Survey Readiness 101: Fundamentals and Essentials

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HANYS Survey Readiness
Virtual Series 1 of 5

TODAY'S SPEAKERS

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SURVEY READINESS

It's Monday morning. You are feeling good about your plans for the day and the week, and the team is finally making progress...

Then the call comes in: surveyors have arrived... unexpectedly and unannounced.

▸ *Who are the surveyors, and why are they here?*

▸ *Which regulations do they assess compliance with, and how do they conduct a survey?*

▸ *What are the possible outcomes of a survey: a statement of deficiencies, immediate jeopardy, fines, Medicare/Medicaid termination?*

WHY IS THERE INCREASED SURVEY ACTIVITY AND INTENSITY?

▸ Post-COVID catch-up

▸ Increased focus on infection control

▸ Political pressure

▸ Increasing complaints

▸ Staffing challenges

▸ New regulatory requirements

▸ NYS Staffing regulation

HANYS SURVEY READINESS WEBINAR VIRTUAL SERIES

All Virtual Sessions will be held from 1-2:30 PM EST

Virtual Session 2 • April 9

Preparation: How to mitigate risk and prepare for upcoming surveys

Virtual Session 3 • April 16

They're here: Establishing a survey response and management protocol

Virtual Session 4 • April 23

Responding to survey findings: How to develop a strong correction plan and knowing your options

Virtual Session 5 • April 30

What's next: Leveraging survey findings and strengthening organizational quality and compliance

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SURVEY READINESS 101 LEARNING OBJECTIVES

‣ New York State Department of Health, Center for Medicaid Services, The Joint Commission and Det Norske Veritas Survey differences

‣ National and state trend operational and compliance implications

‣ Common survey readiness challenges and practical strategies

‣ Culture of continuous readiness and sustained compliance

‣ Multidisciplinary teams for preparation

‣ Organizational self-assessments

‣ Performance improvement opportunities

‣ Best practices to maintain readiness

POLL 1

Which objective interests you most?

A. DOH, CMS, TJC, and DNV survey differences

B. National and state trend implications

C. Common survey readiness challenges and practical strategies

D. Fostering a culture of continuous readiness and sustained compliance

E. Organizational self-assessments

F. Best practices to maintain readiness

POLL 2

How many accreditation and regulatory surveys have you participated in?

A. None

B. Only a couple (1 to 3)

C. A lot (4 to 6)

D. More than I care to remember

KNOW WHO IS SURVEYING AND WHY

Surveyors must declare **who** they are, **what** organization they represent, and **why** they are there

- ‣ Insist on an answer and clear up any ambiguity
- ‣ If it remains unclear, call the survey entity to seek clarification

Keep surveyors focused

- ‣ Challenge inquiries or observations on unrelated issues
- ‣ Example: a surveyor investigating a complaint begins to inquire about a previously resolved issue

INTERACTING WITH SURVEYORS

Maintain professionalism and stay calm

- ‣ Surveyors and staff take cues from you on how to react
- ‣ Be respectful, honest, and collaborative rather than defensive

Directly answer questions, don't volunteer unnecessary info

- ‣ If you don't know an answer, say so, then quickly find the answer
- ‣ Ask for clarification to ensure you're addressing their concern

Address misunderstandings promptly and respectfully ask for clarification with supporting evidence

- ‣ Ask surveyors to refer to regulations they cite

INTERACTING WITH SURVEYORS

Keep the focus **on resident/patient safety and quality care**

- ‣ Bring conversations back to the shared goal

Consider disclosing current obvious/major hospital situations

- ‣ Union issues, high volume, unusual incidents
- ‣ Disclose information in advance

Maintain control of the survey process

- ‣ Designate location, process, and staff to manage document requests
- ‣ Ensure quick access to required documents - can't emphasize this enough – demonstrates you are "on your game"

INTERACTING WITH SURVEYORS

Work quickly and diligently to **take any potential citations "off the table" before they exit the facility.**

Challenge findings that you disagree with respectfully yet persistently. Provide as much data and documentation as possible to support your argument.

Contact the accrediting organization if a difficult situation arises with the survey team.

Now, let's dive into each accrediting entity.

UNDERSTANDING ACCREDITING BODIES AND SURVEYS

ACCREDITATION AND SURVEY ENTITIES

POLL 3

What survey has been the most challenging for your organization? Select all that apply.

