Hospice Day 2
Home Health Day 1
Consultant Certification

An Interactive Training

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Director of Education
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While you are waiting…

use the chat box to tell us

First name
State you live in
Service lines
A fun fact about yourself
Housekeeping

- Introductions
- Agenda and Handouts
- Muting
- Use of Chat
- Raise and lower of hand

Get to Know Each Other

When placed in Breakout Rooms, take a couple of minutes to each think about a fun fact to share.

Some previous fun facts included, a professional gambler, several service men and women, a marathon runner, a Michael Jackson impersonator, a world traveler, and of course lots of proud grandparents and four legged parents.

Each person takes a minute to share their name/state/service line they consult in/one fun fact.
Infection Prevention and Control
Hospice- HIPC Home Health- IPC
### Standards of Excellence

#### Similarities and Differences

<table>
<thead>
<tr>
<th>Hospice IPC P/P</th>
<th>Home Health IPC P/P</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIPC 1.D</td>
<td>IPC.1.D</td>
</tr>
<tr>
<td>HIPC 8.D</td>
<td>IPC.1.D.M1</td>
</tr>
<tr>
<td>HIPC 10.D</td>
<td>IPC.1.I</td>
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<tr>
<td></td>
<td>IPC.1.I.M4</td>
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<tr>
<td></td>
<td>IPC.3.I</td>
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<tr>
<td></td>
<td>IPC.4.I</td>
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<tr>
<td></td>
<td>IPC.4.I.M1</td>
</tr>
<tr>
<td></td>
<td>IPC.10.I</td>
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</tbody>
</table>

#### Program Goal

Each organization must maintain and document an effective infection control program that protects patients, families, visitors, and hospice personnel by preventing and controlling infections and communicable diseases.
Prevention  (CDC Healthcare Infection Control Practices Committee)

Six Standard Precautions
- Hand Hygiene
- Environmental Cleaning and Disinfection
- Injection and Medication Safety
- Appropriate use of Personal Protective Equipment
- Minimizing Potential Exposures
- Reprocessing of reusable medical equipment between each patient and when soiled.

Foundation Needed
- Policies and Procedures
- Protocols for education of staff/patients/caregivers
- Monitoring for compliance

Control

Coordinated agency-wide program
- Surveillance
- Identification
- Prevention
- Control
- Investigation of infectious and communicable diseases

QAPI
Includes:
- Identifying infectious and communicable disease problems;
- A plan to result in improvement and disease prevention.
Education

- Employees
- Contracted Providers
- Caregivers
- Patients
- Family

Review the Handouts – Pages 38-39

Handwashing

Bag Technique
Discussion
2022 Top Findings in IPC - HH

<table>
<thead>
<tr>
<th>Standard</th>
<th>Home Health Content</th>
<th>CMS Tag</th>
</tr>
</thead>
<tbody>
<tr>
<td>IPC.3.1.M1</td>
<td>Instances in which the use of hand hygiene is implemented (29%)</td>
<td>G 682</td>
</tr>
<tr>
<td>IPC.4.1.M1</td>
<td>Bags that carry equipment/supplies used consistent with policy (16%)</td>
<td>G 682</td>
</tr>
<tr>
<td>IPC 8.1</td>
<td>TB screening per state local regulation or CDC (11%)</td>
<td>G 684</td>
</tr>
<tr>
<td>IPC.4.I.M2</td>
<td>Appropriate storage, transport and use of sterile materials (6%)</td>
<td>G682</td>
</tr>
<tr>
<td>IPC.21</td>
<td>Agency demonstrates vaccination status or documentation reflects exemption or exception (5%)</td>
<td>G687</td>
</tr>
</tbody>
</table>

Top Findings IPC

**IPC3.I.M1; 484.70(a) Prevention**

**G682- Hand Hygiene: 5 elements**

**IPC4.1.M1**

**G682-Bags are transported and used in a manner consistent with organizational policy to prevent the spread of infections and communicable diseases.**

