Annual Program review

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Certification Bureau

Quality Assurance Division

Important CMS Website Addresses

- DPHHS – QAD – Certification Web Address
- http://www.dphhs.mt.gov/certification/

- The main CMS Web Address
- http://www.cms.hhs.gov/

- **Medicare State Operations Manual Appendix**
- http://www.cms.hhs.gov/Regulations-and-Guidance/Guidance/Manuals/downloads//som107_Appendicestoc.pdf

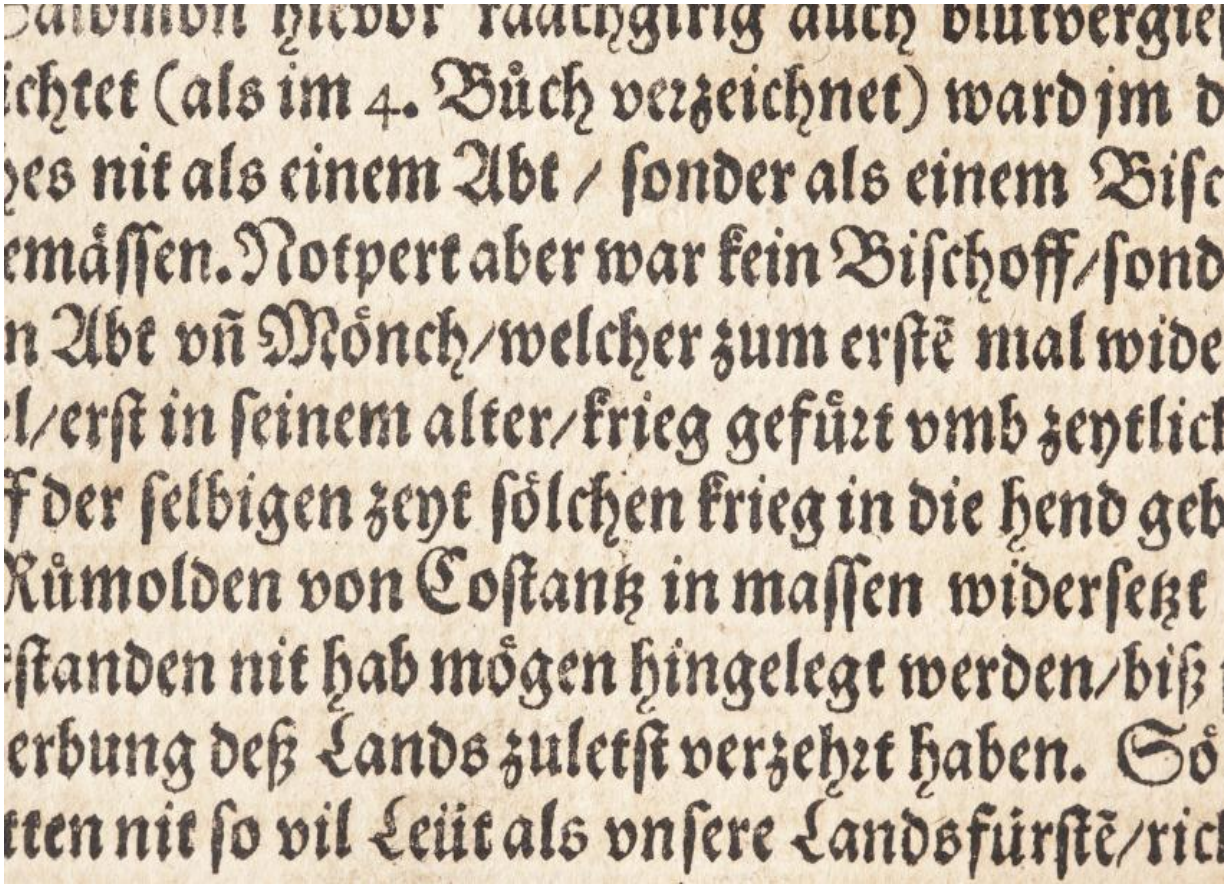
- The CAH regulations are under Appendix W

The Annual Program Review

- Under tag numbers:
- C-0330
- C-0331
- C-0332
- C-0333
- C-0334
- C-0335
- C-0336

Continued…

- C-0337
- C-0338
- C-0339
- C-0340
- C-0341
- C-0342
- C-0343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C-0330: Condition of Participation: Periodic Evaluation and Quality Assurance Review

- The condition looks at all the parts of the annual periodic evaluation program.
- There are 13 different regulations that define what should be included in your annual periodic evaluation program.

