



Texas Association for
Home Care & Hospice
Leading ★ Advancing ★ Advocating

Spring Conference

Thursday, May 11, 2023

2:30pm-3:45pm

5C. What to Expect with New Hospice Surveyor Guidelines

Presented by:

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What to Expect with New Hospice Surveyor Guidelines

TAHC SURVEY READINESS CONFERENCE
ANNETTE LEE RN, MS, COS-C, HCS-D
MAY 11, 2023

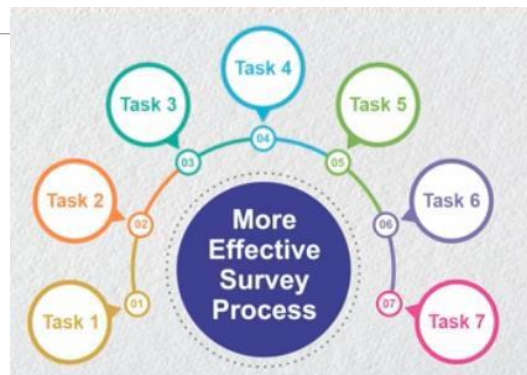
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Why the revisions?

https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_m_hospice.pdf

Revisions to Appendix M of the State Operations Manual (SOM)

- **OIG reports in 2019 attacked the hospice industry**
 - Plan of care
 - Aide services
 - Not providing levels of care needed
- **Other survey tools released in 2021 - including CMPs, mandated assigned administration, education and the Special Focus Group**
- **CMS had to respond with updates to training, SOM, guidance to AOs**



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Revised Appendix M of SOM

- Effective immediately
- All changes are in red and italics
- Part I – Survey Protocol:
 - Completely in red italics
 - Provides specifics regarding observation, interview and record review
 - Only Task 7 – Post-Survey Activities remains unchanged

Home Visit Observations

Verify that the care provided during observation is consistent with the plan of care. Examples include:


- Observing treatments to confirm if the care is provided according to the current plan of care;
- Determining the patient's understanding of the purpose of the hospice services, and if they had input into setting the goals or objectives that were established for their care;
- Determining if written instructions were provided to the patient or caregiver;
- If education was conducted, did the hospice staff provide education and training to the patient and any caregivers, when appropriate, and according to the plan of care?
- Whether a pain assessment is included in the plan of care and is completed as indicated;
- If equipment, supplies, and assistive devices were indicated in the plan of care, determining if the patient received the items timely; and
- Investigating medication discrepancies in the comprehensive assessment, the plan of care, and the written information to the patient.

Patient/Caregiver Interview

Consider the following interview questions:

- What are the purposes of the hospice services you are receiving?
- What is your experience with contacting the hospice team during evenings, weekends, or holidays with questions or concerns?
How often do you get the help you need from the hospice team during evenings, weekends, or holidays?
- Do you receive the care and support that you need to manage your illness?
- When you call with an urgent need, how long does it take for someone from the hospice team to respond?
- How does the hospice team keep you informed about when they will arrive to care for you?

What's Changed: the process, not the rules

Previous structure	New structure
Task 1—Pre-Survey Preparation.	Task 1—Pre-Survey Preparation.
Task 2—Entrance Interview.	Task 2—Entrance Conference.
Task 3—Information Gathering.	Task 3—Sample Selection. 
Task 4—Information Analysis.	Task 4—Information Gathering. <ul style="list-style-type: none"> • Phase I. • Phase II.
Task 5—Exit Conference.	Task 5—Information Analysis.
Task 6—Formation of the Statement of Deficiencies.	Task 6—Exit Conference.
	Task 7—Formation of the Statement of Deficiencies.

Task 1: Pre-survey preparation

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The survey team

- Surveyors must:
 - Must complete Hospice Surveyor Training Course
 - Include at least one RN with hospice survey experience
 - A team of more than one surveyor must be multidisciplinary, representing other professionals typically on a hospice interdisciplinary team
 - No surveyor may have conflict of interest with the hospice being surveyed



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Pre-survey preparation: Homework!

- Most recent certification and surveys
 - Complaint investigations
- Change of ownership or additional multiple locations, documents or information
- Media reports about the hospice
- Other publicly available information about the hospice
 - Hospice's website
 - CMS Care Compare – Hospice
 - HIS, HCI, CAHPS
 - Information from the Quality, Safety and Oversight Reports (QCOR)



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Task 2: Entrance Conference



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Task 2: Entrance Conference

- Inform administrator or designee of the survey's purpose
 - Explain the survey process and the estimated duration
 - Request patient and agency information
 - Request a private space to work and access to an assigned staff person from the hospice to assist with questions and requests for information
-
- Separate additional instructions for hospices providing inpatient care directly



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Entrance Conference Report Requests!

- Information gathering continues here
- Request the following patient information for all payer sources, parent, and all multiple locations:
 - The number of unduplicated admissions for the entire hospice during the last 12 months
 - A complete list of current patients, including, at a minimum, the following information for each patient:
 - Name
 - Date of hospice benefit election
 - Terminal diagnosis
 - Location of care —home, including assisted living facility (ALF), SNF/NF, or ICF/IID, or inpatient facility on a short-term basis
 - Current level of care (routine or continuous home care, general inpatient care, or respite)

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More Reports

- Request the schedule of home visits scheduled during the survey for all locations, including parent and the multiple locations:
 - Lists of patients who, in the last 12 months;
 - Revoked the hospice benefit (live discharges)
 - Died while receiving hospice care (and provide access to bereavement records for those patients)

Table of Contents November 2022 TOT **HOSPICE SURVEY PREPAREDNESS BINDER**

Include all of the items below in your "Survey Binder" to have ready for the surveyor to review upon entrance.
Note: The items in RED should be prepared as you near survey and re-ran each Monday morning for the survey binder.

