

Survey Survival Roundtable: Compliance Consultants Share Successes in Preparing for, and Responding to, Surveys

Thursday, April 18, 2024



The webinar will start at the top of the hour.



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MONTHLY CLINICAL QUALITY INSIGHTS

### Webinar Schedule & Topics

THE 3RD THURSDAY OF EVERY MONTH:  
10AM Pacific, 1PM Eastern



**TODAY**  
Survey Success Roundtable: Compliance Consultants Share Successes in Preparing for, and Responding to, Surveys

**May**  
The "Dos" and "Don'ts" of Survey Management

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Past Webinars Available for Streaming



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- Case Study
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- Webinar

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**Filter**

**BY TOPIC**

- Clinical Quality
- High Reliability
- Infection Control
- Medical Staff
- Medical Staff Services

**BY EXPERTISE**

- Bylaws and Rules & Regulations
- Clinical Compliance
- Credentialing & Privileging
- External Peer Review
- Interim Staffing Solutions

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**AVAILABLE FOR STREAMING**

- Practical Approaches to Ace Regulatory and Accreditation Surveys
- EMTALA Made Simple
- Protecting Suicidal Patients
- Responding Effectively to CMS, State, and Accreditation Findings
- Avoiding Infection Prevention Survey Catastrophes
- Survey Smarts: Looking Forward to 2023
- Increasing Nurse Efficiency: Documentation Simplification
- Better Meetings Better Results
- Overcoming Persistent Challenges in the Physical Environment
- TJC's Emerging Model for New Standards
- New CMS Interpretive Guidelines for QAPI
- Connecting Hospital Rankings to Outcomes
- Compliance and Safety Challenges for Psychiatric Hospitals and Units
- CMS and QAPI: A Deeper Dive
- Reducing Burden: What Clinical Documentation Is Required vs. Self-Imposed
- A Simple Start to the New Year: Clear-cut Clinical Policies
- Hidden Obstacles and Sticky Wickets: Environment of Care, Life Safety and Emergency Management
- Infection Prevention: Guiding Hospitals Toward Effective, Compliant, Sustainable Solutions
- Survey Survival Roundtable: Compliance Consultants Share Successes In Preparing for, and Responding to, Surveys

**Bonus IP Q&A**

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**CHARTIS**

We are a partner to healthcare organizations nationwide, helping to advance patient safety and clinical quality for the past 30+ years. We help healthcare providers achieve top-tier clinical performance through our four lines of business:

- High Reliability Care Solutions
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- Resolving CMS and TJC Adverse Actions
- CMS and Accreditation Survey Readiness
- Environment of Care, Life Safety, and Emergency Preparedness
- Hospital-CMS Systems Improvement Agreements ...the National Leader
- Emergency Department/EMTALA
- Behavioral Health
- Infection Prevention
- Patient Safety
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**Objectives**  
Attendees will be able to ...

➡ **Learn about the most commonly cited requirements in 2023.**  
Discover meaningful methods to prepare your facility for survey success.

**Gain practical insight into creating *proactive*, sustainable solutions to address the handful of *truly* high-risk and most challenging issues that lead to undesirable survey outcomes.**

**Understand how to design implementable corrective action plans that actually fix challenging citations.**

Handouts will be linked to the Chartis / Greeley Website for post-webinar streamers.

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**TODAY'S DISCUSSION**

Focusing on High-Risk Compliance Challenges using Common Sense


Sustainability through Simplicity




**Lisa Eddy, MSN, MHA, RN, CPHQ**  
Principal




**Phillip Boaz, RN, MSN, CIC**  
Senior Consultant



**Ann Smedley, BSN, RN-BC, HACP**  
Senior Consultant



**Erica Brudjar, RN, BSN, HACP-CMS**  
Senior Consultant



**Bud Pate, REHS**  
Consultant Emeritus

“  
**Keeping up with Change**  
”

