

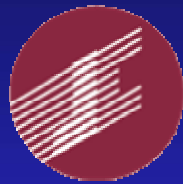
Integrating Quality and Compliance for Continuous Survey Readiness

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Joint Commission Accreditation Readiness

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Session Goals

- Identify the Joint Commission as an accrediting organization that surveys health care organizations
- Discuss the purpose of Joint Commission accreditation and how a health care organization can be continuously accreditation ready
- Develop strategy for managing the on-site survey process
- Implement and sustain improvement from lessons learned

Joint Commission

**Joint Commission on Accreditation of
Healthcare Organizations
(~ 15,000 accredited organizations)**

**Joint Commission International
56 accredited organizations
16 countries**

Joint Commission Resources

**International Center for
Patient Safety**

The Joint Commission Mission

To continuously improve the safety and quality of care provided to the public through the provision of health care accreditation and related services that support performance improvement in health care organizations.

Healthcare Accreditation/ Certification Markets

- Ambulatory Care
- Behavioral Health Care
- Critical Access Hospitals
- Home Care
- Hospitals
- Laboratories
- Long Term Care
- Office-Based Surgery
- Health Care Staffing Services
- Disease-Specific Care
 - ◆ LVAD
 - ◆ LVRS
 - ◆ Primary Stroke
 - ◆ Chronic Kidney Disease

A Long History of Government Reliance on Joint Commission Accreditation

- Federal Medicare “deeming authority” for 7 programs:
 - ◆ Hospitals
 - ◆ Home health agencies
 - ◆ Ambulatory surgery centers
 - ◆ Hospice
 - ◆ Clinical laboratories
 - ◆ Critical access hospitals
 - ◆ Networks
- Over 250 state agencies

