Home Health Survey Protocols

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Learning Objectives

At the conclusion of this lesson, you will be able to:
• Understand the new survey focus.
• Describe the standard survey.
• Comprehend what would trigger expanding to a partial extended or extended survey.
**Home Health Agency (HHA) Survey Process Historical Perspective**

- HHAs are unique providers.
- Earlier surveys resembled check lists rather than check-ups.
- Great policies and procedure manuals and clinical records do not always mean great care.

**Survey Process Historical Perspective**

- Omnibus Budget Reconciliation Act-1987 mandated the outcome-oriented survey process.
- Unannounced annual surveys.
- Focus on Patient Rights.
- HH aide training and/or competency evaluations.
- CMS initiated the FAI (Functional Assessment Tool) to guide the surveyor’s decision making.
**Historical Perspective Continued**

- Case mix stratified random sampling was added for home visits and clinical record review.
- OASIS data gathering was initiated in 2000 & focused on quality of care measures.
- CMS had the opportunity to initiate the data analysis necessary to help explore ways to build a process that is more focused on patient outcomes.

**GAO Report July 2002**

- Found inconsistent interpretation of standards and conditions-likely underreporting of serious problems.
- Recommendations to CMS included:
  - Branch oversight.
  - More specific guidance.
  - Ensure every 36 month surveys.
  - State performance standards.
Survey Process Enhanced in 2003

• The HHA survey process included the specific review and incorporation of information generated from the OASIS data (OBQM, OBQI, and HHA Provider Reports) into the survey process.
• Surveyors could now identify specific open & closed clinical records to review of patients who were at risk for specific negative or adverse outcomes
• Worksheets were developed to guide the surveyors in their review of the OASIS based reports.

Survey Process with OASIS

• Patient-focused.
• Outcome-oriented.
• Data-driven.
• Effective and efficient in assessing, monitoring, and evaluating the quality of care delivered by an HHA.
**Survey Priority Score Data Sources**

- The Survey Priority Score was developed to identify HHAs by their outcomes and utilize this data to assist with determining survey frequency:
  - OASIS risk adjusted outcomes.
  - OASIS potentially avoidable event outcomes.
  - Survey deficiencies from most recent survey.
  - Condition-level deficiencies receive heavier weight.

**How CMS selects HHAs for Survey**

- CMS provides each state with a workload list of surveys annually:
  - Tier 1-Triennial survey due (SA surveys all).
  - Tier 2-High priority score (SA surveys ½ from this list).
    - Agencies on this list have either had recent CoPs out.
    - Multiple Complaints.
    - OASIS errors.
  - Complaints.
  - Validation surveys.
Revised Home Health Survey  
Process of 2011

The revised survey process provides a method for CMS to evaluate HHA compliance, ensuring that the patient services provided meet minimum health and safety standards and a basic level of quality.

- The survey approach is patient-focused, outcome-oriented, & data driven.
- This is a more effective & efficient approach in assessing, monitoring, and evaluating the quality of care delivered.
- The state agency needs to determine if the HHA has the ability to deliver needed patient services, & if the delivery of these services impacts the quality of care and results in positive patient outcomes.

2011-HHA Survey Process (cont)

- The six tasks of the survey process as identified in the SOM remain the same.
  1. Pre-survey prep  4. Information analysis
  2. Entrance interview  5. Exit Conference
  3. Information gathering  6. SOD
- New processes are incorporated into the current task structure.
- It does involve a reconfiguration of the standard survey process.
2011-HHA Survey Process (cont.)

- Places heavy emphasis on data & information gathered through staff interviews, clinical records, & home visits.
- Paper compliance with sources other than the clinical record receives less emphasis.
- To increase survey consistency, CMS has provided guidance for expanding from a standard survey to a partial extended or extended survey & citing deficiencies.

Pre-Survey Preparation Utilizing the Reports available in 2011

- Pre-survey activities include the following:
  - Review of the 5 OASIS Reports.
    - Potentially Avoidable Events Report.
    - OBQI Outcome Report.
    - Error Summary Report by HHA.
  - Survey history.
    - Surveyor reviews data from past surveys & history of complaints.
Pre-Survey Preparation (cont.)

