EDUCATIONAL RESOURCES

Conducting Mock Surveys to Ensure Agency Readiness & Compliance

Sharon M. Litwin, RN, BSHS, MHA, HCS-D

Senior Manager - Coding & Clinical Consulting

Healthcare Provider Solutions

Objectives

- Understand standards and regulations to know:
  - CMS
  - State
  - Accrediting body
- Describe the difference between standard and condition level deficiencies
- Explain the survey process and be able to perform mock surveys within your agency
- Identify how to have an effective QAPI program for successful surveys

Condition of Participation - CoPs

- Must be compliant with the CoPs to be Medicare certified
- Interpretive guidelines:
  - Serve to interpret and clarify the CoPs for hospice agencies
  - Define and explain the relevant regulation
- Appendix M-Guidance to Surveyors: Hospice
  - https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_m_hospice.pdf

You *will* have standard level deficiencies in this age of surveys so don't expect zero!

But….

Don't be vulnerable for condition level deficiencies or repeat standard level deficiencies.

ACHCU Is a Brand of ACHC.
ACHC

Standards- Under Each CoP

- Some are prescriptive, such as:
  - A Registered Nurse must conduct a hospice aide supervisory visit no less than every 14 days.
- Why are these out of compliance so often?
  - Is it because staff do not understand the rules?
  - Is it because the agency doesn't have a tight process in place?
    - Need to drill down to find out why!

Regulations- Know the Intent

- Many CoP standards are not prescriptive
  - They tell you what must be achieved, but do not tell you specifically how to do it.
- You must….
  - Understand what the intent is
  - Read each standard and interpretive guidelines
  - Ask questions when unsure
  - Ensure you have read the entire Appendix M

Interpretive Guideline Example: L625 -418.76(g) Standard: Hospice Aide Assignments & Duties

- (1) Hospice aides are assigned to a specific patient by a RN that is a member of the interdisciplinary group. Written patient care instructions for a hospice aide must be prepared by a RN who is responsible for the supervision of a hospice aide
- **Interpretive Guidelines**
- Hospice aide written instructions for patient care prepared by the registered nurse (R.N.) responsible for the supervision of the aide must be patient specific and not generic.

Interpretive Guideline Example: L625 -418.76(g) Standard: Hospice Aide Assignments & Duties

- Procedures and Probes
- Interview key staff to determine the following:
  - Are aides direct employees of the hospice or provided by arrangement?
  - If services are provided under arrangement, how does the hospice ensure that the aides providing patient care have the appropriate competency skills?
  - How does the hospice ensure that aides are proficient to carry out their assignments in a safe, efficient, and effective manner?
  - How does the hospice monitor the assignments of aides to match the skills needed for individual patients?
- If you have questions that arise as a result of home visits or record reviews, ask the clinical managers to respond to specific issues.

Survey Focus

- Hospice outcome-oriented survey process emphasizes the hospice's performance and its effect on patients
- Surveyor focus:
  - Services being provided
  - Structures and processes that contribute to the quality of the services
- Primary focus of the survey:
  - Patient outcomes
  - Hospice's practices in implementing the requirements
  - Provision of hospice services

Survey Focus

- Intent of the survey is to evaluate each of the CoPs
- Surveyor evaluates compliance through:
  - Observations
  - Interviews
  - Home Visits
  - Record Reviews

Hospice CoPs

- 21 Conditions of Participation for Hospice:
  - Each CoP has a group of standard regulatory requirements for a particular service area
- During a survey each CoP area that applies is examined for agency compliance:
  - If your hospice does not operate an inpatient hospice facility survey would not include review of CoP 418.110- Hospices That Provide Inpatient Care Directly

Standard Level vs. Condition Level Deficiencies

- Each condition has standards that are associated with it
  - L tags
- Standard level deficiency
  - If few standards are out of compliance that had no potential for serious impact to patient outcome, typically standards are cited;
    - Not compliant with one of the standards (L tags) under a condition
- Condition level deficiency
  - Non-compliant with:
    - The entire condition or,
    - Several of the standards associated under the condition or,
    - Scope and severity warranted

Example: Aide Services

- Standards:
  - Aide care plan / assignment sheet not compliant
  - Aide not following aide care plan
  - Aide supervisory visits are not timely
- Condition level in Aide services
  - 3 standards out of compliance
  - Common CoP deficiency – Aide Services
  - Hospice aides must also have competency testing / training and annual onsite evaluation by RN

