HEALTHTECH S3
strategy solutions support

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GAFFEY HEALTHCARE
TECHNOLOGY. RESULTS.

Planning for a Successful Survey




Carolyn began her healthcare career as a staff nurse in Intensive Care. She has worked in a variety of staff, administrative and consulting roles and has been in her current position as Chief Clinical Officer with HealthTechS3 for the last fifteen years.

St.Charles conducts mock surveys for Critical Access Hospitals, Acute Care Hospitals, Long Term Care, Rural Health Clinics, Home Health and Hospice. Carolyn also provides assistance in developing strategies for continuous survey readiness and developing plans of correction.

Carolyn also has extensive experience in working with hospitals to both develop and strengthen Swing Bed programs.

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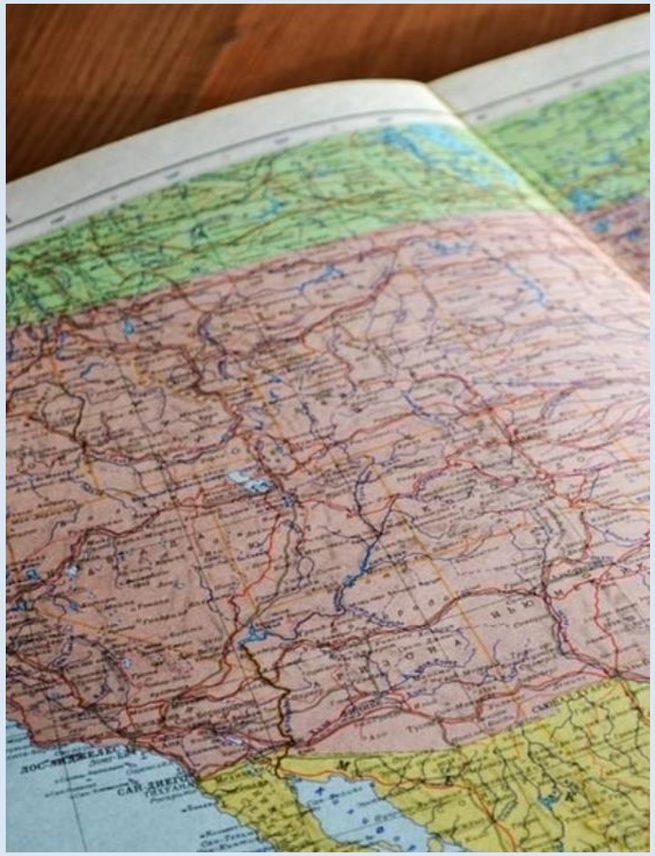
Nationwide Client Base

GAFFEY HEALTHCARE
TECHNOLOGY. RESULTS.



Currently provides hospital management, consulting services and technology to:

- Serving community, district, non-profit and critical access hospitals
- Example managed hospital client includes Barrett Hospital and Healthcare in Dillon, MT. Ranked as a Top 100 Critical Access Hospital for 8 years in a row
- Example technology and AR services client includes two-hospital NFP system in southeast GA with numerous associated physician practices

Preferred vendor to:

- California Critical Access Hospital Network
- Western Healthcare Alliance
- Partner with Illinois Critical Access Hospital Network
- Vizient Group Purchasing Organization

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Areas of Expertise

Strategy - Solutions - Support

Governance & Strategy

- Executive management & leadership development
- Community health needs assessment
- Lean culture

Finance

- Performance optimization & margin improvement
- Revenue cycle & business office improvement
- AR outsourcing

Recruitment

- Executive and interim recruitment
- CEOs, CFOs, CNOs
- VP and Department Directors

Clinical Care & Operations

- Continuous survey readiness
- Care coordination
- Swing bed consulting

INSTRUCTIONS FOR TODAY'S WEBINAR

- You may type a question in the text box if you have a question during the presentation
- We will try to cover all of your questions – but if we don't get to them during the webinar we will follow-up with you by e-mail
- You may also send questions after the webinar to our team (contact information is included at the end of the presentation)
- The webinar will be recorded and the recording will be available on the HealthTechS3 web site: www.healthtechs3.com

