

Survey Readiness

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Learning Objectives

- Identify two tools to help your facility to be continuously ready.
- Name three items to audit on an ongoing basis to assure readiness.
- Provide two resources to help prepare staff to become more knowledgeable about CMS and Joint Commission survey requirements.

Areas of Focus

- Assigned Survey Roles/Duties
- Physical Plant
- Employee Files
- The Binders
- QAPI Meeting Minutes
- Network Projects
- NHSN Observations
- Emergency Preparedness
- Frequent Deficiencies



ESRD Core Survey Manual Resources

Quality, Safety & Oversight- Guidance to Laws & Regulations - Dialysis found at:

<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Dialysis>

Downloads found on this site:

[Survey and Cert Letter 17-02 \(PDF\)](#)

[1. ESRD Program Interpretive Guidance - Version 1.1 October 3, 2008 \(PDF\)](#)

[2. CMS 3427 ESRD Application/Notification and Survey/Certification Report - Updated 06/04/2020 \(PDF\)](#)

[CMS 3427 ESRD Application Notification and Survey - Certification Report - Updated 01.25.2022 Fillable \(PDF\)](#)

[3. Full ESRD Core Survey Field Manual Version 1.9 and Tools & Worksheets \(ZIP\)](#)

[4. ESRD Core Survey Data Worksheet Version 1.8 \(PDF\)](#)

[5. ESRD Surveyor Laminates \(ZIP\)](#)

[6. ESRD Survey & Certification Memos \(ZIP\)](#)

[8. ESRD Facility Conditions for Coverage \(PDF\)](#)



ESRD Survey Training ESRD Core Survey Field Manual Version 1.7

- "The new Core Survey Process changes the approach to ensuring safe care for Medicare beneficiaries...One of the most important messages for me was the need for all dialysis providers to develop and maintain a "culture of safety" that allows for open and honest communication between patients and facility staff as well as among the facility staff." – Nephrology Nurse
- "I love the Core!!! It really keeps us focused on the most important things." – ESRD Surveyor
- "I think the Core Survey is great. It really streamlines the survey process yet picks up areas of concern." – ESRD Surveyor
- "I think the way the surveyors are focusing on outliers, allowing everyone to see the interface between QAPI and interdisciplinary Care is very instructive and useful. I can see how post survey we will focus on ways to make the tie between care planning and QAPI even closer." – Medical Director
- "The new core ESRD survey stresses the importance of hearing the patient voice, and making sure the patient's perspective is evident when assessing the operations of each dialysis facility—what patients need, what we worry about, what makes our lives better relative to our dialysis treatments. The way the Core Survey is being administered encourages partnering with our care providers to identify and address concerns, so we can be vigilant together and continually improve the quality of care for everyone." – Dialysis Patient
- "I feel the new CORE survey process has created improved feelings that both providers and surveyors are working to improve patient care as well as keep patients safe and in a "Culture of Safety". – ESRD Surveyor



ESRD Basic Core Survey Training

End Stage Renal Disease Basic Core Survey Training - Training Menu

Training Description

This ESRD Basic Core Survey Training is intended to establish surveyor skills and knowledge concerning the survey process for ESRD and dialysis facilities. This training intends to cover the Conditions for Coverage (CfCs) and foster surveyor understanding of the ESRD Core Survey process and the role it and the surveyor play in ESRD care. This training intends to enhance surveyors' overall ability to conduct ESRD surveys for Medicare certification on behalf of CMS and covers the stages of chronic kidney disease, ESRD symptoms and treatment options, the basic processes of dialysis, and the surveyor's role in ESRD care.

Training Objectives: On completion of this training, you will be able to:

- Identify the goals of the ESRD Core Survey.
- Identify the approach of the ESRD Core Survey process.

