

1

A presentation slide with a white background. The title "Hospice Accreditation Intensive" is in a large teal font. Below it, "Day Two" is written in a smaller, teal, italicized font. In the bottom left, there is a small photo of hands being held. To the right of this photo is the text: "Bobbie Warner RN, BSN", "Director of Education", and "January 25, 2023". In the bottom right, there is a teal box with the "CHAP" logo in white, and to its right, the text "Community Health Accreditation Partner" in a smaller teal font. The slide is decorated with teal and yellow geometric shapes: a teal square on the left, a yellow vertical bar on the right, and a teal diagonal striped rectangle in the top right corner.

2

Text **CHAPINC2** to **22333** once to join

Does your organization provide direct inpatient care?

Yes

No

Unsure

Start the presentation to see live content. For screen share software, share the entire screen. Get help at pollev.com/app

3

Text **CHAPINC2** to **22333** once to join

Approximately how many patients utilized inpatient care over the past year?

over 50

25-50

10-25

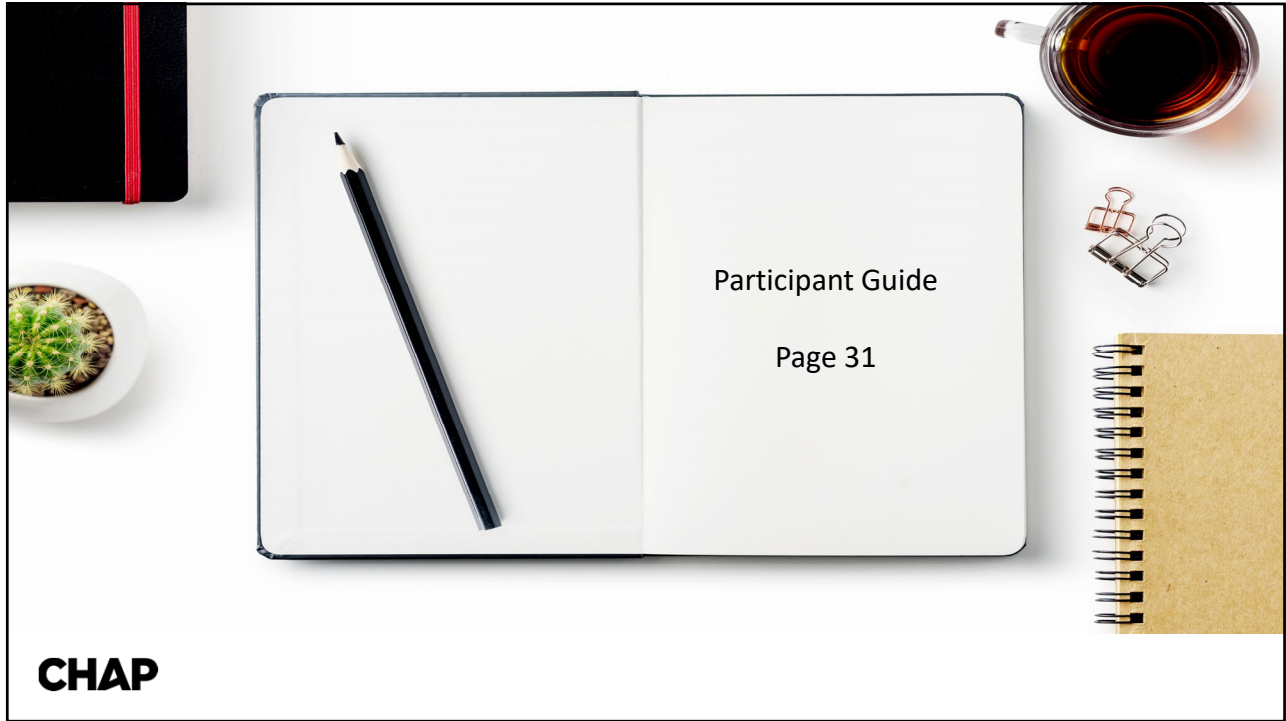
0-10

None

Unknown

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5



6

Iris' pain management

Ms. Iris Wood, a 69-year-old female was admitted to the hospice with a terminal diagnosis of Stage 4 pancreatic cancer with metastasis to the lung four weeks prior to your start with the organization.

She lives with her husband of 49 years who is somewhat frail but fully involved in her care. No other family is close by although a daughter lives 500 miles away. She is in contact with her mother and father daily by phone.

Over a 3-week period, Ms. Iris has had progressive difficulty in pain management. When admitted, the patient's pain was being controlled with Tramadol and the use of Dilaudid 2mg for breakthrough pain, in week two of her hospice episode, her pain medication plan was changed to oxycontin SR every 12 hours with Dilaudid 8mg for breakthrough pain. In week three Fentanyl patches with Actiq lozenges were unable to provide her acceptable relief.

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GIP Decision

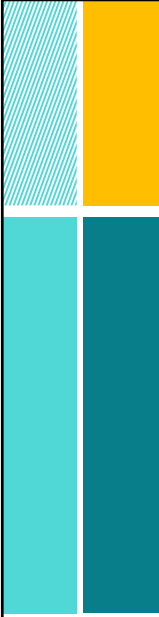
The decision was made to admit her to GIP for pain management. This decision was very difficult for the husband to agree to but after discussion with the social worker, he admitted he felt hopeful in that his wife may be able to get some pain relief. It was noted by members of the IDT that the husband appeared exhausted and had not had a good night's sleep in 3 weeks.

In addition, the personal care needs of his wife were growing more complex each day and without his daughter's help, he was overwhelmed with his wife's needs.

Ms. Iris was admitted to a Medicare Certified Skilled Nursing Facility that the hospice had contracted with for their provision of GIP services.

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Standard Review (1)

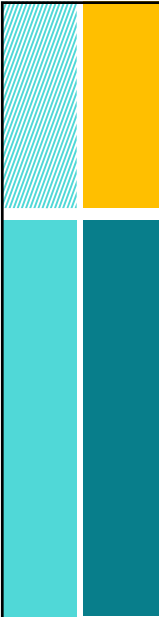
HSIC1.I – 4.I General inpatient standards

- Eligibility
- Pain and symptom management control
- Medicare certified facility



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Standard Review (2)

HSIC 5. Required elements of the written agreement for provision of inpatient care

- Hospice responsibilities
- Facility responsibilities



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Agreement Requirements

Hospice:

- Plan of Care
- Inpatient clinical record
- Discharge summary
- Training
 - Documented
- Compliance

Inpatient Provider:

- Policies
- Clinical Record
- Inpatient record available
- Designated individual

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Standard Review (3)

HSIC 6.I –34.I Direct owned IPU

- Staffing
- Emergency preparedness
- Life Safety Code
- Facility specifics
- Infection control program
- Medication administration



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Standard Review (4)

HSIC 35.1 -46.1 – Restraint and seclusion

- Use of
- Plan of Care
- Policies and procedures
- Responsible staff
- Training



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Direct or Under Arrangement

Under Arrangement

- Written Agreement
- Ensuring facility complies with Life Safety Code
- Infection control as per hospice policy
- Complies with restraint/seclusion requirements

Direct

- Appropriate staffing/24 Hour Nursing
- Responsible for Emergency Preparedness compliance: policies/testing/communication
- Life Safety Code Compliance
- Facility specific infection control
- Policies related to restraint/seclusion

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2022 Top Findings in HSIC

Standard	Content	CMS Tag
HSIC 28.1	Preparation/delivery/storage of meals (38%)	L736
HSIC 15.1	Documented and dated Life Safety Code fire drills (29%)	E0039
HSIC 24.1	Each patient room has control valves to regulate hot water (8%)	L732

