

C&A's

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Receives

HACP!

Congratulations to our **Chief Operations Officer Jill Ryan** for receiving her **certification in the field of healthcare Accreditation!**

As a Healthcare Accreditation Certified Professional (HACP), Ms. Ryan will be able to apply her expert competency of TJC standards and CMS regulations to assist organizations in delivering consistent quality patient care.

C&A E-Newsletter

November 7, 2011

If CMS Visited Today, Would Your Organization Be Ready?

By: The C&A Consulting Team

Healthcare organizations are accustomed to surveys by their accrediting agency. Perhaps, they also have periodic visits from their State Department of Health. But, how many organizations have experienced a CMS survey in recent memory? Whether it is a targeted "for cause" survey or a full certification event, a CMS survey can be an unusual, unexpected and unnerving situation for even the most experienced healthcare professional.

C&A News published a four-part series on this topic during the last quarter of 2009. Those articles were based on the actual experiences of client organizations.

In light of recent CMS survey activity experienced by clients and colleagues and the increased collaboration and communication between CMS and TJC, we thought an update and recap of some of the highlights of that series – specifically related to the CMS survey process – would be helpful to our readers!

Remember that the CMS survey process is directed at validating the organization's compliance with the Conditions of Participation (CoP). Since TJC went through the CMS deeming application process in 2009, we are all much more aware of the CoPs, and TJC standards have become very aligned with those requirements. Compliance with the CoPs is necessary in order to continue to participate in the Medicare/Medicaid program. For many organizations Medicare/Medicaid accounts for the majority of their revenue. Non-participation is not an option!

Register Now for our Year in Review Webinar!

Join us
**December
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for our two-
part "**Year in
Review**"
Webinar.

These webinars will recap new requirements, top scoring standards and survey focus and provide anonymous but actual TJC & CMS survey results with associated Clarification, ESC or Plan of Correction.

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2012 TJC & CMS Webinar Series!

Types of Surveys

For purposes of determining compliance with the CMS Conditions of Participation, CMS conducts the following types of hospital surveys: 1) "look-back" surveys and 2) allegation or complaint surveys; 3) or in the case of a non-accredited organization, a full certification or licensing survey.

"Look-back" surveys typically occur within 60 days following a triennial TJC survey. A comprehensive survey is conducted with hospitals that TJC has previously identified as requiring correction of various deficiencies. These surveys are done on a random basis on a relatively small, representative sample of organizations. Focused "allegation or complaint" investigation surveys are performed to review all patient complaints, EMTALA violations, care or injury allegations and other reported serious/sentinel events. Full certification surveys occur for organizations that are not accredited or in follow-up to findings identified during an allegation survey.

CMS surveys are usually conducted by State Agencies – the Department of Health – but may be conducted by representatives of the CMS Regional Office. All CMS surveys are unannounced.

It is important to note that more than 90% of CMS surveys are related to allegations or complaints. Organizations are encouraged to focus on regulatory compliance issues when addressing patient grievances and serious and sentinel events. Address concerns as quickly as possible, implement immediate fixes while strategizing long-term solutions. Report untoward events in accordance with regulatory requirements and organizational policy.

It is not unusual for a complaint allegation survey to result in a full CMS licensing survey!

Types of Deficiencies

When noncompliance with a CoP is noted, the determination of whether a lack of compliance is at the Standard or Condition level depends upon the nature (how severe, how dangerous, and how critical) and the extent (how prevalent, how many, how pervasive, and how often) of the lack of compliance.

A deficiency at the Condition level may be due to noncompliance with requirements in a single standard or several standards within the condition or with requirements of noncompliance with a single part (tag) representing a severe or critical health or safety breach. This is the more serious of the two levels – indicating the organization is out of compliance with that Condition of Participation (i.e., the Physical Environment). CMS pursues a follow-up process until it

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determines that the Condition level deficiency has been resolved.

A deficiency at the Standard level occurs when there is noncompliance with any single requirement or several requirements within a particular standard that are not of such character as to substantially limit a facility's capacity to furnish adequate care, or which would not jeopardize or adversely affect the health or safety of patients if the deficient practice recurred.

What to Expect from a CMS Survey

A "for cause" survey may start out focused on the allegation that triggered the visit. However, surveyors may quickly begin to incorporate other areas of focus as they trace patients, review documents and interview staff. During a look-back or certification survey, all Conditions of Participation will be evaluated. Clinical and physical environment surveyors will be onsite for days, if not weeks, at a time. The surveyor cadre will vary depending on the scope, size and complexity of the organization and will likely include nurse surveyors, life safety surveyors and possibly pharmacists, dieticians or sanitarians depending on the issue.

How Can You Manage the Survey?

