



EDUCATIONAL RESOURCES

# Achieving Perpetual Survey Readiness

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QAPIplus

 HOME HEALTH  HOSPICE



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# Presenter

- Armine holds a BS in Pharmacology, and a Master's in Nursing Education and Staff Development.
- She is a Certified Professional in Healthcare Quality, CPHQ, from National Association for Healthcare Quality, with over 20 years of experience in quality assurance and compliance.
- After 20 years helping home health and hospice organizations stay compliant and improve their quality, she found that the old way of managing quality and compliance including manual data mining, papers, and binders, was just not efficient. So, she partnered with a tech guru to create QAPIplus.
- QAPIplus is a healthcare quality management software created specifically for home health and hospice that digitizes and automates quality programs including QAPI, infection control, medication management and emergency management, streamlining workflows and taking the burden of compliance off your staff.



Armine Khudanyan, RN, MSN, CPHQ  
CEO and Co-Founder  
QAPIplus

# Objective and topics

- Objective: Learn the five most important things you can do in 2024 to achieve perpetual survey readiness
- In this webinar we will cover
  - Efficient data collection and reporting
  - Proper documentation: clinical and human resource
  - Data-driven performance improvement
  - Centralization of Program Data and Plans
  - Organizational transparency and training
- General framework for Survey Preparedness

# Why perpetual survey readiness is critical in 2024

- CMS has increased oversight of both hospice and home health organizations
  - More aggressive survey process – CMS and states
  - Focus on home health falls reporting
  - Home health value-based purchasing
  - Hospice Special Focus Program

# CMS survey process changes

- No more prior notification of survey
- No more block out days
- CMS will take over validation surveys by sending in a CMS contracted agent with the Accrediting Organization simultaneously to co-conduct the survey
- State complaint surveys may turn into full validation surveys

# Focus on home health falls reporting

- OIG Report: 55% falls unreported
- Omissions in OASIS reporting
- Need to improve policies and procedures related to falls reporting and assessments
- Need to have robust data collection measures to capture falls

# Home health value-based purchasing

- Two-thirds of total score tie to quality reporting, acute hospitalizations, ER utilization and five HHCAHPS survey-based questions

Category	Count	Quality Measure
OASIS-based	5	Improvement in Dyspnea
		Discharge to Community
		Improvement in Management of Oral Medications
		Total Normalized Composite Change in Mobility
		Total Normalized Composite Change in Self-Care
Claims-based	2	Acute Care Hospitalization
		Emergency Department Use without Hospitalization
HHCAHPS Survey-based	5	Personal Care
		Communication
		Team Discussion
		Overall Rating
		Willingness to Recommend

# Hospice Special Focus Program

- Increased focus on identifying poor performers based on defined quality indicators and CMS algorithms

Data Source	Hospice Surveys	Hospice Quality Reporting Program (HQRP)	
		Claims Data	CAHPS® Hospice Survey Measures
Indicators	Quality-of-Care Condition-Level Deficiencies	Hospice Care Index (HCI)	Help for Pain and Symptoms
			Getting Timely Help
	Willingness to Recommend this Hospice		
	Overall Rating of this Hospice		
	Substantiated Complaints		

Tag	Condition of Participation
§418.52	Condition of participation: Patient's rights.
§418.54	Condition of participation: Initial and comprehensive assessment of the patient.
§418.56	Condition of participation: Interdisciplinary group, care planning, and coordination of services.
§418.58	Condition of participation: Quality assessment and performance improvement.
§418.60	Condition of participation: Infection control.
§418.64	Condition of participation: Core services.
§418.76	Condition of participation: Hospice aide and homemaker services.
§418.102	Condition of participation: Medical director.
§418.108	Condition of participation: Short-term inpatient care.
§418.110	Condition of participation: Hospices that provide inpatient care directly.
§418.112	Condition of participation: Hospices that provide hospice care to residents of a SNF/NF or ICF/IID.



# General steps for survey preparedness

- Step 1: Familiarize yourself with CMS regulations and guidelines
  - Review the current CMS regulations and guidelines specific to Home Health and Hospice.
  - Stay updated with any changes or updates to state, federal and accrediting body organization regulations.
- Step 2: Establish a Survey Readiness Team
  - Form a team consisting of key staff members responsible for survey preparedness.
  - Assign roles and responsibilities to team members, such as a survey coordinator, documentation reviewer, and staff trainer.
- Step 3: Conduct internal mock surveys
  - Schedule and conduct internal mock surveys to simulate the CMS survey process.
  - Use audit tools to assess compliance with regulations.
  - Identify areas of improvement and develop action plans to address any deficiencies.
- Step 4: Review policies and procedures
  - Review all policies and procedures related to Home Health and Hospice services.
  - Ensure that policies align with CMS regulations and guidelines.
  - Update or develop new policies as needed to address any gaps.

