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Preparation: How to Mitigate Risk and Prepare for Upcoming Surveys

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HANYS Survey Readiness
Virtual Series 2 of 5

TODAY'S SPEAKERS

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HANYS SURVEY READINESS WEBINAR VIRTUAL SERIES

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

Virtual Session 1 • April 2

Survey Readiness 101: Overview and getting started

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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LEARNING OBJECTIVES

- Understand key elements in developing a survey readiness plan
- Incorporate survey readiness activities into daily operations (i.e., patient and staff rounding) to assess and maintain readiness
- Identify key roles and personnel needed for a successful survey outcome in advance
- Use practical pre-survey assessment tools to identify and correct areas needing improvement before the surveyors arrive
- Integrate resources available from HANYS and other sources into your survey readiness program

POLL 1

Does your facility currently have a formal plan for survey readiness?

A. Yes
B. No
C. Unsure

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POLL 2

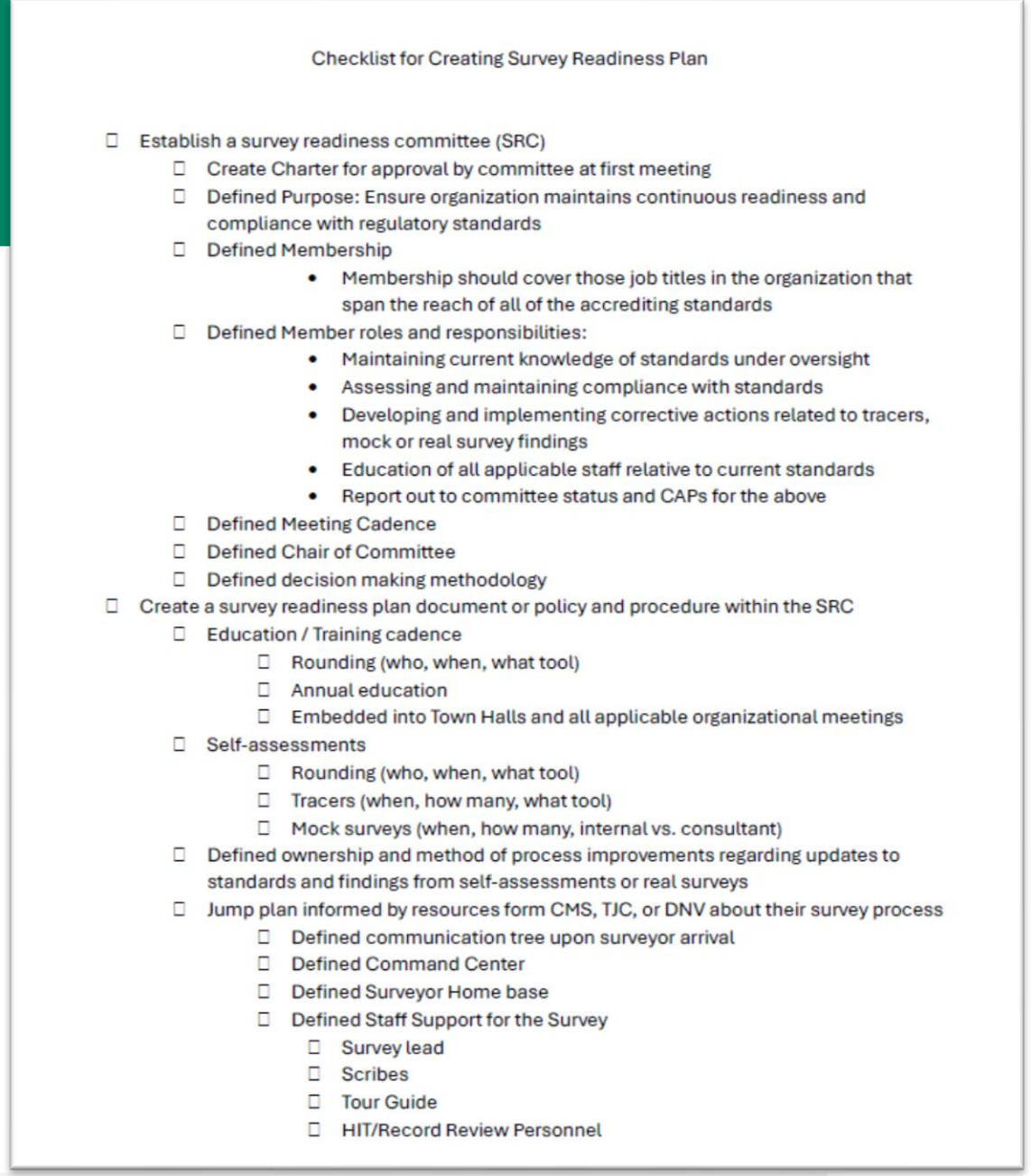
If your facility has a survey readiness plan, how consistently do you follow it?

