Survey Smarts

Looking Forward to 2023

December 15, 2022

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MONTHLY CLINICAL QUALITY INSIGHTS

Webinar Schedule & Topics

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

DECEMBER	**JANUARY**	**FEBRUARY**
Looking Forward to 2023	Doing More with Less: Streamlined Policies and Documentation	Effective Oversight Getting Twice as Much Done in Half the Meeting Time

2

Past Webinars Available for Streaming

CHARTISQUALITY.COM

Responding Effectively to Adverse CMS, State, and Accreditation Findings

Clinical Quality Insights

Thursday, October 20, 2022

CHARTIS | CLINICAL QUALITY SOLUTIONS

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Slide 4

CHARTIS | CLINICAL QUALITY SOLUTIONS

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:

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Readiness, Response, Reliability

- Rapid Response to Regulatory Emergencies
- 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
- Process/Policy Simplification
- Streamlined Health Records
- Process Implementation
- Quality Monitoring and Improvement

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

SIMPLIFY & COMPLY

Slide 5

TODAY'S

Discussion

High risk issues have not changed for many years.

However, the frequency of very severe findings in increasing

Lisa Eddy MSN, MHA, RN, CPHQ
Vice President,
Clinical Compliance and High Reliability

Cherilyn Ashlock DNP, RN, NE-BC
Advisory ConsultantVice President, Content & Learning,
Clinical Compliance and High Reliability

Bud Pate
Vice President, Content & Learning,
Clinical Compliance and High Reliability

"

Focus and Execute

Keep it simple

"

Slide 6

What sort of organization do you represent?

Hospital or Critical Access Hospital

Psychiatric Hospital or Unit

Health System

Other Provider of Healthcare Services

Consulting Group

Other

Objectives

- ✓ **Understand the leading causes of "immediate threat" and "condition-level" findings.**

- ✓ **View 2022 and 2023 from the perspective of the survey agencies.**

- ✓ **Implement simple and effective approaches to new requirements.**

- ✓ **Where to focus your energy and effort before the regulators appear at your door.**

Program slides are shared as a PDF in the Chat function.

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What is the accreditation status of your organization(s)?

The Joint Commission

DNV GL

Accreditation Commission for Health Care (HFAP)

The Center for Healthcare Quality

Other Accreditor

Not Accredited

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TODAY'S

Agenda

01	**Healthcare: Broken at the weak points**
02	**CMS and Joint Commission Hot Spots**
03	**Playing the Long Game**

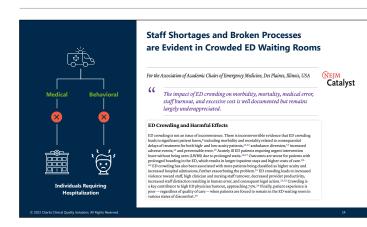*Questions should be posted in the webinar interface throughout the presentation. We will respond to any unanswered questions in writing following the webinar.*

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The Great (Healthcare) Resignation

1 in 5 healthcare workers left the field during the pandemic

30%

of nurses left the profession

The Impact on "Normal" Operations

The Great Resignation—the mass exodus of unsatisfied workers—has hit few industries harder than healthcare. According to some reports, the field has lost an estimated 20% of its workforce, including 30% of nurses.

This year alone, nearly 1.7 million people have quit their healthcare jobs— equivalent to almost 3% of the healthcare workforce each month, according to the U.S. Bureau of Labor Statistics.

And a recent survey of 1,000 healthcare professionals showed that 28% had quit a job because of burnout.

Forbes

Healthcare second largest sector hit by Great Resignation — Healthcare IT News

Staff shortages throw a wrench in hospitals' compliance standards — BECKER'S HOSPITAL REVIEW

"As a result, these care providers are having to balance time spent on non-nursing work with providing direct patient care and saving lives," Dr. Dabrow Woods said. The heavier workloads have left less time for healthcare providers to focus on infection control efforts.

These shortages have led to a lack of familiarity with standard processes and procedures among travel workers or providers covering new shifts.

"When APPs are unavailable, providers don't always know the resource to contact in their place, which opens the communication doors and often breaks protocol."

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Safety-Related Metrics Suffer

Hospital infection rates rose and fell with COVID-19 surges in 2021: 5 findings

Mackenzie Bean · Wednesday, May 25th, 2022

BECKER'S HOSPITAL REVIEW

CDC data shows healthcare-associated infection rates rose significantly in 2020 after years of decline, and many kept climbing in 2021.

