Webinar objectives

- At the completion of this Webinar, participants will be able to:
  - Describe the top 10 survey deficiencies cited during Medicare hospice recertification surveys in 2011
  - Identify examples of the deficiencies based on actual CMS survey deficiency data;
  - Identify suggestions for regulatory compliance.

FY 2012 CMS survey deficiencies

Listed in order most frequently cited

1. §418.56(b) Standard: Plan of care
   L-Tag: L543
2. §418.76(h) Standard: Supervision of hospice aides
   L-Tag: L629
3. §418.56(c) Standard: Content of the plan of care
   L-Tag: L545
4. §418.54(c)(6) Standard: Drug profile
   L-Tag: L530
5. §418.56(e)(2) Standard: Counseling
   L-Tag: L591
6. §418.64(b) Standard: Nursing services
   L-Tag: L592
7. §418.56(e) Standard: Counseling services- Bereavement counseling
   L-Tag: L596
8. §418.64(c) Standard: Review of the plan of care
   L-Tag: L593
9. §418.56(d) Standard: Coordination of services
   L-Tag: L555
10. §418.56(b) Standard: Nursing services
    L-Tag: L591

CMS Survey and Certification Update

FY 2012 Medicare Budget for surveys

- Budget levels for Medicare surveys = 10-12% less in FY2012 than requested
- Increase in average hours per survey:
  - 45.5 hrs/survey in 2002-2008
  - 95.9 hrs in 2010 (54% increase)
- Survey & Certification Transmittal 12-12

Medicare hospice surveys

- No statutory requirement for frequency of hospice surveys
- 1,169 recertification surveys were completed in FY 2011
- CMS top ten hospice survey deficiencies comparison
  - This chart lists the top ten most frequent survey deficiencies cited for CMS fiscal years 2009, 2010, and 2011.
Survey look back…2009-2012

• §418.56 Condition of Participation: Interdisciplinary Group, Care Planning, and Coordination of Services
  – One standard of this CoP has been consistently cited as a survey deficiency at least 12 times between 2009-2012
• §418.54 Condition of Participation: Initial and Comprehensive Assessment of the Patient
  – One standard of this CoP has been consistently cited as a survey deficiency at least 8 times between 2009-2012

$\$418.56(b)$ Standard: Plan of care

• L543
  – All hospice care and services furnished to patients and their families must follow an individualized written plan of care established by the hospice interdisciplinary group in collaboration with the attending physician (if any), the patient or representative, and the primary caregiver in accordance with the patient’s needs if any of them so desire

Survey look back…2009-2012

• §418.64 Condition of Participation: Core Services
  – One standard of this CoP has been consistently cited as a survey deficiency at least 5 times between 2009-2012
• 418.76 Condition of Participation: Hospice Aide & Homemaker Services
  – One standard of this CoP has been consistently cited as a survey deficiency at least 4 times between 2009-2012

L543 deficiency examples

• Based on clinical record review and staff interviews the agency failed to follow the POC relative to hospice aides, skilled nursing visits and bereavement services for 5 out of 15 patients
• The POC listed hospice aide services 2x/wk. During a 6 wk period the aide was provided 1 time.
• POC included SW every 2 weeks, the SW visits were provided once a month

Polling Question

• How often do you monitor visit order compliance?
  – Weekly
  – Monthly
  – Quarterly
  – Yearly
  – Do not monitor
Compliance Suggestions

- Plan of care accessible to IDG
- Review and update of the plan of care
- Visit frequency
- Documentation

§418.76(h) Standard: Supervision of hospice aides

- L629
  - (1) A registered nurse must make an on-site visit to the patient’s home:
    - (i) No less frequently than every 14 days to assess the quality of care and services provided by the hospice aide and to ensure that services ordered by the hospice interdisciplinary group meet the patient’s needs. The hospice aide does not have to be present during this visit.

Administrative Compliance Suggestions

- Audit records for care plan updates
- Visit documentation
- Visit order compliance
- Triggers
  - Use of PRN visit order
  - On call contact
  - Level of care changes
  - Consultations
  - Therapy

L629 deficiency example

- Intervals of 17 days, 18 days and 20 days were noted.
- Failure of the RN to provide aide supervision at least every 14 days placed the patient’s at risk for having their personal needs adequately met
- Supervision by LPNs

- Remember! If the RN makes a supervisory visit on a Tuesday, the next supervisory visit is due by the Tuesday, which occurs 14 days later

Compliance Suggestions

- Ensure policy and procedures for hospice aide supervision are consistent with state and federal regulations
  - How area of concern is addressed
  - Annual on-site visit
- Tracking
  - Consider having the RN document supervisory visit with each routine visit
  - RN case manager or central scheduler track due dates
  - CNA involved in tracking supervisory visits
Administrative Compliance Suggestions

- Audit
  - Monitor frequency
  - Patient needs are being met
  - Verify patient and family consulted
  - Plan of care followed
  - Changes in patient condition reported

L545 deficiency example

- Initial visit a goal was developed for comfortable breathing pattern without distress
- 2 months later patient on Oxygen
- Chaplain visits and describes patient as upset
- Chaplain documented that landlady was upset that the pt had O2 in her apartment.
- The chaplain assisted the pt to call the DME Company to have the O2 removed. There was no indication that the chaplain contacted the SN/case manager or the MD regarding the pts concerns and wishes to discontinue the O2.