**Planning for Tomorrow**

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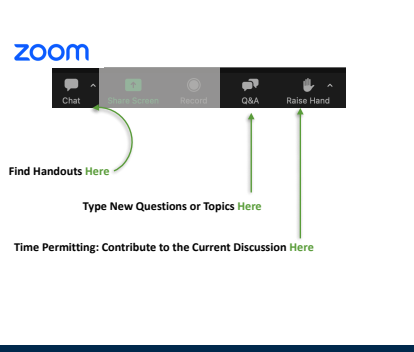
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**Navigating the Zoom Interface**



**HANDOUTS:**  
Check the chat function for copies of the slides for note taking and any other handouts.

**QUESTIONS AND COMMENTS:**  
Raise Hands .... If you have a question or clarification about the topic currently under discussion.

Type Questions or Comments using the Q&A function .... If your issue is unrelated to that under discussion.

**Find Handouts Here**

**Type New Questions or Topics Here**

**Time Permitting: Contribute to the Current Discussion Here**

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**But first, a word of warning ...**

**01** Most Frequent Citations ... What and Why

**02** Smart Survey Preparation

**03** Responding to Survey Findings

**04** Discussion / Questions

Questions should be posted in the webinar interface throughout the presentation. We will respond to any unanswered questions in writing following the webinar.

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**Processing "Too Much Information"**

- There are many thousands of hospital requirements
  - Federal: Conditions of Participation, EMTALA, CLIA, OSHA, NRC, etc.
  - State: Hospital Licensing, Practitioners Licensing and Certification, Environmental Regulations, etc.
  - Accreditation: TJC, DNV, AAHC
  - Guidelines: CDC, USP, FGI, NFPA 101, NFPA 99, NFPA 56, AAMI, etc.
  - Manufacturer's Instructions for Use
  - Etc, etc, etc ...
- The **Good News**: hospitals naturally comply with the vast majority of the requirements ... they are not a problem.
- The **Bad News**: The few that remain a challenge will overwhelm even the most mature and well-staffed internal survey readiness program.



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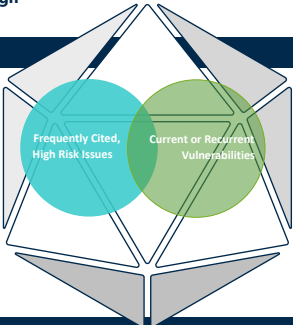
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**Educational Events Focus on New and High Risk Issues**

- Recent Webinars by **Chartis** (available for streaming)
  - Environment of Care (February 2024)
  - Life Safety Code (February 2024)
  - Infection Prevention (March 2024, April 2024)
  - QAPI (August 2023)
  - Behavioral Health (July 2023)
  - Clinical and Miscellaneous (Today)
- From **Other Sources**
  - Accreditors, Associations, and Agencies
  - Other Consultants
  - List Serves
  - Etc.



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Don't try to boil the ocean ...

### High Priority Issues Whose Time has Come

- Focus: Issues that are Ripe for Change**
  - Relate to known significant **adverse events** or other patient safety issues
  - Synergy with strategic or quality goals
  - Executive team sponsorship
  - Clear, well-defined, narrow goals (not "while we're at it")
- Simplify: Think of the New Associate on their first independent day on the job.**
  - Make expected processes natural and efficient.
  - Focus on training to the **new** process.
  - Reinforce concurrently at the point of care and service.
  - Maintain oversight ... identify "fixes" that are not working and change them.

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### Most Frequent Citations ... What and Why

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### Survey Preparation

#### Where to Focus for State Agency and CMS High Risk Issues

The most highly cited regulation leading to CMS termination actions for accredited hospitals is **EMTALA**.

The highest cited Conditions of Participation are **Patient Rights** and **Nursing Services**, both of which are associated with adverse event and medical error.