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Tips for Success



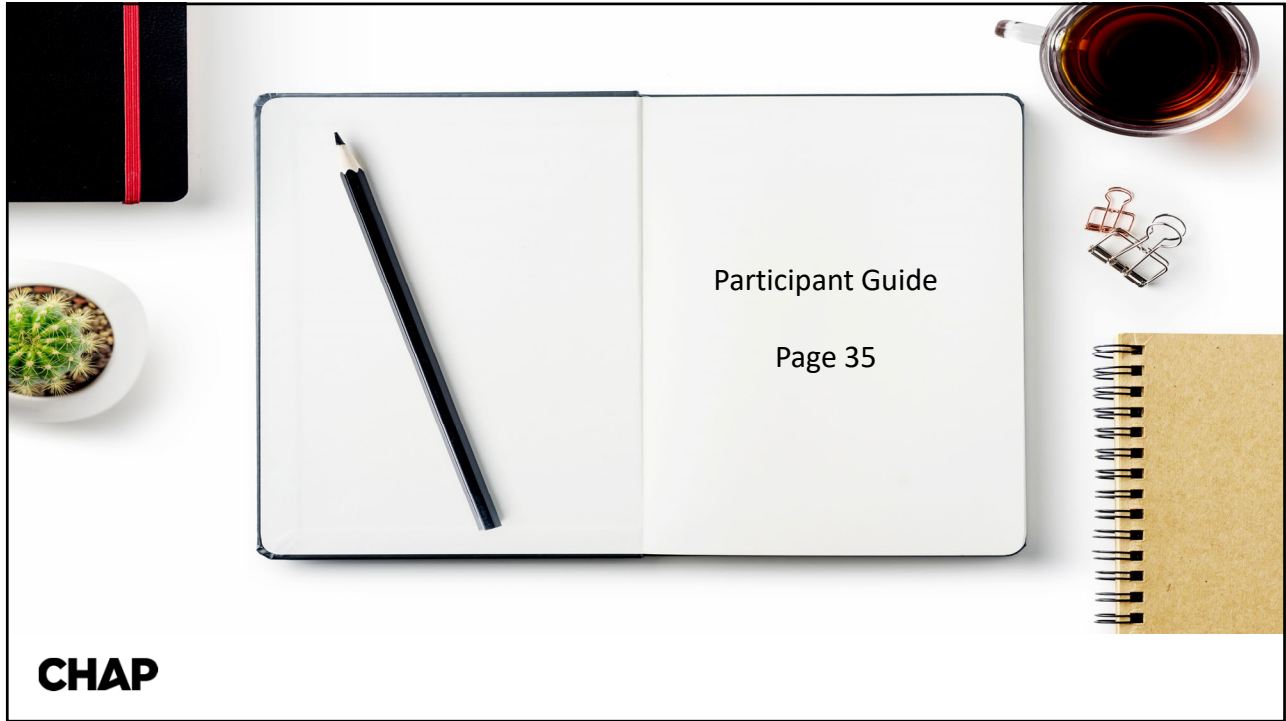
All agreement elements are present

Review Plan of Care elements

- Directly owned
- Plan fire drills
 - Mock survey of LSC
 - Life Safety Code addressed through quality program

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HSIC and HSRF




>>>>

Similarities



- Written Agreement 
- Financial Responsibility. 
- Hospice Standards and Plan of Care. 



Differences

-  Bereavement responsibilities
-  Training responsibilities
-  Provision of 24-hour nursing

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 When poll is active, respond at pollev.com/chapinc2
 Text **CHAPINC2** to **22333** once to join

What percentage of patients that your organization provides hospice services for is a resident of a facility?

0-24%

25-49%

50-74%

75-100%

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Hospice Responsibilities



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Written Agreement

Hospice Responsibility elements:

The hospice may use the SNF/NF or ICF/IDF nursing staff, where permitted by state law and as specified by the SNF/NF or ICF/IDF, to assist in the administration of prescribed therapies included in the plan of care only to the extent that the hospice would routinely use the services of a hospice patient's family.

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Written Agreement

Hospice Responsibilities elements:

- Medical direction and management of the patient;
- Nursing/Counseling/Social work
- Provision of medical supplies, durable medical equipment, and drugs
- All other hospice services related to terminal illness
- Reporting of mistreatment or abuse
- Provision of bereavement services

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Written Agreement

Facility Responsibility elements:

- 24-hour room and board
- Meeting usual personal care and nursing needs care, meeting the personal care and nursing needs that would have been provided by the primary caregiver at home, at the same level of care provided before hospice care was elected by the patient/resident.

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Whose Responsibility

Iris has been admitted to a skilled facility for care following her inpatient stay until her daughter is able to return and provide care for her mother. The hospice will continue to provide care to Ms. Iris in the facility. The RN is explaining to the facility staff the differences in their roles and has decided to provide examples to reinforce their different responsibilities.

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Whose Responsibility?

1. Provision of meals
2. Physician call upon worsening of symptoms
3. Providing a chair bath 3 times per week
4. Assisting with incontinence
5. Determining the bowel regimen
6. Implementing the bowel regimen
7. Determines a need for changing the level of care
8. Financial responsibility for incontinence supplies
9. Financial responsibility for medications addressing the terminal illness

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Yes, or No?

Hospice:

- Calling the physician upon worsening symptoms (2)
- Determining the bowel regimen for a patient on opioids (5)
- Determines a need for changing the level of care (7)
- Financial responsibility for medications addressing the terminal illness (9)

Facility:

- Provision of meals (1)
- Providing a chair bath 3 times per week (3)
- Assisting the patient with incontinence (4)
- Implementing the bowel regimen (6)
- Financial responsibility for long term incontinence supplies (8)

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2022 Top Findings in HSRF

Standard	Content	CMS Tag
HSRF 6.1	Hospice plan of care present/coordination occurs with facility (56%)	L 774
HSRF 9.1	Clinical record required components (38%)	L781

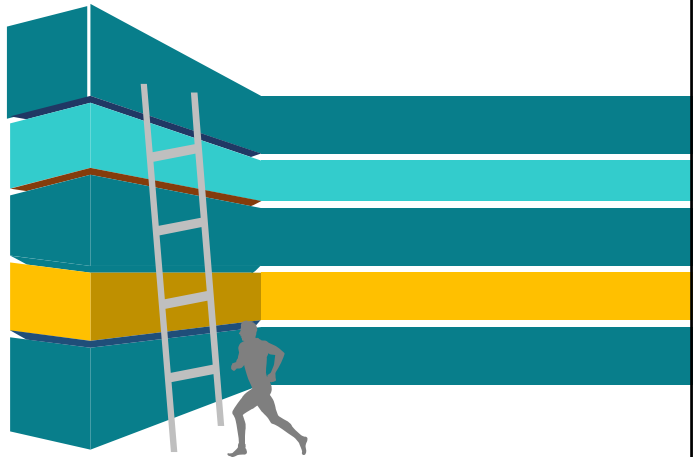
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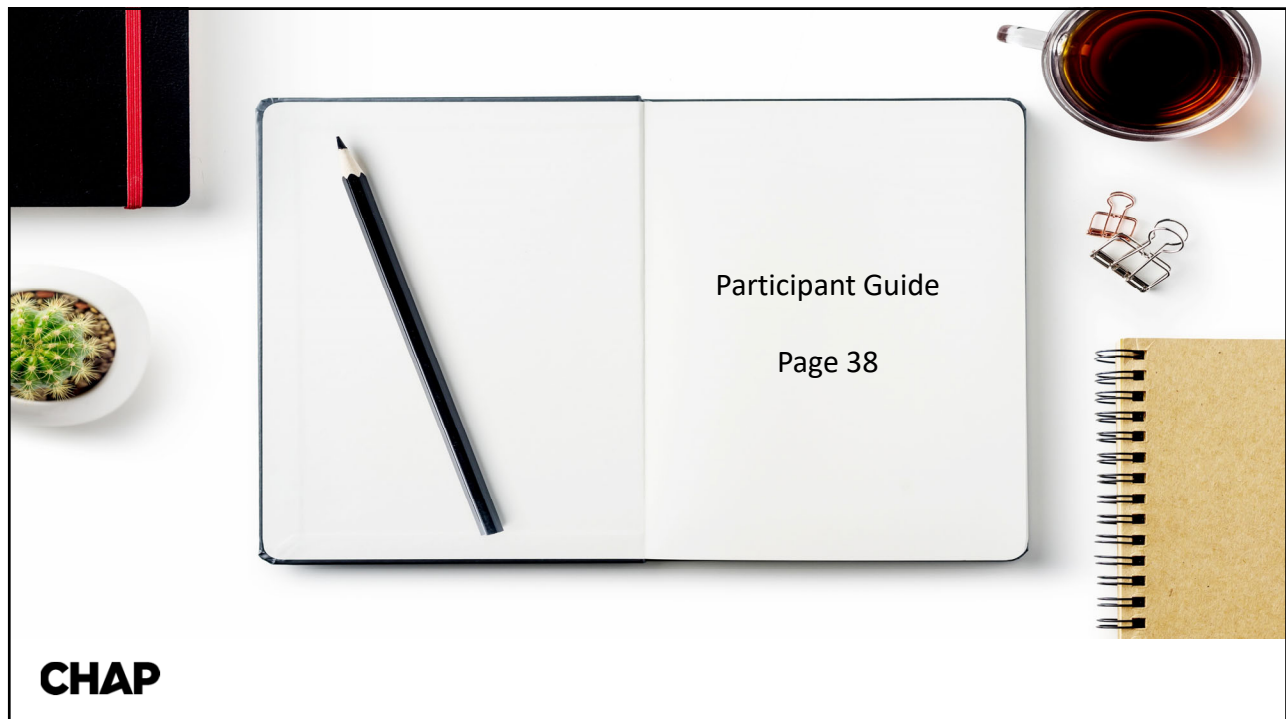
Tips for Success

- ✓ Each intervention is assigned
- ✓ Documentation reflects coordination and agreement
- ✓ Audit record for required hospice elements:
 - Plan of care and other orders
 - CTI
 - Advance directives
 - Contact info for hospice staff
 - 24-hour call direction
 - Hospice medication
 - Hospice physician and attending physician

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Infection Prevention and Control

Hospice- HIPC Home Health- IPC



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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.

