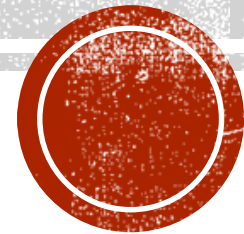


# **CMS UPDATE**

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# 2018 PROPOSED BUDGES: SURVEY & CERTIFICATION

- Requesting \$406 million
  - \$9 million increase over 2017
- Plan
  - Complete 23,800 initial surveys and re-certifications
  - Complete over 56,200 complaint surveys
- Impose a User Fee
  - Fee for survey revisits that occur as a result of deficiencies found during initial certification, re-certification, or substantiated complaint surveys
  - Fee provides CMS with increased ability to revisit poor performers
  - Creates incentive for facilities to correct deficiencies and ensure quality care
    - Estimates \$26 million in user fee revenues



# TIME FRAMES TO INVESTIGATE COMPLAINTS

## 5075.9 - Maximum Time Frames Related to the Federal Onsite Investigation of Complaints/Incidents

*(Rev. 120, Issued: 09-19-14, Effective: 09-19-14, Implementation: 09-19-14)*

| Provider Type   | Intake Prioritization  |  |  |   |
|---|--|--|--|---|
|   | Immediate Jeopardy (IJ)  | Non-IJ High  | Non-IJ Medium  | Non-IJ Low  |
| Nursing homes   | SA must initiate an onsite survey within 2 working days of receipt.  | SA must initiate an onsite survey within 10 working days of prioritization.                      | No timeframe specified, but an onsite survey <i>must</i> be scheduled.       | SA <i>must</i> investigate during the next onsite survey.                           |
| Non-deemed <i>non-long term care</i> providers/suppliers    | SA must initiate an onsite survey within 2 working days of receipt.  | <i>SA must initiate an onsite survey within 45 calendar days of prioritization</i>               | <i>SA must investigate no later than when the next onsite survey occurs</i>  | <i>SA must track/trend for potential focus areas during the next onsite survey.</i> |
| Deemed providers/suppliers                                  | SA must initiate an onsite survey within 2 working days of receipt of RO authorization                               | <i>SA must initiate an onsite survey within 45 calendar days of receipt of RO authorization.</i> | <i>Complainant is referred to the applicable accrediting organization(s)</i> | <i>Complainant is referred to the applicable accrediting organization(s)</i>        |
| EMTALA  | SA must complete <i>onsite portion of</i> investigation within 5 <i>working</i> days of receipt of RO authorization. | N/A  | N/A  | N/A   |
| Death <i>associated with</i> restraint/seclusion- Hospitals | SA must complete onsite <i>portion of</i> investigation within 5 working days of <i>RO</i> authorization.            | N/A  | N/A  | N/A   |
| Fires resulting in serious injury or death                  | SA must initiate an onsite survey within 2 working days of receipt.  | N/A  | N/A  | N/A   |



# VALIDATION SURVEYS

- Verification of Accrediting Organization determination of compliance
- Surveyors validate results of Accrediting Organization
- Hospital is selected at random by CMS
- Surveyors NOT informed of Accrediting Organization survey results



# FY 2015: VALIDATION SURVEY

Number and Type of Condition-Level Deficiencies  
Cited on 60-Day Validation Surveys  
Hospitals  
Fiscal Year 2015

| Medicare Conditions*<br>Sample Size – 102        | Cited by SA | Missed by AO |
|--|-------------|--------------|
| Governing Body                                   | 8           | 6            |
| Patient Rights                                   | 7           | 4            |
| Quality Assurance Performance Improvement (QAPI) | 3           | 3            |
| Nursing Services                                 | 2           | 1            |
| Medical Record Services                          | 2           | 2            |
| Pharmaceutical Services                          | 1           | 0            |
| Food and Dietetic Services                       | 3           | 3            |
| <b>Physical Environment*</b>                     | <b>27</b>   | <b>27</b>    |
| Infection Control                                | 10          | 7            |
| Discharge Planning                               | 1           | 1            |
| Organ, Tissue, and Eye Procurement               | 2           | 1            |
| Respiratory Care Services                        | 1           | 1            |
| <b>TOTAL</b>                                     | <b>67</b>   | <b>56</b>    |

\*Most frequently cited deficiency.

Note: PE refers to the number of PE CoPs, which includes the National Fire Protection Association (NFPA) LSC requirements CMS has adopted as part of its health and safety standards.



# PREPARING FOR VALIDATION SURVEY

- Upon AO exit, document date on calendar
- Develop a time line for 60 days out
- Assume you will receive a validation survey
- Have a CMS survey binder prepared and ready to go
- Do NOT discuss the AO survey with the CMS team



# DIALYSIS SERVICES

- 482.12 Governing Body
  - Medical Staff
    - Accountability
  - Approval of dialysis policies and procedures
    - Responsible for services furnished
  - Emergency Services
    - Dialysis unit emergencies
  - Contracted Services



# DIALYSIS SERVICES

- 482.21 Quality Assessment Performance Improvement (QAPI)
  - Dialysis Unit Specific
    - Fluid Management
    - Hepatitis B & C surveillance
    - Water treatment & quality
    - Access care (fistula, graft, cath)
    - Environmental cleaning
    - Appropriate use of PPE
    - Dialysis machine & ancillary equipment PMs & cleaning disinfection





# DIALYSIS SERVICES

- 482.27 Laboratory Services
  - Lab services on dialysis unit
    - Water and dialysate labs
  - Description of services available to nephrologists
  - CLIA
  - Point of care testing on dialysis unit