Deficiencies – Standard Level

- Standard level:
  - Must write a plan of correction
  - Typically, would not have a follow up survey to check compliance and completion of action plan
    - Follow-up depends on the scope and severity of the deficiency
    - Evidence of compliance may be required to be sent to survey agency

Deficiencies – Condition Level

- Condition level:
  - Must write a **detailed** plan of correction (POC)
  - The state or accrediting body notifies Medicare that agency has a condition level deficiency
    - Agency is at risk of losing Medicare certification if the condition is not fixed quickly – must implement POC within 10 days
  - Typically, will have a return visit in 30- 45 days from survey exit date

Immediate Jeopardy

- A situation where the agency's non-compliance with one or more requirements of participation has **caused, or is likely to** cause serious injury, harm, impairment, or death to a patient
- Correction needs to be made to abate the IJ immediately.
  - Do not wait for the survey report
- Follow-up survey will typically be 7 – 14 days
  - **MUST** have been fixed or CMS could close the agency after one revisit if they find continued IJ noncompliance

Survey & Enforcement Requirements for Hospice Programs

- New oversight in the survey process and regulatory items, leading to sanctions.
- Stems from the OIG reports in the past year that has stated that hospice has issues that need to be addressed with billing and survey deficiencies.
- OIG showed that there were many deficiencies that involved patient safety.
- Similar to Home Health, now Hospice is faced with sanctions for poor performance in surveys.

Survey and Enforcement Requirements for Hospice Programs

- 9 new survey and enforcement provisions:
  - Requires public reporting of hospice surveys conducted by SAs and AOs, as well as enforcement actions taken as a result of these surveys, on CMS's website in a manner that is prominent, easily accessible, searchable and readily understandable format.
  - Removes the prohibition of public disclosure of hospice surveys performed by AOs, requiring that AOs use the same survey deficiency reports as SAs (Form CMS-2567, "Statement of Deficiencies") to report survey findings.
  - Requires programs to measure and reduce inconsistency in the application of survey results among all surveyors.
  - Requires the Secretary to provide comprehensive training and testing of SA and AO hospice program surveyors, including training with respect to review of written plans of care.

Survey & Enforcement Requirements for Hospice Programs

- Prohibits SA surveyors from surveying hospice programs for which they have worked in the last 2 years or in which they have a financial interest.
- Requires hospice program SAs and AO to use a multidisciplinary team of individuals for surveys conducted with more than one surveyor (to include at least one RN).
- Each SA must establish a dedicated toll-free hotline to collect, maintain, and update information on hospice programs and to receive complaints.
- Directs the Secretary to create a Special Focus Program (SFP) for poor-performing hospice programs.
- Sets authority for imposing enforcement remedies for noncompliant hospice programs and requires the development and implementation of a range of remedies.

Survey & Enforcement Requirements for Hospice Programs

- Enforcement Remedies:
  - Can be imposed instead of, or in addition to, termination of the hospice program's participation in the Medicare program.
  - Include civil money penalties (CMPs),
  - Suspension of all or part of payments, and
  - Appointment of temporary management to oversee operations.
- Enforcement Requirements propose a comprehensive strategy to enhance the hospice program survey process, increase accountability for hospice programs, and provide increased transparency to the public.

State Regulations / Accreditation Standards

- State regulations:
  - Licensing – Yes / No ?
- Three organizations for Home Care & Hospice:
  - Accreditation Commission for Healthcare (ACHC)
  - Community Health Accreditation Program (CHAP)
  - The Joint Commission (TJC)

How to Stay Compliant & Avoid Deficiencies

- UNDERSTAND the meaning of the standard
- PRIORITIZE standards by those that you are non-compliant in first
- ASSESS your Agency
  - Mock surveys
  - Performing home visits
  - Clinical record reviews
- MEANINGFUL QAPI plan
- EDUCATE
  - Involve ALL staff

Understand the Meaning of the Standard

- Often agencies misunderstand what the standard means and how to apply it
- Read Interpretive Guidelines from:
  - CoPs
- Accrediting Bodies
- Read state regulations
- Ask if you don’t understand when you read it
  - Don’t wait till the survey
  - Ask the accrediting body, list serves, state associations, consultants, etc.