Polling Question

- How often do you make visits with direct patient care staff?
  - Monthly
  - Quarterly
  - Biannually
  - Annually
  - Not at all

Compliance Suggestions

- Individualized plan of care
  - Ensure problems identified in assessment are included in the plan of care
  - Updated minimally every 15 days and PRN
  - Consistency of assessment and reassessment
  - Avoid standard statements

- Care coordination
  - Ensure consistency of documentation
  - Review previous clinical notes

§418.56(c) Standard: Content of the plan of care

- L545
  - The hospice must develop an individualized written plan of care for each patient. The plan of care must reflect patient and family goals and interventions based on the problems identified in the initial, comprehensive, and updated comprehensive assessments. The plan of care must include all services necessary for the palliation and management of the terminal illness and related conditions
Administrative Compliance Suggestions

• On-site Visits
  – With staff
  – Without staff

• Plan of Care Audits
  – Patient specific plan of care
  – Integrates changes based upon assessments
  – Documents collaborative efforts involving IDG
    including the attending physician

L530 deficiency examples

• Failure to ensure a review of medications on the initial comprehensive assessment
• Morphine allergy noted on same physician’s order sheet that had a morphine order.
• ASA allergy on MD order sheet. On the same order sheet had an order for 81mg ASA daily
• The SN was leaving the home as the aide and the surveyor were entering. The RN stated that there were no new medications. During the visit, the patient’s primary caregiver presented 2 new medications

Compliance Suggestions

• Ensure consistent assessment of medication review at every routine visit
• Ensure drug profile review is documented
• Individual with education and training

#4

§418.54 Condition of participation: Initial and Comprehensive assessment of the patient

§418.54(c)(6) - Drug profile

• L530
  – A review of all of the patient’s prescription and over-the-counter drugs, herbal remedies and other alternative treatments that could affect drug therapy. This includes, but is not limited to, identification of the following:
    • (i) Effectiveness of drug therapy
    • (ii) Drug side effects
    • (iii) Actual or potential drug interactions
    • (iv) Duplicate drug therapy
    • (v) Drug therapy currently associated with laboratory monitoring

Administrative Compliance Suggestions

• Ensure policies and procedures and assessment forms include components of the drug profile review
• Staff training
• Ensure the updated drug profile is part of the update to the plan of care
• Audit
  – Comprehensive assessment includes accurate drug profile
§418.56(e) Standard: Coordination of services

The hospice must develop and maintain a system of communication and integration, in accordance with the hospice’s own policies and procedures, to-
(1) Ensure that the interdisciplinary group maintains responsibility for directing, coordinating, and supervising the care and services provided.

L555 deficiency example

A pt residing in an ALF did not receive 2 medications in accordance with the POC
The patient was on automatic refills but because there were temporary changes to the dosages the auto refills were placed on hold.
The pt went without these meds for approximately one month
As soon as the RN realized she contacted the physician and both meds were resumed

Compliance Suggestions

• Consistency and follow-up is crucial
  – Review previous visit notes when composing current visit note to ensure that there is documentation addressing previously identified problems
    • What is the outcome?

• Access to the plan of care

• Review of the plan of care

Administrative Compliance Suggestions

• Ensure the IDG maintains responsibility for directing, coordinating and supervising the care and services provided
  – Communication among team members
  – Communication with outside agencies

• Compare clinical notes to the plan of care

§418.64(b) Standard: Nursing services

#6
§418.64(b) Standard: Nursing services

• L591
  (1) The hospice must provide nursing care and services by or under the supervision of a registered nurse. Nursing services must ensure that the nursing needs of the patient are met as identified in the patient’s initial assessment, comprehensive assessment, and updated assessments.

L591 deficiency example

• No measurements of wounds
• Peritoneal catheter (to drain the fluid that was collecting around the abdominal organs) in place no indication in the clinical record of assessment for s/s infection. No indication that the family was taught how to care for the catheter. During an interview with the RN it was determined that the family and been taught how to care for the catheter.

Compliance Suggestions

• Ensure staff functioning within the parameters of their scope of practice and agency policies
  – Delegated tasks
  – Supervision requirements met
• Ensure nursing needs are met as identified in assessments
• Document delegation in the plan of care
• Document education on delegated clinical care

Administrative Compliance Suggestions

• Ensure policies support state practice acts
• Visits with staff
• Educate staff on supervisory requirements and agency policies
• Audits
  – Consistency of nursing services
  – Evidence of appropriate delegation
  – Documentation

§418.56(d) Standard: Review of the plan of care

• L552
  – The hospice interdisciplinary group (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

§418.56 Condition of participation: Interdisciplinary group, care planning, and coordination of services
L552 deficiency example

- For 3 of 6 patient's clinical records reviewed the plans of care were reviewed on a monthly basis. There policy was for an every 14 day review.

