

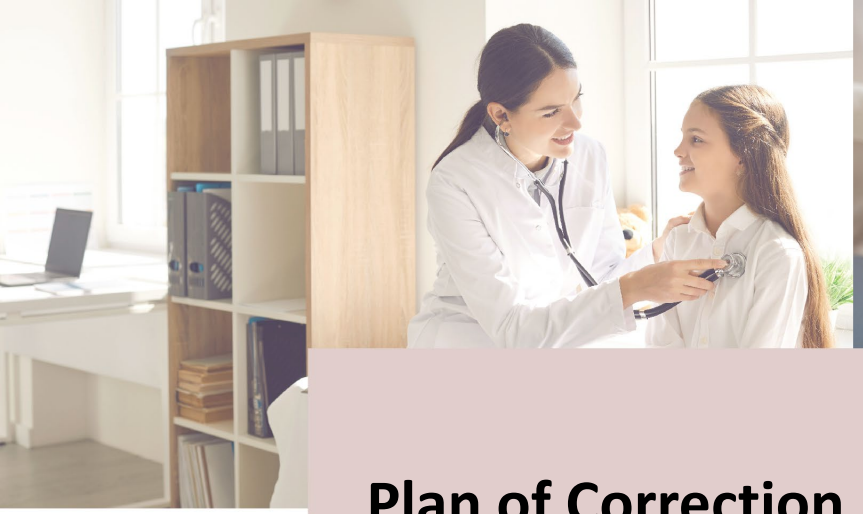
hsa
health services associates

Performance Improvement
Vs.
Plan of Correction

EXPERT RURAL HEALTH CONSULTANTS

Participants will:

- Discover strategies to submit a successful plan of correction
- Identify areas of improvement
- Develop a proactive compliance program



Plan of Correction

- Reactive
- Do not have a choice
- Can impact certification if not addressed
- EXTERNAL

Performance Improvement

- Proactive
- Self-motivated
- Positive reinforcement
- INTERNAL

hsa
health services associates

491.11 Program Evaluation

(a) The clinic or center carries out, or arranges for, a biennial evaluation of its total program.

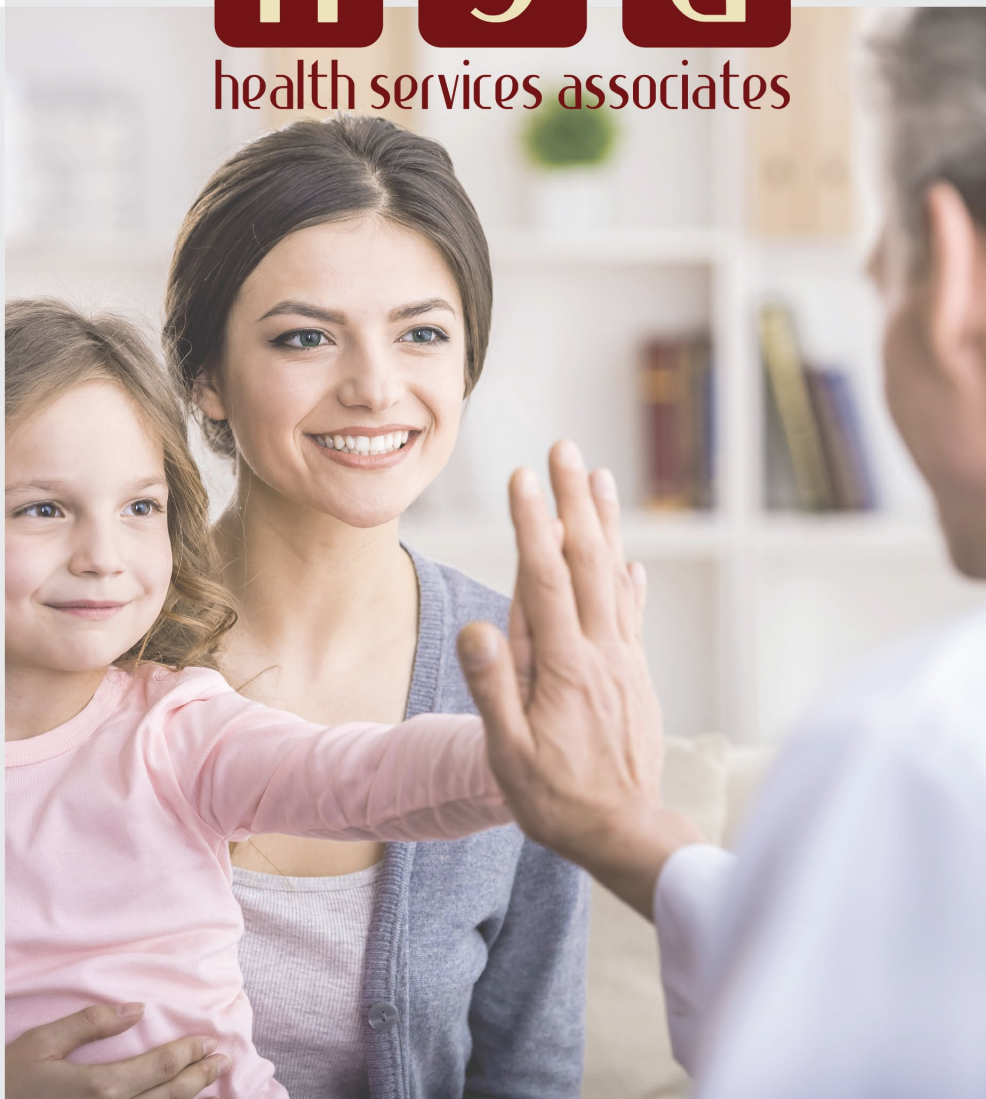
(b) The evaluation includes review of:

