Objectives

• Understanding of the top scored deficient HFAP standards and Conditions of Participation for 2014, not including EOC standards.

• Understanding of compliance issues related to the deficient standards

Chapters Most Cited in 2014

• Chapter One, Administration of the Organizational Environment
• Chapter Three, Medical Staff
• Chapter Seven, Infection Control
• Chapter Ten, Medical Records Services
• Chapter Fifteen, Patient Rights and Restraints
• Chapter Twenty Five, Pharmacy Services

Chapter One, Administration of the Organizational Environment

#5 (33%) 01.00.28 Contracted Services

The governing body must be responsible for services furnished in the hospital whether or not they are furnished under contracts. The governing body must ensure that a contractor of services (including one for shared services and joint ventures) furnishes services that permit the hospital to comply with all applicable CoPs and standards for the contracted services. §482.12(e)

Explanation

• The facility QI plan must include contracted clinical or clinical support services
• Governance is accountable for the quality of care provided by contractors and must monitor it through the quality committee
• A list of contractors including a definition of the scope and nature of the contract must be maintained

Scoring Procedure

• The surveyor must validate that the contracted services are in compliance with CoPs.

To accomplish that, the surveyor will review:

➤ Performance Improvement Plan for inclusion of contractors in the process
➤ Review of the contractor list for completeness
➤ Governance minutes for review of contractor quality indicators
Frequent Issues
• Contractor list is incomplete or fails to indicate the scope of the contract
• No performance indicators have been established for all/some contractors
• Governance minutes do not reflect review of contractor performance indicators with documented action if indicators do not meet performance requirements
• The performance improvement plan does not include contracted services

Chapter One, continued
#8 (25%) 01.00.29 Contractor Quality Monitoring
The governing body must ensure that the services performed under a contract are provided in a safe and effective manner. §482.12(e)(1)

Explanation
• The patient care services, and all other services, provided under contract are subject to the same hospital-wide quality assessment and performance improvement evaluation as other services provided directly by the hospital.

Scoring Procedure
• Review of quality committee minutes to verify the contracted services are reviewed for performance
• Review of the quality plan to verify that all contracted services are providing quality indicators for evaluation

Frequent Issues
• Facility does not have a process in place to monitor all appropriate contracted services.
Contracts that do not require quality indicators:
  ➢ Physician contracts (they should be peer reviewed for performance)
  ➢ Software contracts
  ➢ Transfer agreements
  ➢ Equipment contracts/Lease agreements (unless maintenance is included)

Chapter Three, Medical Staff
• #6 (31%) 03.00.01 Eligibility and Process for Appointment to the Medical Staff
The medical staff must be composed of doctors of medicine or osteopathy. In accordance with State law, including scope-of-practice laws, the medical staff may also include other categories of physicians and non-physician practitioners who are determined to be eligible for appointment by the governing body. §482.22(a)
Explanation

• The governing body is responsible to determine the categories practitioners to be privileged to care for patients.
• Scope of service must be consistent with state law.
• All practitioners requiring privileges must be evaluated through the medical staff privileging (credentialing) system.

Explanation, cont.

• All practitioners granted privileges must function under the bylaws rules and regulations of the medical staff.

Scoring Procedure

• Interview the Medical Staff secretary and representatives of the medical staff to determine the credentialing process
• Review of Credentials Committee minutes
• Review of Governance minutes
• Review of Credentials files of medical staff members and those granted privileges only.

Scoring Procedure, cont.

File selection:
- Newly appointed practitioners
- Temporary privileges
- Allied Health Practitioners
- Practitioners functioning in clinics or outpatient settings only.
- Practitioners giving moderate sedation
- Random selection of reappointment files

Frequent Issues

• Application of the credentialing process is inconsistent, usually regarding allied health.
• Lack of a process for oversight of practitioners granted privileges only.

Chapter Seven, Infection Control

#4 (36%) 07.01.01 Infection Control Officer
A person or persons must be designated as infection control officer or officers to develop and implement policies governing control of infections and communicable diseases. The infection control officer or officers must develop a system for identifying, reporting, investigating, and controlling infections and communicable diseases of patients and personnel. §482.42(a)
**Explanation**

- The ICO must be a person whose primary training is nursing, medical technology, microbiology or epidemiology and has acquired specialized training in infection control.
- The ICO must develop and implement policies governing the control of infections and communicable diseases.

**Scoring Procedure**

- Review of the ICO personnel file to verify education, training and experience.
- Review of policies and procedures regarding infection control via staff interview and document review
- Verification of implementation of IC policies and procedures through observation and interview of staff
- Review of IC reports to determine the effectiveness of processes

**Frequent Issues**

The infection control chapter has one CoP and 4 standards specifically citing CMS requirements. Citing of this standard is appropriate in the following circumstances:

- The ICO does not meet required qualifications or has not received appropriate specialized training in infection control
- Policies and procedures that address infection control have not been developed and/or implemented (Very broad category!!)