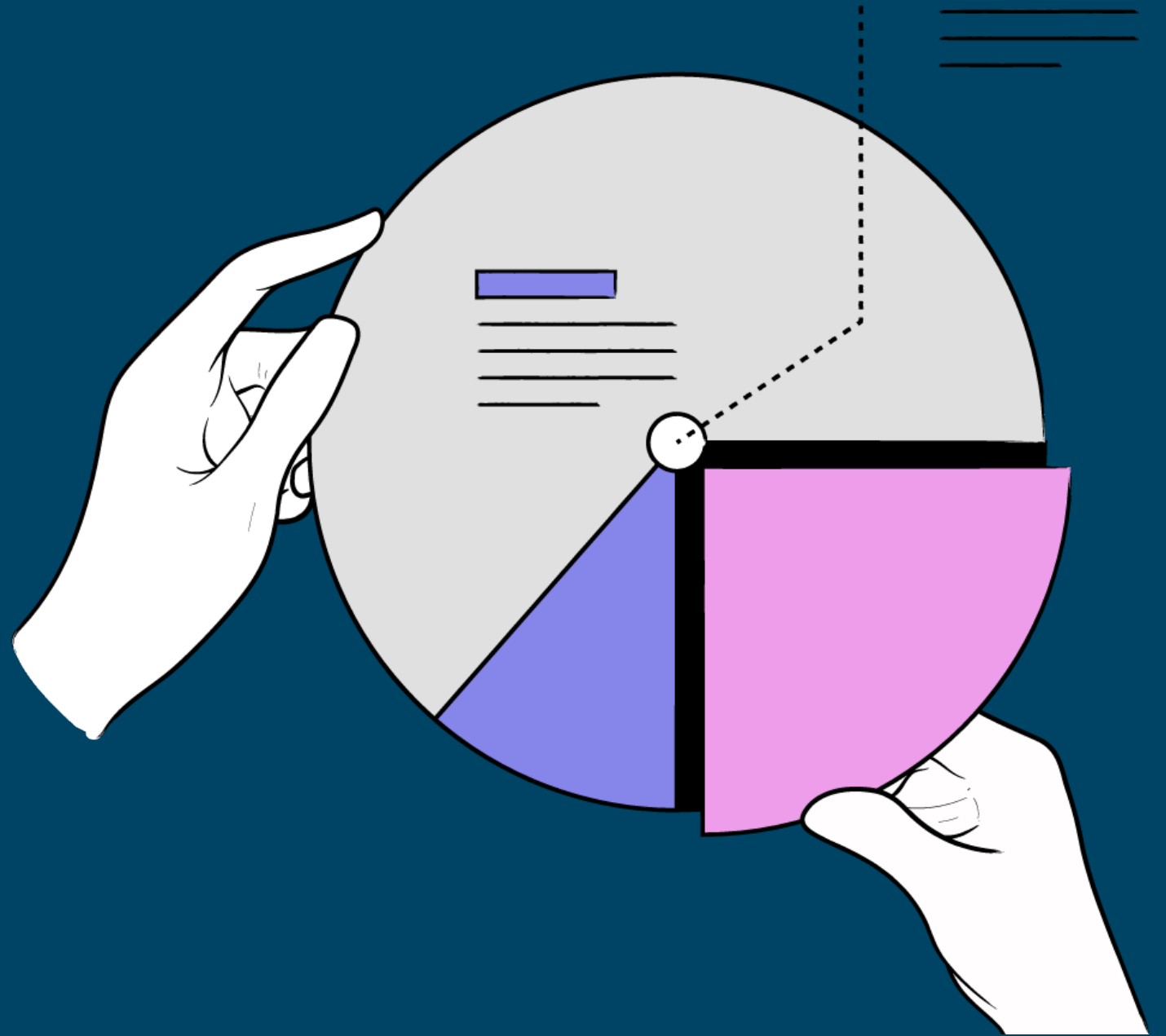
# General steps for survey preparedness

- Step 5: Perform documentation audits
  - Conduct regular audits of patient records and documentation.
  - Verify that documentation is complete, accurate, and meets CMS requirements.
  - Address any deficiencies found during the audits and provide staff training if necessary.
- Step 6: Train staff on CMS regulations and survey process
  - Provide comprehensive training to all staff members on CMS regulations and guidelines.
  - Educate staff on the survey process, including what to expect during an actual survey.
  - Train staff on their roles and responsibilities during a survey, such as interacting with surveyors and providing requested information.
- Step 7: Ensure compliance with infection control practices
  - Implement and maintain effective infection control practices.
  - Regularly assess and monitor infection control measures to ensure compliance with CMS guidelines.
  - Provide staff training on infection control protocols and procedures.
    - This includes hand hygiene practices
    - Bag technique
    - Equipment cleaning procedures
- Step 8: Conduct Quality Assurance and Performance Improvement (QAPI) activities
  - Establish a QAPI program to monitor and improve the quality of care provided.
  - Conduct ongoing performance improvement activities to address identified areas for improvement.
  - Document and track QAPI activities to demonstrate compliance during the survey.