**IPC8.I**

**G684-personnel are screened and tested according to P/P**
# 2022 Top Findings in HIPC - Hospice

<table>
<thead>
<tr>
<th>Standard</th>
<th>Hospice Content</th>
<th>CMS Tag</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIPC 9.I</td>
<td>Addressing risk for occupational exposure to TB (35%)</td>
<td>NONE</td>
</tr>
<tr>
<td>HIPC 2.I</td>
<td>Appropriate use of standard precautions (19%)</td>
<td>L579</td>
</tr>
<tr>
<td>HIPC 4.I</td>
<td>Bag Technique (12%)</td>
<td>L579</td>
</tr>
<tr>
<td>HIPC 1.D</td>
<td>Infection control program includes the required elements (5%)</td>
<td>L582</td>
</tr>
<tr>
<td>HIPC 13-18</td>
<td>Requirements related to vaccination status/exemption/exception (3%)</td>
<td>L900</td>
</tr>
</tbody>
</table>

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**Top Findings HIPC**

**L579- Prevention-** 418.60(a): Standards of Practice

**HIPC 2.I** - Use of standard precautions – handwashing, gloves, waste disposal, PPE

**HIPC 4.I** - Bags used to carry medical equipment (e.g., BP cuff) or supplies into or out of the care environment
Tips for Success

- Conduct Observation in the field
- Include the trunk and field bag in the review
- Know state specific requirements
- Infection control should be an important part of your quality program
- Teach your RN’s best observation practices for Aides
Human Resource Management
Hospice- HSRM Home Health- HRM
Hiring Criteria Discussion

What are some hiring criteria that may differ from state to state?

Are providers adept at conducting interview?

Are checklists provided for personnel records?

CHAP standards are less restrictive than in the past, do you find that providers understand how to conduct the hiring process?

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Hiring Criteria

**Qualifications** for each professional complies with state discipline board requirements

Personnel **policies** are in place that support care delivery and comply with state, local, federal law and regulation.

Personnel meet organization’s **hiring criteria**

**Credentials and licensure** is verified based on primary source verification

**Orientation, competency testing and performance evaluation** are conducted and documented

Personnel are **supervised** by appropriate staff
NP scope of Practice

**Full practice**
- Evaluate
- Diagnose
- Manage treatment
- Prescribe medications

**Restricted practice**
- Restricts
- At least one element of NP practice
- Requires
- Collaborative agreement

**Reduced practice**
- Reduces
- At least one element of NP practice
- State requires supervision, delegation, or team-management

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NP Scope of practice variation

<table>
<thead>
<tr>
<th>STATE</th>
<th>PRESCRIPTIVE AUTHORITY</th>
<th>BOARD OF NURSING</th>
<th>PRACTICE ACT</th>
<th>DETAILS AND RESOURCES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arizona</td>
<td>Full authority with DEA registration</td>
<td>AZ Board of Nursing</td>
<td>AZ Nursing Statutes, AZ Nurse Practice Act</td>
<td>Must complete a Controlled Substance Prescription Monitoring Program (CSPMP) application</td>
</tr>
<tr>
<td>Florida</td>
<td>Requires supervision of a physician or surgeon</td>
<td>FL Board of Nursing</td>
<td>FL Nurse Practice Act</td>
<td>NPs must have proof of malpractice insurance or an exemption</td>
</tr>
<tr>
<td>South Carolina</td>
<td>Requires an approved written protocol with a collaborating physician</td>
<td>SC Board of Nursing</td>
<td>SC Nurse Practice Act</td>
<td>&quot;In addition to those activities considered the practice of registered nursing, an APRN may perform delegated medical acts&quot;</td>
</tr>
</tbody>
</table>
2022 Top Findings in HSRM-Hospice

