

*A Deeper Dive into Continuous Survey  
Readiness: Critical Areas of Compliance for  
Hospitals in 2011*

*Massachusetts Hospital Association  
February 15, 2011*

**Presented by:**  
**Laureen A. Rimmer, RHIA, CPHQ, CHC**  
**BESLER Consulting**

## Program Overview

- 2010 updates, are they all implemented?
- Sentinel Event Data
- Practical survey tips for critical areas of compliance



## Other 2010 Updates....

- Staffing Effectiveness  
Effective July 1, 2010
- Modification to National Patient Safety Goal 01.03.01  
Effective immediately  
Regarding the use of automated identification technology in blood transfusions  
If two individuals are not available, automated technology (bar coding) may be used in place of one person.
- Multi-dose vials

## Updated Info Continued

- Respiratory Services

Deletion of EP 14 (PC.02.01.03), which limited ordering of respiratory services to a physician or osteopath.

Effective October 1, 2010; a qualified, licensed practitioner who is responsible for the care of the patient and acting within the scope of their practice may order respiratory services.

## Updated Info Continued

- **RC.02.01.01 EP 4:** As needed to provide care, treatment, and services, the medical record contains the following additional information:
  - Any advance directives (See also RI.01.05.01, EP 11)
  - Any informed consent, when required by hospital policy (See also RI.01.03.01, EP 13)
  - Note: The properly executed informed consent is placed in the patient's medical record prior to surgery, except in emergencies. A properly executed informed consent contains documentation of a patient's mutual understanding of and agreement for care, treatment, or services through written signature, electronic signature, or when a patient is unable to provide a signature, documentation of the verbal agreement by the patient or surrogate decision maker.
  - Any records of communication with the patient, such as telephone calls or e-mail
  - Any patient-generated information

Source: The Joint Commission Perspectives, November, 2010

## Updated Info Continued Utilization Review (UR)

- CoP Tag A-0652, 42 CFR 482.30
- LD.04.01.01 EPs 17 and 18 (effective 1/1/2011)
- UR Plan required and includes all required elements of CoPs
- Admission and continued stay reviews

Source: The Joint Commission Perspectives, November, 2010

## Other Updates

- “C” EPs became “A” EPs in July 2010
  - Environment of Care
- MOS requirement for some “C” EPs removed
  - Verbal order authentication
  - Dating/timing
- Additional Life Safety Code Specialists On-Site Survey Time

# Center for Medicare/ Medicaid Services Impact

- If two hospitals share a CCN number, they must have one medical staff and governing body.
- Each hospital will receive a separate accreditation decision per CCN.
- Final report shall be posted within 10 days. (*Averaging 5 days*)

## Do Not Forget

- CMS Validation Survey
- Random unannounced validation survey (ESC)
  - 1 surveyor, 1 day focused on ESC, but can score other issues

# ***Top 10 Sentinel Events***

- 1. Unintended retention of foreign body**
- 2. Wrong-site surgery**
- 3. Op/ Post-op Complication**
- 4. Delay in Treatment**
- 5. Suicide**
- 6. Patient Fall**
- 7. Medication Error**
- 8. Perinatal Death/ Loss of Function**
- 9. Assault/ Rape/ Homicide**
- 10. Patient Death/ Injury in Restraints**

January – September 2010, *Joint Commission Perspectives 12/2010*

# Summary

- Continued alignment CMS Program Integrity with CoPs
- Compliance with the CoPs leads to TJC continuous compliance
- Must always be compliant
- CMS is prescriptive and detailed
- Medicare survey is compliance driven
- If in doubt, use the most prescriptive; State vs. CMS vs. TJC
- Start correcting issues immediately post survey and do not rely on clarification



# ***Practical Survey Tips for Critical Areas of Compliance***

## ***SPECIAL ATTENTION:***

- **Most Challenging Standards**
- **Tracer Activity Practice with Staff**
- **National Patient Safety Goals**
- **Sentinel Event Alerts**
- **Restraints & Seclusions**
- **Training & Competencies**

# *Practical Survey Tips*

“Low Hanging Fruit”

- **Environment of Care**
- **Medication Management**
- **Infection Control**
- **Safety of Medical Equipment**
- **Provision of Care**

# Practical Survey Tips

## “Low Hanging Fruit”

- **Environment of Care**

- Patient Care Unit Preparation Checklist

- Patient Care areas clutter free/ no food, coffee or personal items
- Medical Records protected/ PHI not lying on countertops
- Hazardous Materials labeled and stored correctly/ MSDS sheets/ eye wash stations
- Patient Educational Materials

- Life Safety Inspections

- Egress corridors/ Minor moveable equipment only in corridor (30 minutes)
- Door Wedges/ Oxygen tank storage/ capacity
- Paper signage/ Fire Extinguishers / Exit signs illuminated

# Practical Survey Tips

## “Low Hanging Fruit”

- **Medication Management**

- Security

- Access to medication areas secure/ policies identify who has authorized access
- Medication carts are locked at all times when not in use
- Code carts locked and accessible/ Defibrillator checks at least daily or manufacturers' instructions

- Storage

- Sample drugs/ Labeling of multidose vials/ expired meds/ Respiratory meds
- Refrigerator temps/ Internal and External Meds separated
- LASA list is accessible/ LASA stock drugs are segregated