A. Always
B. Usually
C. Sometimes
D. Rarely/Never
E. Not applicable (no plan)

SURVEY READINESS PLAN
KEY ELEMENTS

SURVEY READINESS PLAN KEY ELEMENTS

- A written document or policy and procedure articulating the pre-survey and day of survey plans
- SNF readiness plans should specify actions for night and weekend surveys
- A comprehensive survey readiness plan requires:
  - Champions with defined ownership of standards/regulations/requirements (S,R, &R)
  - Continuous self-assessment
  - Staff education
  - Process improvement
  - Jump plan for survey logistics



Checklist for Creating Survey Readiness Plan

- ☐ Establish a survey readiness committee (SRC)
  - ☐ Create Charter for approval by committee at first meeting
  - ☐ Defined Purpose: Ensure organization maintains continuous readiness and compliance with regulatory standards
  - ☐ Defined Membership
    - Membership should cover those job titles in the organization that span the reach of all of the accrediting standards
  - ☐ Defined Member roles and responsibilities:
    - Maintaining current knowledge of standards under oversight
    - Assessing and maintaining compliance with standards
    - Developing and implementing corrective actions related to tracers, mock or real survey findings
    - Education of all applicable staff relative to current standards
    - Report out to committee status and CAPs for the above
  - ☐ Defined Meeting Cadence
  - ☐ Defined Chair of Committee
  - ☐ Defined decision making methodology
- ☐ Create a survey readiness plan document or policy and procedure within the SRC
  - ☐ Education / Training cadence
    - ☐ Rounding (who, when, what tool)
    - ☐ Annual education
    - ☐ Embedded into Town Halls and all applicable organizational meetings
  - ☐ Self-assessments
    - ☐ Rounding (who, when, what tool)
    - ☐ Tracers (when, how many, what tool)
    - ☐ Mock surveys (when, how many, internal vs. consultant)
  - ☐ Defined ownership and method of process improvements regarding updates to standards and findings from self-assessments or real surveys
  - ☐ Jump plan informed by resources form CMS, TJC, or DNV about their survey process
    - ☐ Defined communication tree upon surveyor arrival
    - ☐ Defined Command Center
    - ☐ Defined Surveyor Home base
    - ☐ Defined Staff Support for the Survey
      - ☐ Survey lead
      - ☐ Scribes
      - ☐ Tour Guide
      - ☐ HIT/Record Review Personnel

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HOSPITAL/SNF SURVEY READINESS PLANS KEY ELEMENTS

Process improvement components

- Understanding current standards/regulations/requirements
- Implementing frequent mock surveys
- Integrating mitigation and improvement findings into daily operations

Resources

- TJC Survey Activity Guide
- CMS State Operations Manual
- DNV National Integrated Accreditation for Healthcare Organizations

The Joint Commission™

SURVEY ACTIVITY GUIDE: HOSPITAL ORGANIZATION

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2025 Hospital Organization SAG

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INTEGRATING SURVEY READINESS INTO DAILY OPERATIONS

SURVEY READINESS COMMITTEE

- Establish a Survey Readiness Committee or add survey readiness to an existing committee
- Purpose: Ensure ongoing readiness and compliance with regulations
- The committee should be integrated into the Hospital and SNF QAPI program.

Key Takeaway
Quality belongs to everyone in the organization and not just the quality department

SURVEY READINESS COMMITTEE

Member Roles

- Categorical champions or chapter leads for all S,R, & Rs
- Maintain current knowledge of standards under oversight
- Assess and maintain compliance with S,R,&Rs
- Develop and implement corrective actions for tracers, mock or survey findings
- Educate all applicable staff relative to current S,R,& Rs
- Report status and Corrective Action Plans to the committee

