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INFORMATIONAL LETTER #2014-06

DATE: May 23, 2014

TO: ALL IDAHO HOSPITALS & CRITICAL ACCESS HOSPITALS

FROM: DEBBY RANSOM, R.N., R.H.I.T., Chief
Bureau of Facility Standards

SUBJECT: **CMS S&C: 14-31-Hospitals/CAHs**

The CMS Survey & Certification Letter #14-31, Provision of Electronic Health Records (EHR) "Navigators" during Hospital and Critical Access Hospital (CAH) Surveys is being distributed to all Idaho Hospitals and Critical Access Hospitals.

If you have any questions, please contact our office at 208/334-6626, Option 4.

DEBBY RANSOM, R.N., R.H.I.T., Chief
Bureau of Facility Standards

DR/nm
Enclosure
c: Idaho Hospital Association



Center for Clinical Standards and Quality/Survey & Certification Group

Ref: S&C: 14-31-Hospitals/CAHs

DATE: May 16, 2014

TO: State Survey Agency Directors

FROM: Director
Survey and Certification Group

SUBJECT: Provision of Electronic Health Record (EHR) “Navigators” during Hospital and Critical Access Hospital (CAH) Surveys

Memorandum Summary

Surveying Hospitals & CAHs with EHRs: EHRs are increasingly common in hospitals and CAHs and pose new challenges to the survey process. The Centers for Medicare & Medicaid Services (CMS) wishes to advise hospitals and CAHs that State Survey Agency (SA) surveyors may be requesting that experienced hospital/CAH EHR users with appropriate system permissions be assigned as “navigators” to assist surveyors with medical record information retrieval for survey tasks requiring detailed medical record review. Providing such assistance is analogous to the traditional expectation for paper-based records that hospitals and CAHs retrieve closed paper medical records requested by surveyors, and hospitals/CAHs are expected to provide the necessary assistance to enable surveyors to review EHRs.

The CMS is providing a number of incentives that have resulted in rapid adoption of EHR systems in hospitals and CAHs. The implementation of EHR systems not only affects hospital staff but also affects how surveyors conduct surveys to assess compliance with the hospital and CAH conditions of participation. While individual SAs may permit or even require their surveyors to be provided direct access to a hospital’s or CAH’s EHR system, CMS anticipates that frequently surveyors will instead ask the hospital/CAH to assign a “navigator” to assist them with medical record retrieval for those survey tasks that require a detailed medical record review. An assigned “navigator” is expected to be an individual from the hospital/CAH staff who has expertise in using, navigating and showing others how to use the facility’s EHR system. Furnishing the assistance of a “navigator” is analogous to the traditional expectation for paper-based records that hospitals and CAHs retrieve closed paper medical records requested by surveyors, and hospitals/CAHs are expected to provide the necessary assistance to enable surveyors to review EHRs.

Role of the Hospital/CAH EHR “Navigator”

At a minimum, an EHR navigator would assist a surveyor in retrieving records that the surveyor has identified as needing more extended review, or in helping the surveyor to find similar records to pursue a line of investigation. The navigator is expected to have sufficient system access permissions that ensure the navigator’s ability to retrieve complete medical records, including, when requested, information from built-in audit features that enable identification of the date, time and author for entries or changes made to the record. In hospitals and CAHs that use hybrid mixes of electronic and paper medical record systems, the navigator is expected to know which portions of the medical record are not captured in the EHR, to inform the surveyor of this, and to be able to retrieve those paper-based portions of the records as well.

The navigator would pull up records, or appropriate portions thereof, when requested to do so by the surveyor in order for the surveyor to review via the computer. It is neither expected nor advisable to ask that all requested records be printed out for the surveyor to review. Surveyors will request print-outs or screen shots selectively, based on their preliminary survey findings.

Some hospitals and CAHs may prefer to have a navigator also accompany a surveyor throughout the survey, rather than just assisting when the surveyor is conducting a more detailed record review. Surveyors may permit a navigator to shadow them throughout the survey, as long as navigators do not intervene when surveyors are observing how hospital staff uses the EHR to accomplish necessary tasks, or otherwise interfere with the conduct of the survey. The goal of the surveyor’s observation of how the EHR is being used by hospital staff is to determine whether staff can enter into and retrieve from the EHR in a timely fashion the information necessary for the patient’s care. It would not be inappropriate, however, for the surveyor who is observing care in a particular unit or department to ask the navigator to retrieve other elements from the EHR to assist the surveyor in following a line of investigation prompted by his/her observations, such as, for example, records for other current or prior patients: on a specific unit; on another med/surg unit; with similar diagnoses; admitted through the emergency department; admitted or discharged in a specified timeframe; or sharing other characteristics identified by the surveyor and retrievable through the EHR system.

If a hospital/CAH declines to make a navigator available to the surveyor when requested, the surveyor will first remind the hospital/CAH that failure to provide access to records may, in accordance with 42 CFR 489.53(a)(5), be grounds for terminating the Medicare provider agreement. If the hospital or CAH instead offers to furnish direct surveyor access to the EHR system, the SA must determine whether it is willing and able to continue the survey with the surveyor directly accessing the EHR system.

Contact: Questions concerning this memorandum may be addressed to 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/

Thomas E. Hamilton

cc: Survey and Certification Regional Office Management