Category	Approximate Percentage
Patient Rights	60%
Nursing	25%
Governing Body	20%
Adverse Events	15%
Infection Control	10%
Infection Related	5%

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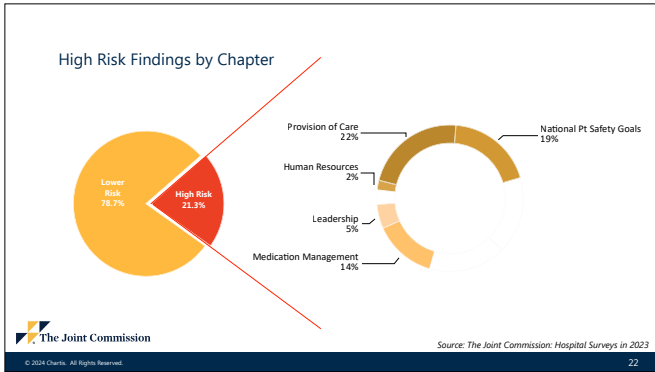
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**676 Environment of Care**

Trends, Patterns and Themes

- Lack of an eyewash station where caustic or corrosive chemicals are utilized, handled or stored.
- Lack of a process to ensure eyewash station flow nozzles remain covered to prevent debris or chemicals from accumulating and causing harm during activation and use.

*February Webinar*

**661 Infection Prevention and Control**

Trends, Patterns and Themes

- Lack of proper decontamination, disinfection or sterilization of surgical instruments: improper sterilization time or temperature
- Lack of proper high-level disinfection (HLD) of medical instruments: improper HLD solution temperature; lack of monitoring of HLD solution during HLD process
- Lack of proper storage of sterilized medical instruments
- Lack of bi-directional tracking of instruments undergoing sterilization or HLD

*March Webinar  
April Bonus Q&A*

The Joint Commission  
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**Provision of Care, Treatment, Services**

The Joint Commission

859 High-Risk RFIs in 2023

- Lack of complete assessment upon entry into the emergency department preventing proper assessments and frequency of assessment while waiting to be seen
- Improper CIWA protocol assessments and reassessments preventing adequate patient assessments and care planning interventions
- Lack of proper assessments in content and frequency for patients receiving titrated medications in critical care settings
- Lack of initial assessments upon admission to determine care, treatment and services needed

**Assessments** and reassessments

- Emergency Department (EMTALA Adjacent)
- Withdrawal (Also often in the Emergency Department)

**Titration**

- Documentation of changes in the patient's physiological parameters impacted by the titrated medications

The Joint Commission  
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The Joint Commission

**Human Resources**

101 High-Risk RFIs in 2023

- Lack of training and competency of staff conducting sterilization of medical equipment
- Lack of de-escalation training of staff in behavioral health settings
- Lack of a competency for nursing staff to select between multiple titrated agents for the same indication
- Lack of competencies for monitoring telemetry for responsible staff

"By Virtue Of"

- Decontamination, Sterilization, and High-Level Disinfection
- Behavioral Health adverse events
- Titrateable Medications

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Smart Survey Preparation

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General Compliance Concepts

Don't try to boil the ocean ...

- Decide Where to Focus
  - There are thousands of CMS and Accrediting Organization requirements.
  - We comply with the vast majority of these requirements through the natural process of health care.
  - The few that remain a common vulnerability are difficult to address. It takes a nuanced approach based on a deep understanding of the actual requirement and the associated system or process.
  - Focus on **your high priority, common compliance issues that are ripe for change**.
  - Ensure your quality, safety, and adverse events management programs are not just "in place" but are effective.
- Routinely Conduct **Regulatory Compliance Assessments** – Take Your Compliance Temperature.
  - Identify macro-systems vulnerabilities (e.g., patient protection, medication management, assessments/reassessments, life safety).
  - Consolidate rounding activities – escalating significant issues not able to be immediately corrected and significant issues that recur.
  - Understand compliance vulnerabilities within various settings (imaging services, clinical nutrition).
  - Understand **why** the compliance vulnerability exists. Appreciate the details of the setting, the process, and the intent and detail of the requirement.

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## More About Rounding ...

