Regulatory Survey Preparedness: How to Plan .... in a Pandemic

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◦ No disclosures

◦ Discuss best practices for continual survey readiness

◦ Identify challenges of survey preparedness during a pandemic

◦ Case Study: Recent CMS certification survey experience (Texas State Survey Agency)

https://www.forbes.com/sites/adrianswinscoe/2020/06/02/maintaining-a-consistent-customer-experience-in-a-transition-to-a-new-normal/#3b6f07151743

https://www.nursingcenter.com/ncblog/march-2020/covid-19-pandemic-definition

https://franchisemarket.ph/blog/business-ideas-new-normal

◦ CMS
- All surveys are unannounced
- Entire team arrives together
- Entrance conference
  - ◦ within 20-30 min of arrival
- List Document Request

◦ UNOS
- Announced visit – 6-8 weeks to prepare
- Many documents are provided before onsite
- Location to meet is planned with the lead surveyor
- Opening conference

- The Joint Commission – Hospital or VAD DSC DT
  - All surveys are unannounced
  - Entire team arrives together
  - Entrance conference

- DNV – Hospital or VAD DSC DT
  - Both Announced visit (VAD DSC DT) & Unannounced (hospital)
  - Many documents are provided before onsite (announced)
  - Location to meet is planned with the lead surveyor
  - Entrance conference

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- Address prior survey & certification issues

- Flagging and labeling documents in EHR
  - Be consistent and standardized in the labeling so all will be able to locate documents quickly

- Real-time auditing

◦ Real-time auditing Examples

Elements Audited		CMS	OPTN
Informed Consent	Obtained prior to initiation of evaluation, or process	Y	Y
Patient Notifications	MRB Selection & listing letters completion/timely/accurate, Multiple list and transfer options	Y	Y
Listing Data entered in UNet	Demos, diagnosis, Heart status variable, LAS variables, MELD values, KAS, Dialysis start by Form 2728 or GFR		Y
Organ Allocation Status Updates	Heart values, LAS values, MELD, values, Exceptions		Y
Timely delisting	For death or other, and transplant; accurate reporting of COD		Y
Transplant Verifications	Pre-recovery, Pre-transplant, Pre-transplant upon organ receipt	Y	Y
Transplant Event	Accuracy of date, notifications, match run sequence, PHS, organ decline, delisting	Y	Y
MDP Documentation	Multidisciplinary (MDP) and discharge planning	Y	
Living Donor	IDA documentation	Y	Y
TIEDI Forms	Completed timely & accuracy of data	Y	Y

- Address prior survey & certification issues

- Flagging and labeling regulatory documents in EHR

  – Be consistent and standardized in the labeling so all will be able to locate documents quickly