- The utilization of clinic or center services, including at least the number of patients served and the volume of services;
- A representative sample of both active and closed clinical records; and
- The clinic's or center's health care policies.

(c) 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**.

(d) **The clinic or center staff considers the findings of the evaluation and takes corrective action if necessary.**



Performance Improvement

Actions:

- Conduct a self audit
  - Program evaluation - biennially
  - TCT - Midterm & 3-year survey
  - QUAD A - Yearly & 3-year survey
  - State – typically 7-year survey
  - RECOMMEND yearly mock survey
- Determine areas of improvement
- Set SMART goals
- Create a plan (example: PDSA)

Mock Survey:

- Physical Plant
- Chart Audit
- HR Audit
- Documentation Review
  - Policies
  - Emergency Plan
  - Collaborative Reviews
  - Program Evaluation Report
  - Logs (equipment, lab, spore, etc.)

Considerations:

- Cautions:
  - Can you provide evidence?
  - Remove assumptions
- Use a checklist
- Highlight areas out of compliance
- Prioritize tasks
- Assign accountability
- Determine scale of project
- Brainstorming (create buy in)

Questions to Ask:

- Are we utilizing services appropriately?
- Are we following policy?
- What struggles were identified?
- Is it staffing/process related?
- Are any changes needed?



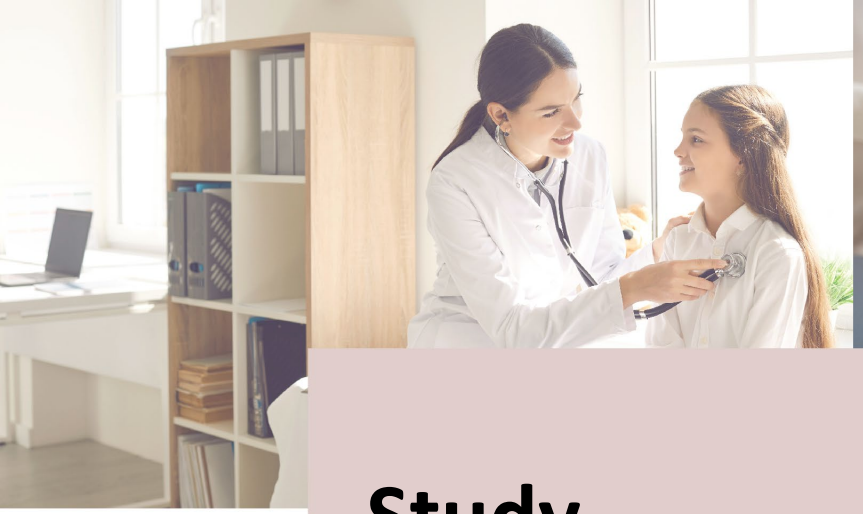
Plan

- What does the project entail?
- What are the delivery methods?
- We hope this produces…

