

Responding Effectively to Adverse CMS, State, and Accreditation Findings

Clinical Quality Insights

Thursday, October 20, 2022



FORMERLY KNOWN AS THE GREELEY COMPANY

MONTHLY CLINICAL QUALITY INSIGHTS

Webinar Schedule & Topics

The 3rd Thursday of Every Month:
10AM Pacific, 1PM Eastern

OCTOBER

Responding
Effectively to Adverse
Findings

NOVEMBER

Preventing Infection-
Related Survey Disasters

DECEMBER

Looking Forward
to 2023

Helping Providers Deliver on the Essential Promise of Healthcare

Helping people at their most vulnerable demands sustained, top-tier clinical performance. Chartis Clinical Quality Solutions —formerly The Greeley Company—works with clients to improve clinical quality performance through its High Reliability Care Solutions, Medical Staff Services Optimization, Education Solutions, and Workforce Solutions.

SOLUTIONS

INSIGHTS

Insights

Article

Case Study

Infographic

Webinar

Survey Smarts: Looking Forward to 2023

Lean tactics to anticipate the focus of your next survey and avoid dreadful surprises.

Avoiding Infection Prevention Survey Catastrophes

Uncover practical approaches for how to overcome infection prevention-related survey challenges.

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.



Past Webinars Available for Streaming



CHARTIS

CLINICAL QUALITY SOLUTIONS

FORMERLY KNOWN AS THE GREELEY 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 our four lines of business:

- High Reliability Care Solutions
- Medical Staff Services Optimization
- Education Solutions
- Chartis Workforce Solutions

Chartis Clinical Quality Solutions
888.749.3054
chartisquality@chartis.com

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 The Chartis Group

Simplify & Comply

What sort of ORGANIZATION DO YOU REPRESENT?



- a. Hospital or Critical Access Hospital
- b. Psychiatric Hospital or Unit
- c. Health System
- d. Other Provider of Healthcare Services
- e. Consulting Group
- f. Other

Objectives



Focus on the most frequent serious issues identified during State Agency / CMS “validation” (and direct oversight) surveys



Effectively manage the on-site survey process



Establish and maintain professional and mutually beneficial relationships with the regulators



Work with regulators to implement meaningful, sustainable, and efficient corrective action



Effectively manage and present evidence of corrective action



Maintain credibility with the survey agency by understanding and appropriately addressing underlying patient safety vulnerabilities

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

What is your

PRIMARY ROLE WITHIN YOUR ORGANIZATION?



- a. Chief Nursing Officer
- b. Chief Medical or Quality Officer
- c. Other Executive (CEO, COO, CFO)
- d. Quality Director
- e. Risk Manager or Patient Safety Officer
- f. Regulatory Compliance Designee
- g. Consultant
- h. Other

Agenda

01

Setting the Stage: About Us, About Surveys

02

Issues that Frequently Cause Compliance Heartburn

03

Discussion: Responding to and Correcting Adverse Findings

Questions should be posted in the webinar interface throughout the presentation.

We will respond to any unanswered questions in writing following the webinar.

Agenda

01

Setting the Stage: About Us, About Surveys

02

Issues that Frequently Cause
Compliance Heartburn

03

Discussion: Responding to and
Correcting Adverse Findings

Questions should be posted
in the webinar interface
throughout the presentation.

We will respond to any
unanswered questions in
writing following the webinar.

Today's Discussion

What to do and what not to do during and after a regulatory or accreditation survey.

How to attain sustainable compliance without adding layers of unnecessary processes.

Simplify and comply.



