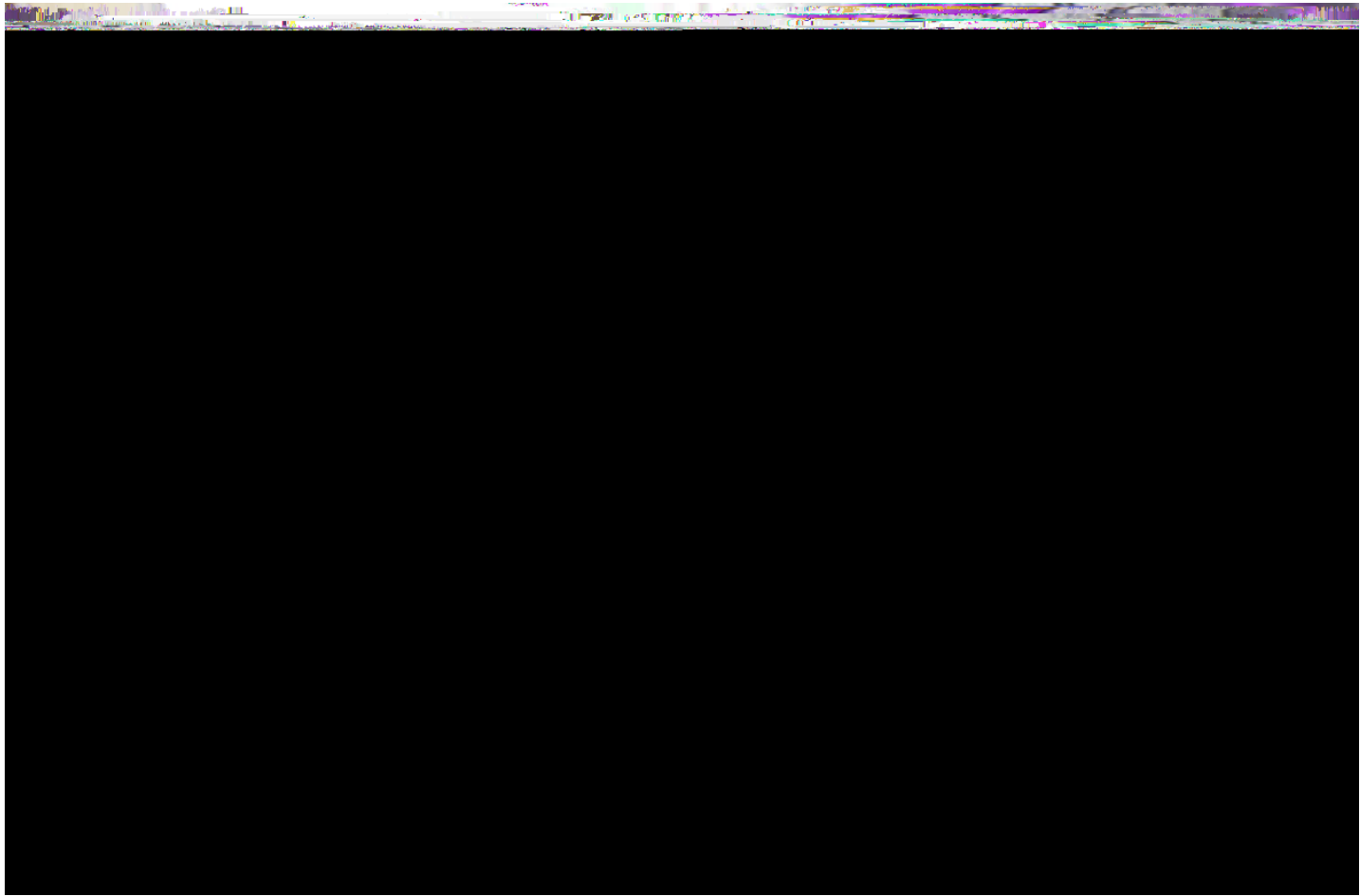




Accreditation Survey Activity Guide 2024





Home Care Accreditation

Organization Survey Activity Guide

August, 2024

What's New for Home Care Survey Process 2024

New or revised content for 2024 is identified by underlined text within the noted activities.

