

The image shows the CHARTIS logo, which consists of a stylized 'A' inside a circle, followed by the word 'CHARTIS' in a bold, sans-serif font. Below the logo, the text 'Coping with CMS surveys: practical advice from the trenches' is displayed in a large, bold, sans-serif font. Underneath this, the text 'Monthly webinar series' is shown in a smaller, regular, sans-serif font. At the bottom of the slide, there is a dark blue horizontal bar. On the left side of this bar, the date 'April 2025' is written in a small, white, sans-serif font. On the right side of the bar, there is a white clock icon showing approximately 1:50, followed by the text 'The webinar will start at the top of the hour.' in a white, sans-serif font.

MONTHLY
INSIGHTS

Webinar
schedule
& topics

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

April 2025

Surviving CMS Surveys

May 2025

Untangling Committee Spaghetti

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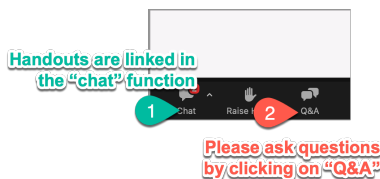
Check the chat function for copies of the slides for note taking and any other handouts.

Please participate in the discussion by asking question through the Q&A function during the webinar.

There will also be a survey you will receive immediately after the webinar that will give you an opportunity to ask additional questions or make comments.

Any questions not answered during the webinar will be addressed in a follow-up email or posting.

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Chartis has **six lines of business** that together craft **singular solutions**.

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- 1000+ Professionals
- Mission: to materially improve healthcare
- Ranked Best Overall Management Consulting Firm by KLAS
- Charis acquires Greeley in 2019, became Chartis Clinical Quality Solutions in 2022
- Greeley brand brought back in 2024 to cover Medical Staff Services Related Offerings and now part of Clinical Transformation



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UNPARALLELED BREADTH AND DEPTH

Our clients are all striving toward the same goal of providing safe, high-quality care—something that's becoming even more important with the many distractions and disruptions in healthcare today. We help clients achieve their organizational reliability, quality, and safety goals, leading to results in areas that matter most—improved care outcomes, staff engagement, operational stability, and total cost of care, enhanced reputation, and better patient experience.

- High reliability organizational design and infrastructure
- Quality, Value, and Performance Improvement
- Quality ratings and rankings optimization
- Patient safety / harm reduction / safety and reliability culture
- Adverse event response and remediation / RCA
- High fidelity measurement / Clinical Documentation Integrity (CDI)
- Care facilitation

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- Adverse event response
- Adverse action regulatory response and remediation
- Accrediting body readiness assessment
- Regulatory readiness rehearsal / mock surveys
- Life safety and environment of care assessment
- Policy simplification
- Infection prevention program

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- Bylaws and rules and regulations assessment and redesign
- Peer review assessment and redesign
- Medical staff / medical director structure and governance
- Credentialing, OPPE

- Physician/advanced practice professional external peer review
- Focused Professional Practice Evaluation (FPPE)
- Ongoing case review in support of OPPE/FPPE
- Medical necessity reviews
- Patient safety/carequality case reviews

MEMBERSHIP AND PROFESSIONAL EDUCATION SERVICES

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Greeley

A CHARTIS COMPANY

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:

- Medical Staff Services Optimization
- Education Solutions
- Chartis Workforce Solutions

Integration with other best-in-class consulting services offered by Chartis


Greeley | 888.749.3054 | greeley@chartis.com

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Today's *discussion*

There are thousands of state investigations in US hospitals each year. More than 500 of these surveys are performed on behalf of CMS, significantly threatening the hospital's ability to bill Medicare.


Our experts will apply their decades of experience responding to these surveys to discuss what to expect during these high-stakes events and how to avoid or quickly resolve potentially catastrophic survey findings.



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“

Keeping up with change,
planning for tomorrow

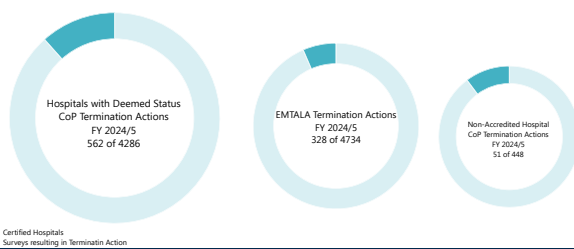
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Today's agenda

- 01 **CONTEXT: the frequency of surveys and findings and the importance of safety and oversight**
- 02 **RESPONSE: common mistakes made while crafting a plan of correction**
- 03 **AVOIDANCE: minimizing your exposure to adverse CMS actions**

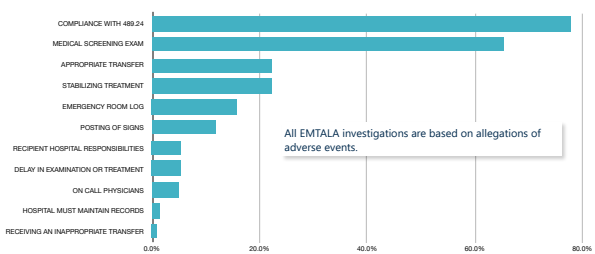
Questions should be posted in the webinar interface throughout the presentation. We will respond to any unanswered questions in writing following the webinar.