Similar findings for CLABSI, CAUTI, for MRSA

Ventilator-associate events rose 51% 1Q2021 and 60% in 3Q2021

Leapfrog urges CMS not to suppress hospital safety data — HEALTHCARE FINANCE

Leapfrog said the information CMS is seeking to curtail is critical

Pervasive Quality and Safety Challenges

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Slide 13

CMS Seeks More Authority Over Accreditors

Department of Health and Human Services
OFFICE OF INSPECTOR GENERAL

CMS's Controls Related to Hospital Preparedness for an Emerging Infectious Disease Were Well-Designed and Implemented but Its Authority Is Not Sufficient for It To Ensure Preparedness at Accredited Hospitals
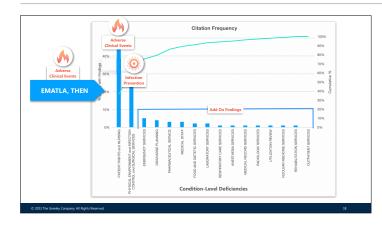
What OIG Found
CMS's controls were well-designed and implemented, but CMS's authority is not sufficient for it to fulfill its responsibility to ensure that accredited hospitals would maintain quality and safety during an emerging infectious disease emergency. Specifically, although CMS announced in February 2019 that it was critical for all hospitals to plan for emerging infectious diseases, CMS could not determine that all accredited hospitals updated their emergency preparedness plans to include this planning until 2022 due to accreditation organizations' quality and safety inspection cycles. Further, when COVID-19 emerged in the United States, CMS requested (but could not require) accreditation organizations to perform special targeted infection control surveys to help accredited hospitals prepare for COVID-19 patients. Accreditation organizations performed no such special surveys and, as of August 17, 2020, State survey agencies only performed these surveys at about 13 percent of accredited hospitals and had not performed any in 13 States because of CMS's limited authority over accredited hospitals. As a result of these limitations, CMS could not ensure that accredited hospitals would continue to provide quality care and operate safely during the COVID-19 emergency, and cannot ensure quality and safety at accredited hospitals when a future emerging infectious disease threatens the United States.

What OIG Recommends and CMS Comments
We recommend that CMS make regulatory changes to allow it to require accreditation organizations to perform special surveys after it issues new participation requirements or guidance and during a public health emergency to address the risks presented by the emergency.

Slide 14

Staff Shortages and Broken Processes are Evident in Crowded ED Waiting Rooms

Medical

Behavioral

Individuals Requiring Hospitalization

For the Association of Academic Chairs of Emergency Medicine, Des Plaines, Illinois, USA

NEJM Catalyst

" *The impact of ED crowding on morbidity, mortality, medical error, staff burnout, and excessive cost is well documented but remains largely underappreciated.*

ED Crowding and Harmful Effects

ED crowding is not an issue of inconvenience. There is incontrovertible evidence that ED crowding leads to significant patient harm,[6] including morbidity and mortality related to consequential delays of treatment for both high- and low-acuity patients,[11,12] ambulance diversion,[13] increased adverse events,[14] and preventable error.[15] Acutely ill ED patients requiring urgent intervention leave without being seen (LWBS) due to prolonged waits.[16,17] Outcomes are worse for patients with prolonged boarding in the ED, which results in longer inpatient stays and higher costs of care.[18-20] ED crowding has also been associated with more patients being classified as higher acuity and increased hospital admissions, further exacerbating the problem.[21] ED crowding leads to increased violence toward staff, high clinician and nursing staff turnover, decreased provider productivity, increased staff distraction resulting in human error, and consequent legal action.[22,23] Crowding is a key contributor to high ED physician burnout, approaching 75%.[24] Finally, patient experience is poor — regardless of quality of care — when patients are forced to remain in the ED waiting room in various states of discomfort.[24]

Slide 15

Putting Pressure on State Agencies

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop C2-21-16
Baltimore, Maryland 21244-1850

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

Center for Clinical Standards and Quality

Ref: QSO-22-12-ALL

DATE: **February 9, 2022**

TO: State Survey Agency Directors

FROM: Directors
Quality, Safety & Oversight Group (QSOG) and Survey & Operations Group (SOG)

SUBJECT: State Obligations to Survey to the Entirety of Medicare and Medicaid Health and Safety Requirements under the 1864 Agreement

