

## Long-Term Care Survey Alert

### Survey Management: Lessons Unlearned Can Add Up To Wrong Survey Outcomes

**Use these field-proven strategies to nip problems before they bud into F tags.**

Experts in the airline and patient safety worlds don't just count themselves lucky that a "near miss" didn't hurt anyone. Instead they take steps to preempt a similar occurrence -- an approach that you can use to keep your surveys from spinning out of control or landing in F tags.

Start by identifying potential deficiencies before surveyors show up for the real deal. For example, conduct mock surveys that identify issues that surveyors probably wouldn't have cited or things that just occurred once, suggests **Edythe Cassel Walters, MBA, RN, NHA**, director, **LW Consulting Inc.** in Jenkintown, PA.

**Examples:** "One thing we tend to find during mock surveys is a medical record and care plan that don't completely fit the resident -- or they aren't as tightly tied to the MDS as they should be," says Walters. "For example, maybe the staff didn't work a resident assessment protocol that they should have."

Also look for inconsistencies between the nursing notes or care plan and documentation in the treatment record. For example, "the care plan says the resident should have splints but there's no record" of staff applying the splints, says **Janet S. Dykstra, MS, RN, CDONA/LTC**, also with LW Consulting.

Family complaints can reflect shortfalls in care or service that could lead to an F tag on your survey. And they may be the tip of an iceberg that you want to discover before it causes a patient safety disaster. So do a root cause analysis of consumer complaints about the facility, advised **Richard Butler, JD**, and **Steven Littlehale, MS, APRN, BC**,

in a presentation at the 2007 **American Health Lawyers Association's** Long-Term Care and the Law conference in Orlando. Their research shows that a complaint to CMS, even when unfounded, increases a facility's liability risk. Look for patterns to complaints, suggested Littlehale -- "for example, if call lights aren't being answered," what is the reason?

#### **Give Staff a Map to This Survey-Saving Committee**

One of the best ways to head off potential negative outcomes and F tags in the making: A quality assurance (QA) committee that invites trouble on a regular basis.

**Add to that:** Employees who know they should bring their concerns and "near misses" to the QA committee on a regular basis.

**Proactive strategies:** Make sure staff knows how to access the quality assurance committee -- for example, "they should know when the committee meets and who's on it," says **Lynn Peterson, RN**, quality regulatory consultant for **Health Dimensions Group** in Minneapolis. Post that information in the facility.

Conduct inservices on the facility's quality process and make sure staff knows that if they have quality concerns, they

should take them to the QA committee. Include "more than just managers" on the committee if you want to influence front-line staff, adds Peterson.

### **Analyze the F Tags That Almost Happened**

After the heat of the survey, analyze any issues that arose during the survey that could have resulted in an F tag but didn't. In her experience as a DON, nurse consultant **Marilyn Mines** found that facility staff are often so relieved that the survey's over that they just focus on doing the plan of correction and forget the rest. But the staff should take a look at issues the surveyors brought up in the exit conference or daily meetings with staff but didn't cite, she advises.

**Analysis:** Determine why surveyors brought up the concerns and how they could have resulted in a negative outcome, suggests Mines, **RN, RAC-C, BC**, director of clinical services for **FR&R Healthcare Consulting** in Deerfield, IL. For example, did the issue involve an actual care shortfall -- or did staff forget to document care they actually provided? The answer will take you down a different path.

Also take a look at which staff took part in the survey and how they participated, suggests **Joanne McCarthy, MJ, LNHA**, manager, health care, **RSM McGladrey Inc.** in Chicago. "Were there any particular staff who may have made the survey process more difficult and in what way?" (See Teach Staff 'Survey Speak' To Avoid Damning 'I Don't Know' Quotes On The CMS 2567," p. 34.)