CMS 101: Hospital Surveys

CSR for the Carolinas

November 12, 2014
Course Objectives

- Describe a broad overview of the Medicare program
- Distinguish between licensure, certification, accreditation, and “deemed” status
- Describe the different types of CMS hospital surveys
- Describe survey tasks and tips
- Describe the Statement of Deficiencies and Plan of Correction – Form 2567
Background and Overview

- Medicare was created in July 1965 when President Lyndon Johnson signed the Social Security Act Amendments.

- Participation in the Medicare and Medicaid programs requires "certification" that the provider meets the "Conditions of Participation".

- Code of Federal Regulations 42 CFR Part 482 designates the Conditions of Participation for Hospitals (also known as Appendix A).
The purpose of the SOM is to:

- Provide guidance to State Agencies

- Outline CMS policy regarding the survey and certification activities and procedures prescribed by the Medicare statute and its regulations (42 C.F.R. §§ 488.1 et seq.).
Sections of the SOM Most Relevant to Hospital Surveys

Chapter 2: The Certification Process
Chapter 3: Additional Program Activities
Chapter 5: Complaint Procedures
Appendix A: Hospital Survey Protocol/Regulations
Appendix I: Life Safety Code Survey Procedures
Appendix Q: Guidelines for Determining Immediate Jeopardy (IJ)
**Certification** is a Federal process that describes when a provider requests to be “certified” to receive Medicare or Medicaid monies for providing care and services to eligible beneficiaries

- Certification is *voluntary*.
- It is not State Licensure.
- A certification number is assigned.
State Licensure

- To obtain state licensure one must follow the specific laws and regulations pertaining to that jurisdiction.

- Each State determines licensure requirements for individuals and entities that operate as a business in the State.

- State licensure is mandatory in most States.
Accreditation is:

- Voluntary
- An evaluative process

- A healthcare facility undergoes an examination of its policies, procedures, practices, and performance by an external sector organization ("accrediting body") to ensure that it is meeting predetermined criteria.

- It usually involves both on and off-site surveys.
Deemed Status

- Hospitals are “deemed” to meet Federal regulations when inspected by organizations whose survey process and regulations are “deemed” by CMS to be equivalent to the Federal survey process and regulations (e.g., The Joint Commission).

- Accreditation is voluntary, seeking "deemed status" through accreditation is an option, not a requirement.
Types of CMS Surveys

- Certification/recertification survey
- Complaint/allegation survey
- Validation survey of accredited deemed provider
- Follow-up survey to one of the above
- Overlapping survey
Complaint Surveys

- Surveys are conducted onsite by Federal regional office (RO) staff or State agency (SA)
- Surveys are usually, but not always, focused
- CMS determines scope when hospital is deemed
- A complaint survey may lead to a full Medicare
Validation Surveys

A validation survey

- Comprehensive survey of a “deemed” hospital
- Validates the results of the accrediting organization
- One percent of deemed hospitals chosen at random
Follow-up Surveys

Follow-up surveys

- To verify the hospital has corrected deficiencies cited during a prior survey

- Time frames vary for a resurvey
  - By 45th calendar day if the hospital was placed on a 90-day termination track
  - By 23rd calendar day if the hospital was placed on a 23-day termination track
More than one type of survey can occur at the same time. Examples include:

- Multiple complaint surveys may occur together.
- Complaint surveys may be conducted at the same time as recertification, validation or follow up survey.
CMS Survey Process

Task 1 – Off-Site Survey Preparation
Task 2 – Entrance Activities
Task 3 – Information Gathering/Investigation
Task 4 – Preliminary Decision Making and Analysis of Findings
Task 5 – Exit Conference
Task 6 – Post-Survey Activities
Task 1 – Off-Site Survey Preparation

Surveyors will gather and review information

- General provider information from the Hospital/CAH Medicare Database
- Previous Federal and State surveys
- Public information, e.g. web site and media reports
Task 1 –
Off-Site Survey Preparation (cont.)

Surveyors will determine team size, composition, and anticipated length of survey depending on:

- Size of facility and complexity of services
- Type of survey (focused or full survey)
- Off-site locations
- History of deficiencies
- Availability and experience of survey staff
Task 1 – Off-Site Survey Preparation (cont.)

