

## Long-Term Care Survey Alert

### **SURVEY MANAGEMENT: Beware: These 2 Syndromes Will Derail Your Best Survey Management Plans**

If you aren't holding these meetings, you're missing a key opportunity.

When survey day disasters and complaint surveys appear to strike out of the blue, take another look. Two common phenomena could be behind what seems like bad luck, which means you can take steps to prevent both of them.

The first one involves staff who become overwhelmed and zombie-like during the survey, says **Joy Jordan, RN, MSN, RAC-CT**, who refers to this behavior as the "Paralytic Syndrome." When the syndrome sets in, the next thing you know, "meds aren't going out on time, call bells aren't being answered," and so on, says Jordan, a consultant in Brookfield, Wis.

Real-world practice: To keep care systems flowing during the survey, assign department heads to cover a certain range of residents' rooms and be responsible for those residents wherever they might be in the facility, suggests nurse attorney **Kathy Hurst**, director of healthcare operations for TSW Management Group, which owns and manages nursing facilities in California. That's the strategy that TSW finds works well. "The administrator may get rooms one through five, for example," Hurst explains. "The department head makes sure the resident is getting turned and repositioned, including in a chair if the resident's out of the room." The assigned person also sees to it that the water pitchers get filled and the trash emptied, she adds.

Mock surveys can also help people get over survey fright -- if they are done right. By "right," Jordan says she means having someone work with the staff during the mock survey to help them understand the underlying regulations "and get past that paralyzed feeling." Then the person "creates the action plan of things that need to be addressed and helps the staff implement that."

Shock therapy: Hurst advocates mock surveys that create more of a "real deal" type survey atmosphere. "Most people who do mock surveys aren't as mean as surveyors are," she observes. "When I do mock surveys, I really make the staff sweat ... . The [state or federal] surveyors aren't going to ask you a question and say: 'That's not the right answer, so think again,'" Hurst notes.

#### Head Off This Major Risk

What Jordan refers to as "Gunnysack Syndrome" can also be a lawsuit or complaint survey in the making. That syndrome manifests itself when "a family stuffs all these teeny grievances in a sack and then dumps that sack over the facility's head when that last one thing goes wrong," says Jordan.

Example: The laundry loses the resident's nightgown, which was a gift from the resident's granddaughter, and then the resident's favorite picture falls off the dresser and breaks, Jordan says. And staff doesn't really try to rectify those problems. Then the resident throws away an expensive hearing aid. "And all of a sudden the family is calling the state complaining the facility doesn't do a good job caring for their mother," Jordan says.

In families' own words: In interviewing residents' families for an educational video, the Pennsylvania Restraint Reduction Initiative (PARRI) heard families say over and over: "If we can't trust you with the little things," how can we trust you with the big issues like making changes in care processes? noted PARRI's **Ruth Bish**, in a presentation at the November 2009 American Association of Homes & Services for the Aging annual meeting. Examples of little things include not having batteries in the resident's hearing aid or not having the hearing aid turned on -- or not answering call lights for prolonged lengths of time, she said.

#### Check Out These Solutions

Bish noted that a family council, which only a handful of attendees at her presentation acknowledged having in place, can really help address family concerns, especially when the facility is making quality improvements to its care processes. Jordan also advises nursing facilities conduct informal meetings with residents and families to address their small complaints.

Also stay on top of whether someone has resolved a family's concern " or at least has explained to the family or resident that an issue may not be fixable, advises Jordan.

For example, say the resident who threw away her hearing aid had a history of doing the same before coming to the facility. The staff should point that out to the family and note that "despite the facility's efforts, the resident continues to do o in the facility," she says. Families will be more receptive to hearing that if staff members have gone the extra mile to preempt and address their other complaints.

Staff should also use think through how to talk to a family member to report her resident has suffered a negative outcome.

If the family member lives out of state, for example, "call and say 'Your Mom fell, we assessed her, she's OK, we have made some changes to the care plan and here is what they are,'" Jordan suggests. Then perhaps follow-up with a phone call the next day to let the family know how the resident is doing. "This takes more time but it can save a facility a ton of problems."