

ACCREDITATION ANNUAL COMPLIANCE CHECKLIST



Use this checklist to audit your Hospice agency and operations annually to ensure compliance with annual requirements. This checklist also helps you determine if your organization is in compliance with applicable local, state, and federal laws and regulations. This checklist is not intended to replace your own comprehensive review of ACHC Accreditation Standards, nor does it guarantee a successful accreditation decision. For any areas found to be out of compliance, it is recommended that an internal Plan of Correction be implemented and results monitored for compliance.

Section 1: Organization and Administration		
Standard	Expectation	Comments
HSP1-1A	All applicable licenses and permits are current and posted for all locations	
HSP1-1A.01	Federal and state posters are posted	
HSP1-1B	Any changes in ownership or managing employees have been properly reported	
HSP1-2A	Evidence hospice is able to provide all core services, non-core services, and all four levels of care	
HSP1-2B	Governing body meeting minutes are properly documented	
HSP1-2B.03	New governing body members have been oriented	
HSP1-3A.01	Any conflict of interest has been properly disclosed	
HSP1-4B.01	Annual evaluation of the Administrator has been completed	
HSP1-5A.01	Organizational chart is up to date	
HSP1-8A/ HSP1-8A.01	Contracts for direct care have been reviewed per the terms of the contract and professional liability insurance certificates are up to date	
HSP1-8B	Contracts for short-term inpatient care (respite and short-term pain and symptom management) have been reviewed per the terms of the contract	
HSP1-8C	Contracts for hospice patients residing in SNF/NF or ICF/IID receiving routine hospice care have been reviewed per the terms of contract	
HSP1-9A	CLIA certificate of waiver for agency is current and posted	
HSP1-11A	Any new multiple locations have obtained Medicare approval prior to billing for Medicare services	
HSP1-12A	Verification of physician licensure occurs before the acceptance of patient	

Section 2: Programs/Service Operations		
Standard	Expectation	Comments
HSP2-1A	Marketing materials are current and accurately reflect care/service provided	
HSP2-3A	All grievances and complaints have been reported, documented, investigated, resolved, and reported to the governing body quarterly	
HSP2-5A.01	Business Associate Agreements exist for non-covered entities	
HSP2-7A.01	Summary of any ethical issues has been reported to the governing body	
HSP2-8A.01	Language resource information is available to assist patients with limited English proficiency as well as persons with disabilities	
HSP2-9A.01	Evidence that compliance issues have been reported, documented, and corrective action has been taken as appropriate	
HSP2-11B.1	Written explanation of attending physician responsibilities	
HSP2-11D	Nursing waiver is renewed (if applicable)	
HSP2-12A	Contract(s) for non-core services including but not limited to PT, OT, and SLP	
HSP2-12B	Therapy and dietary counseling waiver is renewed (if applicable)	
HSP2-13B	Contract(s) for DME providers have been reviewed per the terms of the contract and copy of certificate of accreditation is current	

Section 3: Fiscal Management		
Standard	Expectation	Comments
HSP3-1A.01	Operating budget has been developed and approved by the appropriate individuals	
HSP3-3B.02	Medicare cost report has been completed on time	
HSP3-4A	Listing of patient care charges is current	
HSP3-6A	Calculation of hospice inpatient services does not exceed the allowable CAP	

Section 4: Human Resource Management		
<p>Personnel records have been audited and contain all required elements. Utilize the ACHC Personnel File Audit tool to assist in this process. Internal plans of correction have been developed and implemented based on audit findings.</p>		
Standard	Expectation	Comments
HSP4-2B	All credentialing activities are up to date	
HSP4-2C.01	TB annual risk assessment has been completed to determine type and frequency of screening/testing for direct care personnel	
HSP4-2E.01	All job descriptions are up to date and any revisions have been signed by personnel	
HSP4-2J.01	All employee personnel evaluations have been completed, reviewed, and signed by personnel	

Section 4: Human Resource Management		
<p>Personnel records have been audited and contain all required elements. Utilize the ACHC Personnel File Audit tool to assist in this process. Internal plans of correction have been developed and implemented based on audit findings.</p>		
Standard	Expectation	Comments
HSP4-4A	Orientation materials cover the required topics	
HSP4-4B	Training logs/materials used to educate SNF/NF or ICF/IID staff have been updated (if applicable)	
HSP4-6A	Hospice aides have received 12 hours of in-service education in the past 12 months	
HSP4-6A.01	<p>All direct care personnel have 12 received hours of in-service education in the past 12 months and non-direct care personnel have received 8 hours in the past 12 months</p> <p>The required topics have been addressed:</p> <ul style="list-style-type: none"> ■ How to handle grievances/complaints ■ Infection control training ■ Cultural diversity ■ Communication barriers ■ Ethics training ■ Workplace (OSHA) and patient safety ■ Methods for coping with work-related issues of grief, loss, and change ■ Patient Rights and Responsibilities ■ Compliance Program ■ Pain and symptom management 	
HSP4-12C	Annual volunteer cost savings report	
HSP4-12D	Annual volunteer activity demonstrates utilization of 5% or greater	

