

Critical Access Hospital Medicare Survey & Program Evaluation

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**Jill Myers, Manager
Wipfli Health Care Practice**

Background

- CAHs have distinct Conditions of Participation (revised in April 2008)
- After initial CAH certification, re-certification surveys take place every 1 – 3 (or more) years
- Goal: to determine whether the CAH is in compliance with Federal health, safety, & quality standards

Survey Process

- Not announced
- Survey team arrives together (usually at least 2 people), present ID
- Hold entrance conference with CEO, others as appropriate
- No official tour
- All CAH areas surveyed including contracted patient care
- Policy/Procedure review
- Interviews with Staff, patients, family members
- Observations
- Exit conference/Plan of correction

Survey Process: Preparations & Recommendations

- Have a folder ready with:
 - Map/floor plan
 - Organization chart
 - List of staff/hours of operation
 - List of services including contracted
 - Annual plan
 - QA plan; Infection Control plan
 - Network agreement
 - Copy of CLIA or other certifications & recent survey documents
- Make photocopies for yourself
- Don't copy peer review material; abstract out needed info
- Ask for clarification of anything you don't understand

CAH Conditions of Participation*

- Agreements
- Emergency Services
- Number of Beds and LOS
- Physical Plant & Environment
- Organizational Structure
- Staffing & Staff Responsibilities
- Provision of Service
- Clinical Records
- Surgical Services
- Periodic Evaluation & QA Review
- Organ, Tissue, & Eye Procurement
- Swing Bed

***Appendix W, State Operations Manual**

Common Deficiencies

Periodic Evaluation & QA Review Requirements

■ Periodic Evaluation

- Review of the utilization of services
- Representative sample of active and closed clinical records
- All health care policies

■ Quality Assurance

■ Evaluation of:

- All patient care services and other services affecting patient health and safety
 - Nosocomial infections and medication therapy
 - Quality and appropriateness of diagnosis and treatment furnished
- Consideration and outcome of findings

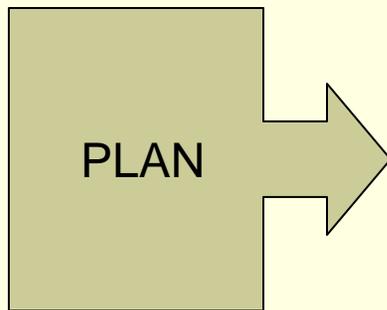
(§485.641/ TAG 0330 CAH Interpretive Guidelines)

CAH Program Evaluation: What's the Purpose?

- Is the CAH meeting needs?
- Is the CAH fulfilling requirements?
- Are changes being documented?
- Assessing the delivery of health care in order to make necessary changes and improvements . . . NOT to prove success or failure

Evaluation Plan

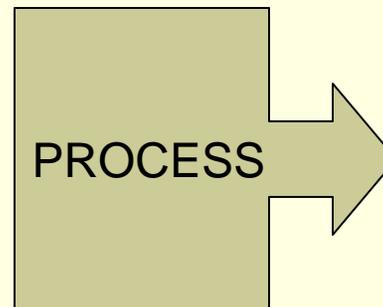
Develop and implement a plan. (Elements may already exist as your Quality Improvement Plan or Calendar.)



(Describe what gets evaluated and how)

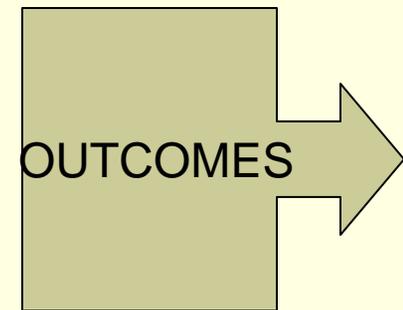
EXAMPLE

Responsibilities of C0272 Committee
Schedule



(Implement the plan)

