MISCELLANEOUS SURVEY HELPFUL TIPS:

When CMS/State of NH Survey Team arrive:

- Survey team will arrive unannounced ("unannounced means just that, unannounced!")
- Within the month of the expiration date (if last survey was mid June, 2003, expect them to arrive anytime in June or by mid July, 2004)
- Team will announce to the hospital greeter that they are the CMS or Medicare or State of NH Survey Team. Team will wait in the lobby to be directed to conference room
- Team will ask for an introductory meeting with Administrator and other key stakeholders as determined by hospital
- Will need conference room for up to 3 days
- Need access to a photocopier
- Need a phone in the room
- Team will have a Survey Supervisor who will act as the facilitator and conduit between the hospital and survey team; will ask for a "runner" and a single contact and contact phone number (to use to request specific documentation.)
- Will provide the hospital with a checklist of documentation to be gathered and brought to the conference room at the earliest convenience (see addendum A)

How you can be ready upon arrival:

- Train the "greeters" how to respond to the State Survey Team's arrival
- Hold a planning meeting at least 1 week prior to earliest anticipated survey team arrival to designate the following:
  - Assign a runner
  - Assign a back-up for each key stakeholder that will be out during the month
  - Designate the conference room to be used
  - Ensure access to photocopier and a phone close to the conference room
  - Determine a process for debriefing with staff as they are interviewed by surveyors
- After holding the planning meeting, consider doing a "dry run" especially on a day when several key stakeholders are out. See how staff respond!
- For the month prior, assign one person to make a daily AM round to:
  - Ensure facility is neat and clean
  - As much as possible, keep hallways clear of stretchers, especially on EXIT hallways

Key preparations:

1. **Know the Regulations (Appendix W)**
2. **Ensure that Policies reflect the regulations**
3. **Ensure practice reflects policy**

- Assign the responsibility of survey preparation and holding people accountable to meet the regulations as outlined in Appendix W to ONE person in the organization.
- Make sure one person knows the regulations. Department heads should be familiar with the regulations for their area(s) of service.
- If you have had an initial survey, carefully review ALL documentation from last survey. You will be asked what actions you have taken based on the previous recommendations.
- If you have documentation from your last annual CAH quality and credentialing oversight, ensure actions have been initiated as recommended.
- Use an accountability grid to ensure actions taken have been documented (See Addendum B)
- Prepare all staff by informing them that they may be questioned by the surveyors. Sample questions the surveyor may ask:
  - Overall, how's it going?
  - If there have been staffing or management or structure changes, how are the changes going?
  - Tell me about this patient? (sores, side rails)

- On Nursing units, ensure nurses know where their policies are located
- All Appendix W standards that state: "must be maintained within acceptable standards" or "applicable standards of practice include compliance with all federal and State laws, regulations, and guidelines, as well as, standards and recommendations promoted by nationally recognized professional organizations that apply to…(specific specialty or area of service)," know what standards the area is following, and have the standards readily available to reference when questioned. (these should already be reflected in the policies).
- Though it is often not possible to have all key senior staff key present or on call during the unannounced survey, if staff must answer survey questions re: policies and procedures ensure consistent responses. It may be best to have another senior staffer or the lead CAH regulation guru present while the questioning occurs in order to find supporting documentation.

Policies and Procedures

- Ensure consistency of review, timing and sign-offs/signatures
- Each manual should have a cover sheet outlining review, timeline of review and sign-offs by the overarching committee. This will make it easy for surveyors to review sign-offs of each policy, by using a single sheet/documentation of approval of all policies within one binder or service area. Create a single sign-off sheet as the first page of each binder. Ensure the reviews and sign-offs occur annually, unless otherwise supported by policy.

- Develop a clean process for regular policy reviews and when changes are made, ensure that all policies pertaining to the area are updated. Example: If there is an acute in patient policy for use of restraints and this policy is also used for swing beds and therefore in a swing bed P&P manual. Make sure both policies are updated and/or replaced.
- Typos do matter – from the perspective of attention to detail as well as the image of professionalism.
- When a policy is updated or changed, it may be helpful to include a statement on the policy which states "Replaced (XYZ) Policy dated xx/xx/xx.