Prioritizing Standards

- PRIORITIZE standards by those that you are non-compliant in first
  - As you read the standards make a list of all that you know you are not doing now
    - Gives you your first priority list
      - This often branches off into other areas to work on
  - Assign task force for bigger areas

Assess Your Agency

- Mock Surveys
  - Assign qualified employees
    - Often it is directors/managers/QA staff
      - If none, consider consultant
  - Perform it formally:
    - Select dates
    - Request information as surveyor would
    - Perform home visits
    - Interview staff

Mock Survey

- Prior to survey:
  - Review results from previous regulatory surveys
    - Ensure plan of correction from deficiencies is still working to ensure no repeat deficiencies
  - Review QAPI program

- Start with…A Walk Through of Agency…
  - Office hours posted
  - Fire safety
  - Emergency evacuation signs posted throughout
  - Infection control issues
  - Biohazard
  - Refrigerator(s)
    - Meds, temperature log
  - Supplies
  - Confidentiality

Mock Survey

- Beginning of survey:
  - Ask for and review the following:
    - Unduplicated patients prior 12 months
    - Active patient list
      - Admit date, primary diagnosis, disciplines
    - Death / discharged patient list
      - Admit date, discharge date, discharge reason, primary diagnosis, disciplines involved in care
    - List of families receiving bereavement services

Mock Survey

- Beginning of survey (Continued):
  - Ask for and review the following:
    - List of volunteers – direct care and administrative
    - Employee List – active and terminated
      - Title, date or hire and/or termination
    - Schedule of home visits
      - All disciplines
    - Day and time of IDG meeting
      - Sit in and observe

Mock Survey

- Beginning of survey (Continued):
  - Set-up interviews
    - Medical Director
    - Chaplain
    - Social Worker
    - Volunteer Coordinator
    - Bereavement Coordinator
    - QAPI Coordinator

Mock Survey

- Other items to review during survey:
  - Ask for and review the following:
    - Volunteer training handbook / manual
      - Volunteer cost report savings
    - Percentage of GIP use
    - Contracts
      - DME
      - Pharmacy
      - Nursing facilities
      - In-patient / Respite

Mock Survey

- Items to review - continued...
  - QAPI program
    - Audits
    - Action plans
    - Meetings from past year
  - Complaints
  - Governing Body meeting minutes

Mock Survey

- Items to review - continued…
  - HR files
    - Choose a variety
    - Select all disciplines, Administrator, Clinical Director
  - Volunteer files
  - Bereavement Program
  - Incidents
  - Infections
  - Customer Satisfaction

Mock Survey

- Items to review - continued….
  - Emergency Preparedness
    - Hazard Vulnerability Assessment
    - Testing / Drills
    - Training/ education
    - Policy and Procedure Manuals
      - Administration
      - Clinical

Mock Survey

- Items to review - continued…
  - In-services / Education
  - Orientation
  - Competencies
  - Staff meeting minutes

Mock Survey

- Items to review - continued…
  - Budget
    - Operating
    - Capital
  - On Call Log/ documentation
  - SDS – Safety data sheets
  - Fire Drills and Critiques

Mock Survey

- Home visits – VERY important to do during a mock survey
  - Do the approximate number a surveyor would do

Number of unduplicated admissions 12 months prior to the survey	Minimum number of record review only (No home visit)	Minimum number of record review with home visit	Total survey sample
Less than 150	8	3	11
150 - 750	10	3	13
751 - 1250	12	4	16
1251 or more	15	5	20

Mock Survey

- Home Visits:
  - Choose a variety:
    - Disciplines / diagnoses / various length of stays / patient setting
  - Prior to home visit
    - Review the clinical record
    - Interview clinician
  - Check the clinician's car set up and supplies

Mock Survey

- During the home visit:
  - Locate and review the home folder
  - Observe if POC is being followed
  - Observe infection control/ bag technique/ hand hygiene
  - Do NOT intervene unless see safety issue

Mock Survey

- Home Visits:
  - At the end of the visit:
    - Interview the patient and/or representative/caregiver/family
    - Ask questions like a surveyor would:
      - Any complaints
      - Access to after hours
      - Communication – arrival times of staff
      - Teaching – medications, infection control, pain management, etc.
    - Day after visit: Check clinician's documentation

Mock Survey

- Clinical Record Reviews
  - Choose a variety:
    - Diagnoses, various lengths of stays, various patient settings and level of care, wounds, etc.
  - Time-frame of review:
    - Most recent last certification period to present
  - Ensure audit tool is appropriate to what surveyor's review

Mock Survey: Clinical Record Reviews

- Look for commonly seen deficiencies:
  - Plan of Care
    - Goals/interventions not specific or measurable
    - Not updated when problems or changes occur
  - Coordination of services
    - Within IDG and/or in visit notes
  - Physician orders
    - Visit frequencies, interventions, medications, treatments