# General steps for survey preparedness

- Step 9: Prepare documentation and records
  - Organize and maintain all necessary documentation and records required for the survey.
  - Ensure that records are easily accessible and well-organized for surveyors to review.
  - Review records for accuracy and completeness prior to the survey.
- Step 10: Coordinate with surveyors
  - Communicate and coordinate with CMS/State/AO surveyors regarding the survey schedule and logistics.
  - Designate a point of contact to liaise with surveyors during the survey process.
  - Cooperate and provide requested information to surveyors in a timely manner.
- Step 11: Address survey findings and implement corrective actions
  - Review survey findings and recommendations provided by CMS/State/AO surveyors.
  - Develop and implement corrective action plans to address any identified deficiencies.
  - Monitor and track progress on implementing corrective actions.
- Step 12: Maintain ongoing compliance
  - Continuously monitor and maintain compliance with CMS regulations and guidelines.
  - Stay updated with any changes or updates to CMS/State/AO requirements.
  - Conduct regular internal audits and training to ensure ongoing survey readiness.
- Remember, this procedure should be customized to fit the specific needs and requirements of your Home Health and Hospice organization.

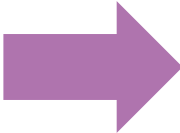
# 1. Efficient Data Collection and Reporting



# Using data to improve performance

- Achieving survey preparedness and a state of continuous compliance is directly related to the quality of data collected and how that data is used to improve organizational performance.
- For home health and hospice – this data can be divided into three distinct parts.
  - Clinical Data, Human Resource Data and Administrative Data
- Data can be from many sources including external and internal sources.
- Two of the major sources of data required to have successful surveys include:
  - Incident report data
    - Falls, infections, patient complaints, adverse events, medication errors, hospitalizations, etc.
  - Audit data
    - Audit of clinical records
    - Audit of HR records

# Streamline data collection and reporting

- Audit your data collection strategy
    - Who is collecting data and how?
    - How efficient is the data collection?
    - Are you collecting all the data you need?
    - How much double work is there?
    - How are reports built today and how much manual work is done?
    - Is your organization constantly waiting to the last minute?
- 
- Find opportunities to streamline
    - Standardize data collection templates and systems
      - Particularly important for multi-site agencies
    - Automate data aggregation and reporting templates
    - Enable real-time analytics

# Streamline data collection and reporting

- Find ways to automate and update these in real time:
  - Aggregation
  - Calculations
  - Reports

### Incident Reports

Incident Severity: SEVERE | Incident Status: IN-PROCESS

Patient MR Number: 7777 | Reported Date: 06/15/2022

SOC Date: 07/15/2021 | Diagnosis: COPD

Treated? Yes No | Reported By: nurse

Type Of Suspected Infection: Urinary | Infection Subtype: Catheter

Has The MD Been Notified? Yes No | Notification Date: 07/15/2021

From EMR Direct Reports

### Audits

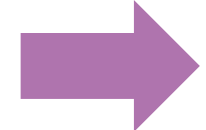
Audit Date: 07/25/2022 | Audit Period: 2022 Quarter 3

Diagnosis: COPD

**Nursing Care**

- Comprehensive Nursing Assessment Completed Upon Admission: Yes No N/A
- Report Given To MD/DT To Establish Initial Plan Of Care: Yes No N/A
- Patient's Terminal Diagnosis Meets LCD Guidelines: Yes No N/A Note
- Patient Specific Emergency Management Plan Was Created And Discussed With Patient/PCG: Yes No N/A Note

Clinical Charts  
HR Records  
Perception of Care  
Etc.



