Are You Stuck in a Regulatory Nightmare?

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OBJECTIVES

Participants will:
• Understand standards and regulations to know: CMS, State, Accrediting Body
• Understand, and the difference between standard and conditional deficiencies
• Understand the survey process
• Know the common deficiencies seen on surveys
• Be able to perform Mock Surveys in Agency
• Understand how to have an effective QAPI program for successful surveys
• Know the importance and value of involving all of your staff!

Today's Regulatory changes and additions can make you stressed and confused!

This class will show you how, by doing regular assessments of your agency, you can stick to the basics to ensure ongoing compliance and feel in control again!
What you must READ and Understand to stay in compliance

• Medicare Conditions of Participation - COPS
• State Laws & Regulations
• Accrediting standards, if applicable
• Medicare Billing Manuals – MAC specific
• All Managers must read and know all regulations!
• Field and office staff need to have applicable regulations to read and understand

Frequently Agencies say “I don’t know why the surveyor is saying they need something.” …… then they say they have not read or understood the COPs, State Laws, and/or Accrediting Body Standards!

Conditions of Participation CoPs

❖ The Rules to be in the Medicare Hospice Program!
- To be Medicare Certified you must be in compliance with these Conditions to Participate in the program
- All in hospice agency should read them
- If your agency doesn’t follow the COPs, can have Medicare Certification taken away
- Many times employees of all levels in agencies do Not know the COPs and so do not know WHY we need to do the practices we do.
- Reading and understanding the regulations is what helps all staff be on board and engaged!

❖ You 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
- No Sanctions yet for Hospice as for Homecare but will they be coming??
A standard level deficiency means you were not compliant with one of the standards under a condition.

In order to correct this standard level deficiency you must of course show that you are back in compliance:
- By writing a plan of correction – detailed with how you will fix now and on-going.
- This must be approved by the State Surveying Body or the Accrediting Body with whom you have deemed status.
- 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.

CoPs Condition Level Deficiency

This means you 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.
- When you get a ‘Condition’, the state or accrediting body notifies Medicare that you have a condition level deficiency.
- You will receive a letter from CMS stating you are non-compliant with the CoPs for Hospice.
- You are at risk of losing your Medicare Certification if you do not abate the Condition quickly.

The Condition must typically be abated within 10 days of survey so, do NOT wait for regulatory report to come!
- The state or accrediting body will return in approximately 30-60 days from the last day of your survey, NOT from the date your plan of correction was approved.
- You must have improved greatly in this Condition that is out of compliance in this survey or you are at risk.
- Once you are back in compliance with this Condition, it is crucial that you have an on-going process in place to ensure that you remain in compliance.
CoPs
Some are Specific, Such as in Aide Services

- Aide supervisory visit no less than every 14 days
- Aide assignment sheet must be prepared and updated with specific information for the Aide to follow
- Aide must follow assignment sheet prepared by RN exactly

SO why are these still out of compliant so often?
- Is it because staff do not understand that this is in the rules that allow you to be a hospice agency?
- Or because you do not have tight processes in place?
- Need to drill down to find out the problem with compliance in the “simple” regulations you must follow in order to remain in compliance

But many are not prescriptive – they tell you what must be achieved, but do not tell you specifically how to do it.
- For these you MUST understand what the intent is!
- Read interpretive guidelines or ASK!

State Regulations
Missouri has specific Hospice state regulations
- So must be sure that all staff in your agency know these as well as COPs.
- Anything that is more strict than COPs must be followed
Accreditation Standards - 3 Organizations for Deemed Status for Medicare Homecare and Hospice

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

Hospices Must continue to follow the Missouri state regulations, the CoPs, and must be in compliance with the accrediting body standards.

Accrediting surveyors will survey for all of these regulations when you have “Deemed Status”.

An Agency can also be Accredited without “Deemed Status”

- In this case, the Accrediting surveyor will ONLY look for compliance with those standards.
- And the Agency will continue to have the State Surveyors do the state and Medicare surveys.

Accrediting Body Standards

Main categories that are elevated from state and Medicare regulations:

- Policies
- In-services
- Competencies
- Quality Improvement
SO………… How do you stay compliant with all of these Regulations??

- UNDERSTAND the meaning of the standard
- PRIORITIZE standards by those that you are non-compliant in first
- ASSESS - Your Agency → Mock Survey
- ACTION PLAN
- EDUCATE!
- QAPI Program- Ongoing AUDITs and Action Plans!

UNDERSTAND the 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 state associations, accrediting body, List Serves, consultants, colleagues!
- Read Interpretive Guidelines- these tell you specifically what the surveyor will need to review!
- Assign all Managers to re-read the CoPs, State Regulations and accrediting standard, if applicable. Set a complete date, Example: 30 days. This should be done annually!
- For all Staff, on a monthly basis, review one Condition, or if too broad in scope then several standards. Have this on the schedule for each year during in-services/staff meetings etc.