Training Duration: 24 hours

Videos found at:

<https://qsep.cms.gov/pubs/CourseMenu.aspx?cid=0CMSESRD> ONL

Assigned Duties Pre Survey

Audit	Area/Population	Frequency	Time	January	February	March
JC Tracer/ Dialysis Tracer/Hand Hygiene	Dialysis Unit	Monthly	1-2 hours	SW		
Medical Record Documentation - 10% existing, new and discharged patients.	10% (about 5) patients	Monthly	2 hours	Educator		
Patient Education	100% Patients	Monthly	30 minutes	Charge Nurse		
POC/PCC Completion, Med reconciliation	100% patients	Monthly	30 minutes	SW		
Staff Records	10% (about 4) staff	Monthly	1 hour	Manager		
Water & Dialysate Observation	4 pstaff/techs	Monthly	2 hours	Biomed		
Machine Preparation	4 staff/techs	Monthly	2 hours	Technician		
SCOPE CVC Bundle	30 HD patients	Monthly	3 hours	CL Champion		
SCOPE BP Bundle	HD SCOPE Patients	Monthly	3 hours	Nurse		
Other SCOPE Forms	All SCOPE Patients	Monthly	3 hours	Nurse		
NHSH Events Update	HD patients	Monthly	1 hour	Manager		
NHSN COVID Update	All Patients	Monthly	30 minutes	Manager		
Quality Dashboard Updates	REQI, QAPI, Pheresis	Monthly	4 hours	Quality Manager		
Dialysis Policy and Procedure Updates	Chronic and Acute Dialysis	Monthly	20 hours	Quality Manager		

Assigned Duties During Survey

Initial Notification of Arrival Time: _____		
Task	Assigned	Back up
Escort surveyor to conference room		
Notify medical director, facility administrator, biomedical and nursing leadership that CMS is on campus		
Quick sweep of dialysis unit before surveyors tour		
Send SPOK notification to <u>Renal CMS Distribution Group</u> (Distribution and Entrance and Exit) that CMS has arrived to survey the ESRD program		
Send email to Renal email distribution lists that CMS has arrived to survey the Renal program		
Send Teams invite to <u>Renal CMS Entrance and Exit Group</u> for Entrance Conference		
Meet surveyors, validate credentials and escort to Security to obtain badges		
Lead surveyor through the flash tour.		
Secure room for opening and closing conference		
Clear both conference room calendars		
Notify IT of arrival and need for survey loaner IT set up: 2 computers in Surveyor Workroom and a printer		
Validate computer applications are functioning in Surveyor Workroom		
Open Surveyor Workroom and set up with coffee/water		
Open and set up Command Center with prepared items box contents : Markers, Post it Paper, Pens, Post it Notes		
Place signage on 8dialysis door for directions to Surveyor Workroom Command Center		
Obtain CMS Core Survey Binder (Entrance Conference Materials List) and review for accuracy specific CMS Binders and make sure of accuracy- WITHIN 3 hours of Arrival		
Identify scribes and escorts for survey.		
Order lunch meals for Command Center		
<u>Schedule Interviews:</u> 1. Medical Director 2. Nurse Manager 3. 2-3 Staff (1 RN and 1 PCT) 4. Dietician 5. Social Worker 6. Water Treatment Personnel 7. Home Training Nurse 8. Machine/Equipment Technician		
Obtain orientation pathways and other electronic employee files.		
Create and email and end of day call		
By end of Day 1, compile and submit materials for Day 1 Survey. Submit and receive approval through Command Center before submission.		
By noon of Day 2, compile and submit materials for Day 2 Survey. Submit and receive approval through Command Center before submission.		
Schedule Exit Conference		

