Unannounced Survey:
Frontline Strategies to Prepare
Your Organization for Surprise Surveys
by Missi Halvorsen, RN, BSN

Meet the Author
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Ms. Halvorsen has been a nurse for over 18 years, with experience in critical care, home care, quality, and performance improvement, and has been actively involved in JCAHO prep since 1998.

Additionally, Baptist Health Center, one of her facilities, earned the JCAHO’s esteemed Ernest A. Codman Award for hospitals in 2003 in recognition for an initiative that reduced the infection rates of post-operative, coronary artery bypass graft surgery patients.

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SECTION ONE

Types of unannounced surveys
Regular JCAHO surveys (unannounced as of January 2006)

Spurred by criticism from the media, the public, and the Centers for Medicare & Medicaid Services (CMS) for its so-called “lenient” survey process, the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) overhauled its entire accreditation process in 2004. This overhaul included changes in the standards, scoring, and methods used to survey (i.e., tracer methodology), new agenda formats for all accredited organizations, and the introduction of unannounced surveys.

The JCAHO offered unannounced triennial surveys as an option for organizations in 2004, and 36 healthcare organizations volunteered to pilot the unannounced survey process. In 2005, the number of volunteers for the unannounced survey more than doubled to 86 healthcare organizations, a small percentage of the total number of accredited healthcare organizations. In spite of the poor organizational response to the option offered, the wheels were already well oiled to move all triennial surveys to unannounced by 2006.

So, how will these unannounced regular surveys work? We know some things about unannounced triennial surveys, and some things the JCAHO has yet to explain.

We know that the survey application must be updated on an annual basis. It provides ongoing demographic and clinical service group information, and the JCAHO uses this information to determine the number and type of surveyors needed to survey your organization. Because the application process traditionally triggered the triennial survey, an annual update will provide no clue to your survey date.
We also know the survey fees will be spread over the three-year cycle. An agreement must be signed between the JCAHO and your organization to begin this process. If you have not already signed this agreement, speak with your account representative for more information.

Because the survey is unannounced, we know that the public information interview opportunity process will change. With announced surveys, healthcare organizations are required to provide 30 days’ notice to the public regarding the survey date. To provide such notice, they must post notices at entrances and exits and in the local newspaper or radio station. Public notice gives the community and advocacy groups an opportunity to discuss quality or patient safety concerns with the JCAHO.

With an unannounced survey process, however, the healthcare organization will be required to demonstrate how it regularly provides information to the public regarding how to notify the JCAHO if they have concerns about patient safety or quality of care issues. Like the patient bill of rights, HIPAA information, and EMTALA information, JCAHO contact information should be posted in registration areas, placed on admitting forms or in patient handbooks, and posted on your organization’s public Web site.

Many healthcare organizations have requested a short notice (e.g., two or three days) of survey date. Healthcare organizations argue that they need time to get leadership in line for survey activities and to ensure they are available for survey. To date, however, such requests have been denied by the JCAHO. Surveyors have already begun scheduling unannounced triennial surveys and, to my knowledge, are not planning to give short notice.

**Essential JCAHO basics**

Of the JCAHO’s recent changes, unannounced surveys may be causing the greatest concern for accredited organizations, their leadership, and their survey coordinators in 2005 and beyond. How do you prepare for the unexpected? You and your staff must understand the JCAHO’s basic survey process, especially tracer methodology and the JCAHO’s scoring methodology.

**Tracer methodology**

**Patient care tracers**

Tracer methodology is the JCAHO’s method of assessing the effectiveness of a patient’s care and system processes throughout his or her stay in a healthcare organization. Patient care tracers are selected from the healthcare organization’s active daily census listing and from surgical or procedural sched-
ules. Doing so allows for an interactive, “real-time” assessment of the care of patients currently in the healthcare organization.

Unlike the old survey, which focused primarily on an extensive review of discharged patient records, this methodology assesses what needs to be improved right now—not what needed to be improved 12 months ago.

Another problem with the old agenda format was that it only included scheduled survey activities, which restricted the surveyor’s ability to assess patient care across the continuum and led to gaps in the surveyor’s assessment. For example, the survey of a critical care unit might have been scheduled for 2 p.m. on the second day of the survey. If problems were discovered on that unit, the surveyor was unable to explore the issues completely because they were scheduled to move onto another unit in order to stay on schedule.

Tracer methodology, however, allows for flexibility and follow-up on identified issues. The new tracer activities are also used to assess the effectiveness of interdisciplinary communication between departments or services. This process is much more interactive and unscripted than it used to be.

Patient system tracers
All healthcare organizations share common high-risk system processes that affect patient care: medication management, infection control, and data use. These are recognized by the JCAHO as patient system tracers.

Although such system tracers are identified as scheduled interview (discussion) sessions on the survey agenda, a system tracer may also result in a patient tracer activity at the end of the interview.

For example, the infection control system tracer begins with a formal interview and review of your infection control program. It then moves into the clinical setting so surveyors can observe staff and engage them in discussions that focus on infection control practices within the organization. During my hospital’s unannounced survey, surveyors asked us to identify a patient tracer for infection control purposes. Because no patients with healthcare-acquired infections were available for assessment, the surveyor asked to trace a patient with a community-acquired infection.

A former JCAHO nurse surveyor predicted that preparing staff—especially leaders—to answer tough questions related to system tracers will be critical to a facility’s success during an unan-
nounced survey. She recommends rehearsing staff on system tracer questions at least quarterly by working system tracers into your mock tracer activities.

**Scoring guidelines**

In addition to understanding the tracer methodology, understanding the JCAHO’s scoring guidelines is critical to training your staff, completing your Periodic Performance Review, and surviving your actual unannounced survey. Each standard has three basic components:

- The *standard* itself, which is a statement of the objective.

- The *rationale*, which explains why this objective is reasonable.

- The *elements of performance*, which is a list of the elements that the organization must demonstrate in order to be deemed in compliance.

Scoring starts with an assessment of how well you comply with the elements of performance and is done on a scale of 0–2:

- 2 = satisfactory compliance

- 1 = partial compliance

- 0 = insufficient compliance

- N/A = element that does not apply to your organization

Each element of performance (EP) within a standard is scored individually according to its scoring criterion category. The JCAHO defines three EP scoring criterion categories: A, B and C.

- **Category A** EPs relate to structural requirements (e.g., policies or organizational plans).

- **Category B** EPs are generally process-oriented or structural by nature, but they may also have a measurable component.
• **Category C** compliance is measurable, and your organization is scored based on the number of times the EP is not met. *Any more than two instances of noncompliance with Category C EPs will result in a score of 0.* Examples of Category C EPs include medical record completion rates and primary source verification for licensed independent practitioner credentialing/recredentialing processes.

Some of the EPs have an “M” icon next to them. This symbol represents “measure of success,” a qualitative measure used to determine whether a corrective action has been effective and sustained over time. Measures of success are developed by the healthcare organization when EPs are determined to be out of compliance, either through an on-site survey or through a Periodic Performance Review.

Final scoring from survey activities is not shared with the accredited organizations. Instead, the JCAHO issues a “pass or fail” for accreditation status. Failure to pass the survey may elicit a provisional, conditional, or denial of accreditation.

As standards change or the CAMH is updated, there are many revisions to the A, B, and C designation of standards. Be sure to stay current on the latest scoring designations.

**Sample three-day hospital survey agenda**

Announced surveys and unannounced surveys have the same agenda format. Flexibility is built in, and at least 60% of survey activities relate to the tracer methodology.

Your survey agenda will distribute tracer activities randomly throughout each day of the schedule. The survey agenda allows for up to 11 patient tracers over the three-day period, and in the case of my hospital’s regular survey, 10 patients were traced. With the exception of the *Life Safety Code®* specialist, each surveyor will conduct tracer activities. A word of caution: three- to four-hour blocks of patient tracer activities do not necessary equal one patient tracer. Rather, lengthy blocked tracer activities may focus on one or on several tracer patients. Also note that because there are no time constraints for tracer activities, they may last anywhere from 45 minutes to several hours, depending on the issues identified.