You **Cannot Monitor Your Way Into Compliance** (address the underlying cause for persistent issues).

Monitoring **can** identify a process problem that needs attention.

Monitoring **can** distinguish between isolated and systemic issues.

Monitoring **can** demonstrate the uptake and stability of change.



### • Get Eyes On The Prize – Set Up A Real Rounding Process.

- Consolidate rounding processes.
- Visit all clinical areas – routinely.
- Use a focused rounding tool.
- *Do something* about identified noncompliance – engage in problem solving, not simply making a list
- Involve leadership, no really...*involve leadership!*
- Triage vulnerabilities and escalate as appropriate.

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## General Compliance Concepts

- Establish A Quality/Safety Oversight Committee
  - Ensure quality and safety activities are continually front of mind for executive leadership
    - Bring significant events forward
    - Discuss and address rounding results
    - Ensure follow through on actions needed
  - Leadership understands resources necessary to effectively take actions to remediate identified issues
  - Optimal follow-through accountabilities are evidenced
  - Promote a culture that identifies and supports safety and vigilance in addressing process noncompliance and preventable harm

Leaders must be knowledgeable and responsible for the delivery of quality care and services

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## General Compliance Concepts

- Policies
  - Simple – don't paint yourself into a corner
  - Implementable (and accessible) by point of care staff
- Staff Competencies and Qualifications
  - Competencies should be meaningful and address clinical duties/actions
  - Ensure staff members meet job description qualifications
- Know What is Required
  - Manufacturer's Instructions for Use for Equipment and Supplies
  - Package Insert for Medications and any Beyond Use Date

Leaders must be knowledgeable and responsible for the delivery of quality care and services

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# Responding to Survey Findings

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## Responding to Findings

- Finding
  - Agency – description of finding
- What's Really Required
  - What the surveyor said/wrote
  - What the regulation/standard actually requires
  - Determine if a violation truly exists
- Response
  - Address inaccuracies
  - Addressing isolated issues – the "one-offs"
  - Craft a "no change" correction
  - Monitoring compliance for sustainability

Responding Effectively to Adverse CMS, State, and Accreditation Findings  
Uncover practical approaches for how to work with regulators and implement meaningful, sustainable, and efficient corrective action.

Available for Streaming

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## Responding to Survey Citations.... What NOT To Do

- Do **NOT** Fix Something That Is Not Broken ... If you are in compliance, your process is working and the surveyor finding is inaccurate, you simply outline what you are doing in the corrective action plan.
- Do **NOT** Promise Complex, Unrealistic, or Unsustainable Actions ... do not commit to a plan your staff cannot consistently implement.
- Do **NOT** Use Education As The Primary Corrective Action ... focus on fixing the process first then educate to the new or improved expectations
- Do **NOT** Attempt to Monitor Your Way Into Compliance

**DO NOT Over Commit only to Under Perform**

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DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services

Therefore, we are revising our interpretive guidance in the State Operations Manual (SOM), Appendix A for hospitals at tag A-0955, to include under the example of a properly executed and well-designed informed consent form, as well as the hospital's policy and process for informed consent, the following elements (in addition to those outlined above) [new guidance in italics]:

- Whether physicians other than the operating practitioner, including, but not limited to, residents, *medical, advanced practice provider (such as nurse practitioners and physician assistants), and other applicable students*, will be performing important tasks related to *or examinations or invasive procedures for educational and training purposes*, in accordance with the hospital's policies. Important surgical tasks include: opening and closing, dissecting tissue, removing tissue, harvesting grafts, transplanting tissue, administering anesthesia, implanting devices, and placing invasive lines. *Examinations or invasive procedures conducted for educational and training purposes include, but are not limited to, breast, pelvic, prostate, and rectal examinations, as well as others specified under state law.*

Handout

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Discussion / Questions

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Survey Survival Roundtable: Compliance Consultants Share Successes in Preparing for, and Responding to, Surveys

Thursday, April 18, 2024

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