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2019 QUARTER 4 WEBINARS

Your Swing Bed Questions Answered
Date: October 4, 2019 **Time:** 1:00 pm CST
Presenter : Carolyn St.Charles, *RN, BSN, MBA, Chief Clinical Officer HealthTechS3*
https://bit.ly/2l3pyAO

CMS Changes, CoPs and Discharge Planning Requirements – What do They Mean for Your Organization?
Date: October 18, 2019 **Time:** 12pm CST
Presenter : Carolyn St.Charles, *RN, BSN, MBA, Chief Clinical Officer*
https://bit.ly/2pgVALy

Chronic Care Management Coding: How to Deal with Combo Codes and The Impact on Revenue
Date: October 24, 2019 **Time:** 12:00 pm CST
Presenters : Faith M Jones, *MSN, RN, NEA-BC, Director of Care Coordination and Lean Consulting, HealthTechS3*
Julianna Seaman, *CCS, CCS-P, Coding and CDI Director, eCatalyst Healthcare Solutions*
https://bit.ly/2lLChZd

Best Practices from Nurse Leaders
Date: November 1, 2019 **Time:** 1pm CST
Presenter : Carolyn St.Charles, *RN, BSN, MBA, Chief Clinical Officer*
https://bit.ly/2niijG7

Diversity and Inclusion at the Hospital Senior Leadership Team Level
Date: November 15, 2019 **Time:** 1:00 pm CST
Presenter : Peter Goodspeed, *MBA, VP of Executive Search, HealthTechS3*
https://bit.ly/2ngdWvc

Understanding Lean and Using a Kaizen Event to Improve Multi-Department Processes
Date: November 21, 2019 **Time:** 12pm CST
Presenters: Faith M Jones, *MSN, RN, NEA-BC, Director of Care Coordination and Lean Consulting, HealthTechS3*
Tracy Clarno, *PMP, CPHQ, Think Lean Consulting*
https://bit.ly/2nggbi6

Planning for a Successful Hospital Survey
Date: December 6, 2019 **Time:** 1pm CST
Presenter: Carolyn St.Charles, *RN, BSN, MBA, Chief Clinical Officer*
https://bit.ly/2mMPeCb

8 Critical Strategies for Interim Executives
Date: December 11, 2019 **Time:** 12pm CST
Presenter: Mike Lieb, *Vice President – Interim Services, HealthTechS3*
https://bit.ly/2nbUgs9

Team-Based Care and Achieving Optimal Performance
Date: December 19, 2019 **Time:** 12pm CST
Presenters: Faith M Jones, *MSN, RN, NEA-BC, Director of Care Coordination and Lean Consulting, HealthTechS3*
Kara Beech, *Beech Creative Group*
https://bit.ly/2l7ZFzT

ALL WEBINARS ARE RECORDED

Deeming Authorities
Hospitals and Critical Access Hospitals

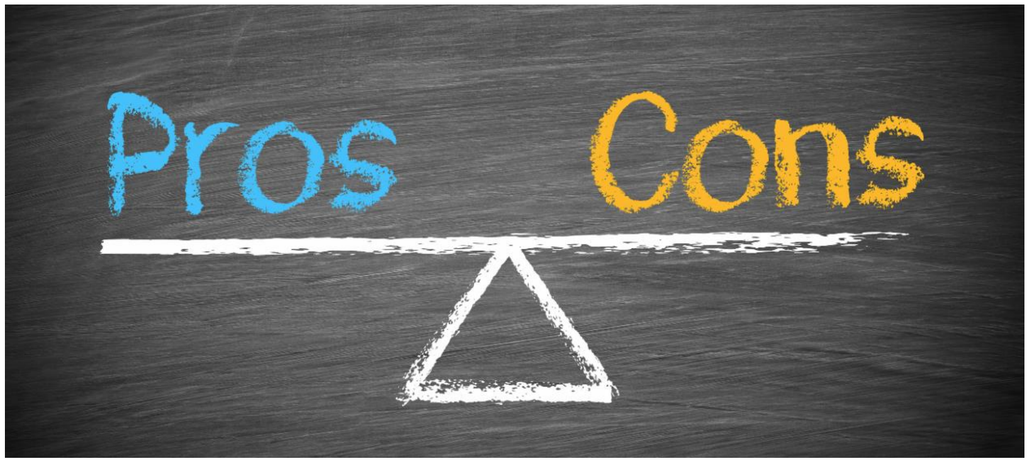
Center for Improvement in Healthcare Quality (CIHQ) – 2013
- cihq.org