Section 5: Provision of Care and Record Management		
<p>Medical records have been audited and contain all required elements. Utilize the ACHC Medical Record Audit tool to assist in this process. Internal plans of correction have been developed and implemented based on audit findings.</p>		
Standard	Expectation	Comments
HSP5-1B	All patient records are retained for the appropriate period of time after discharge	
HSP5-1B	All clinical records are safeguarded against loss or unauthorized use	
HSP5-5A	<p>Patient education materials address, at a minimum:</p> <ul style="list-style-type: none"> ■ Hospice care and services ■ Physical and psychological aspects of dying ■ Palliative care ■ End of life care issues 	

Section 5: Provision of Care and Record Management		
<p>Medical records have been audited and contain all required elements. Utilize the ACHC Medical Record Audit tool to assist in this process. Internal plans of correction have been developed and implemented based on audit findings.</p>		
Standard	Expectation	Comments
	<ul style="list-style-type: none"> ■ Pain and symptom management ■ Treatment and disease management education ■ Plan of care ■ Emergency preparedness information <ul style="list-style-type: none"> » Evacuation plans » Medications 	
HSP5-5B.01	Evidence of support provided to the community on grief and loss	
HSP5-9A.01	Agency does not admit patients for whom it cannot care and provides information to referral sources when patients cannot be admitted	

Section 6: Quality Outcomes/Performance Improvement		
Standard	Expectation	Comments
HSP6-1A	Agency has evidence of a quality assessment process improvement program that measures, analyzes, and tracks quality indicators, including adverse patient events and other aspects of performance that enable the agency to assess processes of care, agency services, and operations	
HSP6-2A	QAPI results are communicated to the governing body/organizational leaders	
HSP6-2B	Personnel are involved in QAPI	
HSP6-3A/ HSP6-4A	QAPI report has been completed at least annually	
HSP6-4A	Completed QAPI projects for past 12 months	
HSP6-6A	Processes related to patient care (high risk, high volume, problem prone) are being monitored	
HSP6-6B	Data elements collected from the comprehensive assessment are collected and utilized in QAPI	
HSP6-6B.01	Results of chart audit results are utilized in QAPI	
HSP6-6B.02	The QAPI plan identifies the process for conducting satisfactions surveys and results are incorporated into QAPI	
HSP6-6B.03	Grievance log and evidence of monitoring of patient grievances/complaints	
HSP6-6B.04	QAPI activities include ongoing monitoring of at least one important administrative function of the agency	
HSP6-6C	Written corrective action plans for any QAPI projects that did not meet desired outcomes are developed and implemented	

Section 6: Quality Outcomes/Performance Improvement		
Standard	Expectation	Comments
HSP6-7A/ HSP2-4A/ HSP7-5A.01	QAPI activities include ongoing monitoring of patient grievances/ complaints and the actions needed to resolve grievances/complaints and improve patient care/service	

Section 7: Risk Management: Infection And Safety Control		
Standard	Expectation	Comments
HSP7-1A	The hospice must maintain and document an infection control program that has as its goal the prevention and control of infections and communicable diseases	
HSP7-1A	Copies of the TB Exposure Control and OSHA Blood Borne Pathogens plans have been reviewed annually and are available to personnel	
HSP7-1C	Infection control data for patients is incorporated into QAPI as appropriate	
HSP7-3A.01	There is evidence of an annual fire drill; smoke detectors, fire alarms, and extinguishers are inspected and maintained as recommended by the manufacturer	
HSP7-4B	Emergency Preparedness Plan is reviewed and updated at least every two years	
HSP7-4B	Risk assessment using an all-hazards approach has been updated at least every two years	
HSP7-4D	Communication Plan has been reviewed and updated at least every two years	
HSP7-4E	Training of Emergency Preparedness has occurred at least every two years	
HSP7-4E	A minimum of two exercises/drills have been completed at least every two years; with at least one exercise/drill occurring annually	
HSP7-4F	Agencies part of an integrated healthcare system have evidence that the Emergency Preparedness Plan addresses the specific needs of the home health agency	
HSP7-5A.01	Results of reported incidents, accidents, variances, or unusual occurrences involving personnel are incorporated into QAPI when appropriate	
HSP7-6B	Education provided to patients regarding the disposal of controlled drugs is current	
HSP7-7A.01/ HSP7-8A	Quality control logs for any equipment used in the provision of care are current	