

Accreditation: A New Option for Dialysis Facilities

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Disclosure

The presenters are owners of National Dialysis Accreditation Commission (NDAC), the first accreditation organization (AO) to receive CMS approval of deemed status for dialysis facilities

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History

- The 1970's law that allowed Medicare coverage of dialysis and kidney transplant specifically prohibited "deemed status"
 - "Deemed status" = CMS has found the Standards and survey process of an AO to be equivalent to the Conditions for Coverage and the state survey process

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And Then What Happened?

- About 8-10 years ago, CMS made initial ESRD surveys "Tier 3"
- States had to delay initial surveys for Tier 1 & Tier 2 work
- New providers waited 6 months – 2+ years for initial surveys
- Providers lobbied Congress
- February 2018: Law changed to allow deemed status for dialysis facility surveys

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How Do Does An AO "Get" Deemed Status?

1. Be an AO with a nation-wide presence in accreditation of ESRDs
2. Submit an application for deemed status to CMS
3. Successfully pass review by CMS
 - Standards must meet or exceed CfC
 - Survey process must meet or exceed CMS process

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AO Approval Process

- CMS gets 30 days to determine if the AO application is complete
- Then SEVEN months from the date of acceptance of the AO's application as complete to decide re approval of the AO for deemed status
- CMS posts a notice in the Federal Register of approval (or denial) of the AO's application and lists stipulations for the approval
- Earliest possible approval date: Jan 4, 2019

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AO Acronym	Description
AAAASF	American Association for Accreditation of Ambulatory Surgery Facilities, Inc.
AAAH	Accreditation Association for Ambulatory Health Care, Inc.
ACHC	Accreditation Commission for Health Care
AOA/HFAP	American Osteopathic Association/Healthcare Facilities Accreditation Program
CHAP	Community Health Accreditation Partner
CIHQ	Center for Improvement in Healthcare Quality
DNV GL	DNV GL-Healthcare
IMQ	Institute for Medical Quality
TCT	The Compliance Team
TJC	The Joint Commission
NDAC	National Dialysis Accreditation Commission

AO's
in the
U.S.

7 other
AO's for
CLIA

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What Provider Types Have An AO Option?

- ASC
- HHA
- Hospice
- OPT
- RHC
- CAH
- Hospital
- Psychiatric Hospital
- RHC
- (and now) ESRD

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Are the AOs CMS Contractors?

- No
- Each AO is an independent organization with no direct ties to a government entity
- AOs apply to CMS for deemed status and must report data to CMS

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What's The Difference In Certification And Accreditation?

- Accreditation is awarded to a facility that meets the standards of the accrediting organization
- CMS awards certification based on the successful completion of an initial survey
 - By a state agency, or
 - By an AO with deemed status
- Certification by CMS = payment for care of Medicare beneficiaries

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How Are State/AO Surveys The Same / Different?

Same

- Unannounced
- Observe care
- Interview patients
- Interview staff
- Review clinical, technical, administrative records

Different

- Facility pays a fee to the AO
- AO standards must be equivalent but may include additional requirements
- AOs recommend accreditation and deemed status for certification
- States recommend certification

Only CMS Awards Certification

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Survey Team Composition

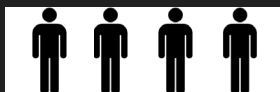
AO Team

- Usually one surveyor
- Initial = 1 to 3 days
- Resurvey – 3 days



State Survey Team

- Can be one to four surveyors depending on State and services
- Initial = 1 to 3 days
- Resurvey – 3 to 4 days



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How Are Accreditation Surveys Different

- "Customer focus"
 - Quick turnaround of survey reports may result in earlier approval by CMS
 - Questions answered promptly
 - Work together to achieve an acceptable POC

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How Are Accreditation Surveys Different

- No enforcement authority
 - Must notify CMS CO of any "IJ" findings
 - Can do 2 revisits for Condition-level findings
 - If not corrected, accreditation denied, referred back to CMS

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Can An AO Conduct State ESRD Licensing Surveys?

- Currently 26 states require ESRD licensing
- All 26 States insist on conducting initial licensing surveys
- After initial licensing requirements are met, many states accept accreditation in lieu of state surveys

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What About Findings?

- AOs develop statements of findings similar to state reports
- Corrective action is required within similar timelines as the state
- If serious findings are identified in a survey of an existing facility, one or more revisits may be required to verify correction

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Post Survey Activities

- SOD to the facility within 10 business days
- POC returned within 10 business days
- Accreditation Committee review
- Notification of CMS [Regional (RO) & Central Offices]
- RO reviews survey and makes certification decision
- RO sends info to the State for data entry
- RO assigns CCN

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And Then What?

- Certification date:
 - No deficiencies cited: last day of survey
 - Deficiencies cited: date acceptable POC received
- Accreditation period: Max is 36 months
- Resurvey required to continue accreditation

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Survey Types

A diagram with five colored boxes: 'Initials' (orange), 'Resurveys' (green), 'Expansions' (cyan), 'Life Safety' (purple), and 'Complaints' (red). The boxes are arranged in two rows: the top row contains 'Initials', 'Resurveys', and 'Expansions'; the bottom row contains 'Life Safety' and 'Complaints'.