The completed Surveyor Worksheet will identify:

• Outcomes for focus.
• Clinical records for discharged patients experiencing specific potentially avoidable event outcomes.
• Home visits for patients at risk for specific outcomes of interest.
• Clinical records or home visits for case mx indicators.

Pre-Survey Preparation (cont.)

• Review of Potentially Avoidable Events:
  – Threshold for each Tier 1 potentially avoidable event is 1 patient.
  – The surveyor will identify if any agency patients experienced either of the 2 potentially avoidable events.
    • Emergent care for injury caused by a fall at home.
    • Emergent care for wound infections, deteriorating wound status.
Pre-Survey Preparation (cont.)

• There are 6 Tier 2 Potentially Avoidable Events for consideration.
• Threshold required for an event in Tier 2 to become a focus area:
  – There must be patients who experienced the event.
  – The HHA’s current incidence rate must be equal to or greater than twice the reference rate.

Pre-Survey Preparation (cont.)

• Review of the OBQI Report
  – The surveyor will utilize a worksheet to evaluate the most recent Risk-adjusted Outcome Report.
  – The surveyor will choose (if possible) 2 outcomes for focus during the onsite survey that have:
    • At least 30 eligible cases.
    • A large & unfavorable magnitude of difference between the HHA’s & the national reference rates.
    • Statistical significance equal to or less than 0.10.
    • Patients meeting the individual investigation thresholds will likely be chosen for record review during the survey.
Pre-Survey Preparation (cont.)

• Patient/Agency characteristics Report.
  – The focus will be on acute conditions and home care diagnoses that are statistically significant and are equal to or greater than 15 percentage points higher than the reference rate.
  – The surveyor will select 3 conditions or diagnoses that meet the criteria, and select 1 or 2 clinical records for review.

Pre-Survey Preparation (cont.)

• Submission Statistics by Agency Report
• As part of the pre-survey process, the surveyor will determine whether the HHA:
  – Is submitting data less often than monthly
  – Has greater than 20% of records rejected

If either probe is triggered, the surveyor investigates compliance with the OASIS transmission requirements (42 CFR 484.2 Reporting OASIS Information) during the onsite survey through the partial extended survey process.
Pre-Survey Preparation (cont.)

• Error Summary Report by HHA.
• The surveyor will review the OBQM & OBQI Reports for the following errors:
  – Error 262, Inconsistent M0090 date > 20%
  – Error 1003, Inconsistent effective date sequence > 10%
  – Error 1002, Inconsistent record sequence > 10%

If the error rate is greater than the identified thresholds there will be further investigation during the onsite survey at 42 CFR 484.20 through the partial extended survey process.

• The surveyor must not cite any deficiency for an HHA’s failure to include the OASIS data set as part of the patient-specific, comprehensive assessment for non-Medicare non-Medicaid patients as required by 42 CFR 484.55
HHA Survey Protocols

• Revised protocols developed for the onsite portion of the survey.
• New HHA Survey protocols now identify those specific standards (crossing conditions) that are most related to patient care and outcomes.
• Eleven expert surveyors participated in identifying the standards most directly related to high-quality patient care.

HHA Survey Protocols can't

Sorted all of the home health tags into three divisions:)
1. most related to patient care
2. moderately related to patient care, and
3. least related to patient care (all others).

• The standards receiving the most votes are termed Level 1 standards.
• The standards getting the next highest votes are termed Level 2 standards.
Revised Standard Survey

Level 1 standards:
• Most directly related to the delivery of high quality patient care.
• Address 9 of the 15 CoPs.
• Current survey process addresses only seven conditions and one standard of the current CoP.

Home Health “G’ Tags and Abbreviated Identifiers
• Go to Appendix – Green and yellow
Survey Protocols

- Standard survey – Level 1 standards.
- Partial Extended survey – at a minimum, Level 2 Standards:
  - Guidelines for further investigation.
  - Condition-level guidance – when to consider citing a condition.
  - Related conditions for further investigation.
- Extended survey: when condition-level is cited all conditions are examined.

484.10 Patient Rights
Standard Survey Protocols

• Focus on standards most directly related to delivery of high quality patient care.
• Increased use of interviews ……direct communication with providers and agency support personnel.
• Minimal need to review non-clinical paper materials.