### QAPI Report

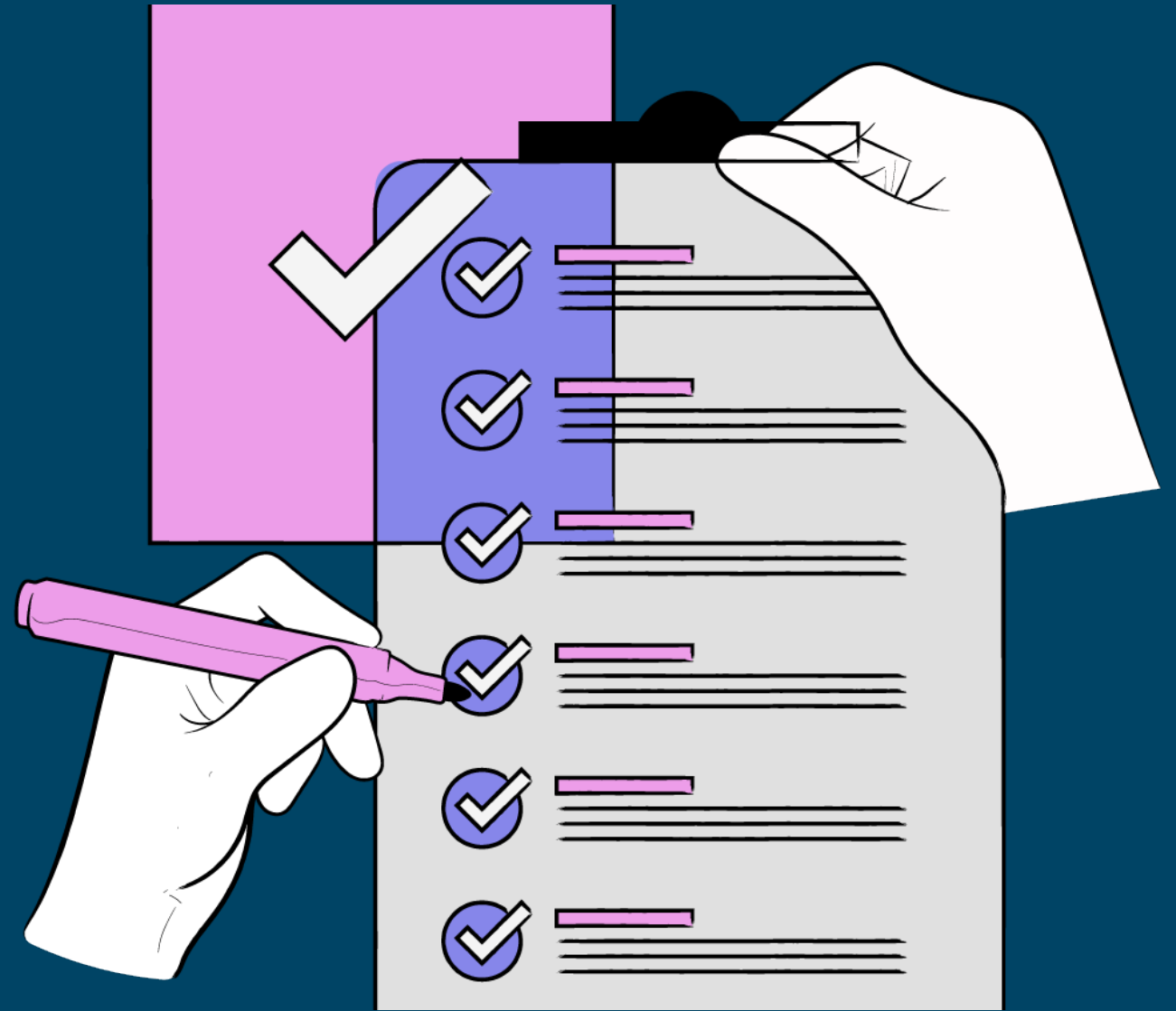
View Tracking Log | Indicators/Outcomes Domains: Patient Care, Process of Care, Service-based Care, Operational Care

Date Completed: 01/03/2023

DEBIBED OUTCOME: To ensure plan of care addresses problems identified | SOURCE OF DATA: Medical Record Audit

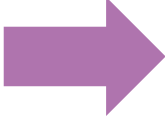
PATIENT SPECIFIC PLAN OF CARE ESTABLISHED	GOALS	FREQUENCY OF REVIEW	TOTAL AUDIT	APPLICABLE AUDIT	COMPLIANCE	PREVIOUS QUARTER
Care plan is based on RN initial assessment	100%	Monthly	0	0	N/A	-
Goals are individualized and have measurable time frames	100%	Monthly	0	0	N/A	-
Plan of care is signed by MD	100%	Monthly	0	0	N/A	-
Patients/PCG involved with POC	100%	Monthly	0	0	N/A	-
Plan of Care includes plan for hospitalization and emergent care	100%	Monthly	22	22	100%	-
Care Plan Goals are Individualized	100%	Monthly	22	17	77%	-
Care Plan Goals are Measurable	100%	Monthly	22	21	95%	-
Care Plan Goals have documented time frames	100%	Monthly	22	16	73%	-

## 2. Proper Documentation





# Document, document, document... Properly!

- Audit your documentation processes and policies
    - Is it consistently complete and accurate?
    - How are you made aware if a document needs to be updated?
    - Do you have a process for identifying and correcting inaccurate documentation?
- 
- Close documentation gaps through performance improvement projects
  - Train and educate staff on importance of documentation
  - Streamline documentation workflows
    - Use your data to drive the improvement needs of the organization

# Essentials of clinical documentation

## ▪ Hospice

- Patient Consents/Handbook with contact information of Administrator, State toll free number and accrediting organization for complaints. Patient rights and responsibilities
- Election of Benefit/POLST – properly documented, choice of attending physician, notice of noncoverage
- Hospice Eligibility - LCD = Local Coverage Determination
- <https://www.cms.gov/medicare/coverage/determination-process/local>
- Comprehensive Assessment/Core Services
  - RN assessment within 48 hours of EOB
  - Psychosocial/spiritual/bereavement within 5 days
- Needs based, measurable plan of care which includes a plan for psychosocial, spiritual and bereavement needs
- The plan of care is updated with major changes in patient condition
- IDT documentation captures patient decline and progress towards goals
- CTI/Face to face
- Clinical Documentation matches orders and plan of care
- Patient/Family education – new medications, new treatment orders
- Appropriate discharge planning and summary – ensure there is documentation that a copy of the DC summary is provided to MD.
- Post death assessment of needs, bereavement plan of care, bereavement letter, program and follow up.

