Mid-Point Update: Focusing on Regulatory Changes

Thursday September 21, 2023

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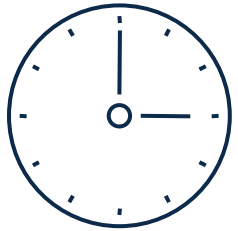

The webinar will start at the top of the hour.

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MONTHLY CLINICAL QUALITY INSIGHTS

Webinar Schedule & Topics

THE 3RD THURSDAY OF EVERY MONTH:

10AM Pacific, 1PM Eastern

TODAY

Mid-Point Update: Focusing on Regulatory Changes

SEPTEMBER

High Risk Roundup: Restraint, Sedation, and Titrations

Past Webinars Available for Streaming

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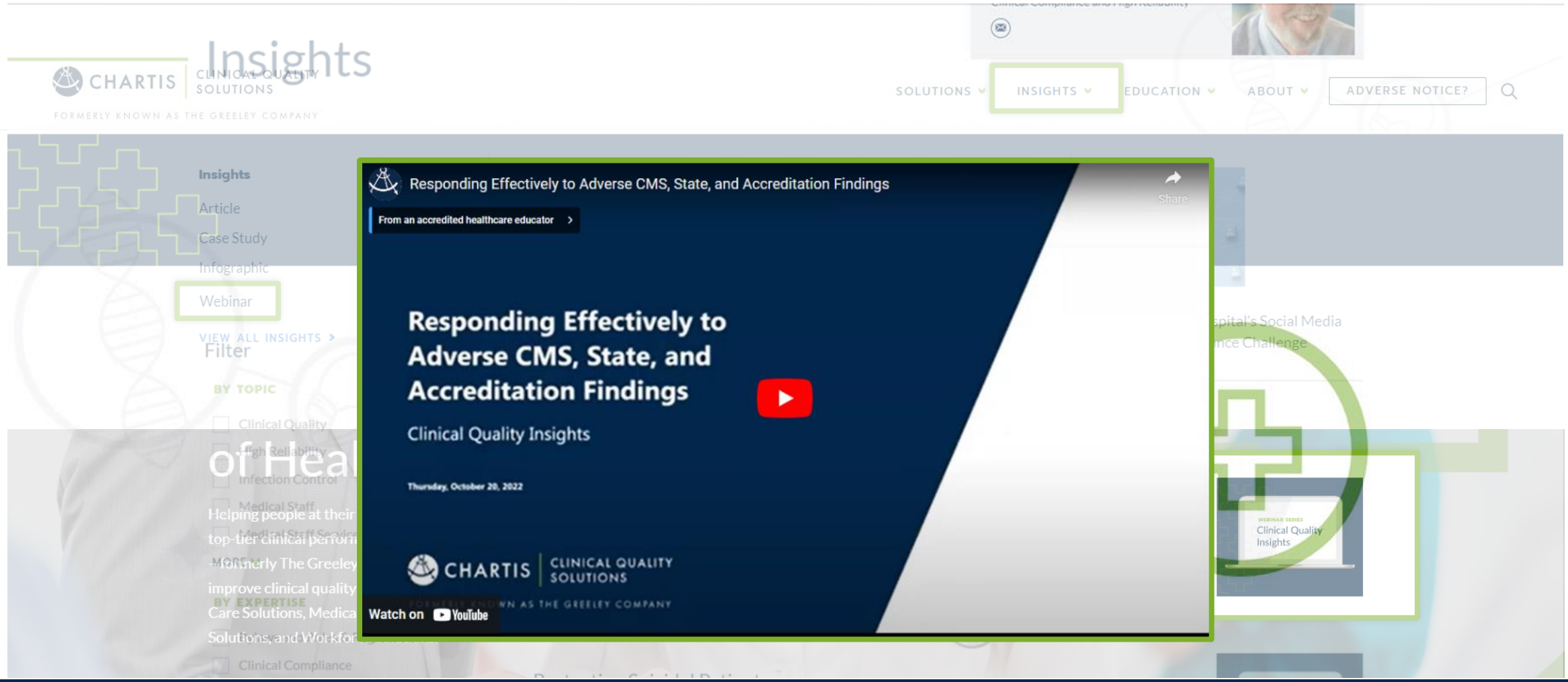