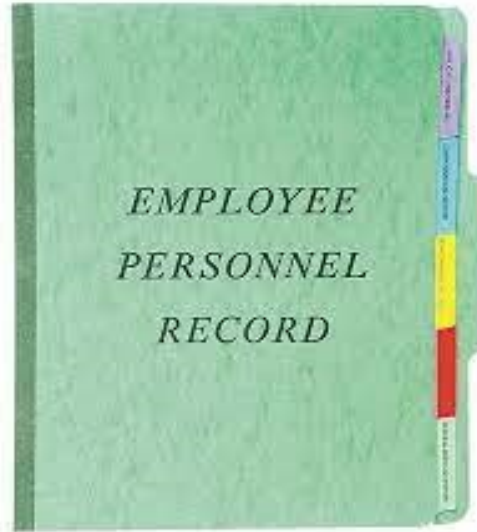
Physical Plant

- Exterior
- Lobby
- Breakroom
- Front Desk
- Treatment Room
- Med Preparation Area
- Hallways & Bathrooms
- Administrative Offices
- Biomed Area
- Supply Room
- Water Room
- Bicarb/Acid Room
- Biohazard
- Stairwells/Elevators
- Home Therapies Area

Employee Records

- Licenses and Hiring Records:

- RN license
- LPN license
- MSW
- Dietitian license
- CPR
- Hepatitis
- Tuberculosis
- Color blind results
- Competency checklist
- Medication competency checklist
- COVID
 - Vaccination history
 - Exemptions



- Annual Education:

- Lock out/tag out
- PPE refresh
- Fire safety
- Emergency preparedness
- Color blind testing
- Infection control
 - Hepatitis
- Water
- Hand hygiene
- Bloodborne pathogens
- HIPAA

The Binders

- Governing Body
 - Organization
 - State & Federal Licenses
 - Agreements/Contracts
 - Governing Body Meeting Minutes
 - Credentialing
 - Affiliation Agreements
 - Facility Agreements
 - Emergency Preparedness – 2019 rule
- Quality Assessment & Performance Improvement (QAPI)
 - Do you have trends, goals and measurable actions?
- Water Logs
 - Anything missed? Do you have follow-up supporting documentation?
- Machine Logs
 - Anything out of parameters? Do you have your repairs & re-tests documented?



ESRD Network

- Does the center have any special network monitoring?
- Involuntary patient discharges or transfers; how many and why?
- Patient complaint patterns?
- Any additional concerns?
 - Outstanding network projects?
 - Concerns with communication?
 - Disaster updates?
 - Issues with SNF/LTC patients or care team communications?

Its good practice to document these discussions in QAPI and/or Governing Body meeting minutes.

NHSN Observations

Observations utilizing the collection forms (most center use the CDC forms) are required for monthly NHSN reporting and should also be depicted and discussed in monthly QAPI meetings.

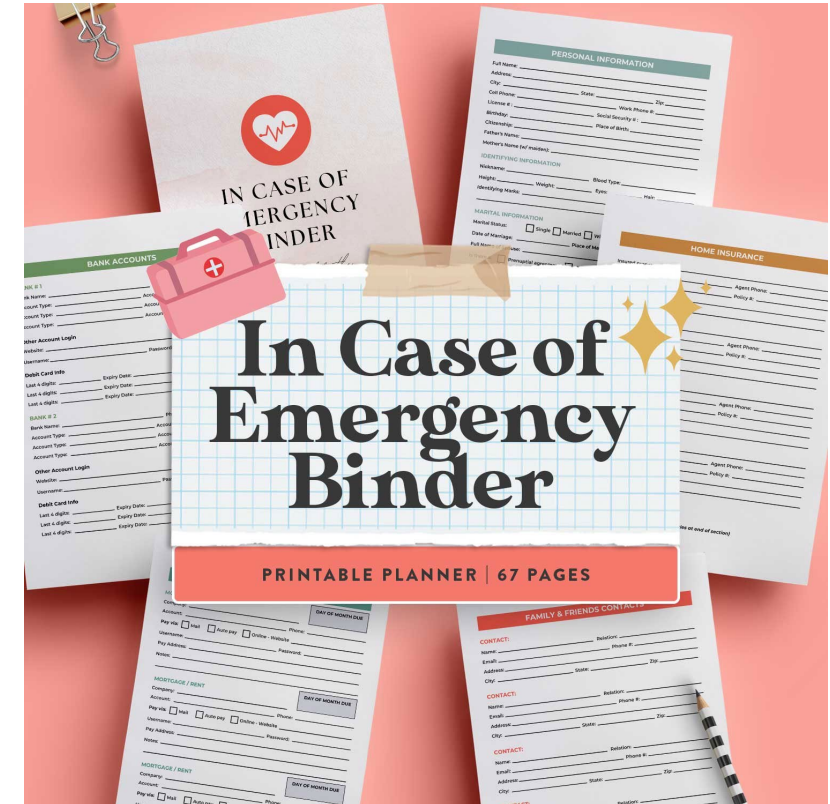
- Where does the data point you?
- Do you have system wide issues or are infractions isolated to a few staff members?
- Are you discussing the findings in daily huddles?
- How are you re-enforcing correct practices?
- Does the same person conduct the observations, or do you rotate this responsibility?