Nursing

- Guidelines state (485.635(d)(4)) "nursing care planning starts upon admission." The survey team does not consider Clinical Pathways an individualized care plan. Care plan should include 3 parts: Assessment, Goal, Interventions, and should be specific to the patient, driven from the initial assessment. Clinical Pathways are good – yet need to find a way to translate assessment to individualized care plan.
- On the records the surveyors pull, they will be looking at the assessment, looking for key clinical points to be present on the assessment portion of the care plan, and then looking for the specific goals and interventions relative to that assessment.
- Documentation consistency matters. Medical Records throughout the facility should have similarities re: care plans and other documentation, when possible.
- When you do patient assessments, make sure the pertinent clinical information is then translated into patient goals and specific interventions documented in a care plan.

Quality Assurance/Performance Improvement

- If your QA/QI plan descriptor is current, use the flow chart, or organizational development chart to describe the flow of projects, approval of activities, improvement opportunities and communication of activities
- Refer to policies that support specific guidelines to explain specific QA procedures
- Ensure the QA policies align with the practice
- Talk about how you prioritize QA activities
- Questions to be prepared to answer:
    - What's the composition of your QA team?
    - Do staff participate or is it only dept heads?
    - How are activities reported-out to this QA team?
    - How is Quality Improvement reported out to entire organization?
    - Are sentinel events discussed at QA team?
    - What do you track for statistics?
    - How does the team deal with medication errors?

- Any big project at the moment? Describe?

Other

- What the survey team observes while in the facility matters. Dirty kitchen areas, dirty closets, cluttered hallways, patients with side rails, these matter!
- The surveyors will conduct an initial walk thru and policy reviews. As they come across areas of concern, they seek to understand by asking questions, often from several different angles, in order to validate that what they are seeing is the normal practice. The survey team will then discuss what the regulation and guidelines state, then compare to the practice as they observed and clarified, and then compare to the written policy. Based on these comparisons, the team will then determine the seriousness of the variance.
- Encourage all staff to take ownership. Helpful comments Include: "we're always looking for ways to improve what we do here at xxx hospital so we appreciate this input"; "we work as a team here so I'll be sure to inform the others who are involved in this practice"; "we welcome your input and will discuss it as a team this afternoon and get back to you tomorrow."

APPENDIX A – List of materials which may be requested

ANESTHESIA SERVICES	
	List of mandatory in-services and attendance sheets for 12 months.
	Committee Minutes for past 12 months.
	List of department personnel, a sample will be selected for review.
	Policies and procedures including conscious sedation.
DISCHARGE PLANNING	
	List of discharged for last 3 months.
	Meeting minutes for past 12 months.
	Patient records will be reviewed (for Critical Access Hospitals, review documentation from acute to swing).
	Policies and procedures for discharge planning criteria.
	List of VNA and Hospice referrals.
EMERGENCY SERVICES	
	Copy of the Director's job description.
	Copy of mandatory in-services and attendance sheets for past 12 months.
	List of department personnel, a sample will be selected for review.
	Meeting minutes for past 12 months.
	Present emergency room log.
	Policy and procedures.
FOOD AND DIETETIC SERVICES	
	Copy of the Director's job description.
	Copy of mandatory in-services and attendance sheet for past 12 months.
	List of department personnel, a sample will be selected for review.
	Copy of National Standards followed for menus.
	Menus for one month for all diets offered.
	Policies and procedures.
	Screening criteria for patients who are nutritionally at risk.
	Therapeutic dietary manual.
GOVERNING BODY	
	Budget for 3 years including current year and capital expenditures.
	Copy of medical staff by-laws rules and regulations.
	Copy of meeting minutes for past 12 months.
	Copy of hospital by-laws.
GOVERNING BODY cont.	
	List of autopsies for past 12 months, a sample of charts will be reviewed.
	List of committee members that make the budget.
	List of all contracted services with Scope and Nature.
	List of authenticated signatures.
	Hospital organizational chart.
	Organ donor policies and procedures that show medical staff approval of program.
INFECTION CONTROL	
	Copy of mandatory in-service and attendance sheets for past 12 months.
	Log of incidents related to infections and communicable diseases.
	Managers job description.
	Meeting minutes for past 12 months.
	Policies and procedures.
LABORATORY SERVICES	
	Copy of last CAP report.
	Copy of Director's job description.
	List of department personnel, a sample will be selected for review.
	List of mandatory in-services and attendance sheets for past 12 months.
MEDICAL RECORDS	
	Documented review of 10% active/closed records. (Critical Access Hospitals)
	List of inpatient stays only beyond 96 hours. (Critical Access Hospitals)
	List of inpatient discharges for the past 60 days.
	Policies and procedures.
MEDICAL STAFF	
	List of physician committee members and department heads.
	List of physicians by specialty and staff category, active and consulting.
	List of all allied health professionals. A sample of credentialing files will be requested for review.
	Minutes of all medical staff committees for past 12 months.
	Policies and procedures for credentialing of medical staff.
NURSING STAFF	
	All department head and nurse manager meeting minutes for past 12 months.