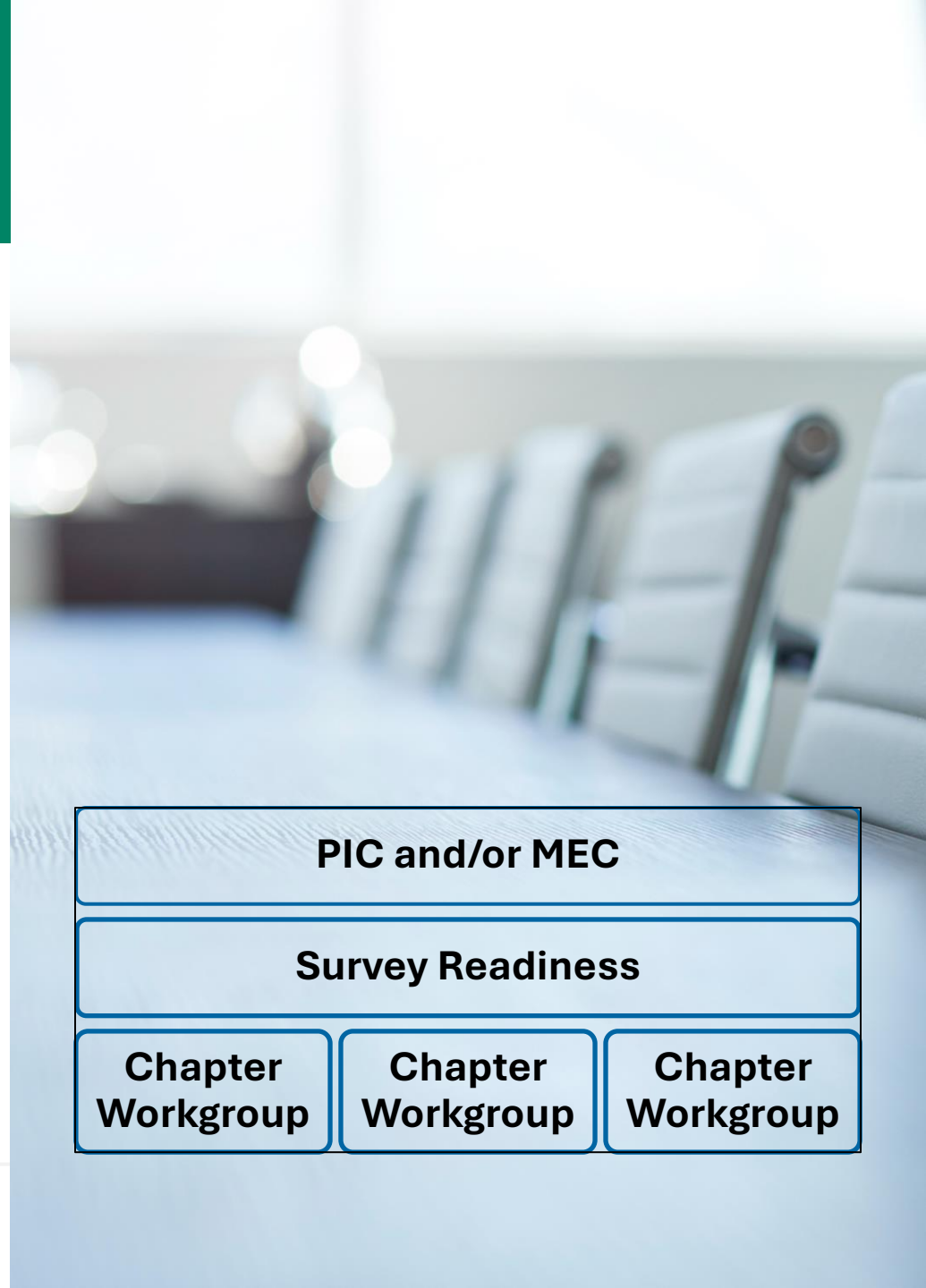
SURVEY READINESS COMMITTEE

PIC Scorecard > TJC Compliance				
▲	Provision of Care, Treatment, and Services	47.0%	100.0%	
▼	Emergency Management	99.0%	100.0%	
▼	Human Resources	98.0%	100.0%	
▼	Leadership	83.0%	100.0%	
▼	National Patient Safety Goals	97.0%	100.0%	
▼	Performance Improvement	90.0%	100.0%	
▼	Waived Testing	99.0%	100.0%	
	Medical Staff	96.0%	100.0%	

SURVEY READINESS COMMITTEE

Survey readiness chair reports to Oversight Committees

- Medical Executive Committee
- Performance Improvement or Quality Committee
- Operational Committees



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SURVEY READINESS TRAINING

- Regular educational sessions to keep staff informed about survey readiness
- Perform mock surveys for preparation
  - Unit-specific or organization-wide
  - Focus on major pain points
  - Get staff used to speaking to surveyors
- Governing Body education

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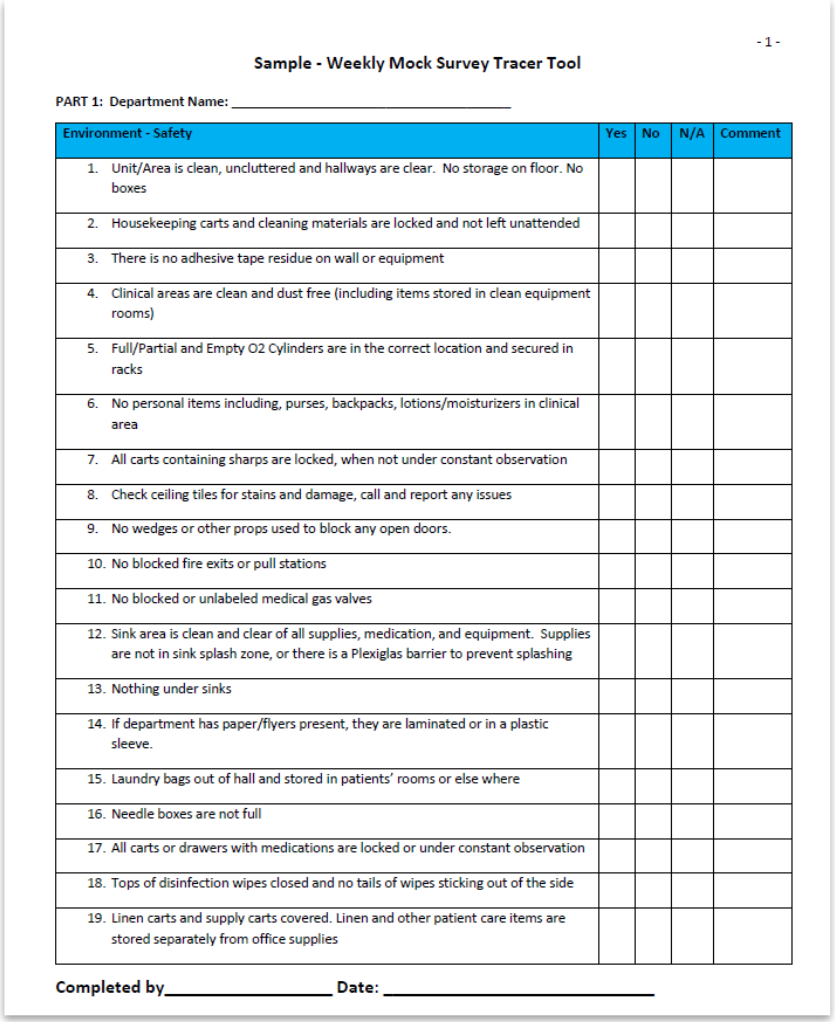
SURVEY READINESS: TRACERS

