

**Putting Your Best Foot Forward during State, CMS, and Accreditation Surveys**

June 15, 2023

CHARTIS | CLINICAL QUALITY SOLUTIONS  
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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

**JULY**  
Daunting Challenges Facing Psychiatric Hospitals and Units

**AUGUST**  
QAPI Solutions: Overcoming Challenges in New CMS Guidelines

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Past Webinars Available for Streaming

CHARTISQUALITY.COM

Insights

Responding Effectively to Adverse CMS, State, and Accreditation Findings

Clinical Quality Insights

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**Past Webinars Available for Streaming** 

**AVAILABLE FOR STREAMING**

- 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

**TODAY: Putting Your Best Foot Forward During Survey**

**FUTURE**

- Compliance and Safety Challenges for Psychiatric Hospitals and Units
- Solving Your QAPI Problems
- More ...

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**Navigating the Zoom Interface**

**HANDOUTS:**  
Check the chat function for copies of the slides for note taking and any other handouts.

**QUESTIONS AND COMMENTS:**  
Please participate in the discussion by asking question through the Q&A function during the webinar.  
There will also be a survey you will receive immediately after the webinar that will give you an opportunity to ask additional questions or make comments.  
Any questions not answered during the webinar will be addressed in a follow-up email or posting.



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**CHARTIS CLINICAL QUALITY SOLUTIONS**  
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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  
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 Chartis**

**SIMPLIFY & COMPLY**

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**Today's Discussion**

*The best way to cope with adverse regulatory or accreditation actions is to avoid them altogether. Once your organization is threatened with the termination of Medicare funding or loss of accreditation, all bets are off; the organization's entire focus becomes returning to the good graces of the regulatory or accrediting agency.*

Avoiding regulatory disasters requires two organizational competencies:

- fundamental compliance and
- effective survey management.

Most of our monthly webinars focus on the former capability: fundamental, common-sense compliance. This month's webinar will focus on the second essential capability: **effectively managing all phases of the survey process**

After a review of the current focus of state, CMS, and accreditation surveys, our compliance experts will focus on:

- Building relationships with surveyors and survey agencies in real-time,
- Resolving survey questions and vulnerabilities before they fester into a big issue, and
- Addressing survey findings without committing to unnecessary activities.

**Program slides, CMS interpretive guidelines, and the OIG report are shared as a PDF in the Chat function.**

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**TODAY'S Agenda**

- 01** Surveyors are People Too
- 02** Three Phases of Survey Success
- 03** Tips, Dos, and Don'ts

*Questions should be posted in the webinar interface throughout the presentation. We will respond to any unanswered questions in writing following the webinar.*

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**Surveyors are People Too**

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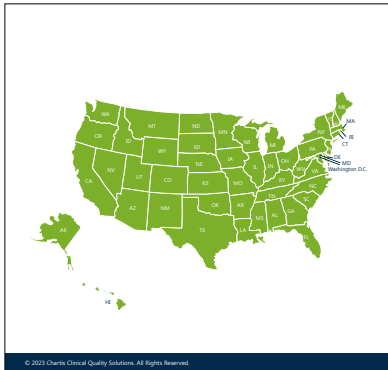
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The United States is the largest provider of health services in the world.

Each of the 50 states has jurisdiction over the licensing of hospitals and other healthcare organizations and providers. The federal government has jurisdiction over Medicare and other federal reimbursement programs and contracts with the state for the conduct of Medicare surveys (Conditions of Participation and EMTALA).

Medicare accounts for about 1/4 of hospital revenue across the US.

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California is the 5th largest provider of health services in the world.

California law requires that health facilities, pharmacies, laboratories, and clinics be licensed in order to operate.

California law also requires certain functions only be done by licensed or certified individuals: barbers, building contractors, real estate agents, physicians, nurses, etc.

California has a contract with the Los Angeles County Department of Health Services for the performance of Medicare (CoPs and EMTALA) and state licensing surveys for all health facilities, clinics, and home care agencies within its borders.

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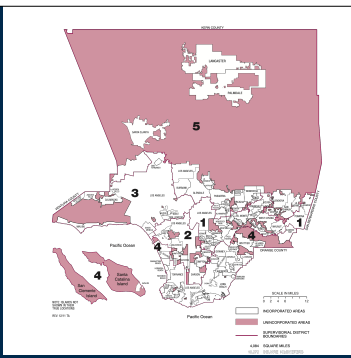
Los Angeles County is the 9th largest provider of health services in the world.

There are 58 cities incorporated within Los Angeles County, one of which is the City of Los Angeles.

There are hundreds of Medicare providers and suppliers that are surveyed for compliance with state licensure and Medicare / Medical certification requirements.