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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

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Control

Coordinated agency-wide program

- Surveillance
- Identification
- Prevention
- Control
- Investigation of infectious and communicable diseases

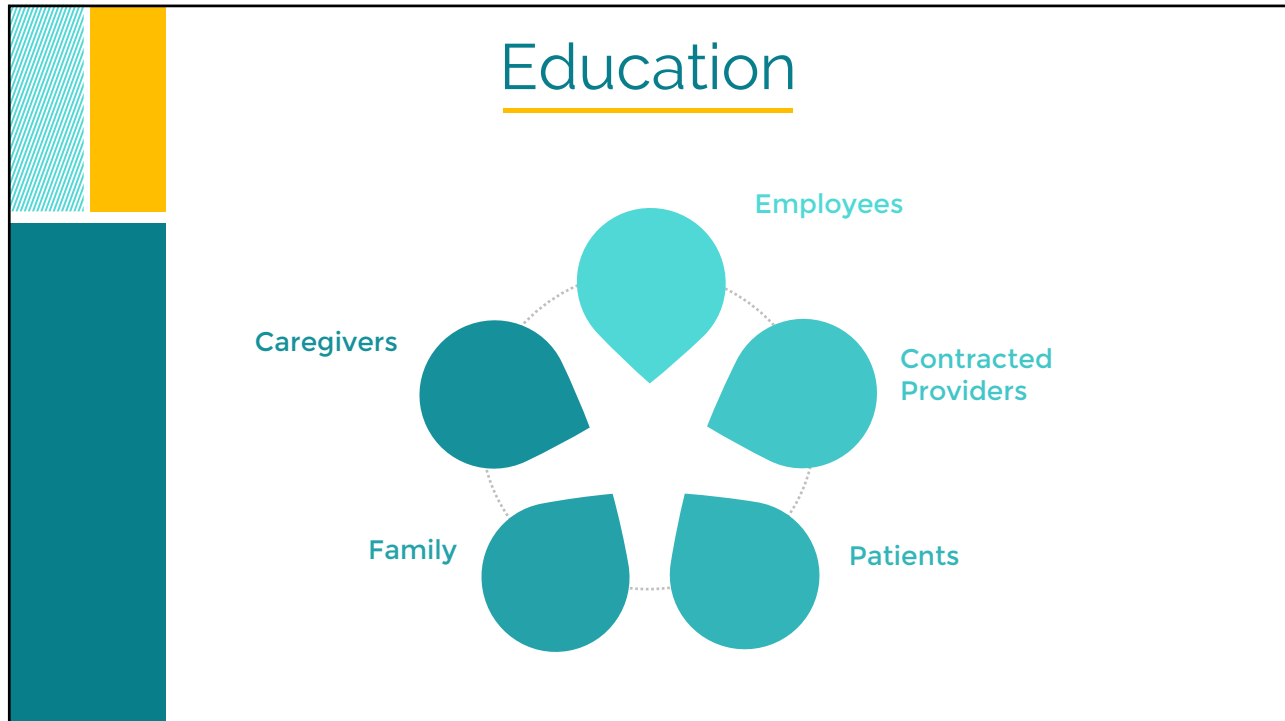
QAPI

Includes:

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

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Review the Handouts



CHAP Handwashing



Bag Technique 

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Focus- Operational Elements

- Infection Prevention and Control Plan
- Communication
- PPE Availability
- Staffing in Emergencies
- Handling Staff Exposure or Illness

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Focus- Agency Location

- Screening process for those entering location
- Internal office staff/visitor processes
- General standard precautions
- Transmission Based Precautions



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Focus- Field Practices

- Screening
- Hand Hygiene
- Use of PPE appropriately
- Aerosol-generating procedures
- Education



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COVID-19 Vaccination Mandate

Policies and Procedures:

Establish who is eligible to be fully vaccinated, request a temporary delay or exemption

The process for tracking and documenting everyone's single dose or series completion, boosters, or acceptance/denial of temporary delay or exemption

Who receives, reviews, accepts or rejects vaccination documentation, temporary delay documentation or exemption documentation

Contingency plan for those not fully vaccinated and a process to mitigate potential transmission

How everyone's vaccination information is securely maintained.

ALL ORGANIZATION SHOULD HAVE 100% COMPLIANCE WITH IMPLIMENTATION OF THE ABOVE POLICIES.

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BW4

Work Restrictions

Work Restrictions for HCP With SARS-CoV-2 Infection

Vaccination Status	Conventional	Contingency	Crisis
Up to Date and Not Up to Date	10 days OR 7 days with negative test [†] , if asymptomatic or mild to moderate illness (with improving symptoms)	5 days with/without negative test, if asymptomatic or mild to moderate illness (with improving symptoms)	No work restriction, with prioritization considerations (e.g., types of patients they care for)

Work Restrictions for Asymptomatic HCP with SARS-CoV-2 Exposures

Vaccination Status	Conventional	Contingency	Crisis
Up to Date	No work restrictions, with negative test on days 1 [‡] and 5-7	No work restriction	No work restriction
Not Up to Date	10 days OR 7 days with negative test [†]	No work restriction with negative tests on days 1 [‡] , 2, 3, & 5-7 (if shortage of tests prioritize Day 1 to 2 and 5-7)	No work restrictions (test if possible)

[†]Negative test result within 48 hours before returning to work

[‡]For calculating day of test: 1) for those with infection consider day of symptom onset (or first positive test if asymptomatic) as day 0; 2) for those with exposure consider day of exposure as day 0

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<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>

CDC – January 21, 2022

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BW4 get updated information
Bobbie Warner, 1/23/2023

BW3

Testing staff with Symptoms

HCP with even mild symptoms of COVID-19 should be prioritized for viral testing.

Negative results from [COVID-19 viral test](#) indicates that the person **most likely** does not have an active SARS-CoV-2 infection at time of sample collection.

A second test for SARS-CoV-2 RNA may be performed at the discretion of the evaluating clinician.

For HCP who were initially suspected of having COVID-19 but following evaluation another diagnosis is suspected or confirmed, return to work decisions should be based on their other suspected or confirmed diagnoses.

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<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>

CDC – January 21, 2022

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New Hospice Standards

HIPC.11 – HIPC.18

Standard	Content Summary
HIPC.11	Who the vaccination requirement applies to
HIPC.12	Process elements defined in policy for those eligible to be fully vaccinated
HIPC.13	Policies related to request for exemption
HIPC.14	Acceptable reasons for delay in vaccination
HIPC.15	Two acceptable job responsibility exemptions
HIPC.16	Policy and procedure addressing process for medical exemption and/or spiritual exemption
HIPC.17	Documentation evidence
HIPC.18	Requirement to ensure nationally recognized IPC guidelines are followed

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BW3 get updated information
Bobbie Warner, 1/23/2023

2022 Top Findings in HIPC - Hospice

Standard	Hospice Content	CMS Tag
HIPC 9.I	Addressing risk for occupational exposure to TB (35%)	NONE
HIPC 2.I	Appropriate use of standard precautions(19%)	L 579
HIPC.4.I	Bag Technique (12%)	L579
HIPC 1.D	Infection control program includes the required elements (5%)	L582
HIPC 13-18	Requirements related to vaccination status/exemption/exception (3%)	L900

