Staff Training and Survey Readiness

PREPARING YOUR ORGANIZATION FOR ACCREDITATION AND CMS COMPLIANCE

Jean S. Clark, RHIA, CSHA

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HCPro, Inc.
75 Sylvan Street, Suite A-101
Danvers, MA 01923
Telephone: 800-650-6787 or 781-639-1872
Fax: 800-639-8511
E-mail: *customerservice@hcpro.com*

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Table of Contents

About the Author

Jean S. Clark, RHIA, CSHA

Jean S. Clark, RHIA, CSHA, has been a leader in the field of accreditation and regulatory compliance and health information management for over 30 years. She graduated with honors from the Medical University of South Carolina School of Health Related Sciences. She served as the president of the American Health Information Management Association (AHIMA), the International Health Information Management Association (IFHIMA), the Southeastern Medical Record Association, and the South Carolina Health Information Management Association (SCHIMA). She also received AHIMA's Distinguished Member, Literary, and Volunteer awards, and the Southeastern Medical Record Association and SCHIMA Distinguished Member award.

Clark's career began as assistant director of the medical record department at the Medical University Hospital in Charleston, S.C. After two years, she was named director. In 1975, she began her long and rewarding career at Roper Hospital (now Roper St. Francis Healthcare (RSFH)) where she served as director of health information management (HIM) and accreditation. During her over 35 years' tenure at RSFH, Clark had directorial responsibility for risk management, utilization review, quality assurance, medical staff office, communication services, vascular lab, and cardiac catheterization lab. She coordinated the establishment of the first cardiac rehabilitation department at Roper Hospital.

Clark facilitated many successful Joint Commission surveys at RSFH and was instrumental in achieving accreditation for a new hospital opened in 2010 within 30 days of opening. Most recently she organized and facilitated a successful first-time system survey for the three

hospitals that make up RSFH. She was instrumental in achieving palliative care certification, the first in North and South Carolina. She has been a frequent speaker and author on accreditation and regulatory compliance and is considered a national expert in the field. She has served on The Joint Commission's Professional and Technical Advisory Committee, the Hospital Advisory Committee, the Standards Review Task Force, and the expert panel for revision of the Information Management chapter.

Mentor, educator, writer, and speaker defines Jean S. Clark as a dedicated professional in accreditation and regulatory compliance and health information management.

Foreword

The purpose of this book, *Staff Training and Survey Readiness*, is to provide practical guidance and tools to train leaders, physicians, and staff members about accreditation and regulatory compliance requirements, how to become excellent tracer team members, and how to take ownership for an ongoing compliance program. With knowledge comes confidence, and this creates an organization that is ready for surveys at any time. Most importantly, however, will be a renewed focus on providing quality patient care and safety that is hardwired to avoid errors and considered by all as "just the way we take care of our patients," not because an accrediting or regulatory agency says so.

The book will look at training and survey readiness from the C-suite to the governing body, the medical staff, the clinical and nonclinical staffs, as well as patients and their families. Chapter 1 will provide a brief overview of the accrediting and certification agencies currently available to healthcare.

There are now more than one or two options, so healthcare organizations should become knowledgeable about which agencies best suits their needs. Chapter 2 covers training in general: Who needs to be trained, who does the training, and what are the most effective tools to be utilized?

Although tracers are only one way to stay ready for surveys, they are the most widely used to keep staff informed and identify areas of noncompliance. Therefore, Chapter 3 provides an overview of tracer types with specific emphasis on The Joint Commission and the Centers for Medicare & Medicaid Services (CMS) tracers (e.g., patient, system, and second-generation tracers).

Chapter 4 will delve into organizing for ongoing readiness, with suggested organization structures (for both small and large healthcare organizations) and the role of the accreditation director/coordinator in facilitating and training for ongoing readiness and performing tracers.

In Chapter 5, we will look at training for leaders, including the board members and how they can become an important part of tracer activities. Chapter 6 takes a look at the medical staff and what kinds of information they need to be knowledgeable and succeed at the time of survey. Chapter 7 will cover the clinical and nonclinical staffs (the "boots on the ground" people, if you will) who make the difference every day for patient care and safety and who are truly on the hot seat during times of survey.

Chapter 8 emphasizes the need for everyone to take ownership. But every team needs a coach or two, so this chapter will identify who the coaches are and the key activities they play before, during, and after surveys. It also will explore the important role of performance improvement in continuing compliance. Chapter 9 provides examples of tried and true real-life best practices.

And, finally, we have included an appendix after Chapter 9 that contains a tracer training PowerPoint.

So get ready to stay ready!

DOWNLOAD YOUR MATERIALS NOW

Visit the link below to download the figures that appear in this book. Also included in the download materials is the Tracer Training PowerPoint presentation that is featured in the Appendix of this book.

