

Readiness Tool: Medicare Survey Preparation

Medicare Survey Readiness: Logistics

Area	Task	Who	Status/Action Items
Arrival	<ul style="list-style-type: none"> • Greeting • Check IDs • Sign in • Notification of point person or designee 		
Surveyor Work Area	<ul style="list-style-type: none"> • Designated area away from office traffic, general work area • No ready access to patient or other sensitive information • Copier access away from above 		
Office Appearance	<ul style="list-style-type: none"> • Professional look and feel • PHI protected (paper and electronic) • No DME • Medical supplies off the floor and away from ceiling • License, accreditation (if applicable), Notice of Privacy, CLIA (if applicable) on wall 		
Communication	<ul style="list-style-type: none"> • All staff alert • Filing up to date and plan for last minute filing 		
EMR	<ul style="list-style-type: none"> • Surveyor view access for patients chosen only if possible • Assistance with surveyor and EMR or • Printing for review 		

Medicare Survey Readiness: Survey Documents

Be ready to produce in 30 minutes or less; use Interpretive Guidelines for additional guidance.

Area	Task	Who	Status/Action Items
Patient listing	<ul style="list-style-type: none"> Listing of unduplicated admissions for past 12 months or period requested Current patient list with election date, diagnosis, date of initial and comprehensive assessment completion 		
Visit Schedule	<ul style="list-style-type: none"> Patient names scheduled for home visit during survey period 		
Organizational Chart	<ul style="list-style-type: none"> Governing Body to patient level does not need to include names just positions 		
Sample admission packet	<ul style="list-style-type: none"> Patient rights Advance Directives information Grievance process 		
Personnel	<ul style="list-style-type: none"> Employee roster including dietician and medical director/hospice physicians with date of hire and title Current licensure/certification Orientation Competencies Do you know and follow your current policies and procedures? 		
IDG Meetings	<ul style="list-style-type: none"> Dates and times of IDG meetings 		
Patient Care Contracts	<ul style="list-style-type: none"> Able to produce a listing of contracts (pharmacy, DME, GIP/Respite, nursing facility, staffing (hospice aide, PT, OT, Sp.Th. only) Education provided per contract Contains elements in 418.100(e) (L655) and for nursing facilities in 418.112 (c) (L763 to L776) Do you know your current policies and procedures? Are you following them? 		
Governing Body Minutes	<ul style="list-style-type: none"> Demonstrates oversight Approvals for budget, administrator, QAPI Program Membership with positions Budget approval QAPI Plan approval with identification of responsible person Designation of Administrator Minutes By-Laws 		

Area	Task	Who	Status/Action Items
P&P Manual	<ul style="list-style-type: none"> • Provide table of contents and determine what they want • If paper, ensure all notes, stickies, and comments are removed • Do you follow policies? Are policies too detailed? 		
QAPI Program	<ul style="list-style-type: none"> • Provide only what they request but generally will not be more than most current 12 months • Trends/summary reports (not raw data or tools) • Clinical record reviews • Incidents • Grievance/complaints • Patient satisfaction surveys (soon to be CAHPS) • Infection control program • Performance Improvement Projects • Do you know your current policies and procedures? Are you following them? 		
On-Call Logs	<ul style="list-style-type: none"> • How hospice is aware of what calls come in after hours • Look for trends 		
Volunteer Program	<ul style="list-style-type: none"> • Recruitment • Retention • Cost savings • % of hours • Current volunteer list and possibly assignments 		
In-Service	<ul style="list-style-type: none"> • Demonstrate on going educational offerings • Hospice aide competency and training • Do you know your current policies and procedures? Are you following them? 		
Emergency Plan	<ul style="list-style-type: none"> • Specific for the hospice service area 		
Bereavement	<ul style="list-style-type: none"> • Access to/list of bereaved for past 12 months • Are bereavement files up to date with current assessments and plans of care? • Are plans of care followed? 		
CLIA Wavier	<ul style="list-style-type: none"> • If applicable 		

Medicare Survey Readiness: High Risk High Volume Survey Areas

The following are the top survey issues. Pull records for review using the on-call log, complaint log, incidents, and live discharges to identify which charts to review. Review using these prompts along with the Medicare State Operations Manual and handout on Patient Care and Organizational Environment.