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Top Findings HIPC

HIPC 9.1: Addressing risk for Occupational Exposure to TB

No tag; Staff are screened and tested

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

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Tips for Success



Conduct Observation in the field



Infection control should be an important part of your quality program



Include the trunk and field bag in the review

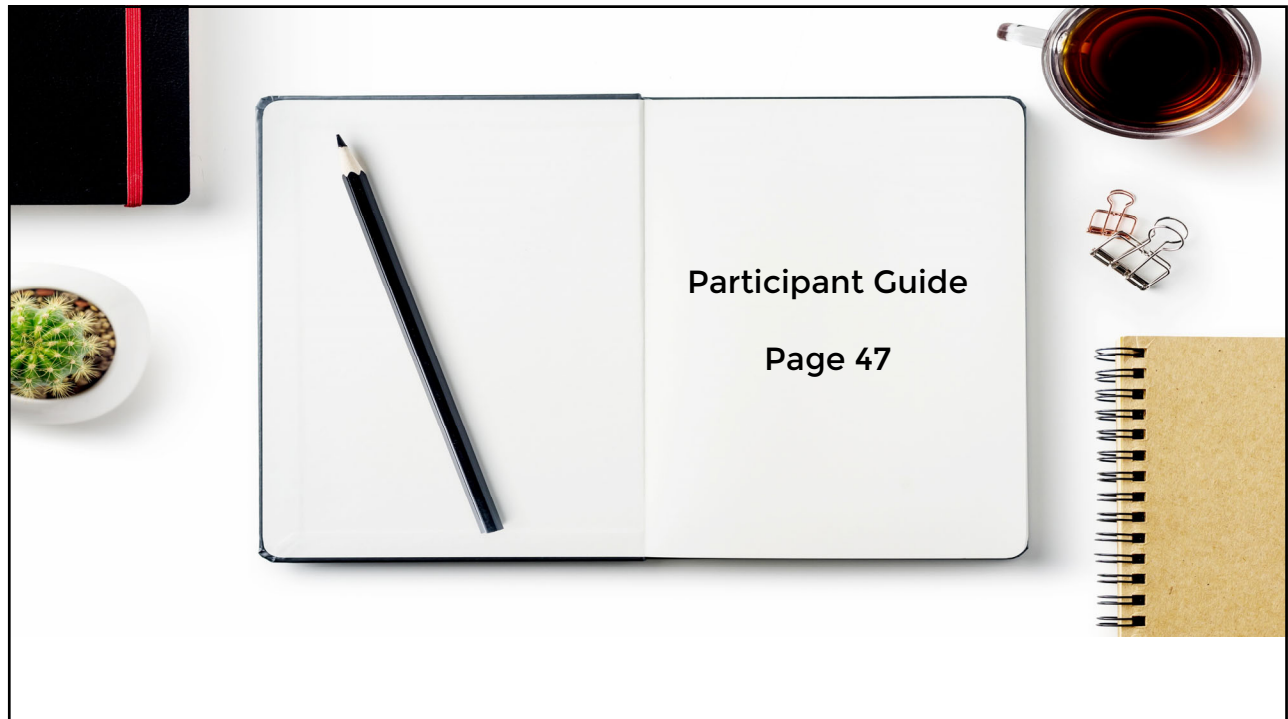


Teach your RN's best observation practices for Aides



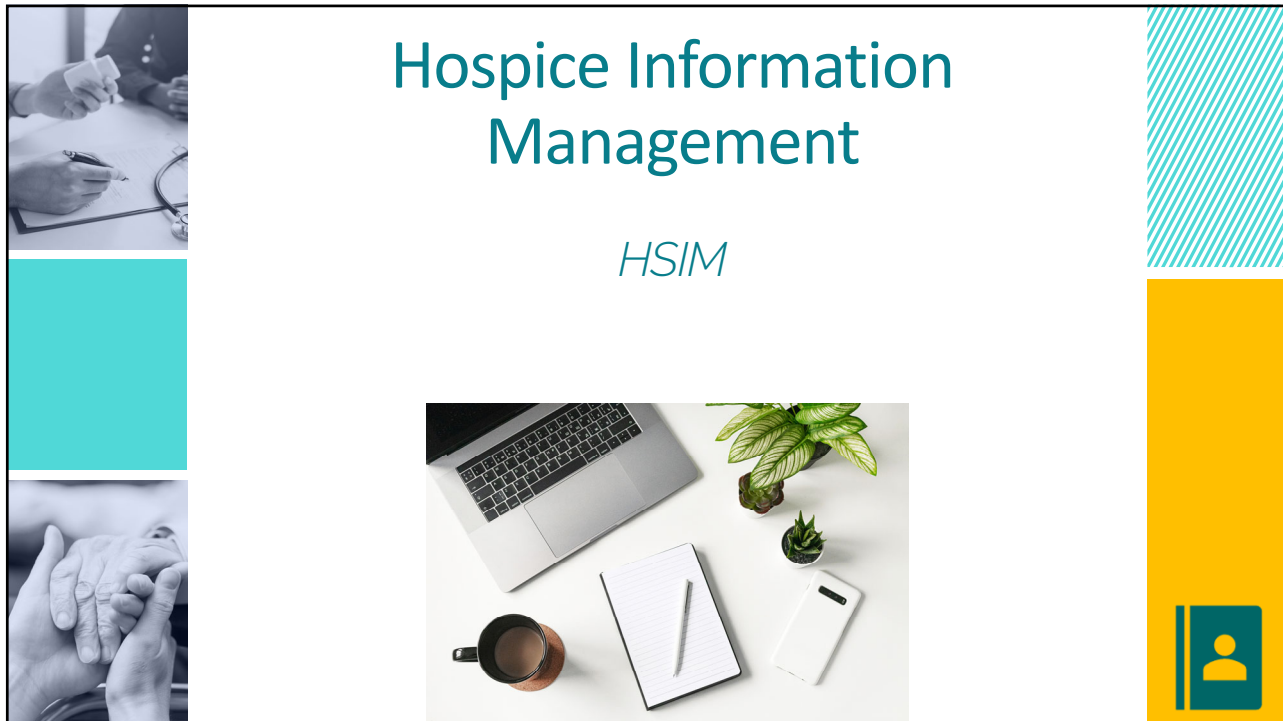
Know state specific requirements

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Hospice Information Management

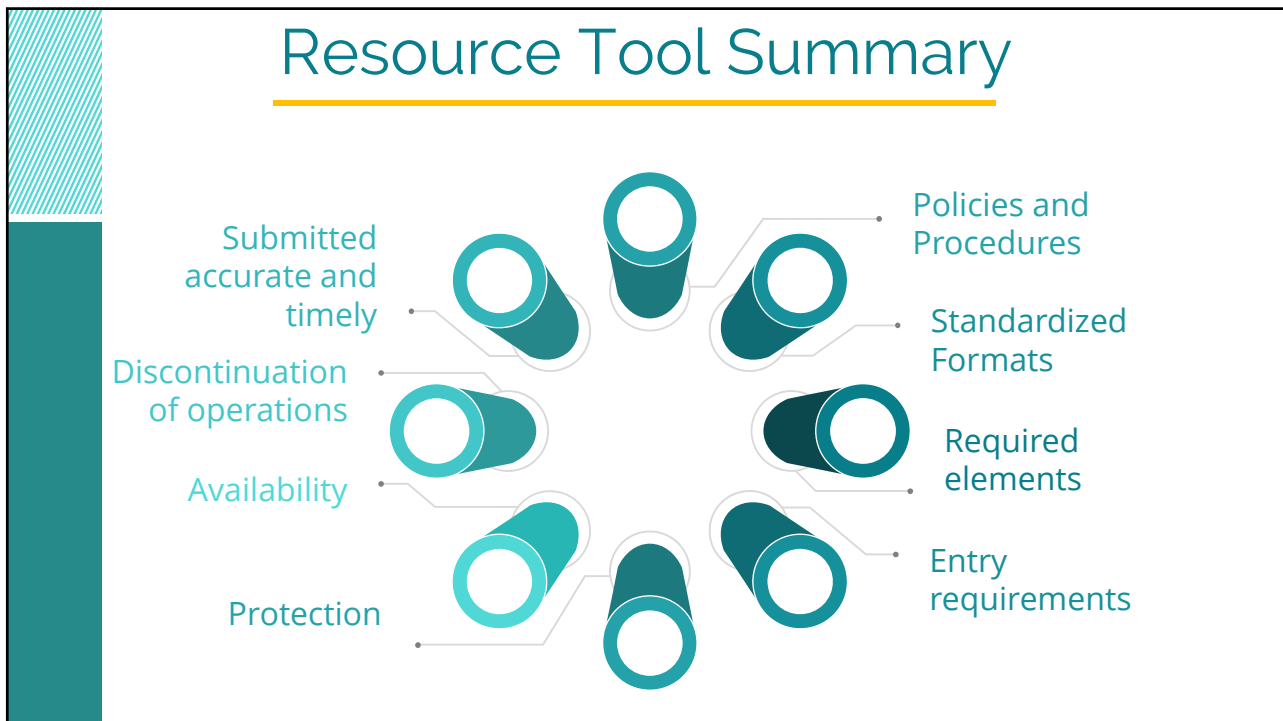
HSIM



The slide features a central collage of images: a person writing on a document, a laptop, a notebook with a pen, a coffee cup, and a person's hands being held. The slide is decorated with a teal and yellow vertical bar on the right side, which includes a teal and yellow striped pattern at the top and a yellow section at the bottom containing a teal icon of a person.

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Resource Tool Summary



The diagram consists of eight teal circular icons arranged in a circle, each connected to a text label. The labels are: Submitted accurate and timely, Discontinuation of operations, Availability, Protection, Policies and Procedures, Standardized Formats, Required elements, and Entry requirements.

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Which of the required clinical record elements does your staff have the most challenges with?