As you can see from the sample three-day hospital agenda provided on the following pages, system tracer activities and patient tracer activities are placed arbitrarily throughout the survey schedule.
# Sample Three-Day Hospital Survey Agenda

## DAY 1

<table>
<thead>
<tr>
<th>Time</th>
<th>Surveyor one</th>
<th>Surveyor two</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:00 - 8:30 a.m.</td>
<td>Opening conference and orientation to organization</td>
<td></td>
</tr>
<tr>
<td>8:30 - 9:00 a.m.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9:00 - 9:30 a.m.</td>
<td>Surveyor planning session</td>
<td></td>
</tr>
<tr>
<td>9:30 - 10:00 a.m.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10:00 - 10:30 a.m.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10:30 - 11:00 a.m.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11:00 - 11:30 a.m.</td>
<td>Patient tracer activity</td>
<td>Environment of care: Life Safety Code building tour</td>
</tr>
<tr>
<td>11:30 - 12:00 p.m.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12:00 - 12:30 p.m.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12:30 - 1:00 p.m.</td>
<td>Surveyor lunch</td>
<td></td>
</tr>
<tr>
<td>1:00 - 1:30 p.m.</td>
<td>Patient tracer activity</td>
<td>Patient tracer activity</td>
</tr>
<tr>
<td>1:30 - 2:00 p.m.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2:00 - 2:30 p.m.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2:30 - 3:00 p.m.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3:00 - 3:30 p.m.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3:30 - 4:00 p.m.</td>
<td>Special issue resolution</td>
<td></td>
</tr>
<tr>
<td>4:00 - 4:30 p.m.</td>
<td>Surveyor team meeting/planning session</td>
<td></td>
</tr>
</tbody>
</table>

## DAY 2

<table>
<thead>
<tr>
<th>Time</th>
<th>Physician</th>
<th>Nurse</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:00 - 8:30 a.m.</td>
<td>Daily briefing</td>
<td></td>
</tr>
<tr>
<td>8:30 - 9:00 a.m.</td>
<td>Patient tracer activity</td>
<td>System tracer—Data use</td>
</tr>
<tr>
<td>9:00 - 9:30 a.m.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9:30 - 10:00 a.m.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10:00 - 10:30 a.m.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10:30 - 11:00 a.m.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11:00 - 11:30 a.m.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11:30 - 12:00 p.m.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12:00 - 12:30 p.m.</td>
<td>Surveyor lunch</td>
<td></td>
</tr>
<tr>
<td>12:30 - 1:00 p.m.</td>
<td>Surveyor team meeting/planning session</td>
<td></td>
</tr>
<tr>
<td>1:00 - 1:30 p.m.</td>
<td>Patient tracer activity</td>
<td>System tracer—Infection control</td>
</tr>
<tr>
<td>1:30 - 2:00 p.m.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2:00 - 2:30 p.m.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2:30 - 3:00 p.m.</td>
<td>System tracer—Medication management</td>
<td></td>
</tr>
<tr>
<td>3:00 - 3:30 p.m.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3:30 - 4:00 p.m.</td>
<td>Special issue resolution</td>
<td></td>
</tr>
<tr>
<td>4:00 - 4:30 p.m.</td>
<td>Surveyor team meeting/planning session</td>
<td></td>
</tr>
</tbody>
</table>
The sessions on the survey agenda include the following:

- Opening conference (surveyor and administrative meet-and-greet session)

- Environment of care *Life Safety Code* building tour

- Environment of care session (review of environment of care documentation and process improvements)

- Special issue resolution (free time for surveyors to further investigate issues)

- Leadership session (this session has been moved to the last day of survey)

- Competence assessment process (the old human resources interview—fewer employee
files are pulled for review during this interview because most are pulled and reviewed during tracer activities

- Medication management is a high-risk, high-volume process in healthcare organizations and is reviewed both throughout patient-tracer activities and as a system tracer

- Daily briefings (a very brief overview of issues noted from previous day)

- Medical staff credentialing and privileging (review of medical staff credentialing and privileging files)

- CEO exit briefing and organizational exit conference

Special JCAHO unannounced surveys
Random unannounced JCAHO surveys

There are several survey acronyms related to special JCAHO surveys that you should know:

**RUS**—Random unannounced survey.

**SPCUNA**—Special for-cause unannounced. For example, if a hospital is in the media for employing a doctor with a suspended license, the JCAHO will send a surveyor to that hospital within 48 hours of discovery.

**SPCAN**—Special for-cause announced. For example, if an infant abduction at a hospital is in the media, the JCAHO will notify the hospital that they will be there to investigate on a specified day.

**OQM**—Office of quality monitoring. A branch of the JCAHO to which all special surveyors report.
Random unannounced surveys (RUS) are not a new concept for the JCAHO. Actually, the JCAHO has been conducting one-day unannounced surveys on a 5% random sampling of accredited healthcare organizations since 1993. This sampling is taken from ambulatory care, behavioral health, home care, hospital, and long-term accreditation programs. RUSs are conducted within a “window of opportunity,” occurring between months nine and 30 in a three-year accreditation cycle.

During an RUS, the JCAHO will assess specific Priority Focus Process (PFP) information. This information is called “variable components” because the PFP for each organization will be different. As in a full triennial survey, the PFPs are identified by the JCAHO’s PFP database by using presurvey information such as ORYX, your application demographic, clinical service group data, and MedPar data.

Additional components, called “fixed components,” are also assessed. Fixed components vary each year based on a compilation of survey results throughout the year. Standards with a higher patient-safety risk are more likely to be fixed components.

For 2005, the fixed components by accreditation program are as follows:

**Ambulatory**
- Patient safety
- Information management
- Quality improvement expertise/activities

**Behavioral health**
- Assessment and care
- Information management
- Patient safety

**Home care**
- Assessment and care
- Patient safety
- Information management
Section one

Long-term care
- Assessment and care
- Patient safety
- Credentialed practitioners

Hospital
- Assessment and care
- Infection control
- Patient safety

Surveyors begin by assessing your variable components and, if time allows, assessing each fixed component. To prepare, use your individual PFA and fixed PFA components to narrow your focus of standard compliance throughout the year. These components provide a starting place to assess compliance with standards within your organization.

Special for-cause JCAHO surveys
Special for-cause JCAHO surveys may be announced or unannounced and are prompted by patient, physician, or employee complaints; regulatory citations; or negative media attention. The special for-cause survey is the JCAHO’s means of determining whether a reported issue is substantiated.

Classifying quality incidents as low, medium, or high priority
The Office of Quality Monitoring (OQM) uses predetermined criteria to direct and prioritize complaints and other information received regarding healthcare organizations. These criteria include initial screening information and prioritization based on the severity of the complaint. Once the complaint has been reviewed, the OQM will assign a surveyor or team to investigate the complaint.

The JCAHO verifies the following initial screening criteria before determining appropriate action:

- The healthcare organization is currently accredited by the JCAHO
- The complaint is pertinent to JCAHO standards
The JCAHO categorizes incident severity as high, medium, and low priority. A complaint may be reprioritized at any point in an investigation.

**High-priority quality incidents**

High-priority quality incidents are processed quickly (within two business days of discovery) and decisions of appropriate action are made. Such incidents include the following:

- Sentinel events
- Serious occurrences that potentially jeopardize the safety of patients
- Alleged falsification of medical records or other information pertinent to the accreditation process
- Alleged patient abuse or inappropriate use of restraints
- Alleged unethical treatment of patients/families
- Breach of antidumping laws
- Denying care to patients
- Failure to attain surgical consents

As a result of a high-priority incident, the JCAHO may do one or more the following:

- Call for the organization to perform a root-cause analysis to evaluate the organization’s response to a sentinel event
Section one

• Decide to conduct a for-cause unannounced survey

• Schedule an announced for-cause survey

• Request a written response to the complaint from the organization

• Review the issue during a scheduled upcoming survey (triennial, focused, random unannounced)

Medium-priority quality incidents
Because these complaints are less severe, they are classified as medium priority and are generally processed within 10 business days from report of the occurrence. Sometimes, after further investigation, these cases become high priority, in which case high-priority actions are taken.

