

## IDT Guidance to the Survey Process

### Surveyor Focus

The Conditions of Participation (CoPs) were updated by the Centers for Medicare and Medicaid Services (CMS) in 2008. With that update, the hospice survey process emphasizes outcome-oriented performance and its effect on patients. The survey process directs the surveyor to focus on the services being provided, and then to examine the structures and processes that contribute to the quality of service provision. The primary focus of the survey is on patient outcomes, the hospice's practices in implementing the requirements, and provision of hospice services. The surveyor considers the interrelatedness of the regulations while evaluating compliance through observations, interviews, home visits, and clinical record reviews. The interdisciplinary staff is at the heart of each of these areas.<sup>1</sup>

In late 2020, Congress passed the Consolidated Appropriations Act of 2020, which included significant changes to the hospice survey process and added enforcement remedies. Hospice survey frequency is now required at least once every 36 months. The implementing regulations outline a focus on the four Conditions of Participation that most impact quality hospice patient care. They are:

- § 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 team, care planning, and coordination of services
- § 418.58 Condition of participation: Quality assessment and performance improvement.

Providers should expect increased surveyor focus for these four conditions of participation. In addition, CMS has directed surveyors to provide additional scrutiny for § 418.60 – Infection Control to review processes in place to address COVID-19 infections. CMS has also issued additional guidance about the implementation of the CMS COVID-19 Vaccine Mandate, with a goal of 100% staff vaccination in early 2022, according to deadlines listed in the CMS guidance at [QSO 22-007-ALL, 22-009-ALL and 22-011-ALL](#) Hospice guidance ([Attachment C](#)). More detail on the implementation of the CMS COVID-19 mandate can be found in Regulatory Alerts at the NHPCO Regulatory & Compliance Center.

### Example Review Questions for Clinicians

During active survey, a surveyor may interview specific interdisciplinary staff as part of the survey process. The purpose of staff interviews is to substantiate and support any findings of non-compliance with the CoPs. These questions may include, but are not limited to:

- Who is your supervisor and how is he/she contacted regardless of your schedule?
- What is the agency policy for completing initial and comprehensive assessments and the IDT Plan of Care?
- How do you review the most current orders for treatments and medications?
- How do you document and report a change in the patient's condition?
- How do you get report and give report to your Supervisor and the other IDT team members?
- How do you share patient updates with other interdisciplinary team members?
- How are medications reconciled? What is the duty of the RN when discrepancies are found?
- How do you involve the patient and/or family in developing the plan of care?
- How does the RN supervise aides and LPNs? What is the frequency of supervision visits?

### The Purpose of Home Visits

Accompanying hospice staff on home visits yield a surveyor valuable information about how a hospice operates and complies with the regulations. Some of the areas that the surveyor will investigate can include, but are not limited to how a hospice:

- Promotes and protects the rights of patients
- Conducts the initial and comprehensive assessments
- Updates the comprehensive assessment
- Implements and updates the plan of care
- Promotes patient/family satisfaction
- Provides drugs, treatments, services and durable medical equipment (DME)
- Uses volunteers for patient and administrative support
- Provides the required level of care related to the needs of the patient

## Choosing Patients for Home Visits

The surveyor will complete 3-5 home visits with hospice staff based the hospice's total number of unduplicated admissions during a recent 12-month period. The surveyor identifies and selects patients who will receive hospice services during the remaining days of the survey. Additional home visits may be made as needed to determine the scope of any concerns initially identified by home visits or record reviews.

- The good news is many times the hospice will have control regarding the list of patient visits that is provided to the surveyor. This will enable the hospice to recommend patients with strong or experienced clinicians as staff for a home visit.
- Patients selected for a home visit will have their clinical record reviewed by the surveyor either before or after the visit.
- Patient consent - Patients must understand that a home visit from a surveyor is voluntary and refusal to consent to a home visit will not affect Medicare/Medicaid benefits to which they are entitled.
  - The hospice will contact the patient/representative or family to determine if they will allow a home visit from a surveyor.
  - If the patient/representative or family agrees, the patient (or representative) should sign the hospice visit consent form before beginning the visit.
- Patients with different terminal diagnoses in different care settings receiving routine home care (i.e., private residence, nursing facility, etc.,) will be selected for a home visit. **NOTE:** If in reviewing contracts or other documentation (i.e., clinical records, plans of care), questions arise concerning the hospice's provision of inpatient care, either directly or under arrangements, a surveyor will conduct an onsite visit to the facility providing the inpatient services to review the care provided.
- The surveyor will select home visits with different individuals providing the services (i.e., nurse, social worker, hospice aide).