The Surveyor's Process for C-0330

- The surveyors will look at the program as a whole.
- They may ask staff members to explain a process.
- Is the process a requirement or standard of practice for the area?
- What is the source for the requirement, activity, or standard of practice?
- The surveyor may ask for the source material for this practice.

C-0331 Standard:
Periodic Evaluation:

The CAH carries out or arranges for a periodic evaluation of its total program. The evaluation is done at least once a year and includes review of --

The Surveyor's Process for C-0331

- How does the CAH obtain the information included in the periodic evaluation?
- How does the CAH conduct the periodic evaluation?
- Who is responsible for the periodic evaluation?

C-0332: The utilization of CAH services, including at least the number of patients served and the volume of services

The Surveyor's Process for C-0332

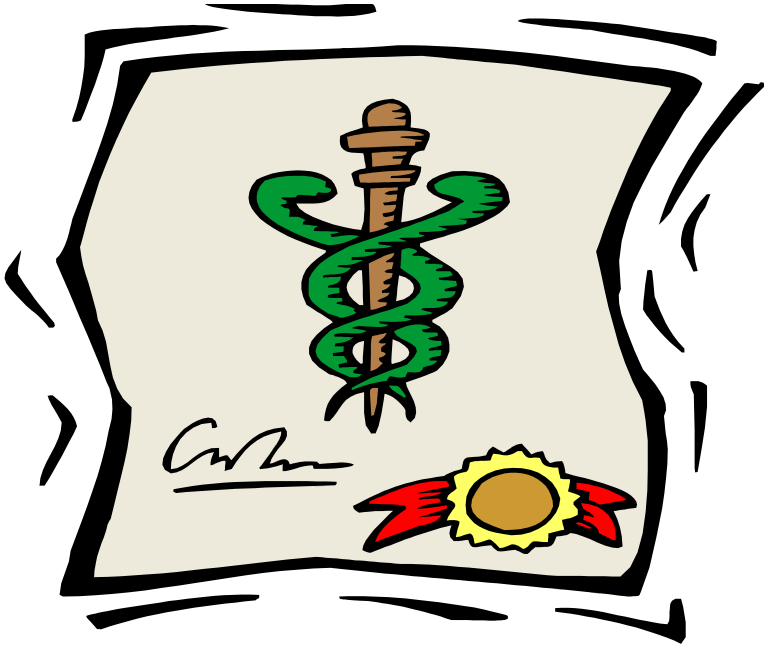
- How does the CAH ensure that the program evaluation includes a review of all CAH services, number of patient served, and volume of services provided?
- This evaluation includes all contracted services, i.e. power, gas, garbage removal, food service, travelers for patient care…
- Reminder: The surveyors ask for a complete list of contracted services during the survey. This list needs to be complete and include all of your contracted services.

C-0333: A representative sample of both active and closed clinical records;

The Surveyor's Process for C-0333

- A representative sample of both active and closed clinical records means not less than 10 percent of both active and closed patient records.
- Who is responsible for the record reviews?
- How are the records selected?
- Is the sample of records a representation of the services provided?
- What criteria is used to review the open and closed records?

C-0334: The CAH's Health care policies



The Surveyor's Process for C-0334

- Need evidence that demonstrates the health care policies of the CAH are evaluated, reviewed and/or revised as part of the annual program evaluation.
- All the policies and procedures need to be reviewed each year.

C-0335: The purpose of the evaluation is to determine whether the utilization of services was appropriate, the established policies were followed, and any changes are needed.

The Surveyor's Process for C-0335

- How does the CAH use the results of the yearly program evaluation?
- Did the review identify a problem area?
- Were policies, procedures and/or facility practices added, deleted or revised as a result of the yearly program evaluation if needed?

C-0336: Standard: Quality Assurance

The CAH has an effective quality assurance program to evaluate the quality and appropriateness of the diagnosis and treatment furnished in the CAH and of the treatment outcomes. The program requires that--

About the QA Program and arrangements

- The CAH can obtain QA through an arrangement.
- If the QA program is a freestanding program it should be facility wide, including all departments and all services provided under contract.
- For services under contract, there should be established channels of communication between the contractor and CAH staff.

“An effective quality assurance program” means a QA program that includes:

- Ongoing monitoring and data collection
- Problem prevention, identification and data analysis;
- Identification of corrective actions;
- Implementation of corrective actions;
- Evaluation of corrective actions; and
- Measures to improve quality on a continuous basis.