Medium-priority incidents include the following:

• Complaints reported to CMS (e.g., out-of-compliance citations, removal of deemed status, active complaints)

• Complaints reported to state agencies (e.g., notice of sanctions, deficiencies, complaints, or findings)

• Critical medication errors or “near misses” that do not meet the JCAHO’s definition of reportable Sentinel Events

• Questionable human resources practices

• Questionable staff competencies or credentials

• Infection control issues that increase risk to patients, visitors, or employees

• Delays in treating patients
• Inappropriate use of services (overuse, misuse, or underutilization)

• Missed diagnoses or misdiagnoses

• Suspected violations of the Americans with Disabilities Act

• Multiple low-priority complaints

As a result of a medium-priority incident, the JCAHO may do one or more the following:

• Request a written response to the complaint from the organization

• Request a copy of the plan of correction submitted to CMS or a state agency

• Refer the issue to accreditation program staff for further review

• Review the issue during a scheduled upcoming survey

• Review the organization’s complaint trends

• Review the organization’s most recent survey report

Low-priority quality incidents
Although all complaints are important, the JCAHO understands that in most organizations, there is always someone complaining. To manage this reality, low-priority complaints are acknowledged as received and maintained on file in the Quality Monitoring System; however, they are not actively pursued by the JCAHO.

Note, however, that all priority complaints are monitored for trends. If a trend is identified, the healthcare organization is flagged for further analysis or change in priority status.

Low-priority incidents include the following:
Section one

- Vague complaints that lack specific information but contain enough information to substantiate that they are related to standards compliance

- Complaints of poor service (e.g., unsatisfactory food, cleanliness issues, poor employee conduct, poor communication)

- Denial of patient or family requests for information

- Complaints to CMS or the state that are classified as “no further action”

In order for a complaint to result in a survey, it must meet the criteria for a survey and be approved by the JCAHO Senior Vice President.

Special for-cause JCAHO surveyors are just like other JCAHO surveyors; that is, they range in degree of experience, expertise, and, unfortunately, bias. They arrive unannounced at your organization with “outsider eyes” to investigate the complaint. And although special for-cause surveyors are instructed by the JCAHO to stick to an investigation of the compliant, there are surveyors who will use those “outsider eyes” to assess any standard or compliance issue they happen to stumble across. If they see other standards out of compliance, unless it is grossly negligent, they will simply point them out and tell you to fix it. Special surveyors should not cite hospitals for issues unrelated to the complaint or reason for the survey—but that doesn’t mean they won’t.

In the event you have been one of the lucky ones selected for a special survey (as mine was in 2004), let’s take a look at what might happen at your facility. JCAHO surveyors will arrive at your hospital and proceed directly to administration. The surveyors will have a letter addressed to the head of the organization signed by Russell Massaro, MD, executive vice president (VP) of Accreditation Operations for the Joint Commission, explaining who they are and why they are there. Ask the surveyors to produce this letter to you before proceeding. If they are unable to do so, call security and notify your account representative or the VP of field operations at 630/792-5757. Do not allow surveyors to proceed with the survey until their identification has been verified.

Due to recent rumors of “JCAHO imposters,” also ask surveyors to show their identification badges.
During the opening conference, the surveyor(s) will provide a list of required documents, which will be reviewed intermittently throughout the entire survey. Documents requested will focus around the issue or reason for the special survey. For example, if the issue is **infection control**, the surveyor may request to see the following documents:

- An active daily census
- A list of patients being treated for infections and a list of patients on isolation
- Infection control plan with 12 months of infection control meeting minutes
- Tuberculosis (TB) control plan and data on the number of patients admitted or discovered to have TB.
- Staff data on compliance with TB screening
- Conversion rates versus number of exposures to TB
- Infection control policies

If the issue is **staffing**, the surveyor may request the following:

- Annual staffing effectiveness report to the board
- HR staffing effectiveness data
- Staffing plans
- Average daily census
- Staffing ratios
- Scope of practice
Section one

If the issue is staff competency, the surveyor may request the following:

- General orientation and unit-specific training information
- Randomly selected employee competency files
- Policies and procedures for assessment, intervention, and evaluation of patient care
- New equipment training and inservice
- Compliance with quality control mechanisms (e.g., refrigerator/freezer temp logs, crash cart logs, etc.)
- CRT (cardiopulmonary resuscitation team) outcomes and analysis
- Medication error rate data and analysis

Fortunately, our surveyor was very accommodating and allowed plenty of time for us to retrieve documents while she conducted tracer activities. By the end of the day, the surveyor had traced a total of four patients and one system tracer.

Agenda 1.2 is an example of a one-day agenda for a special for-cause unannounced survey.
Unannounced surveys: frontline strategies to prepare your organization for surprise surveys

Types of unannounced surveys

You already should be familiar with unannounced state/federal regulatory surveys. A few of the more common ones are occurrence investigations, state surveys of employee/patient complaints, Medicare licensure surveys, and Medicare validation surveys.

Occurrence investigations/Code 15s
In Florida, we are governed by the Florida Statutes (chapter 395 and 59A-3) and CMS Conditions of Participation (section 482). Obviously, state regulations vary from state to state, but the processes are generally similar. Occurrence investigations are called “Code 15s,” derived from the requirement to report the occurrence to the state agency no more than 15 days from discovery or time of occurrence.
Any of the following adverse occurrences, whether they occur in the licensed facility or arise from healthcare prior to admission in the licensed facility, must be reported by the facility to the agency:

- Unanticipated death of a patient
- Brain or spinal damage to a patient
- Wrong patient, wrong site, wrong (or medically unnecessary) procedure/surgeries
- Damage, requiring surgical repair, to a patient resulting from a planned surgical procedure
- Performance of procedures to remove unplanned foreign objects remaining from a surgical procedure

A risk manager must analyze and determine whether an incident meets Code 15 criteria. Sometimes an incident does not meet the criteria, which include that the organization must be proximal to the occurrence and in control of the cause.

Code 15 surveyors will arrive without warning, although you can usually make an educated guess about when they are coming—they usually arrive the week after you submit a Code 15 to the state. Be forewarned, however, that they may arrive up to two months later.

These surveyors proceed directly to administration upon arrival and, like JCAHO surveyors, are required to present credentials for identification. They must also tell the administration who they are and why they are there (i.e., regarding a Code 15 investigation or complaint). For example, “We are responding to a Code 15. It’s this patient’s care we are investigating.” Surveyors normally present in pairs consisting of nurses, physicians, or technicians.

Code 15 surveys generally last one or two days, for up to eight hours each day. This type of survey has an agenda—in the form of a list of required documentation—but does not have a formal schedule. However, if state surveyors did have a schedule for their “Code 15 agenda,” it might look something like the one shown in Agenda 1.3.
State survey of employee/patient complaints

Employee and patient complaints are another type of unannounced state survey/investigation. These differ from Code 15s in that there is usually no forewarning, and state surveyors are required to protect the anonymity of the person who filed the complaint. After a complaint is filed, surveyors usually appear at your organization the following week, but they can arrive any time within two months.

As in a Code 15, surveyors present themselves to the administration upon arrival. They explain that they are investigating a complaint (employee, patient, or otherwise). If it is a patient complaint, more often than not, the patient will have been admitted through the emergency room. The surveyor will request to see the ER discharge logs for a particular month in which the patient was seen (they can go
back as far as two years, but normally it is within the current month). Then, from the discharge log, the
surveyors select the patient’s name and four other random names seen in the same time frame.
Without disclosing the patient’s name, the surveyor will request to see those five charts for review.

This type of survey is a potential Pandora’s Box. In addition to any issues in the complainant’s
chart, surveyors may discover deficiencies or concerns in the other four charts. And, even though the
investigation must be derived from the original complaint, surveyors can follow up on issues in the
other charts that connect to the initial complaint. Fortunately, however, not all complaints are investi-
gated. Generally, only 20%–30% of complaints received by the state actually warrant investigation.

