



EDUCATIONAL RESOURCES

How to Achieve Continued Survey Readiness

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 HOME HEALTH



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WHY Continued Survey Readiness?

- Decrease Survey Stress
- Decrease Overtime
- Ongoing Compliance In Event Of Unexpected Survey
- Improve Patient Outcomes!
- Fingers on the Pulse of your Agency!



Objectives

01

Understand key standards and regulations from federal, state, and accrediting bodies

02

Define the difference between Standard / Condition level deficiencies, and Immediate Jeopardy

03

Know how to prioritize non-compliant areas in your agency

04

Understand components of a successful action plan

05

Know how to develop and implement a QAPI program as a means of maintaining survey readiness over time

Homework: Read The Rule Books!

Medicare Conditions of Participation- COPs

- State Operations Manual- Interpretive Guidelines

State Laws and Regulations

Accrediting standards, if applicable

Medicare Billing Manuals – MAC specific

WHO: All Managers

- Field and office staff need to have *applicable* regulations to read and understand

Follow the most strict regulation.

- If the AO or State Regulation is more strict than CoPs, comply with those.
- Examples:
 - Emergency Preparedness
 - Education/ trainings
 - Background checks

How do you stay compliant with so many regulations??



Achieve Continued Survey Readiness



Understand: The Intent of the Standards

Interpretive Guidelines- States specifics for the surveyor; clarifies the CoP

Resources – HCAF, consultants, CMS / state/ Accrediting Organization
• Educational trainings- ongoing for Managers and appropriate staff

Annually, all Managers read the COPs, State Regulations and accrediting standards, if applicable. Management team then can review questions together

Educate all Staff, on a regular basis. Select a frequently non-compliant and/or confusing standard and explain and discuss.

Clarity of any regulation needs to occur regularly and not solely during survey.

Prioritize by Non-compliance

All managers identify areas of non-compliance currently and while reading the regulations.