Record evaluation activities

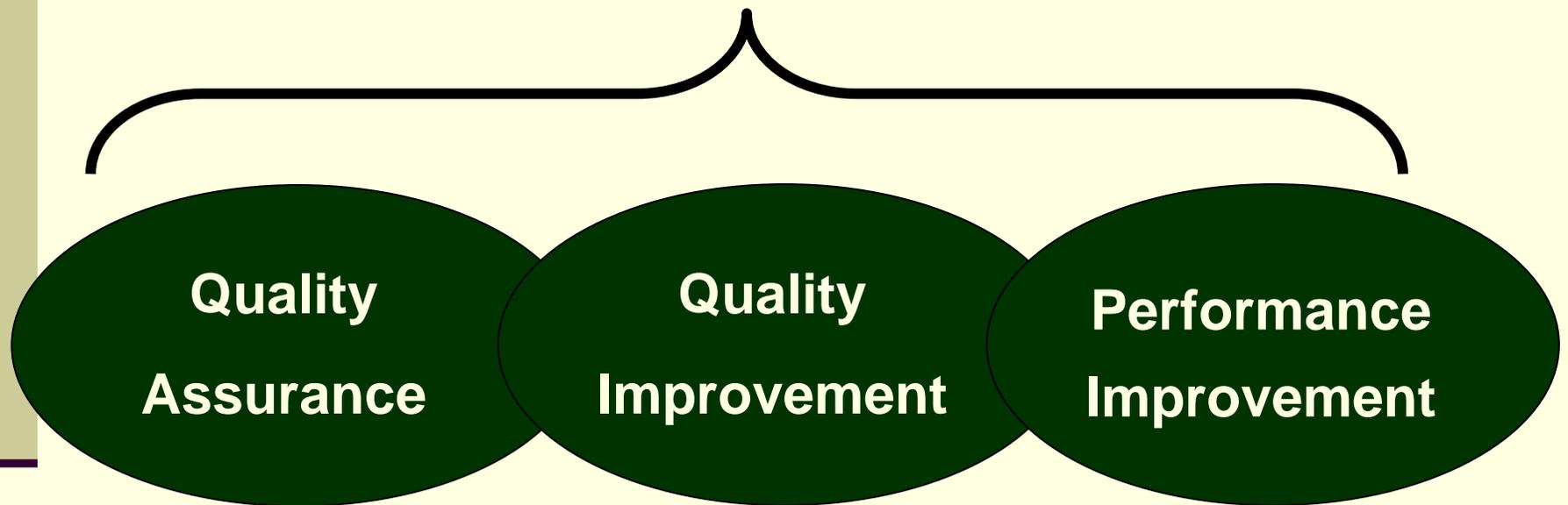


(Describe what happened as a result of the evaluation)

Policy revised?
Staff education?

A Healthy Quality Program

Quality Continuum



* Adopted, with permission, from Darlene Bainbridge & Associates, Inc.