Surveyors usually understand that it can take up to two hours to retrieve a chart, especially if it
is stored off-site. Therefore, use this time wisely. Locate the charts quickly and give risk manage-
ment an opportunity to review the charts before the surveyor does. You can’t change anything in the
record, but knowing what is in the chart will help you prepare your organization for potential problems
surveyors might address. Your review also narrows the field of focus.

While waiting for the chart, surveyors may request to interview staff. In more involved and detailed
complaint issues at our organization, we’ve had as many as 10 employees interviewed during the
survey. These interviews can be particularly anxiety-producing for staff, so make sure they are well
prepared for the type of questioning they will experience and that they understand the purpose of
the interview.

Patient or employee complaint surveys typically last a day or two and require an entire eight hours of
investigation each day. Surveyor types can consist of nurses, technicians, and physicians, but usually
nurses perform this function.

Once the survey is over, the surveyor will generate reports and send them back to the organization.
If the surveyor validates findings from either a Code 15 or complaint survey, the organization will be
required to follow up with a corrective action plan. It also may be subject to further review.

As in the Code 15 survey, the complaint investigation does not have a schedule, but there is an agenda.
Agenda 1.4 is an example of what such a schedule might look like.
### Medicare validation survey

The Medicare validation survey is CMS’ way of validating the JCAHO’s survey process. According to section 1865 of the Social Security Act, hospitals accredited by the JCAHO must meet all of the Medicare Conditions of Participation, and this act authorizes your state agency to perform validation surveys. Each year, 5% of accredited organizations within each state are randomly selected for a post-JCAHO Medicare validation survey. Note that although the “randomness” of the survey lends itself toward an unannounced type of survey, the state will issue a 30-day notice of its intent to survey.

If you’ve just been surveyed by JCAHO, you’re probably thinking, “Well, we were ready for the JCAHO survey, certainly we are ready for a Medicare validation survey.” Think again. This survey is extremely tough—state surveyors tend to be adversarial by nature and have a regulatory interpretation of accreditation standards. They perform their own regulatory survey with an intensified review of your JCAHO accreditation survey results.

### Sample Patient/Employee Complaint Unannounced Survey Agenda

<table>
<thead>
<tr>
<th>Day 1</th>
<th>Time</th>
<th>Surveyor</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Conference with administration, risk management and hospital representative content expert—surveyor presents credentials and reason for visit (complaint)</td>
</tr>
<tr>
<td></td>
<td>8:30 – 9:00 a.m.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>9:00 – 9:45 a.m.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>9:45 – 10:00 a.m.</td>
<td>Request for ER discharge log with specific month identified—selection of five nurses</td>
</tr>
<tr>
<td></td>
<td>10:00 – 10:30 a.m.</td>
<td>Request for five charts</td>
</tr>
<tr>
<td></td>
<td>10:30 – 11:00 a.m.</td>
<td>Document review of applicable policies and forms/logs</td>
</tr>
<tr>
<td></td>
<td>11:00 – 11:30 a.m.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>11:30 – 12:00 p.m.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>12:00 – 12:30 p.m.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>12:30 – 1:00 p.m.</td>
<td>Surveyor lunch</td>
</tr>
<tr>
<td></td>
<td>1:00 – 1:30 p.m.</td>
<td>Chart review of five patient charts</td>
</tr>
<tr>
<td></td>
<td>1:30 – 2:00 p.m.</td>
<td>Risk manager and hospital content expert present to help interpret and navigate chart</td>
</tr>
<tr>
<td></td>
<td>2:00 – 2:15 p.m.</td>
<td>Interview with patients, staff, and leadership, either on the unit or in a conference room</td>
</tr>
<tr>
<td></td>
<td>2:15 – 2:30 p.m.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2:30 – 3:00 p.m.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>3:00 – 3:30 p.m.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>3:30 – 4:00 p.m.</td>
<td>Surveyor report preparation</td>
</tr>
<tr>
<td></td>
<td>4:00 – 4:30 p.m.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>4:30 – 5:00 p.m.</td>
<td>Exit conference with findings (validated or not validated)</td>
</tr>
</tbody>
</table>
If your organization is involved in a JCAHO “special” survey, you are at high risk for a CMS Medicare validation survey. Surveyors know at the time of JCAHO survey which hospitals will undergo a CMS Medicare validation survey, but they are not allowed to share this information with the organization.

So how does this type of survey differ from the JCAHO survey? Here are a few tips:

- State surveyors do not provide a scheduled agenda in advance of the survey. As with other state surveys, validation surveys have an “agenda” but no schedule for survey activities. Therefore, prepare a schedule and agenda in advance of your survey and offer it to surveyors when they arrive on-site. Doing so places control of the survey in your capable hands, allowing you to coordinate and schedule interviews and unit tours.

- The regulations are a bit outdated—the LSC requirements were updated from 1985 codes to 2000.

- The validation survey focuses heavily on environmental issues, temperature, quality and flow pressure of water, quality control checks, cleanliness, storage issues, entrances and exits free from blockage, and the location of fire extinguishers and pull stations.

- Surveyors assess medication accessibility issues. According to CMS, medications are to be locked or observed by licensed professional staff 24/7. Needles and syringes also must be secure from public accessibility.

- Performance improvement is not as big a focus in these surveys as in the JCAHO surveys, but surveyors will request a PI interview session.

- Validation surveys typically lack an opening conference and leadership interview session.

- These surveyors are very black and white with their viewpoints on standard/regulatory interpretation.

- This survey assesses compliance with hospital policy v. actual practice (i.e., whether we do what we say we do).
• Validation surveys require a review of documentation, so add a two- to three-hour document review session to your schedule of survey activities.

• Usually, more surveyors arrive for a validation survey than for a JCAHO survey. A typical five-day, five-surveyor JCAHO survey would prompt a five-day, eight-surveyor survey from the state.

• The types of surveyors include nurses, physicians, laboratory specialists, dieticians, social workers, and Life Safety Code specialists.

• Noncompliance with the statutes and state regulations are called deficiencies and require a submitted report with corrective action plans.

• Grievance and complaint processes and logs are scrutinized to the letter.

• Hospitals will be assessed for patient confidentiality issues.

• Fire safety and kitchen hood chemical extinguisher systems will be assessed.

• Watch for propped doors.

• Surveyors will look at preventive maintenance for equipment, storage of equipment, and tagging of equipment no longer in use.

• Assessment and tour of every inpatient and every outpatient area is required.

• Surveyors may request to interview the following people: Administrator, leadership, organ procurement referral officer, corporate compliance officer, medical staff director, and director of performance improvement.

As mentioned above, prepare and offer the state surveyors a schedule/agenda. Agendas 1.5 and 1.6 are examples of a Medicare validation survey agendas—one for small hospitals and one for larger.
<table>
<thead>
<tr>
<th>Time</th>
<th>All Surveyors</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:15 – 9:00 a.m.</td>
<td>Opening conference</td>
</tr>
<tr>
<td>9:15 – 10:15 a.m.</td>
<td>Performance measurement and improvement overview/team presentation</td>
</tr>
<tr>
<td>10:15 a.m. – 12:15 p.m.</td>
<td>Document review session (closed record review)</td>
</tr>
<tr>
<td>12:15 – 12:45 p.m.</td>
<td>Lunch</td>
</tr>
<tr>
<td>1:00 – 2:00 p.m.</td>
<td>Leadership and chief executive officers/strategic planning and resource allocation interview</td>
</tr>
<tr>
<td>2:00 – 2:45 p.m.</td>
<td>Emergency services—adult&lt;br&gt;2:45 – 3:30 p.m. Emergency services—pediatrics</td>
</tr>
<tr>
<td>3:00 – 4:00 p.m.</td>
<td>Information management/medical record interview (closed record review)</td>
</tr>
<tr>
<td>4:30 – 5:00 p.m.</td>
<td>Survey team meeting</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Time</th>
<th>Physician Surveyor</th>
<th>Nurse Surveyor</th>
<th>Nurse Surveyor</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:45 – 9:30 a.m.</td>
<td>Imaging services—adult&lt;br&gt;9:30–10:15 a.m. Imaging services—pediatrics</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10:15 – 11:45 a.m.</td>
<td>Medical staff credentials interview&lt;br&gt;10:15 – 11:45 a.m. Patient care setting visit</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11:45 a.m. – 12:30 p.m.</td>
<td>Medical staff leadership interview&lt;br&gt;11:45 a.m. – 12:30 p.m. Infection control interview</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12:30 – 1:00 p.m.</td>
<td>Lunch</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1:00 – 2:15 p.m.</td>
<td>Additional time with medical staff (if needed)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2:15 – 3:00 p.m.</td>
<td>Pathology and clinical laboratory services visit</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3:00 – 4:30 p.m.</td>
<td>Patient care setting visit&lt;br&gt;visitorspeating location—adult (ORFACU)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3:00 – 4:00 p.m.</td>
<td>Nursing leadership interview</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4:30 – 5:00 p.m.</td>
<td>Survey team meeting</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Sample Small Hospital Medicare Validation Survey Agenda: Four Days/Three Surveyors (Cont.)