Start the presentation to see live content. For screen share software, share the entire screen. Get help at pollev.com/app

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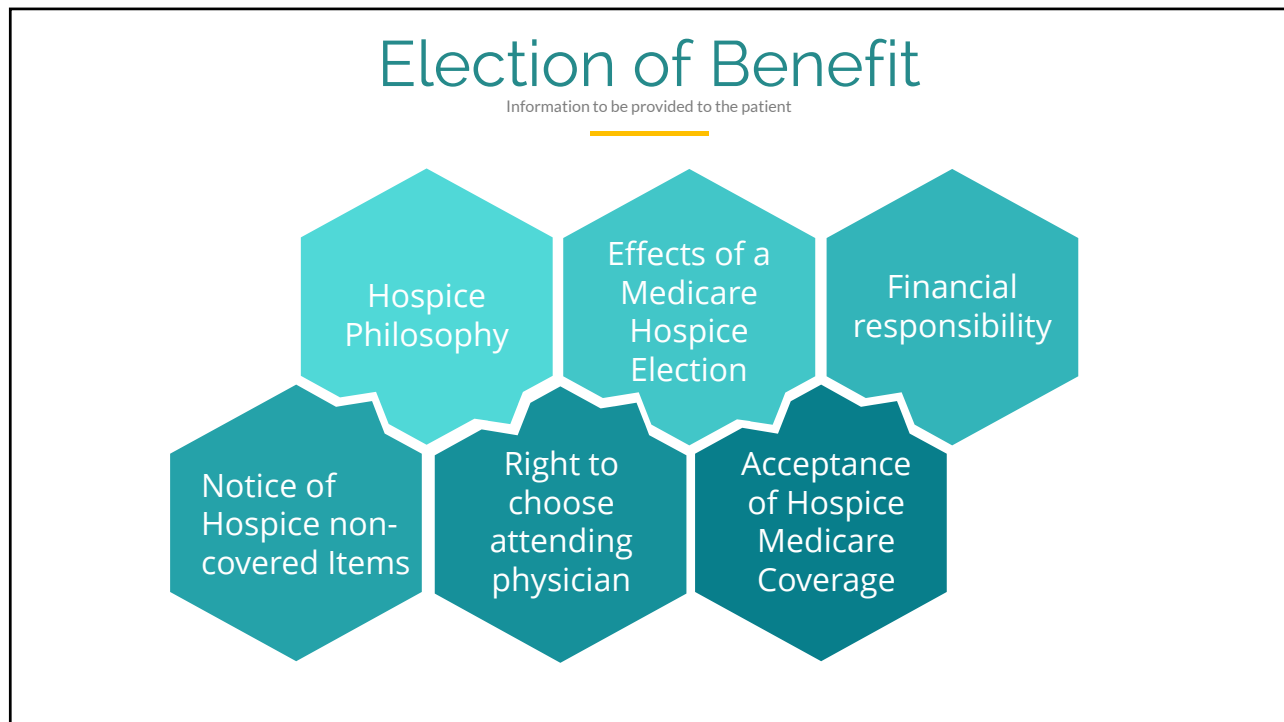
Clinical Record Elements

- Plans of Care
- Assessments
- Clinical notes
- Patient rights
- Hospice Election of Benefit
- Responses to interventions



- Outcome measure data elements
- Physician certification
- Advance Directives
- Inpatient discharge summary
- Physician orders

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Notification of Non-Covered Items

- ✓ Diagnosis related to terminal illness and related conditions
- ✓ Diagnosis unrelated to terminal illness and related conditions
- ✓ Non-Covered items, services and drugs determined by hospice as not related to terminal illness and related conditions

<https://www.cms.gov/files/document/model-hospice-election-statement-and-addendum.pdf>

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Certification of Terminal Illness

Timeframe

Verbal or written no later than 2 calendar days after the start of each benefit period.

- Written must be signed and dated prior to billing Medicare

Initial certification and recertifications may be completed up to 15 days prior to the start of the next benefit period

Certifying Physician only

Contents

- Medical prognosis
- Narrative
- The benefit period dates

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Narrative



Written by the certifying physician

Clinical findings that support six months or less life expectancy

If part of the form, above the physician's signature.

If an addendum, signature follows the narrative.

The physician attests by signing, the narrative was composed based on review of the patient's medical record or his/her examination of the patient.

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Face to Face Encounter

Third benefit period and subsequent:

- Why clinical findings of face-to-face encounter support six months or less.
- Documentation
 - date of the encounter,
 - an attestation by the physician or nurse practitioner that he/she had an encounter with the beneficiary.
 - If the encounter was done by a nurse practitioner, he/she must attest that clinical findings were provided to the certifying physician

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Common Errors

Narrative

- missing
- No attestation statement

Verbal Certification

- If applicable, missing one or both the Medical Director and/or attending

Signature and date

- No physician signature
- Illegible signature
- Predating physician signature
- Signature not dated
- Lack of both Medical Director and Attending signatures as applicable

Certification Dates

- Not clearly stated

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2022 Top Finding in HSIM

Standard	Content	CMS Tag
HSIM 4.1	Record entries are legible, authenticated, and dated(92%)	L 679
HSIM 2.1	Standardized formats, data elements. "Do Not Use" list (6%)	NA
HSIM 3.1	Elements of the clinical record (2%)	L 678 L 673

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Top Finding

HSIM 3.1 - Elements of the clinical record

L678 -§418.104(a)(7) physician orders

L 673- §418.104(a)(2) Signed copies of the notice of patient rights in accordance with §418.52 and election statement in accordance with §418.24.

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Tips for Success



Conduct Observation in the field



Infection control should be an important part of your quality program



Include the trunk and field bag in the review



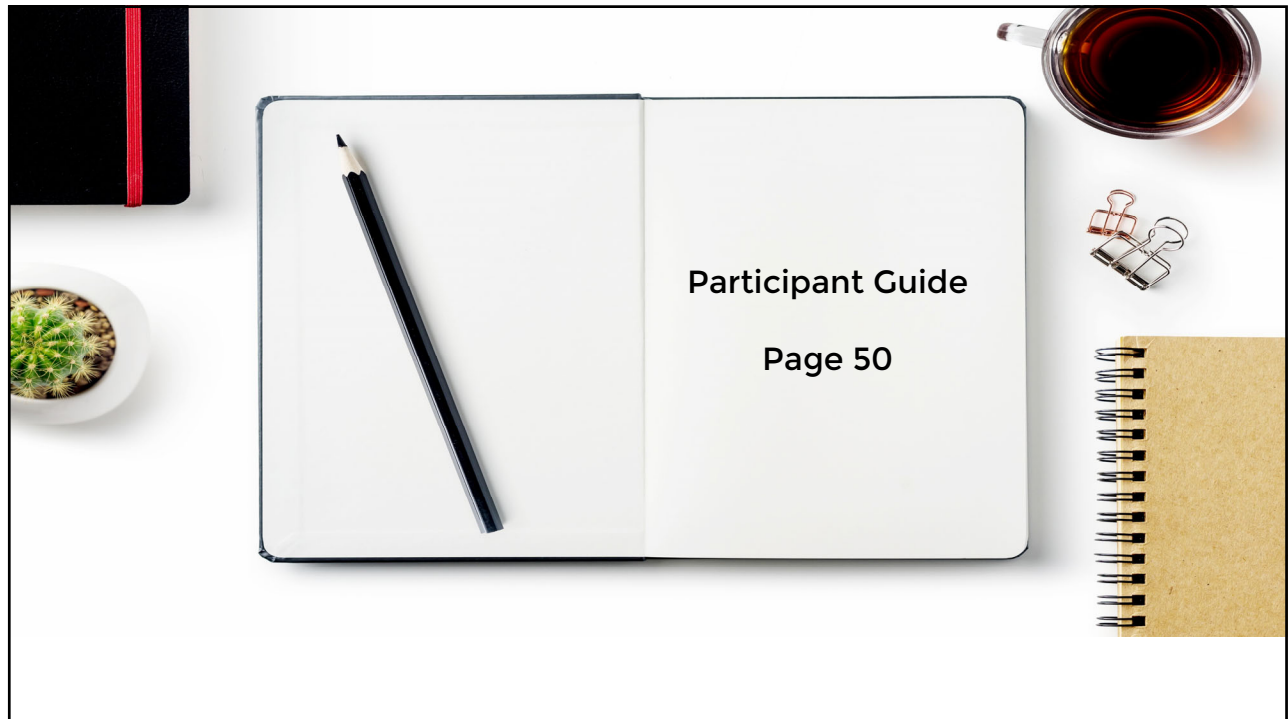
Teach your RN's best observation practices for Aides