Compliance

**Quality
Assurance**

**Quality
Improvement**

**Performance
Improvement**



**Are we what
we need to
be for today!**

Compliance

**Keeping pace with
the changing
healthcare
environment**

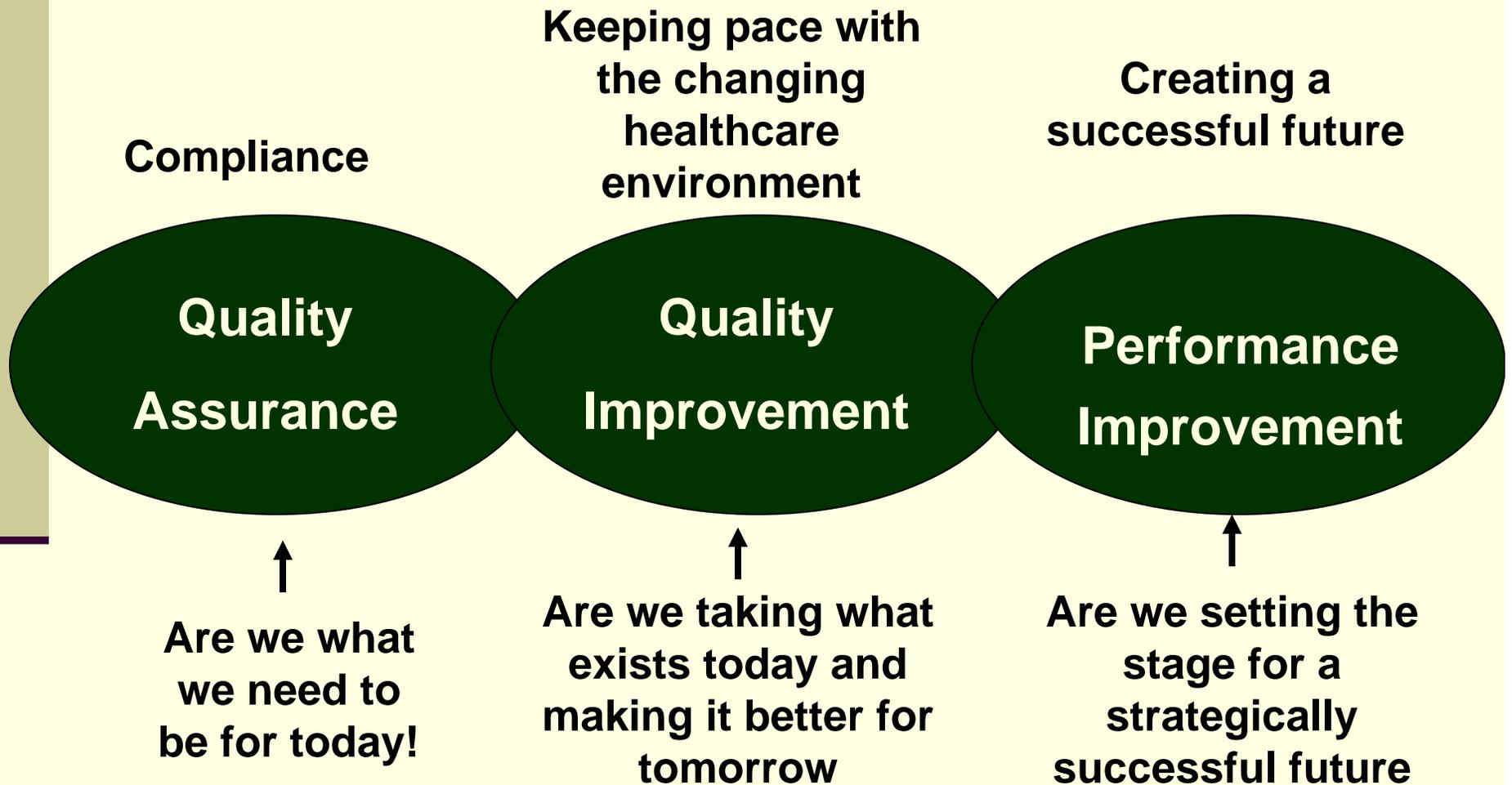
**Quality
Assurance**

**Quality
Improvement**

**Performance
Improvement**

↑
**Are we what
we need to
be for today!**

↑
**Are we taking what
exists today and
making it better for
tomorrow**



Quality Calendar*

- Department-specific
- Quality Assurance:
 - Compliance, COPs
- Quality Improvement:
 - Activities to measure and monitor in order to enhance performance

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Common Deficiencies/ Areas of concern

- Unlocked medications
- Sample medications
- Expired supplies (e.g. blood tubes for blood draws)
- Meds stored in fridges with staff food (or visa-versa)
- Unlocked records

Common Deficiencies/ Areas of Concern

- H&Ps not signed
- Mid-levels: not on policy review; records not signed off
- Outside peer review of physicians
- Services provided by contract – lists should include scope of services
- Separating acute and swing bed services in charts
- Ancillary services – one person in charge of all (add to org chart?)

Common Policy-Related Deficiencies

- Emergency Services
 - Adapted standards or recommendations
 - Evaluate
 - Policies and procedures
 - Staffing
 - Training
 - New policies developed and approved by medical staff and mid-level practitioners
 - Include respiratory care services

Common Policy/Evaluation-Related Deficiencies

- Physical Plant & Environment
 - Routine & preventative, maintenance & testing
 - Ventilation, temperature, humidity, air flow
 - Adopt standards from Association of Operating Room Nurses or American Institute of Architects
 - Emergency preparedness plan and training

Common Policy/Evaluation-Related Deficiencies

- Organizational Structure
 - Board and medical staff bylaws
 - Board informed of ongoing evaluation

Common Policy/Evaluation-Related Deficiencies

- Staffing and Staff Responsibilities
 - Physician and mid-level practitioner involvement in “developing, executing, and periodically reviewing the CAH’s written policies.” (TAGs 0258 and 0263)
 - Position descriptions/scope of practice
 - Physician review and signature for all medical records for patients of mid-level practitioners