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Initial Surveys

- Initial De Novo Surveys: generally shorter, few patients, little data/practice to review
 - Must be in compliance with ALL Conditions
- "Initial with CCN:" First accreditation survey of a facility already certified. Generally longer, more patients, lots of practice to review
 - Has opportunity to correct any Condition-level findings
- Packet to CMS includes Statement of Deficiencies

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Reaccreditation surveys

- Must be done within 36 months of the current accreditation period "start" date
- Follow the same survey process as the initial, but with more patients and more practice to review
- Packet to CMS does not include Statement of Deficiencies

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Expansion Surveys

- To add services or stations
- If the facility is not already accredited, the expansion survey will include an accreditation survey for all services/stations

August 2018 CMS Guidance letter revised some processes:

- Allows relocations, adding stations and some services to be done by "desk" review (by State or AO)

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Expansion Surveys

CMS memo (8/18) requires on-site survey to add:

- Home training and support (either or both HD & PD)
- In-center HD to a home only facility

Timelines for expansion surveys:

- Were not included in the law or the memo
- States may be delayed in doing these

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Complaints

- Accredited facilities post an additional notice to patients and staff with contact info for the AO
- AOs must triage and investigate all complaints received
 - "IJ" allegations require quick response
 - Lower level allegations may be done via desk review

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What About Complaints?

- If the state or CMS receives the complaint, the complainant will be given AO contact info:
 - "IJ" or high risk = the state investigates; the AO is notified
 - Lower risk = the complainant is told they may notify the AO; the state may still investigate

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What About Complaints?

- CMS must authorize complaint investigations by the State if your dialysis facility is accredited with deemed status
- The State investigation may be limited to the areas included in the complaint (e.g., Infection Control, Patient Rights)

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Life Safety Code (LSC) Surveys

- AO's required to provide LSC surveys when indicated
- CMS attestation applies
 - Exit to ground level
 - Not located adjacent to a high-hazard occupancy
- As with the State, an AO LSC survey may occur on a different date than health survey

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How Does CMS Oversee An AO?

- Rigorous approval process; repeated every 4-6 years
- Review of every initial survey (SOD and POC)
- Ongoing monitoring of processes via monthly data submission
- Required reporting of any IJ findings to CMS Central Office within 2 business days

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How Does CMS Oversee An AO?

Validation surveys

- Random selection of 1% from each AO and each survey type annually
- State survey done within 60 days of the AO survey
 - In the future this may change to a "shadow" survey
- Results compared

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Will States Do Initial Surveys Sooner?

- Since October 1, 2018, initial ESRD surveys have been in the Tier 1 state workload
 - "Statutorily mandated" to be done within 90 days of readiness
 - Readiness: "90 days after approval of CMS 855"
- State compliance with this mandate depends on workforce issues

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Benefits of Choosing Accreditation

- Consistency:
 - Experienced dialysis nurses conduct the survey
 - + Findings reviewed centrally by experienced dialysis nurses
 - Decreased variances from surveyor to surveyor/state to state

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Benefits of Choosing Accreditation

- Predictability: Required 3 year cycle = maintain survey readiness
- Creates a constant culture of compliance

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Benefits of Choosing Accreditation

- Clinically rigorous: Experienced dialysis nurses applying standards consistently = serious issues identified
 - "New eyes" looking at your processes
 - Allows improvement actions to be targeted to improve safety and reduces risks of poor patient outcomes

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Benefits of Choosing Accreditation

- Timeliness:
 - Shaving just weeks off the timeline for an initial survey can significantly reduce start-up costs
 - Using an AO for addition of services or stations can speed up that approval by months
 - Prompt turnaround of survey documents = CCN awarded sooner

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Impact of Accreditation for Industry

- Comprehensive, collaborative survey
- Prompt scheduling
- SOD/POC turnaround time
= Quicker accreditation decisions

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Impact of Accreditation on Provider

- Provides guidance
- Ensures continuous compliance to standards
- Fosters a culture of continuous quality improvement
- Builds trust between oversight and provider


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How to Participate

- Service agreement
- Application
- Letter of readiness
 - ❖ State license, if applicable
 - ❖ CON, if applicable
 - ❖ Copy of approved 855
 - ❖ Waivers, if applicable
 - LSC, Medical Director, and/or Isolation Room

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AO/ESRD Experience



- 50+ Facilities
- Average # of deficiencies = 4

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CMS Top Ten Deficiencies	
CMS Tag #	Tag Description
V113	IC - Wear gloves/hand hygiene
V122	IC - Clean, disinfect surfaces & equipment/written protocols
V403	PE - Equipment maintenance - manufacturer's DFU
V543	POC-Manage volume status
V715	MD RESP - Ensure all adhere to P&P
V503	PA - Appropriateness of dialysis rx
V147	IC - Staff education re catheters/catheter care
V544	POC - Achieve adequate clearance
V143	IC - Aseptic techniques for iv meds
V402	PE- Building constructed/maintained to ensure safety

IC – 4
PE- 2
PA – 1
POC – 2
MD – 1
Water – 0

2018
N=~1800

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NDAC Top Ten Deficiencies	
NDAC Tag #	Tag Description
N544	POC - Adequacy
N178	Water: Min & Max bact levels for water
N180	Water: Min & Max bact levels for dialysate
N113	IC: Wear gloves/Hand hygiene
N543	POC: Prescribed dose of dialysis
N116	IC: Items taken to station
N117	IC: Clean/dirty areas; med area; no common cart
N253	Water: Validation/Frequency of water testing
N254	Water: Cultures prior to disinfection
N435	EP: Emergency equipment

IC - 3
 POC - 2
 EP - 1
 Water - 4
 2018-19
 N=~50

Summary

- Accreditation provides an option with benefits to new and existing dialysis facilities
 - Greater collaboration
 - Faster turn-around
 - Customer focus

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Questions?

We Look Forward To Working With You!

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