A. DNV
B. TJC
C. DOH
D. Other (state in chat)

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NEW YORK STATE DEPARTMENT OF HEALTH (DOH)

Survey purposes

- Inspections of care
- Reviews of medical records
- Addition or deletion of beds
- Changes in services provided
- Focused or follow-up surveys
- Re-certification surveys
- Complaint/adverse event investigations

Additionally

- CMS subcontractor, performing CMS and follow-up surveys to validate assessments from other accrediting bodies
- Inspects multiple healthcare providers (e.g., hospitals and nursing homes)

CENTERS FOR MEDICARE AND MEDICAID (CMS)

Conditions of participation

- Medicare and Medicaid reimbursement requirements for hospitals and SNFs

EMTALA hospital compliance

- Ensures emergency care is provided regardless of ability to pay

Survey authority

- State Agencies: CMS certification, complaints, SNF re-certification
- Accrediting Organizations (TJC, DNV) for deemed status hospitals

Noncompliance

- Loss of Medicare or Medicaid
- Civil monetary penalties and fines
- Public disclosure of deficiencies (CMS & DOH)

Unannounced surveys

- Focused (EMTALA, infection control)
- Comprehensive CoP compliance

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THE JOINT COMMISSION (TJC)

▸ Triennial accreditation surveys (80% to 85% of hospitals)

▸ For-cause surveys triggered by:

    ▸ Complaint

    ▸ Adverse Event

    ▸ Publicly Reported Incident

▸ Organizational Change (sale, merger)

Survey Approach

▸ Tracer methodology follows patient care processes

▸ Emphasizes high reliability and patient safety culture

▸ Engages staff at all levels

DET NORSKE VERITAS (DNV)

- Integrates ISO 9001 quality management standards with CoPs
  - Global quality management system for continuous improvement
- Annual surveys and periodic audits to ensure ongoing compliance

DNV over TJC
- Continuous compliance: Less disruptive than triennial surveys
- Collaborative approach: Surveyors work as partners in QI
- ISO 9001: Align global business standards for efficiency and performance

Growing adoption
- Deemed Status by CMS in 2008
- 10% to 15% of hospitals

ACCREDITING AGENCY OVERVIEW

Agency	Survey Frequency and Type	Approach	Focus / Standards	Authority and Oversight
DOH	Unscheduled, event-driven: complaints, changes, or inspections	Regulatory & Investigative	Reviews medical records, inspections of care, service changes, complaints; validates other survey findings	Direct enforcement; may escalate to CMS
TJC	Triennial: 18–36 mo's Survey: 9–18 mo's For-cause surveys	Compliance-oriented with patient safety focus	Tracer methodology, high reliability, safety culture, CoPs and more	CMS-deemed; CMS validates ~5% of surveys annually
DNV	Triennial, annual surveys and periodic audits	Collaborative, ISO 9001-Based	CMS CoPs + ISO 9001 quality standards, continuous improvement	CMS-deemed; CMS validates ~5% of surveys annually

NATIONAL AND STATE SURVEY ACTIVITY

COVID-19 PANDEMIC IMPACT ON SURVEY ACTIVITY

2020

- Routine on-site surveys paused (CMS, TJC, DNV)

- Focus shifted to Immediate Jeopardy (IJ) & high-risk complaints

- SNF re-certification surveys paused; DOH conducted infection control surveys for COVID-positive facilities

Early 2021

- Survey suspensions extended through March

- Limited activity, mainly infection control

Spring/Summer 2021

- Surveys resumed with safety protocols.

- Backlog addressed

Post-Pandemic Focus

- Infection prevention and emergency preparedness

- Increased IJ citations (Appendix Q, 2019)