Common Policy/Evaluation-Related Deficiencies

- Provision of Services
 - C0272: Policies reviewed by established, prescribed committee
 - Explain this group's role in the evaluation process
 - Document evidence of group activity

Common Problem Area: Policy Review Group

- Policy Review Group (C0272) reviews and revises policies that include:
 - A description of services provided directly and services provided through arrangements
 - Emergency medical services
 - Guidelines for medical management of health problems that include
 - Conditions requiring medical consultation and/or referral
 - Maintenance of health records
 - Procedures for periodic review and evaluation of services

Policy Review Group (continued)

- Rules for storage, handling, dispensation, & administration of drugs
- Procedures for reporting adverse drug reactions and administration errors
- Infection control program
- Dietary policies and procedures

Swing Beds in CAHs

- Appendix W, State Operations Manual
- Must be in compliance with the following SNF requirements:
 - Resident Rights
 - Admission, transfer, & discharge rights
 - Resident behavior and facility practices
 - Patient activities
 - Social services
 - Discharge planning
 - Specialized rehabilitative services
 - Dental services

Swing Beds

- Assessments and care plans must be timely and in process
 - Assessment with 14 days after admission – excludes re-admissions if no significant change (394)
 - Care plans within 7 days after comprehensive assessment with measurable objectives
 - Review and revise as necessary
 - Resident must have a discharge summary that includes summary of stay, status, and post-discharge plan

Environmental Walk Through

- Surveyors will inspect all patient care areas including contracted security: not just locks but who has access to locks?
 - Unlocked records
 - Unlocked medications
 - Unlocked toxics
- Equipment maintenance tags
- Outdated supplies
- Oxygen/suction equipment
- Boxes on floor
- Equipment in halls
- General cleanliness/safety

Environmental Walk Through

- Inspections and interviews in
 - Emergency Services (security, equipment/supplies, policies, 30-minute response, etc.)
 - Lab (current certification, blood alarm, security/access, boxes)
 - Radiology (secure records, policies, equip. records, etc.)
 - Pharmacy/Drug storage area (policies, security, records, outdates, labels, access, etc.)
 - Surgery (inspection where appropriate, staff interviews policies, logs, credentials, etc.)

Environmental Walk Through

- Inpatient treatment areas (bed count; adequate staff care and supervision; dietary; charts and records; knowledge of QA, emergency plans, infection control, policies and procedures)
- Clinical records (policies, security, retention, etc.)
- Swing beds (inspections, interviews with staff, charts, assessment and care plans, etc.)

Environmental Walk Through

- Regularly check for outdates
- Pretend to be a confused visitor or patient; what can you find?
 - Open doors with no one around?
 - Chemicals?
 - Drugs?
 - Information on your neighbor?
 - Things to trip on?
- Locked rooms or containers: who has keys? Where are they stored?
- Think about cipher locks, changed regularly or when staff change

Summary

- Use the annual plan to your advantage
 - Opportunity to look at what you do and don't need to do
 - Avoid duplication of meetings and committees
 - Thin out repetition in regs and policies
 - Enhance your ability to focus on mission, quality, patient care, and safety

Summary: Supporting Information Ready

- Current census (acute, swing, observation) and annual census
- OR log; ER log
- Record of admissions, transfers and discharges for the past year
- Agreements (e.g., blood products)
- Staff lists and staffing schedules (3 months); Docs with surgical privileges
- Governing board minutes
- Equipment maintenance records
- Menus for one month
- Incident reports – 6 months
- Authenticated signatures

Summary

- More than one way to meet the regulations
- Have a policy based on best practices and your hospital, staff, and community
- Follow your policies and document that you follow your policies

