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DOING HOMEWORK ON NEW SURVEY WILL BRING 'PERPETUAL READINESS'

The new facility survey process developed by the Centers for Medicare & Medicaid Services has rankled a lot of members of the long-term care community.

Despite a well-publicized build-up, the sweeping nature of the changes has caught many by surprise.

"Right now, there's a great deal of anxiety," noted Tracy Cooley, RN, BSN, the vice president of training for Providigm. "Providers are just not sure what's going on with the long-term care survey process."

Essentially, the two major surveys — traditional and quality indicator survey, or QIS — have been combined into a new "hybrid" survey. Half of the states were using each and it simply had become too expensive to administer, Cooley said.

The former state surveyor and veteran long-term care professional presented "Surviving the Dramatic Changes of a New Survey Era" during a late April *McKnight's* webinar sponsored by Medline.

Change also came for other reasons.

Surveyors identified opportunities to improve the efficiency and effectiveness, while assimilating the best of the survey processes, which approached quality of care and quality of life issues differently. "Autonomy" and "resident-centered" were the operative words to describe the new and improved process, Cooley said.

For example, about half of the effective data used in QIS surveys came from resident and family interviews and observation — which to most at CMS represented a very "person-centered" approach. And in traditional surveys, "We kind of went wherever the resident took us," Cooley observed.

She described the inspection process as person-centered and comprehensive — and surprisingly pleasant to most. The surveyors, meanwhile, now have greater autonomy "because they will have greater flexibility to investigate when they see an issue," she said.

Providers have been presented with new F-Tags, and more of them, as well as a higher number of potential deficiencies (stemming in part from new regulatory areas such as QAPI, facility assessment, antibiotic stewardship and person-centered care planning).

Drilling down

Cooley methodically broke down the new survey process, giving a perfect primer for those not yet intimately familiar with it.

Surveyor preparation. One of the surveyors will be designated as "team coordinator," the individual lead who keeps the

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process on track and makes key decisions. The off-site preparation has been streamlined.

Minor pre-survey tasks will include a review of existing or prior deficiencies (especially repeat offenses), prior survey results, and any active complaints since the last survey. Typically, the coordinator will notify the administrator of any complaints being reviewed, concurrently with the annual survey, Cooley added.

"Each team member will have that information loaded into their laptops when they walk through your front door," she said. Documents the coordinator brings on day one include a matrix with instructions, as well as an entrance conference worksheet.

Entrance conference. In this initial interaction, one surveyor will brief the administrator, another one will make an initial inspection of the facility kitchen to spot anything posing a threat of foodborne illnesses, and the others will go to their assigned areas.

In his or her entrance conference, the coordinator will ask some new types of questions, such as names of residents who smoke, medical storage room and cart locations, the facility's QAPI plan and a listing of residents for potential inclusion in the beneficiary notices review. Another change for all facilities is the completion of the facility matrix. The matrix must be provided immediately for all new admissions in the past 30 days that are still residing in the facility and for all other residents within four hours of entrance.

The initial pool process. This segment is intended to identify a fixed number of residents for initial interviews and assessments. Using the matrix as a guide, this pool generally will include some residents who have previously filed complaints, vulnerable residents who are highly dependent on staff and residents who were admitted within the last month.

Surveyors typically will spend most of the first day of the survey working with this group conducting interviews, observations, limited record reviews, and at least three family or resident representative interviews for the non-interviewable residents in the pool.

"Unit assignments are very important because no matter what the size of your facility is, we will have seen every resident in your home by the time we have completed the first-day pool process," Cooley said.

Resident and representative interviews. The following process will occur during the initial pool:

The full interview takes about 30 minutes.

Suggested questions for the surveyor to use are available, Cooley noted.

Questions about the care areas — which cover the full gamut from activities, dignity and privacy to staffing issues, environment, food, falls, pain, nutrition, hydration and activities of daily living — are designed to find out whether areas warrant further investigation, she added. For those non-interviewable residents, three representative interviews also will be conducted (by phone or in person).

Resident observations. For the initial pool of eight residents [per surveyor], surveyors will conduct a resident observation that begins in the resident's room.

"This is surveyors' first chance to look at things like hygiene, restraints, pain, etc.," Cooley explained.

"Expect that they will do what we call the 'floor-ceiling-four-walls' observation. We tell them we want no stone unturned. Surveyors will address the probes listed in each care area and conduct rounds until they can answer questions for all observation care areas."

They may complete formal observations for wounds or incontinence care if the situation presents itself or is necessary. For example, a formal observation may be needed for a resident who has not been assisted to the bathroom for a long period of time.

Limited record review. During the initial pool process and after observations and interviews are completed, surveyors will complete a limited record review. For all residents who are observed

RESIDENTS REIGN

Surveyors will screen many various residents to figure out who would be good for further interviewing to learn what goes on behind closed doors, at any time of day, the month or year.

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For more information

The original webcast is available at www.mcknights.com/April26webinar.

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STRUCTURED SCRUTINY
Federal regulators have created a process that is formulaic in many ways. Surveyors say the key to their findings and further investigations will be how care plans are implemented. Plans without proper actual execution won't be tolerated.

during the initial pool process, the record is reviewed for high-risk meds such as insulin, anticoagulants and antipsychotics, as well as preadmission screening, Cooley said.

Addressing concerns. For any concern expressed by the resident, surveyors will ask additional questions until they can determine whether the concern can be ruled out or needs to be investigated further, which means they think there may be deficient practice, Cooley explained.

Sample selections. For roughly one hour, surveyors will meet to make choices. The residents included in the sample will have an in-depth investigation completed for any area of concern marked for further investigation. The sample will include only active residents. Closed records are not included in the total sample number.

"If there's any immediate harm or jeopardy, those residents are automatically included in the investigation sample," Cooley added. During the process, the computer system will select five residents for a full medication review based on observation, interview, record review and MDS information.

Critical element pathways. During the second day of the survey, Cooley said, surveyors will delve into these to guide their investigations.

The pathways include observation, interview and record review investigative probes for care areas such as pressure ulcers and dialysis.

"For some of the care areas, CMS has created critical pathways which walk you through a very structured investigation," she added. "We're looking for that implementation piece. A lot of compliance issues stem from the care plan implementation. You may have a beautiful MDS and person-centered care plan, but if I go out on the floor and am not seeing it being implemented, that's a problem. We're also looking to see if the care plan has been revised."

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Once surveyors have completed their investigation, they will make a compliance decision for each critical element of the pathway.

Facility task investigations. There are nine mandatory facility level tasks that will be completed by the end of the survey: kitchen/food service, dining, infection control, medication administration, medication storage, resident council meeting, sufficient and competent nurse staffing review, quality assurance and performance improvement (QAPI), and SNF Beneficiary Protection Notification Review.

On the final day, the team will review and make its compliance determinations, assigning the scope and severity to each, and conduct an exit interview.

Preparing for Game Day(s)
Cooley repeatedly urged providers to download the publicly available survey forms from CMS and perform mock surveys on their own.

"You're going to be proactive for survey readiness," she said. "It's amazing what your residents will say to you once you start asking very specific questions."

Interviewing family members is important. They're sometimes a lot more observant than you might give them credit for.

"When you see these things in your facility day in, day out, it's easy to miss the forest for the trees," she said. "These structured probes that are publicly available help you look at the residents.

"Take control of the survey," Cooley added. "Making this part of your QAPI process will ensure you are in a perpetual state of survey readiness." ■

Editor's note
This McKnight's *Webinar Plus supplement is based on a similarly named webinar presented on April 26. The event was sponsored by Medline. The full presentation is available at* www.mcknights.com/April26webinar.