# Essentials of clinical documentation

## ■ Home Health

- Patient Consents/Handbook with contact information for administrator, clinical manager, state toll free number and accrediting organization for complaints. Patient Rights and responsibilities
- Homebound status, face to face requirements
- Timely initiation of care – within 48 hours of referral
- Complete and timely documentation of OASIS
- Plan of Care/485 – captures all required data including measurable goals, risk for hospitalization, frequency of care
- Medication reconciliation process
- Clinical documentation follows plan of care
- CHHA documentation follows CHHA plan of care and frequency. CHHA sup visits every 14 days
- Documentation of progress towards goals
- Discharge planning – DC summary provided to MD within 5 days of DC, Transfer Summary provided to MD and receiving facility within 2 days of transfer – maintain proof of this
- ABN/NOMNC – provide at least 2 days before discharge

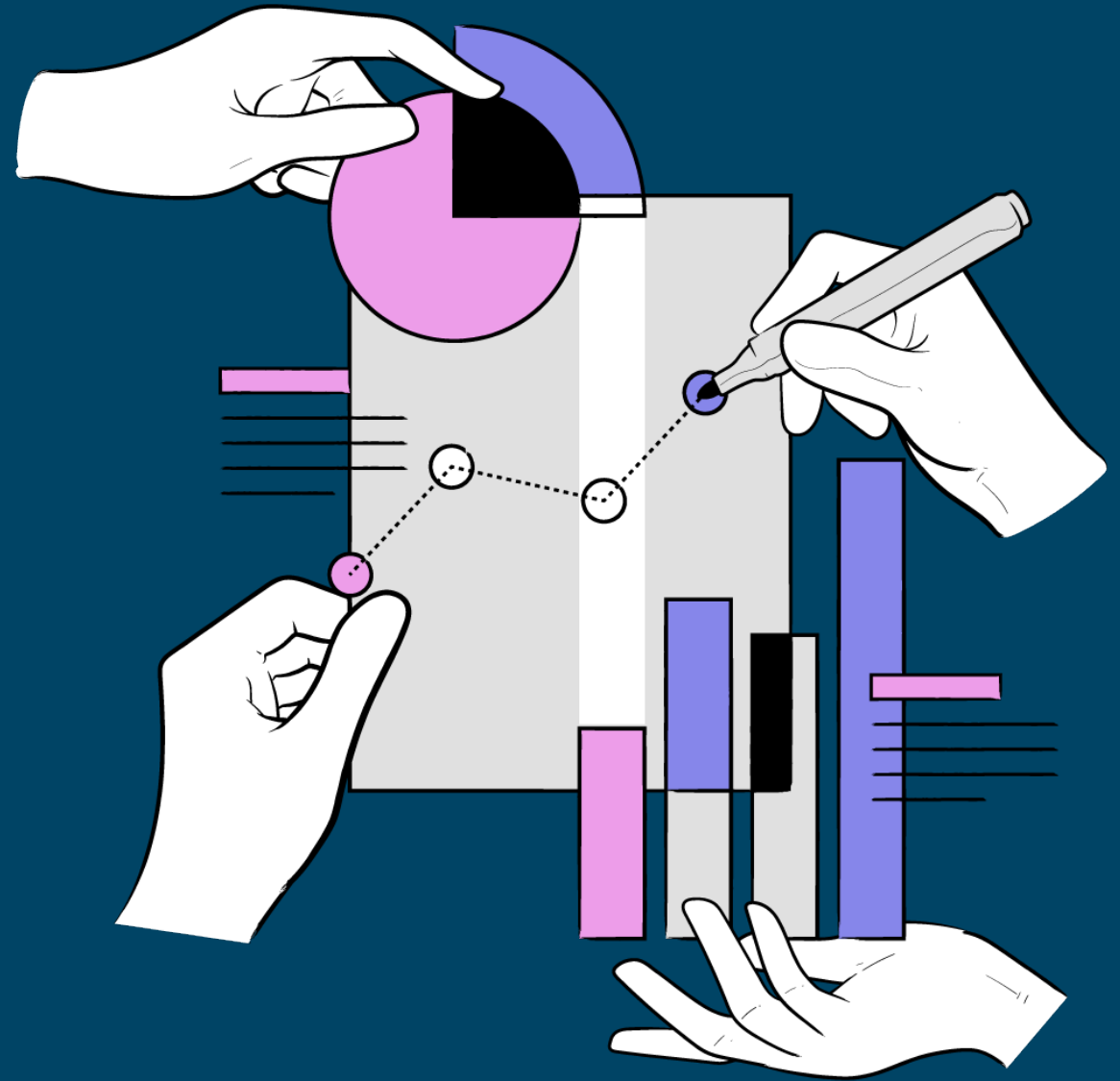
# Essentials of Human Resource Records

- Audit your Human Resource Records to ensure:
  - Complete application which captures the employee's date of hire, position, their work experience and education. Verify that the education and experience match the requirements of the job description
  - Ensure credentials are up to date
    - Professional License verification is done at the time of hire and before expiration date.
  - Complete orientation with all required content
  - Performance Evaluation – within 90 days of hire and annually
