May 2018

HTS3 Working for YOU!

Continual Survey Readiness

Do you believe that you are prepared and ready each day to receive the message that surveyors are at your front door or is survey readiness one of the things that cause you sleepless nights? Based on over 1300 Conditions of Participation (CoP) for hospitals, survey readiness should be a priority. Regardless whether your organization is accredited by one of the CMS deeming authorities such as The Joint Commission (TJC), Det Norske Veritas (DNV-GL), Healthcare Facilities Accreditation Program (HFAP), The Center for Improvement in Healthcare Quality (CIHQ), or whether you choose to have your State surveyors complete your survey, someone is going to visit you to assure compliance with the CoPs. With that always imminent possibility, it is wise to have an objective set of eyes help you and your leaders in preparing for an unannounced visit/survey. Compliance with the CoPs, along with any proprietary standards that have been added by the deeming authorities, is essential to organizational survivability. Keeping in mind that there are about 525 pages of CoPs that acute and critical access hospitals are required to adhere to in addition to OSHA standards, the task can be daunting. An additional challenge that organizations face is the interpretation and special interests that some surveyors may have. The deeming authorities have attempted to mitigate some inconsistencies by surveyors over the last few years.

Fortunately, HTS3 has consultants who are experts in knowing the CoPs and the Interpretive Guidelines as well as the additional standards imposed by the other deeming authorities. The additional advantage of having one or both of the consultants to conduct a mock survey to ready your organization for an actual survey is that the service includes an understanding of the Interpretive Guidelines, recommendations for best practices, methods to provide structure to continual survey readiness, and assistance in identifying areas that need attention prior to an unannounced survey. Similarly, if your organization receives notification that CMS is conducting an announced survey because of a complaint or other circumstance, the consultants have experience preparing you and your staff for such a survey. Finally, if you are making a change from one deeming authority such as moving from TJC to DNV-GL or vice versa, the change warrants education regarding the differences between the two survey processes and expectations of the group; the consultants are skilled in helping you make the transition.

HTS3 provides the following consultants to help you in your regulatory journey for hospital, critical access hospital and long-term care accreditation. **If you have an impending survey or are changing accrediting bodies or are seeking a mock survey as part of your continual readiness, please contact:**

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Regulatory Report

The House Energy and Commerce Committee has scheduled two hearings in May month to consider more than 50 bills that take on the opioid crisis. Committee leaders have said they want to get the opioid bills through the House by the Memorial Day recess. The Senate is working on its own legislation. The bills run a broad spectrum of topics, with some focusing on giving law enforcement more tools to combat shipments of illegal facsimiles of the painkiller fentanyl. Other bills seek changes to Medicare and Medicaid, while some of the pending legislation targets expanding treatment options such as expanding the use of telehealth to help addicts suffering in rural communities. Source: Washington Examiner. May 7, 2018

The Senate Committee on Health, Education, Labor and Pensions voted on several health care-related bills, including the Opioid Crisis Response Act, a bipartisan bill that includes measures to restrict the number of painkillers physicians can prescribe, direct research toward finding non-addictive painkillers and prevent illegal drug trafficking. Another bill up for consideration is the Over-the-Counter Drug Safety, Innovation, and Reform Act, which would revise how over-the-counter medications are regulated and allow the FDA to collect user fees on them.

Medicare Rural Emergency Medical Centers

Reps. Lynn Jenkins (R-KS), Ron Kind (D-WI) and Terri Sewell (D-AL) introduced legislation that would create a new Medicare facility designation to help rural communities maintain access to essential emergency and outpatient services for patients. The legislation, referred to as the REMC Act, is an attempt to right-size the health care infrastructure in certain vulnerable communities along with ensuring patient access to care by aligning services and reimbursement with the unique circumstances of providing care in rural communities. Source: AHA.org

Regulatory and deregulatory plans for the near future are evolving from promises made by the President to reduce paperwork burdens for hospitals. In addition, some other policy changes promulgated by HHS include greater flexibility for non-ACA-compliant plans, and additional strategies to fight the opioid epidemic, all of which have been previously addressed by the Trump administration. Neomi Rao, the administrator of the Office of Information and Regulatory Affairs of OMB has stated that "Responsible regulatory reform promotes economic growth and innovation, leaving the American people with more freedom to pursue their work and exercise ingenuity." Another facet of potential changes proposed by HHS includes plans to streamline the Medicare claims appeals process by fixing cross-references, unclear terms and definitions, and other errors that could be burdensome for providers and beneficiaries.
Source: hhs.gov