HOSPICE SURVEY PREPAREDNESS BINDER: Table of Contents	
1.	Organizational Chart
2.	Admission Packet
3.	Lines of authority, especially if multiple locations
4.	Total # of unduplicated admissions in the past 12 months
5.	List of current hospice patients with the: <ul style="list-style-type: none"> a. Election date b. Services received (all disciplines) i.e. RN, Hospice Aide, etc. c. Diagnosis d. Location of services provided, i.e. residential home, SNF, ALF, etc. e. For the IPU, what level of care the patient is receiving f. Date Initial Assessment completed g. Date Comprehensive Assessment completed
6.	List or access to name of patients scheduled for visits during the days of the survey
7.	List of contracted facilities <ul style="list-style-type: none"> a. Identify in which facilities inpatient acute care and respite care are provided
8.	List of contracted vendors (DME, Pharmacy, etc.)
9.	List of paid staff to include job title, and credentials need to specify which are contracted staff



Other Documents Requested

- Documentation of hospice aide training and/or competency evaluations and in-service training
- Any waivers in place
- Contracts/agreements as applicable
- Long-term care facilities agreements
- CLIA Certificate of Waiver
- Emergency Preparedness Plan
- Admission information patients receive
- Policies and training documentation on preventing abuse, neglect, and patient harm
- QAPI program activities and performance improvement projects including infection control



Task 2: Policies and Procedures

- Policies and procedures related to:

 - Advanced directives
 - Plan of Care
 - IDG coordination of services
 - Infection Control
 - Training
 - Clinical records
 - Management and disposal of controlled drugs
 - Use and maintenance of equipment and supplies
 - Pain and symptom management
 - Emergency preparedness

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Task 3: Sample selection



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By the Numbers

Sample Size Minimums

Table 1. Survey Sample Table

Number of Admissions (Past 12 Months)	Closed Records (live discharges)	Closed Records (Bereavement Records)	Record Review-No Home Visit (RR-NHV)	Record Review with Home Visit (RR-HV)	Total Minimum Sample	Inclusion of Records from Multiple-Location(s)
< 150	2	2	7	3	14	The number of records from each multiple location should be proportionate to the size of the location relative to other locations. At least one RR-NHV or RR-HV from each multiple location along with the parent should be included in the minimum sample required ¹
150-750	2	3	10	4	19	
751-1250	2	3	12	6	23	
1251 or more	3	4	14	6	27	

¹ Example. For hospices with < 150 admissions, if there are three locations and 50% of patients are from location A, 25% from location B, and 25% from location C, then, from the total minimum number of 14 records, 7 records should come from location A, 3-4 records from location B and 3-4 records from location C. If there is a large number of multiple locations, the surveyor should distribute the total minimum sample across the locations as most feasible.

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Getting a variety in the sample

Include a variety of terminal diagnoses in the sample to assess the care and services provided to patients with a variety of diagnoses, including but not limited to:

- *Dementia*
- *Circulatory/Heart*
- *Cancer*
- *Respiratory*
- *Stroke*
- *Chronic Kidney Disease*

Use the following criteria for the active patient sample selection for both record review only as well as home visits to include patients who receive clinically complex services or treatments:

- *Infusion therapies including infusion pumps delivering patient controlled analgesia;*
- *Wound and ulcer care, including negative pressure wound therapy;*
- *Dementia care;*
- *Complex pain and symptom management unique to hospice patients, such as intractable nausea, pain, anxiety/agitation;*

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More sample variety

- Patient sample guidance added, including instructions for and clarity on:

How to select samples:

- Multiple setting types and multiple locations, providing multiple levels of care
- Documents and information surveyors will use to select a sample
- Substituting patient records for home visits if the required number of home visits cannot be performed
- Selecting patients for the sample using both open and closed records
- Reviewing bereavement and live discharge records as part of closed record review



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Task 4: Information gathering

Task 4 – Information gathering phases

Now divided into two phases to build discovery

- (NOTE) all hospice surveys still include all COPs and standards equally
- Protocol phases are sequential
 - “Surveyors should initially gather information for Phase 1 CoPs that entail the predominant level of effort/priority, before CoPs where administrative elements are considered in the Phase 2 CoPs.”
 - “Phase 1 findings regarding direct care services can inform Phase 2 in terms of pointing to potentially systemic issues/deficiencies.”

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First step...

Phase 1: 3 core COPs and six associated to most closely assess quality of care using home visits, observations, interviews and record review

- §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

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Next step...

Phase 2: 418.58 QAPI + 13 associated COPs

Measures overall hospice quality and performance improvement capabilities

Assessed by review of hospice documentation, interviews (not home visits)

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Information gathering strategy

- Both phases focuses on standard approach, including:
 - Observation
 - Interview
 - Record review
- Additional guidance also added to Task 4:
 - Prioritization of information gathering
 - Examining the hospice's bereavement counseling and services program
 - Separate survey instructions for in-patient hospice settings

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Phase One...

SURVEY PROTOCOL PHASE I CORE REQUIREMENTS COPS

- §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

SURVEY PROTOCOL PHASE I ASSOCIATED QUALITY OF CARE COPS

- §418.60 Condition of participation: Infection control
- §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

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Information gathering: Phase I

- Emphasis for gathering information for each CoP through:
 - Observation (at patient homes)
 - Care and staff-to-patient interactions
 - Interview
 - Hospice staff providing direct patient care
 - Hospice interdisciplinary group members
 - Patient interview
 - Record review
 - Before a visit to identify events and concerns to investigate and after to corroborate



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Surveyor training

Select each tab for additional information.