  - Appropriately documented competencies – at the time of hire and annually or per policy
    - Ensure competencies are completed and signed off by appropriate clinicians with the same discipline. For ex. MSW competency should be done by another MSW
    - CHHA competency – all tasks must be observed with a patient, CHHA must have direct observation competency completed at least annually
  - Health Records – timely TB tests, health clearance, COVID19 vaccination, flu vaccination, Hep B vaccination or declination
  - Financial forms
  - Background checks – OIG exclusion, National Sex Offender database

# QAPI is the glue that holds compliance together – using robust audit tools

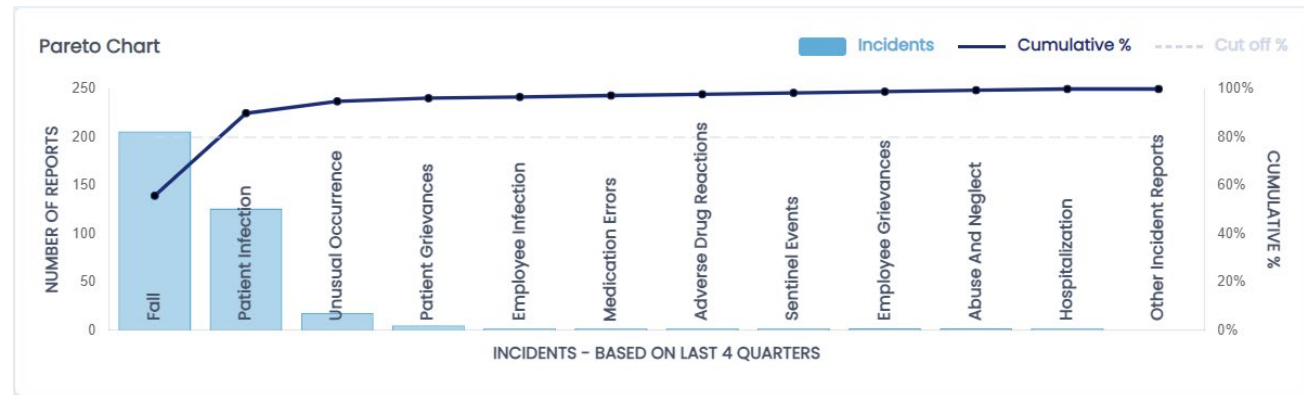
- Having robust audit tools can make a big difference in the compliance and survey readiness of the organization.
- Auditing allows organizations to identify their risks and mitigate them.
- Clinical and HR audits should be done monthly, the data should be aggregated and presented to the QAPI committee quarterly who then will review the results and produce data driven decisions and performance improvement measures to correct any areas of noncompliance.
- This process will continue until the agency established goals are met and compliance is reached.

# 3. Data-driven Performance Improvement



# Use your data to prioritize improvement by size of impact

- Audit your PI insights
  - Are you focused on the right projects that have the biggest impact on your patients, performance and scores?
  - Do you incorporate patient feedback?
  - Are you flexible enough to quickly add PIPs if needed?

