



Patton Healthcare Consulting Newsletter October 2016

NEWS FROM TJC - PERSPECTIVES:

SAFER Matrix

The lead article in the October issue of Perspectives discusses the new SAFER Matrix and the many changes planned for 2017. As you will recall from earlier articles on the SAFER Matrix each finding will be color-coded one of 4 colors by order of significance and scope. The lowest level findings will be bright yellow, or lemon colored. The somewhat moderate level findings will be a pale yellow/orange sort of like French's mustard. The next highest ranking is a darker golden/orange color, somewhat like Guldens spicy mustard. Lastly there is a red color for the highest significance and most widespread scope. (Dare we say the color of ketchup?) The way in which these different levels will be handled during the ESC is different also, with the 2 highest levels requiring:

- Leadership involvement
- Preventative analysis

In addition the next time you are surveyed those findings in the two highest categories will be proactively shared with surveyors. All 4 levels will require the usual WHO, WHAT, WHEN and HOW of today's ESC, but the highest two levels will require discussion about leadership's involvement and preventative analysis for you to detail how you are going to fix the issue and fix it with a lasting effect. Remember TJC has been discussing their dismay at seeing so many of the 10 most frequently scored standards appear year after year. The details about how these

evaluation criteria should be described have not been published as yet.

The color ranking will be applied by the surveyors using their individual judgment and through group discussion among the team members. Not described in Perspectives, but in a second educational memo sent to consultants it appears there will be a summary page in the survey report placing each finding within the matrix so you have sort of the "big picture" to understand the outcome.

Changes to Clarification Process

As we have previously mentioned in this newsletter there are changes planned to the clarification process for 2017 such as no more audits for C elements of performance and no more post survey "we found its," meaning policies and documents that are not shared with the team during the survey will still have to be addressed during the ESC. While technically not a change because it is a new process, TJC has announced that survey-team judgment of where to place findings within the matrix will not be considered for clarification. If the surveyors conclude it is high risk and widespread, that is the final decision. Surprisingly TJC also announced that the new SAFER Matrix will not be used to help determine Condition level findings or Immediate Threat situations. In our opinion this conclusion is likely an accommodation for CMS as they are wedded to the "manner and degree" definition they have relied on for many years. However, it would seem

that the significance and scope detailed on the SAFER Matrix would help formulate an opinion on the “manner and degree.”

No More MOS

One additional change planned for 2017 is elimination of the post survey measures of success, or MOS. There is also some good news for organizations surveyed in the last quarter of 2016 in that the software infrastructure for reporting an MOS will disappear come January 2017. Thus if you have measures due in early 2017, that requirement will be waived.

To test the process, we at PHC have begun to work with our own version of this color-coding logic when preparing 4th quarter 2016 mock survey reports. We use an Excel based reporting tool and our tool will have 4 colors also, but only one mustard color, not two. We encountered some visual color detection difficulties trying to discern French’s mustard from Gulden’s mustard so we simplified and went with one mustard/orange color representing moderate risk issues. Our report tool’s 4th color is green, which as consultants we use for advice we want to provide relative to a specific standard while not scoring the standard noncompliant. Since our report format is Excel based we will sort all the findings by color code, with red first, Gulden’s mustard second, lemon yellow third and green last, again to allow for prioritization of corrective actions.

ORYX Requirements

This month’s issue of Perspectives also updates the ORYX requirements for hospitals. In 2017 TJC is eliminating a requirement to select entire measure sets, instead requiring 5 chart abstracted measures and 6 of the 13 available electronic quality measures. However, hospitals with more than 300 live births each year will have to use all the chart abstracted perinatal core measures. Critical access hospitals and acute care hospitals with an ADC of 10 or less will report on a choice of 6 measures only. Freestanding

psychiatric hospitals will have to report on 4 hospital based inpatient psychiatric measures, while children’s hospitals, LTACH’s and inpatient rehabilitation hospitals are exempt for reporting. Perspectives also has a nice table summarizing these ORYX requirements.