**ABOUT**

- 400+ skilled-nursing facilities
- 150 general acute care hospitals
- 30 free-standing psychiatric hospitals
- 110 home health agencies
- 50 chronic dialysis clinics (ESRD suppliers)
- 400+ ambulatory surgical centers



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## The Role and Expertise of the Surveyor

### ALL REGULATORS/ACCREDITORS

- Primary focus of all surveyors: identifying deficiencies or requirements for improvement
- Primary source of methods or approaches to compliance:
  - Surveyor: how others do it (mostly how they did it when they were active clinicians)
  - Supervisor / Standards Interpretation: research based on inquiries and enforcement actions

### STATE SURVEY AGENCY HIERARCHY

- Leadership
- Supervisor
- Surveyor

← Highest Expertise

### THE JOINT COMMISSION HIERARCHY

- Survey Operations
- Surveyor
- Standards Interpretation

← Highest Expertise

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## Three Phases of Survey Success

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## Three Phases of Sustained Compliance



### Survey Preparation

#### ONGOING MONITORING & IMPROVEMENT:

- Subject or Chapter Leaders
- New Requirements
- High Risk Requirements
- Prior Survey Findings
- Potential Survey Triggers
- Internal Tracer Activities
- Mock surveys
- Regulatory Rehearsals
- Daily TIC Portal Check



### Survey Management

#### INVITING GUESTS INTO YOUR HOME

- "They're Here!"
- Secure Work Space / Information Packets / Orientation / Resources / Concierge
- Surveyor Requests for Information
- EMR Navigators, guides and scribes
- Find It: Fix It
- Daily briefings from surveyors and internal
- Immediate corrective actions: Jeopardy and non-Jeopardy
- Disputes / clarifications
- Survey Central / Command Center



### Survey Response

#### USING UNCOMMON SENSE TO CORRECT CITATIONS

- Setting expectations for leadership
- Understanding the requirement
- Resolving inaccurate findings: State Survey Agency and Accreditors
- Distinguishing between "one off" and systems issues
- Establishing realistic monitoring for sustained compliance.
- 100% compliance: it ain't going to happen

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Tips, Dos, and Don'ts

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**SURVEY PREPARATION**  
Where to Focus for TJC

Immediate Threat to Health or Safety: 0.22%

Likelihood to Harm	Limited	Pattern	Widespread
HIGH	1.56%	1.59%	1.55%
MODERATE		14.02%	7.00%
LOW			

- Preliminary Denial of Accreditation
- Accreditation with Follow-up Survey
- Evidence of Standards Compliance Specifies Leadership and Process Changes

HIGHER SIGNIFICANCE

\*N=8972 RPIs | 2019 Data

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**SURVEY PREPARATION**  
Focus FIRST on Past Findings

**TJC** (HIGHER SIGNIFICANCE)

**State Agency / CMS**

- A Issues Leading Directly of Conditions of Participation "Not Met"
- B Non-Cited Issues in Conditions of Participation "Not Met"
- C Everything Else

\*N=8972 RPIs | 2019 Data

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**PHASE 2**  
**Survey Management**

**Survey Preparation**

**ONGOING MONITORING AND IMPROVEMENT:**

- Subject or Chapter Leaders
- New Requirements
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**Survey Management**

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**SURVEY MANAGEMENT**  
**Tips, Dos, and Don'ts**



- ✓ Concierge
- ✓ Role of the escort / scribe: ask "is there any information I can get you" as you walk from one survey setting to the next
- ✗ Don't delay getting materials to surveyors: it is what it is
- ✓ EMR navigators to access ALL parts of the medical record
- ✓ Handle disputes as they arise ... but with finesse and not in front of others
- ✓ Get ahead of recurrent findings ... correct or mitigate simple things to avoid repeated issues
- ✗ Don't correct it until you fully understand what is required ... unless you're in "jeopardy", there is no reward for correcting it while the team is on site
  - Life Safety defects ... implement ILSMs until you can correct it properly
- ✓ Internal daily briefings (end of day) ... focus on findings, not on process

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**PHASE 3**  
**Survey Response (also see separate webinar on this topic)**

**Survey Preparation**

**ONGOING MONITORING AND IMPROVEMENT:**

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**Survey Response**

**USING UNCOMMON SENSE TO CORRECT CITATIONS**

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**SURVEY RESPONSE**

**Tips, Dos, and Don'ts**



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Set expectations with leadership about your response to survey findings:

- We will get it in on time but not before
- We will correct actual deficient practices with effective and sustainable solutions, which often take longer to craft and execute
- We will not overcommit only to underperform on subsequent surveys

Understand that actual requirement before you attempt to fix it ... not necessarily what the surveyor thinks is required

Clarify inaccurate TJC findings when possible.  
When not possible, "correct" it by continuing your current process

Save "change policy, educate, and monitor" for the issues you don't intend to correct.  
For valid process problems, take the time to fix them by focusing on the point of care/service and balancing quality, safety and efficiency.

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**Three Phases of Sustained Compliance**

**Survey Preparation**

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**Survey Response**

- USING UNCOMMON SENSE TO CORRECT CITATIONS**
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Discussion / Questions

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