Changes effective August 30, 2024

Home Care Accreditation Program Requested Document List – Updated to reflect CMS QSO-24-07-HHA: Revisions to Home Health Agencies (HHA) – Appendix B of the State Operations Manual.

NEW! Home Health Accreditation Survey – Deemed – Requested Document List – Presents just the Home Health services list of documents that surveyors will need to see during a deemed status survey.

Changes effective January 1, 2024

Home Care Organization Survey Activity Guide (SAG)

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How to Use this Guide

Readiness Guide

**Actions to take when
surveyor arrives**

Home Care Accreditation Program – Requested Document List

As a Home Health, Home Infusion Therapy, Hospice, Pharmacy and/or Home Medical Equipment/DMEPOS organization, you will need the following information and documents available for the surveyor to review during the Preliminary Planning Session and Surveyor Planning Session, which occurs on the first day of survey.

Note: The 12-month reference in the following items is not applicable to initial surveys.

Documents Needed Within One Hour of Surveyor Arrival

- Name and phone number of key contact person who can assist surveyors in patient visits, guidance with the electronic medical record, or observation of service delivery
- A copy of your organizational chart including parent and branches
- Current list of all direct and contracted employees including job title and date of hire
- List of all sites, branches and services provided, if applicable
- State licenses, certificates, etc.
- CLIA waiver and Waived tests being performed. CLIA certificates for the labs being used to process specimens.
- List of contracted agencies or contracted staff and the contract(s)
- Hospice only: List of patients on GIP, CC, or Respite

Tracer Selection Documentation (Lists needed within one hour of surveyor arrival)

- Active patient list with
 - Patient name
 - Diagnosis or therapy, equipment provided
 - Start of care date
- List of scheduled home visits for the duration of the survey including:
 - Type of service (home health, hospice, personal care and support)
 - Disciplines
 - Diagnosis
 - Date of admission
- List of scheduled deliveries, mail orders or planned walk in business for the days of survey and from specific points in time as delineated by the surveyor, including: Home Medical

Home Health Accreditation Survey—Deemed—Requested Document List

WHAT

WHEN

WHAT

WHEN

Hospice Accreditation Survey—Deemed—Requested Document List

WHAT	WHEN
Your organization's expectations	Opening Conference
Organization Information Needed for Planning	
Name and phone number of contact person	Within 1 Hour of Surveyor Arrival
Organizational Chart	Within 1 Hour of Surveyor Arrival
Hospice charter	Within 1 Hour of Surveyor Arrival
Active employee list with discipline and title (include medical director(s), volunteers, and all staff under contract or arrangement)	Within 1 Hour of Surveyor Arrival
List of all sites (multiple locations), including addresses and services provided (e.g., inpatient facility), if applicable. NOTE: For deemed surveys this list should reflect all locations that the hospice operates under the CCN.)	Within 1 Hour of Surveyor Arrival
State licenses, certificates, etc.	Within 1 Hour of Surveyor Arrival
CLIA Waiver and waived tests performed and CLIA licenses for clinical laboratories where the agency sends specimens	Within 1 Hour of Surveyor Arrival
List of contracted agencies or contracted staff and the contracts/agreements (e.g., SNF/NF, DME, pharmacy, inpatient facilities)	Within 1 Hour of Surveyor Arrival
Written agreements with all long-term care facilities (nursing homes, ICF/IIDs) where the hospice is currently treating patients	Within 1 Hour of Surveyor Arrival
Interdisciplinary Group (IDG) meeting schedule for duration of survey	Within 1 Hour of Surveyor Arrival

WHAT	WHEN
List of patients who, in the last 12-months revoked the hospice benefit (patients discharged alive) List of patients in the last 12-	Within 1 Hour of Surveyor Arrival

Home Care Accreditation Survey Activity List

Survey Activity Name	Suggested Duration of Activity	Suggested Scheduling of Activity	Organization Participants (Refer to the Survey Activity Guide for more information)
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Surveyor Arrival and
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Surveyor Preliminary Planning Session

Organization Participants

Orientation to Your Organization

Organization Participants

Suggested participants include the same participants as the Opening Conference. Suggested participants include members of the governing body and senior leadership (representing all accredited programs/services). Attendees should be able to address leadership's responsibilities for planning, resource allocation, management, oversight, performance improvement, and support in carrying out your organization's mission and strategic objectives. Other attendees may include at least one member of the governing body or organization trustee and leaders of the medical staff, when applicable.

