

Agency:

Date:

Surveyor:

Miscellaneous Data Tool

Purpose: Surveyors may use this worksheet for notes on various issues that do not fit within other areas, including education, infection control, after-hours service, and preparedness plans.

Directions: Fill out all appropriate information.

Item	Yes	No	Comments
How are the following 24-hour services provided?			
• Nursing			
• Physician coverage			
• Pharmacy			
• Durable Medical Equipment			
How do you staff continuous care nursing?			
Do Licensed Practical Nurses (LPN) take weekend and/or after-hours calls?			
Does the back-up Registered Nurse (RN) take weekend and/or after-hours calls?			
What is the name of the individual responsible for ensuring drugs and biologicals meet each patient's needs?			
Is equipment loaned to patients?			
How is the equipment stored?			
How is the equipment cleaned?			
How is the equipment maintained?			
How are supplies stored?			
How are medications stored?			

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Item	Yes	No	Comments
How are records stored and/or protected?			
Is there a standing order for content to be reviewed and/or approved annually by medical director?			
What percent of the inpatient hospital days are in the last 12 months?			%
<i>Infection Control Program</i>			
Who is responsible for implementing and monitoring the infection control program?			
Who is responsible for documenting infection control program compliance?			
Who is responsible for education of the patient and/or families on infection control in the home?			
Who is responsible for education of employees and contracted providers on infection control?			
Who is responsible for policies addressing standards of practice for infection control?			
Is infection control part of Quality Assurance and Performance Improvement (QAPI) program?			
What is the method to identify infectious diseases and action plan?			
Review and/or update?			
<i>Safety and Emergency Preparedness Plan that Meets Federal/State/Local Requirements (Inpatient Hospice)</i>			
Does plan include:			

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<ul style="list-style-type: none">Plan for reporting, monitoring, and following up on all accidents, injuries, and safety hazards?			
<ul style="list-style-type: none">Documentation of monitoring activity and follow-up actions?			
<ul style="list-style-type: none">Safe and sanitary system for identifying, handling, and disposing of hazardous wastes?			
<ul style="list-style-type: none">Emergency preparedness and/or disaster plan?			
Emergency preparedness plan rehearsed annually?			
Quality Assurance/Performance Improvement (QAPI)			
Designated group shall review and document the performance improvement activities and monitor corrective actions.			
Designated group develops, implements, and maintains a QAPI program?			
The program must be capable of showing measureable improvements.			
The program must measure, analyze, and track quality indicators, including adverse patient events and other aspects of performance that enable the hospice to assess processes of care, hospice services, and operations.			
The program must use quality indicator data, including patient care and other relevant data.			
The program must use data collected to monitor effectiveness and safety of services and quality of care.			
The program must use data collected to identify opportunities and priorities for improvement.			
The governing body approves frequency and detail of data collection.			

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Program activities must:			
<ul style="list-style-type: none">• Focus is on high-risk, high-volume, or problem-prone areas			
<ul style="list-style-type: none">• Consider incidence, prevalence, and severity of problems in those areas			
<ul style="list-style-type: none">• Affect palliative outcomes, patient safety, and quality of care			
<ul style="list-style-type: none">• Track adverse patient events, analyze their causes, and implement preventive actions			
<ul style="list-style-type: none">• Take action aimed at performance improvement, implement those actions, measure its success, and track performance			
Performance Improvement Projects (PIP)			
<ul style="list-style-type: none">• Must develop, implement, and evaluate performance improvement projects			
<ul style="list-style-type: none">• Performance improvement projects must be			
<ul style="list-style-type: none">○ Conducted annually			
<ul style="list-style-type: none">○ Based on needs of hospice population and internal organizational needs			
<ul style="list-style-type: none">○ Reflect the scope, complexity, and past performance of the hospice services and operations			
<ul style="list-style-type: none">• Document what PIPs are being conducted, reasons for conducting these projects, and measurable progress achieved by these projects			
Executive responsibilities for QAPI			

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<ul style="list-style-type: none">• Governing body is responsible for ensuring:			
<ul style="list-style-type: none">o Annual evaluation of the ongoing QAPI program			
<ul style="list-style-type: none">o QAPI activities address priorities for improved quality of care and patient safety			
<ul style="list-style-type: none">o Designation of person(s) responsible for oversight of QAPI program			
<i>Nursing home in-services must include:</i>			
Hospice philosophy including hospice policies and procedures regarding methods of comfort, pain control, symptom management, principles about death and dying, and individual responses to death (purpose and/or nature of hospice care) are included.			
Services provided by hospice are included.			
Care plan coordination is included.			
Patient rights are included.			
When and/or how to contact hospice staff is included.			
Appropriate forms and record-keeping requirements are included.			
Documentation of education provided and/or offered and declined are included.			
<i>Grievances</i>			
Hospice maintains documentation of complaint, follow-up, and resolution.			
Staff is aware of complaint process.			

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Policy developed for alleged violations involving mistreatment, neglect, or verbal, mental, sexual, and physical abuse, and that reporting of alleged violations happens immediately by hospice employees and contracted staff to the hospice administrator. If an alleged violation is reported, hospice must:			
<ul style="list-style-type: none">• Immediately investigate and take action to prevent further violations			
<ul style="list-style-type: none">• Take appropriate corrective action if alleged violation is verified			
<ul style="list-style-type: none">• Ensure verified violation is reported to state agency and/or local bodies having jurisdiction within five working days of becoming aware of the violation			
<i>Admission Packet Information—Review Packet for:</i>			
<ul style="list-style-type: none">• Financial authorization form			
<ul style="list-style-type: none">• Patient rights			
<ul style="list-style-type: none">• Advance directives			
<ul style="list-style-type: none">• Policy and procedures for management and disposal of controlled drugs			
<i>Orientation for Contract Personnel</i>			
<ul style="list-style-type: none">• Confidentiality			
<ul style="list-style-type: none">• Hospice philosophy			
<ul style="list-style-type: none">• Specific job duties			

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Notes:

(State Operations Manual Appendix M - Guidance to Surveyors: Hospice 2015)