

Through the Eyes of a Surveyor-
Continued Survey Readiness IS
Possible and Realistic!

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OBJECTIVES

Participants will

- Know the regulations to understand, and the difference between conditional and standard deficiencies
- Understand the survey process
- Know the common deficiencies seen on surveys
- Be able to perform Mock Surveys in Agency

OBJECTIVES

- Know the various regulatory bodies
- Understand standards and regulations (CMS, State, Accrediting Body)
- Understand the differences between minimum and best practice standards to comply
- Understand how to have an effective QI/ QAPI program for successful surveys

Whether Newbie or Old Hand at Hospice , this class will show you how to keep in shape for surveys!

- Worst way is to save everything for the month before survey and try to cram!
- Cannot show track record of the last years when do this.
- Not meaningful data – ie, QI, education
- **Lots of Overtime and Stress!**

What must you READ and Understand to prepare and do well!

- Medicare Conditions of Participation- COPS
- State Laws & Regulations
- Accrediting standards, if applicable
- All Managers must read and know all regulations! Field and office staff need to have bullet points to read and understand!

**Conditions of Participation
COPs**

- Dead give away is if a manager or an interviewee says, "What are COPs?"
- How can you know the rules if you don't read them and understand them?
- Means that to be Medicare Certified you must be in compliance with these Conditions to Participate in the program

**Conditions of Participation
COPs**

- Each Condition has standards associated with it

My philosophy:
You probably Will have standard level deficiencies in this age
of surveys so don't expect 0!
But

- **Don't be vulnerable for A CONDITION LEVEL DEFICIENCY!**
- **Don't have repeat standard level deficiencies**

**Conditions of Participation
COPs**

- No Sanctions yet for Hospice as for Homecare but will they be coming.....
- What is the difference between a Condition level deficiency and a Standard level deficiency?

**Conditions of Participation
COPs**

- A standard level deficiency means you were not compliant with one of the standards under a condition
 - You must then write a plan of correction
 - You may or may not have a follow up survey to check the compliance and completion of the action plan
 - Follow up depends on your state or accrediting body and the scope and severity of the deficiency

**Conditions of Participation
COPs**

- A Condition Level Deficiency means you either are:
 - Non compliant with the entire condition
 - Or non compliant with several of the standards associated under the Condition
 - Or Scope and Severity warranted a condition level deficiency.

**Conditions of Participation
COPs- Condition Out**

- When you get a condition out, the state or accrediting body notifies Medicare that you have a condition level deficiency
- You are at risk of losing your Medicare Certification if you do not abate the Condition quickly

**Conditions of Participation
COPs- Condition Out**

- You will do a detailed plan of correction that must be approved
- **The Condition must be abated within 10 days of survey – do NOT wait for report to come!**
- The state or accrediting body will typically return in approximately 30-60 days from the last day of your survey
- You must have improved greatly in this survey or your Medicare Certification can be terminated

**Conditions of Participation
COPs**

- Some are prescriptive, such as: must do a home health aide supervisory visit no less than every 14 days.
- But many are not prescriptive – they tell you what must be achieved, but do not tell you specifically how to do it.

State Regulations

- Most states have specific state regulations and laws.
- Be Sure you Know them- they may be statutes for a particular area, such as criminal background checks. (Florida: HIV, Domestic Violence inservices, etc)
- Or they may be almost as comprehensive as the COPs.

Accreditation Standards

Three Organizations for Deeming Homecare and Hospice to Medicare (and Some State Licensing- Florida and Missouri):

- ACHC (Accreditation Commission for Healthcare)
- CHAP (Community Health Accreditation Program)
- (TJC) The Joint Commission

Accrediting Body Standards

Main categories that are elevated from state and Medicare regulations:

- Policies
- In-services
- Competencies
- Quality Improvement

Regulations, Laws & Standards

Frequently Agencies say they don't know why the surveyor is saying they need something,

..... then it comes out that they have not read or understood the COPs, State Laws, and/or Accrediting Body Standards!

SO.....How do you stay compliant with all of these STANDARDS????

- UNDERSTAND meaning of the standard
- PRIORITIZE standards by those that you are Non Compliant in first
- ASSESS your Agency – Mock Survey
- ACTION PLAN
- EDUCATE!
- QUALITY IMPROVEMENT program- AUDIT!

UNDERSTAND meaning of the standard

- Often Agencies misunderstand what the standard means and how to apply it
- Ask if you don't understand when you read it. Don't wait till the survey!
- Ask the accrediting body, List Serves, state associations, consultants!
- Read Interpretive Guidelines from COPs, state and Accrediting Bodies

PRIORITIZE standards by those that you are *NON Compliant in first*

- As you read the standards, make a list of all that you KNOW you are not doing now
- That gives you your first priority list to deal with
- This often branches off into other areas to work on
- Assign Task Force for bigger areas

ASSESS your Agency – Mock Survey

- Assign qualified employees (often Managers or QI staff) from your agency or another location if multi – site. If none, consider consultant with appropriate survey expertise
- Even if your own employees are performing it, do it formally. Select dates , request information as surveyor would, do Home Visits, Interview staff.