Past Webinars Available for Streaming

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AVAILABLE FOR STREAMING

- Practical Approaches to Ace Regulatory and Accreditation Surveys
- EMTALA Made Simple
- Protecting Suicidal Patients
- Responding Effectively to CMS, State, and Accreditation Findings
- Avoiding Infection Prevention Survey Catastrophes
- Survey Smarts: Looking Forward to 2023
- Increasing Nurse Efficiency: Documentation Simplification
- Better Meetings Better Results
- Overcoming Persistent Challenges in the Physical Environment
- TJC's Emerging Model for New Standards
- New CMS Interpretive Guidelines for QAPI
- Putting Your Best Foot Forward During Survey
- Connecting Hospital Rankings to Outcomes
- Compliance and Safety Challenges for Psychiatric Hospitals and Units
- CMS and QAPI: A Deeper Dive
- Mid-Point Update … Focusing on Regulatory Changes

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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
- External Peer Review

Chartis Clinical Quality Solutions
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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

What is your role?

- Chief Quality Officer
- Other Executive Leader
- Quality Manager
- Patient Safety Officer
- Risk Manager
- Accreditation/Regulatory Compliance
- Consultant
- Other

TODAY'S DISCUSSION

Updating our community on new issues and trends related to CMS and Accrediting Organizations.

Lisa Eddy MSN, MHA, RN, CPHQ

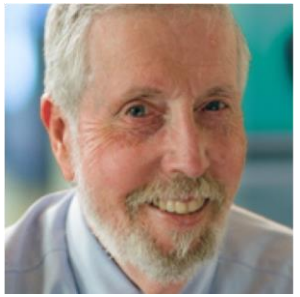
Vice President,
Clinical Compliance and High Reliability

Cherilyn Ashlock DNP, RN, NE-BC

Advisory Consultant
Clinical Compliance and High Reliability

Kim Wilson, MS, BSN, RN

Senior Consultant
Clinical Compliance and High Reliability



Bud Pate

Vice President - Content/Development,
Clinical Compliance and High Reliability

"Keeping up with Change

Planning for Tomorrow"

Who is your primary accreditor?

- The Joint Commission
- The Accreditation Commission for Health Care (ACHC)
- Det Norske Veritas (DNV)
- Center for Improvement in Healthcare Quality (CIHQ)
- Non-Accredited
- Other

Objectives

- **Implementing the Joint Commission health equity requirements**
- **Preparing for unannounced surveys, blackout dates, and complaint investigations**
- **Recent CMS changes to the survey process: Unannounced surveys, sample validation surveys, and consultant surveyors**
- **Ensuring compliance with CMS requirements for hospital discharges to post-acute care providers**

Handouts will be linked to the Chartis Website for post-webinar streamers.

TODAY'S

Agenda

01 **Overview**

02 **Implementing Health Equity Requirements**

03 **Unannounced Surveys, Blackout Dates, and Complaint Investigations and Validation Survey Updates**

04 **Ensuring Compliance with CMS Requirements for Hospital Discharges to Post-Acute Care Providers**

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

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

Health Equity

Health Equity NPSG 16.01.01 (July 1, 2023)

Improving health care equity for the organization's patients is a quality and safety priority.

APPLICABILITY

- All critical access hospitals and hospitals
- Ambulatory health care organizations providing primary care within the "Medical Centers" service in the ambulatory health care program
- The requirements are not applicable to organizations providing episodic care, dental services, or surgical services
- Behavioral health care and human services organizations providing "Addictions Services," "Eating Disorders Treatment," "Intellectual Disabilities/Developmental Delays," "Mental Health Services," and "Primary Physical Health Care" services

Health Equity NPSG 16.01.01 (July 1, 2023)

- **EP01**: The organization must identify an individual to lead health care equity improvement activities. Documentation is not required for this EP.