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HOT SPOTS:
CMS

Citation Frequency

Adverse Clinical Events

Infection Prevention

EMATLA, THEN

Add On Findings

Condition-Level Deficiencies

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Google

🔍 All | 📰 News | 🖼 Images | 📖 Books | 🛒 Shopping | ⋮ More   Tools

About 183,000 results (0.39 seconds)

https://www.cms.gov › SurveyCertificationGenInfo › P... ⋮

Policy & Memos to States and Regions - CMS

Dec 1, 2021 — **CMS** Survey and Certification memoranda, guidance, clarifications and instructions to **State** Survey Agencies and **CMS Regional** Offices.

wsroom   **Search CMS.gov**

Research, Statistics, Data & Systems

ind Regions

☐ General Information

FROM:	Directors, Quality, Safety & Oversight Group (QSOG) and Survey & Operations Group (SOG)
SUBJECT:	Workplace Violence-Hospitals

Date   **19**

QAO-23-04-Hospitals
Workplace Violence - Hospitals
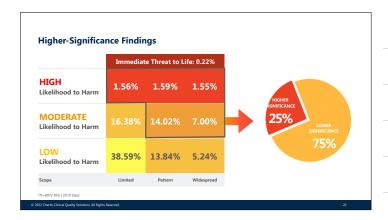
Seems to supersede earlier draft guidance on suicidal patients.
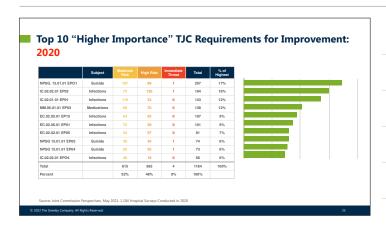
- "… hospitals are expected to demonstrate how they identify patients at risk of self-harm or harm to others and steps they are taking to minimize those risks in accordance with nationally recognized standards and guidelines. The potential risks include, but are not limited to, those from ligatures, sharps, harmful substances, access to medications, breakable windows, accessible light fixtures, plastic bags (for suffocation), oxygen tubing, bell cords, etc.

- "All hospitals are expected to implement a patient risk assessment strategy, but it is up to the hospital to implement the appropriate strategies."

- Does not require the extent of planning and improvement expected by TJC.
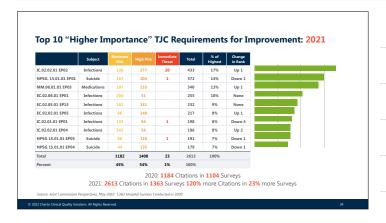
https://www.cms.gov/medicare/provider-enrollment-and-certification/surveycertificationgeninfo/policy-and-memos-to-states-and-regions?combine=&items_per_page=10&order=dlf_3_posting_date&sort=desc

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HOT SPOTS:
Joint Commission

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Higher-Significance Findings

	Limited	Pattern	Widespread
Immediate Threat to Life: 0.22%			
HIGH Likelihood to Harm	1.56%	1.59%	1.55%
MODERATE Likelihood to Harm	16.38%	14.02%	7.00%
LOW Likelihood to Harm	38.59%	13.84%	5.24%
Scope	Limited	Pattern	Widespread

HIGHER SIGNIFICANCE 25%
LOWER SIGNIFICANCE 75%

N=8972 RFIs | 2019 Data

Top 10 "Higher Importance" TJC Requirements for Improvement: 2020

	Subject	Moderate Risk	High Risk	Immediate Threat	Total	% of Highest
NPSG. 15.01.01 EPO1	Suicide	107	99	1	207	17%
IC.02.02.01 EP02	Infections	73	120	1	194	16%
IC.02.01.01 EP01	Infections	110	33	0	143	12%
MM.06.01.01 EP03	Medications	68	70	0	138	12%
EC.02.05.01 EP15	Infections	54	53	0	107	9%
EC.02.06.01 EP01	Infections	72	29	0	101	9%
EC.02.02.01 EP05	Infections	24	57	0	81	7%
NPSG 15.01.01 EP05	Suicide	39	34	1	74	6%
NPSG 15.01.01 EP04	Suicide	20	52	1	73	6%
IC.02.02.01 EPO4	Infections	48	18	0	66	6%
Total		615	565	4	1184	100%
Percent		52%	48%	0%	100%	

Source: Joint Commission Perspectives, May 2021: 1,104 Hospital Surveys Conducted in 2020

