NANT 2018
CMS Survey:
What Can You Expect
Technical Focus

Danilo B. Concepcion, CBNT, CCHT-A, FNKF
Operations Manager
St. Joseph Hospital Renal Services
danilo.concepcion@stjoe.org | 714-771-8944

The findings and conclusions in this presentation are those of the author and do not represent the views of St. Joseph Hospital or any professional organizations

St. Joseph Hospital
ST. JOSEPH HEALTH SYSTEM

CMS Efficiency & Effectiveness Initiative: FY 2012 and Beyond

- Survey resources are limited, and may not improve

- A large increase in providers: ESRD Providers Calendar Year 2017 = 7120

- Need to focus survey activities to achieve the most **efficient** use of survey resources to conduct an **effective** survey that:

  – Focuses surveyors on areas **most important** to patient safety and qualify of patient management

  – Utilizes **facility data** to focus survey reviews in clinical areas I need of improvement at **that** facility.

  – Supports a robust facility-based QAPI program that assures **ongoing** patient safety and quality care

Deemed status for Outpatient ESRD Providers

- CMS Surveyors
- State Surveyors
- NDAC
  - National Dialysis Accreditation Commission
  - Anticipated CMS approval: December 2018

Providing Data Quickly
pdq.cms.hhs.gov

QCOR
Quality, Certification & Oversight Reports

Dialysis Facilities (ESRD) Provider Reports

Average Number of Deficiencies

Displays average number of deficiencies per survey by level of deficiency.

Sample:

Region	Average Number of Deficiencies by Survey									
	Standard Surveys				Complaint Surveys				All Surveys (Standard & Complaint)	
	Standard	COP	Average	# of Surveys	Standard	COP	Average	# of Surveys	Average	# of Surveys
(I) Boston	1.6	0.2	1.7	19	N/A	N/A	N/A	N/A	1.7	19
(II) New York	2.6	0.1	2.7	27	2.3	0.0	2.3	3	2.7	30
New Jersey	1.3	0.0	1.3	6	N/A	N/A	N/A	N/A	1.3	6
New York	2.4	0.1	2.5	19	2.3	0.0	2.3	3	2.5	22
Puerto Rico	8.5	0.0	8.5	2	N/A	N/A	N/A	N/A	8.5	2
(III) Philadelphia	1.6	0.0	1.6	64	2.7	0.0	2.7	6	1.7	70

The data in these reports, including provider and supplier counts and percentages, are valid for the subset of providers or suppliers for which there are survey records in CASPER.
For More Information

Source: CASPER (02/19/2018)

Accessibility Information, Privacy & Security

Go To: S&C QCOR Start Page

QCOR
Quality, Certification
& Oversight Reports

Go To: Report Select Page

Citation Frequency Report

Selection Criteria

Begin Year:	2017
End Year:	2017
Display Options:	Display all results
Provider and Supplier Type(s):	End Stage Renal Disease Facilities
National	

