



Center for Clinical Standards and Quality/Survey & Certification Group

Admin Info: 16-28-Hospitals

DATE: July 22, 2016

TO: State Survey Agency Directors

FROM: Director
Survey and Certification Group

SUBJECT: FY 2017 Patient Safety Initiative (PSI) Update

Memorandum Summary

- **PSI Surveys:** Effective FY 2017 starting October 1, 2016, PSI surveys will no longer be performed in hospitals by State Survey Agency (SA) surveyors. PSI workload will not be included in the Centers for Medicare & Medicaid Services (CMS) Survey & Certification Group FY 2017 Mission and Priority Document (MPD).
- **Patient Safety Worksheets:** The three hospital worksheets currently used by SA surveyors on all survey activity assessing compliance with the Conditions of Participation (CoP) for discharge planning, infection control and/or quality assessment performance improvement (QAPI), will no longer be required as part of the survey process. However, surveyors are encouraged to continue to utilize the comprehensive worksheets as survey tools to assist in the compliance assessment of the CoPs.

Background

Starting in FY 2012, CMS required PSI surveys to be completed in hospitals. Although the methodology and selection criteria changed over the years, the basic premise remained the same: select hospitals to survey at risk for noncompliance with the three CoPs for discharge planning, infection control and QAPI by completing complaint investigations using the PSI worksheets. The worksheets directed SA surveyors through a comprehensive assessment of the requirements specific to each CoP and provided citation instructions for identified noncompliance.

The PSI worksheets were released to the public for their use, as well. Hospitals, consultants, and other interested healthcare parties were encouraged to use the worksheets as self-assessment and risk management tools. At the end of PSI surveys, SA surveyors shared the completed worksheets with hospital staff members to notify them of any findings.

Outside of the PSI, surveyors were instructed to use the three hospital worksheets on all survey activity assessing compliance with one, two, or all three of the CoPs. This included certification and recertification surveys, validation surveys, and complaint investigations.

FY 2017 Plans

The CMS Survey & Certification Group has made the decision to stop the limited focus of PSI surveys at this time. The PSI worksheets and survey process were developed in response to the nationwide focus on reducing hospital-acquired conditions, including healthcare-associated infections, and preventable readmissions. The presumption was that the worksheets would drive a more thorough investigation of the related CoPs by surveyors and hopefully lead to improved compliance with the CoPs by hospitals. As hospitals improve their compliance, hospital acquired conditions and preventable readmission rates would decrease. Numerous efforts by a variety of Federal, State, local and private entities continue to work toward the same goal.

At this time the CMS Survey & Certification Group prefers to shift to a more broad-based approach to compliance assessment and improving patient outcomes as opposed to continuing with the PSI surveys in a very small sampling of hospitals across the nation. Communication will be provided to the SAs as other hospital-based programs are developed. SAs will not be required to complete PSI surveys as part of their Tier 2 workload. All reference to the PSI will be removed from the FY 2017 MPD.

Separately, the development of web-based surveyor worksheets as well as a pilot program specific to infection control practices in hospitals and nursing homes will continue as planned.

Finally, surveyors will not be required to use the worksheets on related survey activity but are encouraged to do so to guide thorough assessments of the CoPs. Anticipated new and revised CMS regulations will make some of the current questions on the discharge planning and infection control worksheets obsolete or incomplete.

Contact: Any questions about the PSI and hospital worksheets should be directed to the following resource mailbox: HospitalSCG@cms.hhs.gov.

Effective Date: Immediately. This policy should be communicated with all survey and certification staff, their managers and the State/Regional Office training coordinators within 30 days of this memorandum.

/s/
David R. Wright

cc: Survey and Certification Regional Office Management