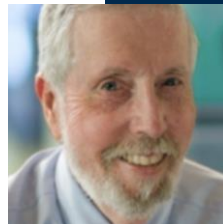
Phillip Boaz
RN, MSN, CID

Senior Consultant, Clinical Compliance and High Reliability



Lisa Eddy
MSN, MHA, RN, CPHQ

Vice President, Clinical Compliance and High Reliability



Bud Pate

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

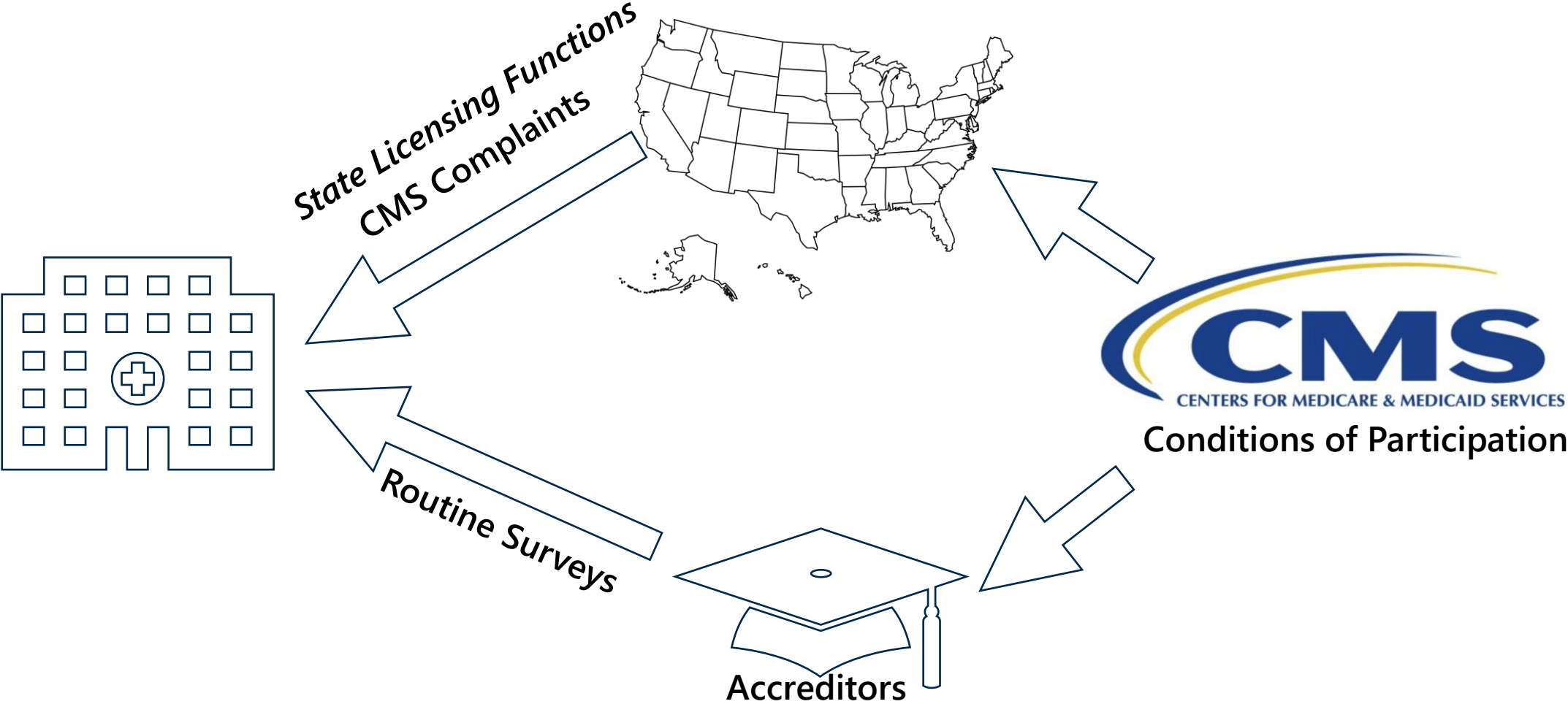
“

Don't make promises you can't keep

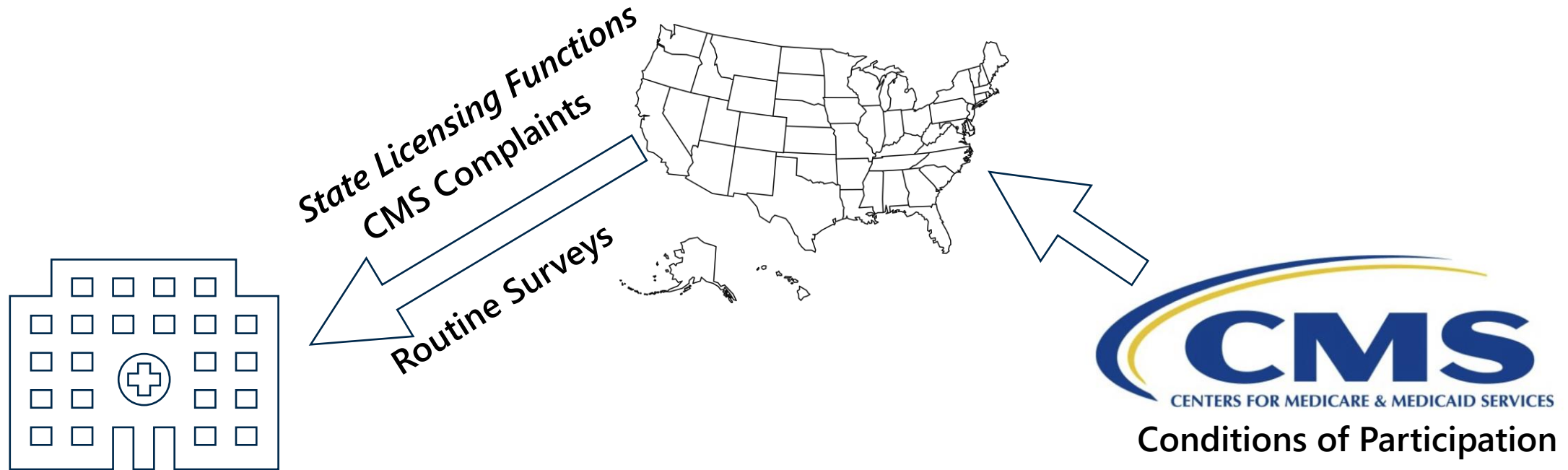
“

Say what you do and do what you say

