



March 2025

DIAL reviews immediate jeopardy guidance

The Iowa Department of Inspections, Appeals, and Licensing (DIAL) Medicare Services Unit provides monthly education to hospitals via "The Pulse" newsletter and quarterly lunch-and-learn sessions. DIAL's commitment to improving patient outcomes through education is reflected as we focus on immediate jeopardy (IJ) guidance. This newsletter will provide the guidelines surveyors use to determine whether to cite IJ for hospitals. The educational articles in this newsletter are intended to highlight certain aspects of the Medicare requirements for hospitals, but they are not legal documents or inclusive of all elements.

What are the key changes from the prior Appendix Q, immediate jeopardy?

1. Likelihood instead of potential
2. Culpability has been removed
3. Psychosocial harm - consider whether or not non-compliance has caused or made likely serious mental or psychosocial harm to recipients

Complete guidance for identifying IJ revisions issued Nov. 21, 2024, in the Center for Clinical Standards and Quality Care Safety and Oversight (QSO) can be found in the reference memo [QSO- 25-09, ALL](#).

Key components of IJ

To cite IJ, the following elements are identified:

1. Noncompliance;
2. Caused or created a likelihood that serious injury, harm, impairment, or death to one or more recipients would occur or recur;
3. Immediate action is necessary to prevent the occurrence or recurrence of serious injury, harm, impairment, or death to one or more recipients.

Hospital surveyors consider these things:

1. Is the noncompliance with one or more of the federal health, safety or quality regulation?
2. When did the noncompliance start?
3. Is the noncompliance ongoing and or what is the duration of the noncompliance?

Notes

- The duration of the IJ does not automatically end if the recipient is no longer impacted by the noncompliance. For example, if the patient is no longer at the hospital.
- Surveyors don't have to prove that serious harm will occur or that it will occur within a specific timeframe.
- When looking at likelihood, we look at the likelihood of relevant factors to be considered included in the magnitude of the actual or likely seriousness of the adverse outcome. One example identified in Appendix Q: The hospital had no system to prevent an infant abduction. You could argue that the probability of that occurring may be relatively low. However, the risk that an infant could be abducted is intolerable, and it creates the need for immediate action so that the serious adverse outcome will not occur (or recur).

The IJ template

Survey teams must use the IJ template to document evidence of each component of IJ; and if IJ is confirmed, the IJ template will be used to convey information to the facility staff.

Any information presented on the template is subject to change and does not reflect an official finding against a Medicare provider or supplier. Form CMS-2567 is the only form that contains official survey findings.

Survey team instructions

The survey team must use evidence gathered from observations, interviews, and record reviews to carefully consider each component of IJ outlined in the left-hand column of this template. In order for IJ to exist, the survey team must answer “Yes” to all three components and provide a preliminary fact analysis in the right-hand column to support their determination. If IJ is confirmed by the survey team and state agency supervisor, the IJ template will be provided to the hospital with the date and time that it was provided noted at the top of the page. The IJ template is also found in the back of Appendix Q. The image below shows the IJ template.

Date/Time IJ Template provided to entity: _____

IJ Component	Yes/No	Preliminary fact analysis which demonstrates when key component exists.
<p>Noncompliance: Has the entity failed to meet one or more federal health, safety, and/or quality regulations?</p> <p>If yes, in the blank space, identify the tag and briefly summarize the issues that lead to the determination that the entity is in noncompliance with the identified requirement. This includes the action(s), error(s), or lack of action, and the extent of the noncompliance (for example, number of cases). Use one IJ template for each tag being considered at IJ level.</p>	Yes/No	
A		
<p>Serious injury, serious harm, serious impairment or death:</p> <p>Is there evidence that a serious adverse outcome occurred, or a serious adverse outcome is likely as a result of the identified noncompliance?</p> <p>If Yes, in the blank space, briefly summarize the serious adverse outcome, or likely serious adverse outcome to the recipient.</p>	Yes/No	
A		
<p>Need for Immediate Action:</p> <p>Does the entity need to take immediate action to correct noncompliance that has caused or is likely to cause serious injury, serious harm, serious impairment, or death?</p> <p>If yes, in the blank space, briefly explain why.</p>	Yes/No	

Disclaimer: The findings on this IJ Template are preliminary and do not represent an official finding against a Medicare provider or supplier. Form CMS-2567 is the only form that contains official survey finding.

The next steps for hospitals to address when an IJ has been issued:

The goal is to quickly address the immediate risk and prevent potential serious harm or injury to patients.

- Corrective Actions
 - Immediately separate potential sources of harm
 - Implement staff education
 - Revise policies to prevent future incidents
 - Demonstrate measures to ensure patient safety
- Submit a Removal Plan
 - This is not a standard plan of correction
 - Must immediately address the urgent situation
 - Outline corrective measures to prevent reoccurrence

- Review Process
 - The submitted plan will be reviewed by the surveying office
 - If not accepted, it will be returned for revisions
 - Must be revised until the plan is fully accepted
- Implementation Verification
 - Surveyors will verify plan implementation through:
 - Observations onsite
 - Interviews
 - Record reviews/documentation