While CMS surveys are somewhat different than the TJC surveys, most of us have developed survey response plans that will be very helpful in managing a full CMS survey. If you haven't done this, create a survey response plan now that will assist you in rising to the occasion for any unexpected surveyors. Some helpful hints in preparation include:

1. Establish a headquarters for the CMS survey team. Provide writing space, phone lines and access to electrical outlets. Note that most government employees are not permitted to accept food without payment. You may offer coffee and water.
2. Establish an internal command center to manage survey activities. Depending on length and scope of survey, staffing this command center may require some flexibility. However, it can be used to:
 - a. Serve as a conduit between CMS surveyors and organizational staff
 - b. Receive updates from survey activity to track potential deficiencies
 - c. Coordinate activities to rectify, when possible, identified deficiencies

d. Centralized resource for requested documents, policies, procedures, etc.

e. Use CMS Interpretive Guidelines and CMS Survey & Certification memoranda to assist staff in managing survey process and understand surveyor expectations

f. Communicate hot issues to the rest of the organization to mitigate additional scoring

3. Assign an internal escort to each member of the survey team. It is particularly helpful to have pre-existing policies that outline the organization's requirement that any external agency representative be escorted by a member of the hospital staff.

4. Provide CMS survey team with requested documents as quickly as possible. Based on recent CMS survey experiences, a comprehensive list of documents, policies, procedures, plans, testing logs, etc. will be requested at the outset of the survey. Please click on this [link](#) to access a sample list.

5. Regularly hold internal debriefing meetings to advise management how the survey is going, to identify deficiencies that may be cited, and to begin the arduous task of responding to deficiencies with corrective actions.

CMS survey reports have the potential to include numerous environmental deficiencies as well as clinical concerns. Each one must be addressed individually, thus it is extremely helpful to have both clinical and environmental teams staying on top of surveyor findings, but also beginning to develop corrective action plans.

Responding to Findings from a CMS Licensing Survey

Whether you've experienced your first (or fourth) full blown CMS survey, you know that the corrective action process can be all-consuming! Here are some helpful tips to get you through that process!

The report of deficiencies, identified on CMS Form 2567, may come days or weeks after your survey. However, once the report arrives you will have only 10 calendar days from the date of receipt to submit your plans of correction. So it is important to begin to develop and implement plans of correction prior to receipt of the 2567.

Preliminary response planning should include:

- Addressing any environmental and Life Safety deficiencies identified.

- Reviewing policies and procedures related to issues identified during the CMS exit briefing or throughout the survey. Begin the revision and approval process. Refer to CMS Conditions of Participation and related standards of The Joint Commission (TJC) when revising policies and procedures.
- Develop performance monitoring systems to assure ongoing adherence to CMS requirements for those identified deficiencies.

Once the official report of deficiencies arrives, review the cover letter and report to learn the level of the deficiencies and the required components of your response.

- Immediate Jeopardy – a situation that posed immediate threat to the health and safety of patients was identified during survey. This would have been addressed during survey; however, it must still be responded to on the 2567.
- Condition Level – one or more Conditions of Participation were found to be out of compliance and the organization faces termination of its participation in the CMS program if acceptable plans of correction are not implemented. During a resurvey at 45 days the organization will be expected to be in complete compliance.
- Standard Level – non-compliance within a Condition of Participation that does not trigger the entire COP to be out of compliance.

Your report may contain many more findings than you were expecting. CMS often assigns multiple “tags” to a situation found to be out of compliance. So, for example, a finding might identify that administration of medication in radiology was found to be out of compliance. That could be cited in Pharmaceutical Services, Radiologic Services and Governing Body. It is not unusual for 2567 reports to be 15 or 20 or even 50 pages long.

Each deficiency must be separately addressed and each plan of correction must include the following elements:

- The plan for correcting the issue found to be out of compliance which addresses the related processes
- How the plan will be implemented in the organization
- The date each deficiency will be corrected
- A description of how the corrective action will be monitored through the quality assurance/performance improvement

(QAPI) structure of the organization

- The title of the individual responsible for implementing the corrective action

Some helpful hints:

- Plans of correction should be succinct yet specific to the COP tag at which they were identified.
- Corrective actions should, whenever possible, be implemented prior to submission of the completed 2567 to CMS. At most you would expect to see a 30 day timeline with the exception of actions requiring significant capital resources.
- Engage leadership and medical staff in development and implementation of action plans to assure appropriate compliance is achieved in the identified timeframe.
- Assure measures of success are included on QAPI agendas and in minutes until compliance is achieved.

In Summary:

Full CMS surveys warrant significant internal resources, both during the survey and during the post-survey response process. One organization told us they felt like they had lost six months from the time of their event until the CMS corrective actions were implemented. Having an organizational understanding of the Conditions of Participation, and integrating requirements into organizational policy, process and practice will assure a greater state of readiness should you experience a CMS survey. Actively managing the survey process and engaging with the CMS survey team in a

professional and collegial manner will provide a more comfortable atmosphere for the survey team and organizational staff alike.