- **EP02**: Assessing the patient's health-related social needs (may include the following)
  - Access to transportation
  - Difficulty paying for prescriptions or medical bills
  - Education and literacy
  - Food insecurity
  - Housing insecurity

    HRSNs may be identified for a representative sample of the organization's patients or for all the organization's patients.

  *Guideline to identify which patients will be assessed and the medical record reflects the assessment
    - Examples may include high risk populations (diabetics, pregnant women, cancer patients with high out-of-pocket costs)
  - Evidence that community resources/support services provided based on assessed needs

Health Equity NPSG 16.01.01 (July 1, 2023)

- **EP02**: Assessing the patient's health-related social needs

SOLUTIONS:

- **You are likely already collecting this information:**
  - Admission Assessments
  - Case Managers
  - Social Service
  - Chaplains/Pastoral Care
  - Discharge Planning
- **Adapt an existing screening tool – Start with just a few questions!**

1. In the last 12 months, did you ever skip medications to save money?
2. In the last 12 months, did you ever eat less than you thought you should because there wasn't enough money for food?
3. How often have you missed a doctor's appointment or going to the pharmacy because of transportation?

- **Be Strategic With Questions**
  - Select questions based on your organizational objectives
- **Implement with a Purpose**
  - Ensure staff understand the rationale, how this will help patients
- **Understand Your Staff's Workflows & Design Accordingly**
  - Who is the best person to ask these questions? Who can do something with this information? Who has the time? Bandwidth?

Free Social Needs Screening Tools Available

ADULT Tools

- AAFP- Tool
- AccessHealth: Spartanburg
- AHC-Tool
- Arlington
- BMC-Thrive
- HealthBegins
- Health Leads
- MLP IHELLP
- Medicare Total Health Assessment Questionnaire
- NAM Domains
- NC Medicaid
- PRAPARE
- Structural Vulnerability Assessment Tool
- WellRx

PEDIATRIC Tools

- iHELP
- SEEK
- SWYC
- We Care

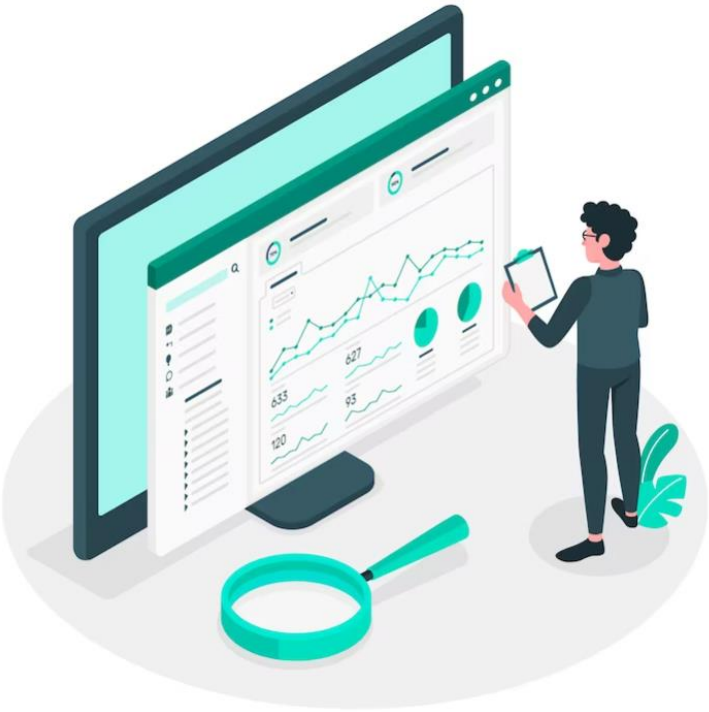
https://sirenetwork.ucsf.edu/tools-resources/resources/screening-tools-comparison