- Make preliminary assignments.
- Gather resources for survey, such as:
  - Appendix A – *Hospital Survey Protocols*
  - Appendix Q – *Immediate Jeopardy*
  - Exhibit 286 – *Hospital/CAH Medicare Database*
  - Exhibit 287 – *Authorization to Survey Deemed Facility*
  - CMS Pilot Tool worksheets
Task 2 –
Entrance Conference

The SOM instructs the surveyors to use the Entrance Conference as an opportunity to:

- Introduce themselves
- Describe the purpose of the survey
- Explain the anticipated length of the survey
- Request documents, e.g. patient lists, admission packet, names and addresses of off-site locations, contracted services, etc.
Task 2 – Entrance Conference (cont.)

- Provide an overview of the expected procedures
  - Surveyors may visit any area under the CMS certification number.
  - Interviews are generally conducted privately with patients and staff.
  - Photocopy procedures may vary.
  - Surveyors may request help to navigate medical records.
Task 2 – Entrance Conference (cont.)

Logistics

- No specific staff is required to be present for entrance.
- Surveyors will need a private area to work where they can spread out documents.
- They will need a list of names, locations, and telephone numbers of key staff.
Task 3 – Information Gathering

Survey team will focus on actual and potential outcomes and required processes

- Observation
- Interview
- Document Review
Task 3a. – Observation

Observation gives surveyors first-hand knowledge:

- Patient care - tracers
- Infection control practices
- Environmental issues
- Confidentiality of patient information
- Communication and integration between depts.
Surveyors may interview patients, caregivers, clinical staff, administrative staff.

The purpose of interviews is to:
- Verify and validate information, and
- Determine the need for additional observations, interviews, and record reviews.

Interviews are generally conducted privately.

Interviews will be documented and may show up in the report.
Task 3b. –
Potential Patient Interview Questions

Patient and family Interviews are conducted privately:

- Did you receive patient rights information? Can I see?
- How has staff involved you in your plan of care?
- Have staff responded quickly to the call light?
- Have your dietary needs been met?
- Has anyone talked to you about planning for discharge?
- Have you had any concerns or issues during your stay?
- Did you report your concerns? How? To Whom?
<table>
<thead>
<tr>
<th>Patient rights</th>
<th>Incident reporting process</th>
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<tbody>
<tr>
<td>Fire and emergency preparedness</td>
<td>Interdepartmental communication</td>
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<td>Supplies and equipment</td>
<td>Care planning process</td>
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<td>Patient safety measures</td>
<td>Discharge planning</td>
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<td>Staffing</td>
<td>QAPI involvement</td>
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<tr>
<td>Infection control</td>
<td>Validating interviews from RRs and observations</td>
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</tbody>
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Task 3c.
Document Review

- Medical Record Review
  - Generally, 30 inpatient records, or 10% of daily census
  - Records of current inpatients
  - Closed record(s) to capture specific patient record (if complaint investigation)
  - Inpatient and outpatient records,
Task 3c.  
Document Review

- Review Documents
  - Policies and procedures
  - QAPI plan
  - Infection control plan
  - Staff licensing, in-service education, etc.
  - Meeting minutes
  - Medical staff bylaws
  - Agreements with contracted staff
Task 4 – Preliminary Decision Making and Analysis of Findings

- General objectives of this task are to:
  - Integrate findings
  - Review and analyze all information collected from observations, interviews, and record reviews
  - Determine whether or not the hospital meets the Conditions of Participation
Task 5 – Exit Conference

- Purpose of the exit conference:
  - Present preliminary findings
  - Explain post-survey process
- Hospital may invite who they want to invite
- Surveyors are not consultants
- Audio-taping and video-taping may be allowed
Task 6 – Post-Survey Activities

- Surveyors complete the Form CMS-2567 *Statement of Deficiencies and Plan of Correction* and compile the survey packet.
  - Report is subject to supervisory review
- When the hospital returns the Plan of Correction, surveyors will review and approve the hospital’s Plan of Correction
Life Safety Code Tasks

Task 1 – Offsite Survey Preparation
Task 2 – Entrance Conference/Onsite Prep Activities
Task 3 – Orientation Tour (Optional)
Task 4 – Information Gathering
Task 5 – Information Analysis and Decision Making
Task 6 – Exit Conference
Three Levels of Deficiency Citations

- Standard Level
- Condition Level
- Immediate Jeopardy (IJ)