<table>
<thead>
<tr>
<th>Standard</th>
<th>Hospice Content</th>
<th>CMS Tag</th>
</tr>
</thead>
<tbody>
<tr>
<td>HSRM 16.I</td>
<td>Requirement for criminal background checks (22%)</td>
<td>L 795</td>
</tr>
<tr>
<td>HSRM 2.D</td>
<td>Requirements for hire and organizational chart (19%)</td>
<td>NONE</td>
</tr>
<tr>
<td>HSRM 14.I</td>
<td>The skills of all individuals providing care are assessed (14%)</td>
<td>L663</td>
</tr>
<tr>
<td>HSRM 29.D</td>
<td>Personnel performance is evaluated (13%)</td>
<td>NONE</td>
</tr>
<tr>
<td>HSRM 15.I</td>
<td>An initial orientation program addressing the employees specific job duties is provided (9%)</td>
<td>L661/L662</td>
</tr>
</tbody>
</table>

Top Findings HSRM

**HRSM16.I; 418.114(d)(1); Background checks**

*L795-* criminal background checks on all hospice employees who have direct patient contact or access to patient records

**HSRM14.I; 418.100(g)(3):**

*L663-* Assess the skills and competence of all individuals furnishing care, including volunteers and, as necessary, provide in-service training and education programs
2022 Top Findings in HRM-HH

<table>
<thead>
<tr>
<th>Standard</th>
<th>Home Health Content</th>
<th>CMS Tag</th>
</tr>
</thead>
<tbody>
<tr>
<td>HRM.3.I</td>
<td>Personnel meeting the organization's hiring criteria (34%)</td>
<td>G848</td>
</tr>
<tr>
<td>HRM.10.I</td>
<td>Personnel are evaluated per organizational policy (14%)</td>
<td>N/A</td>
</tr>
<tr>
<td>HRM.7.I</td>
<td>Personnel demonstrate competency (12%)</td>
<td>N/A</td>
</tr>
<tr>
<td>HRM.7.I.M2</td>
<td>Competency of Aides (6%)</td>
<td>G768</td>
</tr>
<tr>
<td>HRM.6.D.M1</td>
<td>Skilled professionals participate in organization sponsored in-services (6%)</td>
<td>G722</td>
</tr>
</tbody>
</table>
Tips for Success

1. Know state specific requirements
2. Focus audit on specific HR timeframes
   • Orientation
   • Annual requirements
   • Performance evaluations
   • Hiring criteria
3. Checklists guides are helpful

Participant Guide
Page 44
Home Health Continuous Quality Improvement (CQI)

Hospice Quality Assurance and Performance Improvement (HQPI)

Standard Summary

<table>
<thead>
<tr>
<th>Hospice</th>
<th>Home Health</th>
<th>Content</th>
</tr>
</thead>
<tbody>
<tr>
<td>HQPI 1.D-2.I</td>
<td>CQI.1I</td>
<td>Governing Body Involvement agency wide, data driven, reflects complexity of organization and services</td>
</tr>
<tr>
<td>HQPI 3.I – 6.1</td>
<td>CQI.2D</td>
<td>Types of data collection</td>
</tr>
<tr>
<td>HQPI 7.I</td>
<td>CQI.3</td>
<td>Analysis of data</td>
</tr>
<tr>
<td>HQPI 8.I</td>
<td>CQI.3.I.M4</td>
<td>Action taken</td>
</tr>
<tr>
<td>HQPI 9.I</td>
<td>CQI.5</td>
<td>Annual performance improvement project requirements</td>
</tr>
<tr>
<td></td>
<td>CQI.6</td>
<td>Sustainability</td>
</tr>
</tbody>
</table>
Specific
Measurable
Attainable
Relevant
Time-based

ACT on the basis of your findings. Continue with the change, make further changes, or stop?

PLAN to improve performance.
What area(s) are not as strong as you would like? What can you do about it?

STUDY the results.
Step back and look at the big picture. Has there been improvement?

DO carry out your plan.
Document what you see when the plan is carried out.

Plan to carry out the cycle (who, what, where, when)

- Objective
- Predictions

Carry out the plan
- Document observations
- Record data

Performance Improvement Projects

Quality Activity

Each group is to:

Choose one individual to report out:

Identify a *SMART* goal – specific, measurable, attainable, relevant, time-based

Determine the *PLAN* for implementation to address the deficient practices

Define *ACTIONS* to be taken

Define How *MONITORING* will be done and when
Quality Activity

Breakout Room – 1 (1 person to report out)

Scenario – Freestanding Organization recently had a first renewal site visit conducted. Active patient census is 75.