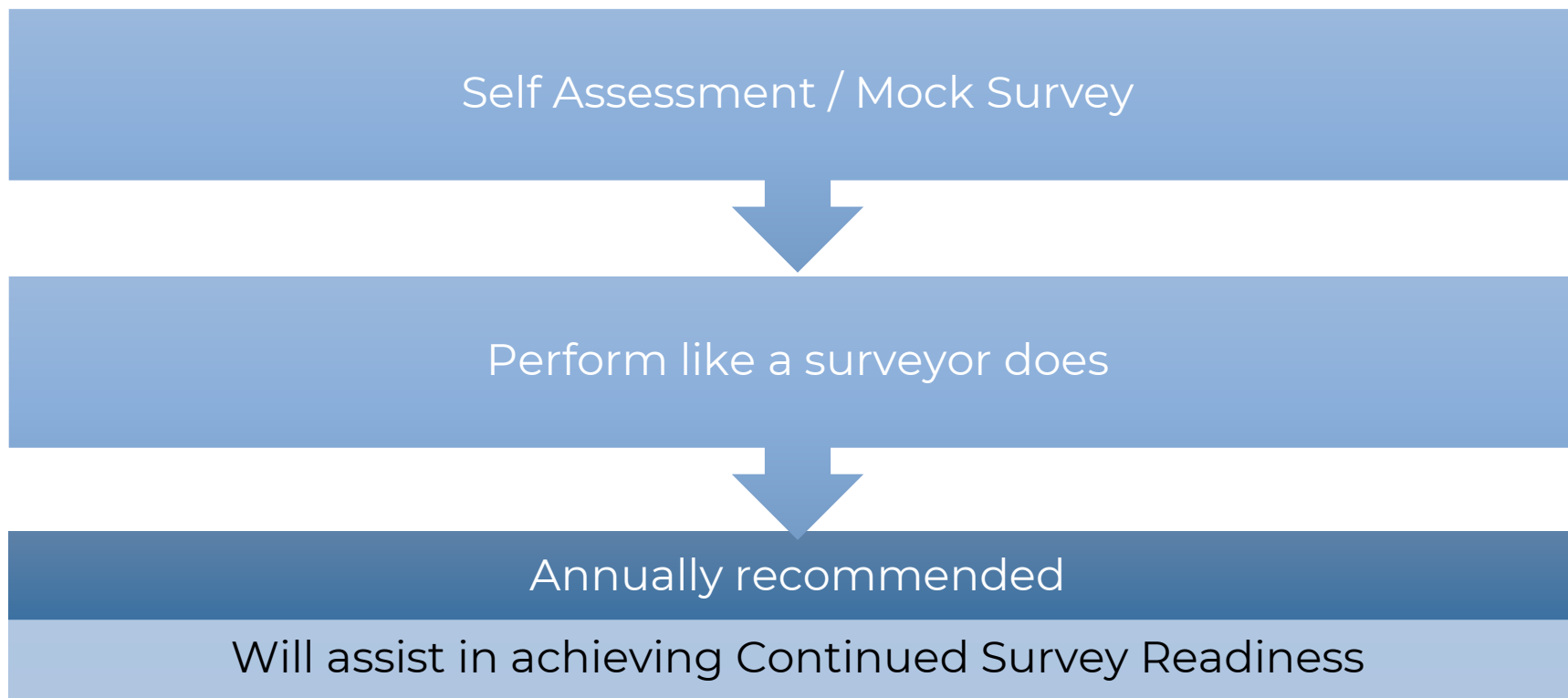
Discuss as a management team

Initiate a priority list

After Mock Survey, add and reprioritize non-compliant areas

Identify / prioritize complex areas of non-compliance for PIP / task force

Assess



Internal Mock Survey

- Be objective



Who should perform the mock survey?

- If you are multi-site, switch locations to ensure objectivity
- Director, Manager or QAPI staff, but ensure that the person is qualified in all areas
- May utilize two of your managers, to have different skill sets for mock survey
- May have to train your chosen mock surveyor on certain areas
- If no one is qualified internally, consider a Qualified Consultant

Remember ... You Are the Surveyor!

Do it formally

Unannounced

Review Everything
a surveyor does

Utilize regulations,
particularly
interpretive
guidelines

Document each
deficiency noted
throughout survey

Group categories
and cite to the
Condition and
Standards

Beginning of Mock Survey

- Go to entrance and introduce yourself as surveyor to first person you see
- Perform Entrance Conference
- Request information – to be given as soon as possible
 - Number of unduplicated admissions in past 12 months
 - This info required to know the number of clinical record reviews and home visits
 - Active patient list
 - SOC, Primary diagnosis, Services
 - Discharge patient list – from past 6 months
 - Employee List – with Date of Hire, Position / Title
 - Contract List
 - Patient admission packet



Selection of Home Visits

Obtain the schedule for the days of survey

Select All disciplines as possible

Including contractors

Agency will assist but it is the surveyor responsibility to select

Identify home visits by what disciplines and services the patient has

Select various types of patients – wound care, therapy, aide services

Geography does come into play

Walk Through of Office

Be Objective!

Posted office days/
hours with after
hours number

Evacuation plans

Fire extinguishers

Biohazard- Where
/ How?

Medication
refrigerator – temp
range & log. meds
dated and within
timeframe

Supply rooms –
check that clean
and dirty is
separated

Confidentiality /
HIPAA

Current licenses,
including CLIA
hanging on wall

Labor posters

Regulatory Survey Reports

- Request all from last 3 years –
- State / Accrediting Organization
 - Review the results of last survey, including complaint surveys
 - Review deficiency types and approved plan of correction
 - During survey identify if agency is following the plan of correction and if compliance has been maintained.

Complaints and Incidents

- Complaints
 - Logs for each complaint
 - Is there resolution for each complaint?
 - Trends of types of complaints
 - Quality Indicators, Education as appropriate
- Incident Reports
 - Falls - witnessed and unwitnessed
 - Medication errors, Adverse Med Reactions
 - Trends

