

Long-Term Care Survey Alert

Survey Preparation: Conduct Mock Surveys That Knock Out Your Survey Woes

5 rules of thumb can give your facility a 'thumbs up' on its next survey.

Think of a mock survey as a dress rehearsal for a high-stakes performance where the dry run can keep surveyors from throwing F tags at the cast come show time.

Below survey experts highlight five guiding principles to ensure your practice surveys pay off with rave reviews by state surveyors.

First rule: Make the mock survey like the real deal - without the punitive sanctions. "If the mock surveyors don't think like a real surveyor, a mock survey isn't worth doing," cautions **Kathy Hurst, JD, RN**, who heads up human resources and operations for Anaheim, CA-based **TSW Management Group**, which manages several nursing facilities in California.

"The mock surveyors have to know and follow the survey routines and protocols that the real surveyors will," Hurst emphasizes.

Example: "These days surveyors head to the kitchen first thing because they don't want to give kitchen staff time to put in a fix," Hurst says. That means your first stop in a mock survey should be the kitchen.

Further, "the DON or administrator should also send the MDS-generated quality indicator reports with resident-specific information to the mock surveyors so they can come in armed with the same information that surveyors will have and know which residents to target," Hurst adds.

Second rule: Forget the nepotism if you want an honest appraisal of what needs fixing. For the best results, ask an objective third party to conduct your mock survey, advises **Reta Underwood**, a survey consultant in Louisville, KY. "For example, one corporation has a mock survey team do all the mock surveys," she reports.

If staff survey each other, they may be too fearful of stepping on an administrator's toes or alienating co-workers to identify deficient practices. In addition, "caregivers involved in their own unit are too close to the fire to see the flames in some cases," Underwood adds.

Third rule: Never allow the mock survey to become a morale buster. "That's especially important near the survey time," Hurst cautions.

Facilities should also have an honest "hold harmless" approach to the mock survey so people aren't penalized for mistakes or "deficiencies" uncovered internally, in Underwood's view.

Make sure the mock survey points out what the facility is doing well and applauds its strengths, emphasizes **Eleanor Alvarez**, president of **LeaderStat**, a long-term care management resource firm in Westerville, OH.

Fourth rule: Don't challenge mock surveyors about deficiencies like you might do with real surveyors. "If the mock surveyor says she found such and such and would have cited it at a D-level, ask yourself: 'What would the state surveyor have found and cited?'" Hurst advises. For example, if the surveyor discovers a resident has multiple skin tears, investigate the situation and make a change to address it.

Fifth rule: Use the mock survey to target and fix issues related to the top survey deficiencies nationwide and in your region (see p. 100 for a list). This allows the mock surveyors to go into more depth in the critical areas rather than nitpicking every F tag, says Alvarez.

Ideally, the mock survey team should not only highlight the facility's risk areas, but also help the facility develop an action plan, Alvarez adds. "The facility may have 25 things wrong but needs to focus on the priority issues first, such as elopement risk, pressure ulcers, falls, weight loss, etc.," she says.

A mock survey that uncovers a long list of little regulatory compliance issues can divert your staff's attention from the "big picture," cautions former Ohio survey bureau chief **Kurt Haas**, now a consultant in Lithopolis, OH (see the related risk management story, p. 101).

Ready, set, synchronize: In targeting various F tags, such as pressure ulcers, look at the whole cycle of nursing care from assessment to the actual care plan to delivery and evaluation of care, advises **Beth Klitch**, principal of **Survey Solutions Inc.** in Columbus, OH.

"The care plan has to be relevant, and surveyors look to see that staff are executing that care plan," Klitch adds.

Watch out: To see if caregivers are turning/repositioning residents on time, surveyors may leave their business cards at the bedside with directions for caregivers to call a surveyor's cell phone when they see the card, according to **Courtney Lyder, ND**, in a keynote address on the upcoming revised F-tags 314 and 315 at the September 2004 **National Association of Subacute and Post Acute Care** in Washington (for more information, see p. 109).

Tip: If your nursing facility uses an outside mock survey team, make sure it includes both former surveyors and DONs and facility administrators. People with operations experience understand the realities of daily care and also know how to identify and fix what's broken in a system without completely reinventing it, advises Alvarez.

Consider Other Options

Mock surveys aren't the only survey management strategy in town. In Hurst's view, "you don't have to do mock surveys if you have good quality assurance (QA), stay on top of your QIs, and have systems for observing nursing staff doing med pass, treatment rounds and other nursing procedures."

Whatever survey preparation method you choose, make sure staff become "very, very" used to being observed so they don't have performance anxiety during the real survey, Hurst counsels. "Work with people who are good nurses but spill the pills when someone watches them work."