Health Equity NPSG 16.01.01 (July 1, 2023)

- **EP03**: Stratification of quality / safety data by socioeconomic characteristics (e.g., age, gender, language, race, ethnicity) The organization is required to identify a sociodemographic characteristic(s) to include in its analysis and to begin stratifying its quality and safety data.
- *Organizations may focus on areas with known health care disparities identified in the scientific literature (for example, organ transplantation, maternal care, diabetes management) or select measures that affect all patients (for example, experience of care and communication).*

SOLUTIONS:

- **Avoid Manual Processes**
  - The intent isn't to create additional burden
- **Understand the Capabilities of your EMR reporting**
  - What current methods do you have for reporting?
  - How long will it take to develop new queries/reports?
  - What do we have TODAY that we can use?
- **Validate, validate, validate**



Health Equity NPSG 16.01.01 (July 1, 2023)

Quality Assessment Performance Improvement

- **EP04**: Develop a written action plan describing how you will improve healthcare equity by addressing at least ONE of the disparities identified

  Organizations should define the healthcare disparity and the specific population(s) of focus, the improvement goal, the strategies and resources needed to achieve the goal, and the process that will be used to monitor and report progress.

- **EP05**: Organization acts when it's not meeting/sustaining goals

- **EP06**: Annual communication of progress to leaders, LPs, staff, and other stakeholders
  - Use your existing method for reporting quality data and initiatives

Unannounced Surveys: June 16, 2023
Sample Validation Surveys: October 1, 2023

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/Quality, Safety & Oversight Group

DATE: June 16, 2023

TO: Accreditation Association for Ambulatory Health Care (AAAHC)
American Association for Accreditation of Ambulatory Surgery Facilities (Quad A)
Accreditation Commission for Health Care, Inc. (ACHC)
Community Health Accreditation Partners (CHAP)
Center for Improvement in Healthcare Quality (CIHQ)
DNV Healthcare
National Dialysis Accreditation Commission (NDAC)
The Compliance Team (TCT)
The Joint Commission (TJC)

FROM: David Wright, Director, Quality, Safety & Oversight Group
Scott Cooper, Director, Division of Continuing and Acute Care Providers

SUBJECT: Guidance on Unannounced Surveys, Blackout Dates, and Complaint Investigations

The Centers for Medicare & Medicaid Services (CMS), specifically our Quality, Safety & Oversight Group, has identified inconsistencies related to the comparability of survey processes by

Memo Highlights: Guidance on Unannounced Surveys, Blackout Dates, and Complaint Investigations

Unannounced Surveys:

- An unannounced survey provides an opportunity to assess how the provider or supplier typically operates.
- CMS is aware that AOs are notifying facilities of survey team arrival prior to being onsite.
- CMS administrative communication practices shall cease at least six months prior to the end of the facility's survey cycle and that dates and times of a pending survey are not provided to the facility as part of these discussions.
- No contact should occur with the facility prior to the surveyor or survey team's entrance into the facility and any communication is considered a violation of CMS regulations.

Blackout Dates:

- CMS is aware that some AOs allow facilities to request "blackout dates," which are dates the facility requests or prefers not to be surveyed.
- Inconsistent with CMS Survey Expectations and Unannounced Survey Policies
- Providers/Suppliers must be survey ready at all times

Offsite/Administrative Complaint Investigations:

- CMS has found that many AOs conduct offsite complaint investigations, both of which are inconsistent with the regulations and SOM.
- Administrative reviews or offsite complaint investigations and contacting facilities in advance of a complaint survey are inconsistent with CMS's survey processes for SAs and, therefore, not comparable with or equivalent to CMS as required at §488.5(a)(4)(ii).