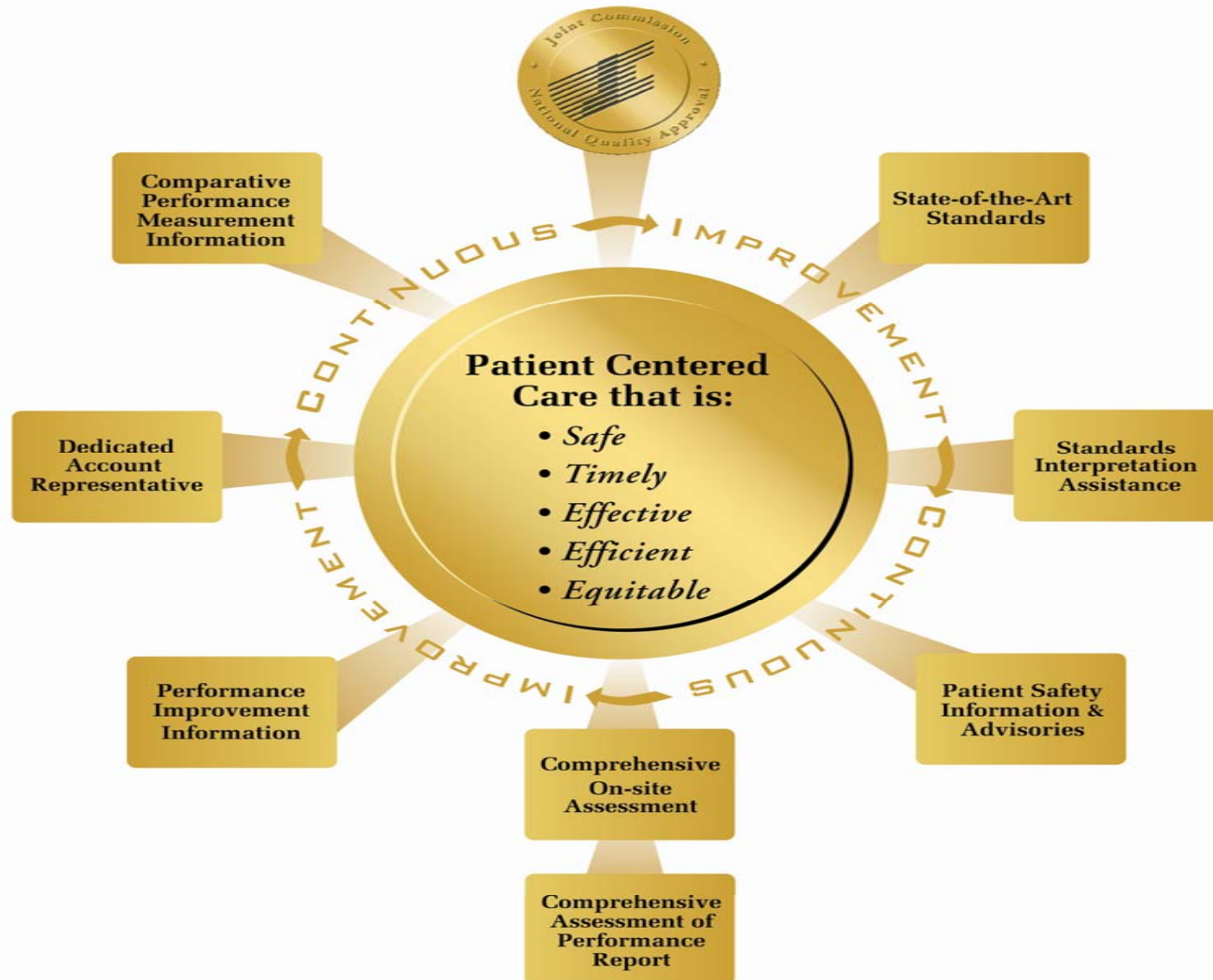
Accreditation

Market Share & Market Penetration (05)

	<u>Target</u>	JCAHO <u>MP</u>	Total <u>MP</u>	JCAHO <u>MS</u>
Ambulatory	12,474	9.6%	29.3%	32.8%
Behavioral	25,732	7.2%	47.1%	15.3%
Home Care	18,656	19.3%	28.0%	68.8%
Hospitals	5,637	80%	81.6%	97.9%
Laboratory	31,267	11.5%	28.1%	41.0%
LTC	16,237	9.2%	9.2%	100.0%
Networks	2,027	2.8%	17.2%	16.0%
OBS	30,046	.5%	3.6%	14.9%

Joint Commission Accreditation *Redefined...*

Continuously improving the quality and safety of health care.



Shared Visions: Safe, high quality patient care—all the time.

Goals of the Accreditation Process

- Shift the paradigm from survey prep to systems improvement
 - ◆ Focus away from “exam” and “score”
 - ◆ Focus toward using standards to achieve and maintain excellent operational systems
- Focus on
 - ◆ Actual performance – not stated capacity
 - ◆ Execution – not potential

The Accreditation Process Sets the Stage for:

- Continuous emphasis on operational performance improvement
- Focus on the quality and safety of direct patient care delivery systems
- A customized approach to the characteristics of the individual organization
- Reliance on new technology to facilitate the continuous flow of information between the organization and the Joint Commission

Components of the Accreditation Process

- Periodic Performance Review (PPR)
 - ◆ PPR Plan of Action and Measures of Success
 - Priority Focus Process (PFP)
 - ◆ Priority Focus Areas
 - ◆ Clinical Service Groups
 - ◆ Relevant standards
 - ◆ Tracer Methodology
 - Continued use of measurement data
 - Customized on-site agenda
-

Periodic Performance Review (PPR)

- Accreditation Participation Requirement
- Employs the same electronic tool as used by surveyors
- Expands intra-cycle interaction with Joint Commission
- Supports continuous operational improvement
- PPR tool continuously available to organization
- Assists organizations in their quest for 100% compliance with standards, 100% of the time

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Priority Focus Process (PFP): A Strategic Surveillance Tool

- Uses Pre-survey data to:
 - ◆ Focus survey activities
 - ◆ Increase consistency in the survey process
 - ◆ Customize the accreditation process
 - ◆ Provide an organizational system analysis
- Based on the result of the analysis, PFP recommends Priority Focus Areas (PFAs) and Clinical Service Groups (CSGs) to focus and individualize the on-site survey

Priority Focus Areas (PFAs)

- Assessment and Care/Service
- Communication
- Credentialed and Privileged Practitioners
- Equipment use
- Infection control
- Information Management
- Medication Management
- Rights and Ethics
- Physical Environment
- Orientation and Training
- Quality Improvement Expertise and Activity
- Organization Structure
- Patient Safety
- Staffing

Clinical Service Groups (CSGs)

Program Specific

Relevant Standards

- Each of the 14 PFA categories relate to specific standards and accreditation participation requirements
- Based on the top 4-5 PFAs identified for each organization, the appropriate standards and APRs are selected for review
- PFAs and CSGs guide the *initial focus* of the survey but the on-site review is *not* limited to this selection
- Surveyors can and should broaden or change focus as appropriate

Tracer Methodology

- The approach, known as the tracer methodology, traces a number of patients through the organization's entire health care process
- As tracers are examined, the surveyor may identify performance issues in one or more steps of the process – or in the interfaces between processes *as experienced by the patient and as provided and coordinated by the organization*
- Individual and individual-based systems tracers

Individual Tracer

What it is:

- Focus on patient's experience of care
- In relation to specific relationships that touched the tracer patient or system
- Observation of care, procedures & processes
- Actual
- Directed to staff
- Conversational in tone; atmosphere of open exchange of info and ideas
- Educational and evaluative
- Gain appreciation for how the org operates on a daily basis to provide care
- Review of HR files of those who touched the traced patient

What it is not:

- Discussion of standards, per se
- Review of documentation (logs, random HR records, etc.)
- Hypothetical
- Directed at management
- "Quizzes"
- Seeking perfection
- Punitive

Example of an Individual Tracer

- Pain Management is one of top CSG's
- Assessment and Care/Service is one of top PFA's
- Surveyor will select patients identified with pain management needs from an active patient list, follow care provided to those patients throughout the organization and focus discussion and consultative remarks on assessment, care, and service related to managing pain.

Individual-Based System Tracer

- Interactive session that explores important organization-wide process/functions related to safety and quality of care
- Addresses:
 - Process flow, risk points, integration, communication, coordination
 - Strengths and areas needing improvement
 - Assesses standards compliance

National Patient Safety Goals

1. Patient Identification
2. Communication among care givers
3. Medication safety
4. Wrong-site surgery
5. Infusion pumps
6. Clinical alarm systems
7. Health Care associated infections
8. Reconciliation of medications
9. Patient falls
10. Flu and pneumonia immunization
11. Surgical fires
13. Patient involvement in safety
14. Pressure ulcer prevention

Customized On-site Agenda

- The survey agenda is in sync with the organization's normal operations
- Few formal interviews – more attention to actual individuals receiving care
- Use of pre-survey, focused information and the tracer methodology allows the on-site survey process to be customized to the settings, services and populations specific to the organization
- PFP-guided visits to resident care areas using the tracer methodology
- For resurveys, validation of corrective action plan implementation from the Periodic Performance Review (MOS) (NA for the abbreviated LTC survey)
- In-depth evaluation and education regarding high priority safety and quality of care issues – Individual -based systems tracers

Managing the Unannounced Survey

- Most surveys are now unannounced
- Notice is posted on the morning of survey on the organization's extranet site, Jayco
 - ◆ Authorization Letter
 - ◆ Survey agenda
 - ◆ Surveyor names, bios, and photos
 - ◆ Priority Focus Process reports
 - ◆ Oryx information

Managing the unannounced Survey, cont'd

- The Jayco extranet has useful information including the Survey Activity Guide and the on-site agenda
- Maintain a resource for managing required documents; Identify the availability of essential documents
- Prepare an information sheet detailing what should occur when JC surveyors arrive on-site; identify key leadership staff and alternates
- First hour of survey designated for preliminary planning session
- Second hour designated for opening conference and orientation
- Continued Surveyor planning session after opening conference
- If information or leaders are not available, surveyor can start individual tracer activity

Post Survey Activities

- Complete Evidence of Standards Compliance (ESC)
- Measures of Success as applicable
- Accreditation Report posted on Jayco extranet site
- Performance report posted on Quality Check

Accreditation Decisions

- Accredited
- Provisional Accreditation (only if ESC fails)
- Conditional Accreditation
- Preliminary Denial of Accreditation
- Denial Of Accreditation
- Preliminary accreditation (early survey option)

Sustaining Improvement

- Update annual PPR
- Conduct individual tracers
- Conduct individual-based system tracers
- Measurement data and analysis
- Continuous operational improvement
- *Accreditation is a natural outcome to excellent systems*



The Gold Seal of Approval™

Preparing for and Responding to a CMS Conditions of Participation Survey

Mary Whalen & Al Josephs

Presentation Objectives

To provide a framework for responding to regulatory agencies (state or federal) surveys of compliance with CMS Conditions of Participation (COP) by answering the following questions:

1. How are surveys initiated?
2. How do you manage the survey process?
3. How will survey results be reported?
4. What can be learned from actual surveys?

How are surveys initiated?

- Patient Complaint
- Survey as follow-up to Patient Complaint
- Validation of JCAHO Survey
- Routine Survey



How are surveys initiated?

What are they surveying?

- Compliance with CMS Conditions of Participation (42 CFR Part 482)
 - ✓ Hospital wide, or
 - ✓ Specific focused issue (i.e. restraints, complaint management)

How are surveys initiated?

Under what authority are they conducted?

- Survey authority: 42 CFR Part 488 Subpart A
- Photocopying: 42 CFR §489.53(a)(13)
- Reference: CMS State Operations Manual (Handout)
http://www.cms.hhs.gov/manuals/107_som/som107_ap_a_hospitals.pdf
- Refusal to allow survey: 42 CFR §1001.1301

How are surveys initiated?