Det Norske Veritas (DNV) NIAHO - 2008
- dnvglhealthcare.com

Healthcare Facilities Accreditation Program (HFAP) – 1956
- hfap.org

Joint Commission (TJC) – 1965
- jointcommission.org

CMS retains ultimate authority! To receive Medicare / Medicaid reimbursement, hospitals must be in "substantial compliance"



Tip 1. Engage Leaders

1. Actively engage the Governing Board and Medical Staff
   - Provide regular reports on survey readiness including achievements as well as opportunities

2. Ensure continuous survey readiness is the responsibility of ALL leaders – not just the CNO or Quality Director
   - Include survey readiness in manager job descriptions and performance evaluations
   - Identify provider champion(s)

3. Talk about "WHY" survey readiness is important for safe patient care thru-out the organization – never use the words, "*because they make us do it".*

Tip 2. Engage Staff

1. Talk about “WHY” survey readiness is important for safe patient care – never use the words, “*because <u>they</u> make us do it”*

2. Identify and support informal leaders

3. Engage staff in “<u>meaningful audits</u>” – not just busy work

4. Provide “real-time” feedback on performance as much as possible
   - *How did we do today on our key goals / areas we’re working on?*

5. Be creative: Newsletter, Games Surprises, Good Catch Awards, Quiz of the Month…….

6. Celebrate Successes – even small incremental steps

Tip 3. Develop a Continuous Survey Readiness Team

Responsibilities…….

1. identification – implementation – monitoring new standards
   - Sign up for CMS alerts

2. Conducting regular patient and system tracers in every department
   - Immediate feedback to staff
   - Document findings and follow-up

3. Provide regular and ongoing education and support for department leaders, medical staff and hospital staff

4. Develop a “survey binder” with either ALL the documents surveyors will request ---- or where they can be found in the organization

Tip 4: Focus Efforts

Focus on…..

It's not possible to monitor ALL the standards ALL the time

1. Areas that are "easy fixes" – *just do it*
2. Areas of significant non-compliance
3. Findings from most recent survey ---- make sure you are in compliance
4. New / revised standards
5. Surveyor "hot topics"
6. Develop metrics for key areas you are monitoring or working on - and include on your department and organizational quality scorecard

And ----- what are the surveyor hot topics?

1. High level disinfection
2. Sterilization
3. Ligature Risk including restraints
4. Pain management and specifically use of Opioids

The hot topics apply – regardless of who is conducting your survey!
State - CMS - CHIQ - DNV - HFAP - TJC

Ten Challenging Standards

1. Dialysis
2. EOC and Life Safety
3. Human Resources
   - Orientation
   - Competency
4. Infection Control
   - Hand Hygiene
   - Sterilization
   - High-level Disinfection
5. Lethality
6. Medical Staff
7. Pain Management
8. Quality/Performance Improvement
   - Evaluation of Contract Services
   - Timely follow-up when standards / metrics are not met
9. Restraints
10. Swing Bed

Frequently Cited Standards – TJC CAH

- 86% - Life Safety: LS.02.01.35
  - Provide and maintain system for extinguishing fires
- 83% - Environment of Care: EC.02.05.01
  - Manage risks associated with utility systems
- 76% - Environment of Care: EC.02.03.05
  - Maintain fire safety equipment and fire safety building features
- 74% - Life Safety: LS.02.01.10
  - Ensure that building and fire protection features are designed and maintained to minimize the effects of fire, smoke and heat
- 74% - Environment of Care: EC.02.05.09
  - Inspect, test and maintain medical gas and vacuum systems
- 69% - Environment of Care: EC.02.05.07
  - Inspect, test, and maintain emergency power systems
- 64% - Life Safety: LS.02.01.20
  - Maintain the integrity of the means of egress
- 62% - Environment of Care: EC.02.05.05
  - Inspect, test, and maintain utility systems
- 62% - Life Safety: LS.02.01.30
  - Provide and maintain building features to protect individuals from the hazards of fire and smoke
- 57% - Environment of Care: EC..02.03.03
  - Conduct fire drills