- Set patient or system tracers cadence
- Patient tracers
  - Trace a patient through their episode of care
  - Assess S,R,&R compliance with every aspect touching the patient
- Policies and procedures
  - Provider and Staff credentialing (HR and Medical Staff)
  - Record of care, nursing, Environment of Care, Med Management, etc.
- Unit-specific tracers or process tracers
- Focused tracers based on prior findings or specific policies and procedures



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Sample - Weekly Mock Survey Tracer Tool

PART 1: Department Name: _____

Environment - Safety	Yes	No	N/A	Comment
1. Unit/Area is clean, uncluttered and hallways are clear. No storage on floor. No boxes				
2. Housekeeping carts and cleaning materials are locked and not left unattended				
3. There is no adhesive tape residue on wall or equipment				
4. Clinical areas are clean and dust free (including items stored in clean equipment rooms)				
5. Full/Partial and Empty O2 Cylinders are in the correct location and secured in racks				
6. No personal items including, purses, backpacks, lotions/moisturizers in clinical area				
7. All carts containing sharps are locked, when not under constant observation				
8. Check ceiling tiles for stains and damage, call and report any issues				
9. No wedges or other props used to block any open doors.				
10. No blocked fire exits or pull stations				
11. No blocked or unlabeled medical gas valves				
12. Sink area is clean and clear of all supplies, medication, and equipment. Supplies are not in sink splash zone, or there is a Plexiglas barrier to prevent splashing				
13. Nothing under sinks				
14. If department has paper/flyers present, they are laminated or in a plastic sleeve.				
15. Laundry bags out of hall and stored in patients' rooms or else where				
16. Needle boxes are not full				
17. All carts or drawers with medications are locked or under constant observation				
18. Tops of disinfection wipes closed and no tails of wipes sticking out of the side				
19. Linen carts and supply carts covered. Linen and other patient care items are stored separately from office supplies				

Completed by_____ **Date:** _____

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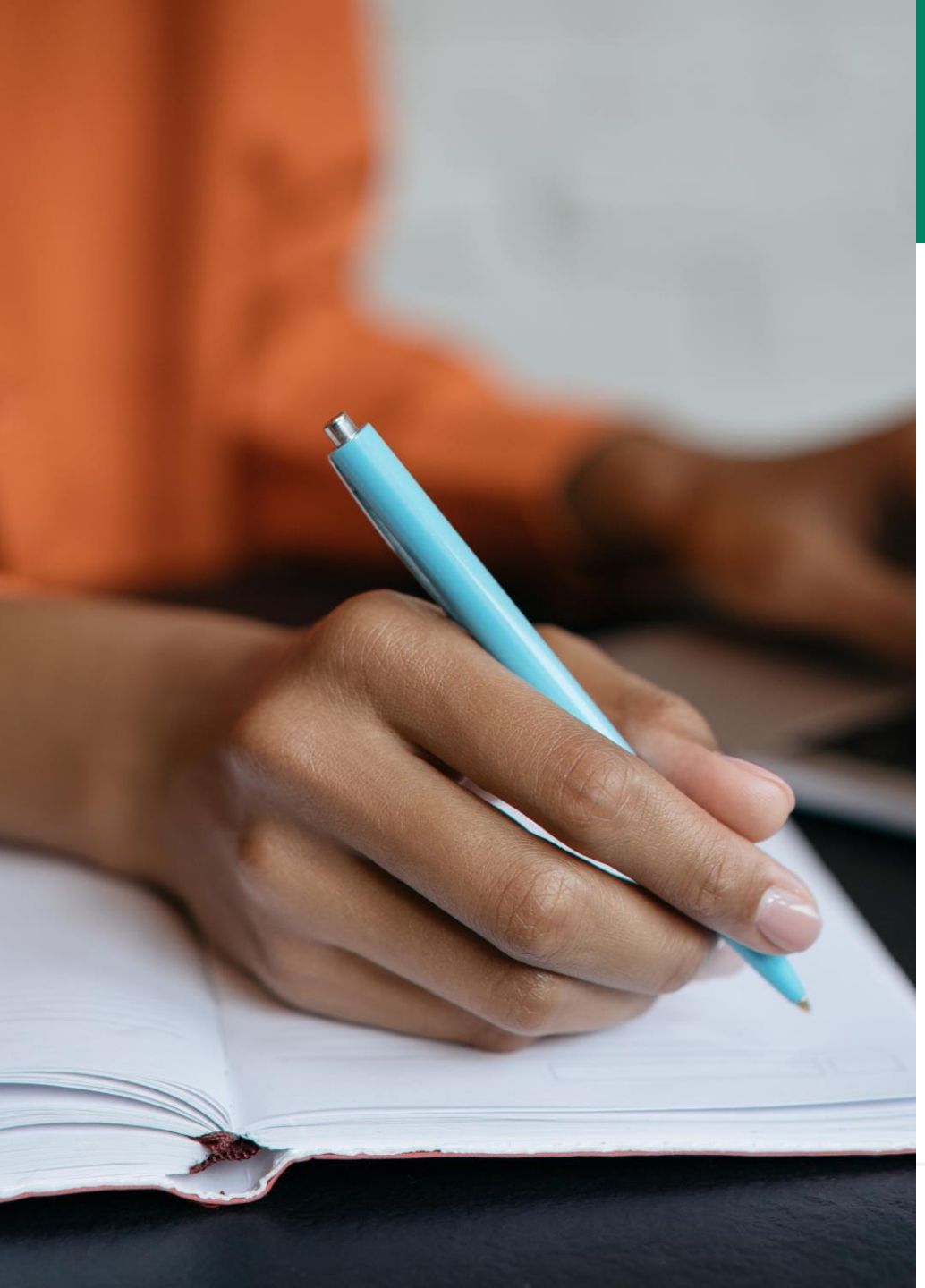


