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Compliance

Public Compliance Surveys: The [Good or Bad] Impact on Healthcare Organizations

BY LARRY LACOMBE

In April of this year it was announced that CMS (Centers for Medicare & Medicaid Services) is pushing to make accrediting organizations, such as The Joint Commission, surveys public (82 Fed. Reg. 19796, 4/28/17). The argument by CMS is that by making surveys public, it will allow healthcare consumers to make a more informed decision regarding where to receive healthcare. In turn, this will encourage healthcare providers to improve the quality of care and services they provide.

Whether you're thinking "oh no, this is going to make our hospital look horrible!" or "no big deal, our hospital is in great shape and has nothing to hide," the impact could bring new insights from those seeking treatment. For CMS, they are hoping it will encourage healthcare providers to continue to improve the quality of care and it is bringing yet another layer of accountability for healthcare organizations.

As CEOs and Administrators prepare for this sweeping change, you should be asking yourself, what is the current state of my hospital's compliance? If you do not know, you should find out sooner rather than later. It's important for leadership to be involved and familiar with what's happening in the physical environment,

and especially now that all the details on deficiencies within your hospital that once were kept private may now become an open book for anyone to review.

As the healthcare industry continues to shift to more of a consumer focus, the compliance focus remains on overall patient safety and quality of care. The fact that in 2017 The Joint Commission (TJC) is now using the SAFER[®] Matrix to capture the level of potential harm of deficiencies only validates this shift. On top of having trained life safety engineers going through your facility with a fine-tooth comb, the Life Safety Chapter tends to be one of the most heavily cited chapters of TJC's Physical Environment, simply because it's easier for a surveyor to point out something that's wrong with a building, rather than a person. Should a violation come to light, let us remember TJC has adjusted their remediation timeline to just 60 days to align with CMS.

So, what do you do to prepare for this change?

1. Know the health of your physical environment

Conducting a complete compliance review on a regular basis can help you maintain a pulse on how healthy your physical environment is. This can also enlighten you on potential problem areas that should be addressed prior to a surveyor walking through your doors.

Perhaps your greatest challenge is that, outside of the facility director and some technicians, few people truly understand how the Life Safety Code impacts the physical environment, how it all fits together, and what dollars and skills sets are needed to maintain it properly. The exercise of evaluating the current state of compliance will allow you to gain a better understanding of what it will take on an on-going basis and in turn putting you in a better position to always be survey-ready.

2. Centralize & standardize your facilities documentation

When surveyors see reports that are disparate and uncoordinated, they interpret that as a sign of dysfunction

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tion. And it usually is. This is common in facilities managed by multiple entities.

Not only do disparate reports and processes make it difficult for you to get a clear picture of your physical environment, they also make it hard to pinpoint what's falling through the cracks.

To counter those problems, direct your facilities team to use simple matrixes to track progress, in alignment with regulatory requirements. Also, ensure they review vendor reports who inspect, maintain, and test, on a consistent and timely manner. Often, vendor reports are missing signatures, codes or vital information that could jeopardize a regulatory survey. Other times, vendor reports identify a life safety issue that goes unread and ends up falling behind the remediation timeline.

Just as important, get familiar with that documentation.

3. Watch for industry survey trends

Identifying industry survey trends – common deficiencies and the focus areas for TJC – is a relatively simple way to avoid the same high-potential hits when a surveyor steps into your facility. It's wise to leverage that intel to preemptively address common hits before surveyors show up.

However, if CMS is granted their request for surveys from accredited organizations to become public, it will be easier to examine other healthcare facilities in your area to pin-point any trends or areas of focus from the surveyors. But keep in mind, your information will also be examined by your hospital peers, making it even more crucial to ensure your facility is survey-ready.

Although looking at industry trends and data can provide a good indication of your survey success, it should not be used as a replacement for a thorough compliance review within your facility prior to any survey.

4. Spread—don't defer maintenance

Historically, hospitals have nurtured a habit of waiting to address facilities deficiencies until 12–18 months

before a survey. At that point, they'd throw money at problems in a mad dash against time to get everything ready for surveyors. And if surveyors identified an issue, facilities still had a generous grace period to fix it.

Now, with the shrunken remediation timeline, you'd have to throw a *lot* more money to fix problems within 60 days, if that's even possible.

You have roughly three years between surveys. Use them. Spread out investments and improvement plans over that time, and avoid paying far more in violations and rush service fees down the road.

5. Stage mock-surveys at your facility

Just as important as having your teams walk through your facility documenting the current state of compliance, conducting random mock-surveys will ensure that your organization will be prepared for a survey by an accreditation organization, even if it's unannounced. It may be difficult to face if your hospital has several deficiencies you note through this process; however, at least with a self-imposed mock-survey you have nothing to lose, only everything to gain. Through this process you can identify items a surveyor might find and correct them before the surveyor even walks through the door. This will allow for a smoother survey process and will minimize if not eliminate any surprises that may have come otherwise.

The goal of a compliant healthcare facility really translates into a safe healing environment for patients, staff and visitors. With patient safety already top-of-mind amongst healthcare leaders, following these steps will ensure your organization is survey-ready by doing what must be done between surveys, making for a smoother survey process when The Joint Commission or other accreditation organizations comes your way and minimizing your fears of your surveys being public information.