CDC observation tools can be obtained at the link below:

<https://www.cdc.gov/dialysis/prevention-tools/audit-tools.html>

Emergency Preparedness Binder

- Training, Testing, Education
- Hazard Vulnerability Analysis
- Emergency Preparedness Packet for Patients
- Policies and Procedures
- Contract with Back-up Facility
- Proof of Communication with City
- Communication - Contact List
- Patient and Staff Tracking System
- List of Critical Venders
- Exercises
- Root Cause Analysis



<https://files.asprtracie.hhs.gov/documents/aspr-tracie-cms-ep-rule-esrd-requirements.pdf>

Example of Hazard Vulnerability Analysis

		SEVERITY = (IMPACT - MITIGATION)			RISK = (PROBABILITY * SEVERITY)			RISK	
DEFINITIONS		Likelihood This Will Occur	Possibility of Injury or Death	Physical Losses & Damages	Interruption of Services	Preplanning	Time, Effectiveness, Resources	Community/ Mutual Aid, Supplies	Relative threat*
SCALE		0 = N/A Never happened here Could not happen here 1 = Low Has not happened here Could happen here Has happened nearby 2 = Moderate Has happened here or nearby (Houston metro and surrounding areas) in last 5-10 yrs. 3 = High Has happened here within the last year (locally) Expect to occur annually	0 = N/A Has no human impact 1 = Low May have minor impact (bumps, bruises, scrapes) 2 = Moderate May have major impact (broken bones, respiratory distress) 3 = High May cause death	0 = N/A Has no property impact 1 = Low May have minor impact (less than insurance deductible) 2 = Moderate May have major impact (more than insurance deductible) 3 = High May completely destroy property (irreparable)	0 = N/A Has no business impact 1 = Low May have minor impact (limits support services) 2 = Moderate May have major impact (limits direct patient care services) 3 = High May completely immobilize patient care/business services	1 = High Amount of Preparedness is High 2 = Moderate Amount of Preparedness is Moderate 3 = Low or none Amount of Preparedness is Low or None	1 = High Internal Response capabilities are High 2 = Moderate Internal Response capabilities are Moderate 3 = Low or none Internal Response capabilities are Low or None	1 = High External response is readily available 2 = Moderate External response is available, but may take time 3 = Low or none External response may be delayed or is not available	0 - 100%
THREAT NAME	THREAT TYPE	PROBABILITY	HUMAN IMPACT	PROPERTY IMPACT	BUSINESS IMPACT	PREPARED-NESS	INTERNAL RESPONSE	EXTERNAL RESPONSE	
Water Outage/Failure	Facilities	3	3	1	3	2	3	3	83%
Supply/Medication Shortage	Clinical	3	3	2	2	2	2	3	78%
Flooding - External	Natural Disaster	3	2	2	3	2	2	3	78%
Hurricane/Tropical Storm	Natural Disaster	3	3	2	3	1	1	2	67%
Cyber Threats	Human-Caused	3	2	2	3	2	2	1	67%
Information Systems Outage/Failure	Information Systems	3	2	2	2	2	1	2	61%
Workplace Violence	Human-Caused	3	2	1	2	2	2	2	61%
Active Attacker/Threat	Human-Caused	2	3	1	3	3	3	3	59%
Communications Outage/Failure	Information Systems	3	2	0	2	2	2	2	56%