Agency Support
• Administrator – nonclinical
• Clinical Manager with the following oversight responsibilities
  • Quality Improvement
  • Education
  • Orientation
  • Supervision

Improvement Needed – In the renewal site visit, 11 of 11 records reviewed revealed deficiencies such as medication profiles not kept current or not present, medication reconciliation not conducted with changes in medication, and no over-the-counter medications identified.

Quality Activity

Breakout Room – 2 (1 person to report out)

Scenario – Freestanding Organization recently had their initial survey. They currently have an active census of 15.

Agency Personnel
• Administrator who is an RN and fulfill the role of the clinical manager also
  • 2 RN
  • 1LPN
  • 1Aide
  • Social Worker
  • Spiritual Counselor

Improvement Needed – During the initial visit, the following infection control deficiencies were identified: the social worker failed to conduct handwashing during the home visit, the aide failed to utilize appropriate bag technique, and the RN was noted to not follow appropriate protocol for wound care through lack of appropriate glove and hand hygiene techniques.
Quality Activity

Breakout Room – 3 (1 person to report out)

Scenario – Established Freestanding Organization recently had a third renewal site visit conducted. Active patient census is 100. The hospice is separated into a North and South team. Agency has experienced recent turnover requiring the sharing of LPN/RN staff between teams.

Agency Support
- Administrator – nonclinical
- 2 Clinical Manager 2 RN’s; 2 LPNs per team
- 1 Social Worker
- 1 Spiritual Counselor
- 1 Quality Improvement RN for: Education; Orientation; Supervision

Improvement Needed – Clinical records (CR) revealed deficiencies in coordination of care. In 4 of 10 clinical records, the LPN failed to notify the RN/CM of new physician orders obtained following changes in patient’s conditions. The clinical records revealed #1- increase in wound care orders from twice weekly to three times per week were not communicated and there was a missed visit for wound care in each of the next three weeks; #2- delay in scheduling an extra social work visit; #3 delay in RN providing an extra visit to evaluate for an adjustment in pain management, #4- delay in scheduling of contract therapy staff to evaluate patient

Quality Activity

Breakout Room – 4 (1 person to report out)

Scenario – Freestanding Organization recently had their initial survey. They currently have an active census of 12.

Agency Personnel
- Administrator who is an RN and fulfills the role of the clinical manager
- 1 RN (back-up to CM)
- 1LPN
- 1Aide

- Improvement Needed –4 of 4 Clinical records revealed deficiencies in discharge/transfer requirements; (2) discharge summaries, the content of the summary did not include medications; (2) discharge summaries were not provided to the appropriate subsequent Physician; (2) transfer summaries were not completed for patients transferred to a skilled facility;
Quality Activity

Breakout Room – 5 (1 person to report out)

Scenario – An established organization with a census of 50, is receiving their first renewal site visit.

Agency Personnel
- Administrator who is not an RN
- 1 RN Clinical Manager and 1 full-time IRN
- 2 LPN
- 1 Aide
- 1 Social worker
- 1 Spiritual Counselor

Improvement Needed – The patient was admitted to the Hospice on Thursday. The agency provided the comfort care kit, but the daughter (primary caregiver) was not present and was not instructed on the use of the comfort care kit. Three days later the patient became agitated and restless. The daughter called the agency at 9pm and every 45min (as instructed in the agency information for after-hours contact) until midnight without a call back. The daughter contacted the office the next morning (Monday) and was told an RN would be out on Friday. The agency saw the patient on Thursday at which time they provided appropriate instruction to the daughter. The patient had not been seen by any agency staff for 7 days from admission.

Quality Activity

Breakout Room – 6 (1 person to report out)

Scenario – An established organization experienced their first renewal survey with deficiencies identified with agency documentation and follow-up on complaints. The agency has a census of 35.