# DIALYSIS SERVICES

- 482.41 Physical Environment
  - Constructed, arranged, and maintained for patient safety & appropriate for special services
    - Treatment area
    - Water room
    - Supply/medication storage areas
  - Supplies and equipment – water room equipment, dialysis machines, etc
    - Manufacturers instructions for use and maintenance
    - Biomed qualifications



# DIALYSIS SERVICES

- 482.42 Infection Control
  - Infection control officer involvement
    - Tied into hospital-wide QAPI
  - Isolation procedures
    - Hepatitis B & C
    - Other isolation precautions
  - Hand hygiene
    - Before, during & after treatment



# DIALYSIS SERVICES

- Personal protective equipment
  - Correct supplies & worn appropriately
- Environmental measures
  - Disinfection of treatment area surfaces & equipment
- Employee health
  - Immunization requirements



# DIALYSIS SERVICES

- 482.51 Surgical Services
  - Pre-operative
    - Catheter, graft, fistula placement
    - Avoidance of IVs/phlebotomy on access limb
  - Post-operative
    - Surgical site infections
    - Fistula maturation prior to use
    - Fistula/graft care



# DIALYSIS SERVICES

- **Contracted Services**
  - **Governing body**
    - Accountable for quality of care & services
  - **QAPI**
    - Contracted services & hospital-wide QAPI
      - Dialysis personnel equipment, and supplies
  - **Nursing Services**
    - Oversight of contracted nursing personnel
  - **Laboratory Services**
    - Patient labs & water quality labs



# TJC SAFER MATRIX

|  |          |                  |                                    |                  |
|--|----------|------------------|------------------------------------|------------------|
| Likelihood to Harm a Patient/Visitor/Staff | ITL      | ITL              |                                    |                  |
|  | High     |                  | PC.02.01.03 EP7                    |                  |
|  | Moderate | IC.02.02.01 EP2  | EC.02.03.03 EP1                    | LS.02.01.30 EP12 |
|  |          | PC.02.01.11 EP2  | IC.02.01.01 EP1<br>PC.03.05.07 EP1 |                  |
|  | Low      | EC.02.01.03 EP6  | LS.02.01.20 EP1                    | EC.02.02.01 EP5  |
|  |          | EC.02.05.01 EP8  | PC.01.03.01 EP1                    |                  |
|  |          | EC.02.05.05 EP6  | PC.03.05.03 EP2                    |                  |
|  |          | EC.02.06.01 EP1  |                                    |                  |
|  |          | HR.01.02.05 EP1  |                                    |                  |
|  |          | IC.02.02.01 EP1  |                                    |                  |
|  |          | LS.02.01.10 EP7  |                                    |                  |
|  |          | LS.02.01.10 EP10 |                                    |                  |
|  |          | LS.02.01.20 EP32 |                                    |                  |
| LS.02.01.30 EP3                            |          |                  |                                    |                  |
| LS.02.01.70 EP4                            |          |                  |                                    |                  |
| PC.02.02.03 EP6                            |          |                  |                                    |                  |
| PC.02.02.03 EP11                           |          |                  |                                    |                  |
|  | Limited  | Pattern Scope    | Widespread                         |                  |



# **SAFER MATRIX DEFINITIONS**

- **ITL: Immediate Threat to Life;** a threat that represents immediate risk or potentially have serious adverse effects on the health of the patient, resident, or individual served
- **High Risk:** Harm could happen anytime
- **Moderate Risk:** Harm could happen occasionally
- **Low Risk:** Harm could happen, but would be rare





# SAFER MATRIX DEFINITIONS

- **Limited Scope:** Unique occurrence that is not representative of routine/regular practice
- **Pattern Scope:** Multiple occurrences with potential to impact few/some patients, visitors, staff and/or settings
- **Widespread Scope:** Multiple occurrences with potential to impact most/all patients, visitors, staff and/or settings



# BACKGROUND

- FY14 Congress received stand-alone report on performance evaluations of accrediting agencies
- Report received significant scrutiny by Congress
- 89% of hospitals receive accreditation through deemed status
- 99% of TJC surveys received “full accreditation”- meaning no condition level findings



# BACKGROUND

- Acute care hospitals disparity rates between CMS validation surveys and AO surveys
  - Benchmark set by CMS is 20%
  - FY 12 44%
  - FY 13 46%
  - FY 14 38%
  - FY 15 39%



# BACKGROUND

- Top COP Cited with Condition Level deficiencies missed by AO's:
  - #1 Physical Environment
  - #2 Infection Control



# WHAT DOES THIS MEAN?

- Increase findings in Life Safety, Environment of Care and Infection Control
- Increase in total number of findings
- Increase in “condition level findings”
- Actual survey will be less collaborative and conducted in similar fashion as CMS validation surveys
- Additional action plan requirements



# WHAT DOES THIS MEAN?

- 2016 Average # of findings = 20 per hospital
- 2017 Average # of findings = 30 per hospital
- Larger hospitals, multi-site licenses, & multiple clinic sites = expect more findings
- Increase findings due to elimination of “C” standards & PFI’s
- More findings cited & fewer clarified
- Increase in return surveys



# **CMS/STATE SURVEY CHANGES**

- **2567 Corrective Action Plans can be submitted in any format**
- **CMS is proposing to assess fees with re-surveying visits for condition or immediate jeopardy level findings**



# NEXT STEPS

- Continuous Readiness
- Mock Surveys
- Standardize tracer activity/metrics across BSWH
  - Tracer AMP
- Collaborating with system councils to ensure new/revised standards & regulations are met
- Transparency- all survey findings & lessons learned shared across BSWH