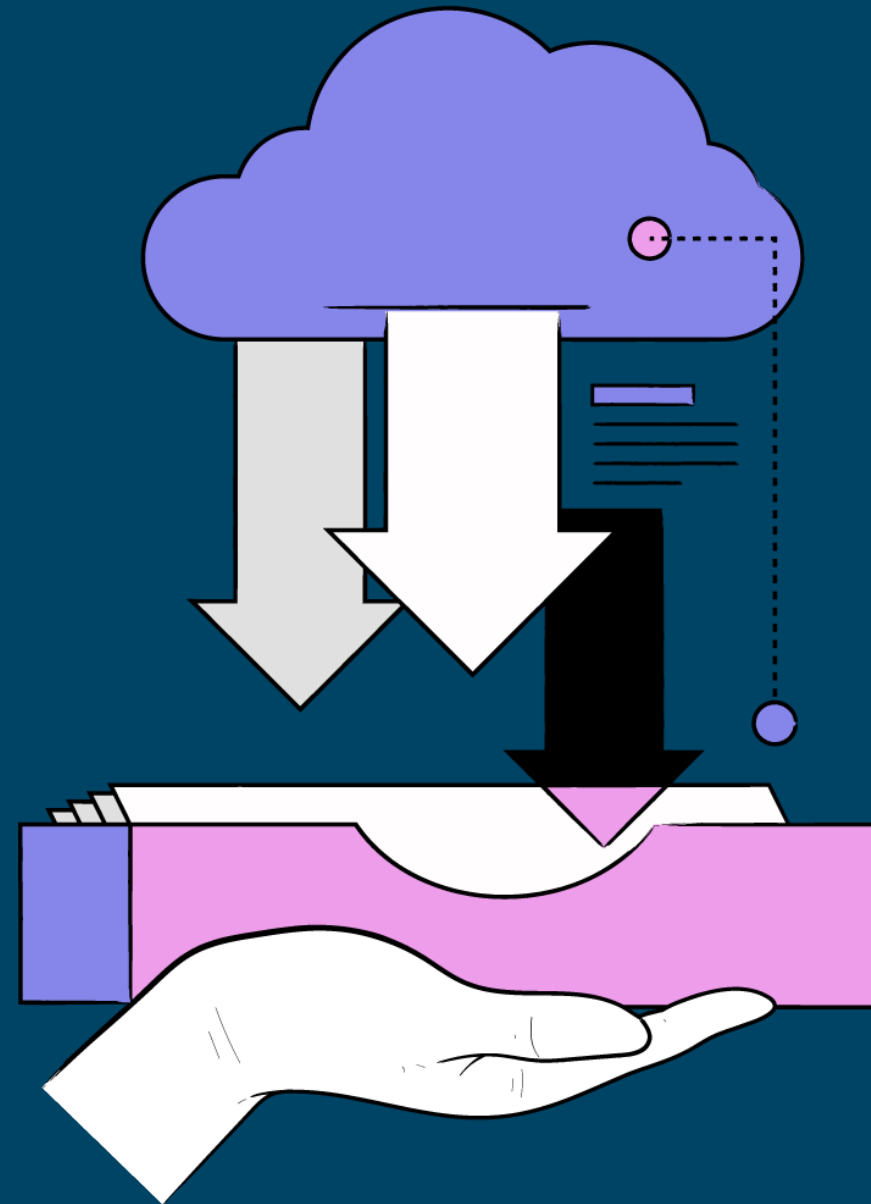


# Use your data to prioritize improvement by size of impact

- Make sure your data is easily accessible and incorporate into your PI meetings.
- Focus on the biggest impact programs first.
- Ensure you have documentation improvement programs in place.
- Use your audit results to develop your training materials and conduct focused documentation training for staff.
- Document these efforts.



## 4. Centralization of Program Data and Plans



## QAPI Program

- QAPI Plan
- PI Plan
- Agency Goals
- Quarterly Report
- Qapi Report
- PI Meeting
- PI Project

## Medication Management Program

- Medication Management Plan
- High Risk Meds
- Medication Reconciliation

## Staff In-Service

- Nursing In-Service
- CHHA In-Service

## Leadership

- Organizational Chart
- Governing Body Meeting Minutes

## Volunteer Program

- Volunteer Plan
- Recruitment
- Training
- Volunteer Time Log
- Cost Savings

## Infection Control Program

- Infection Control Plan
- IC Risk Assessment
- Flu Program
- Flu Data
- Hand Hygiene Program
- Hand Hygiene Data
- Covid-19 Plan
- COVID-19 Resources
- Resources

## Emergency Management Program

- Emergency Management Plan
- HVA
- Chain of Command
- Emergency Drill
- Resources and Logs

