

**Assuring  
Governance  
Responsibilities & Education  
Webinar**

CMS places strong emphasis on the fiduciary responsibility of the governing body in assuring all federal rules and regulations affecting healthcare organizations are followed. Many governing body members are unfamiliar with the healthcare industry.

Join us on **July 11th, 2011** as we provide a detailed review of TJC and CMS requirements and practical solutions for assuring the governing body's adherence to these

**Your Survey is Over! Whew! Or is it?**

**Jill Ryan, Chief Operations Officer**

Your survey may be over - but, could you be expecting another in the not-too-distant future? Yes, if your survey triggered one of the thirteen types of Accreditation with Follow-up Survey (AFS) results. In its 2011 accreditation manuals, TJC has separated out this accreditation decision category to address various circumstances in which a subsequent visit is necessary to validate compliance with TJC and CMS requirements. The timeframe for these surveys range from 30 days to six months after the decision is rendered and are outlined in detail in the Accreditation Process section of all TJC standards manuals.

For some more information on several AFS we've seen in the last five months or so, read on. For each we'll address how to avoid the situation, if possible, and strategies for response if not!

- AFS01 or 02 – the organization demonstrates repeat findings, trends or systemic patterns related to direct (AFS01) or indirect (AFS02) standards
  - How to avoid the situation:
    - Be aware of previous survey findings and assure that corrective actions have been implemented and are monitored for compliance
    - Engage leadership in ongoing tracer activity to demonstrate importance of standards compliance
    - During survey, keep track of trending findings and use issue resolution and other opportunities to demonstrate compliance
  - Strategies for response:
    - If possible, Clarify findings related to the AFS

requirements, including predesigned meeting agendas and ongoing training programs!

**Contact us at [info@courtemanche-assocs.com](mailto:info@courtemanche-assocs.com) or 704-573-4535 for more information or to register for these sessions.**

## Thoughts and Prayers

Recently the weather has brought tragedies to many communities across the country from Birmingham, Alabama to Joplin, Missouri and Oklahoma City, Oklahoma.

Our thoughts and prayers go out to these communities and their healthcare organizations as they begin to recover from the devastating effects of these recent storms.

## We've Gone Social!

through policies, procedures, audits demonstrating sustained compliance over time

- If unable to Clarify findings, immediately address the issue(s) including revisions of policies, forms, processes, bylaws, etc.; implement or refine accountability structures; assure senior leadership involvement and direction to show oversight
- AFS10 – one or more CMS Condition-Level deficiencies are identified during survey (this follow-up survey must occur within 45 days of the original survey)
  - How to avoid the situation:
    - Assure that those responsible for regulatory compliance and operations are aware of CMS requirements
    - During survey, be mindful of trending issues – especially in the Environment of Care, Life Safety and Infection Control areas – and work hard to mitigate findings
  - Strategies for response:
    - Again, Clarify if at all possible. We have seen several organizations successfully “Clarify Out” of a Condition-Level finding because they were able to demonstrate compliance that the survey team did not, for various reasons, have the opportunity to see while onsite.
    - If unable to Clarify, immediately implement corrective actions, educate staff on the actions taken, prepare for survey!
      - As stated, AFS10 surveys must take place (by CMS requirements) within 45 days of the original survey and the organization is expected to be in full compliance by the time of that re-survey
      - If Clarifying, simultaneously identify corrective actions in case Clarifications are not accepted
    - Engage leadership – governance (as applicable), administrative and medical staff – in corrective action planning and implementation. CMS views Condition-Level findings as leadership not providing appropriate oversight.
- AFS13 – the hospital has not made sufficient progress in correcting those items listed in Part 4 of the Statement of

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Conditions and previously accepted by the TJC; **or** has not implemented or enforced Interim Life Safety Measures (ILSM) as appropriate.

- How to avoid the situation:
  - Have a system of checks and balances for assuring that TJC-approved Plans for Improvement (PFIs) are addressed within 6 months of the originally identified completion date
  - Make sure the ILSM policy meets the requirements outlined in LS.01.02.01 and that any time there is a *Life Safety Code* deficiency in the organization that the situation is assessed using identified criteria and appropriate ILSM are implemented for the duration of the deficiency. Maintain excellent ILSM documentation.
- Strategies for response:
  - If PFIs were not addressed, take care of them immediately. If, due to complexity or cost of the corrective action, contact the Engineering Department at TJC Standards Interpretation for guidance.
  - If ILSM were not considered or implemented when the building had a deficiency, review the policy and process and make revisions as necessary. Do an assessment of the building to identify any deficiencies and immediately implement ILSM based on defined criteria.

While Accreditation with Follow-up Surveys are not announced, your Account Executive will likely provide you with a general timeframe for follow-up. The focus of AFS surveys is related to the identified issue. However, surveyors can always broaden their survey if areas of concern are identified.

The moral of the story – the post-survey period is just as important as the survey itself. Be sure to understand your survey report, involve leadership in the response process and ready the organization for any subsequent survey activity.