We hope you find this summary helpful. Should you have questions or like to discuss any of these articles with one of our experienced consultants, please contact us at info@courtemanche-assocs.com.

Are You Ready for an Advanced Diagnostic Imaging Survey?

By: Sharon Dills, MSN, RN, Senior Consultant

The Centers for Medicaid and Medicare Services (CMS) requires that all organizations providing technical services for advanced diagnostic imaging (ADI) services must be accredited by January 1, 2012 in order to continue receiving Medicare Part B payment. CMS has provided The Joint Commission with designating authority for advanced diagnostic imaging services. In order to meet this deadline, organizations should have submitted an application for survey to TJC by July 2011. If this was not already done, organizations should contact their TJC Account Executive immediately.

It is important to note the applicability for accreditation as an advanced imaging supplier. Organizations that meet the following criteria must be accredited:

- Furnish the technical component of these services: MRI, CT, PET and Nuclear Medicine; and
- These services are supplied to Medicare beneficiaries on an outpatient basis; and
- Procedures are billed under the physician fee schedule

This accreditation does NOT apply to ADI services provided by the hospital (either inpatient or outpatient) that bill under the inpatient or outpatient prospective payment system. However, organizations must remember to include these services, and any other that fall under the organization's CMS Certification Number (CCN), on their TJC application.

So, if your imaging service meets the definition above, what can you expect from survey?

A separate survey will be conducted using TJC's Ambulatory Care accreditation standards. Even though the survey is conducted by TJC, it is doing so on behalf of CMS and the organization most likely will not receive notification on their secure website. The experience of our colleagues has been that this is a completely unannounced survey. The surveyors have expertise in imaging and are often radiologists or radiology technicians by background. The focus of the survey begins with the following areas, but could be expanded to include all applicable ambulatory care requirements.

- Qualifications of medical personnel and medical directors (competencies, training)
- QA and QC programs to assure safe, reliable, clear and accurate diagnostic testing (performance improvement)

- Environment of Care
- Infection Control
- National Patient Safety Goals

The survey agenda will be familiar – with an opening conference, tracer activity sessions to determine data use and infection control practices and other activities. Some areas and topics sure to be covered include:

- Medication labeling
- Sedation
- Equipment monitoring – important to be able to show documentation – discuss the process
- Staff competencies
- Lead aprons – how monitored and cleaned, by whom, how often, disposal practices, etc.
- Observed procedures – site marking and time-out, as applicable
- Medical record – H&P, post-procedure notes, dating and timing
- Data use – how does the organization collect, analyze and use data

Physician and staff discussion with the surveyor will be centered around patient care processes, staff qualifications, safety practices and performance improvement activities.

Organizations that have experienced an advanced imaging survey have found the experience to be educational and validating!

Resources:

Client Experiences

The Joint Commission:

http://www.jointcommission.org/accreditation/ahc_seeking_imaging_centers.aspx

Were You Aware?

1. The Centers for Medicare & Medicaid Services (CMS) has published proposed rules that address some long-standing concerns from the hospital field related to several Conditions of Participation. The complete [proposed rules](#) are available for review and comments are due to CMS by December 23, 2011. Some of the key proposed revisions relate to:
 - a. Permitting health systems flexibility to have one governing body for multiple hospitals
 - b. Allowing an interdisciplinary care plan which includes nursing; rather than the current requirement for a specific nursing care plan
 - c. A broader approach to the use of standing orders
 - d. Removal of the 48-hour timeframe for authentication of verbal orders (defer to state and organization policy) and the continuance of the provision allowing another practitioner involved in care to authenticate verbal orders
 - e. Elimination of the requirement for a infection control log
 - f. Elimination of the requirement for a single individual to be responsible for outpatient services
2. TJC's latest statistics on reported Sentinel Events note that three of the top four events are related to surgical and procedural settings – unintended retention of a foreign body, wrong-patient, wrong-site, wrong-procedure and operative/post-operative complications. Some thoughts to avoid these situations:
 - a. Be "aviation-minded" in requiring the use of checklists – every time – for site marking, time out, surgical count procedures, etc.
 - b. Conduct risk assessments on surgical settings to determine patient safety and environmental risks. Consider types of procedures, new equipment, prep solutions and other materials, the age of the facility, availability of staff resources, etc.
3. Joint Commission surveyors have begun to use a [new document review](#) list on survey. The list is much more aligned with what CMS expects organizations to produce

during survey. As always, we encourage organizations to have a “ready cart” with up-to-date versions of all of the plans, policies, procedures and data requested on this list. See future editions of C&A News for helpful hints on gathering and maintaining this information. Special thanks to our colleagues at the Choctaw Nation Health Services Authority for sharing this with us!

4. TJC has published a new [FAQ](#) on the processing requirements for laryngoscope blades. Be sure your organization complies with these requirements. As infection control continues to be a high-priority area, expect surveyors to be looking at this process.

[Were You Aware 2011 Recap](#)



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