Welcome

Review of the Hospice Survey Process Updates

Lisa Meadows
Manager, Clinical Compliance Education
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  - Type in the Questions box you would like to ask a question (or use the raise your hand feature)
  - Our team will recognize you and unmute your mic
  - Help us to make the information personal to your business!

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  - If on your end, just use the same GoToMeeting link and reconnect
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Final Rule

- Hospice Survey Reform
  - Public reporting of survey results on CMS’s website
  - Required use of the CMS-2567 to report survey deficiencies
  - Comprehensive training and testing of all Surveyors
  - Conflict of interest requirements
  - The use of a multidisciplinary team, only use members of the IDT as Surveyors
  - Requires each SA establish a toll-free hotline
  - Enforcement remedies
Enforcement Remedies

- Hospice Survey Reform
- §488.1200 Statutory basis
  - Section 1822 of the Act authorizes the Secretary to take actions to remove and correct deficiencies in a hospice program through an enforcement remedy or termination or both.
  - The purpose of remedies is to ensure prompt compliance with program requirements in order to protect the health and safety of individuals under the care of a hospice program.
Enforcement Remedies

Available remedies:
- Civil monetary penalties
- Suspension of payment for all new patient admissions
- Temporary management of the hospice program
- Directed plan of correction
- Directed in-service training
Upcoming Changes

- CMS released an advanced copy of the State Operations Manual Appendix M on January 27, 2023
  - Provides specific guidance to all state agencies and accrediting organizations for the survey process
  - Minimal changes to the Conditions of Participation
  - Increase in the number of home visits, active medical records, and closed medical records to be completed based on the unduplicated admissions
  - Effective April 3rd for ACHC
## Revised Record Review/Home Visits

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<th>Unduplicated Admissions for a Recent 12 months</th>
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# New Record Review for Inpatient

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Achieving A Successful Survey Outcome
On-Site Survey Process
On-Site Survey

- Notification call
- Opening conference
- Tour of facility
- Personnel file review
- Patient home visits/ patient chart review
- Interview with staff, management, governing body, and volunteers
- Review of agency’s implementation of policies
- Quality Assessment Performance Improvement (QAPI)
- Emergency Preparedness Plan
- Infection Control/COVID tracking
- Exit conference
Opening Conference

- Begins shortly after arrival of Surveyor
- Completion of CMS paperwork
  - CMS 417 and CMS 643
- KEY REPORTS
  - Unduplicated admissions for previous 12 months (number) for the parent and any additional locations associated with the Medicare provider number
  - Current census and current schedule of visits:
    - Name, diagnosis, start of care date, disciplines involved, location of care
    - Discharge, transfers, revocation, and death for the previous 12 months
    - Individuals receiving bereavement services for the previous 12 months
    - COVID tracking log
Opening Conference

- Discussion with the Administrator or designee regarding the operations of the agency
  - How is inpatient care provided?
  - How is continuous care provided?
  - Is care provided in SNF/NF or ICF/IID
  - Does the hospice have multiple locations?
  - What is the agency’s service area?
  - Does the agency have a waiver for nursing or non-core services

- Schedule for IDG meetings
- Any previous survey results from past 12 months
- Patient admission packet and education materials
- Complaint/Incident or variance log
Opening Conference

- Any internal Plans of Correction developed to correct identified deficiencies
- Designate a space for the Surveyor(s)
- Laptop or computer to access medical records
  - Read-only access
- Agency policies and procedures
- Appoint a liaison
Policies and Procedures

- COVID-19
- Emergency Preparedness
- Maintenance of the clinical records; including confidentiality
- Staff training and competency
- Levels of care criteria
- Abuse and neglect reporting
- Management and disposal of controlled medications
Policies and Procedures

- Advance Directives
- Assessment and the development of the Plan of Care
- IDG/IDT Coordination policies
- Infection Control policies; bag technique
- Use and maintenance of medical equipment and supplies
- Pain & Symptom management
- Reporting and investigating alleged abuse and neglect
Tour

- Brief tour of facility:
  - Medical record storage
  - Maintaining confidentiality of Protected Health Information (PHI)
  - Supply closet
  - Biohazard waste
  - Required posters
  - Fire extinguishers/smoke detectors/non-smoking signage
  - Inpatient facility
  - Restrooms
Tour

- Brief tour of facility:
  - Inpatient facility
    - Medication storage
    - Kitchen
    - Patient rooms
    - Common areas
    - Laundry/linens
    - Oxygen storage
    - DME storage
Personnel Record Review

- Review personnel records for key staff, contract staff, and volunteers:
  - Application, tax forms, and I-9
  - Job descriptions and evaluations
  - Verification of qualifications
  - Orientation records, competencies, and ongoing education
  - Medical information
  - Background checks
  - Staff assignments, i.e., staff designated to the inpatient facility

For a complete listing of items required in the personnel record, review Section 4 of the ACHC Accreditation Standards.
### SURVEY CHECKLIST – PERSONNEL FILES

**HOSPICE**

Please gather or flag the identified items for the following personnel/contract individuals.

