PREPARING FOR YOUR HOSPICE SURVEY

Developing a Culture of Compliance through Survey Preparation

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OBJECTIVES

- Discuss the importance of creating a culture of compliance
- Review the impact of the IMPACT Act
- Review the survey process from the surveyor and hospice perspective
- Identify the forms, reports and documents needed for review for survey
- Review top CMS survey deficiencies and strategies to avoid deficiencies

CULTURE OF COMPLIANCE

- What does a culture of compliance look like?
- Per NHPCO "A compliant organization is one that follows the rules, provides quality patient care, and builds a reputation in the community as a hospice with integrity."
  - Rules
  - Quality patient care
  - Integrity
CULTURE OF COMPLIANCE

- Preparation for survey in itself creates a culture of compliance
- Maintaining a state of survey readiness
  - Systematic process for the review of policies and procedures
  - Systematic process for the audit of medical records to ensure clinical practices are followed and implemented
  - Systematic process to ensure Human Resource requirements are being met

CULTURE OF COMPLIANCE

- Medicare Conditions of Participation (CoPs)
  - Established to ensure the health and safety of individuals under hospice care
  - Requirement of care
- CMS State Operations Manual (SOM) Appendix M Interpretive Guidelines (Rev. 149, 10-19-15)
- State specific licensing requirements
- Discipline specific licensing requirements/scope of practice
- Other requirements
  - Policies and procedures
  - Accrediting Organizations

CULTURE OF COMPLIANCE

- Ensure policies and procedures are in compliance:
  - Clinical policies and procedures
  - Human Resource policies and procedures
  - Agency established policies and procedures
- Ensure staff are knowledgeable of policies and procedures
  - Orientation
  - Ongoing
  - Annual competency
- Audit and evaluate
- Accountability
CULTURE OF COMPLIANCE
- Quality clinical care
- Employ qualified individuals
- Orientation and training
- Observe and follow up

CULTURE OF COMPLIANCE
- Integrity
  - Firm adherence to a code of especially moral or artistic values
  - The state of being whole and undivided

IMPACT ACT
- Why?
  - No required survey frequency per regulation
  - Some hospice providers have not been surveyed against the revised 2008 CoPs
- IMPACT implemented April 6th, 2015
- Federal Regulation requires recertification surveys every 36 months through 2025
- State survey agency or accrediting organization with deemed status
ROLE OF SURVEYOR

- To ensure the health and safety of the patients being served by the hospice through compliance with the Medicare Conditions of Participation
- “Readily identifiable” documentation
- Identify the “gap” in expectations

PRE-SURVEY PLANNING

- Plan a place for surveyor to work
- Electronic medical record access
  - Read only
  - Navigator or outline of documentation
- Liaison to the surveyor
- Read the appropriate regulations
  - State regulations
- Review previous survey results (recertification, complaint)
ITEMS NEEDED

- Organizational chart
- Unduplicated admissions number for previous 12 months
- Current census, live discharges, revocations, deaths/bereavement
- Current schedule of visits
- Personnel list, volunteers, contract staff
- Contracts for Therapy
- Contracts for Medical Director/Alternate Medical Director
- Contracts for SNF/orientation to SNF staff
- Contracts for inpatient care
- Contracts for pharmacy
- Contracts for DME

ITEMS NEEDED

- Admission packet
- Patient education materials
- Volunteer Program information
- Cost savings
- Activity level
- Governing Body members & meeting minutes
- QAPI activities and initiatives
- Current Hospice License
- CLIA waiver, if applicable
- Complaint/Grievance logs
- Incident reports

PERSONNEL RECORD REVIEW

- Review personnel records for key staff, contract staff, and volunteers
- Verification of qualifications
- Orientation records, competencies
- Background checks
MEDICAL CHART REVIEWS

- Based on unduplicated admissions
- Representative of the care provided
  - Pediatric-geriatric
  - Environment served
  - Medically complex

RECORD REVIEW FOR HOSPICE

<table>
<thead>
<tr>
<th>Unduplicated Admissions For a recent 12 months</th>
<th>Minimum # of Record Reviews Without Home Visit</th>
<th>Minimum # of Record Reviews With Home Visit</th>
<th>Total Record Reviews</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;150</td>
<td>8</td>
<td>3</td>
<td>11</td>
</tr>
<tr>
<td>150-750</td>
<td>10</td>
<td>3</td>
<td>13</td>
</tr>
<tr>
<td>751-1250</td>
<td>12</td>
<td>4</td>
<td>16</td>
</tr>
<tr>
<td>1251 or more</td>
<td>15</td>
<td>5</td>
<td>20</td>
</tr>
</tbody>
</table>

HOME VISITS

- Prepare patients and families
- Explain the intent of the visit
- Ask the surveyor how consent is demonstrated
- Common questions asked of the patient:
  - Do you know how to reach your hospice after hours?
  - Who comes to visit you?
  - Have you had for services, medications, equipment?
  - Have you had a time where you were in pain and couldn’t get the hospice to respond?
  - Do you know how to file a complaint about the hospice?
HOME VISITS

- Prepare staff
- Observe
  - Ensure staff are providing care according to agency policies and procedures
  - Infection control
  - Following the Plan of Care
  - Desensitize staff to being observed