**Frequent Issues Cont.**

- Observations in the facility demonstrate that policies fail to identify, investigate, report, prevent and control infections and communicable diseases within the facility
  OR
  - Policies are appropriate but are not consistently implemented within the facility.

**EXAMPLES:**

- Lack of policies relevant to construction or renovation
- Hand hygiene protocol is observed to be inconsistently implemented by all personnel
- Lack of dating of open multi-dose vials per facility policy
- Failure of staff to use appropriate PPE (failure to remove gloves, lack of eye protection in splash areas, physician use of PPE)

**Frequent Issues Cont.**

- Lack of separation of clean linen from dirty or lack of negative air flow in the contaminated linen area
- Inconsistent implementation of or lack of a process for high level disinfection
- Improper storage of endoscopes
- Inconsistent implementation of the IV therapy protocol
- Failure to monitor air flow in sterile areas and in contaminated areas as required (Central sterile, operating rooms, dirty utility rooms)
Tip

• Utilize the CMS Infection Control Worksheet to evaluate adequacy of policy development and implementation.

To access the Infection Control worksheet, go to: www.hfap.org
Scroll the blog on the home page and click on “2015 CMS Patient Safety Initiative Worksheets”.

Chapter Ten, Medical Records Services

#1 (45%) 10.01.01 Content of the Record
The medical record must contain information to justify admission and continued hospitalization, support the diagnosis and describe the patient’s progress and response to medications and services. §482.24(c)

Explanation

• The medical record must include all required information to:
  ➢ Justify admission
  ➢ Justify continued hospitalization
  ➢ Support the diagnosis
  ➢ Describe the patient’s progress
  ➢ Describe the patient’s response to medications
  ➢ Describe the patient’s response to services such as interventions, care, treatments, etc.

Scoring Procedure

• Review of predominantly open and some closed medical records as required to verify completeness and accuracy of the medical record.

Scoring Procedure Cont.

The following sub-standards contribute most significantly to noncompliance:
10.01.03 Legible and Complete
10.01.04 Dating & Timing, & Authentication of Orders
10.01.07 History and Physical Requirements
10.01.08 History & Physical Update Requirements
10.01.10 Required Consultations
10.01.19 Medical Record Delinquency

Frequent Issues

• Legibility of hand-written records
• Lack of dating, timing and timely authentication of MR entries
• Timely, thorough H&Ps
• Updates to H&Ps as required
• Discharge summaries within 7 days of discharge
• High medical record delinquency rate
Chapter Ten, Medical Records Services, cont.

#10 (22%) 10.01.08 History and Physical Update

Requirements
All records must document the following as appropriate:
Evidence of an updated examination of the patient, including any changes in the patient’s condition, when the medical history and physical examination are completed within 30 days before admission or registration. Documentation of the updated examination must be placed in the patient’s medical record within 24 hrs after admission or registration, but prior to surgery or a procedure requiring anesthesia services. §482.24(c)(4)(i)
(This issue has already been discussed)

Chapter Fifteen, Patient Rights and Restraints

#9 (24%) 15.01.02 Notice of Patient Rights

A hospital must inform each patient, or when appropriate, the patient’s representative (as allowed under State law) of the patient’s rights in advance of furnishing or discontinuing patient care whenever possible. §482.13(a)

Explanation

- Patient rights documents must inform each patient as to their rights.
- This notification preferably occurs prior to treatment.
- The rights given must be inclusive of all rights required under State or Federal law.
- Patient’s rights must be posted in clear sight for patient and visitors to view throughout the hospital and all outpatient settings.

Scoring Procedure

- Review of the patient rights policy for inpatients and outpatients
- Review the rights documents given to patients for completeness and to ensure the policy and document are consistent in content
- Review patient records for documentation of communication of rights
- Interview of staff and patients regarding provision of rights
- Documentation of IM notification

Frequent Issues

- Patient rights policy and documents provided to the patients don’t agree in content
- Patient rights are not posted throughout the hospital and in all outpatient settings

Chapter Fifteen, Patient Rights and Restraints, cont.

# 3 (36%) 15.01.09 Exercise of Patient Rights

The Patient’s Rights document includes, at a minimum, that the patient has...included elements A-T of this standard. §482.13 b, c, d, e, & h.
Explanation

• The hospital must ensure that patient rights requirements are met.
• The posted and distributed patient rights information must be inclusive of all of the rights defined in the standard and any additional requirements that are mandated by state or local jurisdictions, as well as organizational philosophy.

