Ready or not:
Guess Who's coming for Lunch

Deemed Status and CMS Survey Readiness

pinnacle III

Learning Objectives

- Discuss the survey processes
- Identify common and serious deficiencies
- Maintain compliance
- Discuss new changes

Understanding the survey process

- Types of Surveys for the Conditions for Coverage [CfC]
- Understanding the Survey Process
- The Plan of Correction Process

Types of Surveys for the Conditions for Coverage

- State CMS Surveys
- Deemed Status Surveys
- CMS Surveys
- Validation Surveys
- Specialized Surveys
- Revisits
- Complaint Surveys

Understanding the Survey Process

- Unannounced Visit
- Entrance Conference
- Data Collection
- Exit Conference
- Notice of Deficiencies
- Plan of Correction

Developing a Survey Protocol

- Provide to staff, especially front desk
- Outlines:
  - Steps to Follow
  - Who to call
  - What to do when they can't contact administration
- Eliminates uncertainty
- Demonstrates organization

The Plan of Correction Process

- Notice of Deficiencies
- Review citations
- Compare to notes from Exit Conference
- Determine the appropriateness of the citations
- Identify:
  - Policy Changes
  - Re-education
  - Other changes
- Develop Plan of Correction

4%

Reviewing Various Common and Serious Deficiencies

- Example Common Deficiencies
- Example Serious Deficiencies
- How to Avoid Serious Deficiencies
- How to Develop a Plan of Correction for Serious Deficiencies

Example Common Deficiencies

- Training and Orientation
- Medical Records

Training and Orientation

- Orientation within 30 Days
- Employees and Credentialed Providers
- Major Areas:
  - QI, Infection Control, Risk Management, Incidents
  - OSHA, Bloodborne Pathogens and Safety (Including Safe Injection Practices)
  - Corporate Compliance
  - Emergency Plan, Transfers, Disasters
  - HIPAA, Advance Directives, Rights & Responsibilities

Medical Records

- H&Ps, Update and Clearance
- Anesthesia Assessment
- Operative Reports
- Pathology

Example Serious Deficiencies

- Governance and oversight
- Credentialing

Governance and Oversight

- Regular Meetings
- Complete Minutes
- Approval of Privileges
- Policies and Procedures
- Appointments

Governing Body Appointments

- Administrator
- Clinical Manager/Director
- Medical Director
- Business Office Manager
- QA/PI Coordinator
- Infection Control Coordinator
- Pharmacy Director
- Radiology Director
- Safety Officer
- Compliance Officer
- Medical Records Director

Credentialing

- Credentialing Physicians, AHP and Residents
- Primary Source Verification
- Delineation of Privileges
  - Use of C-Arm
  - Local and Regional Anesthesia
  - Supervision of Non-Anesthesia Professionals
- Approval of Privileges
- Temporary Privileges
- Keeping Documentation up to date

How to Avoid Serious Deficiencies

- Learn from past issues
- Keep current with changes
- Don’t assume that if it wasn’t cited in the past, it won’t be cited in future
- No facility is perfect!
- Perform Mock Surveys
- Recognize that surveyors will expect maturation of your programs

How To Develop a Plan of Correction for Serious Deficiencies

- Take it seriously
- Fight it if wrong, but don't argue if correct
- Change!
- Carefully follow the steps outlined in the letter accompanying the citations

The Plan of Correction

- WHAT will be corrected
- WHO will be responsible for correcting
- WHEN will it will be completed
- HOW will it be monitored so it doesn't happen again

Maintaining On-Going Compliance with Conditions for Coverage

- Developing a Compliance Plan
- Resources for Compliance

Developing a Compliance Plan

- Know the Conditions for Coverage
- Know the Interpretive Guidelines
- Keep up to date with changes
- Use ASCA Connect to see how other people are doing it (But be careful about answers!)
- Keep your staff informed
- Consider engaging experts in the field to monitor compliance

Resources for Compliance

- ASC Association Website –"Federal Regulations Link", Includes Links to:
  - Conditions for Coverage
  - Interpretive Guidelines
  - Life Safety Code Guidelines
  - Immediate Jeopardy Rules
- CMS Website –
  - http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/index.html
  - Provides the source documents and updates as they are made

AAAHC changes

- Upon receipt of completed reappointment application, the organization will conduct primary or secondary source verify verification of items listed in Standards 2.II.B.3.c-f.
- At the time of reappointment consideration by the governing body, the entire reappointment application and peer review results and activities, completed in accordance with Chapter 2.III, will be considered.

Standard 2.II.F

- The governing body provides a process for the initial appointment, reappointment, and assignment or curtailment of privileges and practice for allied health care professionals.
  1. **The process is consistent with state law.**
  2. **The process includes verification of education, training, experience, and current competence, and primary or secondary source verification of licensure or certification, as applicable.**

2016 5.II.B is a new Standard

- The governing body designates a person or committee to be responsible for implementation, ongoing management, and consistent application of the risk management program and/or policies throughout the organization, including all departments and service locations.

Standard 7.I.B

- The written infection prevention and control program is:

  4. The result of a formal, documented infection prevention risk assessment, to ensure that the program is appropriate relevant to the organization and meets with all applicable state and federal requirements

  5. In compliance with all state and federal requirements

Standard 7.II.L

- **When a medical devices is prescribed to a patient:**

  1. The patient is educated about the use of the device.
  2. Patient understanding of how to use the device is verified before independent use.

New Standard 7.II.Q

- Products, including medications, reagents, solutions, and supplies that have a manufacturer's printed expiration date are monitored and disposed of in compliance with facility policy and manufacturer's guidelines.

Standard 8.Q

- The temperature of items that are frozen, refrigerated and/or heated is continuously monitored to ensure that the product manufacturer's recommended temperature range is maintained. Recommended temperature ranges are readily available to staff performing the monitoring function.

Standard 10.I.T

- If procedures performed pose the risk that blood loss may require blood replacement, the organization must have written policies and procedures to address this situation.

Standard 10.I.Y

A written process requires:

1. Identification of the types of procedures requiring counts of sponges, sharps and instruments
2. A count before the start of the procedure and before skin closure
3. Reporting the start and end counts to the surgeon
4. Documentation of the counts in the patient's record

Questions?
Comments?

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