Immediate Jeopardy:

Yes, It Could Happen to Your Hospital!
Lessons Learned when CMS Visits Your Facility in Response to a Quality of Care Complaint
The Basics

CMS CoPs are considered the baseline for compliance as it relates to patient safety and quality care.

Yes, we are accredited through Joint Commission (insert any Accreditation body that you may use) but CMS reserves the right to survey, either as a complaint investigation or a validation survey.
**Definitions**

**Standard level**: non compliance with a single or many requirements that do not substantially limit the facilities capacity to furnish adequate care or would not jeopardize or adversely affect health/safety if the deficient practice were to recur.
Definitions

**Condition level**: can be noncompliance with a single standard that represents a severe or critical health or safety breach or can be the result of noncompliance with several standards.

CMS instructs surveyors that the following deficiencies must be cited at the Condition level:

1. Restraint/Seclusion
2. Utilization Review program (lack of one)
3. Alcohol gel (due to fire risk)
4. Emergency Services (if hospital relies on 911)
5. Immediate Threat to health and safety (catch all)
Definitions

Immediate Jeopardy: A situation in which the provider’s noncompliance with one or more requirements of participation has caused, or likely to cause, serious injury, harm, impairment, or death to a patient.
The beginning of the Journey

- May 23-24 – CMS complaint investigation
- 4 surveyors for 2 days
- May 24 – Notified of Immediate Jeopardy

In reality, our CMS journey really began back in March of 2012 with an EMTALA investigation
There is not enough coffee in the world to prepare you for this kind of Monday

Monday morning June 3, received phone call from senior leader asking me about the “legal notice” in the State paper stating that we were losing our Medicare funding on June 22, 2013
The Lost Summer began

June 3 – Received CMS report
34 page report
• Condition level = 3
• Standard level = 9
Publicity continues...

Palmetto Health makes changes in response to Medicare threat

Published: June 7, 2013
The agency made the visit in response to a patient complaint. The problems were referred to by the hospital statement as “technical deficiencies related to patient care and nursing standards.” The solutions were described as “providing education to nursing team members about the issues cited by CMS and enhancing our internal processes to address the identified deficiencies.”
June 17-21 – CMS validation survey

9 Surveyors

• 5 general or nursing surveyors
• 2 Life Safety
• 1 Dietary
• 1 Pharmacy

• Approximately 29 survey days
Publicity continues...

Palmetto Health cited for drug administration violation

Published: June 18, 201
June 18.

Excerpt from the 34-page report

“restrain the patient because she was trying to climb out of the bed. The order called for a Posey vest, which constrains the torso. The staff administered a Posey vest and wrist restraints. “

“Then the nurse poured the contents of the bottle in the patient’s mouth, later saying she thought the bottle held one dose. The bottle held 25 tablets. “
Finally……June 21

We were told at 23:30 (Friday night) that IJ was lifted but there were other issues that would need to be addressed.

Set to lose reimbursement on June 22
There is a knock at the door

TJC surveyor shows up June 27

1 surveyor One day 6 charts

4 Standards cited

- PC.01.02.07 – manage pain
- PC.02.01.03 – correct restraints applied
- PC.03.05.05 – order for restraints renewed
- PC.03.05.07 – monitoring patient in restraints
Another CMS report

Received July 3

38 page report

• Condition Level – 2 (repeats)
• Standard Level – 15

Met on July 5 with group of nursing leaders and others to formulate a plan of action.

The beginning of the “War Room” mentality
Oh by the way.....

We had a DHEC reportable event
They sent to CMS for investigation.

So, on July 22-24, we had a surveyor who came in to investigate our “reportable event”
The more the merrier....

OSHA showed up on July 23
You know why OSHA comes, right------
Employee complaint
3 investigators for 1 day
Then 1 investigator for 2 additional days for follow up
Finally -

On July 26, about 14:30 a single CMS surveyor arrived to conduct a validation survey.
She left about 19:30 (again a Friday night)

We were deemed to be in compliance with all CMS CoPs
Citations

- Governing Board –
  - 482.12 Tag A-043 - C
- Patient Rights: General –
  - 482.13 Tag A-115 – C (2)
- Patient Rights: Grievance –
  - 482.13 (a)(2) Tag A-118 - S
- Patient Rights: Safe Care Setting –
  - 482.13 (c)(2) Tag A-144 -S
- Patient Rights: Restraints –Type –
  - 482.13 (e)(5) Tag A-168 –S (2)
Citations

- Patient Rights: Restraints – least restrictive
  - 482.13(e)(16)(iii) Tag A-186 -S
- Patient Rights: Notification of Rights
  - 482.13(a)(1) Tag A-117 -S
- Patient Rights: Personal Privacy
  - 482.13(c)(1) Tag A-143 -S
- Patient Rights: Confidentiality of records
  - 482.13(d)(1) Tag A-147 -S
Citations

- Care of the Patient
  - 482.12 (c) Tag A-063
- Nursing Services –
  - 482.23 Tag A-385 - C
- Organization of Nursing Services-
  - 482.23(a) Tag A-386 -S
- Staffing and Delivery of Care-
  - 482.23(b) Tag A-392 –S (2)
- RN Supervision of Nursing Care-
  - 482.23(b)(3) Tag A-395 –S (2)
Citations

- Administration of Medication -
  - 482.23 (c)(1) Tag A-405 -S
- Nursing Care Plans –
  - 482.23(b)(4) Tag A-396 -S
- Hospital Procedures –
  - 482.23(c)(4) Tag A-410 -S
- Controlled drugs kept locked –
  - 482.25(b)(2)(ii) Tag A-503 -S
- Unusable medication –
  - 482.25(b)(3) Tag A-505 -S
Citations

• Facilities, Supplies, Equipment –
  • 482.41(c)(2) Tag A-724 –S
• Medical Staff Accountability –
  • 482.12(a)(5) Tag A-049 –S
• Infection control–
  • 482.42 Tag A-747 -C
• Infection Control Officer –
  • 482.42(a)(1) Tag A-749 -S
• Infection Control log –
  • 482.42(a)(2) Tag A-750 - S
• History and Physical –
  • 482.51(b)(1) Tag A-952 -S
Credible Allegation of Compliance (May)

- Immediately educated all nursing staff on the campus regarding: safe medication administration, new medication administration, restraint orders and documentation.

- Immediately educated all charge nurses on campus regarding: charge duties
Credible Allegation (May)

- Established and executed education and competency plan for:
- All nurses employed at PHR regarding: safe medication, new medication, restraint orders and documentation, chest pain
- All charge nurses regarding: charge duties
Credible Allegation (May)

Communication with the Board

• Chair of the Patient Safety and Quality Committee

• He reports up to the Board
Credible Allegation (June)

Notification to physicians, residents, students regarding findings related to physicians

• History and Physicals
• Orders for restraints – authentication
• Surgical attire
• Hand Hygiene
Credible Allegation

Training of all nursing staff regarding

- All aspects of a shift assessment
- Need for orders related to restraints, catheters, NG tubes
- Restraint documentation
- Medication administration
- Charge Nurse (as appropriate)
- Hand Hygiene
- Scrub attire
What are we doing now?

Auditing, Auditing, Auditing

Waiting......