Year Type: Calendar Year ▼ **Year:** 2017 ▼ **Month:** Full Year ▼

National Tag #	Tag Description	# Citations	% Providers Cited	% Surveys Cited
	Totals represent the # of providers and surveys that meet the selection criteria specified above.	Active Providers=7120		Total Number of Surveys=2965
V0113	IC – WEAR GLOVES/HAND HYGIENE	690	9.5%	23.3%
V0122	IC – CLEAN, DISINFECT SURFACES & EQUIPMENT/WRITTEN PROTOCOLS	637	8.8%	21.5%
V0403	PE – EQUIPMENT MAINTENANCE – MANUFACTURER'S DFU	433	6.0%	14.6%
V0543	MANAGE VOLUME STATUS	408	5.6%	13.8%
V0143	IC – ASEPTIC TECHNIQUES FOR IV MEDS	358	4.9%	12.1%
V0147	IC – STAFF EDUCATION RE CATHETERS/CATHETER CARE	311	4.3%	10.5%
V0503	APPROPRIATENESS OF DIALYSIS RX	307	4.2%	10.4%
V0715	MD RESP – ENSURE ALL ADHERE TO P&P	283	3.8%	9.5%
V0116	IC – ITEMS TAKEN TO STATION DISPOSED/DEDICATED OR DISINFECTED	278	3.9%	9.4%
V0117	IC – CLEAN/DIRTY AREAS, MED PREP AREA, NO COMMON MED CARTS	276	3.8%	9.3%
V0544	ACHIEVE ADEQUATE CLEARANCE	274	3.8%	9.2%
V0115	IC – WEAR GOWNS, SHIELDS/MASKS; STAFF NOT EAT/DRINK IN TX AREA	274	3.8%	9.2%
V0407	PE – HEMODIALYSIS PATIENTS IN VIEW DURING TREATMENTS	268	3.7%	9.0%
V0111	IC – SANITARY ENVIRONMENT	264	3.6%	8.9%
V0401	PE – SAFE, FUNCTIONAL, COMFORTABLE ENVIRONMENT	263	3.6%	8.9%
V0726	MEDICAL RECORDS – COMPLETE, ACCURATE, ACCESSIBLE	233	3.2%	7.9%
V0504	ASSESS B/P & FLUID MANAGEMENT NEEDS	221	2.9%	7.5%
V0402	PE – BUILDING – CONSTRUCTED/MAINTAINED TO ENSURE SAFETY	212	3.0%	7.2%
V0628	MEASURE, ANALYZE AND TRACK QUALITY INDICATORS	193	2.7%	6.5%
V0196	CARBON ADSORPTION – MONITORING, TESTING FREQUENCY	189	2.6%	6.4%
V0550	VASCULAR ACCESS – MONITOR/REFERRALS	174	2.4%	5.9%
V0110	CFC – INFECTION CONTROL	164	2.2%	5.5%
V0520	FREQUENCY REASSESSMENT – UNSTABLE – MONTHLY	158	2.2%	5.3%
V0250	DIALYSATE PROPORTIONING – MONITOR PH/CONDUCTIVITY	126	1.7%	4.2%
V0413	EMERGENCY EQUIPMENT – ON PREMISES: O2, AED, SUCTION"	122	1.7%	4.1%
V0408	EMERGENCY PREPAREDNESS – PROCEDURES	120	1.7%	4.0%

Common Technical Citations Calendar 2017

- 7120 Active Providers
  - 2965 Surveys conducted
- 302 Vtags cited
  - 75 Technical related Vtags
  - 24.8%
- 12553 Citations issued
  - 1685 technical citations issued
  - 13.4%

Most Frequent Cited V-tags Related to Technical Impact

- V0403 = Equipment Maintenance – Manufacturer's DFU
  - 433 citations
- V0196 = Carbon Adsorption – Monitoring, Testing, Frequency
  - 189 citations
- V0250 = Dialysate Proportioning – Monitor pH/Conductivity
  - 126 citations
- V0260 = Personnel – Training Program/Periodic Audits
  - 116 citations
- V0184 = Environment – Secure and Restricted
  - 79 citations
- V0175 = Water and Dialysate Quality
  - 67 citations

Most Frequent Cited V-tags Related to Technical Impact

- V0228 = Mixing Systems – Labeling
  - 48 citations
- V0199 = RO – Meets AAMI/Monitored, Recorded on Log
  - 38 citations
- V0187 = Environment – Schematic Diagrams/Labels
  - 37 citations
- V0191 = Softeners – Testing Hardness/Log
  - 29 citations
- V0253 = Microbial Monitoring – Monthly Dialysate Sample/Collection/Freq
  - 21 citations
- V0178 = Bacteriology of Water – Maximum and Action Levels
  - 16 citations

VO595 = Meet RD 52 2004

The facility must meet testing and other requirements of ANSI/AAMI RD52:2004. In addition, bacteriological and endotoxin testing must be performed on a quarterly, or more frequent basis as needed, to ensure that the water and dialysate are within the AAMI limits.

Flash Tour Triggers

- Dummy drip chamber
- HD machines in obvious poor repair
- GAC lack of redundancy and sampling ports
- Functioning RO quality monitors (DI also)
- RO distribution in obvious disrepair or contaminated state
- A/B multiple ratio type
- A/B mixing & distribution disrepair or contaminated state

Surveyors Have Resources!

