Navigating the Future: Ensuring Hospital Readiness for Regulatory Surveys Amidst Evolving Requirements

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12:00 PM-1:00 PM

INTRODUCTIONS

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WHS Pre-Survey Inspections

Washington Hospital Services' Healthcare Quality Service (WHS-HQS) helps hospitals and clinics prepare for CMS, WA State DOH, Joint Commission, and DNV surveys.

"Mock" surveys conducted by WSHA/WHS staff and/or qualified contractors.

Assessment areas include Clinical Quality, Infection Prevention, and Environment of Care

<u>The WHS-HQS Team</u>

- Non-regulatory
- Offers education, subject matter expertise, data support, and other quality improvement services through trusted partnerships and collaboration with our hospital members.

<u>Visits Include</u>

- Pre-visit call to discuss the hospital's particular needs.
- Briefing of all leadership staff on the goals and objectives of the pre-survey inspection.
- Inspection of facility; areas to be inspected are at the discretion of the facility's management staff.
- Post-inspection debriefing of management staff on inspection findings, including recommended solutions for areas "at risk" for potential citations or findings.
- Written summary (within one week of visit) from one of our inspection team members listing inspection findings and general comments.
- Post-visit call with hospital leadership (30 days after visit) to discuss any potential ongoing questions or additional needs from the hospital

WHAT ARE THEY FOCUSING ON?

EMTALA –

- Outline the “who” is qualified to provide MSE
- If patient presents for care, a MSE needs to be completed (or AMA completed and documented)
- Utilization of ESI index and timely treatment based on severity
  - Follow documented policy and standards of care

WHAT ARE THEY FOCUSING ON?

Failure to systematically collect and analyze hospital-wide performance data limited the hospital's ability to identify problems and formulate action plans.

Failure to ensure the Hospital operated under one unified nursing service under the direction of one Registered Nurse who was responsible for the quality of care provided to hospital patients by hospital and non-hospital nursing staff.

- **This includes job descriptions, yearly evaluations, policies, staff interviews of understanding (all nursing units need to report up to CNO)**

WHAT ARE THEY FOCUSING ON?

- Governing body failed to have an effective system in place to evaluate the quality of care provided by contracted services

WHAT ARE THEY FOCUSING ON?

Failure to develop, implement, and maintain a hospital-wide, data-driven quality assessment and performance improvement program that included systematic data collection, analysis, implementation of process improvement, and monitoring of those plans post implementation to ensure sustained improvements in clinical care with oversight of the hospital's Governing Body.

Failure to have a certified food protection manager on staff to oversee the dietary needs of the hospital as required by the Washington State Retail Food Code (WAC 246-215) and the U.S. Food and Drug Administration Food Code (2017, 2-102.12).

WHAT ARE THEY FOCUSING ON?

Patient Rights: Restraints and Seclusion

Supervision of contracted staff

Focus on the governing body of institutions & their role in decision making within key processes and pathways (ex. Medical staff decisions, QAPI, budgets)

Emergency preparedness: provisions of water, sanitary supplies and fuel, as well as provisions for pharmaceutical supplies and food.

Job descriptions requiring credentialing, certifications, degrees – ensure you are following what is outlined

WHAT HAS DOH FOCUSED ON?

Monitoring of restrained/secluded patients; performing elopement risk and suicide assessments; policies and procedures for emergency department standards of care; complete and timely comprehensive assessments of patients; pain management assessments and reassessments of patients; and implementation

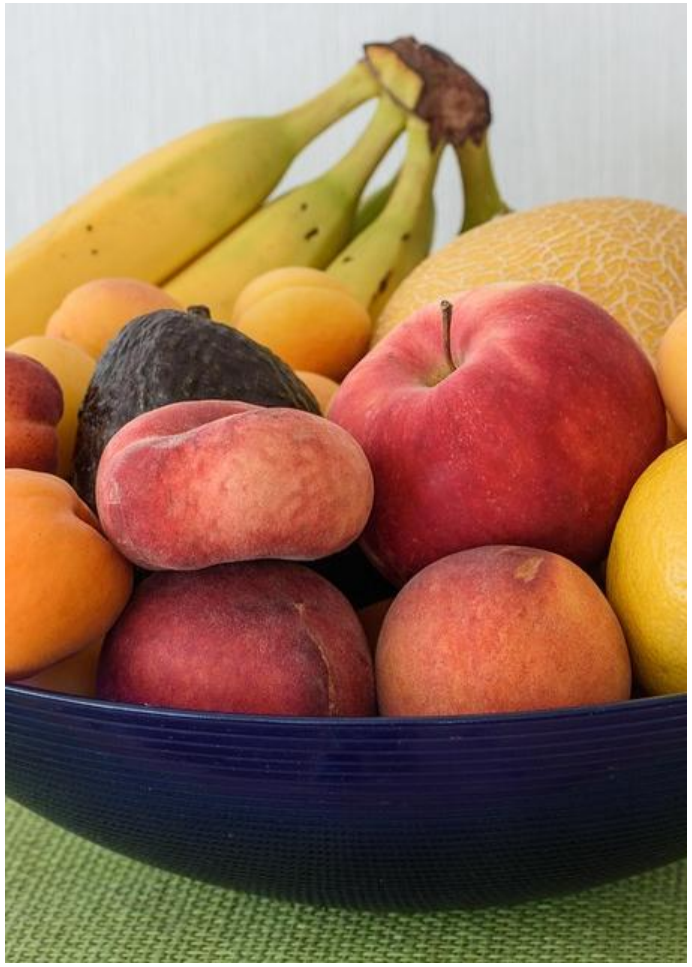
Verbal orders for medication administration; review of pediatric immunization status; assessments of chief complaints for adults and infants; and documentation of assessments for post-anesthesia cesarean patients.