Area	Task	Who	Status/Action Items
Plan of care L543 L545 L547 L555 L557	<ul style="list-style-type: none"> • The plan of care is one of the most important processes/documents (per CMS) • Read the regulations and interpretive guidelines for these tags. Be able to answer the probes. • Do you know your current policies and procedures? Are you following them? • What documents (paper and/or electronic) make up your plan of care? Is this supported by policy? • Can you explain how the IDG is involved in the development and revisions of the POC? • What clinical record reviews are in process that address POC? What do the results show? • Does staff understand the care planning process? 		
Comprehensive Assessment L530 L533	<ul style="list-style-type: none"> • Read the regulations and interpretive guidelines for these tags. Be able to answer the probes. • Do you know your current P&Ps? Are you following them? • What documents and processes make up the comprehensive assessment? • How are the findings communicated within the IDG and used to update plan of care? • Does the documentation show progress or lack of progress towards goals? 		
Coordination of services L555 L557	<ul style="list-style-type: none"> • Read the regulations and interpretive guidelines for these tags. Be able to answer the probes. • Do you know your current policies and procedures? Are you following them? • How does your documentation system tie to plan of care? • How does the IDG know the current status and needs of the patient? • What is your method of communication and documentation with contracted providers 		

Area	Task	Who	Status/Action Items
Clinical Records L671	<ul style="list-style-type: none"> • Read the regulations and interpretive guidelines for these tags. Be able to answer the probes. • Do you know your current policies and procedures? Are you following them? • Do you have real time documentation? • Is every visit documented? How do you know? • Is every note signed? If electronic signatures, are proper controls in place? 		
Supervision of Hospice Aides L629	<ul style="list-style-type: none"> • Read the regulations and interpretive guidelines for these tags. Be able to answer the probes. • Do you know your current policies and procedures? Are you following them? • How do you know when a supervisory visit has been completed? How can your EMR help track? • What are the consequences when an every 14 day supervisory visit is not completed? 		
Nursing Services L591	<ul style="list-style-type: none"> • Read the regulations and interpretive guidelines for these tags. Be able to answer the probes. • Do you know your current policies and procedures? Are you following them? • Review complaints, on-call, revocations and live discharges for entering a noncontracted facility for and incidents. 		

Medicare Survey Readiness: Staff Preparations – Interviews and Home Visits

See Interpretive Guidelines for more guidance.

<i>Title</i>	<i>Possible questions</i>		
Administrator	<p>How is the Governing Body aware of the operations? Quality? Resources?</p> <p>How do you know about quality of care?</p> <p>Competency of staff?</p> <p>What is your role in the complaint process?</p> <p>How do you ensure adequate resources?</p>		
Clinical Managers	<p>How are assignments made?</p> <p>How do you know about the quality of care?</p> <p>What do you do when you hear about a complaint?</p>		
Education coordinator	<p>How are educational needs determined?</p> <p>How are the hospice aides provided 12 hours annually? How is this tracked?</p> <p>Is it easy to find and demonstrate per HA?</p>		
QAPI Coordinator	<p>What is the QAPI plan?</p> <p>What PIPs have you done in past year? Results?</p> <p>How do you know about the quality of care?</p> <p>How do licensed professionals participate in QAPI?</p> <p>How does your Governing Body oversee quality?</p>		
Volunteer Coordinator	<p>Explain your recruitment, retention and training program?</p> <p>Show me your cost savings.</p> <p>Show me your % of volunteer hours?</p>		
Bereavement Coordinator	<p>How is the initial bereavement assessment completed?</p> <p>How is the bereavement assessment updated and BPOC developed after death?</p> <p>How do you identify risk?</p> <p>Show me bereavement plans of care and care documentation</p>		
Patient care visits	<p><i>Home visit</i></p> <ul style="list-style-type: none"> • Car check-no visible PHI, no loose supplies, no meds unless on a delivery • Protect PHI (car, facility, phone) • Know the plan of care (hospice aide assignment) and deliver care accordingly (surveyor will have copy of plan of care) • Confirm patient identifier if not in personal residence • Hand washing policy / Infection control practices in general. Use bag technique (including laptops) and infection control procedures. 		