Surveyors do **not** need to be experts at water treatment to conduct Water/dialysate review

- Water Treatment/Dialysate Review Worksheet
- Water system/Critical requirements laminate
- Core Survey Process (also Outline & Triggers)
  – Refer surveyors to the corresponding CfC V-tag

With these, surveyors can conduct an effective review!

Critical Water and Dialysate Requirements

- Water **chemical** and **microbiological** quality
- Dialysate **microbiological** quality
- **Chlorine/chloramine** removal and testing (carbon)
- **Reverse Osmosis** unit function and monitoring
- **Deionization** system monitoring, if applicable
- Dialysate **proportioning ratios match**
- Dialysate **pH and conductivity tested** at point of use (machine) prior to treatment

Surveyors will review for compliance to assure patient safety!

Review of Water Treatment

- **Interview** persons responsible for daily operation & monitoring of water & dialysate systems
  - **Observe** the critical water treatment components
- **Observe** water testing for total chlorine
- **Review** facility documentation of monitoring & oversight of water & dialysate quality

Water and Dialysate Review

Review the **critical components** that impact patient safety

- **Carbon system** for chlorine removal
  - Observe **total chlorine** test
- **Reverse Osmosis** function
  - Assure AAMI quality water
- **Deionization**, if present
  - Verify safe set up & monitoring

- **Dialysate proportioning ratios** match

Triggers

- 2 or more carbon tanks with sample port between not present

- Insufficient EBCT

- Observed total chlorine test result greater than maximum allowable level; test done incorrectly or with incorrect reagents/equipment

- Staff assigned total chlorine testing has inadequate knowledge.

Triggers in Water/Dialysate (cont.)

Interviews

- Water distribution system not disinfected monthly, samples not drawn b4 disinfection, each HD machine not cultured annually
- Staff unaware of correct procedures for dialysate mixing/test

*additional staff may be interviewed, **observation** of dialysate mixing & testing, **review** water or dialysate system disinfection logs can be expanded*

Reverse osmosis system

- Absence of RO % rejection & product water TDS monitor & alarm audible in patient treatment area

This is citable. If the water treatment system appears in serious disrepair, other components can be reviewed for compliance with applicable Vtags

Document Review

- Total Chlorine testing – 2 months
- RO monitoring by % rejection and product water quality by TDS or conductivity
- If wet DI present: 3 months of resistivity readings at least twice per day
- Product water chemical analysis – 12 months
- Microbiological monitoring of water, including ancillaries and dialysate – 6 months
- Practice audits of the operator's compliance with procedures – 12 months.

Triggers in Water/Dialysate (cont.)

Log reviews

- Total chlorine >0.1mg/L & no documentation of appropriate actions taken
- Chemical analysis of product water not done at least annually
- Irregularities, trends of omitted tests
- Microbiological results exceeding action/maximum levels & no documentation of appropriate actions taken
- Practice audits of staff conducted less than annually

Can be expanded to interview technical supervisory staff, and review of applicable logs to longer time period

CMS Survey: Clinical

Karen Evans, BSN, RN, CHT, CBNT
DaVita Dialysis
Winter Park, Florida

Common Clinical Citations Calendar 2017

- 6994 Active providers
  - 2389 Surveys conducted
- 302 Vtags cited
  - 131 Clinical related Vtags
  - 43.3%
- 12553 Citations issued to date
  - 7181 clinical citations issued
  - 57.2%

Most Frequent Cited Clinical Vtags

- V0113 – Wear clean gloves/hand hygiene
    - 570 citations
- V0122 – Clean disinfect surfaces & equipment/written protocols
    - 504 citations
- V0543 – Manage volume status
    - 319 citations
- V0147 – Staff education re: catheters/catheter care
    - 241 citations
- V0503 – Appropriateness of dialysis prescription
    - 226 citations
- V0117 – Clean/dirty areas, med prep area, no common med carts
    - 225 citations

Most Frequent Cited Clinical Vtags

- V0715 – Medical Director responsibility- ensure all adhere to P&P
    - 206 citations
- V0407 – Hemodialysis patient in view during treatments
    - 202 citations
- V0544 – Achieve adequate clearance
    - 209 citations
- V0504 – Assess BP & Fluid management needs
    - 168 citations
- V0628 – Measure, analyze and track quality indicators
    - 163 citations

What happens during a Survey

- CMS announces themselves by providing proper ID and stating they are there for recertification purposes

- A copy of Entrance Conference Materials list is provided to the manager

- This list contains items that the survey team will need in order to conduct the survey.