QAPI Program

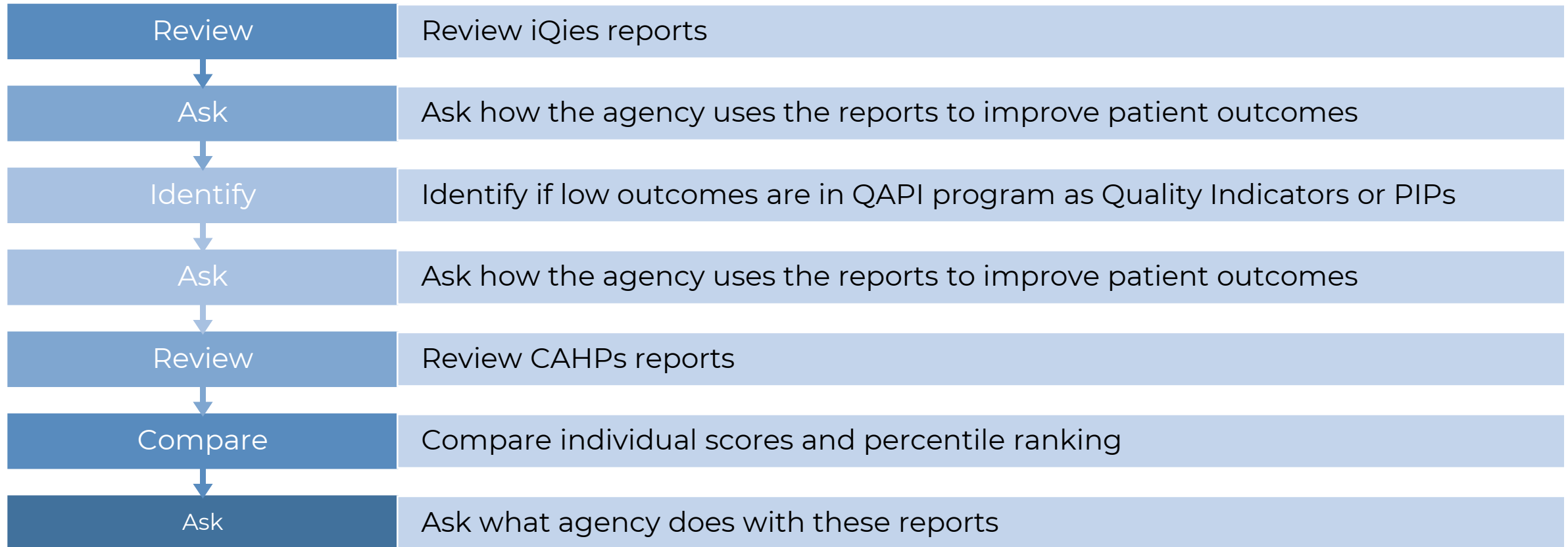
- Analysis of findings
- Action plans
- Dissemination to all Staff and Governing Body
- QAPI meetings for past year

Request QAPI information

Have QAPI Coordinator review with you

- QAPI Plan
- Quality Indicators
- Performance Improvement Projects (PIPs)
- Audit Tools
- Results of audits
- Compilation of quarterly results

Data Driven Outcomes



Infection Control & Prevention

Policies and Procedures
• PPE, Handwashing

Infection Surveillance

Review the agency's
surveillance program and
process

Identify if the surveillance
program is integrated
into QAPI

Have they identified
trends and addressed
those

Infection Education

Review: In-service education for staff
• Patient information and education
• Infection control technique in the
home on visits

Emergency Preparedness Program

Policies and
Procedures

Communication
plan

All Hazard Risk
Assessment

Education to
100% staff,
Contractors

Drills / Testing

Individualized
patient
emergency
plans

After Action
Reports

Be sure All is reviewed and
updated as things change,
not just every 2 years!

Staff Education Program

- Orientation
 - Review the orientation program
- Competency
 - Ask what their competency program is
 - Review staff competencies on hire, ongoing and when new procedures or policies
- Ongoing In-service education
 - View the Education Plan
 - Review mandatory and selected in-services for content, dates, sign in sheets
 - How they are they tracking education hours
- Staff Meeting Minutes

Human Resources Files

- Select at least one HR file of each discipline
 - Recommend two Aide records
 - Be sure to look at competency
 - If agency had condition level deficiency in past 2 years, ensure they are contracted for their aide competency
- Utilize appropriate audit tool that includes all areas required from state, AO, etc..
- Ensure confidentiality –health files and confidential information such as, SS#, criminal background checks

Contracts

- Review for compliance to standards and regulations
- Check Process evaluating contract agency and staff
 - Competency
 - HR file requirements – License, etc..
 - Inservice Education
- Ensure that contracts are regularly reviewed and revised as necessary

Policy and Procedure Manuals

Administrative

- Do not review entire manual
 - Note date of manual and revision dates
 - Review infection control policies prior to home visits
- Review specific policy if questions during survey of compliance

Clinical Procedure Manual

- Check date
- Review procedures as you note questions or issues on home visits or clinical record reviews

Ask Administrator/ DPS how policies and procedures are taught, disseminated to staff

Check if there is a policy manual review on certain frequency

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Other Documents

- Governing Body Meetings
 - Check AO standards
- Budget – operating and capital
 - Identify if budget committee – review minutes
 - Check if capital for 3 years
- On call process
 - Review on call documentation / Follow up
 - Test On Call system after hours
- SDS (previously MDS)
 - How are staff made aware, educated and access SDS

Interviews

- Meet with several staff, different disciplines throughout survey.
- Examples of Interview questions:
 - QAPI- what is their role in QAPI? What is the agency working on?
 - Have they seen home health compare? If yes, what outcomes are they doing well in compared to state/nation?
 - What are some examples where they improved a patient outcome?
 - Emergency Preparedness – what is their role in an emergency? How are they notified?
 - Were they involved in agency drills/testing? What was their role?
 - PPE – what PPE do they utilize and when
 - Complaints – how do they know when to initiate a complaint process
 - Infection surveillance- when would they report an infection of a patient?

