



# Clinical connection



Tina Charbonneau, BA -- QAPI Director, Adirondack Health  
Adele S. Hodlin, RN, MS, CPHQ, PSLF – AVP for Quality/Risk, Adirondack Health

## CMS PSI Worksheets – Something for Everyone!

In 2011, CMS began piloting the use of three worksheets for State Survey Agency (SA) surveyor use through the **CMS FY 2015 Patient Safety Initiative (PSI)** to better assess compliance with the hospital CoPs (Conditions of Participation) for QAPI, Infection Control, and Discharge Planning.

The initiative was part of the larger Health & Human Services initiative to reduce Hospital-Acquired Conditions (HAC's) including Healthcare-Associated Infections (HAI's), and preventable readmissions. The pilot phase of the PSI has ended and the worksheets have been revised, based on feedback received during the pilot, and are now officially ready for use as part of the standard hospital survey process.

According to CMS, in FY 2015 the final worksheets are to be used for all hospital survey activity whenever assessment of compliance with any of the three associated Conditions of Participation (CoPs) occurs. This includes all complaint surveys involving one or more of the CoPs, and all comprehensive standard surveys, including representative sample validation, recertification surveys, and surveys that the Regional Office requires after a complaint survey with condition-level noncompliance. The worksheets may be used individually or in combination based on specifics of the survey activity.

Again, the assumption is that by achieving compliance with these three CoPs, hospital-acquired conditions and preventable re-admissions will be reduced. The intent is also, through the use of these highly structured worksheets, to provide a more in-depth and consistent approach to on-site surveys.

[FY 2015 PSI QAPI Worksheet](#)

[FY 2015 PSI Infection Control Worksheet](#)

[FY 2015 PSI Discharge Planning Worksheet](#)

Completion of the worksheets internally, apart from survey activity by regulatory and accreditory bodies, is an excellent way to identify any potential gaps in the three programs; or in the documentation supporting the programs. The worksheets actually use a "tracer" format, which can be helpful in walking staff and leadership through the applicable CoPs. They also serve to translate the legalistic language of the CoPs into real, patient-focused terms that staff can more easily relate to their daily responsibilities. This is especially true of the Discharge Planning worksheet.

Although the three worksheets are not used in Critical Access Hospitals, they are a tested and comprehensive tool that can be used in whole or in part to conduct self-assessments of these three programs, and also to promote quality care and patient safety.

Now that we've covered the back story, we'd like to share with all of you Adirondack Health's recent, real life experience with the CMS' worksheets.



# The CMS' Quality Assessment & Performance Improvement (QAPI) Worksheet

2014 was our HFAP accreditation year and we had started to prepare early for an anticipated survey date in October. Part of our planning included a "mock survey" conducted by Diane Bradley, Regional Chief Clinical Officer for HealthTech. During that survey, we reviewed some of the recent documents from both the CMS and HFAP indicating an increased level of importance being placed on quality assessment and performance improvement (QAPI) and most specifically quality improvement initiatives that related to patient safety. HFAP had also provided a 'draft' evaluation tool. Accrediting bodies were not going to be satisfied by the usual dashboards and stoplights! They wanted to see the quality improvement process in action, documented and shared not only with staff but with hospital administration and the Board.

Acting on Diane's advice, I met with each department or service director to discuss the QAPI process at Adirondack Health, outline the projects that were currently in process, identify the project champion/leader, and to discover what data were being collected and where the data could be found -- the last element being of the utmost importance. The information was collated into a QI Report that would prove to be invaluable!

**Are you aware of the quality improvement initiatives that are being conducted at your hospital?**

In September, 2014, both HFAP and the New York State Department of Health (NYSDOH) arrived on our doorstep. NYSDOH arrived to perform a pre-accreditation survey and to "field test" a CMS developed QAPI tool. The tool was exactly the same as the HFAP accreditation QAPI assessment we had received months earlier. I shared my QI Report with both the NYSDOH and HFAP survey teams and together we selected three projects for the focused QAPI review.

Using the assessment tool, I was able to identify weaknesses in our process for reviewing, evaluating and reporting our quality improvement processes. Although we follow the "Plan-Do-Check-Act" model for process improvement, we sometime stalled at the "Check" point. Projects were initiated but the follow-through and results were not effectively communicated to the appropriate staff or to the various administrative and governing bodies. This is not to say that EVERY quality initiative and/or process improvement project needs to make its way to the top. Rather, those issues that have significant patient safety considerations should be shared accordingly and more importantly should be included in a department/service QAPI Program.



The evaluation tool has since been included in the overall Quality Assurance Performance Improvement Program for our organization. Whether your facility is Acute Care PPS or Critical Access, using the tool NOW to evaluate your QAPI process will not only improve documentation of your outcomes and communication, it will pay huge dividends during your accreditation and regulatory surveys.

*Contributed by: Tina Charbonneau, BA  
QAPI Director, Adirondack Health*

Centers for Medicare & Medicaid Services

Hospital Quality Assessment Performance Improvement (QAPI) Worksheet

State Agency Name

Instructions: The following is a list of items, broken down into separate Parts, which must be assessed during the on-site survey in order to determine compliance with the QAPI Condition of Participation. Items are to be assessed primarily by review of the hospital's QAPI program documentation and interviews with hospital staff. Direct observation of hospital practices plays a lesser role in QAPI compliance assessment, but may still be appropriate. The separate Parts can be assessed in any order. Within each Part there may also be flexibility to change the order in which the various items are assessed.