	<ul style="list-style-type: none"> • NF/ALF-follow a coordination and communication process with other caregivers • Ensure education is provided as needed & according to the plan of care • Determine if unmet needs before ending the visit • Complete documentation • Answer only what the surveyor asks. <p><i>Nursing home visit (in addition to above)</i></p> <ul style="list-style-type: none"> • Are all required documents in the nursing home record? • Check in process followed? • Do you review NF record for changes? • Report off by communicating any changes in the plan of care and education which occurred • Contact family per plan of care 		
--	---	--	--

Medicare Survey Readiness: Preparation for IDG Observation

See Interpretive Guidelines for more guidance.

Area	Task	Who	Status/Action Items
Plans of care/ Progress of lack of progress towards goals	<ul style="list-style-type: none"> • Will be evaluating effectiveness of IDG coordination, communication, plan of care • Are all members of IDG present (RN, SW, chaplain/counselor, physician)? • Do all staff know the plan of care; problems, goals, interventions? • Does discussion center on plan of care? • Is there a review of medications? • Do IDG members make suggestions for changes in plan of care? • Is there discussion when changes are needed? • Have there been any incidents or complaints? Were they discussed? How will they be documented? 		
Coordination of care	<ul style="list-style-type: none"> • How are contract staff communicated with? • How will coordination occur when patient has planned visit or diagnostic work up? Is it part of the plan of care? • How will changes and updates be communicated to NF? • What is the process and how quickly will updated plan of care be provided to NF? 		
Orders	<ul style="list-style-type: none"> • If new orders are needed, who will they be obtained from (attending, hospice)? 		
Eligibility	<ul style="list-style-type: none"> • Is there a balance between care planning discussions and eligibility discussions? 		

Medicare Survey Readiness: Managing the Survey Process

Area	Task	Who	Status/Action Items
Arrival/ Settling In	<ul style="list-style-type: none"> • Greet surveyor, review identification • Contact the designated point person • Administrator or designee runs the survey response • Escort to designated work area and get them settled in • Orient them to office: bathrooms and how to contact the administrator (however the administrator should be checking in routinely to avoid them wandering around office). 		
Entrance	<ul style="list-style-type: none"> • Ask purpose of survey • Obtain schedule of survey activities and requirements 		
Next Steps	<ul style="list-style-type: none"> • Gather staff who will be providing survey activity support <ul style="list-style-type: none"> • Briefing on survey activities • Implement preparedness plan • Notify program of survey through communication plan. • Utilize central communication room • Minimize talking with and around surveyors • Ensure timely retrieval of requested materials 		
During	<ul style="list-style-type: none"> • Keep track of all information provided, stay organized • Check back with surveyors frequently • Document your conversations • Keep appropriate boundaries • Provide only what is requested • Answer the questions as asked. If you can't answer the question, say you will get back with them, research it and then get back with them 		
Daily Debriefing	<ul style="list-style-type: none"> • Pay careful attention to findings discussed during daily debriefing sessions • Clarify findings. It's okay to request for clarification/proof of regulatory requirement. • Ask questions-“help me understand...” • Are they on schedule? What are tomorrow's plans? 		
Exit	<ul style="list-style-type: none"> • Take notes (everyone in attendance) • Generally no limit as to who may attend (determine beforehand) • Opportunity to ask for clarification and provide additional information • Do not assume that surveyor comments are all that will be on statement of deficiency 		