

CMS Certification Surveys For Critical Access Hospitals

MT. Rural Healthcare Performance Improvement Network



## 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



- 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 afterhours 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



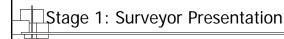
#### 5 Stages of the Survey Process

- 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

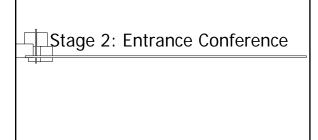
- What the surveyors will do
  - For select stages, information will be provided about what surveyors are looking for at that stage of the process
- What the in-house survey facilitator should do
- Opportunities for the facility to positively influence the survey outcome

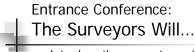




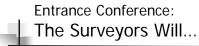
### **Surveyor Presentation**

- 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





- 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



- 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

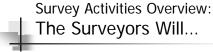
## Your Opportunity to...

- 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

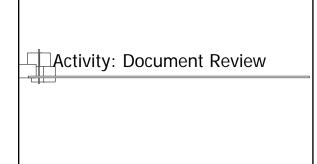
Stage 3: Survey Activities

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

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



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





#### **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 planQA/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





- 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 passVisit 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
  - Glean 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





#### 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
  - CompleteAccurateTimely

  - 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 identifiedData 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 nonclinical 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



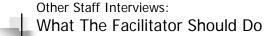
#### Other Staff Interviews

- 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

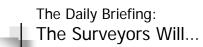


- All you can to make sure everyone is present and on time for his/her scheduled interview
  - No "no shows"- they are very costly!
  - Identify and bring in the individual's designee if necessary, and explain the substitution to the surveyor
    - Especially true for vacant positions
  - Promptly inform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



- 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.



## Exit

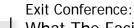
#### **Exit Conference**

- Surveyors will provide a <u>preliminary</u> 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



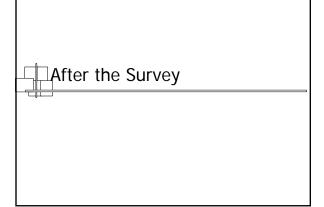
### What The Facilitator Should Do

- 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





## 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

- 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:

Rural Hospital Quality Coordinator MT. Rural Healthcare Performance Improvement Network