- Workforce shortages impacting care, driving complaints

TOP 5 MOST COMMON CMS CITATIONS: NATIONAL CY 2024

National CY 2024

1. Patient Rights: Care in Safe Setting
   383 (A-0144)

2. RN Supervision of Nursing Care
   342 (A-0395)

3. Patient Rights (General Requirements)
   301 (A-0115)

4. Compliance with 489.24 (EMTALA Compliance)
   239 (A-2400)

5. Supervision of Contract Staff
   209 (A-0398)

CMS TOP 5 MOST COMMON CITATIONS: NEW YORK CY 2024

NY CY 2024 Hospitals

1. Emergency Services Policies
   9 (A-1104)

2. Patient Safety
   9 (A-0286)

3. RN Supervision of Nursing Care
   9 (A-0395)

4. EMTALA Compliance
   (42 CFR § 489.24)
   7 (A-2400)

5. Emergency Services (General Requirements)
   7 (A-1100)

Common SNF Citations

1. Accidents and Supervision
   F-689

2. Infection Control Practices
   F-880

3. Quality of Care
   F-684

4. ADL Decline Prevention
   F-677

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TJC TOP CITED DEFICIENCIES FOR 2023

Review top challenging standards and ensure your organization's compliance, particularly with manufacturer's Instructions for Use

1. High Level Disinfection
   IC.02.02.01, EP 2

2. Medication Administration
   MM.06.01.01, EP 3

3. Suicide Risk Reduction
   NPSG.15.01.01, EP 1

4. Air Exchanges, Temperature and Humidity
   EC.02.05.01 EP 15

5. Interior Spaces are Safe for Care, Treatment, and Services
   EC.02.06.01, EP 1

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DNV TOP 5 PHYSICAL ENVIRONMENT OF CARE FINDINGS 2023

Most environmental care findings occur during visual inspections to ensure processes for promptly inspecting and repairing issues are in place.

1. Compressed gas cylinders not individually secured
2. Fire sprinklers loaded or contaminated with foreign material
3. Penetrations of fire and/or smoke barriers
4. Items improperly supported by sprinkler piping and hangers
5. Monthly owner's inspection of wet chemical kitchen hood suppression system

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DOH COMPLAINTS

DOH oversees ongoing surveillance and complaints investigations for hospital care and diagnostic and treatment centers, including ambulatory surgical, dialysis, and primary care clinics. Regulations permit individuals to register these complaints.

▸ **2018-19:** 1,200 complaints received*

▸ **2023-24:** 2,784 complaints received*

excludes clinical staffing complaints

NYS CLINICAL STAFFING LAW (CSL)

Surveys are triggered by complaint trends and patterns identified

▸ Daily staffing does not align with the Staffing Plan on the same unit and shifts for multiple days

Unmet clinical staffing committee requirements may also trigger a survey

▸ Coverage is unavailable, preventing staff committee members from attending meetings

Know your CSL requirements

▸ Review related regulations, "Dear Administrator" letters, and policies

Be ready to provide documentation

▸ Nurse-to-patient ratios, staffing plans, daily assignments, and records

Understand the scope limits of the CSL survey

HOSPITAL/POST-ACUTE OPERATIONS AND COMPLIANCE IMPACT

Positive Impacts

- Improved patient safety and quality of care
- Process Standardization leading to efficient care delivery
- Highlight and foster a culture of continuous quality improvement

Negative Impacts

- Resource and operationally intensive to prepare and maintain a readiness culture
- Staff burnout due to stress of survey preparation and process
- Disruption to hospital operations
- Some survey corrective actions may require capital to correct
- Condition level findings or IJ issued trigger 90-day CMS termination letter (publicly available)

PREPARING FOR AND MITIGATING SURVEY CHALLENGES

BREAKOUT SESSION

‣ 10 minutes to share survey challenge experiences

‣ Facilitator presents **one example**

PREPARING FOR SURVEY CHALLENGES

- Inadequate Resources
- Insufficient Personnel or Financial Support
- Hospital/SNF Leadership Changes
- Staff Resignations and Changes
- Survey Fatigue
- Regulatory Changes

- Inconsistent Communication and Coordination
- Daily Operational Pressures
- Complex or Unclear Policies
- Inconsistent Real-Time Monitoring
- Continuous Quality Improvement
- Resistance to Change

MITIGATING SURVEY CHALLENGES

- Prioritize Compliance Tasks
- Leverage Technology
- Cross-Training Programs
- Education
- Accreditation Officer
- Delegate Survey-Readiness Tasks

- Frequent Internal Audits
- Cross-Department Meetings
- Incentivize Compliance
- Survey Readiness Culture

CULTURE OF CONTINUOUS READINESS AND COMPLIANCE

Leadership

▸ Must demonstrate commitment with words and actions

- Leadership meetings standing agenda item
- Active interest in readiness efforts
- Address during leadership rounds
- Readiness is addressed at board meetings