#### Day 3

**All Surveyors**

<table>
<thead>
<tr>
<th>Time</th>
<th>Physician Surveyor</th>
<th>Nurse Surveyor</th>
<th>Nurse Surveyor</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:15 – 8:30 a.m.</td>
<td>Daily briefing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8:30 – 10:00 a.m.</td>
<td>Patient care setting visit (All other areas: general locations—Cath lab, GI lab, etc.)</td>
<td>8:30 – 10:00 a.m. Patient care setting visit (Oncology)</td>
<td>8:30 – 10:00 a.m. Patient care setting visit</td>
</tr>
<tr>
<td>10:00 – 11:30 a.m.</td>
<td>OB/ICU—obstetrics</td>
<td>10:00 – 11:30 a.m.</td>
<td>10:00 – 11:30 a.m. Patient care setting visit</td>
</tr>
</tbody>
</table>

- 11:30 a.m. – 12:30 p.m. Patient interview
- 12:30 – 1:00 p.m. Lunch
- 1:00 – 2:00 p.m. Team meeting to integrate survey findings
- 2:00 – 3:00 p.m. Leadership exit conference

#### Day 4

**Three Surveyors**

<table>
<thead>
<tr>
<th>Time</th>
<th>Nurse/Administrator Surveyor</th>
<th>Physician Surveyor</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:15 – 8:30 a.m.</td>
<td>Daily briefing</td>
<td></td>
</tr>
<tr>
<td>8:30 – 10:00 a.m.</td>
<td>Ambulatory care setting visit—Imaging/radiation oncology</td>
<td>8:30 – 10:00 a.m. Ambulatory care setting visit</td>
</tr>
<tr>
<td>10:00 – 11:30 a.m.</td>
<td>Ambulatory care setting visit—BRCI</td>
<td>10:00 – 11:30 a.m. Ambulatory care setting visit—BOL/JOI</td>
</tr>
</tbody>
</table>

- 11:30 – 12:30 p.m. Lunch
- 12:30 – 1:30 p.m. Behavioral health site visit—adult and pediatric inpatient
- 1:30 – 2:00 p.m. Behavioral health site visit—adult and pediatric partial hospitalization
- 2:30 – 3:30 p.m. Team meeting to integrate findings
## Day 1

<table>
<thead>
<tr>
<th>Time</th>
<th>Agenda Item</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:00-8:15 a.m.</td>
<td>Opening conference—includes all concurrent scheduled surveys</td>
</tr>
<tr>
<td>8:15-10:00 a.m.</td>
<td>Document review session</td>
</tr>
<tr>
<td>10:00-11:00 a.m.</td>
<td>Performance measurement and improvement intervention team presentation/IRW data (please select one team to present)</td>
</tr>
<tr>
<td>11:30-12:30 p.m.</td>
<td>Leadership and chief executive office/strategic planning and resource allocation interview</td>
</tr>
<tr>
<td>12:30-1:00 p.m.</td>
<td>Lunch</td>
</tr>
</tbody>
</table>

### Agenda Items

<table>
<thead>
<tr>
<th>Physician</th>
<th>Nurse</th>
<th>Life Safety Code Specialist</th>
<th>Laboratory Specialist</th>
<th>Ambulatory/Nurse</th>
</tr>
</thead>
<tbody>
<tr>
<td>1:00-2:00 p.m.</td>
<td>Emergency services</td>
<td>1:00-2:15 p.m.</td>
<td>ICU, PCU (Progressive care unit)</td>
<td>1:00-2:30 p.m.</td>
</tr>
<tr>
<td>2:30-3:30 p.m.</td>
<td>Imaging services</td>
<td>2:15-3:30 p.m.</td>
<td>CVICU (Cardiovascular surgical unit)</td>
<td>2:30-3:30 p.m.</td>
</tr>
<tr>
<td>4:00-6:00 p.m.</td>
<td>Radiation oncology and heart center nuclear</td>
<td>5:00-6:00 p.m.</td>
<td>PCU (Progressive care unit)</td>
<td>3:40-4:30 p.m.</td>
</tr>
</tbody>
</table>

### Building Tour

- 1:00-4:30 p.m. Building tour (includes admitting and pharmacy departments)
- 2:30-3:30 p.m. Special interview/issue resolution or patient care visit

### All Surveyors

- 1:00-2:00 p.m. Survey team meeting—includes all concurrent scheduled surveyors, if available

---

## Day 2

<table>
<thead>
<tr>
<th>Time</th>
<th>Agenda Item</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:00-8:30 a.m.</td>
<td>Daily briefing—includes all concurrent scheduled surveys</td>
</tr>
<tr>
<td>8:30-10:00 a.m.</td>
<td>Outpatient lab</td>
</tr>
<tr>
<td>10:00-11:00 a.m.</td>
<td>Outpatient lab</td>
</tr>
<tr>
<td>11:00-12:15 p.m.</td>
<td>Outpatient lab</td>
</tr>
<tr>
<td>12:15-12:45 p.m.</td>
<td>Outpatient lab</td>
</tr>
<tr>
<td>12:45-1:30 p.m.</td>
<td>Outpatient lab</td>
</tr>
<tr>
<td>1:30-2:30 p.m.</td>
<td>Outpatient lab</td>
</tr>
<tr>
<td>2:30-3:30 p.m.</td>
<td>Outpatient lab</td>
</tr>
<tr>
<td>3:30-5:00 p.m.</td>
<td>Outpatient lab</td>
</tr>
</tbody>
</table>

### Agenda Items

<table>
<thead>
<tr>
<th>Physician</th>
<th>Nurse</th>
<th>Life Safety Code Specialist</th>
<th>Laboratory Specialist</th>
<th>Ambulatory/Nurse</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:00-9:00 a.m.</td>
<td>Medical/Surgical ICU</td>
<td>8:00-9:00 a.m.</td>
<td>Medical/Surgical ICU</td>
<td>8:00-10:00 a.m.</td>
</tr>
<tr>
<td>9:00-10:00 a.m.</td>
<td>Medical/Surgical ICU</td>
<td>9:00-10:00 a.m.</td>
<td>Medical/Surgical ICU</td>
<td>9:00-10:00 a.m.</td>
</tr>
<tr>
<td>10:00-11:00 a.m.</td>
<td>Medical/Surgical ICU</td>
<td>10:00-11:00 a.m.</td>
<td>Medical/Surgical ICU</td>
<td>10:00-11:00 a.m.</td>
</tr>
<tr>
<td>11:00-12:15 p.m.</td>
<td>Medical/Surgical ICU</td>
<td>11:00-12:15 p.m.</td>
<td>Medical/Surgical ICU</td>
<td>11:00-12:15 p.m.</td>
</tr>
<tr>
<td>12:15-12:45 p.m.</td>
<td>Medical/Surgical ICU</td>
<td>12:15-12:45 p.m.</td>
<td>Medical/Surgical ICU</td>
<td>12:15-12:45 p.m.</td>
</tr>
<tr>
<td>12:45-1:30 p.m.</td>
<td>Medical/Surgical ICU</td>
<td>12:45-1:30 p.m.</td>
<td>Medical/Surgical ICU</td>
<td>12:45-1:30 p.m.</td>
</tr>
<tr>
<td>1:30-2:30 p.m.</td>
<td>Medical/Surgical ICU</td>
<td>1:30-2:30 p.m.</td>
<td>Medical/Surgical ICU</td>
<td>1:30-2:30 p.m.</td>
</tr>
<tr>
<td>2:30-3:30 p.m.</td>
<td>Medical/Surgical ICU</td>
<td>2:30-3:30 p.m.</td>
<td>Medical/Surgical ICU</td>
<td>2:30-3:30 p.m.</td>
</tr>
</tbody>
</table>

