

## The Regulatory Survey Process

CMS Certification Surveys For Critical Access Hospitals

*MT. Rural Healthcare Performance Improvement Network  
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## Why Surveyors Visit Your CAH

- Assess CAH compliance with Medicare program Conditions of Participation
- Protect patients and their rights
- Get A Complete Picture of the Facility
  - Pre-survey activities: understanding scope of services
  - Document Review
  - Unit Visits
  - Medical Records review
  - Interviews

## CAH Medicare Certification Surveys

- MT. State DPHHS usually conducts all Medicare onsite surveys for the federal government in MT hospitals
- Surveyors typically arrive in teams of two or three
- CAH surveys typically last from 2-4 days depending on the scope of services offered

## CAH Medicare Certification Surveys

- Certification surveys typically occur every three years
  - Depends somewhat on findings from previous surveys
- For state certification surveys, the Life Safety Code compliance survey is conducted separately from all other elements
- 5% of state certification surveys are followed by an unannounced federal CMS verification survey by their own team
  - Feds look for one occurrence of non-compliance
  - State looks for a trend of non-compliance
  - Plans of correction are required for both

## CAH Medicare Certification Surveys

- Most activities are conducted during routine business hours, but...
  - Surveys may be initiated in the evening or on weekends
  - In 2002, CMS mandated that no less than 10% of surveys be initiated after routine business hours
  - Most CAH surveys now have at least one after-hours visit to an acute care unit

## Facility Pre-Survey Activities

- Identify the individual principally responsible for seeing to surveyors' needs and facilitating the survey process
  - Often the quality director/coordinator, DON or administrator
  - Identify alternates for all key survey support staff
- Identify a private, comfortable work location for surveyors
  - Close to phone and restrooms
    - best if phone available in the work space
  - Overhead page audible
  - Privacy for interviews

## Facility Pre-Survey Activities

- Ensure past deficiencies corrected, improvements maintained and you have documentation readily available to demonstrate this
- Keep 12 months of documentation on required elements current
  - This includes the latest CAH Annual Program evaluation
  - Documentation since last survey available if needed
- Ensure annually that all contracts are current
- Complete the PIN Self-Assessment for compliance with quality standards annually, correct deficiencies

## 5 Stages of the Survey Process

- Surveyor Presentation
  - Some surveyors like a facility tour at this point
- Entrance Conference
- Survey Activities
  - Document Review
  - Unit Visits
  - Open and closed medical records reviews
  - Individual and/or team interviews
- Daily Briefing
- Exit Conference

## General Format: Review of Each Survey Stage

- What the surveyors will do
  - For select stages, information will be provided about what surveyors are looking for at that stage of the process
- What the in-house survey facilitator should do
- Opportunities for the facility to positively influence the survey outcome

## Stage 1: Surveyor Presentation

## Surveyor Presentation

- Surveyors report to CEO or Administration
- Administration or the survey facilitator should:
  - Verify surveyor credentials
  - Post a notice for the public on the facility front door that a survey is in progress
  - Announce on overhead that surveyors are onsite and welcome them (nice touch, not required)
  - Escort surveyors to a predetermined work location

## Stage 2: Entrance Conference

### Entrance Conference: The Surveyors Will...

- Introduce the survey team, identify key facility staff
- Explain the purpose and scope of the survey
- Present an overview of the survey process
- Request required survey materials

### Entrance Conference: The Surveyors Will...

- Clarify how they will be able to obtain photocopies
- Clarify anticipated schedule of events, including unit visits, individual and/or team interviews and target for exit conference
- Sign HIPAA confidentiality agreements if asked to do so by the facility
- Try to keep this stage short

### Entrance Conference: What The Facilitator Should Do

- Orient surveyors to the work space, restrooms, phone, list of phone numbers
- Obtain signatures on HIPAA confidentiality agreements as required by facility policy
- Gather all requested survey documents and manuals in one location in the surveyors' work area
- Orient surveyors to gathered survey materials
- Clarify lunch arrangements
  - consider offering to eat with them if possible