Agency Personnel
- Administrator who is not an RN
- 1 RN Clinical Manager and 1 (back up) IRN
- 2 LPN
- 2 Aide
- 1 Social worker

Improvement Needed – Review of the complaint log revealed 3 complaints regarding aide services in the past month.
- Complaint #1 – aide #1 in home 30 minutes and on phone during the visit and patient not provided ordered bath. Documentation stated the patient “refused. This occurred on two weekly visits.
- Complaint #2 – patient called to complain that the aide #2 who was to provide care 3x/week, only came 2x/week for the past two weeks. Documentation did not reflect why visits were not done and interview of RN revealed she was unaware that the visits had been missed.
- Complaint #3 – Patient called with concern regarding the aide #1 bringing her preschool children to work with her and leaving them in the car. The aide rushes through care provision in 20 minutes. Documentation of the aide reflected 45-minute visits to this patient.

Documentation was lacking to reflect appropriate follow-up of the complaints and upon interview the administrator stated “I didn’t know about these complaints”
Discussion

Determining Priorities

- How extensive is the non-compliance?
- Does the non-compliance affect quality of patient care?
- Is one clinician involved or several?
- Tenured employees and New employees?
- Does the organization have the resources to address the issue?
### 2022 Top Findings in CQI-HH

<table>
<thead>
<tr>
<th>Standard</th>
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<th>CMS Tag</th>
</tr>
</thead>
<tbody>
<tr>
<td>CQI.1.I.M2</td>
<td>Skilled professionals participate in CQI (26%)</td>
<td>G720</td>
</tr>
<tr>
<td>CQI.5.I.M1</td>
<td>Performance Improvement projects are conducted annually. (18%)</td>
<td>G658</td>
</tr>
<tr>
<td>CQI.2.D.M1</td>
<td>Quality indicators include measures from OASIS (11%)</td>
<td>G644</td>
</tr>
<tr>
<td>CQI.3.I.M2</td>
<td>CQI activities include measurement, analysis, and tracking of quality indicators (11%)</td>
<td>G642</td>
</tr>
<tr>
<td>CQI.5.I.M2</td>
<td>PI projects are documented with measurable progress achieved (11%)</td>
<td>G658</td>
</tr>
</tbody>
</table>

### 2022 Top Findings in HQPI-Hospice

<table>
<thead>
<tr>
<th>Standard</th>
<th>Hospice Content</th>
<th>CMS Tag</th>
</tr>
</thead>
<tbody>
<tr>
<td>HQPI 7.I</td>
<td>PI activities include tracking &amp; analysis of adverse events and implementing preventative actions (23%)</td>
<td>L569</td>
</tr>
<tr>
<td>HQPI 2.I</td>
<td>Appointed individual is responsible for QAPI program (15%)</td>
<td>L 576</td>
</tr>
<tr>
<td>HQPI 3.I</td>
<td>Program demonstrates measurable improvements (15%)</td>
<td>L561</td>
</tr>
<tr>
<td>HQPI 5.I</td>
<td>Use of quality indicator data (11%)</td>
<td>L564</td>
</tr>
<tr>
<td>HQPI 8.I</td>
<td>Action is taken, success measured, and positive results sustained (11%)</td>
<td>L 570</td>
</tr>
</tbody>
</table>
- Place quality meetings on the calendar
- Plan for involvement from staff
- Document actions taken ongoing
- Develop a template for monitoring a performance project
- Ensure your plan is agency-wide
- Follow up on analysis of data, not only collection of data
- Focus audits are your friend
Emergency Preparedness (HSEP/EP)
Emergency Preparedness Program

- Utilize all-hazard approach
- Documented facility and community-based risk assessment
- Include strategies to address emergency events identified
- Reviewed and updated every two years
- Address patient population
- Include process for cooperation and collaboration with local/tribal/regional/state/federal emergency officials for an integrated response

Policies and procedures are based on emergency plan, risk assessment, and communication plan updated at least every 2 years.