### Building Tour

- 8:30-9:30 a.m. Building tour (includes admitting and pharmacy departments)
- 11:00-12:00 a.m. Building tour (includes admitting and pharmacy departments)
- 12:00-1:00 p.m. Building tour (includes admitting and pharmacy departments)

### All Surveyors

- 4:00-5:00 p.m. Survey team meeting—includes all concurrent scheduled surveyors, if available
### Sample Large Hospital Medicare Validation Survey Agenda: Four Days/Five Surveyors (Cont.)

#### Day 1

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:15 a.m.</td>
<td>Opening conference—includes all concurrent scheduled surveyors</td>
</tr>
<tr>
<td>10:30 a.m.</td>
<td>Document review session</td>
</tr>
<tr>
<td>11:30 a.m.</td>
<td>Performance measurement and improvement interview/team presentation/ORIX data (please select one team to present)</td>
</tr>
<tr>
<td>12:30 p.m.</td>
<td>Leadership and chief executive officer/strategic planning and resource allocation interview</td>
</tr>
<tr>
<td>1:00 p.m.</td>
<td>Lunch</td>
</tr>
</tbody>
</table>

#### Agenda

<table>
<thead>
<tr>
<th>Physician</th>
<th>Nurse</th>
<th>Life Safety Code Specialist</th>
<th>Laboratory Specialist</th>
<th>Ambulatory/nurse</th>
</tr>
</thead>
<tbody>
<tr>
<td>2:30 p.m.</td>
<td>1:00 – 2:15 p.m.</td>
<td>1:00 – 2:35 p.m.</td>
<td>1:00 – 2:20 p.m.</td>
<td></td>
</tr>
<tr>
<td>Sampling services</td>
<td>CCU</td>
<td>Pulmonary function lab</td>
<td>Pediatric rehab services</td>
<td></td>
</tr>
<tr>
<td>4:00 p.m.</td>
<td>2:15 – 3:30 p.m.</td>
<td>2:35 – 3:40 p.m.</td>
<td>2:20 – 3:35 p.m.</td>
<td></td>
</tr>
<tr>
<td>Upcoming services</td>
<td>CVICU (Cardiovascular surgical unit)</td>
<td>Sleep disorder lab</td>
<td>Outpatient behavioral health</td>
<td></td>
</tr>
<tr>
<td>4:30 p.m.</td>
<td>3:30 – 4:30 p.m.</td>
<td>3:40 – 4:30 p.m.</td>
<td>3:35 – 4:30 p.m.</td>
<td></td>
</tr>
<tr>
<td>Radiology and center/nuc med</td>
<td>PCU (Progressive cardiac unit)</td>
<td>Special interview/issue resolution or patient care visit</td>
<td>Adult hemodialysis and pediatric renal</td>
<td></td>
</tr>
</tbody>
</table>

#### Surveyors

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>5:00 p.m.</td>
<td>Survey team meeting—including all concurrent scheduled surveyors, if available</td>
</tr>
</tbody>
</table>

#### Day 2

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:30 - 10:00 a.m.</td>
<td>Behavioral health partial hospitalization, adult and pediatrics</td>
</tr>
<tr>
<td>10:00 - 11:55 a.m.</td>
<td>Pediatric oncology/BMTU</td>
</tr>
<tr>
<td>11:55 - 12:15 a.m.</td>
<td>Special interview/issue resolution or patient care visit</td>
</tr>
<tr>
<td>12:15 - 12:45 p.m.</td>
<td>Team meeting to integrate findings</td>
</tr>
<tr>
<td>12:45 - 1:15 p.m.</td>
<td>Lunch</td>
</tr>
<tr>
<td>1:15 - 2:00 p.m.</td>
<td>Leadership exit conference</td>
</tr>
</tbody>
</table>

#### Day 3

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:30 - 10:00 a.m.</td>
<td>Special interview/issue resolution or patient care visit</td>
</tr>
<tr>
<td>10:00 - 10:35 a.m.</td>
<td>Adult oncology unit</td>
</tr>
<tr>
<td>10:35 - 11:45 a.m.</td>
<td>Oncology critical care team call</td>
</tr>
</tbody>
</table>

#### Day 4

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>10:45 - 11:45 a.m.</td>
<td>Special interview/issue resolution or patient care visit</td>
</tr>
</tbody>
</table>
Section one

To aid you in preparing your leadership and staff, use questions in Appendix A to drill down appropriate responses.

During the open chart review, the surveyors will pull at random approximately two charts every unit, looking at the following information:

- Chief complaint
- H&P
- Record number
- Admit date
- Demographics
- Illness/diagnosis
- Patient history
- Family history
- Physical exam
- Lab values
- X-rays
- Consults
- Medical treatment
- MD progress notes
- Nursing progress notes
- D/C summary
- Advance directives
- Autopsy report

Medicare licensure survey

Technically, a Medicare licensure survey is not an unannounced survey: You are given a short two-week notification prior to the state agency arrival for survey. But this type of survey does not happen every day, so instead of struggling with the anxieties of the unannounced, you struggle with the anxieties of the unexpected. In case you are confronted with a Medicare licensure survey, I would like to share our experiences to help you prepare.
We recently built a brand-new hospital at Baptist Health, and a new hospital has not been constructed since 1984 in this area of Florida. Thus, “licensure surveys” are uncommon for us, and we know little about what to expect. Thus, both surveyors and survey coordinators are placed in an uncomfortable situation—surveyors do not perform these types of surveys very often either.

When constructing a hospital, the hospital must first pass what is called a state “plans and construction” survey, which is exactly as it sounds. The surveyors are engineers, and they inspect the final construction phase of the hospital. The hospital must be safe to occupy and must pass all Life Safety Code requirements.

After the plans and construction survey is completed, the hospital may then apply for the Medicare licensure survey. To prepare for this survey, understand and have copies of all CMS Conditions of Participation and state regulatory requirements for hospitals. They are available for download at CMS and state agency Web sites. Use these documents to guide you as you check your hospital compliance with the requirements.