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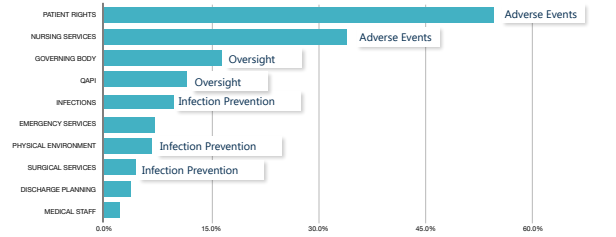
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Frequency of EMTALA Citations



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Frequency of Condition-Level Findings for CMS Hospital Surveys (excluding EMTALA)

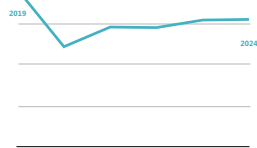


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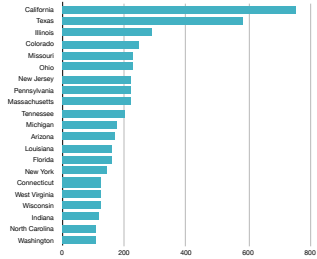
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Patterns

Hospital Termination Actions Before, During, and After COVID-19



Top 20 States



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Looking ahead

- CMS OIG report ... millions of patients suffer preventable harm due to adverse events / medical error every year
 - QAPI CoP Interpretive Guidelines
 - Patient Safety Structural Measures
- Pending regulations that will change standards and processes applied to hospitals by Accrediting organizations
 - Standards must match the Conditions of Participation
 - Other changes to the survey process
 - NOT YET ADOPTED ... prospects for publication unknown
- State Agencies
 - Mandatory Reporting
 - Regaining staffing levels

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Developing the Plan of Correction

- Set expectations with leadership and governance.
 - The goal: success on the follow-up survey.
 - We will get the plan in on time, but not until it is solid (there is no bonus for getting the plan in early).
 - We will not plan to "correct" an issue that seems to misunderstand the situation or the requirement.
 - **Expertise essential*
 - We will not overcommit only to under-perform.
- It is common for the first Plan of Correction offered to be rejected. No worries: it's part of the process.
 - Better to have the plan rejected than to commit to something you cannot achieve or sustain.
 - You will have the opportunity to address inaccuracies and to better understand the expectation.
- Respond to the **finding**, not the **supporting documentation**.
- The official correction date for all issues should be about 45 days prior to the termination date.
 - Even if something was resolved earlier (e.g., during the survey), do not commit to an earlier completion date.
 - Acknowledge previous actions, but give yourself all the time available for final and sustainable

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Developing the Plan of Correction Part 2

Sort Focus Simplify

- **Sort**
 - **Inaccurate:** If the survey agency does not remove or restate the finding, respond by reflecting the already-compliant situation or process then agree to reinforce (but not change) expectations and continue monitoring.
 - **One Off:** (the unavoidable flaws in a good but inevitably imperfect process); reinforce and continue monitoring
 - **Broken or Flawed Processes:** (these are usually THE issues driving termination) Take your time to create sustainable compliance by balancing safety, performance, and efficiency.
- **Focus**
 - Don't get distracted.
 - Take your time.
 - You may need an interim process if the fix will take longer than 45 days ... a way point.
- **Simplify**
 - Do NOT add a page to the policy and re-educate.
 - Complex is easy, simple is difficult and takes time.

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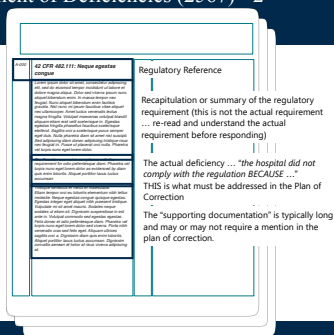
Understanding the Statement of Deficiencies (2567) - 1

Understanding the Statement of Deficiencies (2567) - 2

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Deficiencies
come in 4 parts.

- Regulatory Reference and Title
- Recapitulation
- Deficient Practice
- Supporting Documentation

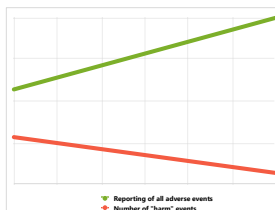


Avoidance

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Avoiding the Pain

Have an effective, comprehensive Patient Safety program with effective oversight by executives, including the Board.



To optimize the value of incident reports as a credible monitor of quality and safety there MUST be a high level of inter-rater reliability (consistency) in the designation of incident categories and level of harm/analysis.

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Minimizing the pain

Our decades responding to CMS termination actions and guiding hospitals through Systems Improvement Agreements has uncovered recurrent themes.

Learn from the pain of others.

Transparency

- Don't answer a question that was not asked or make a notification that is not required, but
- Respond completely and fully once a question is asked or a reporting requirement is triggered.

Don't be defensive

- It is not necessary to agree with everything a surveyor is saying ... but support the troops.
- Offer additional information to clarify the situation.
- Reserve debates for other venues, but follow through to make findings accurate.

If it ain't broke, don't fix it

- Inaccurate findings ... respond by reiterating your already-compliant process.
- One-off Observations (issues that result from a good but inevitably imperfect system) ... reinforce and continue monitoring.
- A truly broken system ... take the time to understand the flaws in your current process then take the time to create a sustainable solution that balances safety, performance, and efficiency.

Implement effective oversight

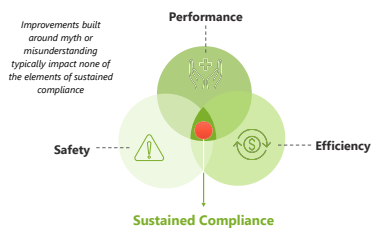
- Present actionable issue statements (e.g. SBARS) to leaders and oversight committees.
- Assign, track, and enforce accountabilities.
- Minimize fluff in oversight meetings. No "information only" presentations.

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Safety = Compliance, Oversight = Sustainability

Focus and Balance

Compliance as a byproduct of quality, safety, and efficiency
Simply implementing a process to meet a requirement does not always result in quality, safety, or efficiency. However, implementing systems that support and sustain all three - quality, safety, and efficiency - leads to sustained compliance.



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Questions/discussion?

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— Thank *you* —