WHAT HAS THE DOH FOCUSED ON?

Failure of hospital staffing committee to submit a committee charter by July 1, 2024, as required under RCW 70.41.420(11)

Monitoring of action plans for previously cited deficiencies.

LOWER HANGING FRUIT



- Restraints/Seclusion (physical and chemical)
  - Face to face with LIP
  - Documentation is greatest gap (lesser restrictive alternatives, criteria for removal, order for restraints, releasing patient when criteria met, not monitored according to policy)
  - Staff training
- ICP
  - PPE (proper use and proper don and doff of PPE)
  - Placing patient in isolation in timely manner
  - Damaged or uncleanable surfaces (exposed wood, unpainted surfaces)
- Patient Rights
  - Provide written information or in preferred format (in preferred language) to inpatients and outpatients

LOWER HANGING FRUIT

Outdates (don't forget your emergency carts)

Hand hygiene (gel in/gel out, as well as hand hygiene following removal of gloves)

Proper cleaning of high use equipment between patient use (computers, blood pressure machines, etc)

Nurse staffing committees

- Posting of staffing plan and schedules
- Formation of committees and who is in attendance

MDRO policy and/or screening of patients

LOWER HANGING FRUIT

Medication management

- Orders, orders, orders (stay away from verbal orders wherever possible, ensure order is present for all meds given, give meds according to order)
- PRN meds, especially opioids

PREPARATION

Review your last survey

- What areas were of concern previously?
  - DOH and DNV will review areas of concern on subsequent surveys

Enculturate your staff to share and discuss safety and quality projects occurring within the hospital

- This makes it much easier when surveyors talk with staff about “what is your hospital focusing on”

Preparation is an **everyday occurrence**, not once every two to three years

- This takes all levels of engagement of the team from housekeeping, EOC, leadership, nursing, lab, dietary, etc.
  - Interdisciplinary quality teams
  - Culture of safety
  - Inclusion at all levels – remove hierarchy

POLICIES AND PROTOCOLS

- Quality of care
- Anti-kickback and Stark
- Emergency Medical Treatment and Active Labor Act (EMTALA)
- Cost Reports
- Claims developments and submissions
- Lab services
- HIPAA privacy and security
- Medical Providers at teaching hospitals
- Research
- Compliance program effectiveness

WHAT IS THE DIFFERENCE?

What is a policy/protocol?

- Typically, “govern” behavior that don’t necessarily change often
- Promote compliance with regulations, statutes and accreditation requirements
- Reduce practice variation
- Resource for staff, especially newer
- Reduce reliance on memory, which has been shown to be a major source of human errors

What is a procedure?

- Identify “steps” that need to be taken to achieve a goal
- Typically evolve over time, possibly with evidence or changing circumstances
- Example: Using Elsevier or Lippincott as an external repository for evidence-based procedures such as Foley catheter placement

POLICY/PROTOCOL COMMITTEE

- Representative of multiple departments and disciplines, including patient-family advisor
- Establish cadence of how often group will meet (monthly, bi-monthly, quarterly) –suggest being proactive versus reactive
- Maintains appropriate documentation of meeting notes and attendance for record keeping
- Maintains and archives policies to avoid duplications
- Establish how communication will be managed/disseminated
- Develop education and communication structure for any new or revised policies as they emerge

HOW DOES STANDARD OF CARE APPLY

Professional Associations and policy development

- First step is to identify whether pertinent professional associations have published practice guidelines on the subject.
  - Example: for an ED, reviewing guidelines issued by the American College of Emergency Physicians and the Emergency Nurses Association would be the sources you would seek out as sources of truth.

These practice guidelines are often introduced as evidence of the standard of care in a malpractice case.

- Professional association recommendations lack the authority of statutes or regulations, making them ***advisory*** rather than ***mandatory***.
  - Key point to remember is if hospitals policy and protocols differ from professional association-issued guidelines on the same topic, without a "good" reason why, this disparity will be called into question.
- Avoid being more rigorous than the typical standard of care

TOP 5 ISSUES SEEN WITH POLICIES AND PROTOCOLS

Out of date (biggest issue) – updated every 2 years, unless regulated by another agency such as CLIA

Too much information or not enough

Inconsistency

- (EMR orders do not match, staff not following, supportive documents do not match)

Hard to find or not centrally managed

Poorly written

QUESTIONS?

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