IMPORTANT: CEO, Administrators, and Board Members

▸ Words and actions to demonstrate a <u>real</u> commitment

CULTURE OF CONTINUOUS READINESS: STAFF ENGAGEMENT

Why Staff Engagement Matters

▸ Surveys evaluate staff knowledge and compliance

▸ Prevent last-minute scrambling

▸ Surveyors assess frontline engagement

Key Strategies

▸ Ensure staff at all levels understand survey expectations

▸ Conduct routine mock surveys and tracers

▸ Reinforce documentation accuracy

▸ Empower staff to identify and report gaps

▸ Integrate survey readiness into daily operations

CULTURE OF CONTINUOUS READINESS: INTEGRATING DAILY OPERATIONS AND CHECKLISTS

Integrating into Daily Operations

▸ Daily safety huddles

▸ Department meetings

▸ Committee meetings

Standardizing Procedures

▸ Embed compliance checks into routine workflows for sustained adherence

CULTURE OF SURVEY READINESS: MULTIDISCIPLINARY TEAMS

HEALTHCARE DISCIPLINES IN SURVEY READINESS

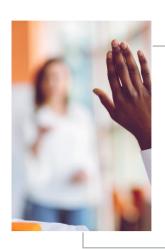|	
Governing Body	Ultimate accountability
Leadership	Sets tone, allocates resources and drives strategy for ongoing survey readiness
Patient Care Team	Delivers care compliant with regulations and standards-what surveyors observe most
Medical Staff	Ensures treatment, documentation, and clinical decision-making meet regulatory expectations
Facilities and Maintenance	Maintains a safe environment—a frequent source of citations
Other	Understand their role in survey readiness

MULTIDISCIPLINARY TEAMS IN ACTION

Facilities and ED staff implement a fire watch during patient boarding

Address temporary life-safety code non-compliance by monitoring and documenting boarded patient area fire safety systems

Add Survey Readiness Plan to annual staff education and new hire orientation

Establish staff expectations during a survey and how to respond

CULTURE OF SURVEY READINESS: SELF-ASSESSMENT AND PERFORMANCE IMPROVEMENT

SELF-ASSESSMENT: IDENTIFY PROBLEM-PRONE OR HIGH RISKS

▸ Recent survey findings, internal audits, or other sources like accrediting bodies most cited findings

▸ Organizational policy must meet regulation intent

▸ Create an assessment tool to perform the audit

PATIENT RIGHTS SCENARIO

Patients receive information in their preferred language- complying with regulations but lacking staff adherence.

Policy requires:

▸ Identifying language preference upon hospital registration

▸ Providing educational materials in the patient's preferred language

▸ Document the interpreter ID if interpreters are needed for consent

SELF-ASSESSMENT: DOCUMENTATION

Policy requires identifying language preference at hospital registration, providing educational materials in the patient's preferred language, and documenting the interpreter ID for consent to procedures.

Date:	Unit:	Assessment Completed By:		
Preferred Language Audit Self-Assessment				
	Preferred Language Identified by Registration	Education Materials Provided in Preferred Language	Procedure Performed on Patient	Documentation of Interpreter ID on consent form
Patient 1	Yes/No	Yes/No	Yes/No	Yes/No
Patient 2	Yes/No	Yes/No	Yes/No	Yes/No
Patient 3	Yes/No	Yes/No	Yes/No	Yes/No
Patient 4	Yes/No	Yes/No	Yes/No	Yes/No
Patient 5	Yes/No	Yes/No	Yes/No	Yes/No
Compliance Rate				

BEST PRACTICES FOR SELF-ASSESSMENTS

Survey Readiness Team

▸ Designate a team of key staff (e.g., quality improvement, department heads, infection control, compliance) who understand their responsibilities and focus areas

Survey Requirements

▸ Know corresponding accreditation standards and regulations

▸ Identify high-risk areas or deficiencies from prior surveys or audits

Comprehensive Checklist

▸ Develop a comprehensive checklist for accreditation standards

▸ Organize by department to ensure all operations are reviewed

▸ Include critical, cross-cutting areas (e.g., infection prevention, quality assurance, and patient rights)

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COMPREHENSIVE CHECKLISTS

▸ Develop a **comprehensive checklist** for accreditation standards

▸ **Organize by department** to ensure all operations are reviewed

▸ Include **critical, cross-cutting area**s (e.g., infection prevention, quality assurance and patient rights)