## Frequently used policies & Procedures

- Administrative
- Human Resources
- Clinical
- Patient Education Material

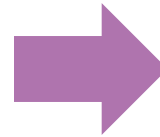
## Bereavement Program

- Bereavement Plan
- Bereavement Resources

# Centralize program data and plans

## ■ Audit your program

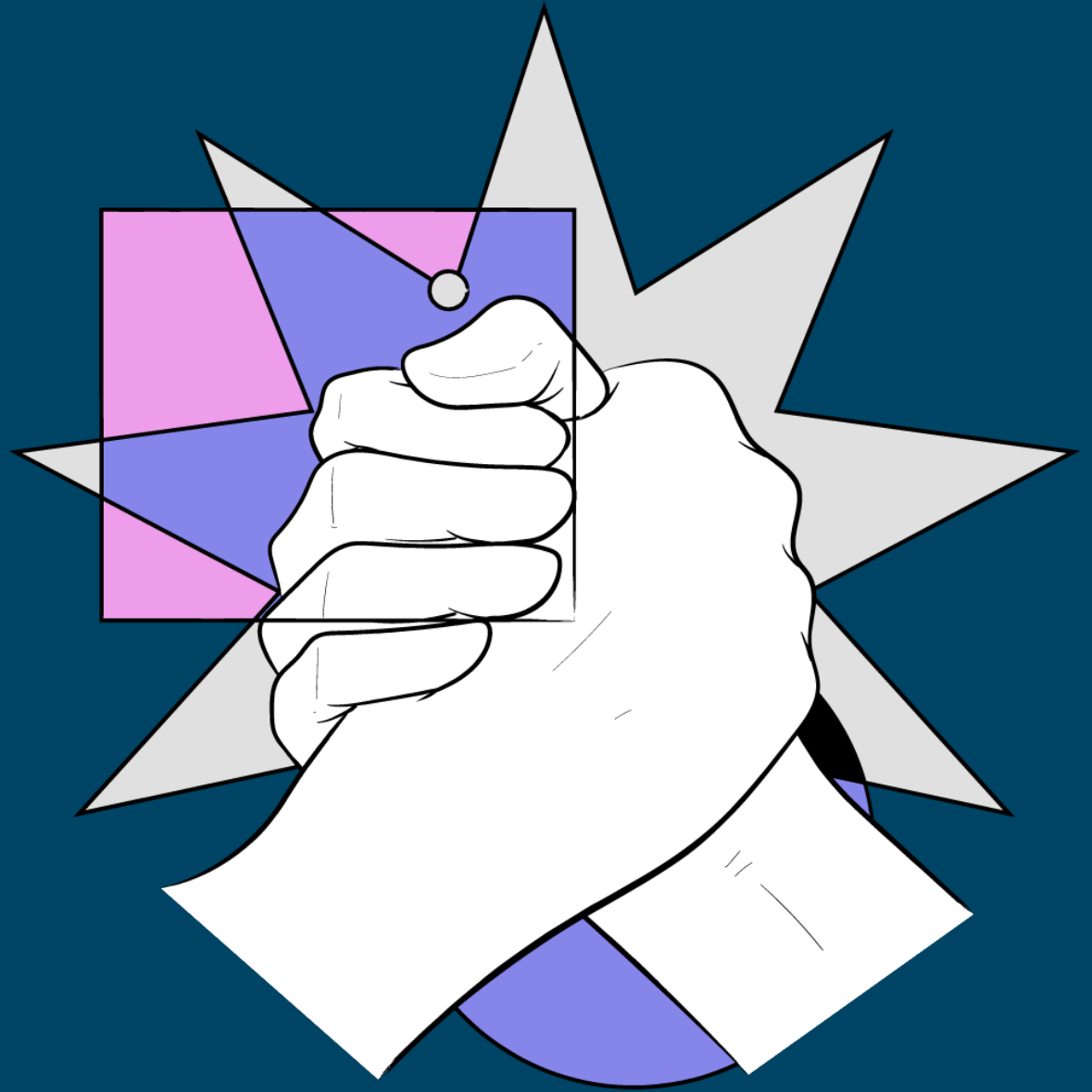
- How easily can you access your program data during a surprise survey?
- Are your data, plans and PIPs all in one place?
- Do you have plan in place when a data or program owner leaves?
- (For multi-site locations) are all programs and plans in a standard format?



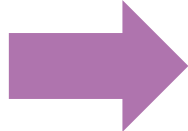
## ■ Centralize and standardize

- Organize all aspects of your program in one place which is easily accessible by multiple people in your organization
- Standardize as much as possible
- Create easily accessible survey preparation checklists for your team
- Make it easy for a surveyor to access needed information
- Use technology to improve access and transparency

# 5. Transparency and Training



# Increase transparency and training

- Audit your staff competency
    - Do your field staff members know what QAPI is?
    - Can they speak to your PIPs if asked by a surveyor?
    - Is your staff adhering to your policies and procedures – medication management, hand hygiene
- 
- Provide transparency
    - Share incident rates and trends
    - Distribute PIPs, frequently used policies and procedures
  - Increase training and education on compliance and quality
    - Why is it important
    - What are we doing to address issues
    - What are the current PIPs in your organization
    - Why PIPs are critical to impact on organization
  - Know your policies and procedures and ensure field staff have access to them

# Increase transparency and training

- *Don't let the surveyor be the first person to observe field staff*
- *Go out with staff often and practice conducting home visits with a supervisor observing*
- Conduct supervisory visits to observe
  - Field staff completing comprehensive patient assessments
  - Infection control practices
  - Equipment cleaning practices
  - Bag technique
  - Hand hygiene
  - Medication Reconciliation process
  - Is the medication profile up to date?
- Audit patient home binders
  - Copies of consent forms
  - Contains updated medication profile
  - Contains the most updated plan of care
  - Agency contact information
  - Patient Rights
  - Patient specific emergency management form with evacuation plan

# Summary: 5 steps you can take to be perpetually survey ready in 2024

1. Be more efficient with your data collection
2. Document, document, document... properly!
3. Build data-driven performance improvement projects
4. Centralize your program data and plans
5. Provide organizational transparency and training



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# Thank you

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