Compile the following list of items for a Medicare licensure survey:

- Hospital organizational chart

- List of department heads

- Job description for CEO/Administrator and proof of approval by the board (found in board minutes or a letter of approval)

- List of contract services

- Institutional plan and budget

- Personnel/credential files to be chosen (they select from your list)

- Complete facility tour
Section one

- Governing body
  - Qualifications
  - Responsibilities
  - Frequency of meetings
  - Written responsibility, authority, and accountability of the CEO for operation and maintenance of the hospital

- Medical staff
  - Bylaws/rules/regulations
  - Current roster of physicians
  - Qualifications for credentialing both physicians and ARNP/PA
  - Peer review policies

- Surgical department
  - Medical director
  - Number of OR suites and PACU beds
  - Policies and procedures
  - Job descriptions for all staff members
  - List of surgeons and privileges

- Anesthesia department
  - Medical director
  - Policies and procedures

- Nursing Services
  - Job descriptions for all levels of nursing staff
  - Roster of all nursing staff with license number
  - System for ensuring that licenses are kept current
  - Policies and procedure manual
  - Personnel files (to be chosen by surveyor randomly)
• Obstetrics
  – Policies and procedures
  – Job description
  – System for logging patients from the emergency room
  – Midwife credentialing/privileges

• Special care units—cardiac catheterization, intensive care units
  – Policies and procedures
  – Job descriptions
  – Special qualifications, if needed

• Pharmacy
  – Formulary
  – Policies and procedures manual
  – Hours pharmacy open/on call pharmacist
  – System for medication delivery
  – Medication Administration Records
  – Director of pharmacy
  – Inspection reports, if available

• Food service
  – List of menus
  – Dietary manual
  – Any current food service/sanitation reports
  – Policies and procedures
  – Inservice training quarterly
  – System for identifying patients who need dietary counseling

• Emergency department
  – Job descriptions for all staff
  – Policies and procedures
  – Medical director
Section one

- Systems for logs, Baker Act patients, transfers, OB patients, getting ambulance-run reports and where they will be kept, monthly chart review
- EMTALA training
- Physician on call policy
- Lab and x-ray services
- Emergency equipment availability

• Infection control
  - Policies and procedures
  - Log of patients with infections
  - Placing patients into or out of isolation
  - Notifying ambulance attendants of possible exposure

• Maintenance
  - Records showing recent biomedical checks on equipment
  - Fire inspection report
  - System for fire drills
  - Current fire/evacuation/disaster plans
  - Policies and procedures
  - Emergency management plan

• Laboratory
  - Policies and procedures
  - Job descriptions
  - Sending out of specimens (disposition)

• Radiology
  - Policies and procedures
  - Medical director
  - Job descriptions
  - Roster of technicians and licenses
  - Inspection reports
  - Hours of operation for all radiology departments
• Respiratory therapy
  – Policies and procedures
  – Maintenance/cleaning of equipment responsibilities
  – Roster of personnel and licenses
  – Blood gas testing
  – Medical director

• Organ and tissue procurement
  – Policies and procedures
  – Training of personnel requesting permission from family, if not done by organ procurement organization (OPO)

• Medical records
  – Policies and procedures
  – Job descriptions

• Risk management
  – Policies and procedures
  – Job description
  – Staff training
  – System for reporting incidents/medical errors
  – Patient safety committee members
  – System for informing patients of adverse incidents including where documentation is kept
  – Evidence of current licensure of risk manager
  – Written appointment by governing body

• Safety committee
  – Members
  – Policies and procedures

• Quality assurance plan (performance improvement plan)
  – System for ensuring facilitywide participation
  – Members to participate
Section one

- System for selecting areas to be monitored

• Discharge planning
  - Policies and procedures
  - Job description

• Patient relations/rights
  - Job descriptions
  - Policies and procedures
  - Grievance policy
  - HIPAA (Health Insurance Portability and Accountability Act of 1996) policies

• Housekeeping
  - Policies and procedures
  - Staffing
  - Areas of responsibilities
  - Job descriptions
  - Pick up of trash/soiled linens
  - Bio hazard waste storage and disposal

As in the Medicare validation survey mentioned earlier, Medicare licensure surveyors appear on your doorstep with an agenda of items to see and places they wish to assess. However, they lack a coordinated “schedule” to follow. Thus, to gain some control over the survey process, prepare and present a suggested agenda (schedule) to the surveyors. In most cases, they will graciously accept, if you present it in a positive “win-win” manner. The conversation might sound like this:

“We are aware that you have specific items to review and areas within the hospital you need to assess. To aid in your review, we have prepared an agenda that covers all of these areas and ensures the availability of leadership and staff for interview. We are willing to conduct the survey in any manner you choose, but we hope you will consider the agenda we have prepared for you.”

Note: We originally were told by our state agency that we would have a team of five surveyors for two days. However, the day before our survey, our state agency representative called to tell us we were
only going to have two surveyors for two days. This news gave me the impression that state agencies are having as much difficulty scheduling surveyors as the JCAHO does. In case this happens to you, I have included both a large survey agenda and a small survey agenda for your use.

An additional word of caution: The surveyors arrived about 30–45 minutes earlier than expected on day 1 of the survey. In anticipation of this happening again on day 2, we moved the agenda back 30 minutes on the second day.

**Figure 1.2**

**Medicare licensure survey areas for assessment**

During our two-day, two-surveyor Medicare licensure survey, the surveyors devised the following areas for assessment:

**Areas to be assessed**

**Surveyor 1**
- Nursing services (all patient care units)
- Obstetrics
- Special care units (cardiac cath, ICU)
- Pharmacy
- Emergency department
- Infection control
- Safety
- Discharge planning
- Human resources—employee files

**Surveyor 2**
- Governing body
- Medical staff
- Surgery—including outpatient surgery
- Anesthesia
- Food services
- Maintenance
- Laboratory
- Radiology
- Respiratory
- Organ procurement
- Risk management
- Housekeeping
- Biomedical department
- Rehabilitative services

**Both surveyors assessed:**
- Quality assurance/performance improvement
- Patient relations/rights and ethics
- Medical records
### Sample Agenda for a Large, Five-Surveyor, Two-Day Medicare Licensure Survey

<table>
<thead>
<tr>
<th>Time</th>
<th>Nurse</th>
<th>Dietician</th>
<th>Social worker</th>
<th>Pharmacist</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:30 – 9:30 a.m.</td>
<td>Opening conference—includes all concurrent scheduled surveyors</td>
<td>Document review session</td>
<td>Leadership interview/strategic planning interview</td>
<td>Leadership interview/strategic planning interview</td>
</tr>
<tr>
<td>9:30 – 11:00 a.m.</td>
<td>12:15 – 12:45 p.m. Patient safety and medication management interview</td>
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<td>12:15 – 12:45 p.m. Patient safety and medication management interview</td>
</tr>
<tr>
<td>11:00 – 11:45 a.m.</td>
<td>Leadership interview/strategic planning interview</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11:45 – 12:15 p.m.</td>
<td>Nurse, Dietician, Social worker, Pharmacist</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12:15 – 12:45 p.m.</td>
<td>Nurse, Dietician, Social worker, Pharmacist</td>
<td>Patient safety and medication management interview</td>
<td></td>
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</tr>
<tr>
<td>12:45 – 1:30 p.m.</td>
<td>Nurse, Dietician, Social worker, Pharmacist, Nurse, Dietician, Social worker, Pharmacist</td>
<td>Nurse, Dietician, Social worker, Pharmacist, Nurse, Dietician, Social worker, Pharmacist</td>
<td>Nurse, Dietician, Social worker, Pharmacist, Nurse, Dietician, Social worker, Pharmacist</td>
<td>Nurse, Dietician, Social worker, Pharmacist, Nurse, Dietician, Social worker, Pharmacist</td>
</tr>
<tr>
<td>1:30 – 2:30 p.m.</td>
<td>Nurse, Dietician, Social worker, Pharmacist, Nurse, Dietician, Social worker, Pharmacist</td>
<td>Nurse, Dietician, Social worker, Pharmacist, Nurse, Dietician, Social worker, Pharmacist</td>
<td>Nurse, Dietician, Social worker, Pharmacist, Nurse, Dietician, Social worker, Pharmacist</td>
<td>Nurse, Dietician, Social worker, Pharmacist, Nurse, Dietician, Social worker, Pharmacist</td>
</tr>
<tr>
<td>2:00 – 3:30 p.m.</td>
<td>Nurse, Dietician, Social worker, Pharmacist, Nurse, Dietician, Social worker, Pharmacist</td>
<td>Nurse, Dietician, Social worker, Pharmacist, Nurse, Dietician, Social worker, Pharmacist</td>
<td>Nurse, Dietician, Social worker, Pharmacist, Nurse, Dietician, Social worker, Pharmacist</td>
<td>Nurse, Dietician, Social worker, Pharmacist, Nurse, Dietician, Social worker, Pharmacist</td>
</tr>
<tr>
<td>3:00 – 4:30 p.m.</td>
<td>Nurse, Dietician, Social worker, Pharmacist, Nurse, Dietician, Social worker, Pharmacist</td>
<td>Nurse, Dietician, Social worker, Pharmacist, Nurse, Dietician, Social worker, Pharmacist</td>
<td>Nurse, Dietician, Social worker, Pharmacist, Nurse, Dietician, Social worker, Pharmacist</td>
<td>Nurse, Dietician, Social worker, Pharmacist, Nurse, Dietician, Social worker, Pharmacist</td>
</tr>
<tr>
<td>4:00 – 5:00 p.m.</td>
<td>Nurse, Dietician, Social worker, Pharmacist, Nurse, Dietician, Social worker, Pharmacist</td>
<td>Nurse, Dietician, Social worker, Pharmacist, Nurse, Dietician, Social worker, Pharmacist</td>
<td>Nurse, Dietician, Social worker, Pharmacist, Nurse, Dietician, Social worker, Pharmacist</td>
<td>Nurse, Dietician, Social worker, Pharmacist, Nurse, Dietician, Social worker, Pharmacist</td>
</tr>
</tbody>
</table>