CMS has proposed a value-based payment model for skilled nursing facilities that would increase Medicare payments to participating providers, link reimbursement to health outcomes, ease regulatory burdens and develop new transparency requirements. CMS also proposed updates to rates and payment policies for inpatient rehabilitation facilities, inpatient psychiatric facilities and hospice care.

New Medicare Cards

Previous C4 newsletters discussed that CMS would be issuing new Medicare cards. The process has begun and CMS is now generating a new 11-character Medicare Beneficiary Identifier (MBI) and issuing redesigned cards to beneficiaries. Medicare claims NOT containing the MBI will be rejected starting Jan. 2020.

AHA Annual Meeting

Seema Verma, CMS's Administrator spoke at the meeting and discussed a number of efforts underway at the agency, one being a reduction in regulatory burdens on providers. "We recognize that some regulations are necessary to ensure patient safety, quality and program integrity, but many are redundant, ineffective and have a negative effect on patient care by taking providers away from their primary mission – improving their patients' health outcomes," Verma said. Some of the other areas she discussed included a proposal to implement the Meaningful Measures initiative, providing relief from the Stark Law, efforts to move away from fee-for-service to a system that is value-based, and the need to provide relief from high prescription drug costs. Source: AHA Today. May 7, 2018

Good News

CMS wants to eliminate 19 measures across the agency's five quality and value-based purchasing programs as part of its larger goal to reduce the administrative burden for providers. The agency also aims to eliminate redundancies in 21 measures.

In its annual proposed rule for the inpatient and long-term care prospective payment system, the agency said the changes would decrease hospitals' time spent on paperwork by more than 2 million hours and result in $75 million in savings. Experts say the CMS' suggested changes are a positive step overall for the field of quality measurement. There are too many measures that serve little value to clinicians or patients. Source: Modern Healthcare. April 28, 2018

In a recent CDC Vital Signs, it was reported that the incidence of illnesses in the US caused by diseases that ticks and mosquitoes transmit has more than tripled over a decade to 640,000 cases. The findings, based on an analysis of 16 insect-borne diseases reported in the US National Notifiable Diseases Surveillance System between 2004 and 2016, indicate that the most common mosquito-borne pathogens in 2016 were West Nile, dengue and Zika viruses, while the most common tick-borne diseases were Lyme disease and ehrlichiosis. Widespread and difficult to control, diseases from mosquitoes and ticks are major causes of illness and sometimes death. Source: ANA SmartBrief. May2, 2018 and cdc.gov

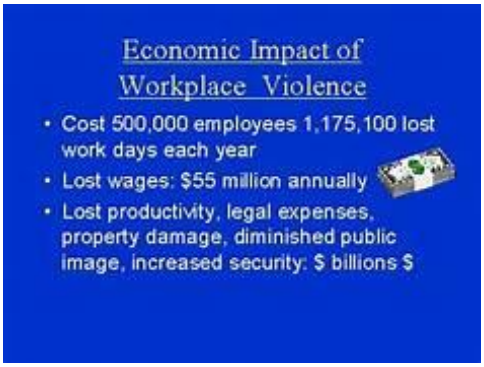
Nearly 30,000 Americans aged 65 or older died from a fall in 2016, according to a new report from the CDC. The death rate from falls rose 31% for seniors, with the largest increase among adults aged 85 and older. State rates in 2016 ranged from 24.4 per 100,000 in Alabama to 142.7 in Wisconsin. The authors of the report state that "Health care providers should be aware that deaths from falls are increasing nationally among older adults but that falls are preventable." Falls and fall prevention should be discussed during annual wellness visits, when health care providers can assess fall risk, educate patients about falls, and select appropriate interventions. Source: AHA Today. May 10, 2018

The Joint Commission has issued recommendations to healthcare organizations that involve seven steps needed to address physical and verbal workplace violence. According to Cheryl Peterson, VP for Nursing Programs at ANA, she states that "In order to truly eliminate workplace violence, it is critical that nurses, other healthcare professionals, and their employers shift the professional and workplace culture to adopt a mindset of zero tolerance that diminishes barriers to reporting". Source: ANA SmartBrief. April 20, 2018

TJC's infographic provides a summary of violence in the health care environment (see page 5). The reference is Sentinel Event Alert 59: Physical and verbal violence against health care workers. The entire alert can be accessed on TJC's website, jointcommission.org which provides a clearer infographic and includes the standards that apply to acute and critical access hospitals.