- Real-time auditing

- Maintain AE Log

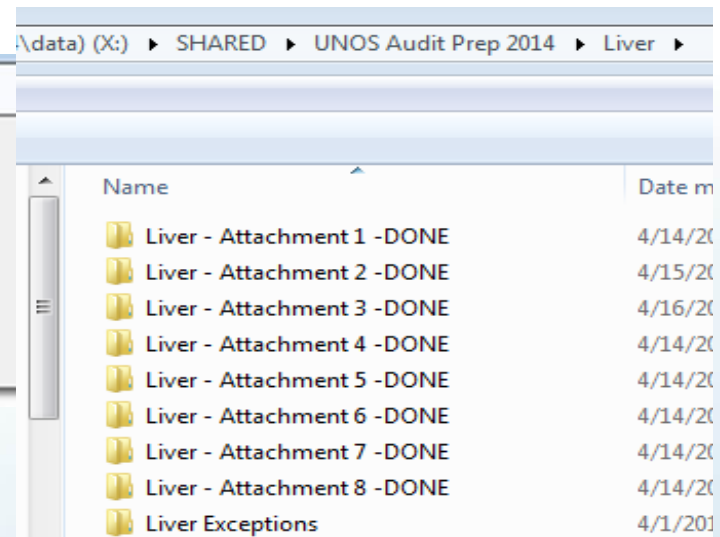- Standardization: processes and lessons learned across all programs
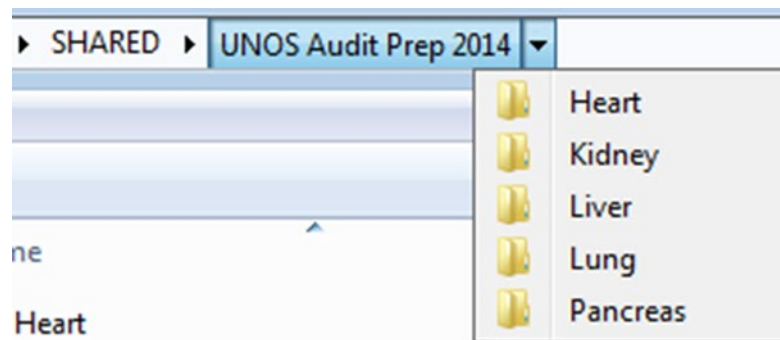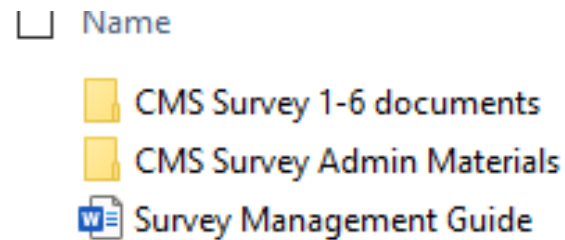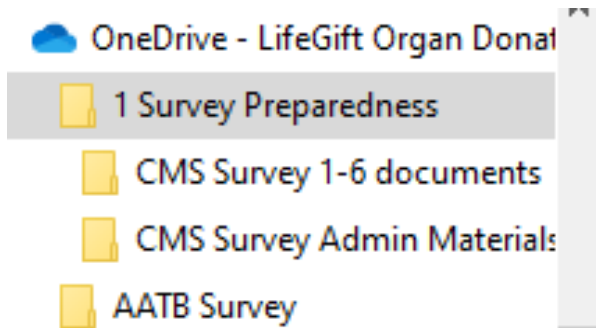
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Lists Requested During Entrance Conference:

1. Each transplant program's complete current active waiting list including the following information: name, date of listing, wait list status, medical record number, age (at time of transplant), race and gender of each patient;
2. List of all patients (to include their medical record number) removed from the waiting list within the past 12 months of each program for reasons other than death or transplant;
3. List of all persons evaluated within the last 12 months by each transplant program who were not placed on the waiting list. (Do not include persons that are currently in the evaluation process). The list should include patient name and medical record number.
4. List of all of the transplants performed within the last 18 months (including patient name, medical record number, age (at time of transplant), and date of transplant);
5. If applicable, list of all of the living donors who were evaluated during the past 12 months denoting those potential donors who proceeded to donation. Include name, medical record number, the organ(s) donated and date of donation within the designated time period;
6. List of all of the transplant recipients and living donors who are currently inpatient(s) and the location of the patient(s) within the hospital;

https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_x_otp.pdf

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Request Program Administration Materials

1. Request an organizational chart of the transplant program, which includes the chains of command and how the transplant program fits within the overall hospital structure;
2. Request a log of any and all reported adverse events for the past 12 months (extend to 24 months if no reports found in the 12 month log). This list will be used to select the patient sample for adverse events.
3. Inform the administrator that policies, procedures, personnel, and QAPI manuals will be requested, as needed, for review.

https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_x_otp.pdf

Document Preparedness

- Loaner Laptops or use own Laptop

- Tablets or iPads

- Platform for virtual interviews & tours

- Conference rooms

- EHR navigators

- Large screen to view EHR

- Scribes

Business vector created by freepik - www.freepik.com

- Masks, shields, plexi barriers

- Hand sanitizer

- Check on the surveyors regularly

- Offer options to reach you – ie: text, email

- Inquire about nutrition and fluid needs

- Inquire about lunch break

On Site – CMS Seven Categories in Patient Sample

Patients Txp <6 months ago	Patients Txp 7-18 months ago	Patients on Current Waitlist	Patient Adverse Events	Patients Removed from Waitlist	Patients Removed from Waitlist within past 12 months for reasons other than death or Txp	Patients Evaluated but not Waitlisted	Living Donors (if applicable)
2	2	2	2	2	2	2	2

	Tracers
I	Patient Experience - Evaluation
II	Patient Experience – Patient Selection
III	Patient Experience – Waitlist Management
IV	Patient Experience – Transplantation
V	Patient Experience – Living Donation
VI	Patient Experience – Patient Care

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- ◦ Review of the AE for what lead up to the event