- All items are expected to be readily available for review within 3hrs.

- While facility team gets documents together, CMS will conduct a "flash tour"

Flash Tour

- Purpose

    - to observe patient care area for situations that may have an immediate impact on patient safety

Ex: lapses in equipment maintenance, availability of emergency equipment, infection control practices, any physical environment hazards

    - staff and patients will be asked about the facility's "culture of safety"

    - approximately 25% will be observed with patients undergoing treatment

Three Components of "Culture of Safety"

1. Risk identification and reporting

    - which members of the team identify issues and whom do they report it to

1. Staff engagement

    - looking to see how involved all members of team are in promoting a "culture of safety"

1. Patient engagement

    - addresses the patient mental and physical health outcomes

Potential Interview Questions

1. Does administration ask for your input regarding potential risks? Do they listen?
2. Are you comfortable bringing issues/concerns to administration?
3. What is your role in preventing or reducing treatment errors?
4. Are you involved in Quality Assessment and Performance Improvement?
5. Are improvement plans communicated effectively?

ESRD Core Survey Process Triggers for Culture of Safety

1. Access covered during treatment (V407)
2. No RN on duty (V759)
3. Inadequate staffing (V757)
4. Insufficient space between machines for emergency equipment (V404)
5. Failure to protect patient's confidentiality by allowing exposure of patient's sensitive body parts during procedures (V454)
6. Failure to recognize and address risk areas where performance improvement is indicated (V625-640)

Observation of HD care and Infection Control Practices

1. Observe the direct patient care staff during delivery of care
2. Usually a minimum of two separate observations
3. Observation of CVC initiation, exit site care and discontinuation of CVC
4. Observation of initiation and discontinuation of AVF/AVG
5. Cleaning and disinfection between patients
6. Prepping of the machine and its extracorpeal circuit
7. Observation of medication prep area and administration
8. Observation of patient prescription

   - is it the right dialyzer, what is the prescribed dialysate bath, are they running at the correct BFR/DFR

ESRD Core Survey Process Triggers for HD Care & IC practices

1. Poor hand hygiene & glove use practices (V113)
2. Supplies taken to station not disposed, disinfected for that particular patient (V116)
3. Breach in aeseptic technique for CVC (V147) or AVF/AVG (V550)
4. Not priming machines according to manufactor recommendations (V352, V413)
5. Not testing machines per manufactor recommendations (V403)
6. Not assessing patients before and after tx or monitoring during according to facility policy (V504, 543, 550, 551, 715)
7. Patient not dialyzing according to prescription (V543, 544)

ESRD Core Survey Process Triggers for Medication Prep

1. Medications are not prep in a clean area and away from dialysis stations (V117)
2. Single dose vials punctured more than once or used for multiple patients (V118)
3. Multidose vial has been punctured with previously used syringe or needle (V143)
4. Medications for multiple patients are taken to a particular patient's station (V117)
5. Not disposing of needles immediately into a sharps container (V121)
6. Poor aeseptic technique when administering medications (V143)

Observation of Isolation Practices

- Purpose

- ensure that appropriate measures are being practiced to minimize the exposure of Hepatitis B to susceptible patients and staff

  - Isolation room will be closely monitored

  - Equipment and supplies will be check for no cross contamination, proper labeling and expiration dates

  - Staff and patient assignments will be reviewed for any inconsistencies in chair assignments that may indicate cross contamination

  - Staff and patient medical records will be reviewed for immunity status

ESRD Core Survey Process Triggers for Isolation Practices

1. Hep B+ patient is not isolated (V110, 128)

2. Staff assigned to Hep B+ patient and patients that are susceptible (V110, 131)

3. There is no dedicated isolation equipment for Hep B+ patient (V130)

4. There is a breach in infection control practices (V113, 116, 117, 119, 121)

5. Using the isolation room on off dialysis days for a non Hep B+ patient when Hep B+ patient is on the census.

NANT 2018 – 35TH ANNUAL SYMPOSIUM "GET RESULTS"