The Surveyor's Process for C-0336

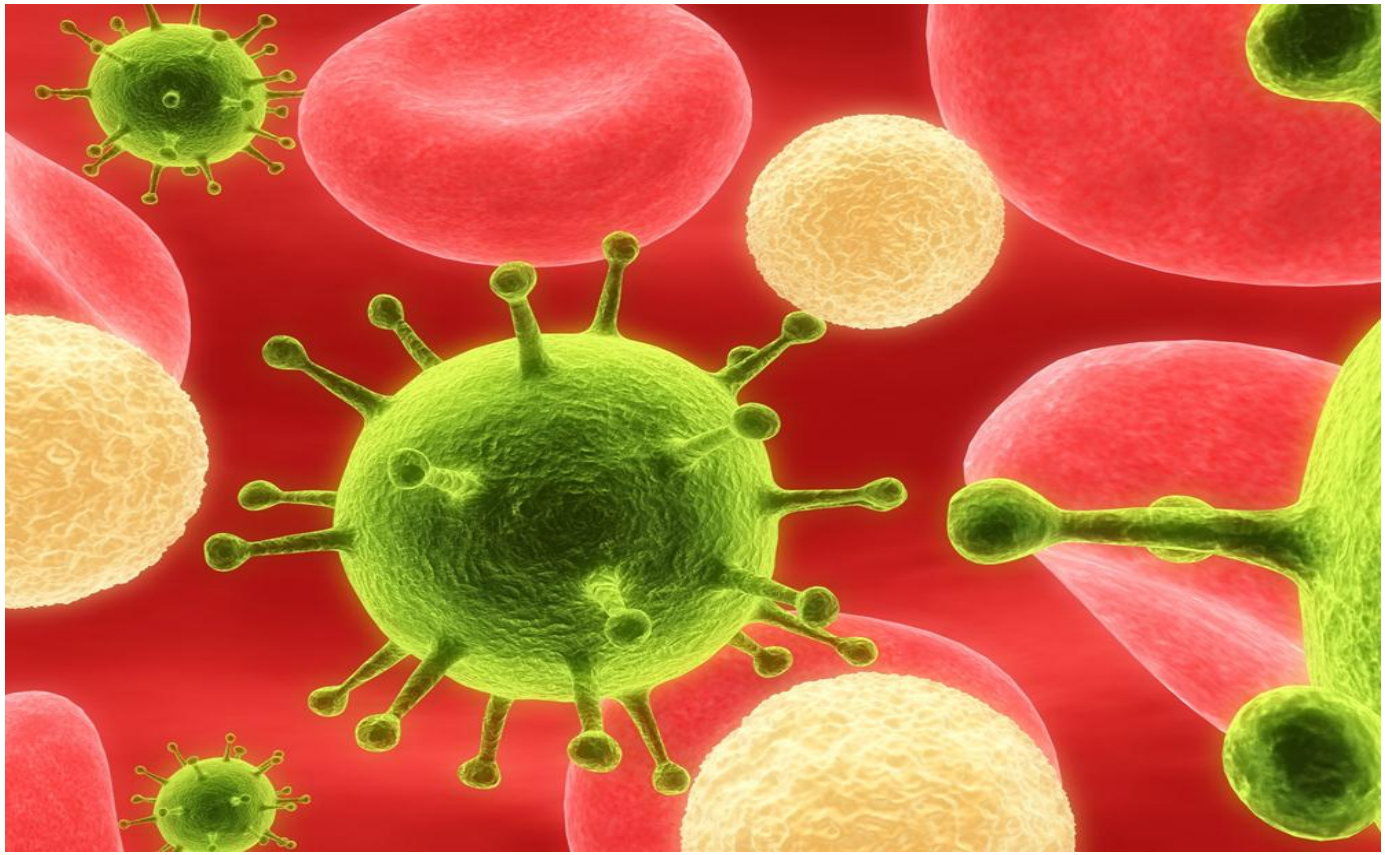
- The surveyors would review the CAH's QA plan and other documentation regarding QA activities.
- i.e. meeting notes from QA committees, reports produced by QA director and/or QA committees, and follow-up communication relative to corrective actions.
- These documents allow the surveyor to become familiar with the scope, methodology and organization of the CAH QA program.

C-0337: All patient care services and other services affecting patient health and safety, are evaluated;

The Surveyor's Process for C-0337

- Who is responsible to evaluate CAH patient care services?
- How are patient care services evaluated?
- What other services are evaluated? Contracted services included?
- How does the CAH ensure quality assurance data is provided to the medical staff and governing body?