NURSING STAFF cont.	
	Job descriptions for all licensed personnel.
	Average acute patient length of stay. (Critical Access Hospitals only)
	Average patient census. (Critical Access Hospitals only)
	Copy of Nursing Director job description.
	Incident reports for last 6 months available for surveyor investigation if needed.
	Inpatient grid for all units.
	List of nursing and allied health professionals with license number and expiration date. A sample will be selected for review.
	List of mandatory in-services and attendance sheets for 12 months.
	List of department heads and telephone extension.
	Organizational chart.
	Orientation policies/procedures.
	Policies and procedures.
ORGAN TISSUE AND EYE PROCUREMENT	
	Copy of agreement with the Organ Procurement Organization (OPO).
	Copy of Director's job description.
	Copy of in-service schedule.
	Copies of OPO quarterly reports on reportable deaths.
	List of inpatient deaths for the last 6 months. A sample will be selected for review.
OUTPATIENT SERVICES	
	Copy of Director's job description.
	Copy of mandatory in-services with attendance for last 12 months.
	Department meeting minutes for last 12 months.
	List of department personnel, a sample will be selected for review.
	Policies and procedures.
PATIENT RIGHTS	
	Admission packet.
	Advanced directive information.
	CAH swing bed policies/procedures.
	Policies and procedures.

PHARMACEUTICAL SERVICES	
	Copy of last NH Board of Pharmacy inspection report.
	Department meeting minutes for past 12 months.
	Director of Pharmacy job description.
	List of mandatory in-services and attendance records.
	List of department personnel, a sample will be selected for reviews.
	Pharmaceutical and therapeutic committee meeting minutes for one year.
	Policies and procedures including process for medication errors.
PHYSICAL ENVIRONMENT	
	Copy of safety plan for patients during emergency situations.
	Fire drill records.
	List of department personnel; a sample will be selected for review.
	List of mandatory in-services and attendance records.
	Policies and procedures.
	Routine and preventative maintenance program schedules.
	Safety/disaster plans.
	Facility layout.
QUALITY IMPROVEMENT	
	Copy of improvement program.
	Program improvement projects/activities.
	Copy of annual review of program. For Critical Access Hospitals.
RADIOLOGY AND NUCLEAR MEDICINE	
	Copy of last radiation physicist report and backup plan of correction/documentation.
	Copy of last radiology report.
	Department meeting minutes for past 12 months.
	Director/MD job description.
	List of department personnel, a sample will be selected for review.
	List of mandatory in-services and attendance records.
	Policies and procedures.

APPENDIX B – Conditions (based on Appendix W) and accountabilities

(Examples only – Full document will be available upon request)

KEY: CoP – Condition of Participation;
Green – Condition met; Yellow – Condition in jeopardy; Red – Condition NOT MET
P&P – Policies and Procedures

Code	Condition of Participation	Who	Documentation	Location	Tracking
C-0150	485.608 CoP Compliance with Federal, State and local laws and regulations The CAH and its staff are in compliance with applicable Federal, State and local laws and regulations.	CEO	Administration P&P Binder	Green File cabinet	Green
C-0151	(a) Standard: Compliance with Federal laws and regulations related to the health and safety of patients	CEO	Administration P&P Binder	Green File cabinet	Green
C-0190	485.616 CoP Agreements	COO			
C-0195	(b) Standard: Agreements for credentialing and quality assurance. Each CAH that is a member of a rural health network shall have an agreement with respect to credentialing and quality assurance with at least i. One hospital that is a member of the network; ii. One QIO or equivalent entity; or iii. One other appropriate and qualified entity identified in the State rural health care plan	Director of QA/PI	QA/PI Binder	Metal Bookcase	Yellow