Do

- Action steps
  - Specific
  - Measurable
  - Achievable
  - Relevant
  - Timely

hsa
health services associates



Study

- We observed…
- We learned…
- We measured our goal by…

Act

- Conclusion
  - Next steps
  - Timeline for implementation

hsa
health services associates



Related Documents

- Attach evidence

Examples:

- Photos
- Updated documents
- Tools implemented
- Completed forms

hsa
health services associates

Sample Projects:

It doesn’t have to be complicated…

- **Create a new policy**
- **Implement a new tool**
- **Add a new service**
- **Address a new risk**
- **Establish a program evaluation**
- **Create internal compliance team**
- **Create an evidence binder**
- **Streamline a process**

Plan of Correction

Plan of Correction:

- Initial Certification POC
  - RHC certification effective date on hold
- Recertification POC
  - Timelines and expectations
- Types of deficiencies:
  - Immediate Jeopardy
  - Condition (45 days from survey date)
  - Standard (60 days from survey date)

Plan of Correction:

- Exit conference
  - There shouldn’t be any surprises
  - Take extensive notes
- Begin making documented corrections
  - Staff training
  - Policy development
  - Implementation of process
- Wait for official POC
  - Not all comments make final plan

Plan of Correction:

- Once the POC arrives:
  - POC is accompanied by a letter
    - Contains instructions
      - Make the instructions your checklist for each deficiency
    - Due dates (10 days from receipt of plan)
  - Left side is completed by surveying entity
  - Right side is for clinic's response
  - Address every deficiency
    - Even if it seems duplicated

Plan of Correction: (CMS FORM 2567)

- Address every deficiency:
  - Use the corresponding Jcode, Ecode, etc.
  - What is your plan to correct the deficiency
  - Procedure for implementing plan
  - Plan completion date
  - Monitoring procedure
    - How do you know this won't happen again?
    - Who is responsible (titles only)
  - Evidence of correction
    - NO PHI

health services associates

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Form Approved
OMB No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (CMS-2567)

Provider/Supplier/CLIA Identification Number: (X1)	Multiple Construction: A. Building: B. Wing: (X2)	Date Survey Completed: (X3)
Name of Facility Surveyed:	Facility Address (Street, City, State. Zip Code)	
Name of Accrediting Organization Performing Survey (if applicable):		

ID Prefix Tag (X4)	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency should be preceded by full regulatory or LSC identifying information)	ID Prefix Tag	PLAN OF CORRECTION (Each corrective action should be cross-referred to the appropriate deficiency)	Completion Date (X5)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (CMS-2567)

Name of Facility Surveyed:	Date Survey Completed:

ID Prefix Tag (X4)	SUMMARY STATEMENT OF DEFICIENCIES Each deficiency should be preceded by full regulatory or LSC identifying information	ID Prefix Tag	PLAN OF CORRECTION Each corrective action should be cross-referred to the appropriate deficiency	Completion Date (X5)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (CMS-2567)
(continued)

- Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. *(See instructions.)*
- Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided.
- For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility.
- If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

Laboratory Director's or Provider/Supplier Representative's Signature	Title	Date (X6)

INSTRUCTIONS FOR COMPLETION OF THE STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (CMS-2567)

I. PURPOSE

This document contains a listing of deficiencies cited by the surveying State Agency (SA), Accrediting Organization (AO) or Regional Office (RO) as requiring correction. The Summary Statement of Deficiencies is based on the surveyors' professional knowledge and interpretation of Medicare and/or Medicaid or Clinical Laboratory Improvement Amendments requirements.

II. FORM COMPLETION

Name and Address of Facility – Indicate the name and address of the facility identified on the official certification record. When surveying multiple sites under one identification number, identify the site where a deficiency exists in the text of the deficiency under the Summary Statement of Deficiencies column.