Policies and Procedures address:
- Patient emergency plan
- In comprehensive assessment
- Inform officials of evacuation needs
- Determine staff and patient needs
- Medical documentation
- Staffing strategies
Communication Plan

- Reviewed every 2 years
- Name and Contact information
- Primary and alternate means of communication
- Sharing information
  - Condition and location of patients
  - Facility's occupancy needs
  - [Facility's] ability to provide assistance

Training

- Utilize all-hazard approach
- Documented facility and community-based risk assessment
- Include strategies to address emergency events identified
- Reviewed and updated every two years
- Address patient population
- Include process for cooperation and collaboration
- With local/tribal/regional/state/federal emergency officials for an integrated response
Testing

- Annual testing is to be conducted
  - Full-scale, community-based exercise every 2 years OR
    - Facility-based functional every two years if full-scale not available
  - If an actual event occurs requiring activation of the plan, the agency is exempt from the next required community-based facility based functional exercise.
- Additional exercise every 2 years, opposite the full-scale or functional
  - A second full scale OR
  - Mock-disaster drill OR
  - Tabletop exercise or workshop
- Analysis of response and documentation required

Integrated Healthcare Systems
### 2022 Top Findings in HSEP

<table>
<thead>
<tr>
<th>Standard</th>
<th>Content</th>
<th>CMS Tag</th>
</tr>
</thead>
<tbody>
<tr>
<td>HSEP 3.D</td>
<td>Required policies and procedures of the emergency plan (58%)</td>
<td>E13 E16</td>
</tr>
<tr>
<td>HSEP 5.D</td>
<td>Elements and updating of the EP training program (33%)</td>
<td>E37</td>
</tr>
<tr>
<td>HSEP 2.D</td>
<td>Emergency plan is reviewed and updated every two years (6%)</td>
<td>E6, E7</td>
</tr>
</tbody>
</table>

### 2022 Top Findings in EP

<table>
<thead>
<tr>
<th>Standard</th>
<th>Content</th>
<th>CMS Tag</th>
</tr>
</thead>
<tbody>
<tr>
<td>EP.1.D.M1</td>
<td>Elements of the Emergency Plan (24%)</td>
<td>E6</td>
</tr>
<tr>
<td>EP.1.D.M3</td>
<td>Communication Plan required elements (19%)</td>
<td>E31</td>
</tr>
<tr>
<td>EP.3.D.M1</td>
<td>Training program based on EP plan/risk assessment/policies (19%)</td>
<td>E37</td>
</tr>
<tr>
<td>EP.4.I.M2</td>
<td>Organization conducts exercises to test EP plan (17%)</td>
<td>E39</td>
</tr>
<tr>
<td>EP.2.D.M1</td>
<td>Required policies and procedures, based on plan, risk assessment and communication plan (15%)</td>
<td>E17</td>
</tr>
</tbody>
</table>
• Identify the individual responsible for oversight of the Emergency Preparedness program

• Schedule annual tasks at the beginning of the year so they aren't missed

• Keep staff and patient lists updated with current information

• Validate the current contact information for your emergency officials

• Build community relationships before a disaster occurs.
CHAP Accreditation And Site Visit Process

Customer Relations

- 6 Accreditation Specialists, divided by geographic territory
- 1 Manager of Accreditation Operations
- 1 Senior Scheduling Manager
- 1 Vice President

- The customer service “hub”
- Contact with a live person
- Reducing the work and rework
Accreditation Clinical Support

- 4 Directors of Accreditation divided by geographic territory
- 4 Senior Accreditation Managers
- 1 Vice President of Accreditation
- 1 Vice President of Corporate Accounts and Governmental Affairs

- Clinical expertise with years of experience in the industry
- Contact with a live person

Steps to Accreditation

1. Accreditation Agreement
2. Site Visit Preparation
3. On-Site Visit and Review
4. Accreditation Determination
www.chaplinq.org www.chapinc.org and click on “Your CHAP LinQ Account”