- For 5 of 10 patients the regulation was not followed. The length of time between reviews ranged from 19 to 33 days. The agency policy was for every 2 weeks.

Compliance Suggestions

- Ensure the IDG is communicating and collaborating on care needs
  - Among IDG members including attending physician
  - Community resources
  - Contracted agencies
  - Patient, caregiver and family

- Document the review of the plan of care

Administrative Compliance Suggestions

- Audit
  - Documentation of collaboration between the IDG and the attending physician
  - Documentation the plan reviewed and updated
- Assess for evidence of internal and external communication outside of the IDG meeting
- Triggers
  - Level of care changes
  - Caregiving issues
  - Pain or symptom management crisis
  - Evaluation or initiation of therapy

§418.64 Condition of participation: Care services

#8

§418.64(d) - Counseling services
Bereavement counseling

- L596
  - (1) Bereavement counseling. The hospice must:
    - (i) Have an organized program for the provision of bereavement services furnished under the supervision of a qualified professional with experience or education in grief or loss counseling
    - (ii) Make bereavement services available to the family and other individuals in the bereavement plan of care up to 1 year following the death of the patient. Bereavement counseling also extends to residents of a SNF/NF or ICF/MR when appropriate and identified in the bereavement plan of care

- (ii) Development of a bereavement plan of care that notes the kind of bereavement services to be offered and the frequency of service delivery.
L596 deficiency examples

- Bereavement files in the survey sample revealed no evidence of contact to the patient’s family following the patient’s death to offer bereavement services or determine bereavement needs.

Compliance Suggestions

- Ensure initial and ongoing bereavement assessments are completed and documented.
- Document attempts to contact caregiver and/or identified family members after the death.

Polling Question

- If the agency policy is stricter than state or federal regulations the agency is held to the policy standard.
  - True
  - False

Administrative Compliance Suggestions

- Policy and procedure on bereavement assessments and provision of bereavement services after the death.
- Audits
  - Initial bereavement assessment
  - Ongoing bereavement assessment
  - Plan of care
  - Documentation of contacts made according to the plan of care.

§418.76(c) Standard: Competency evaluation

- An individual may furnish hospice aide services on behalf of a hospice only after that individual has successfully completed a competency evaluation program as described in this section.
- §418.76(c)(1) - The competency evaluation must address each of the subjects listed in paragraph (b)(3) of this section. Subject areas specified under paragraphs (b)(3)(i), (b)(3)(iii), (b)(3)(ix), (b)(3)(x) and (b)(3)(xii) of this section must be evaluated by observing an aide’s performance of the task with a patient. The remaining subject areas may be evaluated through written examination, oral examination, or after observation of a hospice aide with a patient.
**L615 deficiency examples**

- Based on charts in the survey sample, hospice provider failed to ensure the competency of the aides was evaluated
  - The hospice provider’s policy was to review the skills of the aides 90 days after hire
  - No evidence of a skills checklist at the time of hire, either in practice or in policy

**Compliance Suggestions**

- Have a process to track documentation of qualifications and competency
- Demonstration of competency

**Administrative Compliance Suggestions**

- Audit personnel files

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**§418.54(b) Standard: Timeframe for completion of the comprehensive assessment**

- **L523**
  - The hospice interdisciplinary group, in consultation with the individual’s attending physician (if any), must complete the comprehensive assessment no later than 5 calendar days after the election of hospice care in accordance with §418.24.
  - **NOTE:** the comprehensive assessment should be completed no later than five calendar days after the effective date of election. For example, if the patient’s election for hospice is effective on Monday then the hospice has until the following Saturday (which is five calendar days after Monday) to complete the comprehensive assessment.

**L523 deficiency example**

- RN visited patient on 3/22/11 for admission assessment
- Social worker attempted visit on 3/23/11, but not completed. SW visit completed on 3/30/11
- No evidence of interdisciplinary coordination regarding the admission in the clinical record
Compliance Suggestions

- Ensure staff understand the initial and comprehensive assessment differences and time requirements
- Process to assess need if the member of IDG is refused
- Documentation of
  - refusal of a member of the IDG
  - RN consultation of the other IDG in developing the initial plan of care
  - Collaboration with the attending physician, if any

Administrative Compliance Suggestions

- Policy on the initial, comprehensive and updated assessments
- Audits

More Resources

- CMS FY 2011-2012 Top 10 Hospice Survey Deficiency Tip Sheet
- CMS FY 2011-2012 Top 10 Hospice Survey Deficiency Audit Tool

Why do we care?

- Compliance = Continued hospice licensure and Medicare certification
- Scrutiny of Medicare/ Medicaid contracted auditors
  - Zone Program Integrity Contractors (ZPIC)
  - Medicaid Program Integrity Contractors (MIC)
  - Recovery Audit Contractors (RAC)
  - Quality Improvement Organizations (QIO)
- Quality Reporting
  - Value based purchasing in the future?

Q&A

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