Top 10 "Higher Importance" TJC Requirements for Improvement: 2021

	Subject	Moderate Risk	High Risk	Immediate Threat	Total	% of Highest	Change in Rank
IC.02.02.01 EP02	Infections	136	277	20	433	17%	Up 1
NPSG. 15.01.01 EP01	Suicide	167	204	1	372	14%	Down 1
MM.06.01.01 EP03	Medications	107	233		340	13%	Up 1
EC.02.06.01 EP01	Infections	204	51		255	10%	None
EC.02.05.01 EP15	Infections	101	131		232	9%	None
EC.02.02.01 EP05	Infections	68	149		217	8%	Up 1
IC.02.01.01 EP01	Infections	133	64	1	198	8%	Down 4
IC.02.02.01 EP04	Infections	142	54		196	8%	Up 2
NPSG 15.01.01 EP05	Suicide	80	110	1	191	7%	Down 1
NPSG 15.01.01 EP04	Suicide	44	135		179	7%	Down 1
Total		1182	1408	23	2613	100%	
Percent		45%	54%	1%	100%		

2020: **1184** Citations in **1104** Surveys
2021: **2613** Citations in **1363** Surveys **120%** more Citations in **23%** more Surveys

Source: Joint Commission Perspectives, May 2022: 1,363 Hospital Surveys Conducted in 2020

What are these persistent highest-risk issues?
THE "SHORT LIST"

1. **IC.02.02.01 EP02:**
   Disinfection, Sterilization Cycle

2. **NPSG.15.01.01 EP01:**
   Ligature Resistance

3. **MM.06.01.01 EP03:**
   Medication Administration ... especially titrations

4. **EC.02.06.01 EP01:**
   Unsafe Environmental Conditions: USP 797

5. **EC.02.05.01 EP15:**
   Temperature, Humidity, and Air Flow in "critical" locations

1. **EC.02.02.01 EP05:**
   Hazardous Materials and Waste, including eye-wash stations

2. **IC.02.01.01 EP02:**
   Environmental Infection Prevention Issues(e.g., sanitation and maintenance)

3. **IC.02.02.01 EP04:**
   Storage of Equipment and Supplies and other infection prevention issues.

4. **NPSG.15.01.01 EP05:**
   Suicide Risk Screening and Assessment

5. **NPSG.15.0101 EP04:**
   Suicide Precautions

Other Historical
- Emergency Power
- Food Sanitation
- Leadership: Conditions Level Deficiencies

Other Projected
- Psychiatric Hospitals
- Workplace Violence
- Maternal Safety
- Emergency Management
- Health Equity

Other Joint Commission Emerging issues

Marked Increase in Immediate Threat to Health or Safety
- Results in Preliminary Denial of Accreditation until cleared
- 49 Immediate Threats to Health or Safety: 42 based on Infection Prevention

Workplace violence
- Full year post implementation
- At top of mind for surveyors
- Emphasis for CMS

Pandemic Survey Scheduling
- Staged Surveys
- Catch up through 1Q23
- Early resurvey for missed 2020 surveys

Safety Briefing at beginning of survey
- For surveyor safety and awareness
- Not scored
- 5-minutes heads up about any social / workplace risks

Dirty glucometers
- Some hospitals received ITHS for this
- Current Approach:
  - If one ... low level finding
  - If pattern or wide spread ...
    Immediate Threat + Condition-level

Spoons, crochet needles, etc. for surgery

Revisions to USP 797 (November 2022, enforced November 2023, TJC standard January 2024)

LD.04.03.08 EFFECTIVE JANUARY 20, 2023
Health Equity Requirements

The Emerging Structure for New TJC Requirements

- Appoint a responsible individual
- Create a group
- Collect data
- Develop a plan
- Review and revise plan annually based on outcomes
- Make Improvement

Recent Adoptions
- Antimicrobial stewardship
- Workplace Violence
- Health Equity

Future
- Carbon Neutral
- ???

BRIEF OVERVIEW: Health Equity

Copious Information on TJC's Website

LD.04.03.08

Reducing health care disparities for the hospital's patients is a quality and safety priority.

1. The hospital designates an individual(s) to lead activities to reduce health care disparities for the hospital's patients.

2. The hospital designates an individual(s) to lead activities to reduce health care disparities for the hospital's patients.

3. The hospital identifies health care disparities in its patient population by stratifying quality and safety data using the sociodemographic characteristics of the hospital's patients.

4. The hospital develops a written action plan that describes how it will address at least one of the health care disparities identified in its patient population.

5. The hospital acts when it does not achieve or sustain the goal(s) in its action plan to reduce health care disparities.

6. At least annually, the hospital informs key stakeholders, including leaders, licensed practitioners, and staff, about its progress to reduce identified health care disparities.