Create An Account
Initial Application Page 2, continued

Initial Application Page 3
## Site Visit Preparation

### CHAP Preparation Resources

- Document Request List
- Policy List
- Top Ten Findings per the service line
- Optional self study

### Mock record review

- Multi-discipline
- High acuity interventions
- Using quality results
- Consider additions of new services

## Initial Site Visit Readiness

<table>
<thead>
<tr>
<th>Service Line</th>
<th>Required Documents</th>
<th>Required Census</th>
<th>Deemed Status Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Home Health</strong></td>
<td>• Copy of state license(s), if required by state</td>
<td>• 10 served</td>
<td>Copy of approved BSSA letter</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• 7 active at time of survey</td>
<td></td>
</tr>
<tr>
<td><strong>Hospice</strong></td>
<td>• Copy of state license(s), if required by state</td>
<td>• 5 served</td>
<td>Copy of approved BSSA letter</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• 3 active at time of survey</td>
<td></td>
</tr>
<tr>
<td><strong>Home Medical Equipment</strong></td>
<td>• Copy of state license(s), if required by state</td>
<td>• 5 served (sale or rental)</td>
<td></td>
</tr>
<tr>
<td>(HME/DMEPOS)</td>
<td></td>
<td>• No active patients required at time of survey</td>
<td></td>
</tr>
<tr>
<td><strong>Home Care</strong></td>
<td>• Copy of state license(s), if required by state</td>
<td>• 5 served</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• 3 active at time of survey</td>
<td></td>
</tr>
<tr>
<td><strong>Pharmacy</strong></td>
<td>• Copy of state license(s), if required by state</td>
<td>• 5 served (sale or rental)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• No active patients required at time of survey</td>
<td></td>
</tr>
<tr>
<td><strong>Infusion Therapy</strong></td>
<td>• Copy of state license(s), if required by state</td>
<td>• 5 served (sale or rental)</td>
<td></td>
</tr>
<tr>
<td>Nursing (ITN)</td>
<td></td>
<td>• 3 active at time of survey</td>
<td></td>
</tr>
<tr>
<td><strong>Palliative Care</strong></td>
<td>• Copy of state license(s), if required by state</td>
<td>• 5 served (sale or rental)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• 3 active at time of survey</td>
<td></td>
</tr>
</tbody>
</table>

* How do I submit readiness? * Black out dates?
### Hospice Renewal Visit Criteria

<table>
<thead>
<tr>
<th># of unduplicated admissions (past 12 Months)</th>
<th>Closed Records (Live Discharges)</th>
<th>Closed Records (Bereavement Records)</th>
<th>Record Review – No Home Visit (RR-NHV)</th>
<th>Record Review with Home Visit (RR-HV)</th>
<th>Total Minimum Sample</th>
<th>Inclusion of Records from Multiple Location(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;150</td>
<td>2</td>
<td>2</td>
<td>7</td>
<td>3</td>
<td>14</td>
<td>The number of records from each multiple location should be proportionate. Include at least one RR-NHV or RR-HV from each location</td>
</tr>
<tr>
<td>150-750</td>
<td>2</td>
<td>3</td>
<td>10</td>
<td>4</td>
<td>19</td>
<td></td>
</tr>
<tr>
<td>751-1250</td>
<td>2</td>
<td>3</td>
<td>12</td>
<td>6</td>
<td>23</td>
<td></td>
</tr>
<tr>
<td>1250 or more</td>
<td>3</td>
<td>4</td>
<td>14</td>
<td>6</td>
<td>27</td>
<td></td>
</tr>
</tbody>
</table>

### Home Health Renewal Visit Criteria

<table>
<thead>
<tr>
<th># of unduplicated admissions (past 12 Months)</th>
<th>Active Patient Sample – Record Review Only (No Home Visit)</th>
<th>Active Patient Sample – Record Review with Home Visit</th>
<th>Discharged Patients: Closed Record Review</th>
<th>Total Survey Sample</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;300</td>
<td>2</td>
<td>3</td>
<td>2</td>
<td>7</td>
</tr>
<tr>
<td>307-500</td>
<td>3</td>
<td>4</td>
<td>3</td>
<td>10</td>
</tr>
<tr>
<td>501-700</td>
<td>4</td>
<td>5</td>
<td>4</td>
<td>13</td>
</tr>
<tr>
<td>701 or more</td>
<td>5</td>
<td>7</td>
<td>5</td>
<td>17</td>
</tr>
</tbody>
</table>
Timing to Prepare

Work on preparation continuously

Initial organizations
- Visit in 1-30 days of readiness submission
- Deemed – not announced
- Non-deemed – announced
- Only hit submit button when ready!!

