

# QI Helps Attain Survey Readiness

*By correcting deficient practices on an ongoing basis, facilities can solve most problems before survey.*

**W**HEN SKILLED NURSING facilities find themselves scrambling to prepare for a periodic state survey, with staff members anxiously wondering if every last detail is in order, perhaps it's time to consider an approach that targets maintaining full "survey readiness" at all times.

The key can be found in the principles of quality improvement (QI), which rely on a proactive, rather than reactive, mind-set. Implementing a system that's based on QI cannot work, however, unless every staff member is focused on the goal of providing a high standard of care and an ever-improving quality of services.

Basic QI principles include identification of areas for improvement through thorough review and data collection, analysis of the information, development of corrective action plans, evaluation of the plans for effectiveness and outcomes, and routine re-evaluation to ensure the systems implemented have been maintained and sustained.

## Knowing The Regulations

Employing QI principles to regulatory compliance must begin with an understanding of the regulations and interpretative guidelines as outlined in the "State Operations Manual" (SOM). These regulations should be reviewed and thoroughly digested by all team members within a facility, since QI

principles dictate that everyone be held to these standards.

Sharing and discussing the required information at a facility's regularly held in-services or daily meetings is a good way to get people on board. Team leaders should review one or two requirements per meeting, explaining the rationale and how the requirements apply to themselves and to specific team members.

In the context of survey performance, QI employs a step-by-step evaluation of all systems and practices in order to identify opportunities for improvement. Poor regulatory performance may stem from inadequate or "broken" systems or a lack of knowledge, skill, or understanding of the requirements.

QI is dependent on how a facility team monitors systems, identifies opportunities for correction, analyzes the information, and develops action plans and interventions to correct the deficient practice or outcome.

Identifying opportunities for improvement begins with data collection, which allows for an objective analysis of potential problems that may become serious issues if not addressed and corrected in a timely manner.

Data may be concurrent or retrospective, depending on the particular system being reviewed. Concurrent data would be a review of care plans for current patients, whereas retrospective data may be a review of closed

charts to determine adherence to a bed-hold policy. Data collection and analysis may also reveal best practices that can be replicated for improvement in other systems.

Each facility should implement QI reviews on a routine basis, not just in preparation for survey.

In order to achieve and sustain compliance, the facility team must develop measurable, agreed-upon goals using a collaborative approach. Encouraging everyone's participation creates a culture of success toward QI, which, in turn, encourages team members to identify and communicate additional corrective areas.

## The Process In Action

Getting started on the road to survey readiness may well be the most time-intensive part of the process when applying QI principles. It generally requires the systematic collection of a significant body of data. However, all the necessary data should be available within the facility, and, once collected, it will not be necessary for staff to scurry around collecting documents at the time of the survey.

It is helpful for providers to obtain a



JENNIFER L. SCULLY, RN, CCM, CLNC, is executive vice president of clinical services for Sava Senior Care, Atlanta. BARBARA BAYLIS, RN, is senior vice president of clinical operations at Kindred Healthcare, Louisville, Ky.

recent quality indicator profile to help analyze the facility for potential areas of concern. Providers should determine trends and patterns and—using the most current patient roster—identify specific individuals who may need additional assessment and follow-up.

Once these tasks have been complet-

ed, the facility should conduct a thorough review of the most recent survey results. This will help determine areas that have been problematic in the past, so that the same mistakes are not repeated.

Facilities should keep weekly updates in a readily accessible file so that pre-

cious time is not wasted during the actual survey. In addition, this information is valuable and can be used by the facility to determine areas for opportunity. For example, how many hospice patients are currently in the facility? Do they all have interdisciplinary care plans in conjunction with the hospice agency? Are they current and appropriate?

### Other Survey Tips

Survey teams routinely conduct several interviews with individual patients, groups of patients, and family members. Facilities should complete these interviews on a routine basis and follow up on any concerns raised.

Corrective actions should then be communicated to the patients, their families, and facility team members.

When an actual survey is in progress, a thoroughly prepared facility will be able to maintain its usual routines. Required information should be current and readily available, allowing staff to remain relaxed.

Team members should proactively respond to surveyors' questions and concerns. They should be able to comfortably answer questions and provide clarification and explanations using accurate and informed objective responses. The facility team knows the patients and facility practices better than anyone, and if the facility has created an environment of continuous QI, the survey process will run smoothly.

The final step in the QI process involves follow-up to the survey findings. This should begin as soon as the surveyors leave the premises, rather than waiting for the official results. Team members should begin with the information provided during the survey. For example, did the survey team identify deficient areas that need correction? Were specific concerns raised regarding individual patients?

If so, this is the time to develop a plan of correction and set it in motion. There is no time to wait when addressing patient care. ■