§418.54
Initial and Comprehensive Assessment

Observations Interviews Record Review Bereavement Assessment

- Hospices must conduct accurate and timely assessments of patient's health.
- Hospices must use assessments to develop and maintain effective plans of care (POCs).
 - POCs must be individualized and patient-centered.
 - Initial assessment conducted within 48 hours of electing hospice care by hospice RN.
 - Comprehensive assessment conducted within 5 days.
- Assessments make sure POCs address physical, psychosocial, emotional, and spiritual needs.



§418.54

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https://qsep.cms.gov/pubs/CourseMenu.aspx?cid=OCMSHOSPC_SPU2023

Select each tab for additional information.

§418.54
Initial and Comprehensive Assessment

Observations Interviews Record Review Bereavement Assessment

- Confirm current assessment accurately reflects patient's status, including services, treatments, and medications.




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§418.54
Initial and Comprehensive Assessment

Select each tab for additional information.

Observations ✓ Interviews ✓ Record Review Bereavement Assessment

- Interviews should be private and confidential.
- Ask patient or caregiver if hospice provides education on possible medication side effects and interactions.
- Ask about follow up and referrals for further evaluation and how involved patient or family is in assessments of patient condition.
- Ask staff about the role interdisciplinary group (IDG) plays in assessments and POCs.



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Questions under POC condition

- What are the purposes of the hospice services you are receiving?
- What is your experience with contacting the hospice team during evenings, weekends, or holidays with questions or concerns?
- How often do you get the help you need from the hospice team during evenings, weekends, or holidays?
- Do you receive the care and support that you need to manage your illness?
- When you call with an urgent need, how long does it take for someone from the hospice team to respond?
- How does the hospice team keep you informed about when they will arrive to care for you?
- When there is an unexpected delay or re-scheduling of a visit, how does the hospice notify you? How often do either of these situations occur?
- Are you aware of the IDG?

NOTE: See ties to HCI and HCAHPS?




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Select each tab for additional information.

§418.54 Initial and Comprehensive Assessment

Observations ✓ Interviews ✓ Record Review ✓ Bereavement Assessment

- Confirm evidence that reasons for admission, complications, and risk factors are identified and addressed.
- Confirm staff conduct objective assessments of pain and symptom management using measurable tools.
- Verify pain and symptom management is documented.
 - Documentation should include measurable indication of pain and




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Select each tab for additional information.

§418.54 Initial and Comprehensive Assessment

Observations ✓ Interviews ✓ Record Review ✓ Bereavement Assessment

- Verify pain and symptom management is documented.
 - Documentation should include measurable indication of pain and symptom levels, response to medications and treatment, existing wounds, and level of risk.
- Verify assessments and updates to assessments are made within time intervals defined in 42 CFR.



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Select each tab for additional information.

§418.54 Initial and Comprehensive Assessment

Observations ✓ Interviews ✓ Record Review ✓ Bereavement Assessment ✓

- Ask hospice staff how IDG determines need to refer patient or family for further evaluation.
- Verify initial bereavement assessments are conducted.
- Determine what assessments hospice uses to identify bereavement and grief needs of patient, family, or caregiver.
- Determine how hospice conducts follow up and how often.



Extra!

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Additional tools and resources

Table 1: Medical Director Responsibilities Compared to all Hospice Physicians, Nurse Practitioners and Physician Assistants

Medical Director Only	Nurse Practitioner (NP) Only	Physician Assistant (PA) Only
<p>The hospice must designate a physician to serve as medical director. The medical director must be a doctor of medicine or osteopathy who is an employee or is under contract with the hospice. (§418.102). When the medical director is not available, a physician designated by the hospice assumes the same responsibilities and obligations as the medical director.</p> <p>Supervision of all physician employees. All physician employees and those under contract, must function under the supervision of the hospice medical director.</p> <p>Admission to hospice care. The hospice admits a patient on the recommendation of the medical director in consultation with patient's attending physician (if any). (§418.25(a)).</p> <p>Discharge from hospice care. Prior to discharging a patient, the hospice must obtain a written physician's discharge order from the hospice medical director. (§418.26(b)).</p>	<p>NPs may function as the "Attending Physician" and may write orders within the scope of their state practice act. As a hospice employee, NPs may do face-to-face examination required for the 3rd or later hospice benefit period.</p>	<p>Functioning as the "Attending Physician," PAs may write orders that are unrelated to the terminal illness, within the scope of their state practice act. PAs who are hospice employees or providing care under arrangement may not write orders pertaining to the terminal illness or the face-to-face assessment for certifying the terminal illness.</p>
<p>Medical Director/Physician Designee</p> <p>Medical component of patient care program. The medical director or physician designee, in the absence of the medical director, has responsibility for the medical component of the hospice's patient care program.</p> <p>Certification and Recertification of Terminal Illness. Medical director or physician designee, in the absence of the medical director, reviews the clinical information for each hospice patient and provides written certification that the patient's life expectancy is 6 months or less if the illness runs its normal course (§418.102(b)).</p>	<p>NP/PA</p> <p>Neither NPs or PAs can function as the physician on the interdisciplinary team or certify terminal illness.</p>	
<p>Physicians</p> <p>The hospice medical director, physician employees, and contracted physicians, in conjunction with the patient's attending physician, are responsible for the palliation and management of the terminal illness and conditions related to the terminal illness. (§418.64(a)). If the attending physician is unavailable, the hospice physician, is responsible for meeting the medical needs of the patient.</p>		

- Some great tools are included in the new survey task instructions
- For example, the Medical Director Responsibilities table here:
- Clarifies what a medical director vs. a nurse practitioner vs. a physician assistant can do for the hospice

February Tool of the Trade

Quick Reference Guide 1 HOSPICE PHYSICIANS

Hospice Medical Director (HMD)

WHAT THE REGS SAY

The hospice must designate a physician to serve as medical director. The medical director must be a doctor of medicine or osteopathy who is an employee, or is under contract with the hospice. When the medical director is not available, a physician designated by the hospice assumes the same responsibilities and obligations as the medical director. These are often called Hospice Physicians.