Four Levels of Citizen Complaints

	Complaint Triage Level	Criteria	Onsite Investigation UNANNOUNCED May obtain more information from complainant but not provider/supplier
2 days	IJ	An ongoing likelihood of serious injury, harm, impairment or death of a patient or resident	within 2 business days of receipt
45 days	Non-IJ High	EMTALA or condition-level finding likely	Within 45 calendar days of prioritization
Next Visit	Non-IJ Moderate	Standard-level finding likely with limited patient impact	Investigated during next on-site survey (complaint, special cause, or full)
	Non-IJ Low	Standard-level finding likely with only discomfort	Track and trend? Next survey? *Inconsistent Communication from CMS*

The Impact of Accreditation

CMS.gov

Routine Full Book Surveys

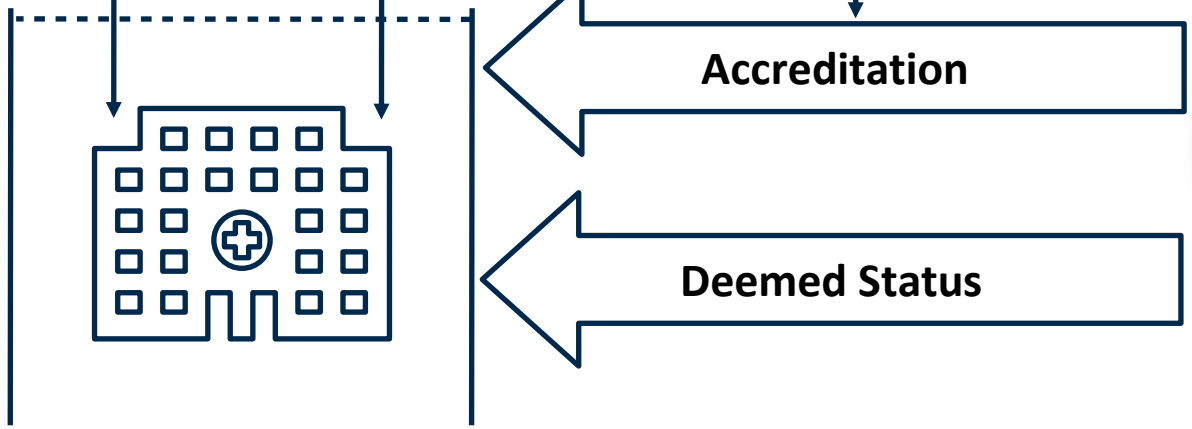
Conditions of Participation

State Survey Agency (Contractor)

Routine CoP Surveys

Complaint Surveys

Sample Validation Surveys



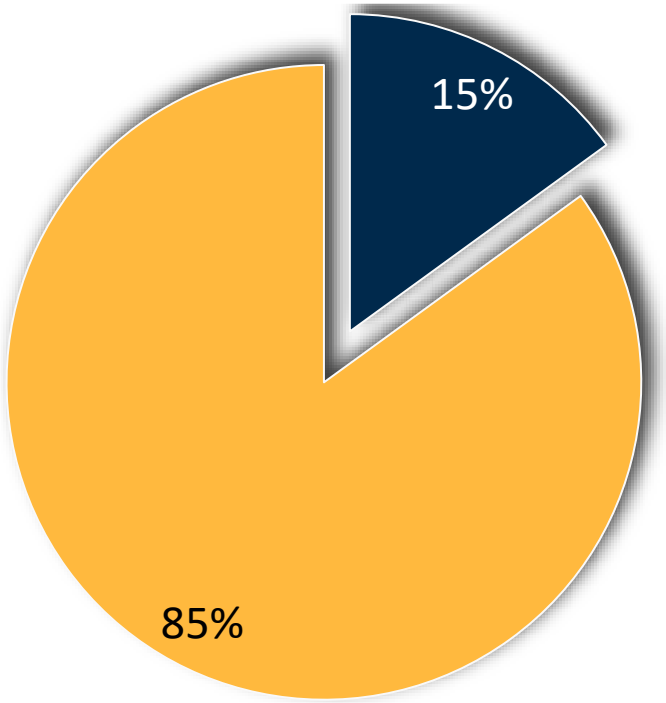
Accreditation

Deemed Status

85%

of 4000+ Medicare-certified hospitals have Deemed Status by virtue of accreditation