The interviews should be performed with the most appropriate staff person(s) for the items of interest (e.g., unit/department staff should be asked how they participate in the hospital-wide QAPI program).

## The CMS' Infection Control Worksheet

As luck would have it, our Infection Preventionist was vacationing off the grid when the survey teams arrived in September and we were presented with the 49 page Infection Control Worksheet, with instructions to complete it within the next 24 hours and present it to the HFAP Nurse Surveyor. This then would be a true test of the effectiveness of the Infection Control program—which depends ultimately on teamwork and communication across the organization.

I called an early morning meeting of all available members of the Infection Control Committee; and together we marched through all 49 pages, in the end impressed with ourselves that, thanks in large part to our Infection Preventionist's passion and persistence in educating the rest of the team, were able to answer each and every question in her absence.

Lesson learned – or reinforced: Be prepared! In common with most small hospitals, folks wear multiple hats, and one individual may be the expert

in more than one area. This can actually be an asset if and when that individual is on scene or available. If that individual is unavailable, it is imperative that at least one other person in the organization knows the location of, and can produce critical information upon request. For example, like many hospitals, we create survey binders—in our case, based on the chapters in the HFAP Accreditation Manual. Called “Grab and Go” binders, we strive to keep them up to date, and easy to find, so surveyable information and documents can be produced on demand.

Lesson two: Harness the strength of teamwork. None of us individually could have successfully completed the Infection Control Worksheet; together, we drew from a depth of knowledge we truly did not appreciate until we approached the exercise as a group. And remarkably, once we got started, and the energy started to flow, we had fun.



## The CMS' Discharge Planning Worksheet

We've all experienced the perfect storm, and this was a doozy! A team of surveyors from the New York State Department of Health, acting on behalf of CMS to pilot their newly revised Patient Safety Worksheets, followed a day later by the HFAP Accreditation Survey team, arriving one month early; with a number of key hospital staff off site. Not only was the Infection Preventionist off the grid, so was the Director of Clinical Resource Management!



In this case, the senior case manager and the social worker stepped up, and with their deep knowledge of the patients in their care, and the clinical resource management program itself, they were able to complete the discharge planning worksheet to the satisfaction of both survey teams. This was beneficial

to the organization, of course, but perhaps more importantly, it was enormously gratifying to staff to be asked to participate; and to succeed in the effort. In addition, the senior case manager reported that using the worksheet led her to a new level of appreciation for the depth and complexity of the CMS' expectations of a clinical resource management/utilization review program.

Lesson learned: Involve staff— not only do they have the most current, ground level knowledge, they want to be recognized for the value of that knowledge; and to contribute to the success of the survey or other endeavor. And, direct participation in the survey process proved to be a priceless, real world educational and growth opportunity!

## Something for Everyone

To reiterate Tina's observation — although the three PSI Worksheets were developed by the CMS for use in PPS Hospitals, they are excellent tools to use in an objective, structured evaluation of any or all of the three programs for which they were created.

Several sources recommend pro-actively assembling teams to review and complete the worksheets as a self-assessment activity from which action plans can be developed to address any gaps identified; and to validate what the organization does well. Reports of the findings of these activities can then be presented to senior leadership, to aid shaping priorities, allocating resources, and to celebrate success related to various aspects of these mission critical programs.

Others recommend an even more robust approach, attaching documents to the worksheets as evidence of compliance – an approach which makes a lot of sense for PPS hospitals, who will eventually and inevitably be surveyed to these worksheets.

## But wait... There's more!

Because they are a product of rigorous field testing by the CMS itself, use of any of the worksheets in whole or in part can also provide a number of other benefits to any hospital, whether PPS or CAH:

- ▶ Development of policies and procedures related to the three programs
- ▶ Director and staff education
- ▶ Medical Staff education
- ▶ Risk Management tool; assessment of culture of safety; evaluation of RCA's
- ▶ Planning for the future growth of the three programs



So... Don't wait to complete the worksheets – start now. You'll be glad you did!

With thanks to Carolyn St. Charles, Regional Chief Clinical Officer, HealthTech Management Services. Reference is made to her email of March 31, 2015 to which were attached the final versions of the CMS' PSI (Patient Safety Initiative) Worksheets for QAPI, Infection Control and Discharge Planning.

The three worksheets are available on the CMS web site at: <http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Policy-and-Memos-to-States-and-Regions-Items/Survey-and-Cert-Letter-15-12.html?DLPage=1&DLSort=2&DLSortDir=descending>

*Contributed by: Adele S. Hodlin, RN, MS, CPHQ, PSLF  
AVP for Quality/Risk, Adirondack Health*

HealthTech hopes that the information contained herein will be informative and helpful on industry topics. However, please note that this information is not intended to be definitive. HealthTech and its affiliates expressly disclaim any and all liability, whatsoever, for any such information and for any use made thereof. Recipients of this information should consult original source materials and qualified healthcare regulatory counsel for specific guidance in healthcare reimbursement and regulatory matters.

If you have questions or comments about this newsletter, please contact Carolyn St.Charles, Regional Chief Clinical Officer.  
Email: carolyn.stcharles@ht-llc.com. Office: 360-584-9868 Cell: 206-605-3748