### Your Opportunity to...

- Make a GREAT 1<sup>st</sup> impression of the facility and staff
- Suggest adjustments to the survey schedule, unit visits and/or interviews if necessary
- Request a daily briefing if one is not offered by the surveyors
- Ask questions

## Stage 3: Survey Activities

### Survey Activities Overview: The Surveyors Will...

- Conduct required documents review
- Select patient records for closed medical record review
- Select patients for open medical record review
- Select staff for human resource functions review

## Survey Activities Overview: The Surveyors Will...

- Select medical staff for credentials review
- Conduct unit visits
- Conduct individual and/or team interviews
- Informally assess the environment of care

## Activity: Document Review

## Documents for Surveyor Review

- Copy of the organization chart
- Copy of the facility's floor plan
- Names, addresses of off-site locations operating under the same provider number
- List of contracted services
- List of Department heads and their phone numbers

## Documents for Surveyor Review

- Board and Medical Staff Bylaws
- Required policies: administrative, clinical
  - Infection control plan
  - QA/PI Plan
  - Emergency Preparedness
- Occurrence, incident reports
  - Some, but not all, surveyors will accept a line listing of events
- Committee minutes:
  - Board, medical staff, infection control, Pharmacy and Therapeutics, risk management, PI

## Documents for Surveyor Review

- Annual CAH Program evaluation completed in past 12 months
- Patient Census
- Discharges in the past 12 months
- Staff roster by job classification
- Medical staff and nurse staffing schedules
  - Including on-call schedules

## Documents for Surveyor Review

- Other documents as requested
  - Can be requested at any time in the survey
  - Can be a very broad scope of requests
  - Can be related to things they've seen or heard that they want to look into more thoroughly

## What Are They Looking For?

- Compliance with the Conditions of Participation (COP)
- Accessibility of requested documentation (3 hrs)
- Organization, ease of use
- Inconsistencies, contradictions among documents
- Impression of staff adequacy and general competence
- Impression of the environment of care

## What The Facilitator Should Do

- Adjust your work schedule to ensure you are available to assist as needed
- Personally call unit directors or their designees and ensure all know the surveyors are in-house
  - Request additional documentation as needed by the surveyors

## What The Facilitator Should Do

- Notify unit directors of the interview schedule as soon as it is available
- Make arrangements to ensure coffee, water, other drinks, snacks are available in the surveyors' work room
  - Especially at 8 am and 4 pm
- Make the necessary arrangements for lunch

## Activity: Unit Visits

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## Unit Visits: The Surveyor Will...

- Observe direct care in as many settings as possible
  - Evaluate regulatory and policy compliance
  - Identify any instance of immediate jeopardy
- Observe staff interactions with patients, families, visitors
  - conduct several unscheduled interviews
- Observe patient safety practices
- Assess HIPAA compliance

## Unit Visits: Surveyor Tasks

- Conduct open case in- and outpatient record review
  - Focus is on inpatients
  - ER Log and ER records review selection
  - Surgery log and records review selection
  - Follow a patient case through care process
- Assess medication therapy
  - Observe one or more med passes
  - Pharmacy visit and pharmacy staff interviews
  - After-hours drug dispensing
  - Drug regimen review for long term swing bed patients
- Assess nutrition therapy
  - Review menus- for all diets offered, 1 month of menus
  - Observe meal pass
  - Visit dietary

## Unit Visits: Surveyor Tasks

- Assess infection control procedures
  - Standard precautions
  - Hand washing
  - Isolation precautions
  - Clean and sterile techniques
  - Sharps safety
  - Clean, dirty laundry exchange
  - Sanitation
  - Visit laundry and maintenance facilities

## Unit Visits: Surveyor Tasks

- Assess ancillary services
  - Therapies
  - Social Services
  - Lab, Imaging/radiology
- Assess adequacy of staff and supplies
  - Observe supplies requisition and distribution
  - Visit materials management department
- Assess quality control documentation and implementation of the QA/PI program
- Assess the environment of care
  - Safety, equipment, building structure, smells, sounds
  - Visit maintenance department

