



**Center for Clinical Standards and Quality/Survey & Certification Group**

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**Admin Info: 15-05 - Hospitals**

**DATE:** October 10, 2014

**TO:** State Survey Agency Directors

**FROM:** Director  
Survey and Certification Group

**SUBJECT:** FY 2015 Hospital Patient Safety Initiative (PSI)

**Memorandum Summary**

- ***PSI Worksheets*** – Three hospital worksheets developed as part of the Centers for Medicare & Medicaid Services (CMS) Survey & Certification Group (S&C) Patient Safety Initiative (PSI) have been revised and will now be used for all hospital survey activity when assessing compliance with the hospital Conditions of Participation (CoP) for quality assessment performance improvement (QAPI), infection control, and discharge planning.
- ***FY 2015 PSI*** – State Survey Agencies (SAs) will be required to complete hospital PSI surveys using the three worksheets in combination, as discussed in the S&C Mission & Priority Document (MPD), contingent upon the availability of supplemental funding for this Tier 2 survey work.

**Background**

In 2011, the CMS began piloting the use of three worksheets for SA surveyor use through the PSI to better assess compliance with the hospital CoPs for QAPI, infection control, and discharge planning. This initiative was part of the larger Health & Human Services initiative to reduce hospital acquired conditions, including healthcare associated infections, and preventable readmissions. The pilot phase of the PSI has now ended and the worksheets have been revised, based on feedback received during the pilot, and are now ready for use as part of the standard hospital survey process.

**FY 2015**

In FY 2015 the final worksheets, attached to this memo, are to be used for all SA hospital survey activity whenever assessment of compliance with any of the three associated CoPs occurs. This includes all complaint surveys involving assessment of compliance with one or more of these CoPs, and all full, standard surveys, including representative sample validation, recertification

surveys, and full surveys that the Regional Office requires after a complaint survey with condition-level noncompliance. The worksheets may be used individually or in combination based on specifics of the survey activity. Unlike prior years, the worksheets will not be submitted to CMS or any CMS contractor (although CMS may require completed worksheets to be submitted at a later date or in future years). The completed worksheets may be attached in ACTS as part of the survey documentation; that decision, however, will be left to the SA Directors' discretion.

Hospitals surveyed during FY 2013 and FY 2014 as part of the PSI were not cited for any identified non-compliance. Moving forward in FY 2015 all identified non-compliance must be cited as directed in the instructions for each question on each of the worksheets. Usual citation practices are to be followed, including documentation of non-compliance on the Form CMS-2567.

Of note, there continue to be worksheet questions that at this time are for information purposes only; no citations are to be made for these questions, regardless of the response. The instructions on the worksheet explicitly identify those questions for which no citations are to be made

### **FY 2015 PSI Sample Surveys**

As stated in the FY 2015 S&C Mission & Priority Document (MPD), SAs are expected to perform targeted surveys of selected hospitals using all three worksheets in combination as part of the ongoing PSI, contingent upon the availability of supplemental funding for these PSI surveys. However, in contrast to the prior years for the PSI, SAs are to cite all deficient practices identified via the PSI surveys. Appendix 5 of the MPD lists the number of FY 2015 PSI surveys we anticipate each SA will be required to complete.

The SAs will select hospitals for survey from lists distributed by CMS Central Office (CO). The lists will be generated based on using prior SA and accrediting organization (AO) citation data to identify hospitals potentially at greater risk of noncompliance, as was done in the FY 2014 pilot phase of the PSI. The lists will tentatively be distributed in January 2015, along with an updated FY 2015 PSI Protocol and Frequently Asked Questions document. All FY 2015 PSI survey activity must be completed by September 1, 2015. *SAs must not undertake any PSI surveys until CMS advises that supplemental funding has been confirmed available for this initiative.*

The SAs are expected to use and complete the worksheets for each PSI survey. However, SAs will not be required to submit completed PSI sample survey worksheets to CMS in FY 2015. CMS may require submission in future years. SAs will be required to notify CMS CO via the dedicated mailbox [pfp.scg@cms.hhs.gov](mailto:pfp.scg@cms.hhs.gov) of the name(s) of the hospital surveyed, city, state, CMS certification number (CCN) and survey dates. This survey information, along with the completed Forms CMS 2567 and 670, is required for tracking purposes and for PSI supplemental payments.

**Contact:** Questions regarding this memorandum should be submitted to [pfp.scg@cms.hhs.gov](mailto:pfp.scg@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/

Thomas E. Hamilton

Attachment (s)-

FY 2015 PSI QAPI Worksheet

FY 2015 PSI Infection Control Worksheet

FY 2015 PSI Discharge Planning Worksheet

cc: Survey and Certification Regional Office Management