When Surveyors Land on Your Doorstep, Be Prepared

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You likely know an ASC colleague or facility in your community that has been the target of an unannounced CMS audit within the last nine months. Or perhaps your facility has experienced this process firsthand.

Most facilities report two to three surveyors onsite for two days regardless of the size and scope of the facility. We know of centers that have had as many as five surveyors. The tone and tenor of the surveyors are intense, and in some cases, downright hostile. An unannounced life safety code survey usually follows the operations survey within two weeks.

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Inspection and Ramifications

The case tracer methodology, which is used to assess the facility operation, mandates that a surveyor observe a patient encounter from admission to discharge. All facility staff, including nurses, technicians, surgeons, and anesthesiologists, are interviewed about facility procedures and processes. Policies and proce-
dures are carefully scrutinized and any inconsistency between policy, procedures, and current practice is cited as a deficiency. Notice of deficiencies usually arrives within two weeks of an unannounced survey, and a facility must respond to this notice within a specified time period.

We have worked with at least 20 surgery centers in their scramble to respond to survey reports, which in some cases contained as many as 175 pages of deficiency citations. What constitutes a deficiency? Deficiencies are identified as being condition- or standard-level, based on the current CMS Conditions for Coverage (CfCs). A condition-level deficiency is a basis for decertification. The cover letter that accompanies the notice of deficiencies explains this and calls for a plan of correction (POC), which specifically addresses every citation identified. The plan of correction must be submitted within 10 days. It is reviewed and if accepted, you can expect a follow-up unannounced survey, typically within 30 to 45 days. If your POC is rejected, you have five days to submit another POC.

So how do you prepare for this? What can you do today to minimize the drama and anxiety when the surveyors arrive on your doorstep?

Ensuring a Successful Survey

There are several approaches you can take to avoid being cited for deficiencies.

First and foremost, make sure you have downloaded and studied the most recent version of the revised CMS ASC Conditions for Coverage (CfCs). The most recent iteration was published in December 2009. It is available at www.cms.hhs.gov/manuals/downloads/som107apr1_ambulatory.pdf. This document clarifies the recent changes and additions to the CfCs. You need to make sure these specific requirements have been integrated into your facility program. Most notably the changes in Governance, Surgical Services, Quality Assessment/Performance Improvement, Lab and Radiologic Services, and the new conditions (Patient Rights, Infection Control, and Patient Admission, Assessment, and Discharge) should be thoroughly reviewed to assure your facility compliance.

Secondly, once you are sure your policies and procedures are updated and consistent with the conditions and standards, you must train your staff. The days when a competent and effective administrator could “manage” the survey process are long gone. Every staff member who comes in contact with the surveyors will be drilled on your facility policies and procedures, and as such, your staff can either be an asset or a liability in the survey process. Staff members should be well trained, particularly in the areas of infection control, quality assessment/performance improvement, and established standards of care. The new CfCs mandate that your facility programs, policies, and procedures be based on nationally recognized and accepted standards such as AORN Standards and Recommended Practices, CDC position statements and guidelines, APIC standards, etc. It is imperative to have these references available in your facility and make sure your facility staff is well versed and can respond appropriately to surveyor inquiries.

Thirdly, get organized. Scrupulous attention to detail and superb organization of facility documentation will go a long way in ensuring a successful survey. Specifically, make sure you have audited and organized the following documents so they are readily available and complete for the surveyors:

- Medical records
- Inservice records
- Personnel files
- Employee health files
- Meeting minutes
- Medical staff credentialing files
- QA/PI activities
- Infection control monitoring activities, investigations
- Facility contracts, including annual assessments
- Disaster preparedness program, annual activation, and assessment
- Fire drills
- Facility logs
- Manufacturer instructions and guidelines for equipment operation

The View Ahead

CMS has budgeted and committed to survey 30% of non-deem ASCs in fiscal year 2010. The agency is also increasing fiscal year 2010 ASC validation surveys for centers that have deemed status. The focal points of the survey process have been infection control, disaster preparedness, governance, and patient rights. However, you must also be prepared to demonstrate compliance with every condition and standard.

A proactive effort on your part to familiarize yourself with the regulations, train and educate your facility staff, and get your facility documents in order will reap great benefits on survey day. These days, the question is not whether you will be inspected, but when. Be ready for that day when you find Medicare surveyors on your doorstep.