Logistical Needs

The suggested duration of this session is approximately 30-60 minutes. **Do not prepare a formal presentation.** This session is an interactive discussion, and it is usually combined with the Opening Conference.

Objective

Surveyors will learn about your organization through an interactive dialogue to help focus subsequent survey activities.

Overview

During this session surveyors become acquainted with your organization. They begin to learn how your organization is governed and operated, discuss leaders' planning priorities, and explore your organization's performance improvement process.

Governance and operations-related topics for discussion include:

- Organization's mission, vision, goals, and strategic initiatives
- Organization structure
- Operational management structure
- Information management, especially the format and maintenance of medical records
- Contracted services and performance monitoring, including telemedicine services
- Health care errors reduction and/or patient/resident/individual served safety initiatives
- National Patient Safety Goals
- Community involvement
- Leader's role in emergency management planning
- The organization's patient population
- Organization activities related to risk awareness, detection and response as it relates to cyber emergencies
- Cleaning, disinfection and sterilization
- Pain assessment, pain management including nonpharmacologic treatment modalities, and safe opioid prescribing, when applicable
- **Home Care, Pharmacy:** Medication compounding services, scope, types, structure, workflows, and technology in use

Discussion topics include your:

- Leaders' ideas of your organization's potential risk areas
- Leader's approach to

- Assessing the interrelationships between disciplines, departments, programs, services, or units (where applicable), and the important functions in the care, treatment or services provided
- Identifying issues that will lead to further exploration in the system tracers or other survey activities such as Environment of Care and Leadership Sessions

During the individual tracer, the surveyor observes the following (includes but is not limited to):

- Care, treatment or services being provided to patients by clinicians, including physicians
- The medication process (e.g., preparation, dispensing, administration, storage, control of medications)
- Infection control issues (e.g., techniques for hand hygiene, sterilization of equipment, disinfection, food sanitation, and housekeeping)
- The process for planning care, treatment or services
- The environment as it relates to the safety of patients and staff
- **Home Care, Pharmacy:** Actual compounding process and reviewing applicable policies as needed. He or she will enter the clean room to observe and will follow all organization requirements for staff entering the clean room (e.g., level of garb used for a pharmacist observing, but not engaging in actual sterile compounding).
 - o A minimum of three (3) compounding activities per compounding risk level (low, medium, and high) will be selected. These must:
 - Be representative of the target therapies compounded in the organization
 - Include hazardous medications and radiopharmaceuticals, if they are being compounded in the organization
 - NOTE: If the organization receives compounded radiopharmaceuticals from an outside source, the reviewer will visit the area and speak to the staff that receives these medications.
 - o Medium and high-risk compounding will be prioritized. For example, compounding of TPN, compounding of chemotherapy, compounding of product from non-

Home Medical Equipment only: The surveyor requests the manufacturer, model, and serial numbers for all medical equipment provided by your organization.

Home Medical Equipment Mail Order: The surveyor traces mail order clients/patients in the same manner. They will utilize telephone support in lieu of patient home visits.

Home Medical Equipment Walk-in Business: The surveyor traces the client/patient services when they arrive at your organization. Due to the unscheduled nature of this business, survey activity is interrupted to accommodate tracers for walk-in clients/patients.

Using individual tracers for continuous evaluation

Many organizations find tracer activity helpful in the continuous evaluation of their services. If you choose to conduct mock tracers, in addition to clinical services, consider the following criteria in selecting patient.