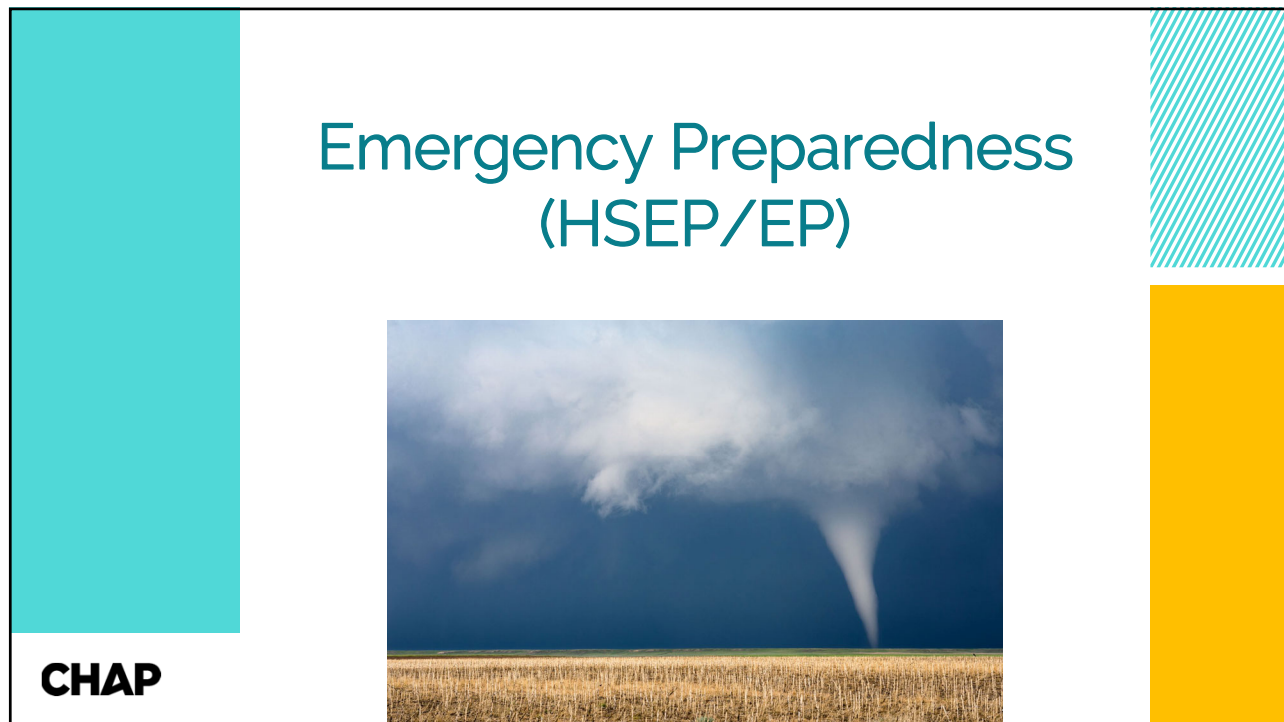
Know what your state specific requirements are

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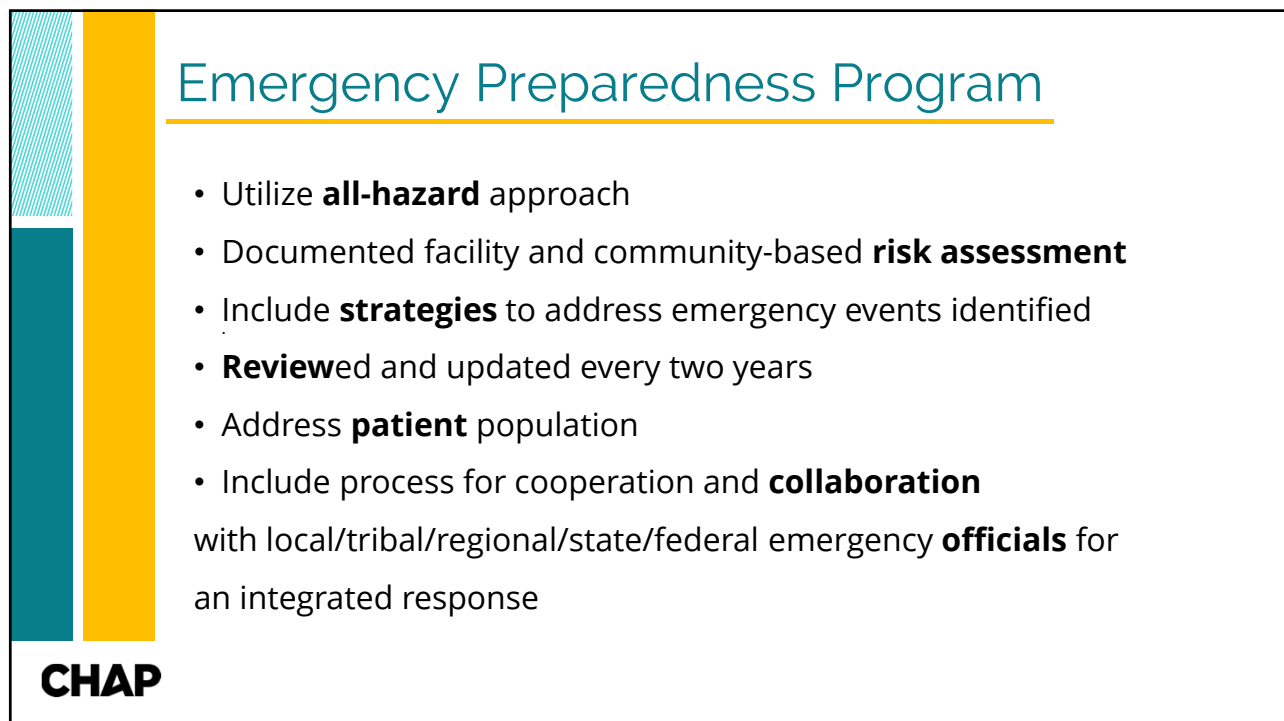
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Emergency Preparedness (HSEP/EP)

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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


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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



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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

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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

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Testing

Must conduct a full-scale exercise that is either community-based or a facility-based exercise every other year.



Conduct an additional exercise **every 2 years** opposite the full-scale that is either a full-scale, mock disaster drill, or tabletop exercise



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Our organization is due to conduct the following testing this year.

Full-scale community-based or functional facility-based event

Second full-scale, mock disaster drill or tabletop exercise/workshop

None

I have no clue

Already completed

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Integrated Healthcare Systems



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2022 Top Findings in HSEP

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

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Tips for Success

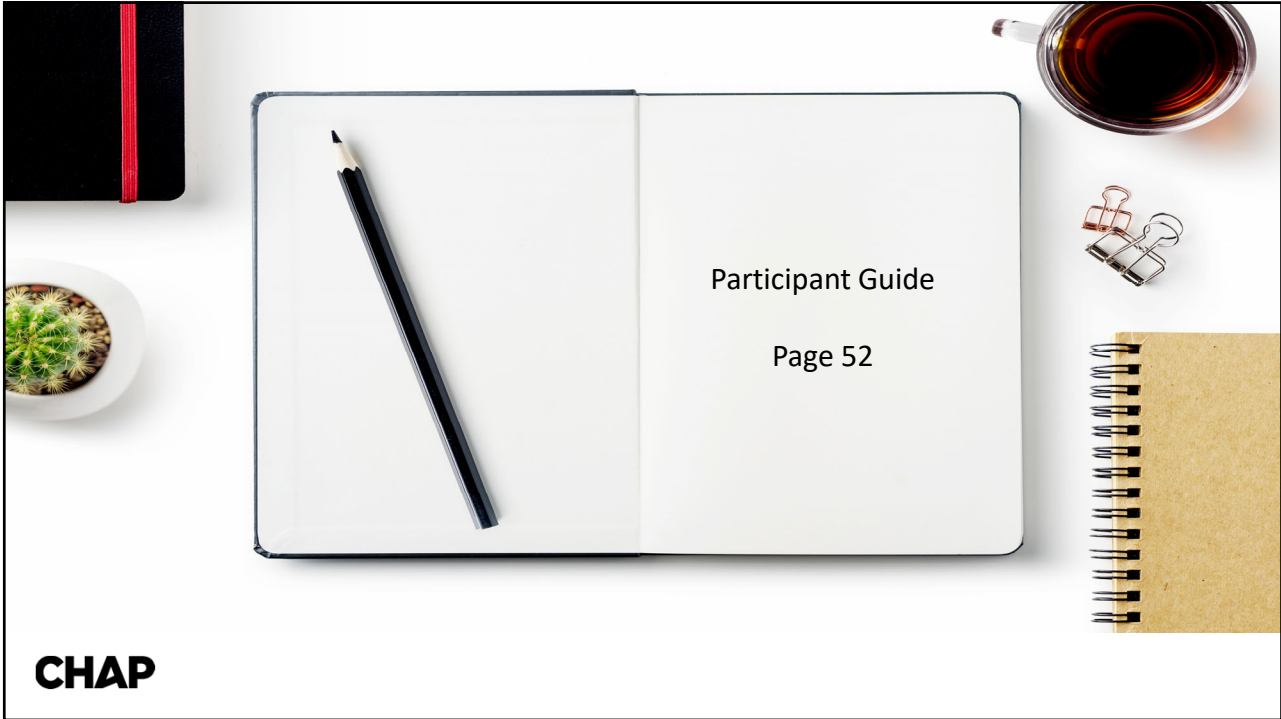
- ✓ **Identify**
individual(s) responsible for oversight of the Emergency Preparedness program
- ✓ **Schedule**
annual tasks at the beginning of the year so they aren't missed
- ✓ **Update**
staff and patient lists with current information
- ✓ **Validate**
current contact information for your emergency officials
- ✓ **Build**
community relationships before a disaster occurs.