Website available upon the purchase of this product.

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Chapter 1

Know Who Your Friends Are: Regulatory Organizations

There are more options out there than there used to be, and one shoe does not fit all. Every healthcare organization must decide what accrediting organization best fits their needs. But if they expect to receive Medicare funding, then either Medicare or one of the accrediting agencies deemed by Medicare to survey for compliance with their regulations must be selected.

There are five options we will briefly review in this chapter: four that survey both inpatient and outpatient facilities based on the types of services provided, and one for ambulatory surgical facilities. The focus of this book is mainly on hospitals; however, if your organization has specialty facilities, such as long-term care, then the websites listed below should be researched to determine whether the organization can accredit your specialty types. Also, some can provide certifications, such as for palliative care, primary stroke, and joint replacement.

Let's take a look at just what the options are: Centers for Medicare & Medicaid Services (CMS), The Joint Commission, Det Norske Veritas Healthcare (DNV), Healthcare Facilities Accreditation Program (HFAP), and a relatively new player in the field, the American Association for Accrediting Ambulatory Surgical Facilities (AAAASF), which recently received deeming status from CMS.

Just what is deeming status? Through an application process and strict continued reviews, CMS has given deeming status to The Joint Commission, DNV, HFAP, and AAAASF. This means that these organizations can survey healthcare facilities and "deem" them compliant or not compliant with regulations sufficient to receive Medicare funds. However, in about 10% of surveys, CMS will conduct follow-up surveys to ensure compliance is indeed being met.

Centers for Medicare & Medicaid Services

Some healthcare organizations select CMS to conduct their certification surveys since they have to be in compliance with CMS' *Conditions of Participation* (*CoP*), the interpretive guidelines, and transmittals to receive Medicare and Medicaid funds. Surveys are usually conducted by state surveyors who perform healthcare licensure reviews, which means the healthcare organization knows the surveyors from past experience. And regardless of which agency you select, the *CoP* have to be met, so going to the source may be an attractive option. Generally, surveys may be less expensive than the other options. The surveys are unannounced. The time to correct noncompliant findings is shorter than with the other organizations, and often a survey will lead to many months of continued visits by CMS surveyors.

The Joint Commission

The Joint Commission was established in 1951 and is the best known and largest accrediting organization. In 2013, The Joint Commission surveyed more than 22,000 healthcare facilities. Their standards and elements of performance continued to be reviewed and revised for relevancy in regard to quality of patient care and safety. The Joint Commission, in recent years, has striven to align its standards with CMS' *CoP* and has continuing dialogue with CMS. Surveys are unannounced, and compliance with findings must be completed immediately or within 45 or 60 days, depending on the criticality of the noncompliance.

The Joint Commission utilizes many advisory committees to provide input into relevancy of standards and the survey process. Each organization also has a specific liaison, and the recently implemented intracycle monitoring process and Focused Standards Assessment have already proven to be customer friendly and provide continued communication between The Joint Commission and the healthcare organization. More information about The Joint Commission can be found at *www.jointcommission.org*.

Det Norske Veritas Healthcare, Inc.

DNV was originally started in Norway in 1864 for the purpose of inspecting and evaluating the technical condition of Norwegian merchant ships. DNV has expanded over the years, with a focus toward managing risks in industry and most recently providing accreditation for healthcare organizations. CMS recognized its National Integrated Accreditation for Healthcare Organizations (NIAHO®) standards platform in 2008, providing deeming status to DNV. NIAHO® standards are directly linked to the *CoP* and are utilized for surveys along with ISO 9001, ISO 14001, and ISO 27001 (*www.dnv.org*).

DNV has become increasingly an alternative to other accrediting agencies since deeming status was awarded by CMS.

Healthcare Facilities Accreditation Program

HFAP is yet another viable player in the accrediting agency field. Originally established in 1945 by the American Osteopathic Association, the organization's focus was on assessing osteopathic hospitals. After receiving CMS deeming status, HFAP has become an attractive alternative for accreditation. Standards are evidence based and linked to the *CoP* (*www.hfap.org*).

American Association for Accreditation of Ambulatory Surgical Facilities

Established in 1980 to standardize and improve the quality of medical and surgical care in ambulatory surgical facilities, AAAASF accredits more than 2,000 sites. They have a separate program to evaluate and approve facilities for Medicare certification. The organization must undergo a *Life Safety Code* inspection before being surveyed for Medicare certification (*www.AAAASF.org*).

Choices Expand

The good news is healthcare organizations have more accreditation organizations to choose from; and as healthcare dollars become leaner, cost will become a factor in selecting an accrediting agency. Since Medicare reimbursement is important to most healthcare organizations, CMS has

provided deeming status to other agencies rather than itself. And most private payers are requiring accreditation by one agency or another. So don't be surprised if the accreditation director is asked to provide justification to stick with who you already have or make some changes.