Determination is based on nature and extent

- **Nature/Degree**: magnitude, how severe, how significant, how critical
- **Extent/Manner**: prevalence, how pervasive, how widespread, number, frequency
- **Immediacy** (as it related to IJ)
Standard Level Deficiency

- Not considered systemic or severe
- No significant negative outcome from non-compliance
- May rise to a Condition-Level citation
- Requires an acceptable plan of correction for achieving compliance within a reasonable amount of time (usually within 60 days)
Condition Level Deficiency

- One or more deficiency considered systemic or severe
- Triggers a 90-day action to terminate the hospital’s Medicare Provider Agreement.
- Requires a Credible Allegation of Compliance.
An Immediate Jeopardy (IJ) is a “situation in which the provider’s non-compliance with one or more requirements of participation has caused, or is likely to cause, serious injury, harm, impairment, or death to a resident.”

State Operations Manual, Appendix Q
Statement of Deficiencies and Plan of Correction – CMS Form 2567

- This document is written following every survey.
- It records results of survey/investigation.
- The State Agency or Regional Office will mail it within 10 working days to the hospital.
- The hospital must submit a written plan of correction to the survey agency within 10 calendar days of receipt of the statement of deficiencies.
Acceptable Plan of Correction (POC) Contains Key Elements

- Describes **actions** the hospital will take to correct the specific deficiencies
- Describes actions the hospital will take to **improve** processes that led to deficiency
- Describes **monitoring** procedures/QAPI integration
Acceptable Plan of Correction (POC) Contains Key Elements

- Provides the title of the person **responsible** for implementing the acceptable POC for each deficiency
- Includes **completion dates** for each deficiency
- Is signed by the CEO or designee.
- Can be validated by surveyor review.
Survey Tips
Preparing for the Survey

- Orient staff at the main entrance
- Assign a survey coordinator
- Identify a command station
- Determine a method for alerting staff
- Delegate assignments to review CoPs
- Identify staff to serve as escorts
Survey Tips
Preparing for the Survey

- Prepare a survey readiness binder
  - Patient admission packet
  - A written scope of services
  - Organizational chart
  - Names and addresses of off-site locations under certification number
  - List of department heads
  - List of employees, job titles, hire dates
Survey Tips
Preparing for the Survey

- Prepare a survey readiness binder
  - A list of contracted services
  - Agreements
  - Copy of facility floor plans
  - Table of contents to policies and procedures
  - Quality plan
Survey Tips
Preparing for the Survey

- Prepare a survey readiness binder
  - Infection control plan
  - Various logs (e.g., grievances, restraints, OR, ED, OB)
  - Meeting minutes
  - Current therapeutic diet manual
General Survey Tips During the Survey

1. Greet surveyors and ask for identification
2. Alert appropriate individuals
3. Provide business cards to and collect from each survey staff member
4. Communicate arrival of surveyors to hospital staff
5. Provide survey team with a place for entrance conference and private place to work throughout
6. Provide basic hospitality to surveyors.

7. Offer a tour of the hospital.

8. Clarify how they want to handle photocopies.

9. Alert the survey team to any change in ownership.

10. Ask if they need laptop computers.

General Survey Tips During the Survey

12. Provide surveyors with requested documents.
13. Assign runners to help retrieve information.
15. Assign escorts to surveyors.
16. Ask for permission to have hospital staff sit in on staff interviews and take notes.
Frequently Asked Questions About Hospital Surveys

- Why do we have to be surveyed?
- Why don’t surveyors schedule an appointment?
- Why would surveyors show up at odd times?
- How long will they stay?
- Will they give daily updates?
- Why do they wander around the hospital?
Frequently Asked Questions About Hospital Surveys

- Can we assign someone to accompany surveyors?
- Can we sit in while a surveyor is interviewing staff or patients?
- How do they expect us to get our work done?
- Why do surveyors make so many photocopies?
- Do we have to let them copy grievances and information in personnel records?
Frequently Asked Questions About Hospital Surveys

- What if we fix the problem while the surveyors are still there? Will they still cite us?
- Why won’t surveyors just tell us how to fix the problem? Do they want us to fail?
- What does it mean when they say the hospital may be terminated? Are they going to shut us down?
Summary

- Participating in Medicare is voluntary and requires compliance with the Conditions of Participation.
- CMS surveyors have specific survey tasks to complete before, during, and after surveys.
- Hospitals can take measures to prepare for surveys.
- There will be opportunities to submit plans of correction in response to deficiencies.
Questions??