## What Are They Looking For?

- Compliance, policy/procedure and implementation discrepancies:
  - Privacy, respect, abuse;
  - HIPAA compliance;
  - Evidence of physician oversight and monitoring of patient care and progress;
  - Legibility, accuracy, accessibility, timely completion of the open medical record;

## What Are They Looking For?

- Assessment and care planning processes
- Safe medication practices: medication therapy, security and documentation, availability of required and emergency meds
- Patient education
- Discharge Planning
- Quality of the medical record
- Hand hygiene, soiled linen, isolation precautions and other infection control procedures
- Organization-wide implementation of the QA/PI program

## What Are They Looking For?

- Appropriateness of diagnosis and treatment:
  - No condition of Immediate Jeopardy exists
  - Informed consents
  - Physician oversight
  - Care provided meets standard of care
  - Deviations from standard of care and facility protocols/standing orders are justified
  - Nursing assessment and care plans
  - All care needs are identified and addressed
  - Initiation of discharge planning within 24 hours of admission

## What Are They Looking For?

- Patient safety and comfort:
  - Response to call lights
  - Privacy during care and treatments
  - Hand washing and infection control procedures
  - Surgery and anesthesia patient safety processes
  - Frequency of patient monitoring
  - Critical care processes
  - Managing families and visitors
  - Noise control
  - What happens at night

## What Are They Looking For?

- Complete quality control documentation:
  - Waived (Point of Care) testing: glucometers, occult blood, HCG, strep, urinalysis, other approved tests in use
  - Crash carts
  - Medication refrigerators: temps, security, cleanliness
  - Scheduled drug counts (includes, but is not limited to, narcotics- ask your pharmacist if questions)

## What Are They Looking For?

- Complete quality control documentation:
  - Medication outdates, other outdated stock
  - Food storage refrigerators
  - Medical equipment preventive maintenance
  - Sanitation
  - Life Safety equipment inspection and required maintenance

## What Are They Looking For?

- Environment of Care
  - Pleasant and odor-free
  - Life Safety and Emergency Preparedness
    - Cluttered hallways and access to exits
    - Visibility of exit signs; escape routes posted
    - Staff knowledge of fire and emergency response procedures and ability to respond appropriately
    - Access to fire safety equipment
    - Ceiling tile condition, stains, penetrations
    - Obvious sprinkler head obstructions
  - Medical equipment condition

## What The Facilitator Should Do

- Accompany surveyors to each unit
- Introduce surveyor to the unit head
  - At this point, you may "pass off" the surveyor to the unit head who will accompany the surveyor while on the unit
    - Ensure the unit head will record all areas of concern
    - Return to "pick up" the surveyor prior to the end of the visit. Escort the surveyor to the next unit visit location
- Acknowledge all staff encountered
- Introduce staff as needed
- Assist the surveyor in every way possible

## Your Opportunity to...

- Show respect by minimizing wasted surveyor time- they really appreciate this
- Smooth the "handoff" between unit visits
  - Helps surveyor imagine a smooth patient care transition between units, services
- Point out what the unit is doing well and focus surveyor attention in these areas

## Your Opportunity to:

- Discuss PI projects you know have been done well and have involved the staff
  - Encourages surveyor to ask staff questions in these areas; staff enthusiasm and confidence in responses to surveyors increases
- Mitigate the impact of missing or questionable documentation
  - Reassure surveyors it exists
  - Retrieve and provide it prior to the end of that day

## Your Opportunity to...

- Ask questions
  - Gather useful information from the surveyor for improving compliance, care delivery processes, etc.
- Clarify what the surveyor is looking for
  - Politely and informally question potential deficiencies you believe to be in error

## Activity: Medical Records Review

## Medical Records Review

- Includes
  - Inpatients, including CAH swing bed patients
  - CAH Outpatients
  - Emergency department patients
  - Closed records of discharged patients
    - Including those who have died while hospitalized
- Sample size: no less than 20 inpatients
- Reflects scope of services provided
  - Your most frequent diagnoses
  - OB, newborns, pediatric, surgical patients
  - Cases with rarely encountered diagnoses