Environment of Care

☐ All staff is wearing ID badge above their waist
☐ Doors are not propped open
☐ Hallways are clear
☐ Exit doors are not blocked or locked
☐ Fire extinguisher and pull stations are not blocked
☐ Medical gas shut off valves are not blocked
☐ Nothing is stored within 18" of sprinkler heads/ceiling
☐ No supplies stored directly on the floor
☐ Oxygen cylinders secure and in holders
☐ Full and empty oxygen cylinders stored separately
☐ Medical equipment with current PM sticker(s)
☐ Electrical panels locked
☐ Housekeeping carts have chemicals locked when unattended
☐ Alarms on clinical equipment activates and is audible to staff
☐ Sharps containers <3/4 full
☐ Trash bins are not overflowing
☐ No visible dust/debris on counters, floor or equipment
☐ No stains on ceiling tiles
☐ Know how to access Safety Data Sheets (SDS) > SDS stickers on phones in unit
☐ If applicable, know where *eye wash* stations are located, and logs are updated *weekly*

Medications

☐ Medication room is locked, licensed personnel only have access
☐ Check all areas for expired medications
☐ No medication(s) left on top of carts/counters
☐ All medications/syringes labeled
☐ Open multi-dose vials clearly labeled with expiration dates
☐ Narcotic wastes signed appropriately
☐ Needles are secured in a locked area
☐ High-alert medications list available on unit
☐ Annual look alike sound alike medication list available on unit
☐ Vaccines are stored in the middle of the refrigerator away from walls and vents

Emergency Prep

☐ Know evacuation plan for unit
☐ Know location of stairs
☐ Know codes (Red, Pink, Gray, etc.)
☐ Know location of fire alarm and extinguishers

Infection Control

☐ No staff belongings/lotions, etc. in patient care areas
☐ No personal food or drink items in patient care areas
☐ Linen carts covered
☐ Nothing stored under sinks
☐ Hand hygiene supplies available/hand sanitizer dispensers are not empty

BEST PRACTICES FOR SELF-ASSESSMENTS: REVIEW PROCESS

Policies and procedures

▸ Verify hospital policies and procedures are updated and compliant with current regulations, written, accessible to staff and followed in practice

Observe practices

▸ Assess clinical and non-clinical practices (e.g., shadowing, monitoring patient care, reviewing patient records, ensuring key safety compliance)

Assess documentation

▸ Confirm all required documentation (e.g., patient care records, consent forms, safety reports) is complete, accurate and easily accessible

Staff interviews

▸ With staff (all levels) to evaluate understanding of hospital P&Ps and survey preparedness

SUMMARY OF SELF-ASSESSMENTS AND PI

Start with recent findings
- ‣ Use past survey citations or vulnerabilities as your foundation

Pilot on a small scale
- ‣ Begin with one department or process before expanding checklists

Establish a routine
- ‣ Set a clear cadence- weekly, monthly, or aligned with team workflows

Assign ownership
- ‣ Designate responsible staff to complete and follow up on checklist

Support is coming
- ‣ Sample checklists and real-world examples in upcoming webinars

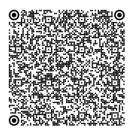*Checklists embed survey readiness in daily operations and prevent repeat deficiencies*

QUESTIONS?

SUGGESTED RESOURCES AND TOOLS

▸ [Achieving Survey-Readiness Through Standardized Infection Prevention Rounding Tools (Abstract)](#)

▸ [N.Y. Comp. Codes R. & Regs. tit. 10 § 405.8](#)

▸ [Most hospital-acquired infections and conditions by U.S. state](#)

▸ [Rural hospital uses Lean Daily Improvement to increase patient feedback](#)

▸ [Facilities metrics help drive compliance](#)

SUGGESTED RESOURCES AND TOOLS

▸ [Managing Through a Pandemic: A Daily Management System for COVID-19 Response and Recovery](#)

▸ [New York Public Interest Research Group Fund](#)

▸ [Cleveland Clinic and Palantir Technologies Partner to Improve Hospital Performance Through Virtual Command Center](#)

▸ [The Impact of Healthcare Associated Infections on Costs and Lengths of Stay 2019-2023](#)

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