- ◦ QAPI documents related to the event are reviewed

- ◦ Review for the analysis

- ◦ Actions taken following the event

- ◦ Safeguards put in place

- ◦ Review data for tracking to ensure no reoccurrence

- ◦ Interview QAPI director – integration with hospital

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- Performed if concerns are identified with education, qualifications, and training

- New staff files for orientation education and training

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- May request virtual

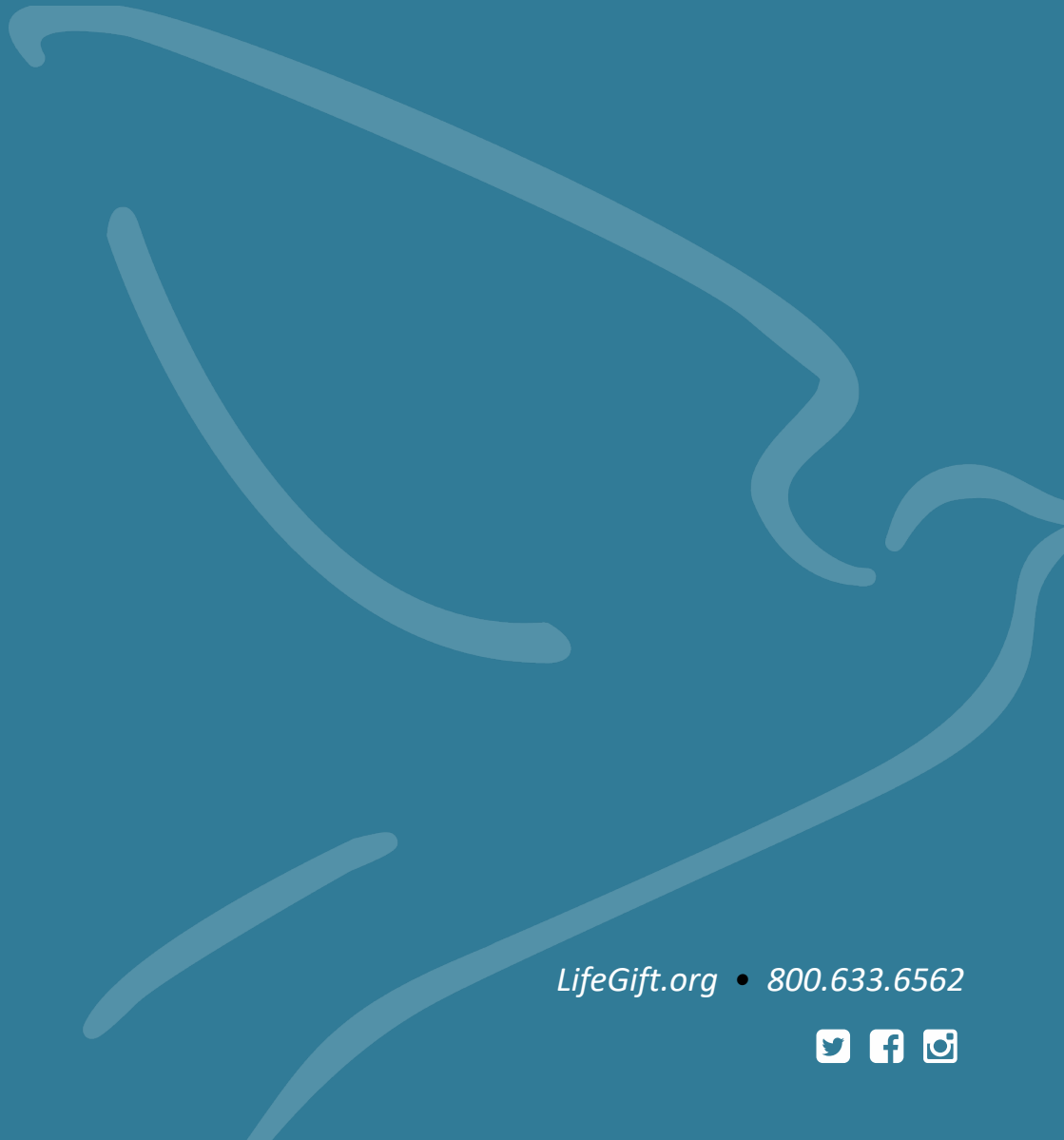- Will identify each deficiency and citing

- Next steps

- Single CMS-2567 prepared, the State Survey Agency (SA) will send to hospital administrator for plan of correction

- Considerations when responding –virtual

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Case Study:
Recent CMS Survey Experience
(by Texas State Survey Agency)

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