## The Home Visit

Interdisciplinary staff whose patient is selected for a home visit may be nervous to have a surveyor accompany them on a visit. That is very normal. Knowing what to expect from the surveyor during the visit should help staff to calm their nerves.

- Getting the surveyor to the home visit
  - The surveyor will usually ride with a hospice staff member to a patient visit.
  - To lessen the interdisciplinary staff member's anxiety, it is recommended that the clinical director or manager drive the surveyor to the home visit. The clinical director or manager can then observe the visit and provide support to the interdisciplinary staff member.
- Surveyor's role:
- He/she will talk with the patient, family/caregiver or both and let them know that the primary purpose of the home visit is to evaluate the effectiveness of the hospice's services.
  - He/she will observe the communication and care provision of the hospice team member.
  - He/she may ask the patient, family/caregiver questions during the home visit. These questions may include but are not limited to:
    - ▶ Who comes to see you from the hospice?
    - ▶ How frequently do you receive care and services?

- ▶ Has the nurse talked with you about treating your pain and/or other uncomfortable symptoms?
- ▶ Have there been any instances where the hospice failed to respond to the patient's request for pain medication or symptom management?
- ▶ Have you ever had to wait long to get medication for discomfort? If yes, how long was the wait?
- ▶ Has someone from the hospice given you a chance to talk about your religious or spiritual beliefs or concerns?
- ▶ Have you ever needed to call the hospice on weekends, evenings, nights, or holidays? What was your experience with this?
- ▶ Have you received care in any other setting while under hospice care? If so, what was your experience?
- ▶ Since you have been receiving care from the hospice, have you had any out-of-pocket expenses for your health care? If yes, what kind?
- ▶ How satisfied are you with the services provided? Do you have any suggestions for improvement?
- ▶ Would you recommend this hospice?
- Interdisciplinary staff role:
  - Provide care to patient and family per the updated patient plan of care.
  - Address previously identified patient problems and progress towards identified goals.
  - Observe and comply with your organization's infection control policy/procedure during the home visit.
    - ▶ Pay close attention to managing infection control of your clinical bag, your equipment (i.e., Stethoscope), and hand washing while you are on the visit.
  - Ensure that translation services are coordinated for all visits when they are required. Family should not be used as translators unless the patient specifically requests that accommodation.
  - Hospice staff should be respectful and courteous to the surveyor even if you disagree with his/her interpretation of a regulation. If this occurs during a home visit, save that discussion for after home visit and outside of the patient's home.

## Post Home Visit

- If hospice deficiencies are identified as a result of a home visit and/or clinical record review, the surveyor will cite these deficiencies on the Statement of Deficiencies and Plan of Correction (Form CMS-2567). These deficiencies could include, but are not limited to:
  - Failure to promote and protect the patient's rights
  - Failure to accurately conduct a patient-specific comprehensive assessment that identifies the patient/family's need for hospice care and services, and the patient/family's need for physical, psychosocial, emotional, and spiritual care
  - Failure to develop and implement a plan of care that meets the needs identified in the initial or comprehensive assessment
  - Failure of the IDT to meet the physical, medical, psychosocial, emotional, and spiritual needs of the hospice patient/family
  - Failure to provide all covered services, as necessary, including the continuous home care level of care, respite care and short-term inpatient care
  - Failure to provide nursing and physician services, drugs and treatments on a 24- hour basis
  - Failure to retain professional management responsibility for all hospice services provided under contract to patients
  - Failure to develop, implement, and maintain an effective, ongoing, hospice-wide data-driven QAPI program.

## Resources

- <sup>1</sup>Centers for Medicare and Medicaid Services. State Operations Manual Appendix M - Guidance to Surveyors: Hospice. Appendix M is the complete guide for surveyors on the hospice survey process, including the Interpretive Guidelines. Use this link for the latest updates to [Appendix M](#).