PATIENT RIGHTS TRACER SCENARIO

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

Policy requirements:

- Identifying language preference upon hospital/SNF registration
- Providing educational materials in the patient/residents preferred language
- Document the interpreter ID if interpreters are needed for consent

SELF-ASSESSMENT TRACER: 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				

SURVEY READINESS: ROUNDING

Executive rounds: Leadership engages with staff and patients/residents to assess the hospital/SNF environment to address concerns

Patient/resident experience rounds: Focus on gathering patient/resident feedback to improve care delivery and satisfaction

Environment of care rounds: Assess the safety and suitability of the physical environment

Patient/resident safety rounds: Identify and mitigate potential hazards

Infection control rounds: Monitor adherence to infection prevention protocols, crucial for patient/resident and staff safety

PRE-SURVEY ASSESSMENT TOOLS

SURVEY READINESS: ASSESSMENTS

Create staff checklists

- Daily survey readiness
- Day of survey

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

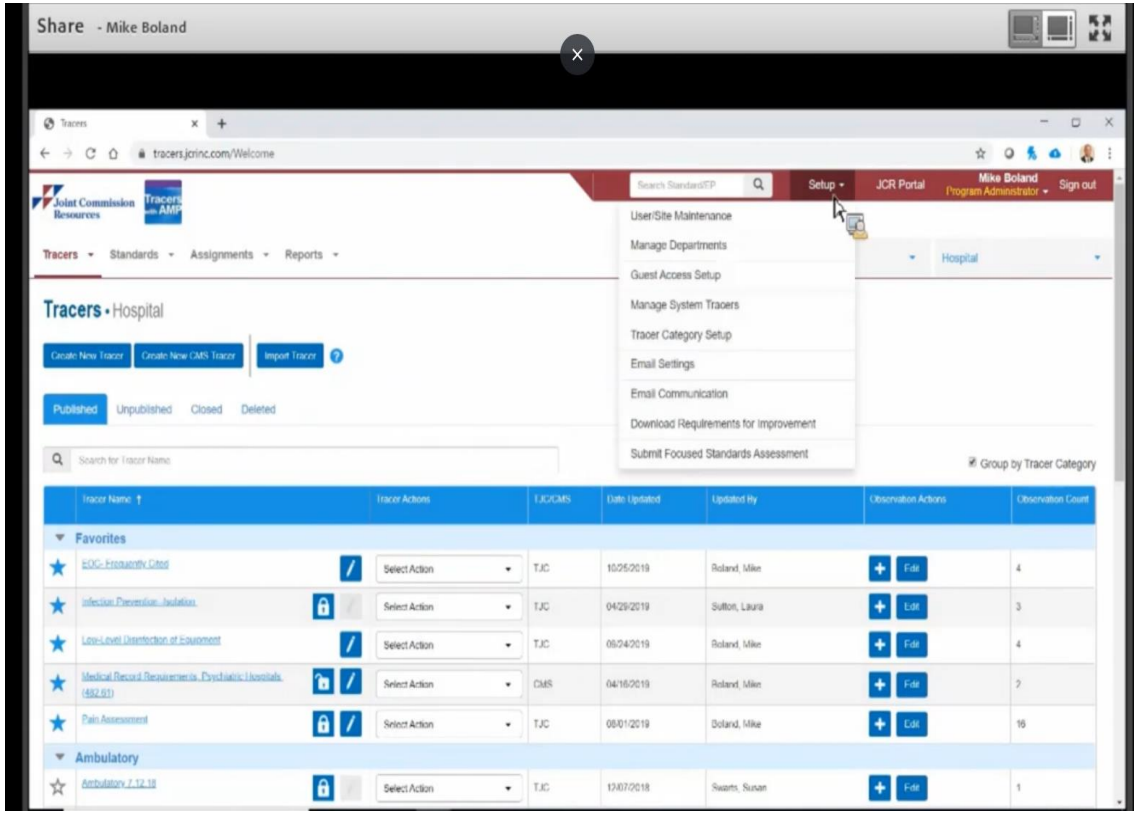
- ☐ No staff belongings/lotions, etc. in patient care areas
- ☐ No personal food or drink items in patient care areas
- ☐ Linen carts covered
- ☐ Nothing stored under sinks
- ☐ Hand hygiene supplies available/hand sanitizer dispensers are not empty