WHAT THIS MEANS

An expert in hospice medicine should oversee the patient's hospice care.

CAN DO:

- Can provide Initial Certification of Terminal Illness
- Can recertify terminal illness
- Can conduct Face to Face Visits
- Can bill for professional services
- Can serve as physician member of the IDT
- Can communicate with the attending and other providers involved in the care of the patient

CANNOT DO:

Cannot delegate their work to a NP or PA practicing under their license.

BILLING

Direct, hands-on care (professional services) provided by a physician who is employed, contracted or a volunteer of the hospice are separately billable by the hospice agency. Reimbursement for these services, which must be related to the terminal diagnosis and related conditions, is the lesser of the actual charge or 100% of the Medicare rate.

Hospice Attending Physician (AP)

WHAT THE REGS SAY

The AP is a doctor of medicine or osteopathy who is legally authorized to practice medicine or surgery by the state in which he or she performs that function, a NP, or PA, and is identified by the individual, at the time he or she elects to receive hospice care, as having the most significant role in the determination and delivery of the individual's medical care.

WHAT THIS MEANS

The doctor who knows the patient best should remain involved in the patient's end of life care to provide a longitudinal perspective on the patient's course of illness, care preferences, psychosocial dynamics, and generally assist in assuring continuity of care as the patient moves from the traditional curative care model to hospice's palliative care model. The attending physician is not meant to be a person offered by, selected by, or appointed by the hospice when the patient elects to receive hospice care.

It is the patient's choice, and influencing this selection for the convenience of the

CAN DO:

- Can provide Initial Certification of Terminal Illness
- Can provide input into the patients plan of care
- Can prescribe medications for the patient
- Can provide professional services

CANNOT DO:

Cannot serve as physician member of the IDT

BILLING

As long as he or she is not an employee of the hospice, the AP can continue to bill Part B for visits, and using a special modifier.

- GW modifier: for service not related to the hospice patient's terminal condition.
- GV modifier: for service related to the hospice patient's terminal condition.
- The AP can also bill for Care Plan Oversight.
- If the AP is an employee of the hospice, he or she would bill the hospice for services in the same manner as the HMD, see above

Phase II: QAPI and interviews

§418.58 QAPI

Interviews | Record Review

- Quality assessment and performance improvement (QAPI) program requirement.
- Hospices must have ongoing and effective data-driven QAPI program that:
 - Reflects complexity of hospice's organization and services.
 - Involves all services provided by hospice.
 - Is documented by hospice.

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- Standards under this CoP cover requirements for:
 - Scope of QAPI program.
 - How QAPI data should be used in designing QAPI program.
 - Program's performance improvement activities and projects.
 - Governing body's responsibilities.

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§418.58 QAPI

Select each tab for additional information.

Interviews | Record Review

- Interview hospice staff to determine general awareness of QAPI activity. Find out if staff are:
 - Aware of program.
 - Able to speak about it with some understanding of what it is and what it is for.

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Record Review

§418.58 QAPI

Select each tab for additional information.

Interviews | Record Review

- Aggregated data and analysis.
- QAPI plan.
- Names of individuals responsible for QAPI program.

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§418.58 QAPI

Select each tab for additional information.

Interviews | Record Review

- Evidence that QAPI system has been implemented, including:
 - Regular meetings occur.
 - Hospice governing body conducts oversight.
 - Staff participate in program.
 - Hospice investigates and analyzes events, especially adverse ones.
 - Hospice pursues options to prevent event recurrence.

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Instructions cross over into coverage

Select each tab for additional information.

\$418.106
Drugs and Biologicals, Medical Supplies, and DME

Observations Interviews Record Review

- Hospices must provide all supplies related to palliation and management of patient's terminal illness and related conditions, including:
 - Medical equipment and supplies.
 - Medications.

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Select each tab for additional information.

\$418.106
Drugs and Biologicals, Medical Supplies, and DME

Observations Interviews Record Review

- Evaluate use of drugs, biologicals, and medical supplies and devices.
- Confirm hospice drug orders are given, received, and signed in accordance with Medicare CoPs and state and Federal regulations.

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Select each tab for additional information.

\$418.106
Drugs and Biologicals, Medical Supplies, and DME

Observations Interviews Record Review

- Ask patient or caregiver if there have been issues with supplies or drugs, and how issues were resolved.
- Verify how hospice obtains medications necessary for patient care.
- Ask staff how IDG determines and documents if patient or caregiver can safely administer medication at home.
- Ask about patient or caregiver's ability to administer medications and if they have concerns or questions about administering medications for pain and symptom management.

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Select each tab for additional information.

\$418.106
Drugs and Biologicals, Medical Supplies, and DME

Observations Interviews Record Review

- Verify patient or patient representative received copy of written policies and procedures on management and disposal of controlled drugs.
- Record should show education and discussion with patient or caregiver regarding safe use and disposal of controlled drugs.
- Hospice should have system in place to make sure patients don't receive drugs that are outdated or unusable.
- Confirm appropriate guidance on how to administer medications for pain and symptom management was provided to family or caregiver near end of life.