Must Read Changes for Facilities Staff

Perspectives has a must read for your facilities leadership team in its Clarifications and Expectations column. Here George Mills summarizes all the changes brought about by eliminating the regular PFI, the elimination of clarifications for delayed handling of required documents in the survey process, ILSM documentation, time limited waivers and equivalencies. There are many new acronyms to learn too with TLW, time limited waivers, SPFI, survey related plans for improvement, and SCD for scheduled completion date. After receiving this document facilities staff should analyze their current status and report back to a hospital wide accreditation team meeting on what the changes mean for your hospital and how you are responding. For example issues, which should be addressed, include:

1. Did we have any open items on our existing plan for improvement and what has been done to bring them to a conclusion? While TJC has committed to not having surveyors review these open items, each one is a risk heading into survey if not corrected.
2. Has anyone completed the documentation checklist detailing where your essential survey related documents are filed and readily retrievable?
3. Do we have evidence of evaluating any and all self-identified life safety code defects for interim life safety code measures?
4. If our evaluation leads to the need to implement ILSM, do we have evidence that we did it for the duration of the project as required in the evaluation?
5. Do we have any building defects we have

been lucky TJC has not identified in the past that pose a risk for us on a future survey and is there a chance an equivalency could be developed?

The Joint Commission's discussion on ILSM was interesting, indicating they would not use it as a backdoor method to find LS deficiencies, since the ILSM is designed to keep patients safe while that defect exists. The language used by Joint Commission in this section was as follows:

"The survey activity associated with evaluating ILSM policy is to request a completed project that included implementing the ILSM policy to review and evaluate its effectiveness (LS.01.02.01, EP 1); it is not intended to search for deficiencies to cite. In a similar manner, if a surveyor encounters a project with ILSM implementation, the surveyor should not be citing the project deficiencies as RFIs, as the ILSM is already providing interim measures to reduce the impact of the deficiencies. However, if the ILSM policy is not being followed, an RFI will be generated for not following policy at the specific EP related to noncompliance (for example, LS.01.02.01, EPs 2-14)."

EC NEWS:

Suggestions for Equipment Mgt

The lead article in EC News is targeted toward ambulatory care organizations where problems with medical equipment management issues are being scored in 35% of surveys conducted. While the issue is not as prevalent in hospitals, it still is an area that can at times be vulnerable. The author provides 6 strategies for success with equipment management including:

1. Clear designation of responsibility to either internal staff or a vendor
2. Verification that the medical equipment inventory is complete and up to date. This involves both addition of new equipment purchases and keeping track of discarded items.

3. Identify high risk vs. non high risk equipment and keep track of scheduled maintenance. Remember the high risk equipment maintenance must be 100% complete.
4. Be sure each device on the inventory is inspected, tested and maintained according to the required schedule regardless of whether this is done by staff or a vendor.
5. Ensure that your equipment maintenance program includes any local area or state requirements.
6. Regularly evaluate the service and support provided by any external vendor on your behalf.

There is also a simple medical equipment documentation checklist published with the article for your use.

Improving Your Annual Evaluation of Your Management Plans

EC News has the same article discussed in Perspectives on all the survey changes for 2017 in EC and LS chapters. The last article is particularly interesting in that it discusses performance improvement in the Environment of Care. A perpetual issue we see in writing annual evaluations for the EOC plans is a lack of data to help critique the success of the plan. More often than not a subjective evaluation is concluded that the plan worked as designed and there is no need to change anything in the plan. In this article TJC supplies a great Fire Drill summary report with 31 very specific questions which can be evaluated for proper conduct during a fire drill. Then the aggregate responses can be analyzed to determine where a weak point might reside. For example if staff fail to provide the appropriate response or take the appropriate action, then this can become the focus of next years annual training and added to new employee onboarding education. Too often we see questions asked, incorrect responses provided, and those conducting the critique do some ad hoc training

on the spot thinking it is effective. Having the data to focus future efforts would be much more effective.

CMS UPDATE:

New Emergency Management Regulations Published

On September 8th CMS published Survey and Certification memo 16-38 notifying us of the publication of its final rule for emergency preparedness. The details of this rule were published in the Federal Register on September 16th and the new regulation goes into effect November 16, 2016. Accredited hospitals should have a relatively easy time with this, but the scope of this regulation goes far beyond hospitals. This rule will also affect community mental health centers, residential treatment centers, ambulatory surgery centers, hospice, PACE programs, long term care facilities, intermediate care facilities, home health agencies, comprehensive outpatient rehabilitation facilities, end stage renal dialysis centers, rural health clinics and even your organ procurement organization.