## Were You Aware?

1. The National Association for Psychiatric Health Systems website contains helpful information for healthcare facilities including the Design Guide for Behavioral Health Environments: <http://www.naphs.org/index>

2. In December 2010, CMS published a [Survey & Certification Group memorandum](#) indicating, among other things, that any outpatient facility that does not provide sleeping accommodations or 24-hour medical treatment services and does provide anesthesia and has any patients that are incapable of self-preservation is to be considered “ambulatory healthcare occupancy.” Previously, it was understood that business occupancy would apply unless four or more patients were incapable of self-preservation.
3. The FDA has granted an extension to 2/2/2012 for hospitals to transition from the Steris System Processor 1 to an acceptable alternative. For more information, see: <http://www.fda.gov/MedicalDevices/Safety/AlertsandNotices/ucm194411.htm>
4. CMS has published ([May 13 S&C Memorandum](#)), updates to the interpretive guidelines regarding recent revisions to the Conditions of Participation related to:
  - a. Training for personnel (other than physicians) administering blood transfusions and IV medications
  - b. Immediate reporting of medication errors, adverse drug reactions and incompatibilities
  - c. Rehabilitation services ordering
  - d. Respiratory services ordering

## 2011 Annual Conference Highlights

C&A hosted its annual educational conference in St. Louis Missouri May 11-13, 2011. What a wonderful time we had! It was so nice to see many familiar faces and meet new colleagues.

Here are a few highlights from the three-day event, the theme of which was “Empowering Performance – Unlocking Regulatory Success”:

- Keynote speaker George Mills, Senior Engineer, Standards Interpretation Group at The Joint Commission, provided a comprehensive, informative update on key Environment of Care and Life Safety standards and survey challenges. The content was robust and laced with real-life examples that kept attendees riveted.
- Other general session topics included “What’s Scoring & Keys to Unlock the Cycle,” “MS.01.01.01 – Are We There Yet,” and “Coaching for Success – Creating Internal Regulatory Consultants”
- Our Best Practice Partners shared innovative strategies for addressing some key challenges related to standards

compliance and survey readiness. We were pleased to honor these organizations at our Best Practice Partners Reception held on Thursday evening on the 18th floor terrace of the Hyatt Regency – overlooking the Arch!

- **Willis- Knighton Health System** – Shreveport LA  
Best Practice Initiative – *“Maximizing the Efficiency of Patient Flow & Creating a Culture of Communication”*
- **Choctaw Nation Health Care Services Authority** -  
Talihina, OK  
Best Practice Initiative – *“Improving the Medication Reconciliation Process”*
- **Chester River Hospital Center** – Chestertown MD  
Best Practice Initiative – *“The TIDE Rises at Chester River Hospital Center”*
- **Ephraim McDowell Regional Medical Center** –  
Danville KY  
Best Practice Initiative – *“Improving Emergency Department Length of Stay Through the Use of Lean and Change Management Tools”*

#### Conference Sponsors:

- Organizing and updating your policies and procedures can be challenging, but we learned from [Policy Tech](#) that the process can be simplified with their latest software program. [Click here to learn how!](#)
- The benefits from efficient management of patient flow are many including reducing overall average patient wait times and increasing admits. With bedBoard by [Precision Automation Solutions](#) hospitals can have real time, comprehensive reports for admitting, nursing and housekeeping. [Find out more!](#)
- Having data at your fingertips and speeding up SPC analysis by eliminating the need for importing, exporting, and tedious data is now possible with Charrunner by [PQ Systems](#). [Learn more!](#)

#### Networking Dinner:

After the best practice awards reception on the terrace overlooking the the Arch, C&A networking dinner was held at Ruth Chris' Steakhouse. Attendees enjoyed great food in a relaxing atmosphere where insights were shared and new relationships were made.

#### Rooftop Views:

The conference was located high on the 18 floor of the Hyatt, with the St. Louis' famed Arch seemingly within “arms reach”. Even with full conference schedule, a few folks were able to visit the

impressive Arch. Those that braved the ride in the “pod” were rewarded with spectacular views of St. Louis and the Mississippi River.

Thanks to those who made our 2011 conference such a success! We look forward to meeting many more of you in Philadelphia in the Spring of 2012!

### **Well Wishes!**

Please join us in sending well wishes to Christina Martin, Director of Educational Services, as she pursues an exciting new career opportunity. We thank Christina for her many contributions to the company over the last three years and wish her the best of luck in all future endeavors!

Please contact Lauren Hannan at [lauren@courtemanche-assocs.com](mailto:lauren@courtemanche-assocs.com) with any questions regarding our webinar series or other educational opportunities.

Courtemanche & Associates  
Charlotte, NC | Parsippany, NJ  
Phone 704-573-4535 | Fax 704-573-4538  
[info@courtemanche-assocs.com](mailto:info@courtemanche-assocs.com) | [www.courtemanche-assocs.com](http://www.courtemanche-assocs.com)