Trend: steady to slight increase



Other Provider/Suppliers Types Eligible for "Deemed Status"

- Ambulatory Surgical Centers
- Critical Access Hospitals
- ESRD Facilities
- Home Health Agencies
- Hospices
- Outpatient Physical Therapy and Speech-Language Pathology Services
- Rural Health Clinics

Facts About Validation Surveys In Recent Years (Prior to October 1, 2023)

Sample Validation Surveys

- CMS typically budgets for about 3% of hospital accreditation surveys to be validated every year.
- Sample validations were discontinued during the Public Health Emergency.
- State Survey Agencies were severely impacted by the PHE, with many surveyors leaving the profession.
- SSA's have brought their focus back to skilled nursing facilities and other providers/suppliers.

Significant Allegation Validation Surveys

- CMS-authorized compliant surveys decreased during the PHE.
- Some complaint surveys by SSAs and accreditors were done as a desk review (emailed information) during the PHE.
- TJC and some accreditors made a habit of these announced or virtual surveys.
- CMS expects SSAs and accreditors to perform COMPLETELY UNANNOUNCED in-person visits for high-priority complaints.

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Baltimore, Maryland 21244-1850

Center for Clinical Standards and Quality/ Quality, Safety & Oversight Group

Admin Info: 23-14-NLTC

DATE: September 6, 2023

TO: State Survey Agency Directors

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

SUBJECT: Resuming Validation of Accrediting Organization Surveys

Memorandum Summary

- **Validation of Accrediting Organization (AO) Surveys -** Validation survey activity will resume in Fiscal Year (FY) 2024.

- **Validation Survey Approach and Methodology:** Validation surveys will be performed by national survey contractor(s) and utilize the direct observation [illegible] compiled in 2018-2019.

SAMPLE Validation Surveys for CMS FY 2024 (which begins Oct 1, 2023)

- Sample Validations of accredited providers will resume.
  - Sample Rate? We speculate 3% of **routine** (triennial) accreditation surveys will be “validated."
- Sample Validation personnel will be **contract** validators, NOT state surveyors.
  - Contract validators may be called upon to conduct some compliant surveys depending on the availability of qualified SSA surveyors.
- Validation activates will NOT be a survey, but an observation by contractors of the accreditor’s survey process.
- A CMS contract “validator” will shadow each member of the accreditation team to evaluate their knowledge of CMS requirements and survey process.
- It is unclear how long this revised validation process will continue, although it should persist until at least October 1, 2024.

The Combined Impact of These Changes on Providers/Suppliers with Deemed Status

- Providers/Suppliers can expect more unannounced complaint surveys by accreditors (effective July 15, 2023).
  - Accreditors will no longer honor blackout days.
  - There will be no “day-of-survey” notification by accreditors.
- Accredited hospitals and other accredited providers/suppliers will not have to worry about a state survey coming on the heels of their accreditors routine (triennial) survey.
- We expect NO CHANGE to “for cause” validation surveys, other than the possibility that some such surveys may be conducted by contract surveyors rather than State Agency employees.

CMS Update on Handoff Requirements to Post-Acute Care Providers

Quality, safety & oversight - Emergency preparedness

- Policy & Memos to States and Regions
- Health Care Provider Guidance
- Lessons Learned/Archives
- Emergency Preparedness Rule
- Homeland Security Threats
- Templates & Checklists

Policy & Memos to States and CMS Locations

CMS Quality Safety & Oversight memoranda, guidance, clarifications and instructions to State Survey Agencies and CMS Locations.

