How to Survive CMS Surveys

Who is this guy?

- John Garrett

- Director Clinical Engineering Common Spirit Health.

- 24 years in servicing medical equipment.

- BS Health and Human Services Mgmt.

- MS in Psychology.

- Currently a Doctoral Student.

- Completed a full CMS survey with **zero** Clinical Engineering findings

Let's talk about CMS

- Centers for Medicare & Medicaid Services (CMS)
- Part of the Department of Health & Human Services
- Determines if your hospital can be reimbursed by Medicare & Medicaid
- Grants "Deemed Status" to hospitals that meet CMS requirements
  - Deemed Status may be granted through Joint Commission, HFAP, or DNV
- A CMS survey team is made up of an interdisciplinary team
  - May have as many or as few members as needed to complete the planned survey
  - This will be made up of Doctors, Nurses, Facilities Mngrs, CE Mngrs, etc.

The CMS survey

- Upon beginning survey there were 36 inspectors.
  - Many specialists. At one point there were 40+ on campus
  - Lab, Life safety/facilities, Nursing, Transplant,
- My days were 12 to 16 hour days.
- There are specific things the hospital needs in place to make the process smooth.
- There were a great number of trees killed for the successful completion of the survey.

Set Your Expectations

- The Survey will go on as long as is needed.
  - The team may have a plan, but they will stay as long as they want.
  - If you have an immediate jeopardy (IJ) your survey will stop at that point. This is **<u>Very BAD!</u>**
- Information is king.
  - This is where all the trees are killed. Have a lot of printer paper **AND INK** on hand!
  - Assign team members that will simply provide requested information.
- Constant education.

Recommendations

- Command Center
  - All information comes through the command center. Info is reviewed and verified prior to presentation to CMS
  - Manned from 1 hour prior to 1 hour post inspector schedule (May need to be 24 hour)
- Scribes
  - Walk with inspectors and records questions and requests.
  - Forwards all requests as soon as they are made.
- Dedicated space for CMS
- Communications plan

Trends in our CMS survey

- Policies, policies, policies, & Documentation
  - Medical Equipment Management plan. (MEMP)
  - Alternative Equipment Maintenance (AEM) forms and documentation.
  - Job descriptions for in-house team members.
  - Competencies of in-house team and all vendors that touch equipment.
  - Proper documentation of all incoming inspections and retirements.
    - This includes removal of all Electronic Patient Health Information (EPHI) for HIPPA compliance.
  - Proper documentation of service.

Trends in our CMS survey Pt. 2

- Infection control
  - Rust.
    - ANY rust is considered an infection control issue.
      - OR tables were a big focus. Including screws and base plates.
      - Equipment carts were another big rust issue.
    - Rust colored primer was reported as rust.
  - Covers.
    - Cracked covers were considered an infection control risk.
    - Covers that were "loose" were considered an infection control risk.

Spoiler Alert !!!

▶ The best way to survive any survey is to design a service model that is formed based on the CMS guidelines. These are available online.

  ▶ https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/CertificationandComplianc/index.html

  ▶ Navigating this site could be a series of classes

▶ Education of staff is critical.

  ▶ Staff need to understand how to document to CMS requirements

▶ Keep up with the trends.

  ▶ Each year CMS focuses on different things. Often things that have changed.