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Hospice Leadership and Governance

HSLG



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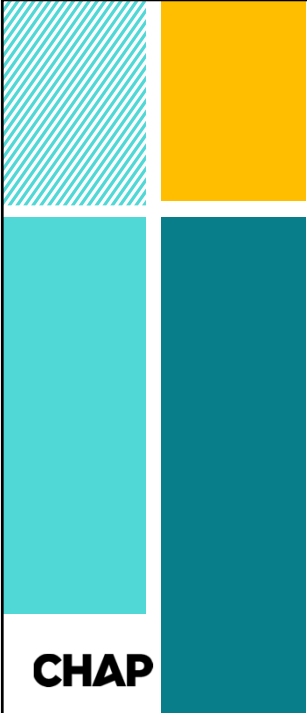
Organizational Operations



- Management of Resources
- Annual Operating Budget
- Monitoring Levels of Care


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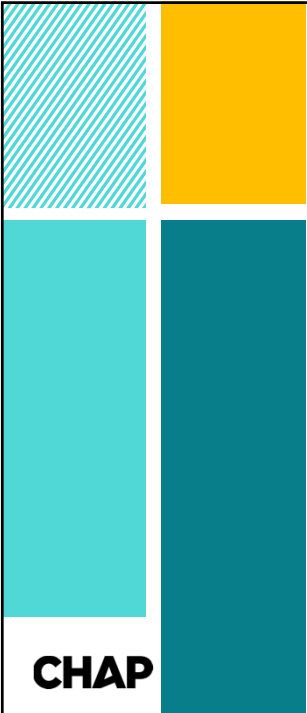
HSLG 2.I - Governance

- Appointing of administrator
- Overall management and operation
- Provision of care and services
 - Leadership
 - Core
 - Non-Core
 - Volunteers
- Fiscal operations
 - Annual operating budget
 - Use of inpatient days
- Ongoing performance improvement



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HSLG 3.I -Administrator

Appointed by the governing body

- Hospice employee
- Meets qualifications required by the governing body

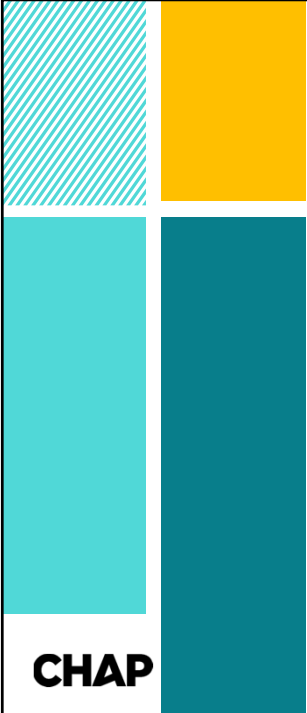
Reports to the governing body

Responsible for day-to-day operations

An alternate is to be identified to address the duties of the administrator when not available

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HSLG 5-6 - Fiscal Operations

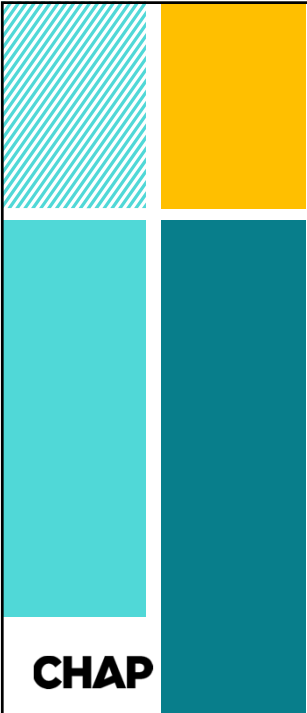
Resources are managed to enable the ability to meet the palliation needs of the patient and management of the terminal illness

Operating budget

- Reflects scope and complexity of service provided
- Includes projected revenue and expense


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HSLG 7.I Volunteers

- Day to day administrative
- Direct patient care
- Time equals 5% of total patient care hours
- Cost savings is document
- Documentation:
 - Position held by volunteer
 - Work time spent by volunteer
 - Dollar estimate if same time spent by paid employee



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DME

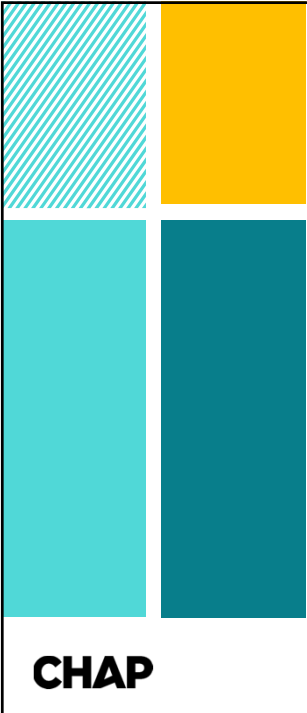
Is **safe** and in working order

- Manufacturer's guidelines are followed for routine and preventive maintenance
- Repair and maintenance policies are developed when the manufacturers guidelines for a piece of equipment do not exist

Persons under **contract** may be used to ensure **maintenance** and repair of durable medical equipment

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Drugs and Biologicals

Are obtained from community or institutional pharmacists or stocks the drugs and biologicals itself

Discrepancies related to controlled medications

- are investigated immediately by the pharmacist and Hospice administrator
- are reported to the appropriate state authority
- a written account of the investigation is available to state and federal officials

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Agreements

- Scope of services
- IDG oversight and coordination
- Communication
- Care authorized by hospice
- Qualified personnel
- Safe and effective care
- In accordance with Plan of Care
- Hospice may contract with medical director services
 - Self employed physician
 - Physician employed by professional entity or physician group

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Multiple Locations



- Complies with federal regulation regarding disclosure of ownership and control information



- Ensures hospice multiple locations are approved by Medicare and licensed in accordance with state licensure laws



- Ensures that each location is approved by Medicare



- Clearly delineates lines of authority
- Shares administration

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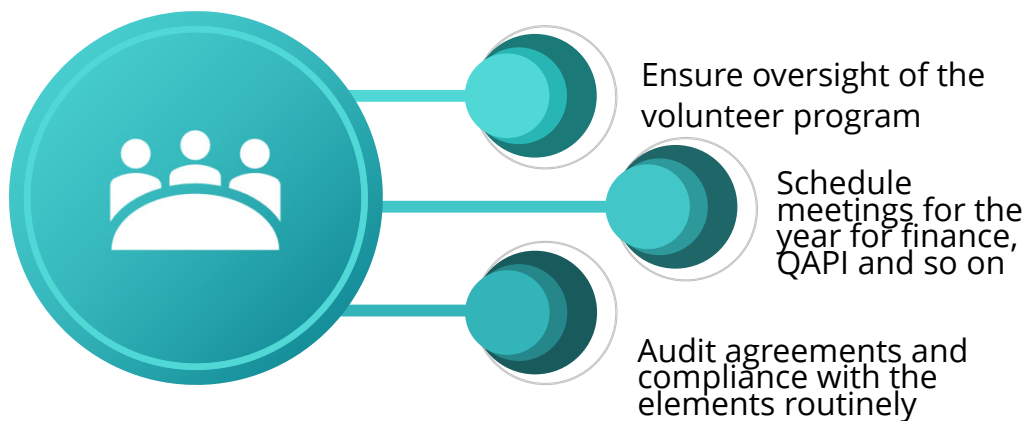
2022 Top Finding in HSLG

Standard	Content	CMS Tag
HSLG 2.I	Governance assumes full authority (36%)	L574,L651
HSLG 14.D	Required elements of written agreement to furnish services (21%)	L 655
HSLG 3.I	Qualified administrator and alternate is appointed (14%)	L651