Primary Investigation Methods

• HHA staff/patient interviews.
• Home visits to patients.
• Clinical records reviews.
Standard Survey

• Evaluates HHA compliance with Level 1 Standards.
• Includes standards under skilled nursing and therapies.
• Includes selected standards under a specific condition (not all).
• Selected standards from the Skilled Nursing and Therapies conditions are included.
• Not every standard from a selected condition is included as a Level 1 standard.

Standard Survey Ends

• If the HHA is in compliance with all Level 1 standards.
• No additional issues/concerns are identified.
• Needing investigation.
• Survey is finished.
• Issue Form CMS 2567.
Standard Survey Expands

- Expected outcomes are not met for one or more Level 1 standards.
- Other issues are recognized by the surveyor during the standard survey.
- When the survey expands, it becomes a partial extended survey.

Level 2 Standards

- At a minimum, compliance with Level 2 standards is evaluated if deficiencies are found with Level 1 standards.
- This is a partial extended survey.
- Surveyors may review additional (non-Level 1 or 2) standards under the same condition or related conditions during a partial extended (PE) survey at their discretion.
Instructions to Surveyors

• If a problem with a Level 1 standard is identified, the surveyor moves to evaluation of the Level 2 tags under the same condition. (Review copy of guidelines to give an example of how a problem with a Level 1 standard leads to evaluation of Level 2 tags under the same condition.)

• This move to evaluation of the Level 2 tags becomes part of a partial extended survey.

• It’s important to emphasize that the guidelines represent minimum guidelines—surveyors may dig deeper or investigate other standards not listed on the guidelines, as they see fit.

Entrance Conference

• Follow the SOM, Appendix B, for the entrance conference which now includes additional interview questions asking the HHA about specific processes related to Level 1 standards.

• Add specific interview questions (phrase questions appropriately) regarding HHA processes for Level 1 standards.

• The surveyor may reword, reorder, eliminate or add questions as appropriate (i.e., adapt interview).

Sample Interview Questions of the Clinical Manager

- Describe the HHA’s process of drug regimen review?
- How does the HHA address medication discrepancies or patient non-compliance?
- How does the HHA respond to prescriptions from physicians other than the physician responsible for the patient’s home health care?
- How does the HHA determine when there has been a “major decline or improvement in the patient’s health status” that would warrant an update of the comprehensive assessment?
- As how the HHA tracks due dates for updating the comprehensive assessments?

Information Gathering

- Surveyors gather critical information by focusing on home visits, interviews, and record reviews.
- If concerns arise during interview, record reviews or home visits, it may be necessary to include a review of additional material as needed, such as:
  - Personnel records
  - Contracts
  - Policies and procedures
  - Clinical/procedural references
  - Documentation of home health aide competency evaluation
  - Documentation of complaint investigation and resolution, etc.
Information Gathering for the Standard Survey

• Focus on Level 1 Standards, unless issues/concerns are found.
• The surveyors will conduct interviews of various personnel, not just the HHA-identified contact:
  – There will be an increased focus on HHA staff interviews, whether formal or informal. Survey interview protocols provide some suggestions for questions for agency personnel such as medical records staff, field staff, etc.

Clinical Record and Home Visit Sample Selection

• The surveyor is to select clinical records and home visits representing the following:
  – A range of primary admitting diagnoses.
  – The sample representation is to consist of patients who are receiving various kinds of services; i.e., SN, PT, OT, ST, MSW, and HHA.
Clinical Record Review Guidelines

• The SOM lists specific guidance to the surveyor in evaluating the clinical record.
• Refer to the SOM Appendix B-rev. 2/11/11 for a list of the questions the surveyor has to answer when reviewing a clinical record.
• The questions are listed on pages 21-22 of the SOM Appendix B.

Surveyor Guidance When Conducting Home Visits

• The surveyor should observe, but not interfere with, the delivery of care or the interaction between the HHA representative and the individual patient/family/caretaker.
• Prior to interviewing the patient/family/caretaker, the surveyor is to reassure them than any discussion is voluntary and refusal to participate will not affect his or her Medicare/Medicaid or other health benefits, they may be entitled to.
Surveyor Guidance When Conducting Home Visits (cont.)