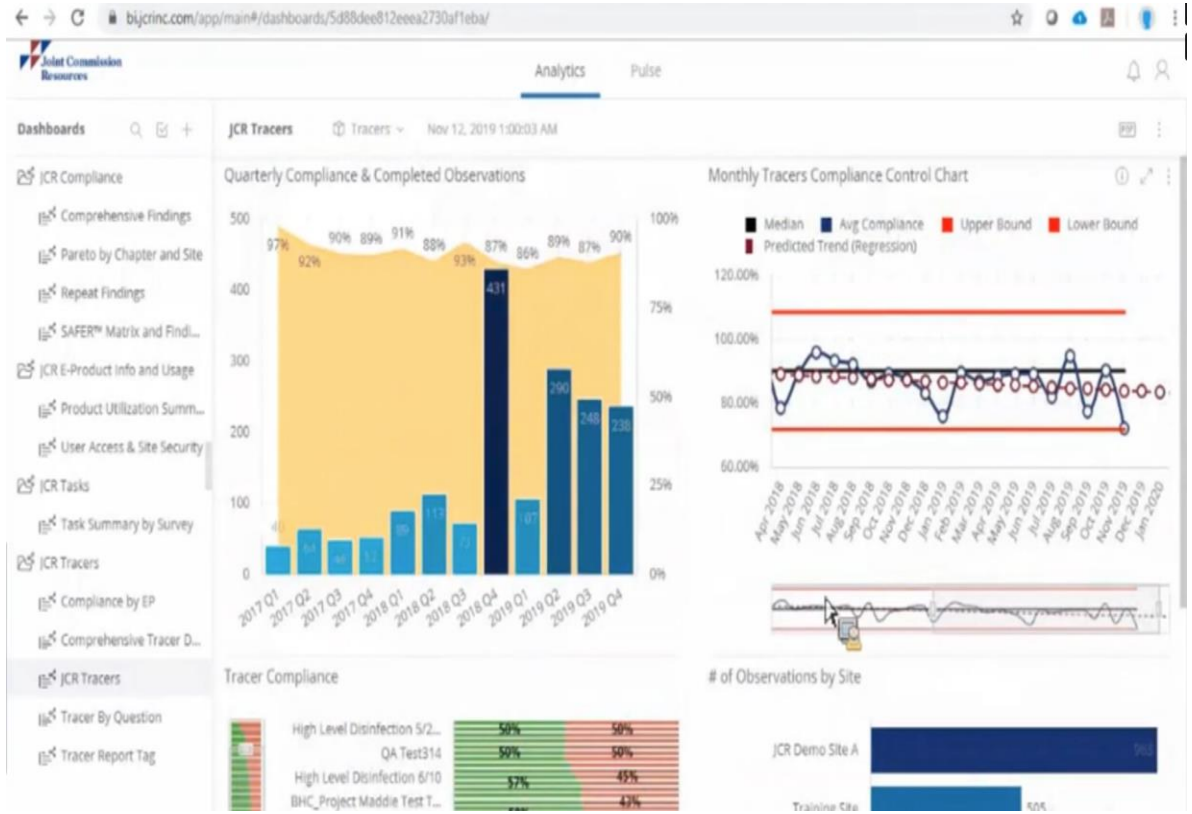
PRE-SURVEY TOOLS

- **Patient, system and environment of care tracers**
  - Use these tools to conduct internal audits, identifying areas of non-compliance and opportunities for improvement.

- **Quality assessment and performance improvement program integration**
  - Incorporate tracer results into QAPI program to measure compliance improvement over time.

TJC TRACER ACCREDITATION MANAGER PLUS (AMP)





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JUMP PLAN ASPECTS AND PREDETERMINED ROLES

POLL 3

How prepared would your facility be if a survey team arrived unannounced today?

