



EDUCATIONAL RESOURCES

Welcome

Review of the Hospice Survey Process Updates

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Hospice Survey Reform



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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

Unduplicated Admissions for a Recent 12 months	Closed Records Live Discharges	Closed Records Bereavement	Minimum # of Record Reviews Without Home Visit	Minimum # of Record Reviews With Home Visit	Total Record Reviews
<150	2	2	7	3	14
150-750	2	3	10	4	19
751-1,250	2	3	12	6	23
1,251 or more	3	4	14	6	27

New Record Review for Inpatient

Number of Patients in the Inpatient Facility	Minimum Number of Record Reviews
1-4	2
5-16	3
17+	4



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Achieving A Successful Survey Outcome

On-Site Survey Process



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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 wavier 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.

Personnel Record Review

SURVEY CHECKLIST – PERSONNEL FILES



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

- Administrator
Alternate
- Alternate Admin
Alternate
- Director of Clinical Services
Alternate
- Alt. Director of Clinical Services
Alternate
- RNI/PN
Alternate
- MD
Alternate
- Aide
Alternate
- PT/PTA
Alternate
- OT/COTA
Alternate
- SLP
Alternate
- BSW/MSW
Alternate
- SCP
Alternate
- BC
Alternate
- VC
Alternate
- Volunteer
Alternate
- Other
Alternate

COMPLIANCE DATE:

Standard	Item Required	Administrator	Alternate Admin	Director of Clinical Services	Alt. Director of Clinical Services	RNI/PN	MD	Aide	PT/PTA	OT/COTA	SLP	BSW/MSW	SCP	BC	VC	Volunteer	Other
HSP4-1A.02	Position application (N/A for contract staff)																
HSP4-1A.02	Dated and signed withholding statements (N/A for contract staff)																
HSP4-1A.02	I-9 Form (N/A for contract staff)																
HSP4-2B	Evidence that licensed staff credentials have been verified and are current Verifications of qualifications for non-licensed personnel																
HSP4-2C.01	Evidence of initial and annual TB screening																
HSP4-2D.01	Evidence of Hepatitis B vaccination received or signed declination statement																
HSP4-2E.01	Signed Job Description or contract																
HSP4-2F.01	Current driver's license and MVR check, if applicable																
HSP4-2H	Criminal background check																



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?



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Thank you



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