Mock Survey- Prior to

- Review Previous Regulatory Surveys – State/Medicare/Accrediting
- Review the results of your last survey
 - If deficiency, be sure your plan of correction is still working so that you do not get any repeat deficiencies

Review QI program – QAPI – the entire comprehensive program (ie not just pain)

Mock Survey- Beginning of Survey

Number of unduplicated admissions for the past 12 calendar months/ since start of operation, if less than 1 year

Active and Death/Discharged Patient Lists

- Ongoing – ensure these lists are Up To Date & accessible. With Primary DX, SOC and Dc dates

Schedules for Home Visits

- All disciplines, Various types
- Close proximity to agency location

Mock Survey- Beginning of Survey

Day and time of IDG meeting

Interviews – set up day/times for Medical Director, Chaplain, MSW, Bereavement and Volunteer Coordinators, QAPI Coordinator

Active / Terminated Employee List

- Include Discipline, status and Date Of Hire

**Mock Survey-
Items Needed During Survey:**

- QI / QAPI program- report, audits, analysis, action plans, meetings for past year
- Complaints, Incidents, Infections, Customer Satisfaction
- Inservice, Orientation, Competency, Staff Mtg Minutes
- Volunteer Training Handbook/Manual,
- Volunteer Cost report savings

**Mock Survey-
Items Needed During Survey:**

- List of volunteers, direct care and administrative
- List of families receiving bereavement services
- Contracts
- Budget – operating and capital
- On Call Log &/or information
- MSDS
- Fire drills and critiques

**Mock Survey-
Items Needed During Survey:**

- Disaster plans, drills and critiques
- Approved physician list
- Policy and Procedure manuals- Admin & Clinical
- Previous years state survey / accreditation reports of deficiencies and action plans
- Personnel records for identified staff

Mock Survey- Home Visits

I Can't Stress to you Enough how Important this is to do!

- Do the approximate number surveyor will do
- Do in all patient settings available
- Review the Clinical Record prior to Visit
- Check the clinician's car set up & supplies
- Interview clinician

Mock Survey- Home Visits

- Interview patient and/or Caregiver
- Locate and review Home Folder
- Observe the Visit- Don't intervene
- Check what was done to Physician Orders and Notes

Mock Survey – Chart Reviews

- Review various types of records: Various Diagnoses, various length of stays, all settings- (home, nursing home, GIP, respite), wounds
- Review most recent full certification period to present
- Ensure audit tool is appropriate to what surveyors review

Mock Survey – Chart Reviews

Look for these Commonly Seen Deficiencies:

- Lack of Coordination of Care / Communication between disciplines &/or Physicians documented
 - In IDT meeting minutes and in visit notes, etc
- Not following physician orders- visits & treatments – wound care common

Mock Survey – Chart Reviews

Look for these Commonly Seen Deficiencies:

- Not having physician orders for medications & interventions
- Aides not following Aide Care plans
- Supervisory Visits not done as per regulations- Ai, LPN
- Care Plans not including all problems and updates
- Poor coordination of care between skilled nursing and hospice

Mock Survey

- HR Files – use audit tool to cover all required by your state and accrediting body
- Contract Files – Review contract as well as clinician information. Liability insurance and Competency - common deficiency
- Volunteer files - training , orientation as well as most of employee file information

Mock Survey

- QI / QAPI– have QI designee review past year with you. Clinical & admin monitoring. NQR. Action Plans
- Walk Through of Agency – Fire Safety, Infection, Bio Hazard, Med Refrig, Supplies, Confidentiality

Mock Survey - Deficiencies

- A deficiency must be written for each “NO”
- Cite the deficiency from state, COPs and accrediting to help all to understand the *WHY*
- Once staff understand *WHY* they have to do something, it makes it much easier for them to comply

Develop an Action Plan

Specific Categories

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

Key Portions of an Action Plan

- Education
- Process Change
- Policy Change
- QI Monitoring

Action Plan

- Specifics found – ex: in 3 of 8 charts reviewed, physician orders were not followed. State for each chart what was not followed.
- Action items: Include monitoring – review 20 records a quarter to focus on following physician orders with a goal of 90% compliance
 - Have the audit tool designed for this particular deficiency – ex: wounds, meds, visit frequency

QI Program

- Use your QI / QAPI program to help you!
 - Choose activities to monitor from your deficiencies and action plan
 - Focus activities to ensure that you have no vulnerabilities to getting a condition out!

QI Program

- Use your QI program to help you!
 - Do chart audits with not only survey in mind, but also to prevent ADRs/ZPIC/RAC denials
 - Don't Just have a QI program that is Busy Work
 - Have ALL staff involved!

QI Program – On-going Chart Reviews

- Start Record review with each admission
- Multiple employees review over course of admission
- Only review from last time audited so Quick
- Keeps chart compliant at all times
- Use for Education as well

Analyze Results and Trends of QI

- The key to Continued Survey Readiness is to take the information from QI and the Mock Survey and Analyze It, Trend It, and do something with it!
- Many agencies collect a lot of data, but then let it pile up and don't improve their deficiencies. . .

How to Address the Issues

- Spend the majority of your time on the biggest challenges
- Prioritize – what needs your attention the most?
- Keep track of the other corrected deficiencies so they don't become problems again
- Educate Monthly in various ways – Games, Posters, Newsletters, Tests- Keep it Fresh!

**Continued Survey Readiness-
Keys To Success:**

- Must Be Organized – Plan Ahead
- Must Do Mock Surveys to know where you stand- bi-annually recommended
- Follow Up on All Deficiencies

**Continued Survey Readiness-
Keys To Success:**

- Have Task Forces for Big Problem Areas
- Utilize Your QI Program
- Do On-going Clinical Record Reviews
- READ THE STANDARDS!!!!!!!!!!!!!!!!!!!!

**Continued Survey Readiness-
Keys To Success:**

Those agencies that perform QI, Chart Reviews, Home Visits, Mock Surveys at least annually are the ones that do the best on their surveys.....and are the least stressed!

THANK YOU!

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