CMS identifies 4 essential elements that must be put into place which include risk assessment, policies and procedures, communication plan, training and testing. The risk assessment should prioritize the types of hazards likely to occur in your area. In a Joint Commission survey, this is referred to as the hazard vulnerability analysis. In this instance CMS specifically suggests that the potential hazard of a cyber attack be analyzed. The policies and procedures would be the action steps your team needs to implement in the event of an emergency to manage the situation. Communication should detail how you will reach staff, providers, vendors, suppliers and others to ensure that patient care responsibilities can be carried out. Training and testing will require on-boarding training and annual training for staff as

well as testing through drills.

While this may be old news for accredited programs, your health system may own other components that have not been accredited and will need technical advice on how to meet these new CMS requirements.

UPDATE FROM TJC EXECUTIVE BRIEFINGS:

Each fall TJC delivers its Executive Briefings update in several major cities around the nation. This year they provided the usual update on the most frequently scored standards, but the interesting aspect of this is they separate the clinical findings from EC and LS findings. This separation highlights the importance of some of the most frequently scored issues. For example, PC.02.01.03 is the second most frequently scored standard, 46% of surveys thus far in 2016, and it continues to take hospitals by surprise. The standard requires the most current order to be in the chart, but the part that is causing the difficulty is getting copies of protocols into the medical record. When an order or someone refers to a respiratory ventilator management protocol, or a pharmacy protocol such as a heparin or insulin drip protocol, TJC and CMS actually expect to see that protocol in the permanent medical record. It is not sufficient that it is in a 3 ring binder housed somewhere else, or viewable in an open record via hyperlink on an intranet operated by the hospital. TJC made this point clear during Q+A also, in that they expect to see the actual protocol in the permanent medical record. We advise all readers to take a careful look at this issue today, as it seems to be a very frequent hit.

When looking at just clinical issues, PC.01.03.01 becomes the 4th most frequently scored standard at 37% and it deals with plans of care. Two issues are frequently problematic here. The POC must read like the patient. Surveyors will review the initial nursing assessment and the H +P and problem list if one exists, and then look at

the plan of care to decide if it all sounds like the same patient. Quite often the POC either misses a major comorbidity, or an issue is selected for the POC because we usually select that issue by default, like pain management even when the patient does not have pain. You need to be careful that the POC adequately represents the major issues on the patient's problem list. One potential solution we have seen with this issue is to redefine your plan of care policy and procedure to include more than just the one tab in the EMR that says POC. For example if you include the problem list, the physician orders and perhaps the EMR education tab, you cover a lot more issues, even though there may not be unique issues that nursing staff have to add to a plan of care. Take for example a patient with long term, yet stable diabetes. This disease will appear on the problem list even if unrelated to the reason for admission. There are likely orders for finger stick glucose testing and perhaps a sliding scale insulin. The patient may be very familiar with their diabetes, not require any additional training, but a failure to recognize diabetes in the POC can be identified as a failure in the POC. Backed by a well-crafted policy and procedure you can often make the argument successfully that in this case the orders section of the EMR contains the plan of care for this particular problem.

A second plan of care issue frequently scored is failure to identify any goals and interventions

that will be completed prior to the day of discharge. Currently most EMR's default to day of discharge, when a miracle happens and all goals are accomplished and all interventions completed. TJC and CMS look for something to be completed after day 1, after day 2 etc. Working out a solution to this is not as easy as it requires thought and over-riding of default dates.

Changes to Day One Document List

One last thought for the month is that TJC updated their customer Survey Activity Guide (SAG) in August, deleted some documents and added 3 new mandatory documents to the document list. There was no announcement in Perspectives and we have seen in many mock surveys since then that this notice appears to have been overlooked by many hospitals. Don't be surprised; print off the new document list and revise your mandatory document folders. In addition, if you anticipate a survey team of 4-5 surveyors, don't package all documents in one three ring binder for all those surveyors to grapple with. Either have multiple binders or create file folders housed in a rolling cart so each of the surveyors can easily grab sections they want to analyze during their document review.

Kurt A. Patton MS RPh
Kurt@PattonHC.com

Jennifer Cowel, MHA
JenCowel@PattonHC.com

John R. Rosing, MHA
JohnRosing@PattonHC.com

Mary Cesare-Murphy, PhD
MCM@PattonHC.com

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