## What Are They Looking For?

- Compliance with facility policies and COPs
  - Complete
  - Accurate
  - Timely
  - Legible
- Actual and potential adverse patient outcomes
- Appropriateness of care and services
  - Assessment of consulting and transfer processes
- Performance Improvement activities

## Activity: Staff Interviews

## Unscheduled Interviews

- Typically conducted during the course of a unit visit
  - Nurse manager or charge/shift nurse
  - Nutrition and/or dietary services directors
  - Social services, discharge planning/case manager
  - Pharmacist
  - Director of surgical services
  - Directors of therapies: PT, OT, RT, speech
  - Chaplain, or spiritual care services
  - Line staff



## Scheduled Interviews

- Administrator, CEO
- Medical staff: director when possible
- Nurse Executive
- Infection Control professional

## Scheduled Interviews

- Performance Improvement Director/Coordinator
- Risk Manager
- Credentialing specialist
- Human Resources Director
- Medical Records Director

## PI Director/Coordinator Interview

- Organization's approach to PI
- Scope of the program
- The improvement process used
- Medical staff involvement
- Any sentinel events
- Project(s) completed in the past 12 months
- Any Failure Modes and Effects Analysis (FMEA) projects

## PI Director/Coordinator

- Current PI teams, projects in progress
- Staff education process
  - Orientation
  - ongoing
- Patient satisfaction survey process
- Last annual CAH evaluation
- Policies and procedures standards questions
- Documentation questions

## What Are They Looking For?

- The QA/PI Program is comprehensive, integrated, implemented and organization wide:
  - Leadership supports and is involved in the PI Program, including ensuring adequate resource allocation for the program
  - Medical staff take a leadership role in PI
  - Staff are educated about the PI program at orientation and regularly thereafter
  - Staff participate in the PI process, and are knowledgeable about how PI is being used in their area to improve performance

## What Are They Looking For?

- The QA/PI program is effective:
  - Documentation of required monitoring identified in the standards is complete and readily available
  - Opportunities for improvement are identified
    - Data is aggregated and assessed
  - PI Process is used and improvement is achieved
  - Monitoring continues after improvement to ensure improvement is maintained over time
  - Performance is appropriately reported

## What Are They Looking For

- The QA/PI Program is effective:
  - Appropriate action is taken when monitoring shows improvement is not being maintained
  - The process includes consideration of the recommendations from the QIO for focus
  - Includes the correction of regulatory deficiencies
  - Required adverse events are reported to State
  - A root cause analysis is completed for sentinel events and near misses

## What the PI Director or Coordinator Should Do

- Answer questions honestly, concisely and completely
- Be prepared to show examples of PI reports received from interdisciplinary PI teams, including committees
- Be prepared to show examples of PI reports received from unit/department PI teams (not QA)
- Be prepared to show examples of clinical and non-clinical performance improvement reports provided to medical staff, board, and executive leadership demonstrating opportunity identification, intervention, improvement, and maintenance

## PI Director/Coord: Do not...

- Do not show the surveyor data that has not been assessed by the organization
- DO the assessment; if the action taken is "no action at this time", note this in your documentation
- DO use data sources to drive improvement. Be able to show the surveyors at least one significant improvement project using one or more of these data sources each year:
  - CART or *HospitalCompare* data
  - PIN benchmarking and Clinical Improvement Studies data
  - Patient, staff or other satisfaction survey data
  - ORYX
  - Other sources of collaborative improvement data

## PI Director/Coord: Do not...

- Do not answer questions when you aren't sure what the surveyor is asking
  - DO ask for clarification before answering
- Do not give the impression you are in a hurry to end the interview
  - DO give the impression you enjoy discussing your organization's PI program and progress
- Do not "volunteer" information about problem areas not being addressed
  - DO share information about problem areas that have been successfully improved and improved performance maintained

## PI Interview: PI Dir/Coord Opportunity to...

- SHINE!
- Share awards, newspaper articles and other honors your facility has received as a result of its PI work, whether on its own or in collaboration with other organizations