Mock Survey- Clinical Record Reviews

- Look for commonly seen deficiencies – continued
  - Aide care plans
    - Not specific enough
    - Aide not following plan
  - Aide supervisory visits
    - not being done timely

Developing an Action Plan

Specific Categories

- Priority
- Subject
- Specific issues
- Action items
- Responsible party
- Due date
- Completion date

Key Portions

- Education
- Process change
- Policy change
- QAPI monitoring

Action Plan

- Specifics found:
  - Example: In 3 of 8 charts reviewed, physician orders were not followed
    - State for each chart what was not followed
- Action items:
  - Include monitoring
    - Review 20 records a month to focus on following physician orders with a goal of 90% compliance
  - Have an audit tool designed for the specific deficiency
    - Example: Wounds, medications, visit frequency, interventions, etc.

EDUCATIONAL RESOURCES

HOSPICE

Quality Management

ACHC

QAPI Program

- Ensure that program is designed to help you!
  - Choose activities to monitor based on your deficiencies and action plan
  - Focus on activities to ensure that you have no vulnerabilities to getting a condition out
  - Focus on high risk, high volume, and problem prone areas
    - Consider incidence, prevalence and severity
  - Have an immediate correction of any identified problem(s) that directly OR potentially threaten the health and safety of patients

Data Driven - QRP & Final Rule

- Needs to be part of your QAPI Program
- Hospices report 2 types of data as part of the Hospice Quality Reporting Program (HQRP)
  - 1. Quality of patient care
  - 2. Results of family survey of experiences with hospice care – CAHPS

QRP- Hospice Final Rule - 2022

- Removal Of The Seven HIS Process Measures
  - Does not change the requirement to submit the HIS admission assessment.
- Hospice Care Index (HCI)
  - Each indicator equally affects the HCI score, reflecting the equal importance of each aspect of care delivered from admission to discharge.
  - A hospice is awarded a point for meeting each criterion for each of the 10 indicators.
  - The HCI will help to identify whether hospices have aggregate performance trends that indicate higher or lower quality of care relative to other hospices

Hospice Care Index (HCI)

1. CHC or GIP Provided
2. Gaps in Nursing Visits
3. Early Live Discharges
4. Late Live Discharges
5. Burdensome Transitions (Type 1) –
   - Live Discharges from Hospice Followed
   - By Hospitalization and Subsequent
   - Hospice Readmission
6. Burdensome Transitions (Type 2)
   - Live Discharges from Hospice
   - Followed by Hospitalization with the Patient Dying in the Hospital
7. Per-beneficiary Medicare Spending
8. Nurse Care Minutes per Routine Home Care (RHC) Day
9. Skilled Nursing Minutes on Weekends
10. Visits Near Death

Hospice Visits in Last Days of Life (HVLDL)

- HVLDL indicates the hospice provider's proportion of patients who have received visits from a RN or MSW (non-telephonically) on at least two out of the final three days of the patient's life.
- This is a re-specified, claims-based version of the Hospice Visits when Death is Imminent (HVWDII) measure pair
- The new HVLDL measure achieves:
  - Improved ability to differentiate higher from lower quality hospices
  - Quality rankings more consistent with those produced with other quality measures in the HQRP

Hospice CAHPS

- Eight Quality Measures Publicly Reported
  - **Composite Measures:**
    - Communication with family (Hospice Team Communication)
    - Getting timely help (Getting Timely Care)
    - Treating patient with respect (Treating Family Member With Respect)
    - Emotional and spiritual support (Getting Emotional And Religious Support)
    - Help for pain and symptoms (Getting Help For Symptoms)
    - Training family to care for patient (Getting Hospice Care Training)
  - **Global Measures:**
    - Rating of the hospice (Rating of Hospice)
    - Willing to recommend this hospice (Willingness To Recommend)

QAPI Program: On-going Clinical Record Reviews

- Excellent way to have on-going compliance in your clinical records
- Ensure a variety
- Reviews should be used for staff education when trends are noted
- Trend and analyze results

QAPI Program: On-going Clinical Record Reviews

- Reviews should be on-going
  - Recommend at least quarterly
    - May increase prior to survey
- How many?
  - Recommend 20% each quarter
  - If deficient with an indicator
    - Recommend 50% until 90% compliance is reached
- Who?
  - Clinical manager / QA nurse / RN / etc.
    - Recommend training more than one person
    - Ensure consistencies