# *Practical Survey Tips*

## “Low Hanging Fruit”

- **Infection Control**

- Cleanliness of stored equipment
- Clear and distinct process for determining clean versus dirty patient equipment
- Clean linen is covered/ clean & dirty linen is separated
- Personal Protective Equipment is readily available
- Isolation rooms are appropriately labeled with associated precautions
- Negative Pressure Rooms inspection process
- Waterless hand gels are accessible in and out of patient rooms

# *Practical Survey Tips*

## “Low Hanging Fruit”

- **Safety of Medical Equipment**
  - Hospital maintains an inventory and inspects all medical equipment categorized by physical risk associated with use (life support vs. non-life support) and documents.
  - The hospital documents the testing of and maintenance of all sterilizers.
  - Hospital performs equipment maintenance and chemical and biological testing of water used in hemodialysis. These activities are documented.
- **Safety/ Security**
  - Identification tags are worn by all employees
  - Hospital controls access to and from areas it identifies as security sensitive.
  - Hospital has written procedures to follow in the event of a security incident, including infant or pediatric abduction.

# Practical Survey Tips

## Provision of Care

1. Four Core Components
  - Assessment
  - Plan of Care developed based upon assessments
  - Care is provided based upon Plan of Care
  - Care is coordinated with all involved disciplines
2. Orders are carried out as written
3. Patient/ Family education provided as appropriate
4. Advance Directive/ Healthcare Proxy awareness
5. Pain Management
6. Falls Prevention
7. Abuse Assessment
8. Restraint Management

# *Practical Survey Tips*

## **Emergency Management Standards Critical Areas**

Communication

Resources & Asset Management

Safety & Security

Staff Roles & Responsibilities

Utilities Management

Patient/ Clinical Support Activities

# *Practical Survey Tips*

- **Nursing & AHP Education: Survey Preparation**
  - Dating & Timing of all medical record entries
  - Restraint Policies; Infection Prevention Strategies; Waived testing competencies; Medication Storage/ Security
  - Tracer Activity Sessions
  
- **Ancillary Staff Education (PCA/ CA/ Techs)**
  - Roles in Infection Control, Fall Prevention, Fire, Infant Abduction
  - Patient Identification
  - Orientation/ competencies
    - Waived testing, cleaning of equipment

# *Practical Survey Tips*

- **Medical Staff Education**
  - History & Physicals; Updates
  - Dating & Timing of all medical record entries, including orders
  - Legibility/ Clear & Complete Medication Orders
  - Organizational policies relating to restraint & seclusion
  - Cosignatures required for verbal/ telephone orders < 48hrs.
  - Pre & Post Sedation/Anesthesia Evaluations
  - Immediate Post-Op Note
- **Medical Staff Bylaws- MS.01.01.01**
  - Field Review
  - Remain in effect as written in 2010 CAMH
  - Bylaws inclusions; qualifications; roles and responsibilities; requirements for completing H&Ps; duties and privileges ,per Medical Staff category

# *Practical Survey Tips*

- **Leadership Standards**

- *Stay aware of daily briefings!*
- Culture of Safety
- Planning and Provision of services to meet patient population
- Availability of Resources - Human, Financial and Physical
- Staff Competence
- Ongoing Evaluation of & Improvement in Performance
- Organizational Proactive Risk Assessment
- Communication
- Comparable Standard of Care
- Contracted Services
- Patient Flow

# Practical Survey Tips

- **Initiate Patient Tracer Activity** on all patient care units
  - Include care team involved in patient care, i.e.. Respiratory therapists, dietary, social service, pharmacy, educators, etc.
  - Follow care from initial assessment → plan of care → implementation of plan → education
  - Observe “hand-off” communication
- **Sample Employee files** for updated information, performance evaluations, and education
  - HR.01.02.05. Verification of staff licensure, certification and registered at time of hire, and when credentials require renewal
- **Sample Medical Staff files** for credentialing and privileging data
  - Ensure Allied Health Professionals have evidence of Focused and Ongoing Professional Practice Evaluations
  - Ensure track record of Professional Practice Evaluations for at least 12 months for all medical staff members
  - Include type/ how data is acquired and timeframe must be less than every 2 years

# *Practical Survey Tips*

- **System Tracers**

- Determine appropriate membership, per Survey Activity Guide
- Determine designees for membership

- **Scribes**

- Quality staff familiar with Joint Commission Standards
- Escorts for Joint Commission Surveyors
- Will document daily tracking of surveyor findings

- **Command Center**

- Location where all issues are brought to discuss
- Location where all emergency calls are placed for EoC issue resolution

# Educate! Educate! Educate!

- It is not just about log sheets and documentation
- This is a team approach
- Be sure EVERYONE understands the BIG picture

*QUESTIONS ???*



# BESLER Consulting Contact Information

- Laureen A. Rimmer  
Director, Coding Accreditation & Clinical Services  
[lrimmer@beslerconsulting.com](mailto:lrimmer@beslerconsulting.com)  
609-514-1400
- William A. Wheeler  
Director, Business Development, Boston, MA  
[wwheeler@beslerconsulting.com](mailto:wwheeler@beslerconsulting.com)  
781-353-6419

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