All are EOC or Life Safety related

Frequently Cited Standards – TJC Hospital

- 91% - Life Safety: LS.02.01.35
  - Provide and maintain equipment for extinguish fires
- 80% - Environment of Care: EC.02.05.01
  - Manage risks associated with utility systems
- 78% - Environment of Care: EC.02.06.01
  - Establish and maintain a safe, functional environment
- 73% - Life Safety: LS.02.01.10
  - Ensure that building and fire protection features are designed and maintained to minimize the effects of fire, smoke and heat
- 71% - Environment of Care: EC.02.05.05
  - Inspect, test, and maintain utility systems
- 70% - Life Safety: LS.02.01.30
  - Provide and maintain building features to protect individuals from the hazards of fire and smoke
- 68% - Life Safety: LS.02.01.20
  - Maintain the integrity of the means of egress
- 65% - Environment of Care: EC.02.05.09
  - Inspect, test and maintain medical gas and vacuum systems
- 64% - Infection Control: IC.02.01.01
  - Implement infection prevention and control activities

All are EOC or Life Safety except one related to Infection Control

Sentinel Events – TJC January 1, 2019 thru June 30, 2019

60 events: Unintended Retention of Foreign Body

29 events: Wrong-Site Surgery

25 events: Fall

21 events: Suicide – Inpatient

21 events: Suicide – Off Site Within 24 hours

Sentinel Events in the NEWS (Not a good thing)

(CNN): Mold in Operating Room
Operating rooms and other areas at Seattle Children's Hospital were shut down for the second time this year due to mold problems, according to the hospital. In a statement, the hospital said routine air tests revealed Aspergillus contamination Sunday "in three of our operating rooms and two procedural areas.

Seattle Children's Hospital knew for years that a mold infestation in its facilities could be related to its air-handling system, but "engaged in a cover-up" that sickened many patients and resulted in the deaths of six children, according to a class-action lawsuit filed Monday

USA TODAY: Insulin rather than flu vaccine
Ten people at a care facility for people with intellectual disabilities were hospitalized Wednesday after they were injected with insulin rather than the flu vaccine.
The incident took place at the Jacquelyn House in Bartlesville, Oklahoma, about 40 miles north of Tulsa, after multiple people were found unresponsive, said Bartlesville Police Chief Tracy Roles.
Eight residents and two staff members were all hospitalized following the incident, but have since been released or will be soon.
Roles said that a licensed pharmacist was contracted by the facility to administer the vaccine. The pharmacist is cooperating with police and state officials, but investigators believe it was an accident.

NBC: Wrong Kidney
A New Jersey hospital gave a kidney to the wrong transplant patient earlier this month, the hospital said.
The patient who received the kidney Nov. 18 at Virtua Our Lady of Lourdes Hospital in Camden "has the same name and is of similar age" as the intended patient, Virtua Health said in a statement Tuesday.

Tip 5: Stay Current with Regulations

- State Operations Manual Appendix W – Critical Access Hospitals (Rev. 183, 10-12-18)
- State Operations Manual Appendix A – Hospitals (Rev. 183, 10-12-18)
- State Operations Manual Appendix PP – Long Term Care (Rev. 173, 11-22-17)
- State Operations Manual Appendix Q – Immediate Jeopardy (Rev. 192, Issued: 09-06-19)
- State Operations Manual Appendix V – EMTALA (Rev. 191, 07-19-19)

NEW CoPs published September 30, 2019 in the Federal Register
SOM's have not been published

Omnibus Burden Reduction Final Rule CMS – 3346-F Published September 30, 2019

September 26, 2019: Save providers an estimated 4.4 million hours of time spent on paperwork with an overall total projected savings to providers of $800 million annually.

Effective date: These regulations are effective on **November 29, 2019.** The incorporation by reference of certain publications listed in the rule is approved by the Director of the Federal Register as of November 29, 2019.