## Risk Manager Interview

- Occurrence/incident reporting system
- Sentinel events and near misses
- Cases under investigation, in litigation
  - If they probe here, politely decline to share this information
  - Refer them to the CEO or administrator for more information
- Risk reduction strategies or projects
- Patient grievance/complaint process
- Documentation questions

## Credentialing Specialist Interview

- Processes for appointment, reappointment
- Primary source and competency verification
- Privilege delineation
- Peer review, internal and external
- Provider performance monitoring
- Disciplinary action and Fair Hearing
- National Practitioner Data Bank (NPDB) queries

## Credentialing Specialist Interview

- OIG Excluded Providers queries
- Some surveyors may request to review providers' personal files:
  - Require their signature on a HIPAA confidentiality statement prior to allowing review
  - Review the file with them side by side
  - Do not permit photocopies of provider information to be made and carried with them
  - Never allow surveyors to take provider files with them out of the room for any length of time
  - Re-secure the file(s) as soon as review is completed

## Other Staff Interviews

- Administrator/CEO
  - Strategic plan and planning
  - Financial stability
  - Board actions and medical staff representation
  - Community involvement
  - Succession planning
- Medical Records Director
  - HIPAA
  - Delinquency rate
  - Performance improvement
  - Medical staff insights

## Other Staff Interviews

- Human Resources
  - Recruitment practices
  - Screening staff
    - including work history, criminal and excluded provider checks
  - Staff orientation, ongoing education
  - Competency verifications
  - Licenses and certifications
  - Scope of practice statements
  - Staff retention

## Other Staff Interviews

- Medical Staff
  - Implementation of Bylaws, Rules & Regs
  - Oversight of the provision of care
  - Representation on the Governing Board
  - Medical staff meetings
  - Appropriateness of diagnosis and treatment
  - Response to significant adverse and/or sentinel events

## Other Staff Interviews

- Medical Staff
  - Peer review process
  - Appointment, reappointment & privileges
  - Involvement in the PI program
  - Involvement in policies/procedures review
  - Involvement in annual program evaluation
  - Disciplinary actions and Fair Hearing Procedure

### Other Staff Interviews: What The Facilitator Should Do

- All you can to make sure everyone is present and on time for his/her scheduled interview
  - No "no shows"- they are very costly!
  - Identify and bring in the individual's designee if necessary, and explain the substitution to the surveyor
    - Especially true for vacant positions
  - Promptly inform interviewees if there are delays

### Staff Interviews: Your Opportunity to...

- Demonstrate the organization's expertise
- Demonstrate the organization's planning skills
- Demonstrate the organization's primary concern for the health and welfare of its patients and community

## Stage 4: The Daily Briefing

### The Daily Briefing: The Surveyors Will...

- Daily briefings are held either first thing in the morning or last thing in the afternoon each day surveyors are in-house
- Surveyors should tell you about each of the areas of concern they have identified throughout the day
  - Previous day findings if the briefing is held in the morning
  - Sometimes polite questioning is needed to encourage them to share information

### The Daily Briefing: What The Facilitator Should DO

- If the briefing is held in the morning, address the schedule for the day and any necessary adjustments
- If held in the late afternoon, make it a point to check in with the surveyors yourself first thing each morning to discuss the day's schedule and any of their concerns

### The Daily Briefing: What The Facilitator Should Do

- Clarify surveyors' concerns
  - Ask questions
  - Don't be afraid to say "I'm not quite sure what you're looking for- will you please clarify for me?"
  - Work to understand their perspective
- Politely explain to surveyors how you believe you are meeting standard
  - Explaining isn't enough to avoid a deficiency
  - Must provide evidence to show you are meeting the standard prior to the exit

## The Daily Briefing: What The Facilitator Should Do

- Take good notes
  - Follow up with others in the organization as needed to fill gaps prior to exit
- Missing Policies
  - It may be acceptable to write and provide new policies if can get them approved per your written procedure prior to exit. However, not all surveyors will remove a previously identified deficiency even if they leave with the policy in hand.