Home Visits

- Select mock surveyor who is qualified to observe what is correct on home visits
- Must be knowledgeable about infection control, plan of care, specific procedures- such as wound care, etc..
- This may be a clinical manager that is on the mock survey team



Home Visits During Mock Survey

- Recommend:
 - Visiting the number required or higher in order to see all disciplines as applicable and several staff
 - Various diagnoses – particularly more vulnerable ones for survey, such as, IV, wounds, lab draws
 - Seeing several multidisciplinary pts in order to assess care coordination
 - Therapy only
- Therefore, mock survey may take more days to accomplish – recommend a 4-5 day mock survey when agency does it internally

Home Visits During Mock Survey

- Review Clinical record prior to visit
- Focus on Physician's orders, medications, and aide care plan
 - Take handwashing, bag technique and PPE policy with you
 - Take 485 and aide care plan with you
- Ask the agency contact if they are driving you or if you are driving yourself
 - Do not drive with the field staff for the visit as a surveyor would not stay the entire visit

Home Visits During Mock Survey

- Check the clinician's car supplies and location at agency or at the visit prior to entering home
 - Confidentiality, expired supplies, clean separated, etc..
- Interview clinician/aide before the visit, if appropriate
 - If unable to, interview clinician back at agency
 - What is their goal for the visit, what outcomes do they want to improve?
 - Ask the aide how they know what to do on the visit
 - Be sure the Field Staff doesn't start the visit until you are there
 - Need to see initial infection control, and see the beginning of the visit

Home Visits During Mock Survey

- Interview patient and/or Caregiver prior to field staff beginning visit
- Ask questions that a surveyor would ask. Examples:
 - Where is the home folder?
 - Do you know how to reach Administrator and Clinical director? Hot line numbers?
 - What were they taught regarding infection control?
 - How do they know who and when staff are coming?
 - Have they ever had to get in touch with agency after hours? If so, were they able to in a timely manner, and was issue resolved?
 - Have they had problems with the agency at all?

Home Visits during Mock Survey

- Interview the patient/ family - if they are unable to answer your interview questions, have them show you how to access information in the home folder with all of the information.
- If they don't know where the home folder is, the field staff should say they will bring them another one.
- Check the folder for required items in place (by your policy, state regs and AO). Examples:
 - Signed copy of consents
 - Medication lists - updated
 - Education on infection control, rights, safety, etc..
- Observe the Visit- Do not intervene unless safety issue noted

Home Visits - Areas of Focus

- Are clinicians following physician orders?
- Are they doing procedures to current orders, such as wound care?
- Is the Aide following the Aide Care Plan?
- Is infection control technique being followed?
 - PPE, gloves, while using laptop, while getting supplies from bags
 - Wound care, IV , etc.
- Is patient safety being maintained, while walking etc..
- Are patient rights being followed – representative, advance notice, etc..

Clinical Record Reviews



Look for Commonly Seen Deficiencies



What are the Top 10 deficiencies



Quality, Certification and Oversight Reports (QCOR) 2021 list show 6 of 10 involving plan of care

Top Deficiencies

G574 –The individualized plan of care must include the following:

G536 –A review of all medications the patient is currently using in order to identify ...

G572 – Each patient must receive the home health services that are written in an individualized plan of care ...

G682 – Infection Prevention ...

G1022 – Discharge and Transfer Summaries ...

G580 - Drugs, services, and treatments are administered only as ordered by a physician

G710 – Providing services that are ordered by the physician as indicated in the plan of care

G578 – Conformance with physician orders

G684 – Infection Control - ... surveillance, identification, prevention, control, and investigation of infectious and communicable diseases that is an integral part of the QAPI

G590 – The HHA must promptly alert the relevant physician(s)...