Figure 1.1 offers a comparison between three of the hospital accrediting bodies. This table could easily be turned into a PowerPoint presentation comparing the alternatives and adding CMS as a choice. If your organization has a freestanding ambulatory site, you might want to add AAAASF to your list.

FIGURE 1.1
Joint Commission – HFAP – DNV Comparison

	Joint Commission	HFAP	DNV	Notes
Overview	Founded in 1951 as a result of efforts by the American College of Surgeons to create standardization in hospitals. Voluntary process with focus on quality and patient safety. 20,000+ organizations accredited by TJC. Deeming status from CMS.	Founded in 1945 by American Osteopathic Association. Focus on assessing osteopathic hospitals. Voluntary collaborative process with focus on quality and patient safety. Accredits 1,000+ organizations. Deeming status from CMS.	DNV has had presence in the manufacturing industry for many years. In 2008, it received deeming status from CMS. Focus is continuous readiness, assessing risks using ISO criteria, and methodology.	
Standards	Standards are developed around functional chapters, e.g., Leadership, Provision of Care. The Standards are linked to CMS *Conditions of Participation* (*CoP*). TJC has led the way in pushing National Patient Safety Goals to healthcare organizations, which has led the way to consistency for specific high-risk healthcare practices.	Standards are evidence-based and linked to *CoP*s. HFAP also has select patient safety initiatives.	Standards are directly linked to *CoP*s. Less prescriptive with more focus on measurement and improvement in outcomes over time.	

FIGURE 1.1
Joint Commission – HFAP – DNV Comparison *(cont.)*

	Joint Commission	HFAP	DNV	Notes
On-Site Survey	Tracer methodology – tracing path of the patient and high-risk systems and processes.	Review of patient-centered processes; educational in focus.	National Integrated Accreditation for Healthcare Organizations (NIAHO) and ISO surveys done collaboratively using tracer methodology.	
Survey Schedule	Every 3 years	Every 3 years	Annually	
Standards/ Scoring	Nurses, physicians, pharmacists, engineers, healthcare administrators certified by THC.	Healthcare clinicians and administrators; paid volunteers, usually working in healthcare.	NIAHO surveyors trained annually – clinicians and healthcare administrators.	
Standards/ Scoring	Elements of Performance (EP) are scored based on compliance. Findings must be resolved within 45 or 60 days after survey, depending on the criticality of the findings.	Discrepancies are identified; organization has 30 to 60 days to resolve and respond.	Scores are aggregated. As issues are identified, corrective actions must be implemented and monitored.	
Survey Outcomes	• Accredited • Preliminary accreditation • Accredited with follow-up survey • Contingent accreditation • Preliminary denial • Denial	• Full accreditation • Interim accreditation • Denial of accreditation	• Accredited • Jeopardy status • Not accredited	
Cost	Cost is based on size and complexity of the organization.	Cost is based on size and complexity of the organization.	Cost is based on size and complexity of the organization.	
Contact	*www.jointcommission.com*	*www.hfap.org*	*www.dnv.com*	

Reference: The Big Three: A Side-by-Side Matrix Comparing Hospital Accrediting Agencies, *Meldi, Rhodes & Gippe, SYNERGYY, 2009.*

Generally, factors affecting change could be cost, compatibility with CMS' *CoP*, survey experiences (good or bad), expectations of other payers in regard to accreditation, and what's happening in your community. Are all competitive hospitals surveyed by one organization, e.g., The Joint Commission? You might not want to be the lone hospital going a different route. Knowledge of what is available in regard to accreditation is becoming more and more a necessary training tool for the accreditation director. Be prepared to have a recommendation in mind. These presentations generally go before senior leadership, the medical staff, and ultimately the Board of Directors. The accreditation director's opinion will count in influencing the final outcome, so have a recommendation before going in to present.

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Staff Training and Survey Readiness provides practical guidance and tools to train leaders, physicians, and staff about accreditation and regulatory compliance requirements in easy-to-read terminology. It also provides direction on how to become excellent tracer team members and build the confidence to take ownership of an ongoing compliance program. Most importantly, with the training in this book, staff will gain a renewed focus on providing quality patient care and safety, not just for accrediting or regulatory reasons, but because of a culture shift that values patients above all else.

This book will help you:

- Understand accreditation's role in improving healthcare quality and safety
- Prepare for working with The Joint Commission, CMS, and other regulatory agencies and accreditors before, during, and after the survey
- Develop skills and tools for working with peers, leadership, and department heads to create a culture of continual readiness
- Work with tracer tools to track improvements and encourage continuous survey readiness and a culture of safety and quality

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75 Sylvan Street, Suite A-101
Danvers, MA 01923
www.hcmarketplace.com