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Task 5: Preliminary decision making and analysis of findings



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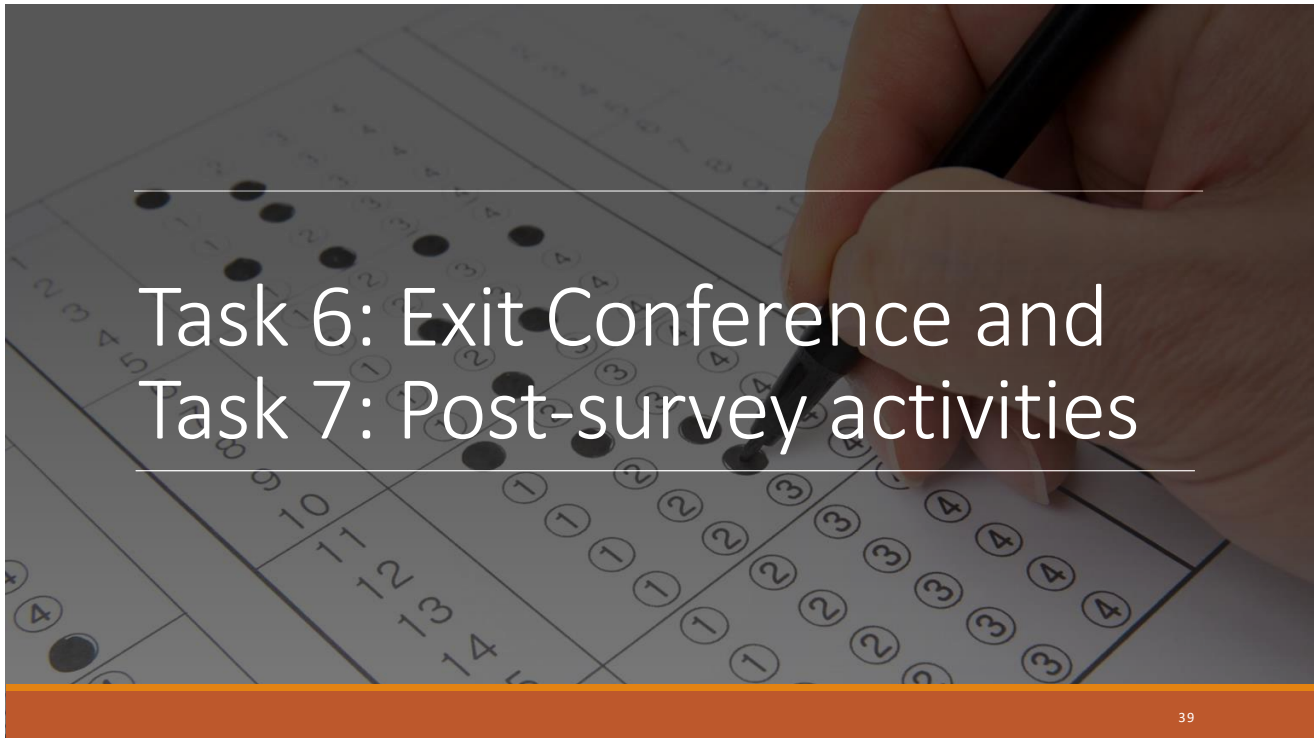
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Condition or standard?

- Task goal to integrate findings, review, and analyze all information collected from observations, interviews, and record reviews, and to determine whether the hospice meets, or is in compliance with the CoPs.
- An assessment of whether a finding is a standard-level, or a condition-level deficiency should not be made until all pertinent information has been collected

Considerations...

- Analyze your findings relative to each requirement to determine:
 - Severity of the effect or potential effect on the patient(s);
 - Frequency of occurrence, and
 - Impact on the delivery of services
- An isolated incident that has little or no effect on the delivery of patient services may not warrant a deficiency citation
- Conversely, isolated or not, an incident may be considered deficient if it constitutes a significant or serious problem that adversely affects or has the potential to adversely affect the patient(s)
- In each case, the surveyor must determine if further investigation is warranted. The finding of a deficiency is based on:
 - The applicable statutory or regulatory provision and not on a violation of a guideline
 - The facts and existing circumstances



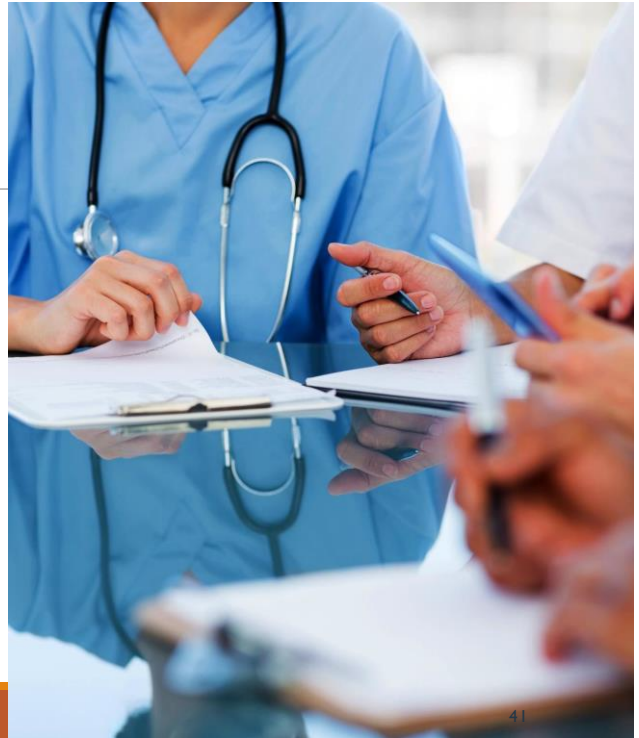
The exit conference is:

- To informally communicate preliminary survey team findings
- Provide an opportunity for the exchange of information with the hospice's administrator, designee, or other invited staff
- A courtesy to the hospice- not guaranteed
- A way to expedite the hospice's planning a response to and interventions for the plan of correction



- Post-survey activities by surveyors:

- Must prepare documents that report their findings and collaborate with their managers for concurrence on survey outcomes
- Document the outcomes on the Form CMS-2567
- Communicate the information to the hospice in a timely manner



Getting to know you...