Other Common Deficiencies

Aide Services

- Not following the aide care plan
- Aide care plan:
 - Not having specifics such as bath type
 - Not being updated
 - Aide supervisory Visits late

Emergency Preparedness

- Not updated
- Tests not involving enacting full EP plan
- Less than 100% educated to the EP plan (including contractors)

Clinical Record Reviews

- Ensure audit tool is appropriate to what surveyors review
- Ensure the person auditing during the mock survey knows how to review the records as a surveyor does
 - Mock surveyor often must be trained to review clinical records as a surveyor
 - Quick, but detailed, looking for trends, specific documentation
 - Takes practice!

Mock Survey Findings/Deficiencies

- For every finding / deficiency, write a statement
- Be specific - Include dates, type of document, how many of total
 - (ex: in 4 of 12 records reviewed, physician orders regarding medications were not followed.
 - State for each record what was not followed.
- Can associate it with a regulation - G Tag, state regulations and/or AO standard
 - But initially simply put categories – such as Physician Orders, Plan of Care, Medications.
 - More important to review, educate and correct than take a long time looking up where findings would be cited during mock survey.
- With specifics, the agency is able to review with staff
 - Explain the “why” of the finding / deficiency

Action Plan

Categories to Include

- Priority
- Subject
- Specific Issues
- Specific Action Items
- Responsible Party
- Due Date

Items in an Action Plan

- Education
- Process Change
- Policy Change
- QAPI Monitoring

Example: Action Plan – Finding: Physician orders not followed- wound care

- In 4 of 10 records reviewed, physician orders were not followed.
- Wound care performed was different than the physician order stated.
- (State for each chart what was not followed.)
- In record #2, the wound care order on 1/21/23 stated:
 - Cleanse with NS, apply hydrocolloid dressing, Cover with ABD.
 - SN visit note dated 1/22/23 stated cleansed with soap/water, ammonium lactate lotion applied, covered with 4x4.

Example: Action Items – Physician orders not followed- wound care

- Education - Wound in-service done by DPS on 3/15 re: wound care orders, documentation process, validation to current physician orders.
 - By 3/24, Meet with nurses who are non-compliant with following current wound care orders to assess the reason & ascertain if process needs to be revised. Educate and/or counsel as necessary.
- Process change - Wound care process will include communication from office RN to field RN with all new wound care orders from wound clinics.
 - All field nurses will check physician order for wound care prior to each visit to ensure current orders are followed.

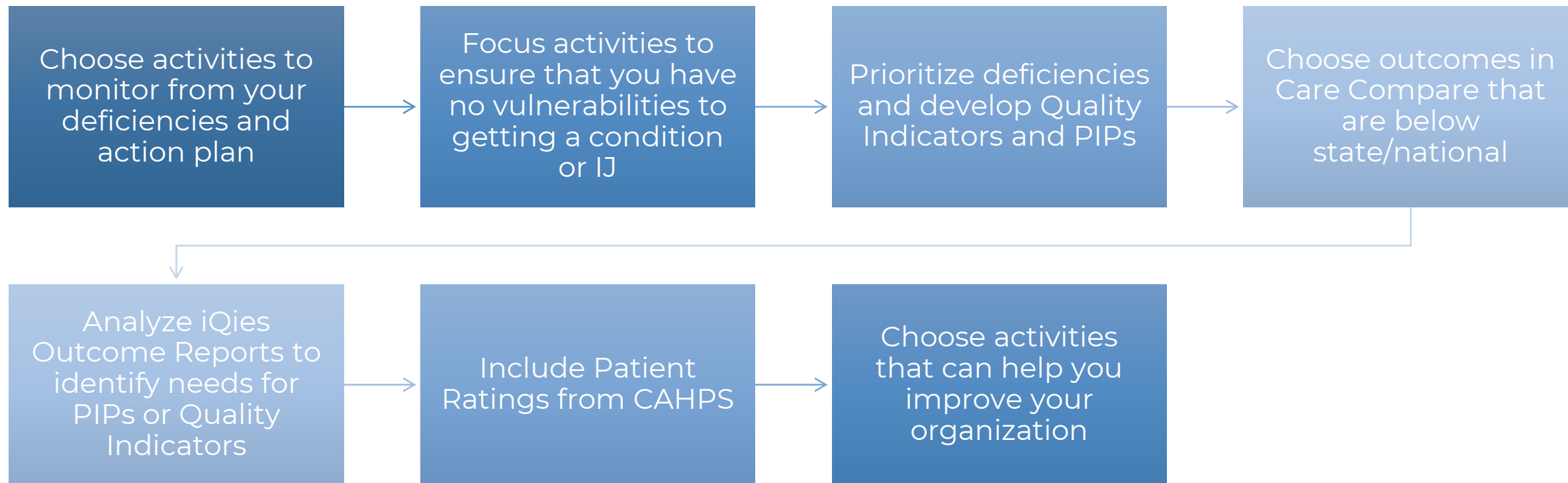
Example: Action Items – Physician orders not followed- wound care #2