Scoring Procedure

• Review the posted and distributed patient rights documents to determine that they are congruent with the standards requirements and they are available as defined.
• Interview patients to determine if they have been informed of their rights via the facility process indicated.

Frequent Issues

• Patient rights documents do not agree in content (posted rights are different from the distributed copy)
• Patient rights documents do not include all requirements as stated in the standard.

Chapter Fifteen, Patient Rights and Restraints, cont.

#3 also (36%) 15.02.00 Restraint or Seclusion
All patients have the right to be free from physical or mental abuse, and corporal punishment. All patients have the right to be free from restraint or seclusion, of any form, imposed as a means of coercion, discipline, convenience or retaliation by staff. Restraint or seclusion may only be imposed to ensure the immediate physical safety of the patient, a staff member, or others and must be discontinued at the earliest possible time.
§ 482.13(e)

Explanation

• The intent of the standard is to identify basic rights, ensure patient safety and eliminate the inappropriate use of restraint or seclusion.

Scoring Procedure

• Review of the hospital restraint and seclusion policy for content consistent with the standard.
• Review of medical records of patients on whom restraints were used to verify appropriate utilization and documentation of management specific to standards requirements
• Interview of patients to determine their understanding of their rights.
Scoring Procedure, cont.

• Interview of staff who work with patients to determine their understanding of the facility policies.
• Review of incident reports to determine if injuries from restraints have occurred, and if yes, were they reported per standards requirement.
• Review of restraint data to determine patterns and trends, including PI reports.

Frequent Issues

• Staff do not document all requirements per standard (reason for restraints, monitoring as defined by policy, time of application, time of removal)
• Lack of thorough documentation by medical staff (dating and timing of orders, lack of timely orders per facility policy, progress notes regarding restraint use)

Scoring Procedure, cont.

• One hour assessment by a practitioner following application of behavioral restraints is untimely or lacking.
• Utilization data is not being monitored for patterns or trends.
• No documentation of medical staff education regarding restraint use.

Chapter Twenty Five, Pharmacy Services

#2 (40%) 25.01.01 Medication Control & Distribution
In order to provide patient safety, drugs and biologicals must be controlled and distributed in accordance with applicable standards of practice consistent with federal and state law.
§482.25(b)

Explanation

• Control, distribution, and storage of medication
• Prevention unauthorized usage
• Management high risk medications
• Appropriateness of medication orders
• Monitoring and documentation of the effects
• Management of sterile products
• Management of emergency kits
• Use of home medications
• Use of investigational drugs.

Scoring Procedure

Observation and document review:
• Management of high risk meds
• Monitoring of therapy
• Unauthorized usage
• Drug recalls
• Drug storage to control climate
• Drug storage to control access--automation
• Removal of expired and recalled drugs
Frequent Issues

• Outdated medications found in storage areas.
• Lack of pharmacy oversight of medication preparation.
• Inappropriate medication storage: monitoring of refrigerator temperatures (failure to monitor AND inappropriate temps), unclean medication preparation areas, storage of food in medication refrigerators,
• Medications drawn up and not labeled
• Improper management of open vials

Chapter Twenty Five, Pharmacy Services, cont.

#7 (30%) 25.01.03 Security of Medications

Consistent with state and federal requirements, in the pharmacy and throughout the facility:

1. All drugs and biologicals must be kept in a secure area and locked when appropriate.

§482.25(b)(2)(i)

Explanations

• All drugs must be stored to prevent unauthorized access and use.
• Controlled substances must also be secured in a way to prevent diversion.
• Mobile medication carts must be locked in a secure area when not in use.

Scoring Procedure

• Review of facility policies and procedures related to security of medications.
• Observation of medication administration and storage areas to make sure facility policies are being practiced.
• Interview of patients and staff regarding the process for patient self-administration

Frequent Issues

• Unsecured emergency medication carts and other portable medication storage carts.
• Unsecured medication, particularly in the operating room setting.
• Controlled substances are not double locked

2015 Most Frequently Cited Standards

#1 10.01.01 Content of the Record
#2 25.01.01 Medication Control and Distribution
#3 15.01.09 Exercise of Patient Rights AND 15.02.00 Restraint or Seclusion
#4 07.01.01 Infection Control Officer
#5 01.00.28 Contracted Services
#6 03.00.01 Eligibility and Process for Appointment to the Medical Staff
2015 Most Frequently Cited Standards, cont.

#7. 25.01.03 Security of Medications
#8. 01.00.29 Contractor Quality Monitoring
#9. 15.01.02 Notice of Patient Rights
#10. 10.01.08 History and Physical Update Requirements

QUESTIONS?

Please submit questions to:

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