Showing 1 –10 of 636 entries

Show Entries: 10 per page

Filter On:

Title	Memo #	Posting Date	Fiscal Year
Requirements for Hospital Discharges to Post-Acute Care Providers	QSO-23-16-Hospitals	2023-06-06	2023
Clinical Laboratory Improvement Amendments of 1988 (CLIA) Post-Public Health Emergency (PHE) Guidance	QSO-23-15-CLIA	2023-05-12	2023
FY 2021 Report to Congress (RTC): Review of Medicare's Program Oversight of Accrediting Organizations (AOs) and the Clinical Laboratory Improvement Amendments of 1988 (CLIA) Validation Program	QSO-23-14-AO/CLIA	2023-05-11	2023

https://www.cms.g d-regions

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CENTERS FOR MEDICARE & MEDICAID SERVICES

Center for Clinical Standards and Quality/Quality, Safety & Oversight Group

Ref: QSO-23-16-Hospitals

DATE: June 6, 2023

TO: State Survey Agency Directors

FROM: Director, Quality, Safety & Oversight Group (QSOG)

SUBJECT: Requirements for Hospital Discharges to Post-Acute Care Providers

Memorandum Summary

CMS is committed to ensuring that the health and safety of patients are protected when discharges from hospitals and transfers to post-acute care providers occur. Therefore, we are providing the following information:

- Reminding state agencies (SAs), accrediting organizations (AOs), and hospitals of the regulatory requirements for discharges and transfers to post-acute care providers.
- Highlighting the risks to patients' health and safety that can occur due to an unsafe discharge.
- Recommendations that hospitals can leverage to improve their discharge policies and procedures to improve and protect patients' health and safety.

Discharges to Post-Acute Care Providers

CMS Quality, Safety & Oversight Group: Policy & Memos to States and CMS Locations: QSO-23-16-Hospitals

- Existing requirements requiring safe discharges … nothing new, but CMS is reinforcing its commitment to **safe discharge**
- Regulatory requirements under A Tag 813

§482.43(b) Standard: Discharge of the patient and the provision and transmission of the patient's necessary medical information.

- The hospital must discharge the patient, and also transfer or refer the patient where applicable, along with **all necessary medical information** pertaining to the patient's current course of illness and treatment, post-discharge goals of care, and treatment preferences, at the time of discharge, to the appropriate post-acute care service providers and suppliers, facilities, agencies, and other outpatient service providers and practitioners responsible for the patient's follow-up or ancillary care.

Discharges to Post-Acute Care Providers

CMS Quality, Safety & Oversight Group: Policy & Memos to States and CMS Locations: QSO-23-16-Hospitals

- Transfer of information from the hospital to post-acute practitioners and other care givers.
  - Diagnoses
  - Medications
  - Other information about the patient's condition and treatment

- Frequent gaps in information transfer:
  - Underlying **behavioral health conditions** not included in post-acute care (PAC) handoff (e.g., serious mental illness or substance abuse disorders) which may be co-occurring or secondary to the patient's acute care hospitalization. This includes treatments used to manage these conditions while hospitalized which may have been discontinued prior to discharge (CMS state "prior to discharge as 24-48 hours of discharge). Some of these treatments might include use of sitters, restraints/seclusion or rehabilitation services

  - Medications, including those prescribed for the patient **before** as well as during their hospital stay, including omissions (as these relate to medications) such as patient diagnoses, clinical indications, laboratory results - with failure to include the patient's use of psychotropic medications a frequent challenge

Discharges to Post-Acute Care Providers

CMS Quality, Safety & Oversight Group: Policy & Memos to States and CMS Locations: QSO-23-16-Hospitals

- Frequent gaps in information transfer (continued):
  - Skin integrity and related treatments, including orders or instructions for cultures and/or dressings
  - Durable medical equipment needs, such as CPAP/BiPap, high-flow oxygen, etc., for respiratory care and wound treatment equipment such as wound vacuums or specialty mattresses
  - Advance directives or other preferences for treatment goals
  - Needs at Home, with particular attention on how the patient's home environment may impact their ability to manage their care after discharge (including after discharge from a SNF)

Discussion Questions

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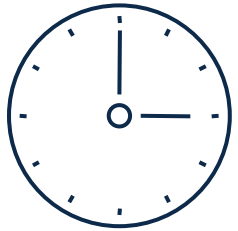

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