

Outline of Hospice Survey Process

Task 1: Pre-survey preparation

- Review hospice files for compliance history, disclosure of ownership, complaints received, etc.

Task 2: Entrance interview

- Present identification; introduce team members; ask to meet with administrator or designee
- Review purpose of survey, survey process (home visits, record review, interviews, observations, all conditions evaluated), estimate time for completion
- Required documents
 - Form CMS-643: Hospice Survey and Deficiencies Report
 - Form CMS-417: Hospice Request for Certification in the Medicare Program
- Ask administrator to explain organizational structure, services provided (directly & under arrangement), multiple locations, in-patient facilities, etc.
- Request information (list of all active patients, number of unduplicated admissions during the most recent 12-month period, home visit schedules, bereavement records, personnel files, aide training & competency, in-service training, Quality Assessment & Performance Improvement (QAPI) plan, interdisciplinary group (IDG) meeting(s) scheduled for time of survey, etc.)

Task 3: Information gathering

- Patient Care: Is there evidence the hospice:
 - Promotes and protects the rights of patients
 - Involves patient/family, as desired, in plan of care development
 - RN completes initial assessment within 48 hours of election of hospice care
 - IDG completes comprehensive assessment within 5 calendar days of hospice election
 - IDG performs accurate comprehensive assessments and necessary updates
 - Develops individualized plan of care to meet identified needs/updated as needed
 - Furnishes care according to the plan of care & provides coordination of care
 - Plan of care and clinical record reflect activities of all disciplines
 - IDG/relevant care providers share information, continuity and coordination of care
 - Provides education to patient/family
 - Employs qualified personnel
 - Provides hospice aide services as needed/RN provides individualized written instructions
 - Conducts onsite RN supervisory visit every 14 days (aide does not need to be present)
 - Has an effective infection control program
 - Maintains a hospice-wide QAPI program
- Organizational Environment: Is there evidence that the hospice:
 - Governing body ensures ongoing program to promote QAPI
 - Administrator assumes responsibility for day-to-day operations
 - Understands/implements performance improvement/utilizes data collected
 - Provides care/optimizes comfort/dignity/consistent with patient/family goals & needs
 - Maintains professional management responsibility/services provided under arrangement
 - Has nursing and physician services, drugs and biologicals routinely available 24/7
 - Provides other covered services/24 hour basis when reasonable and necessary
 - Provides drugs/treatments/medical supplies related to terminal illness as needed
 - Arranges for necessary inpatient care according to §418.108
- Clinical record review (RR)
 - Select representative sample of clinical records (all payment sources, different settings and terminal diagnoses) as follows:

Unduplicated admits 12 mo. period	Minimum # of RR without home visit	Minimum # of RR with home visit	Total record reviews
Less than 150	8	3	11
150–750	10	3	13
751–1,250	12	4	16
1,251 or more	15	5	20

- Review 2-3 bereavement care plans to determine if services meet needs of bereaved

- Home visit procedures
 - Select a minimum sample according to chart on previous page (include all payment sources, different settings and terminal conditions)
 - Obtain patient's verbal consent via telephone prior to visit
 - At the patient's home:
 - Obtain patient's written consent before beginning visit (SOM Exhibit 128: Model Consent for Hospice Home Visit Form)
 - Indicate purpose of visit is to evaluate quality and effectiveness of hospice services
 - Assess quality of care by observing agency personnel implementing the plan of care
 - Interview patient/caregiver
 - Who comes to see you from hospice?
 - Frequency of care and services?
 - Involvement in planning care?
 - Pain control? Adequate medications?
 - Ability to talk about spiritual concerns?
 - Contacts with hospice on weekends, nights, holidays?
 - Satisfied with services? Complaints?
 - Discontinue interview if patient:
 - Requests it, is uncomfortable, reluctant to talk, appears tired, overly concerned or agitated
- Follow-up procedures
 - Investigate complaints concerning delivery of care and services
 - Determine compliance issues with:
 - Patient rights; accuracy of initial and comprehensive assessments; individualized plan of care; plan of care updated as required, adequate pain control/symptom management; clinical records; use of volunteers if required; routine provision of substantially all core services; provision of all required services as necessary, including hospice aide and counseling; provision of nursing and physician services, drugs and biologicals on a 24/7 basis; retaining professional management responsibilities for all services provided under arrangement; QAPI program; infection control; etc.

Task 4: Information analysis

- Analyze findings relative to each requirement
- Determine effects or potential effects on the patients (degree of severity, frequency of occurrence and impact of the delivery of services)

Task 5: Exit conference (Refer to SOM 2724 for additional information)

- Verbally present preliminary findings
- Describe regulatory requirements not met and findings that substantiate deficiencies
- Present Form CMS-2567 onsite or within 10 working days of exit conference
- Provide instructions and timeframe for submitting Plan of Correction (due within 10 calendar days of receipt of Form CMS-2567)

Task 6: Formation of the Statement of Deficiencies (Refer to SOM 2728)

- Statements of Deficiencies (Form CMS-2567) become public information. Write the deficiency statement in terms specific enough to allow a reasonably knowledgeable person to understand the aspects of each requirement not met.
- Refer to the Principles of Documentation for detailed instructions on completing the Form CMS-2567. Include information from observations, interviews and documentation reviews. Include the date, time and location of observations, interviews and findings.