QAPI Team

- Get EVERYONE invested
  - Choose clinicians and office staff
    - Assign an indicator to each person that they are responsible for
      - Minimum two employees for each indicator
  - QAPI Coordinator is the leader
    - Set up list of patient records for staff to review
    - Assign staff once a week or bi-weekly for half day

HOSPICE

QAPI

QAPI
Assessment: Mock Clinical Record Survey / Reviews
Indicators
High Volume, High Risk, Problem Prone
Collect Data
Trend
Analyze
Action Plan
Evaluate
Repeat

QAPI Indicator and Audit Tool

Examples

QAPI - Results

- It is important to improve results in an indicator being monitored and then sustain that improvement
- An annual QAPI calendar is an easy way to track results over a year

Indicator	Freq	Goal	Jan	Feb	Mar
Clinical Record Review	q	90%	78%	90%	82%
Home Visits	q	90%	85%	87%	90%
Infection Surveillance	q	<10%	2%	3%	8%
Comprehensive Pain Assessment	q	<10%	15%	8%	9%
Human Resource File - Audit	annual	90%			95%
Medication Errors	q	<2%	0%	1%	1%

Pain Audit Example

- The QAPI coordinator or designee will audit 25% of admission records for completion of a comprehensive pain assessment to criteria with expected threshold 95%.

Pain Audit Criteria	Pt	Pt
Do the pain assessments correlate with Admission assessment, IDG minutes and orders?		
Was a standardized pain tool used for pain assessment?		
If the patient experienced pain on admission, were the 7 characteristics of a comprehensive pain assessment clearly documented and did they accurately reflect the patient's pain?		
Was physician notified for signs and symptoms of uncontrolled pain ?		
Was pain education documented ?		
Was understanding of education by patient/caregiver documented?		
Not Scored- Did the patient /cg contact the Hospice with reports of uncontrolled pain?		
If yes, did the nurse call the physician and / or make a visit?		
Was there anything the Hospice could have done to proactively manage the patient's uncontrolled pain ?		
Total per patient:		
Total compliance : ________		

- Quality Indicator- The QAPI coordinator or designee will audit 25% of for accurate and thorough comprehensive pain assessment to criteria with expected threshold 95%.

Dyspnea Audit Example

- The QAPI coordinator or designee will audit 25% of admission records for accurate and comprehensive Dyspnea assessment - with expected threshold 95%.
  - Does patient have respiratory diagnosis?
  - Do the respiratory assessments correlate with IDG minutes, care plan and orders?
  - Was there coordination of care documented so that the team is aware of Dyspnea progress (or lack of progress) to goals?
  - Was physician notified for dyspnea signs and symptoms?
  - Were treatment interventions effective?
  - Was there documentation of patient/ caregiver dyspnea education?
  - Was understanding of education by patient/caregiver documented?

Sample Hospice PIP – IDG Care Planning

- (PIP) IDG Care Planning
- Outcome:
  - QAPI coordinator or designee will audit 100% of active patients' plans of care, compared to updated comprehensive assessments, weekly for minimum of 4 weeks. Audits will look for all IDG disciplines addressing patient-specific needs in plan of care. Updated plans of care will include information from the updated comprehensive assessments with goal of 95%. for a minimum of 4 weeks or until target goal is achieved. Upon achievement of target goal, audits will decrease to 20% of active patients' plans of care per quarter with continued goal of 95%
- Process:
  - Educate all IDG disciplines in addressing patient-specific needs in the plan of care. Educate all IDG members in including information from the updated comprehensive assessments in the patient-specific plan of care.
- Goal:
  - 95% of charts audited will be in compliance with IDG Care Planning

The Key To Survey Readiness…

Don't just gather data but… do something with the information.

How to Address the Issues on an On-going Basis

- Spend the majority of your time on the biggest challenges
- Prioritize
  - What needs your attention the most?
- Keep track of the corrected deficiencies so they don't become problems again
- Educate monthly in various ways
  - Staff meetings, posters, newsletters, games, tests etc.

Survey Readiness / Regulatory Compliance

- Tips for compliance
  - Ensure staff are knowledgeable about the hospice CoPs
    - Have an education program for new hires
    - Have a process in place for updates/reviews for current staff
  - Train staff on survey process
    - Inform them of their roles in survey readiness
  - Survey readiness book
  - Perform on-going clinical record reviews
  - Frequent supervisory home visits
  - Staff/Management accountability

Those agencies that perform clinical record reviews, home visits & perform mock surveys ongoing are the ones that do the best on their surveys and audits and...

are the least stressed!

Thank you

Contact us at:
615-399-7499
info@healthcareprovidersoultions.com