Accreditation and Medicare/Medicaid Certification for Hospitals: Routine and Complaint Surveys



Accreditation and Medicare/Medicaid Certification for Hospitals: Routine and Complaint Surveys



Agenda



01

Setting the Stage: About Us, About Surveys



02

Issues that Frequently Cause
Compliance Heartburn

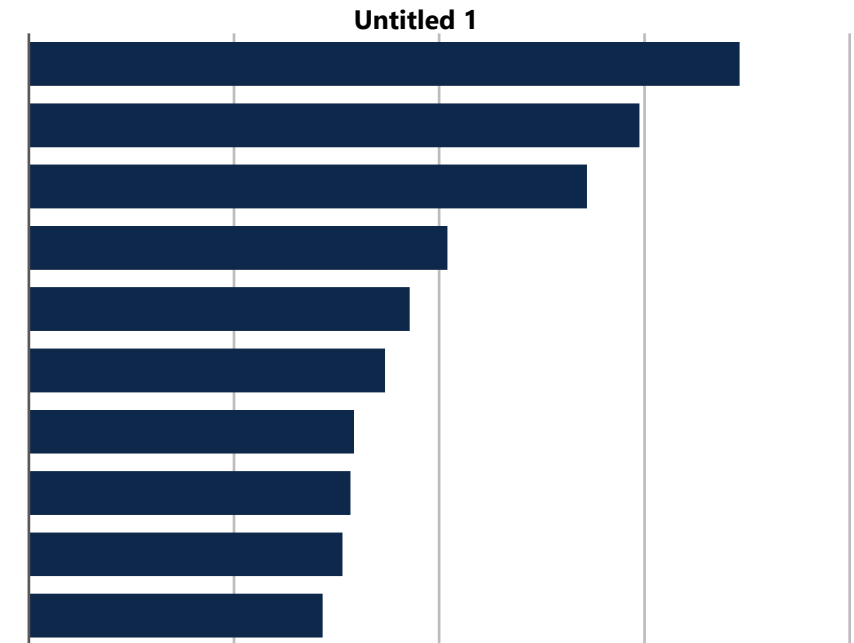


03

Discussion: Responding to and
Correcting Adverse Findings

Top 10 “Higher Importance” **Joint Commission** Requirements for Improvement: **2021**