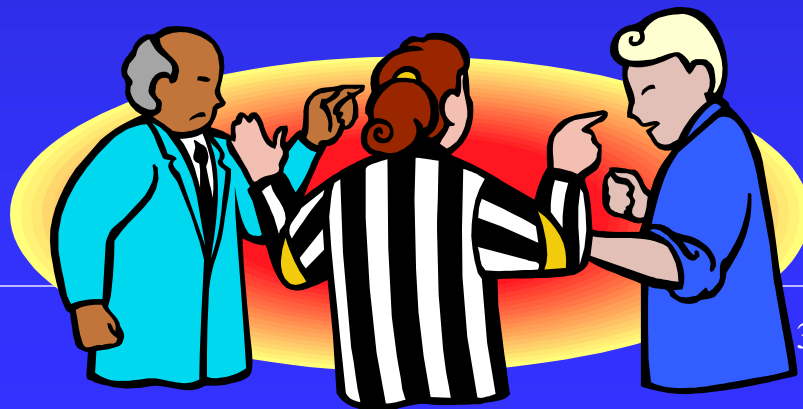
What do you do once they are inside the organization?

- ✓ Check credentials
- ✓ Determine nature of survey (Handout)
- ✓ Establish ground rules
- ✓ Respond promptly



Entrance Conference

- Response team introduction – identify leader
- Surveyor introduction – identify leader
- Surveyors explain purpose and scope of survey
- Surveyors explain survey process
- Surveyors will specify areas to be investigated
- Documentation request (sample attached)
- Potential date/time for exit conference



Determine Reason for Survey

- Review any documents authorizing investigation – who are they investigating?



Entrance Conference

- Response team introduction – identify leader
- Surveyor introduction – identify leader
- Explain purpose and scope of survey
- Explain survey process
- Specify areas to be investigated
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- Potential date/time for exit conference



Gathering Resources & Documents

- Keep log/record of surveyors' activities
- Copy all documents provided to surveyors
- Current relevant COP & interpretive guidelines for quick reference



www.cms.hhs.gov/cop/1.asp

www.cms.hhs.gov/medicaid/survey-cert/letters.asp

Management of Survey

- Assemble response team
- One leader with final authority
- Limit access to surveyors
- Accompany all interviewees
- Shadow each surveyor
- Establish war room
- Feed response team
- Beverages for surveyors



Exit Conference

- Obtain information regarding surveyors' preliminary findings
- Surveyors may discontinue exit conference if
 - ✓ Facility's attorney "tries to turn it into evidentiary hearing"
 - ✓ Provider creates "an environment that is hostile, intimidating or inconsistent with informal and preliminary nature of exit conference"
- Audiotape exit – must provide surveyors with copy of tape

Statement of Deficiency (SOD)

- Form 2567 – 10 to 90 days after survey
- Faxed and mailed to Chief Executive Officer (state Statement of deficiency may also be sent to Board of Trustees Chairman).
- Summary statement of deficiencies preceded by regulatory identifying information
- ID prefix tag

SOD Cover Letter



- Cite Regulations
- What is out of Compliance
- Plan of Correction due date
- Follow-up
- Result if non-compliance continues

Plan of Correction

- Disclaimer “submission of this plan of correction is not an admission that the allegations are true and correct. The hospital reserves the right to rebut these allegations”.

Plan of Correction

- Directly address citation
- Identify how deficiency will be corrected
- Provide date of completion
- Due within 10 days following receipt of Statement of Deficiency

Plan of Correction Contents

1. Corrective Action – system change including policy revision and/or discipline to individuals responsible for deficiencies
2. Education on policy/procedure change
3. Monitor changes including frequency, responsible person and reporting process

Follow-up Survey

Unannounced

- CMS completion survey for COPs not surveyed originally
- Review of corrective action, education and monitoring identified in Plan of Correction

What can be learned from actual surveys?

- Policies and procedures
 - ✓ Develop
 - ✓ Train
- Document internal investigation
- Maintain documentation of all surveyor activities.
- Require information request to be in writing
- Participate in all interviews

What can be learned from actual surveys?

- Establish good working relationship with surveyors.
- Maintain database of all surveys
 - ✓ Monitor trends
 - ✓ Acknowledgement of issues
- Preserve rights
 - ✓ Understand privilege issue
 - ✓ Employee rights

What can be learned from actual surveys?

- Resolve conflicts promptly
- Require periodic updates and exit conference
- Develop staffs interview skills
- Help surveyors to maintain focus and not broaden scope of survey
- Develop inventory of audit work done in organization

Questions?