CMS GUIDELINES – LIFE, SAFETY AND EMERGENCY PREPAREDNESS

Dennis Schell

BONENT Board Member

Mar Cor Clinical Specialist

The NFPA is a global nonprofit organization, established in 1896, devoted to eliminating death, injury, property and economic loss due to fire, electrical and related hazards

NFPA –
THE NATIONAL FIRE PROTECTION ASSOCIATION

▶ **§ 494.60 Condition: Physical Environment (V400-416):** Addresses the requirements related to the building and equipment of the facility and incorporates by reference the ambulatory health care occupancy provisions of the 2000 edition of the Life Safety Code of the National Fire Protection Association. This Condition also includes requirements for emergency preparedness for medical and non-medical issues.

CMS GUIDELINES – LIFE, SAFETY AND EMERGENCY PREPAREDNESS

CMS CITATION FREQUENCY REPORT

▸ V403   PE - Equipment Maintenance - manufacturer's DFU

  - 340 citations

▸ V401   PE - Safe, functional, comfortable environment   - 278 citations

▸ V407   PE - Hemodialysis patients in view during treatment   - 257 citations

▸ V402   PE - Building constructed/ maintained to ensure safety

  - 212 citations

▸ V408   Emergency Preparedness procedures   - 122 citations

▸ V413   Emergency equipment - on premises: O2, AED, suction…

  - 119 citations

V400   CFC - Physical Environment   - 58 citations

V409   ER preparedness of staff - initial / annual/ re-informing patients   - 44 citations

V412   Emergency preparedness - patients oriented / trained

        - 40 citations

V416   Contact local disaster management agency annually

        - 22 citations

V404   PE - Patient care environment sufficient space   - 22 citations

V415   Annual evaluation of Emergency / Disaster plans   - 20 citations

CMS CITATION FREQUENCY REPORT - CONTINUED

V417   Fire Safety - Life safety code 2000   - 19 citations

V411   Nursing staff trained in emergency equipment and meds
            - 18 citations

V410   Patient care staff - current CPR certification   - 17 citations

V405 PE - Comfortable temperature   - 16 citations

V406 PE - Accommodations for patient privacy   - 9 citations

V414 Emergency plans - EMS contact   - 6 citations

CMS CITATION FREQUENCY REPORT - CONTINUED

V401

PE - Safe, functional, comfortable environment

2016 - 278   2017 - 207

V402

PE - Building constructed/ maintained to ensure safety

2016 - 212   2017 - 160

V403

PE - Equipment Maintenance - manufacturer's DFU

2016 - 324   2017 - 431
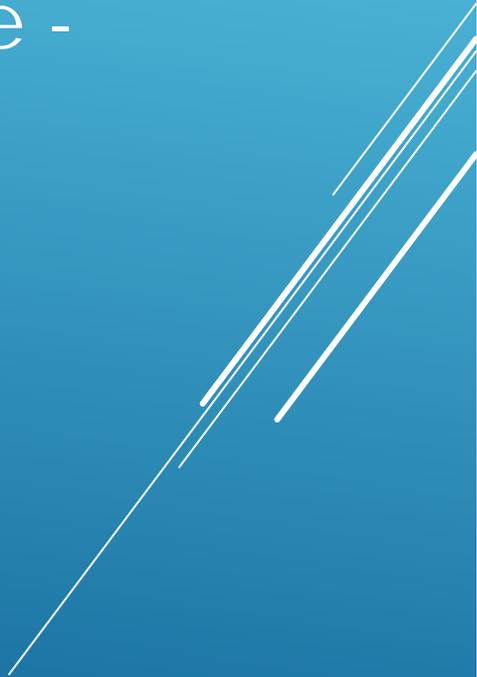
V407

PE – Hemodialysis patients in view during treatments

2016 - 257   2017 - 202

V408

Emergency Preparedness procedures

2016 -122   2017 - 85

V413

Emergency equipment - on premises: O2, AED, suction…

2016 - 119   2017 - 107

Question and Answer