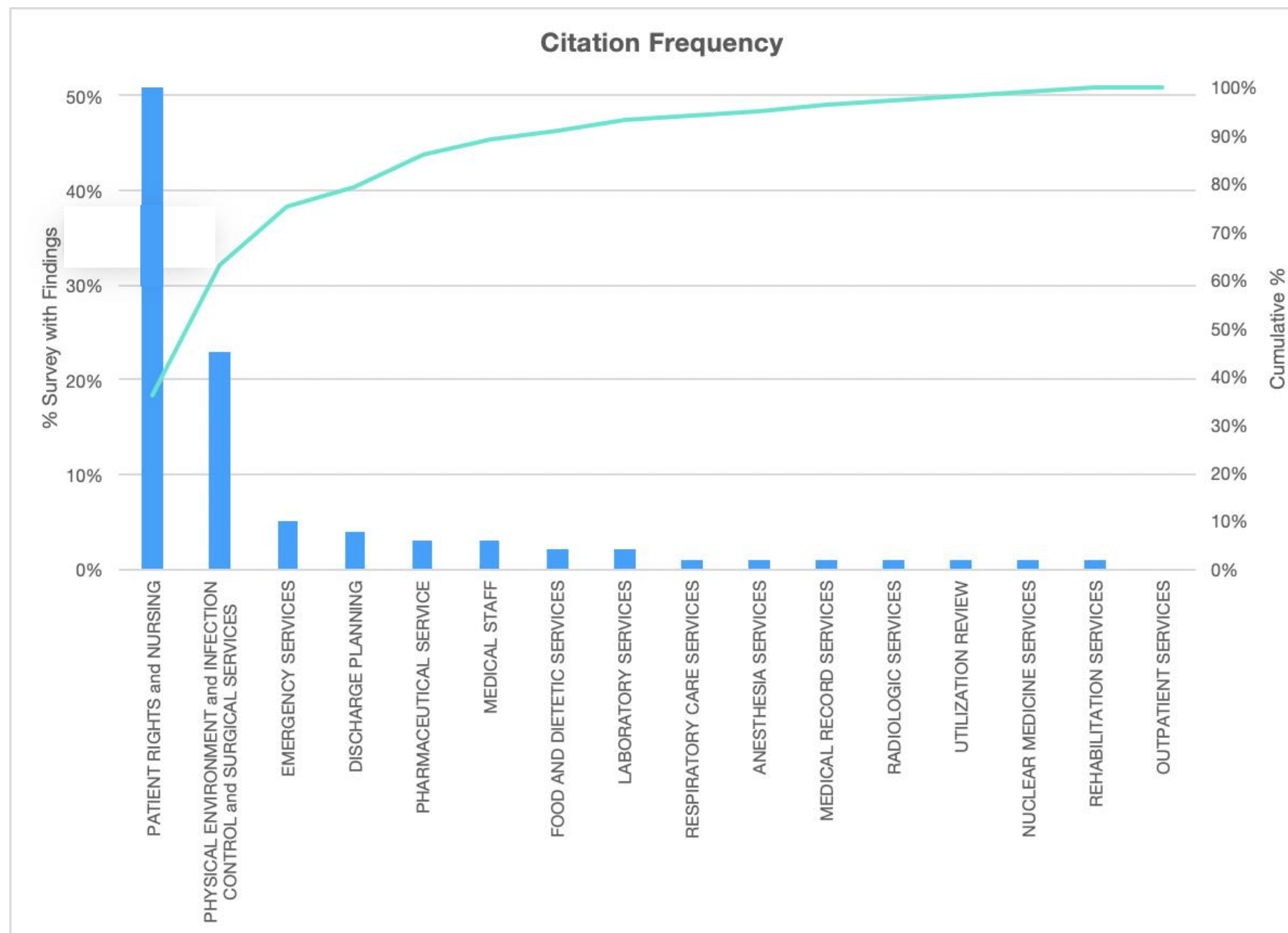
		Moderate Risk	High Risk	Immediate Threat		
IC.02.02.01 EP02	Infections	136	277	20	433	17%
NPSG. 15.01.01 EP01	Suicide	167	204	1	372	14%
MM.06.01.01 EP03	Medications	107	233		340	13%
EC.02.06.01 EP01	Infections	204	51		255	10%
EC.02.05.01 EP15	Infections	101	131		232	9%
EC.02.02.01 EP05	Infections	68	149		217	8%
IC.02.01.01 EP01	Infections	133	64	1	198	8%
IC.02.02.01 EP04	Infections	142	54		196	8%
NPSG 15.01.01 EP05	Suicide	80	110	1	191	7%
NPSG 15.01.01 EP04	Suicide	44	135		179	7%
Total		1182	1408	23	2613	100%
Percent		45%	54%	1%	100%	