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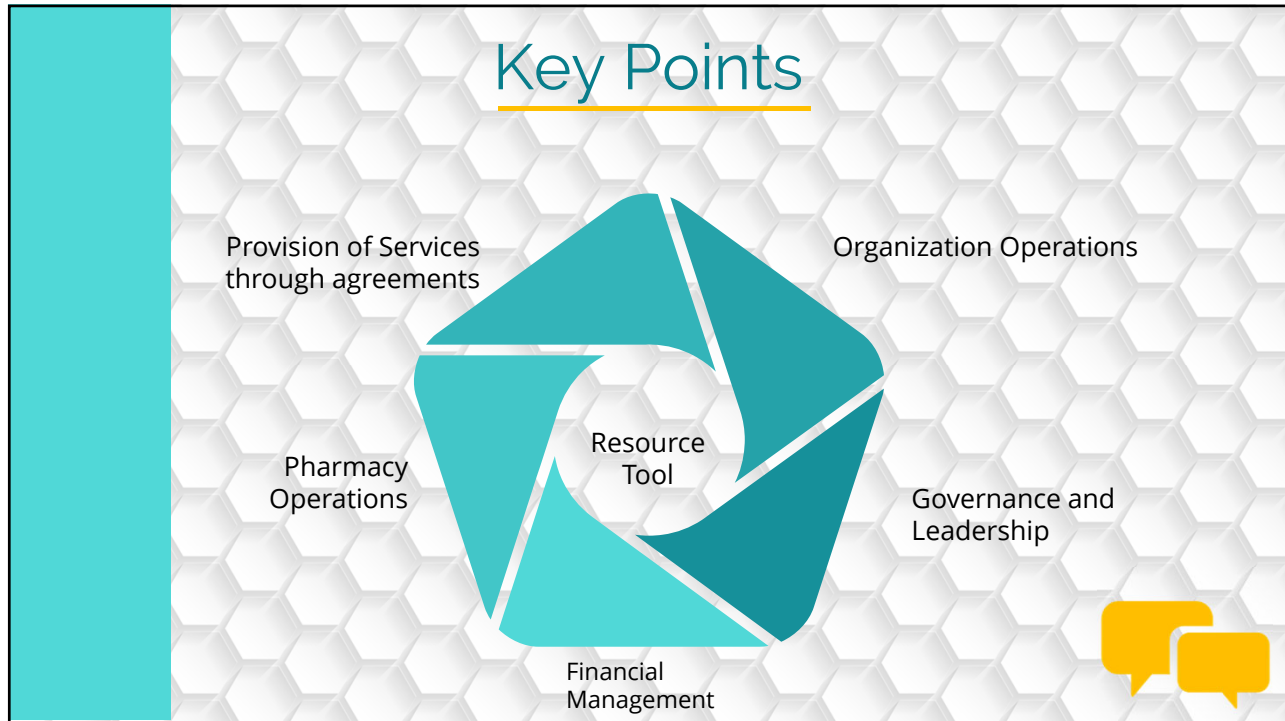
87

Tips for Success

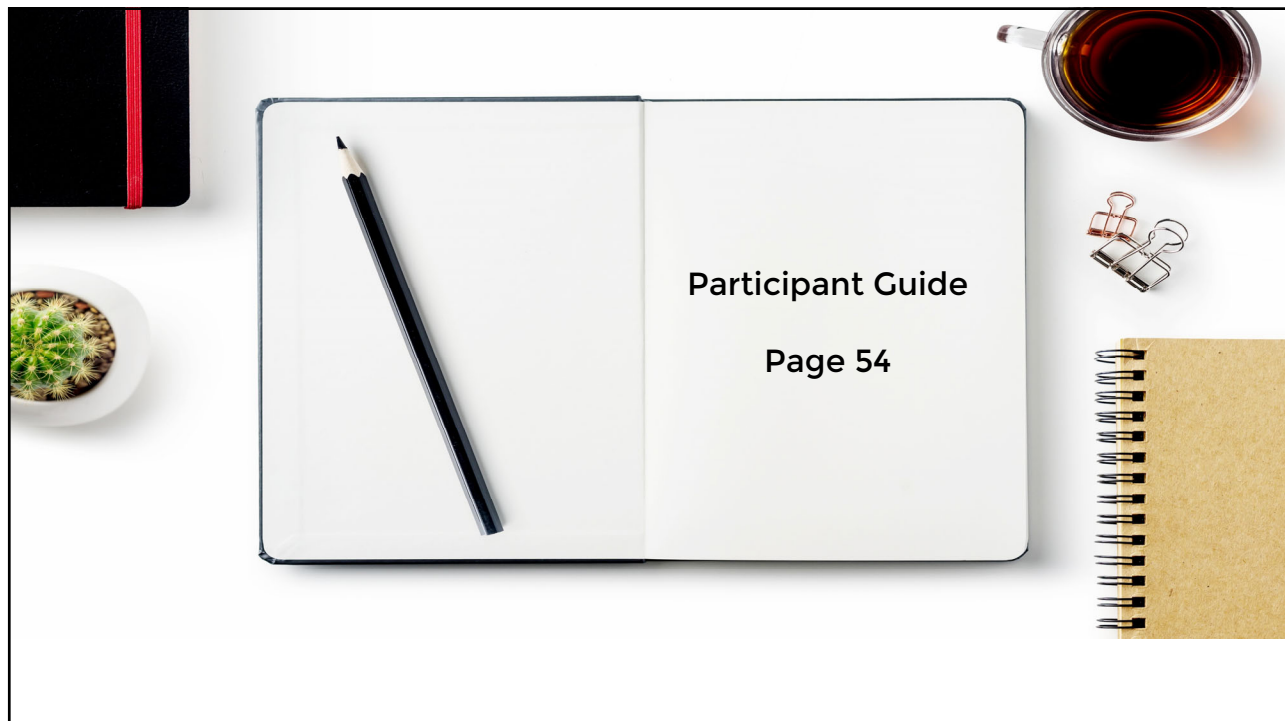


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CHAP Accreditation CHAP LinQ Customer Relations



CHAP

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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

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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

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Steps to Accreditation



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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

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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

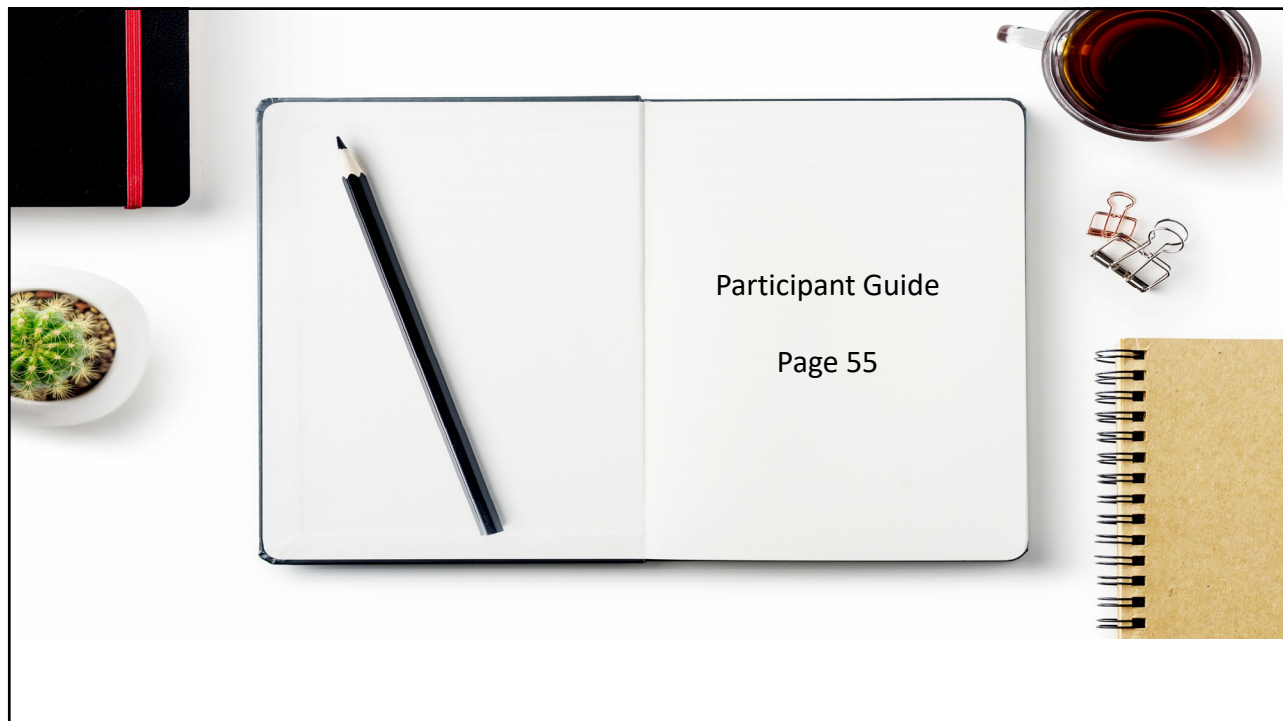
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Site Visit Readiness


Service Line	Required Documents	Required Census	Deemed Status Requirements
Home Health	• Copy of state license(s), if required by state	• 10 served • 7 active at time of survey	Copy of approved 855A letter
Hospice	• Copy of state license(s), if required by state	• 5 served • 3 active at time of survey	Copy of approved 855A letter
Home Medical Equipment (HME/DMEPOS)	• Copy of state license(s), if required by state	• 5 served (sale or rental) • No active patients required at time of survey	 <p>* How do I submit readiness? * Black out dates?</p>
Home Care	• Copy of state license(s), if required by state	• 5 served • 3 active at time of survey	
Pharmacy	• Copy of state license(s), if required by state	• 5 served (sale or rental) • No active patients required at time of survey	
Infusion Therapy Nursing (ITN)	• Copy of state license(s), if required by state	• 5 served (sale or rental) • 3 active at time of survey	
Palliative Care	• Copy of state license(s), if required by state	• 5 served (sale or rental) • 3 active at time of survey	

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Site Visit Process



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Visit Components



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

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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

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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

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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

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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*

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Relieving Anxiety

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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Relieving Anxiety

Communication

- Share difficulty in obtaining information
- Share your anxiety with the site visitor
- Ask questions!
- Take notes at each daily wrap up

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What was today's valuable lesson? (page 52)



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Earning CE Contact Hours

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