- Monitoring - Quality Indicator:
 - Review 50% wound care records a quarter to ensure nurses are following physician orders.
 - Goal - 90% compliance.
 - Once 90% is achieved for 2 Quarters, decrease to 20% wound care records reviewed per quarter.
 - Have the audit tool designed for this particular deficiency

Educate

Include	All staff as relative to their positions
Keep	Education focused on 1- 2 topics at a time
Change	Methodology of education
Use	Peers to do selected education
Include	All rules and regulations in training plans so staff can understand the WHY
Educate on	Each deficiency found with specific action plan

QAPI – Key aspects to consider



QAPI Clinical Record Reviews



Key to maintaining continued survey readiness



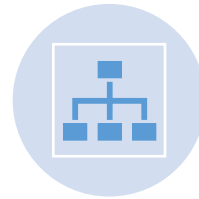
Perform ongoing clinical record reviews rather than only quarterly retrospective



Utilize peer review



Ensure tool captures what a surveyor utilizes



Administrator must designate time to perform, and keep all accountable



Recommend every 2-4 weeks per patient



Review to ensure corrections were made from last review



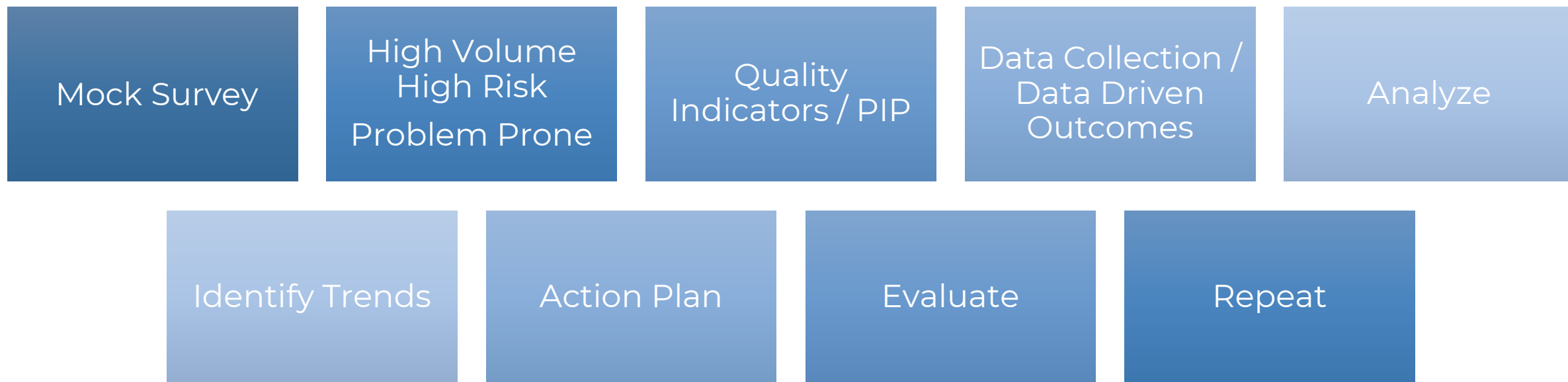
Only review from last time audited

QAPI - What to do with the Results?

- Analyze
- Trend
- Prioritize
- If not improving, review:
 - Monitoring methodology
 - Processes
 - Quality indicators / PIPs
- Follow up on all corrections
- Continue -QAPI is an ongoing process



QAPI - A Continuous Process



Conclusion: Keys to Continued Survey Readiness

- Dedicated person or team to ensure ongoing processes are in place to maintain compliance.
 - Keep track of corrected deficiencies so they don't backslide
- PRIORITIZE – Prevent Condition Level Deficiencies and Immediate Jeopardy
- Team to utilize Prioritization list and meet at regular timepoints to identify potential issues
 - Complex issues would warrant a PIP
- Near misses or adverse outcome – immediately have team perform a Root Cause Analysis.
- Educate frequently on any new findings or noncompliance to have all staff informed and involved.
- Keep ongoing education simple- address one issue at a time. Then set expectations, hold staff accountable, audit and repeat!



Questions?



EDUCATIONAL RESOURCES

Thank you

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