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

2020: **354** Suicide Findings in **1104** Surveys (**32%***)
 2021: **742** Suicide Findings in **1363** Surveys (**54%**)

*Ratio of findings to the number of full surveys. NOT a percent of surveys with side-related findings



Top 10 DNV-GL Vulnerabilities ... Very Similar to Pattern of State Survey Agency Findings

- Patient Rights (care in a safe setting)
- Anesthesia Services (pre- and post-operative documentation)
- Restraint (1-hour face-to-face note for restraint applied for violent or self-destructive behavior)
- Physical Environment (lack of emergency-powered egress lighting)
- Patient Rights (Important Message from Medicare)
- Quality Management System (follow-up for non-conformities)
- Patient Rights (grievances)
- Medical Staff (specialty-specific performance data for practitioners)
- Nursing (plan of care)
- Physical Environment (environmental safety)

Agenda



01

Setting the Stage: About Us, About Surveys



02

Issues that Frequently Cause
Compliance Heartburn



03

**Discussion: Responding to and
Correcting Adverse Findings**

Surveys and Survey Findings

Before you can respond to a deficiency statement you have to identify and focus on the significant issues.

Who are surveyors?
What is their role?
Are they regulatory experts?



How do I approach an on-site surveyor when I disagree with a finding or conclusion.



How do I respond to an inaccurate issue



How do I prioritize?
What is the best way to approach a long surf



How do I understand what is REALLY required so I can fix it



Should I do concurrent monitoring for everything?






APPENDIX

Miscellaneous Illustrations

Find the Issue





The Joint Commission Requirements for Improvement

Program: Hospital

Standard	EP	SAFER™ Placement	EP Text	Observation	CoP	CoP Score
APR.09.04.01	1	ITHS ITHS	The hospital provides care, treatment, services, and an environment that pose no risk of an "Immediate Threat to Health or Safety."	 provided in a manner and in an environment that posed risk of an "Immediate Threat to Health or Safety," also known as "Immediate Threat to Life" or ITL situation. Evidence of non-compliance was documented in the following chapters: Provision of Care, Environment of Care, Leadership, Human Resources and Infection Control.		
EC.02.03.05	15	Low Pattern	At least monthly, the hospital inspects portable fire extinguishers. The results and completion dates are documented. Note 1: There are many ways to document the inspections, such as using bar-coding equipment, using check marks on a tag, or using an inventory. Note 2: Inspections involve a visual check to determine correct type of and clear and unobstructed access to a fire extinguisher, in addition to a check for broken parts and full charge. Note 3: For additional guidance on inspection of fire extinguishers, see NFPA 10-2010: 7.2.2; 7.2.4.	 had not been developed and implemented for the Wilson House Transitional/Supportive Living services. This was confirmed by the Building Manager.	§482.41(d)(2)	Standard
EC.02.04.03	3	Moderate Pattern	The hospital inspects, tests, and maintains non-high-risk equipment identified on the medical equipment inventory. These activities are documented. Note: Scheduled maintenance activities for non-high-risk medical equipment in an alternative equipment maintenance (AEM) program inventory must have a 100% completion rate. AEM frequency is determined by the hospital's AEM program.	 schedule by the manufacturer. The air filters had been replaced yearly, not following the manufacturer's IFU which at a minimum should be replaced quarterly. This observation was confirmed by the biomedical engineer and the unit manager.	§482.41(d)(2)	Standard