Selection Criteria

- Patients related to systems such as infection control and medication management
- Patients who move between programs/services (e.g. home care or hospice patients received from the hospital, assisted living residents receiving home care services)
- Patients recently admitted to service
- Patients due for discharge or recently discharged from service
- Patients who cover multiple additional criteria listed below

Home Care (any service, as applicable)

Care provided to a patient:

- Receiving a high-risk medication or piece of equipment
- Receiving ventilator care
- Less than or equal to 18 years of age
- Receiving Maternal and/or childcare
- Receiving IV/Infusion therapy
- Receiving blood/blood component administration
- Undergoing acute care re-hospitalizations
- Receiving personal care and support services
- Receiving alternative complementary care
- Receiving oxygen therapy
- With a terminal condition

Hospice Services:

- Patient receiving facility-based care within the past 12 months
- Patient receiving continuous care/respice care
- Patient to whom infusion therapy is being administered
- Pediatric patient or a patient <18 years old
- Patient receiving alternative complementary care
- Patient being treated for pain

Pharmacy:

- Patient receiving a high-alert medication

Home Medical Equipment:
Patients receiving and using:

- Custom adult wheelchairs (usually fixed frame requiring assessment and fitting)
- Custom pediatric wheelchairs (usually fixed frame requiring assessment and fitting)
- Custom seating systems associated with the provision of wheelchairs
- Custom power wheelchairs (including power stretchers, etc.)
- Standard adult and pediatric power wheelchairs (custom and non-custom)
- Custom adult and pediatric ambulatory aids (prone standers, circular walkers, etc.)
- Multiple types of equipment
- Clinical respiratory services
- Rehab technology services
- Customized orthotics or prosthetics
- Respiratory equipment
- Durable medical equipment
- Specialized equipment with supplies

Program Specific Tracer – Hospital Readmission

Applicability

Applies to Medicare-certified S5 BDC u.02 57.6 687.i-Dte- **Logabi-** ---

Special Issue Resolution

Organization Participants

None, unless otherwise requested by the survey team

Logistical Needs

For surveys lasting more than one day, 30 minutes is scheduled toward the end of each day except the last.

Surveyors will inform your organization's contact person of what documentation, if any, is needed and any staff who they would like to speak with or locations they want to visit.

Overview

Surveyors explore issues that surfaced during the survey that could not be resolved. Depending on the circumstances, this may include:

- The review of policies and procedures
- The review of additional patient/resident/individual served records to validate findings
- Discussions with staff, if necessary
- Review of personnel and credentials files
- Review of data, such as performance improvement results
- Other issues requiring more discussion

Surveyor Planning/Team Meeting

Organization Participants

None

Logistical Needs

The suggested duration for this session is 30 minutes.

Overview

Surveyors use this session to debrief on the day's findings and observations and plan for upcoming survey activities.

Before leaving the organization, surveyors will return organization documents to the survey coordinator / liaison. If surveyors have not returned documentation, your organization is encouraged to ask surveyors for the documents prior to their leaving.

Competence Assessment and Credentialing/Privileging

Organization Participants

Suggested participants include staff responsible for the human resources processes; orientation and education of staff; assessing staff competency; assessing physician and other licensed practitioner competency. There should be someone with authority to access information contained in personnel and credential files.

Logistical Needs

The suggested duration for this session is 30-60 minutes. In order to plan for a file review, inform the surveyors of your process for maintaining competency records. The review of files is not the primary

Environment of Care and Emergency Management Session

Organization Participants

Suggested participants include leaders and other individuals familiar with the management of the environment of care and emergency management in all major areas within your organization. This may include the

of care. The management process or risk selected for observation is based on the environment of care documents previously reviewed, observation by other surveyors, and knowledge gained during the group discussion of this session.

Environment of Care Discussion – Be prepared to discuss how the various Environment of Care risk categories¹ and construction activities, when applicable, are addressed in each of the following six management processes.

**SAFETY and
SECURITY**

- Lessons learned and how the lessons learned/improvement opportunities are incorporated into the unified EM program.

After the EM session has concluded the surveyor(s) will continue relevant discussions and review of emergency management-related activities that include the following:

- During tracer activity, asking staff about any orientation or training they have received in emergency preparedness roles or responsibilities, and their involvement in emergency management exercises, and/or responses to recent actual emergencies or disaster incidents.
- During the competency and credentialing/privileging activities, reviewing personnel and provider files to verify completion of initial and ongoing EM-related education and training.