Implementation dates: The regulations at §485.641 regarding Quality Assessment and Performance Improvement Programs (QAPI) in critical access hospitals (CAHs) must be implemented by **March 30, 2021.**

The regulations at §482.42(b) and §485.640(b) regarding hospital and critical access hospital (CAH) antibiotic stewardship programs must be implemented by **March 30, 2020.**

Omnibus Burden Reduction Final Rule CMS – 3346-F Emergency Preparedness

- Reduce requirement for **annual review** of emergency program to biennial review (except for LTC).
- **Eliminate** documentation of efforts to contact local, tribal, regional, State, and federal emergency preparedness officials, and a facility's participation in **collaborative and cooperative planning efforts**.
- Decrease the **training requirement from annually to every two years** (except for LTC).
- Inpatient providers/suppliers: Increase flexibility for the testing requirements so that **one of the two annually-required testing exercises may be an exercise of the facility's choice**.
- Outpatient providers/suppliers: Decrease the requirement for facilities to conduct two testing exercise to one testing exercise annually.

Omnibus Burden Reduction Final Rule CMS – 3346-F Hospitals

- **Allow multi-hospital systems to have unified and integrated QAPI programs and unified and integrated infection control and antibiotic stewardship programs for all member hospitals.**

- Remove the requirement for a hospital's medical staff to attempt to secure autopsies in all cases of unusual deaths and of medical-legal and educational interest.

- Allow hospitals the flexibility to establish a medical staff policy describing he circumstances under which a pre-surgery/pre-procedure assessment for an outpatient could be utilized, instead of a comprehensive medical history and physical examination.

- For psychiatric hospitals, CMS is finalizing the clarification of the requirement to allow the use of non-physician practitioners and doctors of medicine/doctors of osteopathy to document progress notes of patients receiving services in psychiatric hospitals.

Omnibus Burden Reduction Final Rule CMS – 3346-F Hospital and CAH Swing-Bed Providers

- Remove the requirement for a facility to request or allow swing-bed patients to perform services for the facility.

- **Remove the requirement for the facility to provide an ongoing activities program that is directed by a qualified professional because the patient's activity needs are addressed in the nursing care plan.**

- Remove the requirement for facility's with more than 120 beds to employ a qualified social worker on a full-time basis because of the hospital swing-bed and CAH limit requirements.

- **Remove the requirements for facilities to assist residents in obtaining routine and 24-hour emergency dental care** because of the existing requirements for hospitals and CAHs to provide care in accordance with the needs of the patient (emergency and non-emergent).

Omnibus Burden Reduction Final Rule CMS – 3346-F Critical Access Hospitals

- **Reduce the frequency that is currently required for CAHs to perform a review of all their policies and procedures from annually to, at a minimum, biennially.**

- Remove the duplicative requirement for CAHs to disclose the names of people with a financial interest in the CAH.

CMS Discharge Planning Rule

The final rule revises hospital discharge planning requirements for long-term care hospitals (LTCHs) and inpatient rehabilitation facilities, inpatient psychiatric facilities, children's hospitals, cancer hospitals, (IRFs), critical access hospitals (CAHs), and home health agencies (HHAs). Each of these facilities must meet these requires as a condition to participate in Medicare and Medicaid programs. **These regulations are effective on November 29, 2019.**

- Facilities must assist patients, their families, or the patient's representative in selecting a post-acute care (PAC) services provider or supplier by using and sharing PAC data on quality measures and resource us measures. This data must be relevant and applicable to the patient's goals of care and treatment preferences. INCLUDING DISCHARGE FROM ACUTE AND ADMISSION TO SWING

- Discharge the patient, and also transfer or refer the patient where applicable, along with his or her necessary medical information (current course of illness and treatment, post-discharge goals of care, and treatment of preferences), at the time of discharge, to not only the appropriate post-acute care service providers and suppliers, facilities, agencies, but also to other outpatient service providers and practitioners responsible for the patient's follow-up or ancillary care.

- Ensure and support patients' rights to access their medical records in the form and format requested by the patient, if is readily producible in such form and format (*including in an electronic form or format when such medical records are maintained electronically).*

Tip 6. Consider an External Review

Although there is no requirement for an external review, another set of eyes can help identify vulnerabilities and provide tools to assist with compliance.

You may want to work with another hospital --- or contract for an external survey.

Next Steps

1. Complete a root cause analysis of your current continuous survey readiness process – what's working and what's not?

2. Develop solutions to improve your continuous survey readiness process based on your assessment.

3. Implement new CoPs

4. Consider an annual HTS3 mock survey

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