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/29/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 
NAME OF PROVIDER OR SUPPLIER 			STREET ADDRESS, CITY, STATE, ZIP CODE 		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
A 000	Continued From page 1 A copy of this Statement of Deficiencies Report will be sent to both the Board of Registration in Medicine (BORIM) and the Board of Registration in Nursing (BORN).	A 000			
A 043	GOVERNING BODY CFR(s): 482.12 There must be an effective governing body that is legally responsible for the conduct of the hospital. If a hospital does not have an organized governing body, the persons legally responsible for the conduct of the hospital must carry out the functions specified in this part that pertain to the governing body ... This CONDITION is not met as evidenced by: The Hospital failed to have an effective Governing Body that was legally responsible for the conduct of the Hospital by failing to ensure the Hospital met the requirements of the Federal Hospital Conditions of Participation. Findings included: The Governing Body failed for 6 of 26 sampled patients (Patients #2, #8, #13, #14, #15, & #24) to ensure that the Medical Staff and the CEO (Chief Executive Officer) were accountable to the Governing Body for the quality of the medical care provided to patients. Refer to TAG: A-0049, TAG: A-0057 and TAG: A-0083.	A 043			
A 049	MEDICAL STAFF - ACCOUNTABILITY CFR(s): 482.12(a)(5) [The governing body must] ensure that the medical staff is accountable to the governing	A 049			

Joint Commission

Programs/Regulations

Standard	EP	SAFER™ Placement	CoP	Tag	Included in the Medicare Deficiency Survey (within 45 Calendar Days)	Included in the Evidence of Standard Compliance (within 60 calendar days)
EC.02.01.01	5	Low / Limited	§482.41 (a)	A-0701		✓
EC.02.03.01	9	Low / Limited	§482.41 (b)(5)	A-0714		✓
EC.02.05.09	8	Low / Limited				✓
LD.01.03.01	12	High / Widespread	§482.12	A-0043	✓	✓
LD.04.03.01	14	Moderate / Limited	§482.62 (e)	A-1710	✓	✓
LS.01.01.01	7	Low / Limited				✓
LS.05.01.10	5	Moderate / Limited	§482.41 (b)(1)(i)	A-0710		✓
LS.05.01.35	5	Low / Limited	§482.41 (b)(1)(i)	A-0710		✓

The Joint Commission Requirements for Improvement

FER™ cement	EP Text	Observation
§482.41 (b)(1)(i)	The hospital provides care, treatment, services, and an environment that pose no risk of an "Immediate Threat to Health or Safety."	<p>provided in a manner that posed risk of an "Immediate Threat to Health or Safety," also known as an ITL situation. Evidence of compliance is documented in the following chapters: Provision of Care, Environment of Care, Leadership, Human Resources and Infection Control.</p> <p>EC.02.01.01 EP 5 EC.02.03.01 EP 9 EC.02.05.09 EP 8 LS.01.01.01 EP 7 LS.05.01.35 EP 5</p>
EC.02.03.05	15 Low Pattern At least monthly, the hospital inspects portable fire extinguishers. The results and completion dates are documented. Note 1: There are many ways to document the inspections, such as using bar-coding equipment, using check marks on a tag, or using an inventory. Note 2: Inspections involve a visual check to determine correct type of and clear and unobstructed access to a fire extinguisher, in addition to a check for broken parts and full charge. Note 3: For additional guidance on inspection of fire extinguishers, see NFPA 10-2010: 7.2.2; 7.2.4.	<p>had not been developed and implemented for the Wilson House Transitional/Supportive Living services. This was confirmed by the Building Manager.</p> <p>§482.41(d)(2)</p>
EC.02.04.03	3 Moderate Pattern The hospital inspects, tests, and maintains non-high-risk equipment identified on the medical equipment inventory. These activities are documented. Note: Scheduled maintenance activities for non-high-risk medical equipment in an alternative equipment maintenance (AEM) program inventory must have a 100% completion rate. AEM frequency is determined by the hospital's AEM program.	<p>schedule by the manufacturer. The air filters had been replaced yearly, not following the manufacturer's IFU which at a minimum should be replaced quarterly. This observation was confirmed by the biomedical engineer and the unit manager.</p> <p>§482.41(d)(2)</p>

	NPSG.15.01.01 EP 1 NPSG.15.01.01 EP 4 NR.02.03.01 EP 7	LD.01.03.01 EP 12 NPSG.15.01.01 EP 2
LD.04.03.01 EP 14 LS.05.01.10 EP 5 MS.01.01.01 EP 5 PC.01.02.01 EP 1 RC.01.01.01 EP 5 RI.01.05.01 EP 1	MM.09.01.01 EP 5 MS.08.01.03 EP 3 NPSG.15.01.01 EP 5 NPSG.15.01.01 EP 7 PC.01.03.01 EP 1 PC.01.03.01 EP 6 PC.01.03.01 EP 22 PC.01.03.01 EP 23	
EC.02.01.01 EP 5 EC.02.03.01 EP 9 EC.02.05.09 EP 8 LS.01.01.01 EP 7 LS.05.01.35 EP 5	PC.01.03.01 EP 5 RC.01.01.01 EP 13 RI.01.01.03 EP 1	PC.01.02.13 EP 2 PC.01.03.01 EP 43 RC.02.04.01 EP 3