Renewal organizations
- Visit in 32-36 months of prior comprehensive visit
- Review of entire Accreditation cycle

Readiness Submission: And then?
- Readiness Call
- Accepting Readiness
- Scheduling Site Visit

Per CMS as of July 2023, blackout dates and morning notification of the visit are not to be conducted!
Site Visit Process
Visit Components

- Entrance Conference
- Site Visit Activities
- Ongoing Communication
- Daily Wrap-Up
- Exit Conference

Site Visit Activities

- Clinical Record Review
- Personnel Record Review
- Home Visit Observations
- QAPI Review
- Emergency Preparedness Review
- Document Review
- Communication
Handling Conflict

Should occur **during** the site visit

Steps to successful resolution
- Share concern with site visitor
- Each side should explain their point of view

If conflict continues, add the Director of Accreditation

Final opportunity is to appeal the finding

---

Action Plan

**Action plan to provider** within 10 **business** days
- Submission of report by site visitor
- Full review by the Director of Accreditation or Senior Accreditation Manager

**Provider has 10 calendar days** to submit their plan of correction.
- **PLUS,** the 10 business days of the DA
**Action Plan**

**What action will we take to correct the deficiency cited?**

- Potential action steps include but are not limited to:
  - Policy review and/or revision
  - Education
  - Development of job aids
    - Documentation templates
    - Checklist
  - Hiring of Staff

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**Action Plan**

**Who is responsible to implement the corrective action?**

- May be more than one individual involved.
- Who is the primary person responsible for oversight of the improvement?
- Use title, not an individual's name. Ex, Clinical Manager rather than Roger Rabbit.
- No identifying information
**Action Plan**

When will the corrective action be implemented?

- Approximate time the plan is implemented
- Depends upon the complexity of the plan
- Consider the timeframe for potential re-survey
- Prioritize quality care issues over “paper” issues

---

**Action Plan**

What is the monitoring process we will put into place to ensure implementation and effectiveness of the corrective action plan?

- Short term monitoring to evaluate actions being taken
- Long term monitoring to evaluate sustainment of improvement
- Include aspects of measurability (time, percentage of compliance)
**Condition Level Finding**

**Initial** agency – First site visit
- Deferral of accreditation
- 2nd comprehensive visit within 90 days
- If continues – 3rd and last visit within 90 days

**Renewal** Agency – any visit type
- Follow up visit within 45 days
- One or two days depending on number of CLD’s
- The entire condition must be reviewed
- May require a home visit depending on the finding

---

**Relieving Anxiety**

**Constant Preparation**
- Mock surveys and staff observations
- Education
- Document readiness

**Prepare for the site visit**
- Documents ready for review – contracts and policies

**Updated lists**
- Active patients
- Employee listing
- Discharge listing
- Unduplicated admission *number*
Site Visit Plan

- Appoint a **point-person**
  - Designate an alternate
- Methods for **sharing information**
  - Records/Documents
  - Onsite/Offsite
- **COVID practices** sustained
- **Workspace** determined
- **Prepare staff** through practice drill

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**Communication**

- Share difficulty in obtaining information
- Share your anxiety with the site visitor
- Ask questions!
- Take notes at each daily wrap up
What was today’s valuable lesson?
Earning CE Contact Hours

To take the post evaluation

After completing the entire webinar, log on to your CHAP Education account and access the course page. From this page, follow the instructions to complete the evaluation and obtain your CE Certificate.

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thank you!