SUCCESSFUL SURVEY OUTCOME

- Definition of a successful outcome?
- The Medicare Conditions of Participation deficiencies
  - Standard level deficiencies
    - Plan of Correction
  - Condition level deficiencies
    - Additional on-site survey
STAFF KNOWLEDGE

- Assess staff knowledge of:
  - Policies and procedures
  - Medicare Conditions of Participation
  - State hospice regulations
  - Practice act/scope of practice
- Comprehension of knowledge
  - Competency
- Application of knowledge
  - Observe on home visits
  - Review post visit documentation

TOP 25 SURVEY DEFICIENCIES

- 418.54 Initial and Comprehensive Assessment
  - L523 Timeframe for Completion of Assessment
  - L530 Content of Comprehensive Assessment
    - Drug profile/review
  - L533 Update of Comprehensive Assessment

- 418.56 Interdisciplinary Group, Care Planning and Coordination of Services
  - L538 POC specified care/services to meet the needs of the patient/family
  - L543 Plan of care
  - L545 Content of the plan of care
  - L547 Detailed statement of scope and frequency of services
  - L548 Measureable outcomes anticipated
  - L552 Review and revise POC at least every 15 days or more if patient’s condition warrants
  - L553 Revised plan of care includes information from updated comprehensive assessment
  - L554 Coordination of care
  - L555 Ensure care/service in accordance with the plan of care
  - L557 Sharing of information
TOP 25 SURVEY DEFICIENCIES

- 418.76 Hospice Aide Assignments and Duties
  - L625 Written hospice aide instructions
  - L626 Hospice aide assignment and duties
  - L629 Hospice aide supervisory visits

- 418.58 QAPI
  - L560 Develop/implement and maintain an ongoing QAPI program

- 418.60 Infection Control
  - L579 Follow accepted standards of practice/standard precautions

- 418.64 Core Services
  - L591 RN provides, supervises and needs identified are met
  - L596 Bereavement counseling is available for one year following the death of the patient

- 418.78 Volunteers
  - L647 Level of activity

- 418.100 Organization/Administration of Services
  - L651 Governing body responsibilities, qualified administrator
  - L663 Training
  - L671 Clinical Records

- 418.114 Personnel Qualifications
  - L795 Criminal background checks
TOP 25 SURVEY DEFICIENCIES

- Focusing on three CoPs will eliminate the majority of deficiencies
  - 418.54 Initial and Comprehensive Assessment
  - 418.56 Interdisciplinary Group, Care Planning and Coordination of Services
  - 418.76 Hospice Aide Assignments and Duties

418.54 INITIAL AND COMPREHENSIVE ASSESSMENT

- L523 Timeframe for Completion of Assessment
  - All members must be involved with completing the comprehensive assessment to identify the patient/family’s physical, psychosocial, emotional and spiritual needs.
  - Must be completed no later than 5 calendar days after the election of hospice care.
- L530 Content of Comprehensive Assessment
  - Drug profile review
  - Current medications, prescription and over-the-counter
- L533 Update of Comprehensive Assessment
  - Must occur at least every 15 days
  - Documentation must be clear as to the changes since the initial assessment
  - Documentation must be clear as to the patient’s progress towards desired outcomes

418.56 IDG, CARE PLANNING & COORDINATION OF SERVICES

- L538 POC specified care/services to meet the needs of the patient/family
  - Direct link between the needs identified and the plan of care
- L543 Plan of Care
  - Written plan of care is established by the IDG in collaboration with the attending physician, patient and primary caregiver
- L545 Content of the Plan of Care
  - The plan of care must include all services necessary for the palliation and management of the terminal illness and related conditions.
418.56 IDG, CARE PLANNING & COORDINATION OF SERVICES
- L547 Detailed statement of scope and frequency of services
  - Visit ranges
  - PRN utilization
  - Standing/routine orders
- L548 Measureable outcomes anticipated
  - Outcomes should be measureable; utilize data elements
- L552 Review and revise POC at least every 15 days or more if patient's condition warrants
  - The IDG (in collaboration with the individual's attending physician, if any,) must review, revise, and document the individualized plan as frequently as the patient's condition requires, but no less frequently than every 15 calendar days
- L553 Revised plan of care includes information from the updated comprehensive assessment
  - Comprehensive assessment provides info towards progress towards goals
- L554 Coordination of services
  - IDG maintains responsibility for directing, coordinating and supervising the care
- L555 Ensure care/service in accordance with the plan of care
  - Documentation exists to support care was provided in accordance with the plan of care
- L557 Sharing of information
  - Sharing of information between all disciplines, all settings, employees and contract

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418.76 HOSPICE AIDE ASSIGNMENTS AND DUTIES
- L625 Written hospice aide instructions
  - Prepared by an RN
  - Written instructions must be patient specific and not generic
- L626 Hospice aide assignment and duties
  - Included in the plan of care
- L629 Hospice aide supervisory visits
  - At least every 14 days
IN CONCLUSION

- Provide education to staff, leadership and governing body on the significance of compliance with the CoPs
- Ensure policies and procedures and other documents are in compliance
- Audit, audit & audit
- Educate, educate & educate
- Accountability
  - Celebrate successes

QUESTIONS?

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