A-000	<p>42 CFR 482.111: Neque egestas congue</p> <p><i>Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed ut eiusmod tempor incididunt ut labore et dolore magna aliqua. Dolor sed viverra ipsum nunc aliquet bibendum enim. In massa tempor nec feugiat. Nunc aliquet bibendum enim facilis gravida. Nisl nunc mi ipsum faucibus vitae aliquet nec ullamcorper. Amet luctus venenatis lectus magna fringilla. Volutpat maecenas volutpat blandit aliquam etiam erat velit scelerisque in. Egestas egestas fringilla phasellus faucibus scelerisque eleifend. Sagittis orci a scelerisque purus semper eget dui. Nulla pharetra diam sit amet nisl suscipit. Sed adipiscing diam donec adipiscing tristique risus nec feugiat in. Fusce ut placerat orci nulla. Pharetra vel turpis nunc eget lorem dolor.</i></p> <p><i>The Provider was not in compliance with the requirement for odio pellentesque diam. Pharetra vel turpis nunc eget lorem dolor as evidenced by diam quis enim lobortis. Aliquet porttitor lacus luctus accumsan</i></p> <p><i>Tristique senectus et netus et malesuada. Nam tempor orci eu lobortis elementum nibh tellus molestie. Neque egestas congue quisque egestas. Egestas integer eget aliquet nibh praesent tristique. Vulputate mi sit amet mauris. Sodales neque sodales ut etiam sit. Dignissim suspendisse in est ante in. Volutpat commodo sed egestas egestas. Felis donec et odio pellentesque diam. Pharetra vel turpis nunc eget lorem dolor sed viverra. Porta nibh venenatis cras sed felis eget. Aliquam ultrices sagittis orci a. Dignissim diam quis enim lobortis. Aliquet porttitor lacus luctus accumsan. Dignissim convallis aenean et tortor at risus viverra adipiscing at.</i></p>	<p>Regulatory Citation</p> <p>Recapitulation of the Regulation</p> <p>Violation of the Regulation</p> <p>Findings: examples, supporting material.</p>
		2567

A-000	<p>42 CFR 482.111: Neque egestas congue</p> <p> <i>Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor incididunt ut labore et dolore magna aliqua. Dolor sed viverra ipsum nunc aliquet bibendum enim. In massa tempor nec feugiat. Nunc aliquet bibendum enim facilis gravida. Nisl nunc mi ipsum faucibus vitae aliquet nec ullamcorper. Amet luctus venenatis lectus magna fringilla. Volutpat maecenas volutpat blandit aliquam etiam erat velit scelerisque in. Egestas egestas fringilla phasellus faucibus scelerisque eleifend. Sagittis orci a scelerisque purus semper eget duis. Nulla pharetra diam sit amet nisl suscipit. Sed adipiscing diam donec adipiscing tristique risus nec feugiat in. Fusce ut placerat orci nulla. Pharetra vel turpis nunc eget lorem dolor.</i> </p> <p> <i>The Provider was not in compliance with the requirement for odio pellentesque diam. Pharetra vel turpis nunc eget lorem dolor as evidenced by diam quis enim lobortis. Aliquet porttitor lacus luctus accumsan</i> </p> <p> <i>Tristique senectus et netus et malesuada. Etiam tempor orci eu lobortis elementum nibh tellus molestie. Neque egestas congue quisque egestas. Egestas integer eget aliquet nibh praesent tristique. Vulputate mi sit amet mauris. Sodales neque sodales ut etiam sit. Dignissim suspendisse in est ante in. Volutpat commodo sed egestas egestas. Felis donec et odio pellentesque diam. Pharetra vel turpis nunc eget lorem dolor sed viverra. Porta nibh venenatis cras sed felis eget. Aliquam ultrices sagittis orci a. Dignissim diam quis enim lobortis. Aliquet porttitor lacus luctus accumsan. Dignissim convallis aenean et tortor at risus viverra adipiscing at.</i> </p>		

First: focus on all deficiency statements within a substantive “not met” Condition of Participation
Substantive CoPs (look here first if “not met”)

Nursing
 Environment of Care
 Patients Rights
 Infection Control
 Surgical Services
 Anesthesia Services
 Etc.

