

**USING QUALITY IMPROVEMENT METHODS TO IMPROVE
SURVEY OUTCOMES**

Thursday, February 3, 2005

**Questions for
New Jersey Department of Health & Senior Services (NJDHSS)**

- 1) What are the regulations governing in-services for both professionals and paraprofessionals? Are there specifics that cover only OSHA?**

Answer: In-services

- (a) We require in-services "annually". Our regulations do not stipulate Q365 days. However, if you do in-services based on a calendar year, you could, potentially, have as many as 23 months go by between in-services. That would not be "annually."
- (b) Our regulations do not have anything specific that covers in-services for OSHA only. Sub chapter 12, regulation 12.2(b)(1) in the State licensure manual, references OSHA in relation to the development of policies and procedures for infection control.

- 2) What is the accurate interpretation of the following statement in G236-Interpretive Guidelines 486.48?**

Under the header: Correction of Clinical Records- "When a comprehensive assessment is corrected, the HHA must maintain the original assessment record as well as all subsequent corrected assessments in the patient's clinical record for five years, or longer, in accordance with the clinical record requirements at 42 CFR 484.48. If maintained electronically, the HHA must be capable of retrieving and reproducing a hard copy of these assessments upon request. It is acceptable to have multiple assessments for an OASIS assessment as long as the OASIS and clinical record are documented in accordance with the requirements 42 CFR 484.48, Clinical Records."

Is this procedure compliant within the Interpretive Guidelines? 486.48?

Answer: Corrected comprehensive assessments- We do require that there is a readily accessible complete medical record available for our review. If that information is clearly documented, there should not be an issue. We would also want to see that all of the staff involved with this patient's care was made aware of the change in the assessment.

3) How does the DHSS use the CMS generated reports (Adverse Events; All Patients Risk Adjusted/Descriptive Outcome Reports) during the survey process.

a. Process for home visit selection

b. Percent of records reviewed

c. Most common deficiencies

Answer: Use of the CMS generated reports- Surveyors will select 2-3 medical records from these CMS reports. Since these reports are from previous quarters, these medical records are usually from patients that are no longer on service.

4) When JCAHO comes to visit they have a plan. You know that they will look at your quality of care given to your patients in relationship to the National Patient Safety Goals and also for their standards of care. What plan does the NJDHSS have?

Answer: What is the plan of the surveyors- We use the state licensure manual and the federal conditions of participation. You should be in compliance with these at all times.

5) How does the NJDHSS assure continuity for those areas of the regulations that lend themselves to interpretation? Do you use inter-rater reliability testing; do you have an IQC process?

Answer: Interpretation of regulations- If a facility has concerns with inconsistency; they can be forwarded to our office. Also, if there are questions or concerns regarding deficiencies that were cited during a **STATE** survey, an Informal Dispute Resolution may be requested through John Calabria, Director of Certificate of Need and Acute Care Licensure Program. The process of initiating an IDR is included with the statement of deficiencies that is sent to your agency.

6) Does the NJDHSS ever use the OBQM reports to guide their visits or do the surveyors pick a disease that they are comfortable with?

Answer: Selection of visits- When surveyors select home visits, we try to pick different disciplines to observe. Usually, we base our selection on who the agency already has scheduled for the days we are planning to visit. We prefer to see, at least, a therapy visit, a wound care visit, and a home health aide supervision. We also select visits based on the records that we have picked.

7) What is the importance of the Conditions of Participation (COPs)?

Answer: Importance of COPs- The Conditions of Participation are extremely important for continued reimbursement and the agencies are expected to be in compliance with them at all times.

8) Specifics of how a survey is run?

Answer: How a survey is run- Covered in handout.

9) What are the possible outcomes of a survey, i.e., not following the COPs?

Answer: Outcomes of a survey- Covered in presentation.

10) Plan of Correction Information? What is to be included in a Plan of Correction?

Answer: Plan of Correction- A plan of correction needs to include what the agency has done to correct the deficient practice, the systemic change instituted to assure it will not happen again, the method to monitor the corrective action (QA), and the date by which each deficiency will be corrected. A format to follow when completing a plan of correction is included with any statement of deficiencies that is sent to your facility.

11) Is it acceptable to have only faxed signed orders, or do we need the original signed?

Answer: Are faxed signed orders ok- yes.

12) We have recently had to "unlock" a number of OASIS assessments because of CMS returning our RAPs when they identified that M0175 was incorrect. There was a prior hospitalization that we did not recognize. Will these "unlocks" be held against us for failing to comply with the lock time? It is my understanding that the surveyors will come armed with our compliance on lock dates. What are the consequences of going over the average on missed lock dates?

Answer: Locked dates on OASIS assessment- Yes, the surveyors do know the percentage of OASIS assessments that were not locked within 7 days of completion. If an agency is having a problem with lock dates, a systemic change should be instituted by the agency.

13) What information (lists) will the surveyor have when they come for a survey? Can they give us a list of what they look at prior to coming to the agency? What is their pre-survey routine prior to an on site visit.

Answer: Pre-survey routine- We survey based on the state licensure manual and the Federal Conditions of Participation. Agencies are expected to be in compliance with these regulations at all times.

14) Will surveyors have our OBQI/OBQM reports with them or will we have to supply them with the reports? Will they be looking at specific patients from our OBQI/OBQM reports?

Answer: OBQI/OBQM reports- The surveyors do have access to these before coming to the agency. The surveyors will select records from these reports.

15) Are ranges of frequencies allowed and, if so, do we have to adhere to the upper limit? How are the surveyors interpreting the use of ranges for frequencies in orders and the need to always do the upper limit?

Answer: Range of visits- We do not require an agency to stay at the upper limit of the frequency range. However, zero visits is not acceptable.