not independent. CoPs require:
 - Medicare approval of branch.
 - Parent “*provides direct support and administrative control of its branches.*” (Very similar to Hospice CoP)
 - The “HHA must set forth, in writing, its organizational structure including lines of authority, and services furnished.”
 - Licensure: branch shares administration supervision and services with parent.

Agency Organization

- Home health branches and hospice branches are, from a regulatory standpoint, very similar.
- Surveyors surveying very similarly.

Agency Organization

- Surveyors very focused on Multiple Locations.
- CMS found many home health and hospices had “branches” operating independently of the parent.
- Led to a broader survey focus nationally.
- Fine line between sharing administration and operating independently.
- May not have changed your practices, but surveyors changed their opinion.

Agency Organization

- Looking for anything that might indicate the branch acts independently of the parent.
 - Branch hiring staff rather than parent.
 - Branch investigating and resolving complaints without parent involvement.
 - Job titles for branch management.
 - Organization charts making branch “equal.”
 - Staff not understanding parent involvement or indicating multiple location operates “independently.”
 - Contracts signed by multiple location staff instead of parent.
 - And more...

Agency Organization

- Areas to consider
 - Organizational Chart
 - Hiring/HR
 - Vendors
 - Job Titles/Job Descriptions – Branch locations should not have an “Administrator” consider Branch Manager.
 - Complaints
 - Services

Agency Organization

- Organizational Chart
 - Parent control needs to be clearly established.
 - Branch shown as reporting to Parent.
 - Layout of organizational chart is important.
 - Parent (Administrator) then reports up to Governing Body.
 - Branch manager has title that is distinct on organizational chart.
 - Branch is identified as a branch.

Agency Organization

- Job Descriptions
 - Does branch management job description differ from administrator?
 - Job description must make Administrator/Parent authority and control clear.
 - Copying and pasting from Administrator job description can create problems.
 - Calling Branch Manager an “Administrator” can lead to problems.

Agency Organization

- Policies and Procedures
 - Must outline parent control and detail how the control is documented on a day to day basis.
 - Clearly describe reporting and control requirements.
 - Following policies and procedures is important.
 - If your policies and procedures correctly describe what to do, but your staff doesn't do it, that shows the agency knew what to do, but simply failed to do what they knew to do.

Agency Organization

- Medical Directors – Special concern in Hospice
 - Hospice can only have one Medical Director.
 - Even if hospice has one or more branches, hospice can only have one Medical Director.
 - Medical Director responsible for all locations.
 - Medical Director clearly identified.
 - Other physicians understand and clearly communicate they are not the Medical Director.
 - Other physicians – serve on local IDG and provide care to patients. They are not “regional” medical directors.
 - Medical Director and other physicians on org. chart.

Agency Organization

- Hiring/HR
 - Branch need for additional staff should not result in branch engaging in independent hiring efforts.
 - Branch should notify parent of need for staffing.
 - Branch may be involved in hiring process. For example, branch staff may participate in interviews and make recommendations.
 - Parent makes hiring/firing decisions.
 - Discipline handled through parent.
 - Parent addresses orientation of new staff. Branch may be involved and may even handle branch specific orientation, but after parent addresses “main” orientation.

Agency Organization

- Consistency in services across parent and branches
 - Surveyors have cited agencies for not offering the same services at all locations. For example, one location's bereavement group met with a different frequency.
 - Surveyors concluded that branches were making their own decisions about services.
 - Surveyor concluded that one location decided to offer bereavement counseling and support groups on different schedules.
 - This was a problem because it appeared that they did this without the permission of the parent/administrator.

Agency Organization

- Consistency in services across parent and branches
 - There may be reasons for offering different bereavement and other options. For example, if the branch is having poor or no attendance at a scheduled support group, they may desire to discontinue it.
 - This can be done, but it needs to be clearly documented that the branch communicated to the parent and the parent approved.
- Surveyors expect to see documentation.

Agency Organization

- Consistency in services across parent and branches-compliance:
 - Parent establishes the services to be provided.
 - If a branch feels the need to depart from standards set by parent, branch communicates with parent. Explains requested departure and why departure appears necessary.
 - Parent determines if appropriate. If it is, parent approves departure.
 - Document the communication and approval. Formal, written documentation.

Agency Organization

- Complaints
 - Patients and/or patients' families may complain to staff member in the home.
 - Complaint may be reported to multiple location field staff.
 - Staff may report to multiple location “manager.”
 - Multiple location may receive call with complaint.
 - Manager cannot act unilaterally on complaint.
 - Parent must be involved in complaint investigation and response.

Agency Organization

- Handling Complaints Involving Branch Patients
 - Administrator must be notified of complaint.
 - Complaint must be logged at parent location.
 - Administrator may direct branch manager or other staff to investigate. (Administrator not expected to personally investigate each complaint. May not even be possible.)
 - Written investigation report provided to Administrator.
 - Administrator must be involved in resolution of complaint.
 - Document Parent/Administrator involvement – log, direction to investigate, investigation, report of investigation and documentation of resolution all in writing at parent.