• During the home visit, the surveyor is in a key position to assess the HHA’s compliance with the following:
  – Patient’s Rights.
  – Accepted Professional Standards of Practice.
  – Coordination of Care.
  – Comprehensive Assessment of patients.
  – Plan of Care.
  – Services Provided.
  – Clinical Records.

Home Visit Probes

• There are a list of 10 probes the surveyors are instructed to evaluate through observation, interview, and clinical record review regarding home visits.

• Please reference the SOM—Appendix B—rev. 2/11/11 Page 25
Interviewing the Patient /Caregiver

• There are a list of 9 questions provided to the surveyor for interview of the patient/caregiver.

• Please reference the SOM—Appendix B—rev. 2/11/11 Pages 25 and 26

Information Gathering for the Standard Survey (cont.)

• Home visit observations and interviews as currently performed.

• Clinical record reviews: There are also changes in clinical record and home visit sample sizes.
Information Gathering for the Standard Survey (cont.)

<table>
<thead>
<tr>
<th>Number of Unduplicated Skilled Admissions During Recent 12 Months</th>
<th>Minimum Number of Record Reviews With Home Visits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 150</td>
<td>5</td>
</tr>
<tr>
<td>150 – 750</td>
<td>6</td>
</tr>
<tr>
<td>751 – 1250</td>
<td>8</td>
</tr>
<tr>
<td>1,251 or more</td>
<td>10</td>
</tr>
</tbody>
</table>

Surveyor Worksheets

- Functional Assessment Instrument (FAI) is no longer required.
- FAI has been replaced with HHA Survey Investigation Worksheets:
  - Worksheet 1 – Patient Sample (record review/home visit) and calendar.
  - Worksheet 2 – Agency Summary.
Information Gathering for a PE or Extended Survey

• The surveyor will review appropriate materials for issues/concerns...for example:
  – Policies/procedures or other materials related to problematic processes.
  – Personnel files.
  – Aid training/competency evaluation.
  – In-service training.
  – CLIA waiver.

484.10 Patient Rights

Standard Survey
Partial Extended Survey

Level 1  Level 2  Associated CoPs

G107, G109  G101, G108, G111, G114

Consider citing the condition when:
• The HHA is out of compliance with G107 and G109 and one additional tag within that condition. (G108, G110)
484.12 Compliance with State, Federal & Local Laws & Ownership Information & Accepted Professional Standards & Principles

Standard Survey  Partial Extended Survey

Level 1  Level 2  Associated CoPs

G121  G118

Consider citing the condition when:
- The HHA is out of compliance with G118 and G121 OR the HHA is out of compliance with G118 or G121 plus two additional tags.

484.14 Organization, Services, Administration

Standard Survey  Partial Extended Survey

Level 1  Level 2  Associated CoPs

G123, G133, G143, G144  G124, G125, G137, G138, G139, G150

Consider citing the condition when:
- Expected outcomes are not met for three of the four high-priority tags listed, OR the HHA is out of compliance with one of the high-priority tags plus two additional tags.
484.18 Acceptance of Patients, Plan of Care, Medical Supervision

Standard Survey
Partial Extended Survey

Level 1 --> Level 2

G157, G158, G159, G164, G165, G166

G160, G162, G163

Consider citing the condition when:
- Expected outcomes are not met for three of the six high-priority tags OR the HHA is out of compliance with one high-priority tag plus two additional tags.

484.30 Skilled Nursing Services

Standard Survey
Partial Extended Survey

Level 1
G170, G172, G173, G174, G175, G176, G177

Level 2
G179, G179

Associated CoPs
484.12, 484.14, 484.36, 484.32
484.36, 484.36, 484.35, 484.35
484.46, 484.35

Consider citing the condition when:
- Expected outcomes are not met for three of the seven high-priority tags listed, OR the HHA is out of compliance with one of the high-priority tags plus two additional tags.
484.32 Therapy Services

Consider citing the condition when:
- Expected outcomes are not met for two high-priority tags listed; OR the HHA is out of compliance with one of the high-priority tags plus one additional tag.