Comments from Surveyor Related to Emergency Preparedness

- “Liked that we were well organized, and had a 3 ring binder and table of contents”
- “Included print out of education”
- “Spent 1 hour on emergency preparedness”
- “Asked how we completed the HVA”
- “Organizational chart was important to her”
- “Taught Emergency take-off to parents of small children”
- “Really liked that we provide monthly education to staff and quarterly to patients. Education modules included in the binder.”
- “We developed a patient education calendar and documented how they were educated.”
- “Really liked our drills. Sent letter to patient/caregivers and they could opt in or out to participate in drills. Simulated an event with actors (non staff). Clear goals. Then had an action plan to address areas of opportunity.”
- “Include flashlight and radio in emergency packs”
- “Our Emergency Management team was helpful in providing documentation of table top exercises or simulation of evacuation training, etc. We had to provide the agreement with outside dialysis units, including one that was at least 50 miles away.”

CMS Frequent Deficiencies

- **Infection Control**

- Evidence of proper handwashing/hygiene (pre/post needle insertion-glove removal)
- Appropriate use of PPE
- Common items returned to common areas
- Clean/dirty items stored/separated properly
- Cross contamination between pts/equipment-no glove change
- Gown open in front/sleeves rolled up/skin exposed
- Equipment cleaned between use by pts.-TV remotes, thermometer
- Environmental surfaces including machines not cleaned
- BP cuffs, pillows not cleaned properly
- Chairs not cleaned thoroughly between pts./end of day
- No evidence of infection rate surveillance

- **Patient Issues**

- Access not visible
- Patient rights poster readily available/visible, latest version
- Complaint information readily available

Joint Commission Top Dialysis Problems

- Patient's graft, fistula, or dialysis site is not openly visible during the treatment
- Poor PPE or no PPE is worn as required
- Following isolation practices when required
- Calibration of the meter used to test pH/conductivity not tested per the manufacturer instructions
- When bleaching of a portable machine is done in a patient room, the lack of an eyewash is scored
- Hospital policy required a special check of the heparin, per the hospital's policy on high-risk medications, but this was not done in dialysis
- When hospital policy requires nurses to evaluate the vascular site assessment (e.g., redness, warmth, tenderness, swelling) before and after dialysis, the record should document that this was done
- Records for a new dialysis patients missing indication that consent was received and record or a conversation about risks and benefits
- Administered 100 mL NS instead of 200 mL NS per the protocol order set for hypotension during dialysis
- Staff were not trained to use new equipment

Q&A: Joint Commission Focuses on Dialysis, August 22, 2018 - [Patient Safety Monitor Journal](https://www.psgh.com/analysis/qa-joint-commission-focuses-on-dialysis/)

<https://www.psgh.com/analysis/qa-joint-commission-focuses-on-dialysis/>

Joint Commission and CDC Current Concern -Water Boxes

More Stagnant Water - Dialysis Boxes are typical in a healthcare facilities and are generally used by patients/individuals that are potentially higher risk of infection.

- Usually housed in remote locations in the hospital.
- Need dedicated cold water distribution piping.
- Dangerous cross contamination potential between patients.

CDC Recommends:

- Developing policies about the specific frequency and methods for wall box surface disinfection
- Disinfecting at least daily
- Cleaning and disinfection of the wall box should be performed after the patient has left the station

Thank you!