C-0338: Nosocomial infections and medication therapy are evaluated



The Surveyor's Process for C-0338

- What methodology does the CAH use to evaluate nosocomial infections and medications therapy?
- Review committee meeting minutes for current issues or projects.

C-0339: The quality and appropriateness of the diagnosis and treatment furnished by nurse practitioners, clinical nurse specialists, and physician assistants at the CAH are evaluated by a member of the CAH staff who is a doctor of medicine or osteopathy or by another doctor of medicine or osteopathy under contract with the CAH;

The Surveyor's Process for C-0339

- How does the CAH ensure that a physician evaluated the quality of care provided by mid-levels practitioner in the CAH?
- How is the clinical performance of mid-level practitioners evaluated?
- What evidence demonstrates that there is an ongoing evaluation of care provided by mid-level practitioners (i.e. reports, periodic written evaluation, QA meeting notes)?
- How does the physician inform the CAH if there is a problem with the mid-level practitioners performance?
- What follow-up actions are called for in the QA plan?

C-0340: The quality and appropriateness of the diagnosis and treatment furnished by doctors of medicine or osteopathy at the CAH are evaluated by—

(i) One hospital that is a member of the network, when applicable;

(ii) One QIO or equivalent entity;

(iii) One other appropriate and qualified entity identified in the State rural health care plan;

(iv) In the case of distant-site physicians and practitioners providing telemedicine services to the CAH's patients under a written agreement between the CAH and a distant-site hospital, the distant-site hospital; or

C-0340 Continued:

- (v) In the case of distant-site physicians and practitioners providing telemedicine services to the CAH's patients under a written agreement between the CAH and a distant-site telemedicine entity, one of the entities listed in paragraphs (b)(4)(i) through (iii) of this section.
- (b)(4)(i) through (iii) is the above mentioned numbers.

The Surveyor's Process for C-0340

- Can the CAH provide an agreement with an eligible outside entity to review the quality of care provided on-site?
- Can the CAH provided examples of any reviews of the quality and appropriateness of diagnosis and treatment of the CAHs MDs and DOs conducted by an eligible outside entity in the prior 12 – 24 months?
- Can the CAH provide an agreement with an eligible outside entity to review the quality of care and services provided by the telemedicine physicians?

C-0341: The CAH staff considers the findings of the evaluations, including any findings or recommendations of the QIO, and takes corrective action if necessary.

The Surveyor's Process for C-0341

- The surveyor would look for documentation of discussion over the recommendations or the corrective actions to be taken.

C-0342: The CAH also takes appropriate remedial action to address deficiencies found through the quality assurance program.

- How does the CAH ensure that proper remedial actions were taken to correct deficiencies identified in the quality assurance program?
- Who is responsible for implementing remedial actions to correct deficiencies identified by the quality assurance program?

C-0343: The CAH documents the outcomes of all remedial action.

- How does the CAH document the outcome of any remedial action?

Example

- A survey is being conducted in your facility. The surveyor witnessed a new wound dressing change. The surveyor/survey team is not familiar with this type of dressing. The surveyor will ask the nurse or facility to explain the practice. The surveyors would then ask: Do you have the research or professional standard for this practice?
- The facility would need to provide the information.

If the facility **cannot** provide the information the surveyors will start the process of looking at the annual review from this angle.

If the facility **can** provide the information then the surveyors will review the program to see if the new dressing change went through the other requirements of the program.

The surveyors would check the documentation to see if the medical staff was aware of the new dressing change.

Was the governing board notified about trying the new dressing?

Has the facility done any audits to see if the new dressing change was being effective?

If not effective was another dressing tried or the manufacture questioned about the issues noted?

The example only covered a couple of the regulations that are part of the Annual Program Review.

The facility needs to be sure all the departments in the facility are involved with the Annual Program Review.

The facility needs to ensure the Annual Program Review information is taken to the CAH's Medical Board and the Governing Board.

The facility needs to be reviewing closed and active patients medical records.

The facility needs to make sure the review of the active and closed records reviews if the utilization of services was appropriate, the established policies were followed, and were any changed needed.

The Annual Program Review needs to evaluate the quality and appropriateness of the diagnosis and treatment furnished and the treatment outcomes.

The physician needs to be reviewing a percentage of the mid-level's patients charts for the above issues. The facility needs to be sure all parts of the Annual Program Review are documented.

All patient care services and other services affecting patient health and safety are evaluated. This would include contracted services.

Every year the facility's policies and procedures need to be reviewed.

Remember to documented everything you do in your program.

Remember to have a current all-inclusive list of contracted services.

Any Questions???