- Most COPs have expanded interpretive guidelines

- Study each one carefully

- Familiarize staff with all Phase I CoPs by:

- Conducting a pre-IDG information session on one COP each week
- Learn how the agency would answer each question posed in Appendix M regarding that CoP
- Discussing each person's role regarding that CoP



Next Steps...

- 1.) Get to know the updates
- 2.) Practice the probe questions
- 3.) Perform a “mock survey”
- 4.) Ask staff to determine how your agency is compliant



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Questions?

THANK YOU FOR YOUR ATTENDANCE AND ALL YOU DO!

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THE INFORMATION ENCLOSED WAS CURRENT AT THE TIME IT WAS PRESENTED. THIS PRESENTATION IS INTENDED TO SERVE AS A TOOL TO ASSIST PROVIDERS AND IS NOT INTENDED TO GRANT RIGHTS OR IMPOSE OBLIGATIONS.



Questionnaire

STAFF & PATIENT QUESTIONS FROM THE SURVEYOR

(updated 2023)

The State Operations Manual (SOM) 100-2 update was published February 6th, 2023. It directs the surveyors to focus on observation, interviews and documentation review as a balancing trifecta to determine quality and compliance. Below are excerpts that give context for the interviews, and the interview questions.



Home Visit Questions for Patients and Families:

Assess whether the patient or caregiver(s) (if any), were informed that, as a Medicare beneficiary, they are entitled to certain rights. Interview the patient or caregiver to determine:

1. **If they received a verbal description and a copy of their rights.** If the patient has difficulty recalling information about the written notice of rights, ask if the patient kept any written information that the hospice may have provided to them and review that material with the patient, if the patient agrees.
2. **If the patient/family know how and whom to contact if they have a complaint.** Ask the patient, the patient's family, guardian, or other legal representative, if they have any comments or concerns, or have registered any grievances or complaints about the hospice or its services. If this has already occurred, ask how it was handled and what were the results or outcomes.
3. **Whether the hospice informed the beneficiary of the following patient rights in a language and manner that the patient understands.**
 - a. Informed the patient concerning its policies on advance directives, and provided the patient with written information;
 - b. Informed the beneficiary about the scope of services that the hospice identified on the election statement.
 - c. **Informed patients of their specific rights to:**
 - Receive effective pain management and symptom control for conditions related to the terminal illness.
 - Be involved in developing the plan of care;
 - Have his or her property treated with respect;
 - Have the right to refuse care or treatment; probe further if a trend emerges where a majority or all patients are refusing a particular service (e.g., social work, spiritual counseling, volunteers, etc.,) to assure the hospice is fully prepared to provide the service with qualified personnel;
 - Choose an attending physician;
 - Have a confidential clinical record;
 - Be free from mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown origin;
 - Be free from misappropriation of property;
 - Receive information about services covered by the hospice benefit;
 - Receive information about the scope of services the hospice will provide and any limitations;
 - Express dissatisfaction or concerns (voice grievances) regarding treatment or care, and not be subject to discrimination or reprisal for exercising his or her rights and if patient/caregiver was encouraged to provide input into the plan of care and the type of services they receive; and
 - File a complaint and how to do so; ascertain that the hospice election form used by the hospice includes the name and phone number of the appropriate Beneficiary and FamilyCentered Care Quality Organization (BFCC-QIO) and is signed by the beneficiary and/or legal representative.



 (cont'd) Home Visit Questions for Patients and Families:

4. **During the home visit, ask patient/family how quickly the hospice satisfies the patient's request for pain medication or symptom control, during the daytime hours, nights, and weekends.**

5. **Observe the patient for any signs of discomfort.** Ask the patient or family, as appropriate, if the patient has been experiencing pain or other symptoms, and if so, did they report this to the hospice? If reported, what was the hospice's response?

6. **Determine if there have been any instances where the hospice failed to respond promptly to the patient's request for pain medication or symptom management?**

7. **During home visits, ask the patient/family if they know how and whom to contact if they have a complaint.** Ask the patient, the patient's family, guardian, or other legal representative, if they have any comments or concerns, or have registered any grievances or complaints about the hospice or its services. If this has already occurred, ask how it was handled and what the results or outcomes were.

8. **Determine if the rights of a patient adjudged incompetent or who has a representative acting on his/her behalf are exercised by the legally appointed individual.** If the hospice is currently caring for a patient who has been adjudged incompetent, and you have questions concerning the exercise of the patient's rights, you may contact the patient's legal representative about their involvement in planning care, treatment, and services decisions. If the patient is selected for a home visit, obtain the legal representative's approval for the visit.

9. **If the patient is informed about the services they are receiving and when they will receive them, for example, who is scheduled to visit, how often and for how long;**

10. **If the hospice informed them of any uncovered services by Medicare and if so, and options to address them.** If a notice of Medicare non-coverage was provided to the patient, confirm that it was received prior to the care being provided.