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 QAPI staff) from your agency or another location if multi-site. If none, consider consultant with appropriate survey expertise. May have to train your employee.
- Even if your own employees are performing it, do it formally.
- Select dates. Keep it unannounced as a survey is
- Request information as surveyor would.
- Do home visits.
- Interview staff.
- Sit in on IDG

View the Agency with Objective Eyes

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 Diagnosis, SOC and Discharge dates

Mock Survey
Beginning of Survey

- Schedules for Home Visits
  - All disciplines, Various types
  - Close proximity to agency location
- Day and time of IDG meeting
- Interviews – set up day/times for Medical Director, Chaplain, MSW, Bereavement and Volunteer Coordinators, QAPI Coordinator
- Active Employee List
  - Include Discipline, status and Date Of Hire
Mock Survey - Items Reviewed During Survey

- Review Previous Regulatory Surveys – State/Medicare/Accrediting
  - Review the results of your last survey
  - If deficiency, be sure the Agency is continuing to follow the plan of correction and that there is substantial compliance.
- QAPI program - report, audits, analysis, action plans, meetings for past year
- Complaints, Incidents, Infections, Customer Satisfaction
- In-service, Orientation, Competency, Staff Meeting Minutes

Mock Survey - Items Needed During Survey

- MSDS
- Emergency Preparedness plans and testing
- Approved physician list
- Policy and Procedure manuals - Administrative & Clinical
- Personnel records for identified staff
When scheduling home visits:

- Do the number or higher than the surveyor will do in order to get a good cross-section of all disciplines.
- Various Length of Stays.
- All patient settings available.
- Review the Clinical Record prior to Visit, so that you are aware of physicians orders, aide assignments, etc.
- Check the clinician’s car setup & supplies if appropriate setting.
- Interview clinician before and after the visit, if appropriate.
- If unable to, interview clinician back at agency.

Interview patient and/or Caregiver

- Ask questions that a surveyor would ask (examples):
- Hot line numbers
- Were they taught infection control?
- Do they know who and when staff are coming?
- Have they ever had to get in touch with Agency after hours? If so were they able to in a timely manner, and was issue resolved?
- Have they had problems with the Agency at all?

Locate and review Home Folder

- Are the required items in place, ex from Agency policy and signed copy of consents, etc.
- Observe the Visit: Do Not intervene unless Safety issue noted.
- Ensure the person visiting during the mock survey knows how to view the visit as a surveyor does: what to look for, ex, is infection control being followed, is patient safe with the aide, are patient rights being followed.
Mock Survey
Clinical Record Reviews

- Review the home visit records in full after the visit
- Review various types of records:
  - Diagnoses, various length of stays, all settings: home, nursing home, GIP, respite, wounds
- Review most recent last certification period to present
- Ensure audit tool is appropriate to what surveyors review
- Ensure the person auditing during the mock survey knows how to review the records as a surveyor does

Mock Survey
Clinical Record 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
- 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

Observe For These Common Non-compliant Areas From Missouri Surveys

- Plan of Care
- Comprehensive Assessment
- Discharge or Transfer
- Aide Services:
  - Assignments
    - RN completing & revising thoroughly
    - Aide following assignment sheet
    - Aide supervisory visits
- Exercise of Patient Rights
- Orientation/ Training of Staff
- Medications – Label, Dispose, Storage
- Coordination of Services
- Counseling Services
- QAPI
Be aware of ADR Denial
Additional Vulnerabilities

Documentation Lacking:
- Support of hospice diagnosis
- Progressive decline
- Sufficient documentation in IDG meetings stating the progress and/or lack of progress, and interventions consistent with visit notes and care plan
- Long service or hospice service in conjunct with SNF, without indicating value from hospice services

Mock Survey

- HR Files – use audit tool to cover all required by your state and accrediting body
- Review at least one file from each discipline, plus the managers
- Contract Files – Review contract of all settings, i.e. General in-patient, respite, DME, Pharmacy, etc.
- Volunteer files – have audit tool that covers all that is required for the volunteers, for admin and patient care
- QAPI – have QAPI designee review past year with you. Clinical & admin monitoring, NQR, etc. Action Plans- More on QAPI later
- Walk Through of Agency – Fire Safety, Infection Control, Bio Hazard, Medication Refrigeration, Supplies, Confidentiality

Mock Survey Findings / Deficiencies

- Write a statement of each finding. Be specific with findings. Then associate it with a regulation
- Cite the deficiency from state, COPs and accrediting to help all staff 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
➢ QAPI Monitoring

Action Plan
➢ Specifics found
   ▶ Example – in 3 of 8 charts reviewed, physician orders were not followed. State for each chart what was not followed.

Action Items:
➢ Education – review with appropriate staff what physician orders were not followed and how.
➢ Process change - from the education, often the team will recommend changes in the process in order to better ensure compliance.
➢ QAPI Monitoring – Quality Indicator: 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 – Example: wounds, medications, visit frequency

Use your 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!
➢ Prioritize deficiencies and develop Quality Indicators
➢ Choose activities that can help you improve your organization
➢ Do Not just have Busy Work in order to ‘Comply’ with QAPI!
QAPI Program

On-going Clinical Record Reviews

- Excellent way to have ongoing compliance in your clinical records, AND Educates your Staff as well!
- Start Record review with each admission
- Have a Team assigned to certain group of patient records
- Multiple employees can review over course of admission
- Set up for every 2 weeks
- Review to ensure corrections were made from last review, and then review up to present
- Only review from last time audited so Quick

Analyze Results and Trends of QAPI

The Key to Maintaining Compliance to Regulations is to take the information from the Mock Survey and QAPI 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. . .
- Meeting compliance on an ongoing basis becomes a culture throughout your Agency!

Annual calendar:
• Mock Survey
• Ongoing Education to Regulations and Findings
• QAPI monitoring and action items all throughout the year

How to Address the Issues on An Ongoing Basis

- Spend the majority of your time on the biggest challenges
  - Prevent Condition Level Deficiencies
- Prioritize – what needs your attention the most?
- Big Vulnerabilities – Implement Task Force of all Stakeholders
  - Have this team of your Hospice staff brainstorm to develop great Action plans
- May use a Root Cause Analysis method (Fish Bone!)
- 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!
Keys To Success:
Those agencies that perform QAPI: Clinical Record Reviews, Home Visits, and Mock Surveys annually are the ones that do the best on their Surveys and ADR’s……and are the least stressed!

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