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Establishing a Survey Ready Agency

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GOALS FOR PRESENTATION

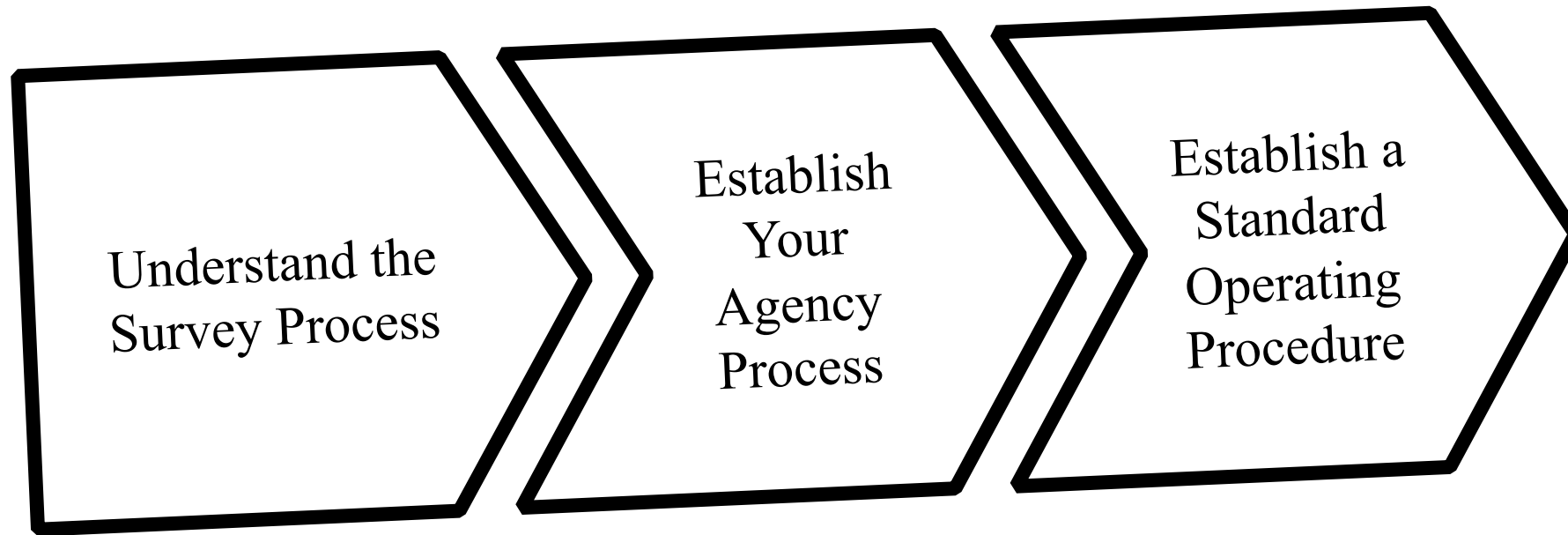
Upon completion of this session, the attendee will successfully:

- Demonstrate knowledge of the state and accreditation survey process
- Outline a survey process plan for their agency
- Accurately describe the risks of not establishing an internal operational plan for survey time!

SURVEYORS ARE OUR RESOURCES

- Function of Surveyors:
 - Oversight
 - Education
 - Resources

STEPS FOR A SUCCESSFUL STRATEGY





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Survey Command Central

UNDERSTANDING THE SURVEY PROCESS

Pre-Survey

- Reports
- Analysis
- Comparative Data

On-Site Administrative

- Report Analysis
- Clinical Record Selection
- Home Visit Selection
- Employee Record Selection
- Interviews
- Program Review

On-Site Clinical

- Clinical Record Reviews
- Home Visits
- Patient Representative Interviews
- Care Related Program Review

UNDERSTANDING THE SURVEY PROCESS, CONT.

In addition to the basic survey process, you now should expect the following analysis to be applied:

- Exceptions (based on pre-survey report analysis)
- QAPI program structure and data to date
- Emergency preparedness program and data to date
- Governing minutes and interviews
- New policies and procedures
- Additional management, patient/representative and program related interviews



STEP 1

Develop Written Policy

STEP 2

Educate per Department

STEP 3

*Conduct Survey Readiness
Drills*



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Step 1

POLICY AND PROCEDURE

Set Your Expectations:

- ✓ Let people know how you want them to manage the process;
- ✓ Expectations should be set per department, per role.

