

Preparing for a Medicare Hospice Certification Survey

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How long has passed since your last hospice survey? Two years? Three years? Or longer? Preparing for an unannounced survey can be anxiety provoking but a few key preparation activities can reduce that anxiety significantly.

A quick review of hospice industry articles indicates that there are many areas of focus during a hospice survey but three stand out as current trends. First, is the nursing home issue which includes the plan of care, care coordination, communication and level of service provided. Second, are hospice contracts with vendors and service organizations and third is the provision of required core services.

Hospice can ensure that they are in compliance with the regulations by being proactive in preparing for a survey. Don't let the survey sneak up on you when you are least expecting it. Be prepared and be organized so when that day arrives and the receptionist announces "there is a surveyor in the lobby to see you," you will not flinch.

Preparing for a survey can be broken down into three steps.

Step One: Educate your management, field staff and office staff. Provide everyone with on-going training on the Medicare Hospice Conditions of Participation (COP). Providing COP training just during orientation is not enough. Your staff must know the major points in the COPs and should be comfortable with them as they are providing care. They will also respond correctly when a surveyor asks them questions. Use the Interpretive Guidelines to help educate everyone on what the surveyors may be looking for and how they are interpreting a specific condition or standard. Use these tools to enhance your training. Knowledge is a wonderful thing.

Provide state licensure training. Your state licensure regulations may require your hospice to do things above and beyond the Medicare COPs. Know the differences and share those differences with staff. For example, does your

state licensure regulations specify how frequently you must renew the plan of care?

Step Two: Know what documents the surveyor is going to ask to see and know how you are going to get them quickly. Be prepared to provide a census of active patients, discharged patients and the bereaved. You may have to produce a list of patients by level of care, location of residence, and those who have received low volume services such as continuous care, respite or therapy services. Being proactive is knowing how to generate these and other specific reports from your software programs without having to call in a computer expert.

Additionally, you will be asked to produce volunteer records including the utilization of volunteers and the cost savings to the hospice program. Know in advance how you calculate the utilization percentage. Validate that calculation meets the your requirement. You don't want to be scrambling and calculating this while the surveyor is laying in wait.

Review your home health aide competency and training documents. Are your home health aides attending the required 12 hours of in-service annually? Do you have education records readily available? Do you have competencies documented, and are those documents complete and signed by the appropriate person?

Prepare a contract list and keep it up to date. The surveyor may ask to review several contracts by type, date, etc. Review your contracts with respect to the requirements in the COPs and state licensure regulations to ensure that they contain the necessary components, such as who is responsible for what.

Be prepared to provide the surveyor with a list of employees by job classification and date of hire. A personnel file review will be part of the survey, so make sure everyone has a current license, if required.

Other items to have at your fingertips are on-call logs, complaint logs and quality improvement reports. A surveyor may check to see that a visit was actually made as stated in the

on-call log or that a complaint was acted upon and resolved.

Step Three: Conduct a "mock survey" or hire a consultant to conduct an agency-wide assessment. The assessment should include discovery activities such as chart review, home visits, and walk-through evaluation of each aspect of service.

When reviewing patient medical records, focus on plans of care, care coordination, communication, pain control, technical items such as verbal certifications of terminal illness and level of care documentation. Look for evidence that the interdisciplinary team is professionally responsible for the management of patient care across all settings. This includes ensuring that plans of care for residential patients specify the responsibilities of the hospice versus the responsibilities of the facility.

The COPs currently require that core services be provided by hospice employees. While we all hope there will be future changes to this condition, we must meet the regulation as currently written. Are you using supplemental staffing agencies to staff all your continuous care hours? If you are, you need to prove that you were experiencing peak patient loads or were operating under an extraordinary circumstance.

For bereavement, each patient must have a bereavement plan of care, which specifies what services will be provided to the bereaved. Look for evidence that your program is following the written plan of care and is providing the level of follow up specified.

At completion of all activities, analyze your results. How did your hospice do? If necessary, develop and implement a corrective action plan to address any COP or state licensure deficiencies. Lastly, monitor your action plan and revise it to ensure a positive survey when the receptionist announces "there is a surveyor in the lobby to see you."