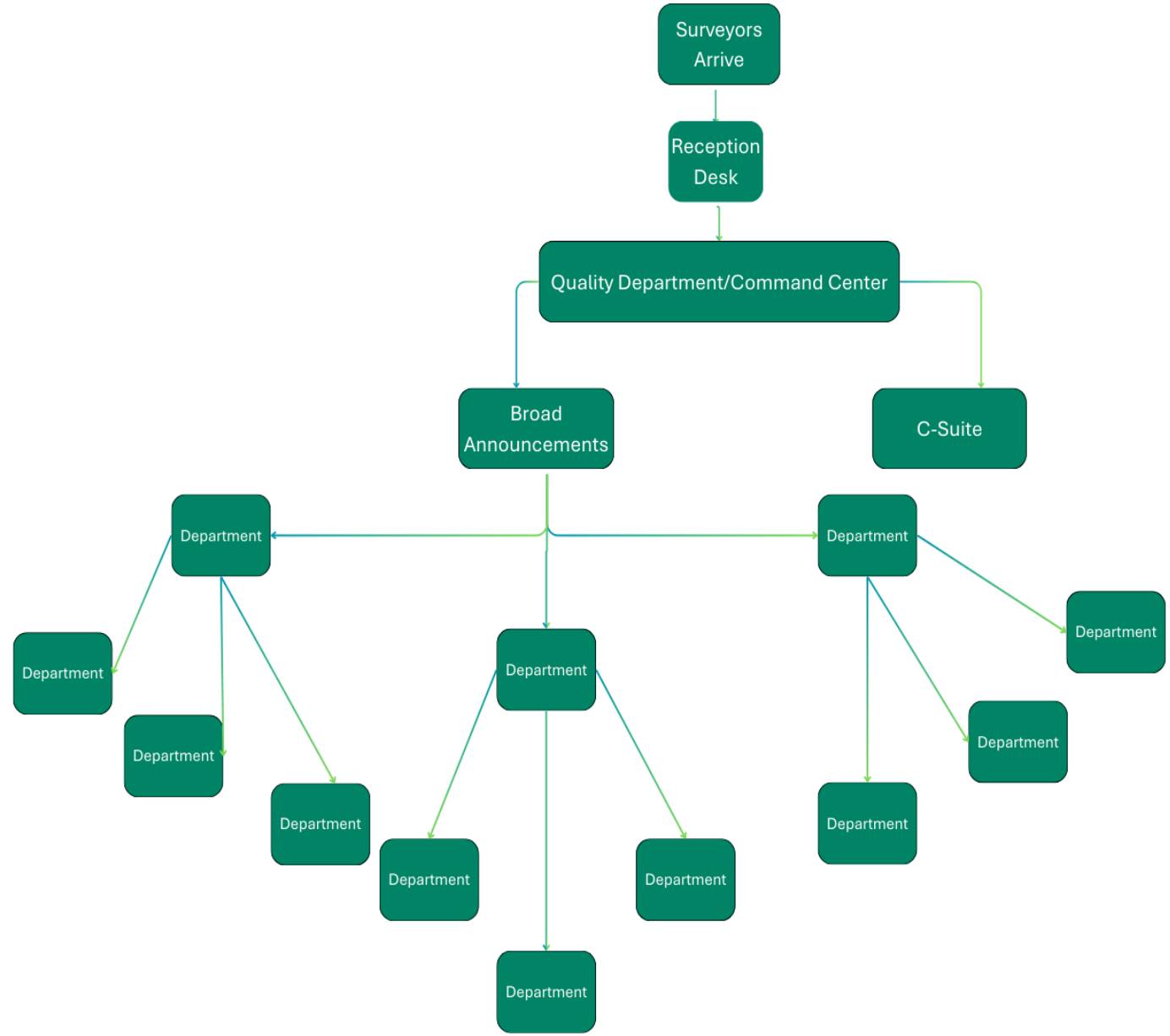
1. Not prepared at all
2. Somewhat prepared, but significant work is needed
3. Moderately prepared, some gaps exist
4. Very prepared, minor issues only
5. Completely prepared and confident

JUMP PLAN: COMPONENTS

Predetermined

- Defined communication tree upon surveyor arrival
- Defined command center
- Defined surveyor home base
- Defined staff support for the survey