11. **How often the patient/caregiver feels that the hospice team listens carefully when discussing problems with hospice care?**

12. **Was the patient advised that they could keep their own physician when hospice was elected?**



Other Patient/Family Questions to Consider:

- *What are the purposes of the hospice services you are receiving?*
- *What is your experience with contacting the hospice team during evenings, weekends, or holidays with questions or concerns?*
- *How often do you get the help you need from the hospice team during evenings, weekends, or holidays?*
- *Do you receive the care and support that you need to manage your illness?*
- *When you call with an urgent need, how long does it take for someone from the hospice team to respond?*
- *How does the hospice team keep you informed about when they will arrive to care for you?*
- *When there is an unexpected delay or re-scheduling of a visit, how does the hospice notify you? How often do either of these situations occur?*
- *Are you aware of the IDG?*
- *(When applicable) Does the hospice team give you the training you need about if and when to take more pain medicine?*
- *(For dementia terminal diagnosis) How has the hospice educated you on the death and dying process of a patient with dementia?*
- *How much support for your religious and spiritual beliefs do you get from the hospice team if you have indicated that you wanted that?*





INTERVIEW: Patient/Family

1. **Identify** what grief assessments, surveys, questionnaires the provider uses to screen/identify bereavement needs of the patient and family/caregiver;

2. **Ask** the patient/family if they were involved in identifying goals of care;

3. **Identify** how follow-up is conducted including frequency and method (phone, in-person, email/mail);

4. **Review** other resources (e.g., organizations, group therapy, programs etc.) that are provided to patient family/caregiver;

5. **Ask** how the hospice determines the need to refer a patient or family member(s) to appropriate health professionals for further evaluation.

6. **Ask** patient and family if infection control education has been provided to the patient in prior treatments, inquire with the patient regarding the information to assess their knowledge and recall of the information.

7. **Ask** the patient if hospice staff perform hand hygiene, use personal protective equipment, clean reusable equipment, and handle/dispose of needles and sharps safely.

8. **Interview** the patient to determine how satisfied she/he is with the services provided by the aide.

9. **Determine** if the patient is aware of the aide's visit schedule if the visits are made as scheduled, and if the hospice communicates any changes to that schedule in advance.

10. **Inquire** if the patient feels that the hospice aide is respectful of her/him and their property.



STAFF INTERVIEWS: Key Staff

1. **Ask** about the hospice's system of documentation and retrieval of patient specific data elements.

2. **Ask** to see a copy of the data elements that comprise the hospice's comprehensive assessment.

3. **Have the hospice explain** how they use these data elements in care planning, coordination of services and in their quality assessment and performance improvement (QAPI) program.

4. **Ask the hospice** to describe its policy for assessing, managing, and reassessing pain and other symptoms, and how it defines effective pain management and symptom control.

5. **Determine** how the hospice assures that the patient receives the needed medications in a timely fashion

6. **Ask clinical staff** to describe how they obtain all relevant information necessary to complete the comprehensive assessment.

7. **Ask clinical staff to describe their process/policy of drug regimen/medication review including:**
 - *What process is followed when a patient/family is found not to be following the patient's drug/medication regimen?*
 - *What non-pharmacological methods are considered to relieve pain and other symptoms?*
 - *How are patients and families educated about effective pain and symptom management?*
 - *What process does the hospice utilize to assess and measure pain and other uncomfortable symptoms?*
 - *How does the hospice monitor a patient when they begin a new medication, increase/decrease a dosage, or discontinue a medication?*
 - *Ask the staff what training they received in infection control and how often they receive the training. Training should include but not be limited to identification of infection signs and symptoms, routes of infection transmission, and the components of standard precautions.*



**INTERVIEWS WITH STAFF**

Responsible for Coordinating Care and Direct Care (RN Coordinator)

1. **How** the hospice communicates the hospice plan of care and all updates with the facility.

2. **How** do the hospice and the facility communicate with each other during and between patient visits, as appropriate, to share information about the patient's needs and response to the plan of care?

3. **Does** the hospice staff have access to and the ability to communicate with facility staff about the patient's care as often as needed?

4. **How** staff are involved in the coordination of patient care services;

5. **How** often they participate in IDG meetings;

6. **What** kind of training do they receive by the hospice about the hospice philosophy and approach to care?

7. **Has** the family been satisfied with communication of hospice staff and availability to hospice staff after hours and on weekends/holidays?

8. **Interview** the patient and caregiver to determine how satisfied she/he is with the services provided by the clinicians identified in his/her plan of care.

9. **Does** the patient/caregiver know the visit schedule of the clinician and are visits made as scheduled. If home visits are missed does the patient/caregiver know why and are they able to easily contact the hospice if a need arises?

10. **How** does the hospice introduce and offer medical social work services to the patient/family?

**STAFF INTERVIEWS:**

Social Work

1. **Ask the social worker or clinical manager** to describe the factors that are included in the psychosocial assessment and how this information is used in the care planning process to benefit the patient/family.

**STAFF INTERVIEWS:**

Nursing

1. **Ask the clinical manager how the hospice meets the needs of patients and families who experience challenges and conflict with end-of-life care dietary issues.** This may include providing education about how the dying process naturally results in lack of appetite and intake and how this may relate to the patient's decreasing appetite and food intolerances during the end of life.

2. **Ask the clinical manager how the hospice meets the needs of patients who experience dysphasia, problematic enteral feedings, or unresolved nutritional issues secondary to nausea, vomiting, or the dying process.**

**STAFF INTERVIEWS:**

Nutrition/Dietary Counseling

1. **Ask the clinical manager how the hospice meets the needs of patients and families who experience challenges and conflict with end-of-life care dietary issues.** This may include providing education about how the dying process naturally results in lack of appetite and intake and how this may relate to the patient's decreasing appetite and food intolerances during the end of life.

