

**New York State Department of Health
TEAM LEADER WORKSHEET
Entrance Conference for Hospice (Revised Sept 2018)**

HOSPICE: _____ **SURVEY DATE:** _____

Requirement	Surveyor Notes	Complete
Present identification and introduce survey team		
Request meeting with appropriate staff (administrator, DPS)		
Explain purpose of survey		
Explain survey process (how many surveyors, time onsite, record review, home visits, extent agency staff may be involved)		
Agency Organization- relationship to any corporate structure, request and review organizational chart		
Identify: President/Chairman of Board Administrator, DPS, HCS Coordinator		
All satellite offices & locations and counties served		
Services provided- directly		
Services provided- indirectly		
Short term inpatient units- locations		
Hospice Residence- locations		
Identify any changes since last survey		
Address issues from Pre-Survey Prep: _____ _____ _____		
Identify patient record documentation system- paper/electronic and request surveyor access to records.		
Identify names of key staff: <i>RN coordinator for IDG, Volunteer Coordinator, QAPI, Clinical Supervision, Bereavement, In-service and Aide training, etc.</i>		
Identify agency point person (primary resource responding to the surveyor's questions)		
Request area/space to work		
Provide "Survey Documents/Information Required" to administrator/designee		

**New York State Department of Health
Hospice Survey Documents/Information Required
Revised Sept 2018**

Hospice _____ **Date:** _____

Please provide the following information in specified time frame:

Information/Document	Time Frame	Received
Provide area/space for surveyors to work		
# of unduplicated admissions for recent 12-month period - ALL payer sources and ALL locations		
Current Patient roster include start of care date, diagnosis, patient location (home, SNF, inpatient, etc)		
# of current patients receiving hospice care at home, in an inpatient facility, SNF/NF, ICF/MR, hospice residence or other facility		
Schedule of visits for all disciplines for current week- include patient name, address, service/discipline		
Date(s) and time(s) of IDG meetings		
Organizational Chart		
Verification of administrator and email address		
List of active personnel and volunteers include name, title, date of hire		
Patient Admission Packet		
Verification of addresses of all satellite offices		
List and locations for hospice residence, all short term inpatient facilities used by the hospice (provided directly or through contract)		
List of Contracts and addresses for Inpatient Acute/Respite Care, SNF, DME, Pharmacy, Non-Core Services, etc.		
Policies: Health Commerce System, Home Care Worker Registry, CHRC, Flu Mask Requirement		
Documentation of grievances/complaints received by hospice during past 12 months		
Access to bereavement records for expired patients who received services during last 12 months.		
QAPI Plan/Minutes for past 12 months		
Volunteer hours/direct patient care hours/percent/cost savings		
Emergency Preparedness Plan		
On call log (Access to if requested by surveyor)		
Orientation to clinical record- access to clinical records and the equipment necessary to read clinical record sample maintained electronically. The hospice must also produce a paper copy of the record, if requested by the surveyor.		
Complete Form CMS-417		