<table>
<thead>
<tr>
<th>COMPLIANCE DATE:</th>
<th>Item Required</th>
</tr>
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<tbody>
<tr>
<td>Standard</td>
<td></td>
</tr>
<tr>
<td>HSP4-1A.02</td>
<td>Position application (N/A for contract staff)</td>
</tr>
<tr>
<td>HSP4-1A.02</td>
<td>Dated and signed withholding statements (N/A for contract staff)</td>
</tr>
<tr>
<td>HSP4-1A.02</td>
<td>I-9 Form (N/A for contract staff)</td>
</tr>
<tr>
<td>HSP4-2B</td>
<td>Evidence that licensed staff credentials have been verified and are current. Verifications of qualifications for non-licensed personnel</td>
</tr>
<tr>
<td>HSP4-2C.01</td>
<td>Evidence of initial and annual TB screening</td>
</tr>
<tr>
<td>HSP4-2D.01</td>
<td>Evidence of Hepatitis B vaccination received or signed declination statement</td>
</tr>
<tr>
<td>HSP4-2E.01</td>
<td>Signed Job Description or contract</td>
</tr>
<tr>
<td>HSP4-2F.01</td>
<td>Current driver's license and MVR check, if applicable</td>
</tr>
<tr>
<td>HSP4-2H</td>
<td>Criminal background check</td>
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[803] Personnel Files Survey Checklist - Hospice

ACHCU is a brand of ACHC.
Medical Chart Reviews

- CMS requirement based on unduplicated admissions for the last 12 months
- Includes all locations under the Medicare Provider Number
- Representative of the care provided:
  - Interdisciplinary
  - Pediatric-geriatric
  - Environment served
    - Routine, GIP, Respite, SNF/NF or ICF/IID
  - Medically complex
  - All payors
  - Live discharges, revocations, bereavement
  - Any patients that have received Continuous Care
Medical Chart Reviews

- Sampling of different diagnosis:
  - Dementia
  - Circulatory/Heart
  - Cancer
  - Respiratory
  - Stroke
  - Chronic Kidney Disease

- Inpatient facility
  - List of active and recent discharged patients with date of admission, diagnosis, reason for admission, level of care
Home Visits

- CMS requirement based on unduplicated admissions for the last 12 months
- Patient’s medical record has to be reviewed for the home visit
- Sampling of patients receiving complex care:
  - Infusion therapies
  - Wound and ulcer care; including negative pressure wound therapy
  - Dementia care
  - Complex pain and symptom management
- Visits will be with patients already scheduled for visits if census is large enough to accommodate
Home Visits

- Surveyor will choose the patients for home visits and coordinate with the patient or representative.
- ACHC surveyor will obtain written consent when arriving to the patient’s home.
- Prepare patients and families for potential home visits:
  - Ensure care is being provided in accordance with the plan of care.
  - Proper infection control practices are being utilized.
  - Discussion with patient or family regarding the care they are receiving.
- Surveyor transportation.
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Interviews

- Clinical members that provide direct care
- Administrator or designee
- Governing body or owner
- Medical Director or designee
- Director of Nursing or Clinical Manager
- Volunteers or Volunteer Coordinator
- Skilled nursing facility nurse or charge nurse
Exit Conference

- **Mini-exit:**
  - At the end of each day to identify the deficiencies

- **Final exit conference:**
  - Surveyor cannot provide a score
  - Present all corrections prior to the exit conference
  - Invite those you want to attend
  - Preliminary Summary of Findings (SOF) as identified by Surveyor and the ACHC standard
  - Seek clarification from Surveyor while still on site
Corrected On Site

- ACHC-only requirements can be corrected on site and a Plan of Correction (POC) will not be required.
- L tags that are corrected on site will still be scored as a “No” and a POC will be required:
  - Always want to demonstrate regulatory compliance
  - Validation surveys
Questions?
Thank you