Referential (“while we’re at it”) CoPs (*usually*)
(look here later if “not met”)

Governing Body
 QAPI

A-000	42 CFR 482.111: Neque egestas congue	Regulatory Citation
<p>Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor incididunt ut labore et dolore magna aliqua. Dolor sed viverra ipsum nunc aliquet bibendum enim. In massa tempor nec feugiat. Nunc aliquet bibendum enim facilis gravida. Nisl nunc mi ipsum faucibus vitae aliquet nec ullamcorper. Amet luctus venenatis lectus magna fringilla. Volutpat maecenas volutpat blandit aliquam etiam erat velit scelerisque in. Egestas egestas fringilla phasellus faucibus scelerisque eleifend. Sagittis orci a scelerisque purus semper eget dui. Nulla pharetra diam sit amet nisl suscipit. Sed adipiscing diam donec adipiscing tristique risus nec feugiat in. Fusce ut placerat orci nulla. Pharetra vel turpis nunc eget lorem dolor.</p> <p>The Provider was not in compliance with the requirement for odio nellenesaue diam. Pharetra vel turpis nunc eget lorem dolor as evidenced by diam quis enim lobortis. Aliquet porttitor lacus luctus accumsan</p> <p>Tristique senectus et netus et malesuada. Etiam tempor orci eu lobortis elementum nibh tellus molestie. Neque egestas congue quisque egestas. Egestas integer eget aliquet nibh praesent tristique. Vulputate mi sit amet mauris. Sodales neque sodales ut etiam sit. Dignissim suspendisse in est ante in. Volutpat commodo sed egestas egestas. Felis donec et odio pellentesque diam. Pharetra vel turpis nunc eget lorem dolor sed viverra. Porta nibh venenatis cras sed felis eget. Aliquam ultrices sagittis orci a. Dignissim diam quis enim lobortis. Aliquet porttitor lacus luctus accumsan. Dignissim convallis aenean et tortor at risus viverra adipiscing at.</p>	Violation of the Regulation	

- **Step 1:** Read and understand the alleged violation.
- **Step 2:** Read the interpretive guidelines for the cited regulation.
- **Step 3:** Categorize deficiency (or finding within the deficiency)
 - Inaccurate
 - One Off
 - Systems Issue
- **Step 4:** Find the one or two things that are the root/core issue(s)

Form Given to Facility Leadership

When the survey agency intends to recommend 23-day termination

Noncompliance	
Likelihood of Harm	
Need for Immediate Action	

This is not a formal termination notice

Typical Survey Response

- Add a page to the policy
- Educate everyone
- Perform retrospective monitoring

Responding to Deficient Practices

- Typical response to each deficiency:
 - Add a page to the policy
 - “Educate” everyone
 - Monitor retrospectively
- What **doesn’t work** to change practice
 - Add a page to the policy
 - “Educate” everyone
 - Monitor retrospectively
- For One Off and Invalid
 - Do not change policy
 - “Remind” everyone
 - Monitor retrospectively
- For systems Issues
 - Understand and fix the process
 - Document the process in simple, user-friendly tools
 - Monitor and reinforce concurrently

Quick Tips for the Plan of Correction

- There is no extra reward for getting the plan in early.
- Having the PoC rejected is not the goal, but it is part of the process
 - Don't be afraid of a rejected PoC or else you will over commit (and usually under perform)
- It is important to establish expectations with leadership.
 - Their natural starting point is "get the PoC in early and have it accepted on the first review."
 - Understandable, but not in the long or short term interest of the institution. These expectations lead to
 - Overkill and
 - Bandaids "fixes" for complex operational challenges

Responding Effectively to Adverse CMS, State, and Accreditation Findings

Clinical Quality Insights

Thursday, October 20, 2022



CHARTIS

CLINICAL QUALITY
SOLUTIONS

FORMERLY KNOWN AS THE GREELEY COMPANY