SPOILER ALERT

CMS codes to consider

- EC.01.01.01: The hospital plans activities to minimize risks in the environment of care
- EC.02.01.01: The hospital manages safety and security risks
- EC.02.01.03: The hospital prohibits smoking except in specific circumstances
- EC.02.02.01: The hospital manages risks related to hazardous material and waste
- EC.02.03.01: The hospital manages fire risks
- EC.02.03.03: The hospital conducts fire drills
- EC.02.03.05: The hospital maintains fire safety equipment and fire safety building features
- EC.02.04.01: The hospital manages medical equipment risks
- EC.02.04.03: The hospital inspects, tests and maintains medical equipment
- EC.02.05.01: The hospital manages risks associated with its utility systems
- EC.02.05.03: The hospital has a reliable emergency electrical power source
- EC.02.05.05: The hospital inspects, tests, and maintains utility systems
- EC.02.05.07: The hospital inspects, tests, and maintains emergency power systems
- EC.02.05.09: The hospital inspects, tests, and maintains medical gas and vacuum systems
- EC.02.06.01: The hospital establishes and maintains a safe, functional environment
- EC.02.06.05: The hospital manages its environment during demolition, renovation, or new
- construction to reduce risk to those in the organization

EC.03.01.01: Staff and licensed independent practitioners are familiar with their roles and responsibilities relative to the environment of care

EC.04.01.01: The hospital collects information to monitor conditions in the environment

EC.04.01.03: The hospital analyzes identified environment of care issues

EC.04.01.05: The hospital improves its environment of care

HR.01.02.01: The hospital "defines" staff qualifications

HR.01.02.05: The hospital "verifies" staff qualifications

HR.01.02.07: The hospital determines how staff function within the organization

HR.01.04.01: The hospital provides orientation to staff

HR.01.05.03: Staff participate in ongoing education and training

HR.01.06.01: Staff are competent to perform their responsibilities

HR.01.07.01: The hospital evaluates staff performance

NPSG.06.1.01: Improve the safety of clinical alarm systems

Key points for your MEMP

- Cover Inspection and testing of equipment.
  - Include Incoming inspections, PMs, and AEM
  - May break out specifics on Radiology, Lab, Lasers, etc.
- Non-Hospital owned equipment
  - This includes Doctor owned and rentals.
  - You should cover requirements for items to be used. This included incoming inspections every time they enter the hospital.
- Patient owned equipment
  - Will you allow patient owned equipment?
  - Infection control concerns and service history?

Key points for your MEMP Part 2

- Responsibilities
  - Operators responsibilities.
    - Making equipment available for service and PMs
    - Report damaged or failing equipment.
    - Operator maintenance and operations.
  - Clinical Engineering is responsibilities.
    - PM schedule
    - Repairing equipment
    - Incoming inspections, safety testing … etc.
- Program review
  - How is the program success measured?
  - Who is the program review reported to?

The role of Clinical Engineering

- ▶ Know your Policies and Procedures.
  - ▶ Be able to speak to MEMP top to bottom.
  - ▶ Know the hospital policies and procedures that apply outside of CE.
- ▶ Remain calm.
  - ▶ If the team that fixes things panics, everyone panics. Panic is contagious.
- ▶ Provide support.
  - ▶ Supply requested information immediately.
  - ▶ CE is all over the hospital. Keep eyes open and head on a swivel. Report issues.
- ▶ Remain calm.
  - ▶ Technically this is the same as a previous point, but it is that important!!!
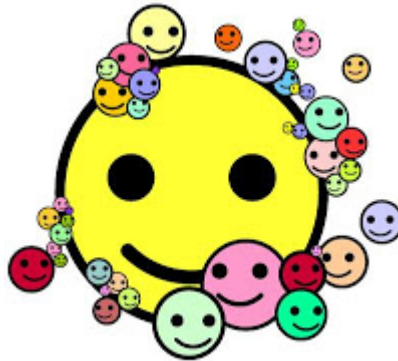
Remember what is important

- Patient care is your primary concern ALWAYS!
    - In the stress and chaos that can be an inspection, put the patient first!
    - If this is the focus, it will show during the survey.
- Take care of each other.
    - I found two different nurse managers standing in a corner crying during the survey. Lack of sleep, extreme stress, and normal daily challenges build up.
    - This is a team sport and it can only be completed properly by a team.
- Do the right thing every time.
    - Every time.

Final comment

- Remember:

This is a team sport and it can only be completed properly by a team.

Questions?