Environment of Care Tracer (Approximately 30% of session time)

The surveyor observes and evaluates your organization's performance in managing the selected Environment of Care risk. They observe implementation of those particular management processes determined to be potentially vulnerable or trace a particular risk(s) in one or more of the environment

Life Safety Code® Building Assessment

Applicability

This activity only applies to certain facility-based hospice settings (see the Life Safety chapter

- Assess operating/procedure rooms for proper pressure relationships (if any)
- Assess hazardous areas, such as soiled linen rooms, trash collection rooms, and oxygen storage rooms
- Assess required fire separations
- Assess required smoke separations (at least two)
- Conduct an "above the ceiling" survey at each location identified above by observing the space above the ceiling to identify:
 - penetrations of smoke, fire or corridor walls
 - smoke or fire walls that are not continuous from slab-to-slab and outside wall to outside wall
 - penetrations or discontinuities of rated enclosures including hazardous areas, stairwells, chutes, shafts, and floor or roof slabs
 - corridor walls that are not slab-to-slab or do not terminate at a monolithic ceiling (if the building is fully sprinklered and the ceiling is smoke tight, the walls may terminate at the ceiling line)
 - the presence or absence of required smoke detectors or fire dampers
 - the presence or absence of required fire proofing on structural members such as columns, beams, and trusses
- Verify that fire exits per building and verify that they are continuous from the highest level they serve to the outside of the building
- Assess any kitchen grease producing cooking devices
- Assess the bottoms of any laundry and trash chutes
- Assess the **main** fire alarm panel (if any)
- Assess the condition of emergency power systems and equipment
- Assess any medical gas and vacuum system components including master signal panels, area alarms, automatic pressure switches, shutoff valves, flexible connectors, and outlets

Documentation of Findings

A Life Safety Code® deficiency will be recorded as a Requirement for Improvement in the Summary of Survey Findings Report.

System Tracer – Data Management

Applicability

- Incident/error reporting
- Assessing the organization's culture of safety
 - Instrument being used and scope of use (organization-wide or limited implementation)
 - Response rate and tracking over time
 - Results reporting
 - Benchmarking (internal and external)
 - Quality improvement projects undertaken to improve safety culture

Leadership and Data Use Session

Organization Participants

Suggested participants include:

- Leaders with responsibility and accountability for design, planning, organizational processes, and data management
- At least one member of the governing body or an organization trustee
- Senior organization leaders such as administrator, director(s)

Logistical Needs

The suggested duration for this activity is 60-90 minutes. Meeting space that can accommodate both organization and Joint Commission participants will be needed.

Objective

To learn about:

- Leadership's role on the journey to high reliability
- Organization's culture of safety and assessment process
- Leadership's oversight and participation in the collection and use of data
- Organization's performance improvement process
- Leadership's role in revising and adjusting goals and plans to achieve improvement and positive outcomes

Overview

During this session, surveyors will explore, through organization-specific examples,

- Leadership commitment to improvement of quality and safety
- Creating a culture of safety
- Robust process improvement
- Observations that may be indicative of system-level concerns

The surveyor facilitates discussion with leaders to understand their roles related to performance of your organization-wide processes and functions. This discussion will be a mutual exploration of both successful and perhaps less successful organization performance improvement initiatives, or introduction of a new service or an optimal performing department, unit, or area vs. one in need of

How often is it used? Any recent examples?

How does the organization determine whether actual errors, when a patient is harmed, were a system error or a person is responsible and should be held accountable?

Does the organization conduct root cause analyses of all near misses/close calls?

- Utilization of data, resources, and services.
- Risk assessment/management activities.
- Pain assessment and management (opioids).
- Performance of contracted services, if applicable.

Regulatory Review – Home Medical Equipment

Applicability

This activity only applies to Home Medical Equipment service providers.

Organization Participants

Suggested participants include those responsible for billing, posting revenue and reconciliation of accounts. Additionally, staff responsible for budgeting and oversight of client complaints will be interviewed.

Organization Exit Conference

Organization Participants