Related: Corporate Parents

- Many providers are part of a larger corporate structure.
- Each licensed/certified agency is a distinct provider that must operate independently.
- CMS thinks corporate parents may be operating the local agencies “remotely.”
- Surveyors scrutinize corporate parent relationship to parent agency in the same way they scrutinize branch/parent relationships.
- Will cite as improper delegation.

Agency Organization – Improper Delegation

- Example: Agency that is part of larger provider undergoes survey. Agency's corporate parent has entered into a coding services contract with a reputable national vendor. Copy of contract kept at local agency location was not signed by agency administrator, but by corporate parent's legal department.
 - Surveyor cited agency for improper delegation to third party.
 - Surveyor not interested in who had authority to sign from corporate perspective. Surveyor assumed administrator had authority.

Agency Organization – Improper Delegation

- Example: Agency with corporate parent was cited due to the HR, Legal, Billing and other support provided to the agency by the parent. Agency would contact out of state corporate parent for HR support during hiring, discipline, etc.
- Example: Agency with common ownership utilizing staff from sister provider, without any written agreement in place.

Agency Organization – Improper Delegation

- The home health interpretive guidelines regarding delegation specifically state, "In addition, the use of payroll services, OASIS transmission contractors, and personnel training programs are not considered to be delegation of administrative and supervisory functions; these are service contracts that the agency may use to optimize administrative and supervisory efficiencies."
- Hospice SOM does not have similar language.

Agency Organization – Improper Delegation

- CMS has allowed agencies to obtain various forms of administrative support for years. When properly implemented, these agreements should not be an issue.
- Corporate parent providing support should not be any different. Many entities that operate more than one agency will try to consolidate. This is not just an issue for large multiple state providers.
- Use of administrative support is important as a cost savings measure.

Agency Organization – Improper Delegation

- Issue in example was not about the provision of support by parent or use of vendor, but the manner in which it was provided and documented.
- Providers must be careful when entering into these arrangements and/or when operating under these arrangements.
- Execution and documentation is extremely important to avoiding a surveyor concluding improper delegation has occurred.

Agency Organization – Improper Delegation

- Administrator must be aware of vendor/consultant that will be providing services to agency, if providing directly.
 - Contracts with agency must be approved by governing body.
 - Who has authority to sign?
- Administrator must initiate use of vendor/consultant.
 - Administrator should contact or delegate a member of the agency's administration to contact vendor.
- Branch locations must contact administrator/hospice parent. They should not reach out to the vendor or corporate parent directly.
- Need to document the lines of communication.

Agency Organization – Improper Delegation

- When corporate parent enters into contract on behalf of multiple providers, proceed cautiously. It is not unusual for the corporate parent to enter into an agreement because the volume can lead to better pricing and greater efficiency.
- Example: Corporate parent enters into contract for certain medical supplies for all agencies. Each agency does not necessarily sign a separate agreement.
 - Agency should be made aware of the availability of the vendor.
 - Agency should be aware of how to contact and order supplies.
 - Agency should be responsible for contacting vendor. (parent, not branch)
 - If an issue arises, agency can reach out to corporate for assistance.

Agency Organization – Improper Delegation

- The common theme of surveyor focus and CMS concern is that the provider/administrator is aware of relationship and responsible for operation within agency.
- Administrator cannot allow others outside of the agency or at a branch location to handle matters.
- Can you show administrator awareness? Involvement? Direction?
- Lack of documented administrator involvement is an issue.

Agency Organization – Improper Delegation

- Consider management services agreement or Memorandum of Understanding.
- Document the services the parent provides.
- Document Administrator request for services/Administrator control.
- Parent vendor contracts are then addressed as supporting corporate parent's efforts to fulfill its obligations under contract with agency.

Agency Organization – Improper Delegation

- This also applies to provider's use of corporate HR department, corporate compliance, corporate legal, etc.
- Administrator can reach out to these departments for assistance. This is the same as if the provider was independent and retained counsel or HR consultant.
- Branch cannot reach out to corporate. Must reach out to Parent.

Related: Corporate Parents

- **IMPORTANT:** If provider has both branches and a corporate parent, CMS expects to see communication, direction, etc., flow through the hospice administrator. This should be clear in organizational charts, documentation and in employee's minds.
- CMS is very clear – parent/administrator must be in control.

Related: Corporate Parents

- Need to consider what constitutes the governing body.
- If the designated governing body is governing body for multiple hospices, be sure to have and document each governing body meeting separately.
- Could be scheduled same day, but each one is a separate meeting.
- Documentation of other agencies in your governing body meeting will lead to citations.