Note: Surveyor ambassador debriefing 5:00 – 5:30 p.m.
## Sample Agenda for a Large, Five-Surveyor, Two-Day Medicare Licensure Survey (cont.)

<table>
<thead>
<tr>
<th>Time</th>
<th>Nurse</th>
<th>Dietician</th>
<th>Social worker</th>
<th>Pharmacist</th>
</tr>
</thead>
<tbody>
<tr>
<td>a.m.</td>
<td>Document review session</td>
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<td></td>
</tr>
<tr>
<td>9 a.m.</td>
<td>Leadership interview/strategic planning interview</td>
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<tr>
<td>11 a.m.</td>
<td>Lunch</td>
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</tr>
<tr>
<td>12:15 – 12:45 p.m.</td>
<td>Patient safety and medication management interview</td>
<td>Patient safety and medication management interview</td>
<td>Patient safety and medication management interview</td>
<td>Patient safety and medication management interview</td>
</tr>
<tr>
<td>12:45 – 2:00 p.m.</td>
<td>Rehabilitation services—outpatient</td>
<td>Building tour includes pharmacy, laboratory, cardiopulmonary</td>
<td>Building tour includes pharmacy, laboratory, cardiopulmonary</td>
<td>Building tour includes pharmacy, laboratory, cardiopulmonary</td>
</tr>
<tr>
<td>2:00 – 3:30 p.m.</td>
<td>Human resources and competency assessment interview</td>
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</tr>
<tr>
<td>3:30 – 4:30 p.m.</td>
<td>Information management medical records process interview</td>
<td>Information management medical records process interview</td>
<td>Information management medical records process interview</td>
<td>Information management medical records process interview</td>
</tr>
<tr>
<td>4:30 – 5:00 p.m.</td>
<td>Survey team meeting—including all concurrent scheduled surveyors, if available</td>
<td>Survey team meeting—including all concurrent scheduled surveyors</td>
<td>Survey team meeting—including all concurrent scheduled surveyors</td>
<td>Survey team meeting—including all concurrent scheduled surveyors</td>
</tr>
</tbody>
</table>

Note to organization: Surveyor ambassador debriefing 5:00 – 5:30 p.m.
# Sample Agenda for a Small, Two-Surveyor, Two-Day Medicare Licensure Survey

## Day 1

<table>
<thead>
<tr>
<th>Time</th>
<th>Survey 1</th>
<th>Survey 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:30 – 9:30 a.m.</td>
<td>Opening conference—includes all concurrent scheduled surveyors</td>
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</tr>
<tr>
<td>9:30 – 11:00 a.m.</td>
<td>Document review session</td>
<td></td>
</tr>
<tr>
<td>11:00 – 11:45 a.m.</td>
<td>Leadership interview</td>
<td></td>
</tr>
<tr>
<td>12:15 – 1:00 p.m.</td>
<td>Medical staff credentials interview</td>
<td></td>
</tr>
<tr>
<td>1:00 – 1:45 p.m.</td>
<td>Patient safety and medication management interview</td>
<td></td>
</tr>
<tr>
<td>1:45 – 2:45 p.m.</td>
<td>Imaging services</td>
<td>1:45 – 2:15 p.m. Emergency services</td>
</tr>
<tr>
<td>2:45 – 3:00 p.m.</td>
<td>Rehabilitation services</td>
<td>2:15 – 3:00 p.m. OR/PACU/ICU and endoscopy suites</td>
</tr>
<tr>
<td>3:00 – 4:00 p.m.</td>
<td>Information management/medical records process interview</td>
<td></td>
</tr>
<tr>
<td>4:00 – 5:00 p.m.</td>
<td>Survey team meeting—includes all concurrent scheduled surveyors</td>
<td></td>
</tr>
<tr>
<td>5:00 – 5:30 p.m.</td>
<td>Note to organization: Survey ambassador debriefing</td>
<td></td>
</tr>
</tbody>
</table>

## Day 2

<table>
<thead>
<tr>
<th>Time</th>
<th>Survey 1</th>
<th>Survey 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:00 – 8:30 a.m.</td>
<td>Daily briefing</td>
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</tr>
<tr>
<td>8:30 – 9:00 a.m.</td>
<td>Quality assurance/performance improvement</td>
<td></td>
</tr>
<tr>
<td>9:00 – 9:30 a.m.</td>
<td>Dietary</td>
<td>9:00 – 9:30 a.m. Human resources—personnel files and competencies</td>
</tr>
<tr>
<td>9:30 – 10:00 a.m.</td>
<td>Laboratory</td>
<td>9:30 – 10:00 a.m. Discharge planning</td>
</tr>
<tr>
<td>10:00 – 11:00 a.m.</td>
<td>Cardiopulmonary</td>
<td>10:00 – 11:00 a.m. Infection control</td>
</tr>
<tr>
<td>11:00 – 12:00 p.m.</td>
<td>Lunch</td>
<td></td>
</tr>
<tr>
<td>12:00 – 12:30 p.m.</td>
<td>Maintenance</td>
<td>12:00 – 12:30 p.m. Medical surgical unit</td>
</tr>
<tr>
<td>12:30 – 1:00 p.m.</td>
<td>Housekeeping</td>
<td>12:30 – 1:00 p.m. Maternal newborn, L&amp;D, and LDRP</td>
</tr>
<tr>
<td>1:00 – 2:00 p.m.</td>
<td>Plant and clinical engineering</td>
<td>1:00 – 2:00 p.m. Intensive care unit</td>
</tr>
<tr>
<td>2:00 – 3:00 p.m.</td>
<td>Surveyor team meeting to integrate findings—all concurrent surveyors</td>
<td></td>
</tr>
<tr>
<td>3:00 – 4:00 p.m.</td>
<td>Leadership exit conference</td>
<td></td>
</tr>
</tbody>
</table>
Medicare licensure surveyors ask questions similar to those asked in other types of surveys. Appendix A includes questions specifically posed during our Medicare licensure survey.

After the survey is completed and the surveyors provide your results, use the survey action item grid in Figure 1.3 to organize corrective action plans:

![Survey action item grid](image-url)
**Frequently cited Medicare regulations**

- Staff not understanding or following the chain of command in the organization.
- Outdated policies and procedures, or policies and procedures that do not reflect the care provided.
- Performance evaluations and 90-day evaluations not being completed in a timely manner.
- Education and training of staff not well documented.
- Scope of practice and competencies not well documented.
- Relationships between other departments are not well defined. For example, who monitors nurses who work in imaging/special procedures?
- Incomplete nursing assessments of
  - skin
  - nutrition
  - functional status
  - pain
  - medication effects and follow-up on intervention

Deficiency/citation response is due back to the state agency within 10 days. A progress report toward corrective action is then due to the state agency within 30 days. A follow-up visit by the state agency will be scheduled for 30 days postsurvey to recheck on progress toward corrective action.

Even if no deficiencies are found, the state agency will automatically schedule a full Medicare validation survey to assess compliance with regulations when your hospital is fully operational and taking care of patients.
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