



Center for Clinical Standards and Quality

Ref: QSO-21-13-Hospitals

DATE: January 20, 2021

TO: State Survey Agency Directors

FROM: Directors,
Quality, Safety & Oversight Group (QSOG) and Survey & Operations Group (SOG)

SUBJECT: Hospital Survey Priorities

Memorandum Summary

- *CMS is committed to taking critical steps to protect vulnerable individuals to ensure America's health care facilities are prepared to respond to the Coronavirus Disease 2019 (COVID-19) Public Health Emergency (PHE).*
- *Hospital Survey and Oversight Expectations – As states and communities continue to be impacted by the COVID-19 PHE, CMS is clarifying expectations of State Survey Agencies and Accrediting Organizations charged with surveying hospitals for compliance with quality of care requirements.*
- *This policy memorandum also outlines expectations for states to contact their CMS Survey Operations Group location when their hospitals implement Crisis Standards of Care.*

Background

The Coronavirus Disease 2019 (COVID-19) Public Health Emergency (PHE) presents a unique challenge for hospitals serving their communities. Therefore, CMS is using every tool at its disposal to ensure these vital facilities are able to safely manage and care for their patients. As the PHE continues, some hospitals are experiencing an unprecedented surge of patients, stressing staffing, equipment, and supplies. CMS is committed to ensuring the health and safety of patients receiving care in hospitals, while allowing them to focus their resources on the needs of the communities they serve.

During the PHE, CMS has issued waivers and flexibilities to expand capacity, enhance staffing, and otherwise assist hospitals to ensure that sufficient healthcare items and services are available to meet the needs of their community during the pandemic. This information is available here: <https://www.cms.gov/about-cms/emergency-preparedness-response-operations/current-emergencies/coronavirus-waivers>.

Further, CMS is aware that many states have Crisis Standards of Care protocols in place for hospitals that are experiencing extreme conditions due to patient surge, staffing shortages, or a lack of supplies and other resources. Hospitals that are contemplating or implementing crisis standards of care should notify their appropriate State Health Agency. **States that have hospitals in, or approaching, crisis standards of care are asked to contact their CMS Survey Operations Group location for information about additional flexibilities and assistance.**

Discussion

While the majority of hospitals (82%) are recertified for Medicare participation through their CMS-approved Accrediting Organization, serious quality of care complaint investigations remain the purview of CMS and the State Survey Agencies. The allegations investigated can range from lower level housekeeping or food service issues to immediate jeopardy that could lead to patient injury or death.

To ensure quality of care oversight, while providing hospitals the ability to focus on serving their patients and communities, CMS is issuing the following hospital survey limitations **in effect for thirty (30) days from the date of this issuance** (with potential for 30-day renewals following additional notice):

Hospital Complaint Surveys will be restricted to Immediate Jeopardy complaint allegations. CMS will prioritize an onsite complaint investigation based on the following factors:

- Imminent danger to patients at the hospital;
- Noncompliance with Medicare Hospital Conditions of Participation (CoPs) likely exists; and
- Immediate action must be taken to protect the health and safety of patients.

The investigation will be limited only to those CoP(s) necessary to ensure the health and safety of patients in imminent danger. CMS will only authorize and require investigation of the Infection Control CoP if the allegations support findings in this area. CMS will require Focused Infection Control surveys only for those complaints with allegations that support their inclusion.

While the circumstances above outline the priority expectations, CMS may authorize onsite investigations anytime, as determined appropriate by the CMS Survey Operations Group Location.

Hospital Recertification Surveys will be suspended, except for a subset of Hospital reaccreditation surveys, per additional guidance that will be forthcoming. Hospitals due to receive a recertification or reaccreditation survey will have their certification automatically extended for at least 30 days.

Additional guidance on Accrediting Organization reaccreditation surveys will be forthcoming. Accrediting Organizations will be directed (via separate notice) to similarly suspend reaccreditation surveys for 30 days and instead perform a targeted sample of reaccreditation surveys using a modified survey process in hospitals that meet defined parameters.

Hospital Enforcement Actions for deficiencies that do not represent Immediate Jeopardy will have their termination date extended for at least 30 days. While expected to continue to ensure safety and quality, hospitals will not need to submit a plan of correction nor will a revisit survey by the State Survey Agency (including desk review) be required. Hospitals that have an uncorrected Immediate Jeopardy must demonstrate removal of the Immediate Jeopardy findings through an onsite survey. Once the Immediate Jeopardy has been removed, the above protocol will apply.

Following this thirty (30) day period, or unless otherwise notified, hospitals will have up to 60-days to demonstrate compliance with any outstanding deficiencies. Further guidance will be issued outlining this process prior to the termination of this temporary survey prioritization.

Contact: State Survey Agencies should contact their CMS Survey Operations Group location for questions and updates on their status regarding Crisis Standards of Care. Other questions about this memorandum should be addressed to QSOG_Hospital@cms.hhs.gov.

Effective Date: Immediately. This policy should be communicated to all survey and certification staff and managers immediately.

/s/

Karen L. Tritz
Director, Survey & Operations Group

David R. Wright
Director, Quality, Safety & Oversight Group

cc: Survey and Operations Group Management
Office of Program Operations and Local Engagement (OPOLE)
Centers for Clinical Standards and Quality (CCSQ)