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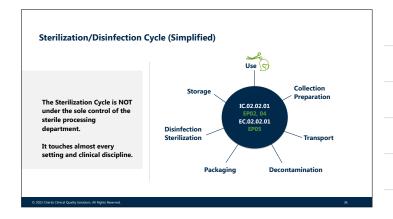*Questions should be posted in the webinar interface throughout the presentation.*
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Slide 31

Joint Commission's Long Game

CONSISTENT
INTERPRETATION

➕

SAFER

ADVERSE ACCREDITATION
DECISIONS

- Deeming Authority
- Accreditation Cannot Be Automatic
- Looking Forward

It is therefore essential that organizations permanently fix the truly significant issues instead of applying band-aid solutions to the mountain of less significant findings.

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Slide 32

What happens to TJC accreditation if you don't permanently fix the "significant" issues?

SAFER   Consistent Interpretation Inter-rater Reliability

COVID

18 Months

2016   2019   2022   ??   ?? + 18 mo

Accreditation with Follow-up

Accreditation with Follow-up

Preliminary Denial of Accreditation
PDA 02

Accreditation with Follow-up

Denial of Accreditation

TODAY

Impact of Changing of the Guard at TJC???

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Slide 33

High Reliability = Compliance

1. **Play the long game.** Sort, Focus on Systems Issues, and Improve

2. **Look beneath the surface of survey findings to improve reliability and promote quality and efficiency**

3. **Eliminate busy work and fix broken systems**

High Reliability

Quality

Safety · · · · ·   · · · · · Efficiency

Sustainable Processes

Compliance with standards and regulations becomes a **byproduct** of high quality, safe, and efficient processes.

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Most Important Tactics to Achieve High Reliability and Sustained Compliance

⚠ **Oversight and Accountability Management**

⚠ **Nursing Documentation Simplification**

⚠ **Adverse Events/Patient Safety**

⚠ **Managing Crowded ED Waiting Rooms**

⚠ **Process Maturity (Infection Prevention, Quality, Safety, Etc.)**

⚠ **Alignment: Improvement Domain Teams**

INFECTION RELATED
Survey Findings

Disinfection	**Temperature and Humidity**	**Food Handling**
Sterilization / HL Disinfection Cycle	**Operating Rooms Procedure Rooms Processing and Storage**	**Storage Temp** **Food Code**
Surgical Attire	**Pandemic Readiness**	**Environment of Care**
Use of PPE **Transmission Based Precautions**		**Cleanliness Maintenance Risk Assessments**

Sterilization/Disinfection Cycle (Simplified)

The Sterilization Cycle is NOT under the sole control of the sterile processing department.

It touches almost every setting and clinical discipline.

Use

Storage

Collection Preparation

IC.02.02.01
EP02, 04
EC.02.02.01
EP05

Disinfection Sterilization

Transport

Packaging

Decontamination

Elements of a Strategic Assessment

Example: Infection Prevention Program

Executive Sponsorship

The degree to which the infection control program has access to executive leadership and its support is demonstrated through the dedication of resources and accountability through the operational chain of command

Program Effectiveness

The degree to which the eight essential functions of infection prevention are realized:

Risk Assessment
Surveillance
Process Design / Implementation
Meeting Management
Data Collection and Reporting
Survey Readiness
Antimicrobial Stewardship
Emergency Preparedness

Staffing and Organization

How departmental functions are staffed and organized and where the department sits within the organizational structure

---

Sample Hospital

The organization's Infection Prevention program was well supported by executive leadership and middle management. The single Infection Control Practitioner was knowledgeable and effective. The organization remains vulnerable to significant infection prevention challenges but is well positioned to mature by streamlining meeting and oversight management and supplementing the current practitioner with either an ICP in training, administrative support, or both.

Operational Effectiveness: 2.07

IMMATURE   GROWING   MATURE

Executive Sponsorship: 2.75

IMMATURE   GROWING   MATURE

Staffing and Organization: 2.22

IMMATURE   GROWING   MATURE

Observed Practices: 1.75

IMMATURE   GROWING   MATURE

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Doing More With Less

HOW SIMPLIFYING DOCUMENTATION HELPS STREAMLINE NURSING PROCESSES AND RETAIN SCARCE CLINICAL RESOURCES

Improve patient care, reduce caregiver frustration, and increase communication efficacy throughout the healthcare team—it's all possible by eliminating unnecessary nursing documentation.

More than 60% of nursing documentation is unnecessary

Survey Smarts

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