484.36 Home Health Aide Services

Consider citing the condition when:
- Expected outcomes are not met for two high-priority tags listed; OR the HHA is out of compliance with one of the high-priority tags plus one additional tag.
484.48 Clinical Records

Standard Survey
Partial Extended Survey

Level 1
G236

Level 2
G239

Associated CoPs

Consider citing the condition when:
• Expected outcomes are not met for G276, or the HHA is out of compliance with G239 plus one additional tag.

484.55 Comprehensive Assessment

Standard Survey
Partial Extended Survey

Level 1
G331, G332, G334, G335, G336, G337, G229, G320

Level 2
G240, G241

Associated CoPs

Consider citing the condition when:
• Expected outcomes are not met for three of the eight high-priority tags listed, OR the HHA is out of compliance with one of the high-priority tags plus two additional tags.
Information Analysis

• Appendix B and survey protocols provide specific recommendations for:
  – Citing condition-level deficiencies.
  – Extending the survey.
  – Related conditions for further investigation.

• These are minimum guidelines; surveyors may cite deficient practice that do not meet thresholds listed.

Information Analysis (cont.)

• One important aspect of the new process is that of setting a level (or threshold) for deficiency citations.

• Given the development of the Level 1 and Level 2 standards, and the consensus that they represent the most important standards related to patient care, **one problematic finding is sufficient for citation as a standard level deficiency.**
Condition Level Deficiencies

• Reference guidelines for considerations for citing the condition:
  – Condition can be cited for serious any finding found during survey unrelated to Level 1 or Level 2 standards.
• Immediate jeopardy is always cited at the condition level.
• During an extended survey, all conditions are reviewed.

Condition Level Deficiencies (cont.)

• A Condition Level Deficiency means the agency is providing substandard care. (CoPs are usually cited when the deficiencies are of such character as to substantially limit the provider’s capacity to furnish adequate care or which adversely affect the health and safety of patients.
• Substandard care is defined as one or more CoPs out of compliance.
• A CoP may be considered out of compliance for one or more deficiencies., if, in the surveyor’s judgment, the deficiency constitutes a significant or serious finding that adversely affects, or has the potential to adversely affect patient outcomes.
Exit Conference

- Follow State Operations Manual (SOM), Appendix B guidelines.
- Provide examples based on staff/patient interviews, home visit observations and record review.
- There are no changes to the guidance for the exit conference – the surveyor will follow current SOM guidelines. If staff or patient interviews, home visit observations or record review findings are the data sources for the preliminary findings, these will be shared with the HHA at this time.

Formulation of Statement of Deficiencies

- Complete Form CMS-2567 according to SOM Section 2728.
- Fewer instances of deficient practice are needed to cite Level 1 standard.
- Use staff interviews to support/corroborate findings.
HHA Survey Protocols Summary

Data-driven:
• HHA selection, pre-survey review of reports.
• Patient-focused, outcome-oriented.
  • Limited paper review.
    – Level 1 tags most related to patient care processes.
    – Review of outcome data prior to survey.

HHA Survey Protocols Summary, cont.

The new survey process meets those objectives that were stated earlier:
• Using data to select HHAs for survey and in the pre-survey preparation activities.
• Increased focus on patient care delivered by the agency, by focusing on those tags that have been determined to be most related to patient care processes and by utilizing agency-level outcome data in pre-survey preparation.
HHA Survey Protocols Summary, cont.

Efficient:
- Increased use of HHA interview data.
- Paper review limited to PE or extended survey.
- Guidelines provide recommendations to cite deficiencies.

Effective:
- More targeted review of standards related to patient care.
- Guidelines will increase consistency in deficiency citations.

Summary

- Understand the new survey focus.

- Describe the standard survey.

- Comprehend what would trigger expanding to a partial extended or extended survey.
Thank you for your attendance and we hope this webinar has been beneficial to your understanding of the revised Home Health Survey Process.

Reference Material

- CMS
  - S & C: 11-11-HHA
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Regulatory Compliance          Survey Readiness
Corporate Compliance           Staff Development
Agency Start-Up                Mock Survey
Plan of Correction             Clinical Operations