Prefix Identification Tag – Each cited deficiency and corrective action should be preceded by the prefix identification tag (as shown to the left of the regulation in the State Operations Manual or survey report form). For example, a deficiency in Patient Test Management (493.1107) would be preceded by the appropriate D-Tag in the 3000 series. A deficiency cited in the Life Safety Code provision 2-1 (construction) would be preceded by K8. Place this appropriate identification tag in the column labeled ID Prefix Tag.

III. **Summary Statement of Deficiencies** – Each cited deficiency should be followed by full identifying information, e.g., 493.1107(a). Each Life Safety Code deficiency should be followed by the referenced citation from the Life Safety Code and the provision number shown on the survey report form.

IV. **Plan of Correction** – In the column Plan of Correction, the statements should reflect the facility's plan for corrective action and the anticipated time of correction (an explicit date must be shown). If the action has been completed when the form is returned, the plan should indicate the date completed. The date indicated for completion of the corrective action must be appropriate to the level of the deficiency(ies).

V. **Waivers** – Waivers of other than Life Safety Code deficiencies in hospitals are by regulations specifically restricted to the RN waiver as provided in section 1861(e)(5) of the Social Security Act. The long-term care regulations provide for waiver of the regulations for nursing, patient room size and number of beds per room. The regulations provide for variance of the number of beds per room for intermediate care facilities for the mentally handicapped. Any other deficiency(ies) must be covered by an acceptable plan of correction. The waiver principle cannot be invoked in any other area than specified by regulation.

VI. **Waiver Asterisk(*)** – The footnote pertaining to the marking by asterisk of recommended waivers presumes an understanding that the use of waivers is specifically restricted to the regulatory items. In any event, when the asterisk is used after a deficiency statement, the CMS Regional Office should indicate in the right hand column opposite the deficiency whether or not the recommended waiver has been accepted.

VII. **Signature** – This form should be signed and dated by the provider or supplier representative or the laboratory director. The original, with the facility's proposed corrective action, must be returned to the appropriate surveying agency (SA, AO or RO) within 10 days of receipt. Please maintain a copy for your records.

PRA Disclosure Statement for CMS-2567

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is **0938-0391 (Expires 03/31/2022)**. This is a **mandatory** information collection. The time required to complete this information collection is estimated to average **18 hours** per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

****CMS Disclosure****

Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please send an email to:QSOG_hospital@cms.hhs.gov and your question will be forwarded to the appropriate CMS division.

Plan of Correction:

- What:
  - Describe what led to the deficiency and the plan for correcting the deficient practice
- How:
  - Describe how the issue was resolved for the impacted patient population AND how it will be resolved going forward
- Who:
  - Position responsible for correction
  - Position responsible for ONGOING monitoring, maintenance, and review
  - Define frequency as applicable
- Logistics
  - Signatures, due dates, completion dates and timelines of implementation

Plan of Correction:

- After submission:
  - Wait for RHC approval letter or additional requests for clarification
  - Adhere to any new timelines
- What happens if you ignore the POC?
  - Initial certification
  - Recertification
- Will the surveyor return?

Plan of Correction:

- Implementation
  - Create tools to assist in monitoring
  - Educate staff on change in protocols
  - Create calendar reminders to adhere to submitted timelines
  - NOTE: Next survey will likely confirm POC has been followed

Plan of Correction:

- Common findings:
  - Medication handling
  - Emergency preparedness
  - Program evaluation
  - Expired items
  - Infection control
  - Policy review/signatures
  - Missing medical record elements
  - Outdated license

health services associates

Compliance Program

Compliance Program:

- **BE PROACTIVE!**
- **Create a team**
- **Assign accountability**
- **Organize documentation**
- **Recommend quarterly quality meetings**

Compliance Program:

- **Quarterly Meeting Agenda**
  - Review administrative chart audits
  - Review patient satisfaction surveys
  - Review outcomes of quarterly improvement projects
  - Review quality metrics
  - Review updates
  - Obtain staff acknowledgement

Note: Keep summaries for program evaluation

health services associates

Questions:

Tressa Sacrey

Director, Compliance & Education

tsacrey@hsagroup.net

www.hsagroup.net