POLICY ELEMENTS

Step by step expectations

- Administrative
- Management
- Clinical

POLICY AND PROCEDURE: ADMINISTRATIVE ELEMENTS

Surveyor Management

- Receiving
- Initiating reports
- Activating process
- Identify designee

Report procurement

- Function of assigned personnel or department
- Obtain and collate reports for surveyors
- Exceptions reports
- Establish liaison(s)

Notifications

- Governing body
- Executive and local leaders
- Human Resources
- Clinical scheduling
- Clinical designees
- Clinical Records
- Quality Assurance

POLICY AND PROCEDURE: MANAGERIAL ELEMENTS

Care Related Support

- Interaction with staff identified for visits
- Clearly identify steps for patient level communication
- Scheduling oversight

Data Management

- Trends
- Complaints
- Issues
- Outstanding

Executive Support

- Outline chain of communication
- Describe responsibilities
- Authority delineation and back up plan

POLICY AND PROCEDURE: CLINICAL ELEMENTS

Clinical Team

- Schedule management
- Preparation and logistics
- Communication plan
- Team leaders
- Patient preferences

Schedule Management

- Reschedule of appropriate patients
- Supply check
- Patient home visit documentation

Notifications

- Communication tree
- Documentation management

POINTS TO CONSIDER

- The policy should specify the precise process flow for communication, responsibilities and timeline.
- You want the survey to run like clockwork.



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Excerpts from Policy and Procedure

Sample Language...

“Upon arrival of surveyors to agency, the reception personnel:

1. Greets surveyors, receives their business card(s) and escorts them to the executive conference room;
2. Once the surveyors have placed their items in the conference room, offer tour of facility;
3. Inform surveyors that the agency administrator or designee will be with them shortly to introduce themselves and obtain the first items of request.

Sample Language, Cont....

4. Return to reception desk and email “survey alert” group that the survey has initiated at specified location.

Upon receipt of notification, the following departments respond as indicated (see department allocation):

Central Intake and Scheduling:

1. Designee immediately begins to populate the survey report package;
2. Scheduling notifies care team appointees of pending changes...”

Sample Language, Cont....

“...Patient Care Team Designees:

1. Report in to clinical manager to receive instructions;
2. If there is a survey patient on schedule for that day, contact the patient or representative to notify of a possible change to appointment time;
- 3....”



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Step 2

TRAIN AND DEPLOY

- ✓ Educate staff on policy and expectations
- ✓ Identify team responsibilities

EDUCATIONAL FOCUS PER DEPARTMENT

- Survey process as pertains to them
- Agency process as related
- Their role in the process
- Reports: Survey and exceptions
- Surveyor preferences
- Designees and alternate coverage

POINTS TO CONSIDER:

Identify your team:

- Clinicians, support staff, leadership, governing body representative, patients and representatives;
- Know your EHR
 - Can you build a survey package? If not, list out the reports by name when defining for staff what to populate during survey.
- Empower employees to survey-ready themselves and teammates / patients

TEAM LEADERS

- Survey Leader – Lead point of contact for surveyors during time of survey;
- Administrative Leader – Takes lead for reports, collecting data for surveyors, initial and subsequent communication to all department or team leads;
- Human Resources Lead – Point person for collecting HR related items for survey;
- Clinical Management – Clinical manager lead or designee to oversee patient visits, staff point of contact and clinical management member to be available for survey related interviews;
- QAPI – Liaison for the QAPI team and associated survey needs; provides update to current trends, compliance progress, point of contact to QA for needed items and interviews;
- Patient Care Team Leaders – Collaborates and relays necessary communication related to survey; select clinicians trained for managing the survey process.



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Step 3

NEXT LEVEL

- Establish Redundancies for Survey Readiness



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“Redundancy is ambiguous because it seems like a waste if nothing unusual happens. Except that something unusual happens-usually.”

- Nassim Nicholas Taleb

REDUNDANCIES BUILD HABITS

....Habits become second nature

- Familiarity with the process is the agency's best defense.
- Each staff member, every department should have working knowledge of the process.

PRACTICE MAKES PERFECT

- Identify an internal survey team
- Utilize 3rd party for survey readiness if necessary
- Conduct mock surveys frequently
- Respond to deficiencies as with an actual survey
- Establish an internal corrective action plan
- Monitor for improvements ongoing
- Allow the deficiencies to be incorporated as part of your QAPI measures

SURVEY READINESS: A CONTINUAL PROCESS



RISKS ASSOCIATED WITH NOT BEING PREPARED

- Personnel get nervous
 - Miscommunication
 - Preventable errors
- Data errors
 - Pull incomplete or incorrect reports
 - Open up survey to unnecessary information
- Reporting errors
 - Miscommunication
- Care related errors
 - Mistakes related to infection control
 - Not following the plan of care
 - More...

QUESTIONS?

Thank you!

Stefanie Woodrow

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