Agency Organization

- Parent control needs to be clearly established.
 - Established in policies and procedures.
 - Organizational chart needs to show branch “reporting up to” parent. Parent reports to Corporate.
 - Staff needs to be educated regarding structure, lines of authority, etc.
 - Staff, even field staff, must be able to give clear answers that show parent is in control.
 - Parent control needs to be “operationalized” through thorough documentation of Parent oversight of any multiple locations.
 - Corporate parent must leave Parent in control.

Home Health QAPI

- We anticipated QAPI would be an area of focus.
- QAPI has become an issue in entities with multiple providers.
- Example: Agency cited at the condition level, because the governing body minutes reflected the QAPI review for multiple providers for which the governing body was responsible.
- Example: Agency cited because parent corporation had a separate agreement with a vendor to perform additional audits as part of the corporate parent's compliance efforts. Surveyor concluded this was an improper delegation of QAPI.

Home Health QAPI

- Focus was not on the PIP, the measures, etc. Focus was on the administration of the program and how the governing body operated.
- Key issues:
 - If governing body is responsible for more than one agency, need to keep each agency separate. Each agency must have its own QAPI program that reflects that particular agency. These programs may operate identically, but due to the nature of each entity, the QAPI concerns will likely be different at each location.
 - Minutes for each agency should be separate and distinct. No mention of other agencies in minutes.

Home Health QAPI

- Need to educate governing body. They may see themselves as simply one body for the entity and view each location as part of the same entity. THIS IS NOT AN UREASONABLE CONCLUSION. They need to understand CMS does not think that way.
- They must not think like a corporation – these are all us. They must see each one as a discrete provider that must be treated as such for survey purposes.

Home Health QAPI

- Governing body must understand that, from CMS' perspective, each provider number is a separate agency that must comply separately.
- Administrator should be aware of QAPI efforts, results, PIP, etc. Administrator may need to participate in meetings. QAPI, like all other aspects of the agency's operations, are the administrator's responsibility.
- This may require repeated educational efforts.

Home Health QAPI

- Corporate parent, compliance and QAPI.
 - Corporate parent may have its own, independent compliance program. The intense focus on corporate officers and boards by OIG has led many providers to establish additional corporate oversight.
 - This is not the agency's compliance program and operates above and independently. May provide support locally.
 - Important to keep separate. Often, these programs will engage in anonymous auditing of subsidiaries in an effort to identify noncompliance without notifying the specific agency of the audit. If a surveyor thinks this was an audit on behalf of the local agency, they will cite the agency.
 - This can defeat the purpose of the anonymous audits.

Administrator

- Surveyors have been very focused on the Administrator.
- Concerns include:
 - Responsibility for more than one provider.
 - Scope of geographic area overseen by administrator.
 - Administrator involvement.
 - Staff ability to identify administrator.
- Surveyors will ask office staff, field staff and even patients to identify the administrator.

Administrator

- Agencies (home health and hospice) have been cited when staff did not identify administrator by name.
- Potential problems:
 - Use of different title. For example, calling your administrator your CEO.
 - Patients only really knowing staff in home.
- Solution:
 - Staff must be educated about administrative roles, titles and individuals who fill them.
 - Staff should be able to identify administrator, DON, etc. to surveyor.

Infection Control

- This has been an issue for some time.
- Continued surveyor focus.
- Home health focus was on “old standards,” not on QAPI component.

Infection Prevention and Control

- Both home health and hospice surveyors focused on issues in home. Focusing on employee execution of infection control during care.
- During home visits, surveyors will observe:
 - Use of barrier under bag
 - Hand washing
 - Changing gloves at appropriate times
 - Use of hand sanitizer

Infection Prevention and Control

- Example: Surveyor performs home visit. Agency policy states that proper handwashing includes scrubbing for at least 30 seconds. During each home visit, the Surveyor timed the agency nurse's hand washing with a stopwatch to see if nurse scrubbed for 30 seconds or more. None of agency nurses washed for 30 seconds. Times ranged from 10 seconds to 25 seconds.
- Agency was cited for infection control due to the failure to wash for 30 seconds.
- Surveyors will review your policies and hold your staff to the stated standards in the policy.
- QUESTION: Is your staff following your infection control policies?

Infection Prevention and Control

- Compliance Pointers:
 - Review policies. Is your policy on hand washing in line with CDC guidelines? Not required, but why have policies that do more than is required?
 - Educate Staff. Do they know what your policies require? Do they know how long 15 seconds, 20 seconds or even 30 seconds actually lasts? Training ought to include timed practice. Provide them with a means to “count the time.” For example, one recommendation is to sing “Happy Birthday to You” at least twice while scrubbing. This ought to ensure they exceed the minimum time in your policy. Test staff on handwashing.
 - Audit. Perform random home checks.

Thank You for Attending!

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