2. **Ask the clinical manager how the hospice meets the needs of patients who experience dysphasia, problematic enteral feedings, or unresolved nutritional issues secondary to nausea, vomiting, or the dying process.**

**STAFF INTERVIEWS:**

Spiritual Needs

1. **Determine** through clinical record review, interview, and home visits how the hospice addresses the spiritual needs/concerns of the patients and families.

2. **How** does the hospice introduce the availability of spiritual counseling?

3. **What** mechanisms are in place to meet the patient/-family spiritual needs?





STAFF INTERVIEWS: Volunteers

1. **Conduct an interview with the individual designated to supervise the volunteers regarding the use, training, and supervision of volunteers.**

2. **How does the hospice supervise the volunteers?** Is there evidence that all volunteers receive the supervision necessary to perform their assignments?



INTERVIEW WITH ADMINISTRATOR/STAFF Regarding Patient Abuse & Neglect Policies

1. **The hospice must ensure that all hospice employees and contracted staff are trained on how and when to report allegations involving mistreatment, neglect, or verbal, mental, sexual, and physical abuse by anyone furnishing services on behalf of the hospice.** This includes reporting injuries of unknown origin, as well as misappropriation of patient property.

2. **Determine how the agency complies with these requirements:**
 - Is there evidence that the hospice staff is aware of and follows the hospice's policy for complaint investigation when a patient/family makes a complaint to a staff member?
 - Pay close attention to staff remarks and staff behavior that may represent deliberate actions to promote or to limit a patient's autonomy or choice.
 - Who in the hospice is ultimately accountable for receiving, investigating, and resolving any patient concerns or problems that cannot be resolved at the staff level?



STAFF INTERVIEWS: SNF/NF or ICF/IID Facility Staff

Interview a facility staff person knowledgeable about the needs and care of the patient and provides direct care to determine:

- Ask how the facility staff is trained in the hospice philosophy of care.
- If the patient/representative and facility staff, are not familiar with hospice philosophy, policies and procedures regarding methods of comfort, pain control, symptom management, as well as principles of death and dying, patient rights, appropriate forms, and record keeping requirements, then interview hospice staff on how they have provided education to the facility staff in these matters.
- How facility staff communicate with the hospice when there is a change in the patient's physical, mental, social, or emotional status.
- If the patient receives pain medication (including PRN and adjuvant medications), how, when, and by whom the results of medication effectiveness are evaluated (including the dose, frequency of PRN use, schedule of routine medications, and effectiveness). Is there evidence that the hospice provides services and medications, equipment and supplies necessary for pain control and symptom management on a 24-hour basis?
- How staff monitor for the emergence or presence of adverse consequences of interventions.
- How the hospice and the facility coordinate their approaches, communicate about the patient's needs, and monitor the outcomes (both effectiveness and adverse consequences).
- What system is in place to assure that the facility knows how to notify the hospice when necessary on a 24/7 basis?
- Is there any evidence that the communication is not occurring as needed during various times of the day or week or specific shifts?
- How does the hospice ensure that facility staff are able to recognize the individuals who are receiving hospice services and know that the services provided to this patient should be in accordance with the coordinated plan of care?
- What evidence is there that the hospice and the facility communicate with each other during and between patient visits, as appropriate, to share information about the patient's needs and response to the plan of care?
- Does the hospice staff have access to and the ability to communicate with facility staff about the patient's care as often as needed?
- Is there evidence that facility personnel assist in the administration of prescribed therapies included in the plan of care that exceed what a hospice family member might implement?
- How do the hospice and the facility identify the therapies that facility staff will be allowed to perform?



Table of Contents

HOSPICE SURVEY PREPAREDNESS BINDER

Include all of the items below in your "Survey Binder" to have ready for the surveyor to review upon entrance.

Note: The items in **RED** should be prepared as you near survey and re-ran each Monday morning for the survey binder.

HOSPICE SURVEY PREPAREDNESS BINDER: Table of Contents

1. Organizational Chart
2. Admission Packet
3. Lines of authority, especially if multiple locations
4. **Total # of unduplicated admissions in the past 12 months**
5. List of current hospice patients with the:
 - a. Election date
 - b. Services received (all disciplines) i.e. RN, Hospice Aide, etc.
 - c. Diagnosis
 - d. Location of services provided, i.e. residential home, SNF, ALF, etc.
 - e. For the IPU, what level of care the patient is receiving
 - f. Date Initial Assessment completed
 - g. Date Comprehensive Assessment completed
6. **List or access to name of patients scheduled for visits during the days of the survey**
7. List of contracted facilities
 - a. Identify in which facilities inpatient acute care and respite care are provided
8. **List of contracted vendors (DME, Pharmacy, etc.)**
9. List of paid staff to include job title, and credentials need to specify which are contracted staff
10. **List of volunteers with:**
 - a. start date
 - b. job function/role i.e. patient-care, administrative patient care, or administrative non-patient
11. Volunteer Coordinator and recruitment and retention program
12. **Bereavement Program supervisor/coordinator and access to records of individuals who have received services in the past 12 months**
13. List of governing body members
 - a. name, credentials of members
 - b. body meeting minutes with attendance and agendas

Other information to have ready to share, as requested by the surveyor:

- COVID Vaccine policy, staff and contractors vaccine status and documentation of proof
- Emergency Plan, to include updates regarding Emerging Infectious Diseases (EIDs), emergency training for staff and contractors and emergency plan drills
- Complaint log with oversight by Administrator and documentation of investigation and resolutions
- QAPI
- Contracts for review
- CLIA Waiver