Resources

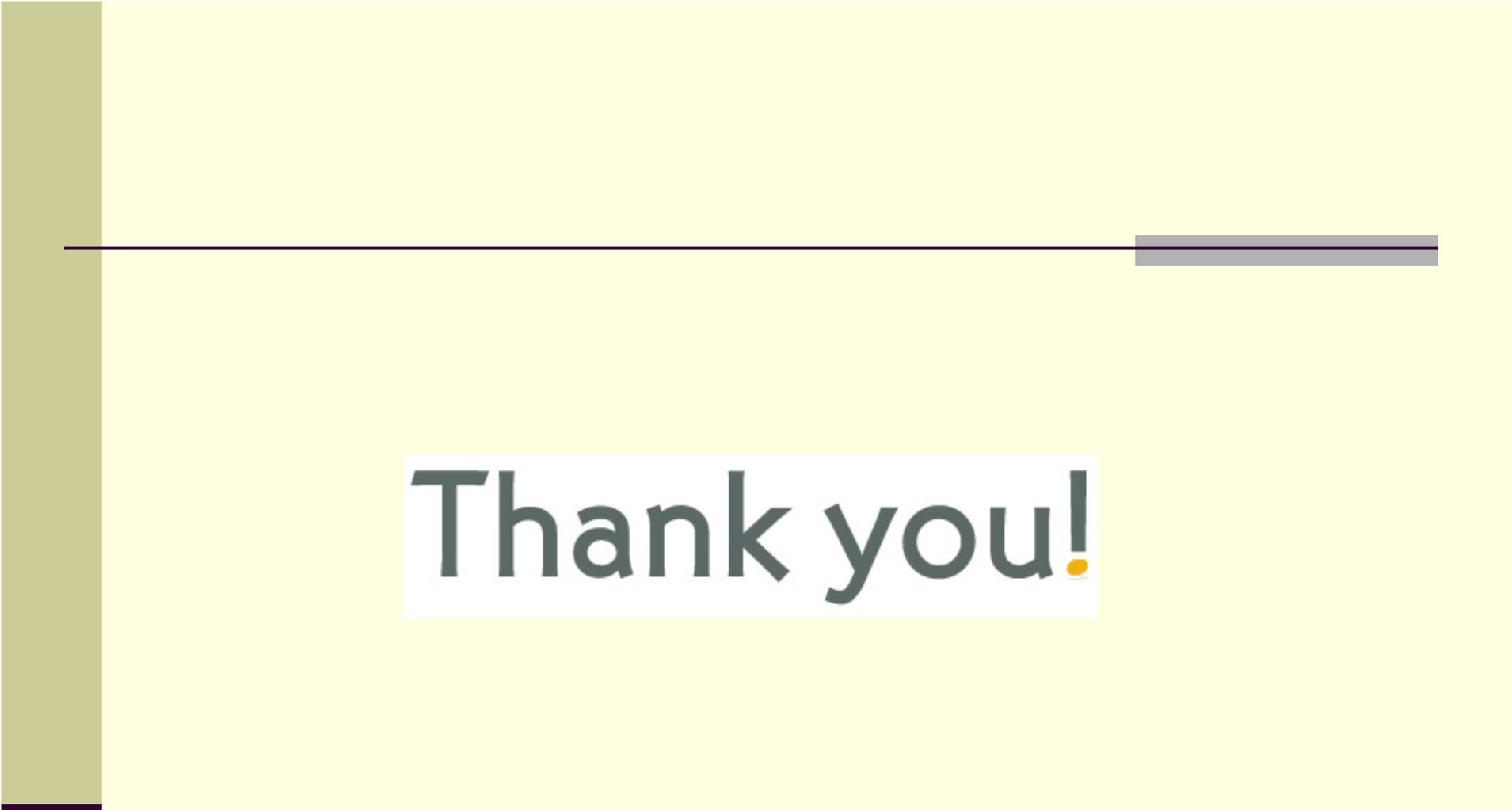
- *Copy of CAH Conditions of Participation Manual:*
www.cms.hhs.gov/Manuals/IOM/list.asp
- *CMS Information for CAHs:*
www.cms.hhs.gov/center/cah.asp
- *JCAHO Information for Rural Hospitals and CAHs:*
www.jcaho.org (patient safety, infection control, PI)
- *American Hospital Association Info for CAHs:*
www.aha.org/aha/key_issues/rural/focus/cah.html

- ***Minnesota Office of Rural Health & Primary Care***
Judy Bergh: judith.bergh@health.state.mn.us

- ***Wipfli LLP***
Jill Myers: jlmyers@wipfli.com

Questions

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Thank you!

Speaker Information

Jill Myers, MA
Manager, Health Care Practice

Wipfli LLP
7601 France Avenue South, Suite 400
Minneapolis, MN 55435

952.548.3396
jlmyers@wipfli.com