## Stage 5: The Exit Conference

## Exit Conference

- Surveyors will provide a preliminary report of the facility deficiencies identified
- As many senior staff present as possible
  - CEO, Medical Director or staff, Nurse Exec, PI, HR
  - Demonstrates facility interest in the survey process and its findings as well as a team approach to improving
- Some organizations invite the entire management team to attend

## Exit Conference: What Participants Should Do

- Listen politely and attentively
- Take good notes
- Accept praise graciously
- Accept deficiencies graciously
  - See them as opportunities to improve
  - DON'T argue with the surveyor over deficiencies you have attempted to clear throughout the survey

## Exit Conference: What The Facilitator Should Do

- Clarify any questions you have about what it will take to clear a deficiency
  - Documentation provided prior to the writing and approval of the final report may clear a deficiency
- Thank the surveyors
- If the exit conference is audio or videotaped, provide surveyors with a copy
- Escort the surveyors to the exit

## Your Opportunity to...

- Leave a final, last good impression
- Build bridges with the State
  - This comes in handy down the road when you want to call someone with a question

## After the Survey

## Report of Deficiencies

- Form CMS-2567 is required to be mailed to you within 10 working days of the onsite visit
- This report is available to the public within 90 days of completion of the survey
- Carefully review for accuracy
  - compare with the preliminary findings of the exit interview; note differences; clarify with your surveyor if you have questions

## Informal Dispute Resolution (IDR)

- Do not formally accept any deficiencies which you believe you have met and your documentation fully demonstrates facility compliance with the standard
- Request an IDR in writing
- Schedule with the State and be there
- Address the deficiency in your POC even though you are disputing it

## Plan of Correction (POC)

- Due within 10 calendar days of receipt of the Form 2567
- Serves as the facility's "allegation of compliance"
- Administrator must sign; save paperwork

## Plan of Correction (POC)

- For each deficiency, address 5 areas
  - Describe how the deficiency will be corrected
  - Describe how others who may have been impacted by the deficient practice will be identified and corrective action (CA) taken for them individually
  - Describe system changes to be made to prevent recurrence
  - Describe how compliance will be monitored and by whom (12 months of compliance)
  - Date by which corrective actions will be implemented
    - Date varies with type of survey, but is usually calculated from the date of the exit conference

## Plan of Correction (POC)

- The POC must be integrated into the PI Program and include:
  - Frequency of performance monitoring
  - Who will be doing the monitoring (role)
  - When and how results will be reported (to whom)
  - Who will report results (role)
  - What action will be taken if the corrective action initiated does not resolve the deficiency or the correction not sustained over time

## Follow Up Survey

- Typical when the organization is out of compliance with an entire condition of participation
  - Multiple deficiencies within the condition are identified
  - Usually related to direct care deficiencies rather than policies
- Generally occurs within 30 days of the implementation date in the POC for that condition
- Additional deficiencies can be identified during follow up survey; if they are, another POC will be required
- Conditions not corrected within 90 days of exit may lead to loss of Medicare certification status and reduction or forfeiture of reimbursements

## Other Tips for Success

## Other Tips for Success

- For minutes or reports, provide materials related to the 12 months prior to the survey unless otherwise requested.
- Facility Manuals for Surveyor Review
  - Put manuals for review on a cart or counter separate from the surveyor's work space, not on the table or desktop
  - Manuals must be available to surveyors throughout the entire survey
    - It is acceptable to temporarily remove one if needed by staff, but ensure it is returned as soon as possible

## Other Tips: Facility Manuals

- Ensure all of the required policies are available in the manuals provided for surveyor review.
- Ensure all of the policies in the manuals are the current version. Note those undergoing revision.
- Provide examples of documentation tools with policies as they are used: nursing assessment and care plans, education forms, staff competency documentation forms, etc.
- It is not necessary to remove or photocopy pertinent sections of manuals. Flag or label the appropriate sections with the standard tag number.

## Other Tips: Survey Manuals

- If you provide a separate survey manual
  - Present policies in the same order as listed in the Interpretative Guidelines
  - Tab each policy and label with the Tag number(s) the policy meets
  - An index is not necessary
  - Consider including a copy of the POC from the organization's last certification survey

## Questions?

If you have other questions about the CAH Medicare Certification survey process, please call:

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