JUMP PLAN: COMMUNICATION TREE UPON SURVEYOR ARRIVAL

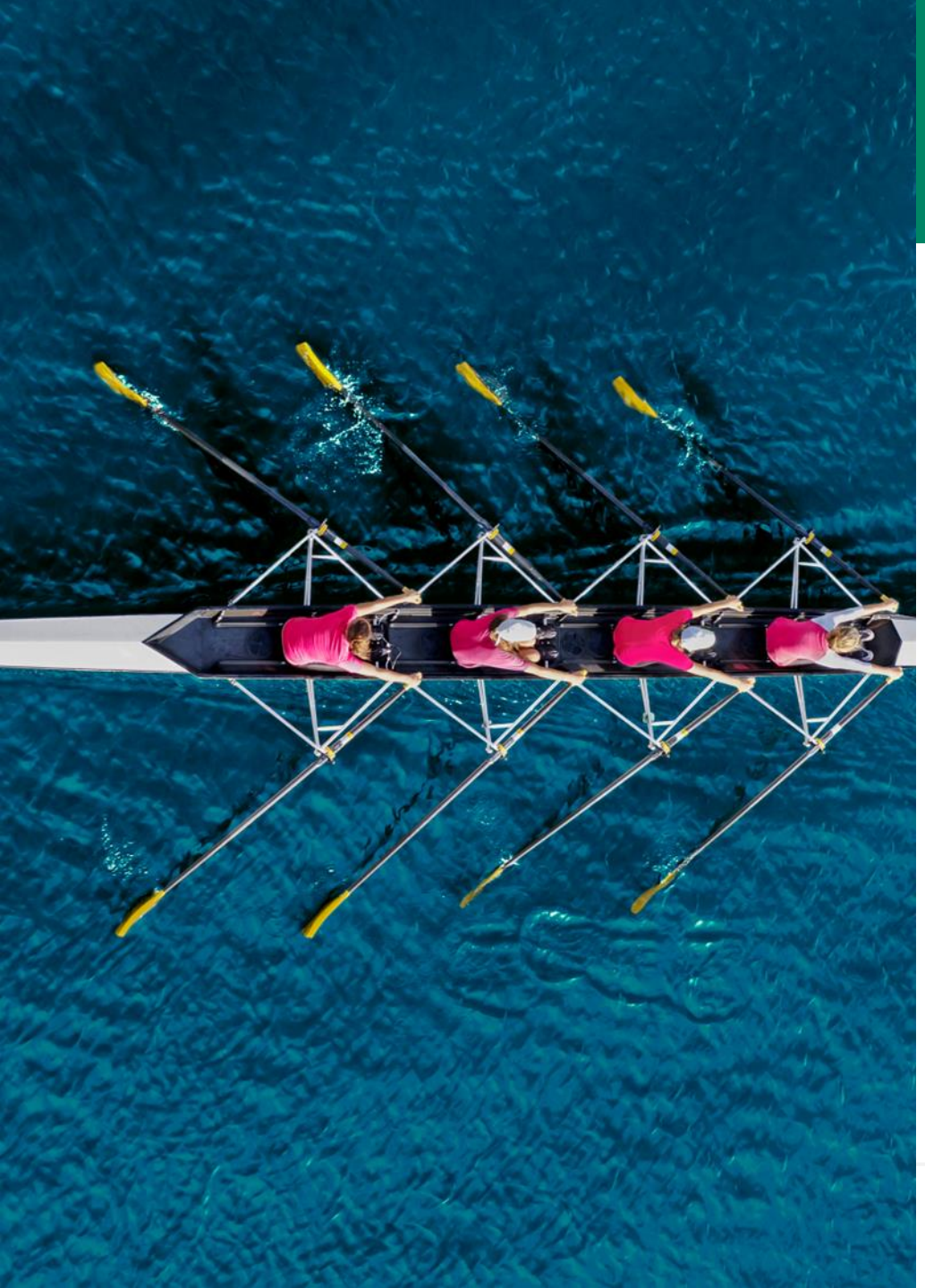


JUMP PLAN: COMMAND CENTER ACTIVATION

1. Location of where the internal logistics and survey are managed
2. Location in which all requested documents are delivered
3. Tracks and maintains copies of all documents given to the surveyor
4. Coordinates all survey sessions (opening, leadership, closing, etc.)
5. Activates and coordinates survey staff support

JUMP PLAN: SURVEYOR HOME BASE

- Predetermined location
- Arrival to the surveyor's home base kicks off the “golden hour”
- Multifunctional space



SURVEY READINESS: JUMP PLAN

Command center predetermined personnel

1. Survey lead
2. Scribes
3. Tour guides
4. HIT support

WORD CLOUD ACTIVITY

Which roles have you performed in previous surveys?

SURVEY READINESS: SURVEY TEAM

Survey lead

- Oversees the preparation and execution of the survey process — the main point of contact with the survey team
- Potentially: director of quality, risk manager or chief quality officer

Scribes

- Document interactions and findings during the survey
- Potentially: Administrative support from nursing, medical staff, operations, quality, etc.

SURVEY READINESS: SURVEY TEAM

Tour guides

- Navigate surveyors through the facility
- Potentially: A staff member who knows the facility well, has access to all applicable units and is personable
- Recommend the chief nursing officer tour with the lead nurse surveyor

Record review personnel

- Manage EMR navigation for patient record review requested by surveyors
- Potentially: HIT champions (could be an informaticist but usually need clinical HIT champion to navigate meaningfully)

HOSPITAL/SNF SURVEY READINESS: SURVEY TEAM

Never will I ever.....

leave a surveyor **alone** in the facility

SURVEY READINESS: GOLDEN HOUR

- CMS, TJC, and DNV surveys: An opening session with hospital leadership will always take place to discuss the survey's purpose
- Session is 30-60 minutes as leadership and the survey team address logistics
- Ensure uninvolved leaders are rounding on units and preparing staff

SURVEY READINESS: GOLDEN HOUR

Check key areas

- Patient/resident refrigerators can only hold patient food; no open items allowed
- Crash carts checked per policy
- Staff documentation of care provided is complete
- No blocked life safety equipment (fire extinguishers, electrical panels, oxygen shut-off valves)
- Sharps containers not overflowing
- Check storage for expired items, especially in hospital kitchen freezers
- Units and staff are ready to receive the survey team

SURVEY READINESS: STAFF AND MEETINGS

Plan to address the following:

- Will meetings continue during the survey or be rescheduled?

  It can be a mix of both, but if meetings continue, some staff may not support the survey.

- Will students and volunteers be kept or dismissed during the survey?

  The organization will decide based on needs, but surveyors may interview students, volunteers, and staff, which could lead to citations.

HANYS RESOURCES

QUESTIONS

VIRTUAL SERIES 3

They’re Here: Establishing a survey response and management protocol

April 16
1-2:30 PM EST

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REFERENCES AND RESOURCES

- TCJ AMP build demo

- Last-Minute Joint Commission Clean Up List

- Snapshot of Survey Day for Hospital Accreditation | The Joint Commission

- Environmental Risks for Suicide Assessment Checklist

REFERENCES AND RESOURCES

- State Operations Manual Appendices
- Hospital/CAH Database Worksheet
- DNV Document List
- NIAHO® Accreditation Requirements, Interpretive Guidelines and Surveyor Guidance

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