The ramifications of workplace violence are costly to health care organizations. "Health care accounts for nearly as many serious violent injuries as all other industries combined. Many more assaults or threats go unreported" according to the Department of Labor.

Most often one thinks only about physical violence that seems to be frequently reported, however the more subtle types of violence can be under-reported or not reported at all. These types of violence are referred to as lateral or horizontal violence and bullying and should not be ignored because both can contribute to a hostile work environment. Lateral or horizontal violence is defined as acts of unwanted abuse or hostility. Bullying is described as repeated acts of aggression over a period of time. These behaviors and reports of such behaviors should never be ignored. Organizational policies should be developed that address the behaviors that constitute violence, and the recourse that employees have if subjected to any type of violence plus the consequences of imposing violence on others.



Take a stand: No more violence to health care workers

Forms of violence to health care workers

- Biting
- Kicking
- Punching
- Pushing
- Pinching
- Shoving

- Scratching
- Spitting
- Name calling
- Intimidating
- Threatening
- Yelling

- Harassing
- Stalking
- Beating
- Choking
- Stabbing
- Killing

Statistics on violence against health care workers

- 25 percent of nurses reported being physically assaulted by a patient or a patient's family member, and about half reported being bullied (ANA)
- Workers in health care settings are four times more likely to be victimized than workers in private industry (BJA and IAHSSF)
- Health care workers have a 20 percent higher chance of being the victim of workplace violence than other workers (National Crime Victimization Survey)
- Violence-related injuries are four times more likely to cause health care workers to take time off from work than other kinds of injuries (BLS)

75 percent of nearly 25,000 workplace assaults reported annually occurred in health care and social service settings (OSHA)

Violence against health care workers is grossly underreported

Only 30 percent of nurses report incidents of violence

Only 26 percent of emergency department physicians report violent incidents

Health care workers

- think that violence is "part of the job"
- are sometimes uncertain what constitutes violence
- often believe their assailants are not responsible for their actions due to conditions affecting their mental state

Factors associated with perpetrators of violence

- Altered mental status or mental illness
- Patients in police custody
- Long wait times or crowding
- Being given "bad news" about a diagnosis
- Gang activity
- Domestic disputes among patients or visitors
- Presence of firearms or other weapons

What to do when violence occurs

Report it! Notify leadership, security and, if needed, law enforcement.

The Joint Commission

TJC Announcement

Recently, TJC appointed a new Infection Prevention and Control Director. Sylvia Garcia-Houchins, MBA, RN, CIC, has joined The Joint Commission as its new director of infection prevention and control in the Division of Healthcare Improvement. Garcia-Houchins is responsible for the oversite of infection prevention and control initiatives. Source: Joint Commission e-Alert. May 7, 2018

Further Announcements

Revised Sepsis Bundle Source: ACDIS. May 10, 2018

- Measure lactate level. Remeasure if initial lactate is >2 mmol/L.
- Obtain blood cultures prior to administration of antibiotics.
- Administer broad-spectrum antibiotics.
- Begin rapid administration of 30ml/kg crystalloid for hypotension or lactate ≥4 mmol/L.
- Apply vasopressors if patient is hypotensive during or after fluid resuscitation to maintain MAP ≥65 mm Hg.

**"Time zero" or "time of presentation" is defined as the time of triage in the Emergency Department or, if presenting from another care venue, from the earliest chart annotation consistent with all elements of sepsis (formerly severe sepsis) or septic shock ascertained through chart review.*

WHO is set to release ICD-11 on June 1 after multiple delays.

The hospital Value Based Program FY 2020 Baseline Measures Reports available from CMS. Check CMS website to determine the impact for your organization.