Continuous Survey Readiness—Is it Possible?  

Continuous Survey Readiness is a goal most organizations aspire to achieve. Of course, the first and most important question is why is it important to maintain compliance with regulatory standards. The most obvious answer is that facilities must be in substantial compliance with the Conditions of Participation and Conditions of Coverage to participate in the Medicare and Medicaid programs. However, there is a more important reason and that is to provide care that is safe and effective for our patients and a safe environment for staff to practice.

This issue of Clinical connection is the first in a series of four that we hope will help you and your staff maintain continuous survey readiness. Each of the four newsletters, which will be distributed over the next several weeks, will focus on answering the following questions:

Part 1
Question 1—Do you—Know the standards?
Question 2—Do you—Know who’s responsible?

Part 2
Question 3—Do you—Know what’s hot?

Part 3
Question 4—Do you—Know how you’re doing?

Part 4
Question 5: Do you—Know if you’re getting better?

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Our Mission
To provide effective solutions for the delivery of healthcare
Which regulations are we held accountable for?

CMS develops Conditions of Participation (CoPs) and Conditions for Coverage (CfCs) that health care organizations must meet in order to participate in the Medicare and Medicaid programs. CoPs and CfCs apply to a wide range of healthcare organizations including (but not limited to):

- Ambulatory Surgical Centers (ASCs)
- Critical Access Hospitals (CAHs)
- Federally Qualified Health Centers
- Home Health Agencies
- Hospices
- Hospitals
- Rural Health Clinics
- Long Term Care Facilities

You are also responsible for maintaining compliance with State standards. If you participate in Joint Commission or DNV, they have each developed additional standards you are responsible for meeting.

Where do I find the most current regulations?

CMS regulations are published in the State Operations Manuals which are updated periodically by CMS. The most recent updates were for Hospitals, Appendix A, and Critical Access Hospitals, Appendix C in August 2013.

However, there is frequently a lag between when regulations are changed and when the State Operations Manuals are updated. For example the most recent regulations for physician supervision of outpatients in CAHs, which was published at the end of 2013, is not in the current State Operations Manual.

New regulations are published first in the Federal Register and then on the CMS web site under the section on Regulations and Guidance. You can sign up to receive notices of changes on the CMS web site.

How do I use the State Operations Manual?

The State Operations Manual is divided into two sections: The Introduction which provides information on the survey process and the Regulations and Interpretive Guidelines. The Introduction discusses entrance and exit activities as well as outlines the survey process and what documents you will be expected to provide at the time of the survey. The Regulations and Interpretive Guidelines include three distinct parts for most standards:

1. Standard
2. Interpretive Guideline
3. Survey Procedure

The standard is a broad general statement of the regulation. The interpretive guidelines provide information about the standard and details other specific components that must be met in order to be in compliance with the standard. It is very important to read the interpretive guidelines carefully. The survey procedure instructs surveyors on what they should review during the survey.

Who conducts the survey?

If you do not participate in an organization that has deeming authority (TJC, DNV, AOA), the State is responsible for conducting surveys on behalf of CMS. The frequency of surveys varies by State. At a minimum, you should expect a survey of federal requirements every 2 to 3 years.

Action Steps

1. Assign an individual to stay current with any changes in regulations for each type of service you provide.
2. Sign up to receive information on regulatory changes from CMS and your State.
3. Add regulatory updates to one of your standing committees.
4. Assign responsibility for implementing and monitoring any new regulations to an individual or team.
Should there be one person designated to survey readiness?

Identifying who is responsible for survey preparation is a tricky question since we want to say “everyone” is responsible. And of course, if everyone is responsible, ultimately no one is responsible.

Like a conductor of an orchestra, it’s a good idea to identify one person who manages overall survey readiness. That does not mean however, that this one individual is responsible for ensuring that the entire organization is compliant with all of the standards. Some organizations choose to have a small team of 2-3 people. How you approach this will depend on the size, scope and complexity of your organization.

What is the role of the Survey Coordinator?

The Survey Coordinator or Team is responsible for facilitating continuous survey readiness and also acting as the point person during an actual survey. Responsibilities typically include:

1. Developing a Continuous Survey Readiness Plan with specific accountabilities for each department and/or function leader.
2. Assigning or ensuring that new standards are assigned to an individual or a team for implementation.
3. Providing regular reports on survey readiness to designated committee.
4. Assisting departments to develop indicators to measure survey readiness.
5. Developing and maintaining basic information that surveyors will request at the time of survey and/or developing a manual that identifies where the information can be obtained.

What is the role of the department manager?

The department manager plays a critical role in survey readiness. Of course the manager is responsible for the overall management of their department—but how does that apply to survey readiness? Consider the following:

- Familiarity with standards for CMS, State and other deeming organization if applicable.
- Identifying areas for improvement and making appropriate corrections.
- Reporting any process or cross-functional issues to the survey coordinator or Quality Committee.
- Ensuring that staff are knowledgeable about standards and proactively work to maintain survey readiness.

How are staff involved?

Involvement of front-line staff is one of the most critical components of survey readiness. It doesn’t matter if the survey coordinator and the department manager know the standards if front-line staff don’t know what’s expected. Educate staff and actively involve them in developing reliable methods to ensure compliance.

What about the medical staff?

Many regulatory standards require coordination with the medical staff. Don’t forget they are also a critical member of the team.

Action Steps

1. Identify one person or small team to be responsible for coordinating survey readiness.
2. Establish the role responsibilities of the coordinator.
3. Establish responsibilities for managers.
4. Actively engage front-line staff and medical staff in the process.