THE NURSE LEADER'S ROLE TO PREPARE FOR, AND PARTICIPATE IN SURVEY

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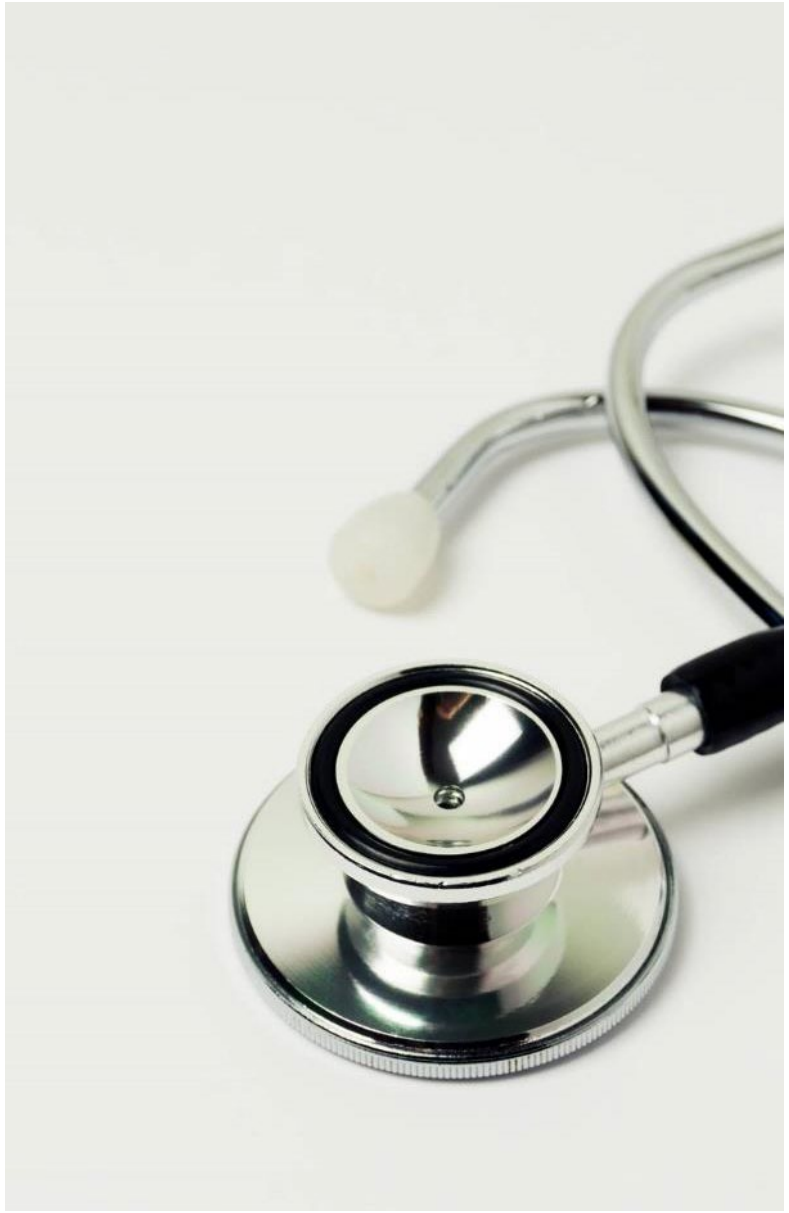
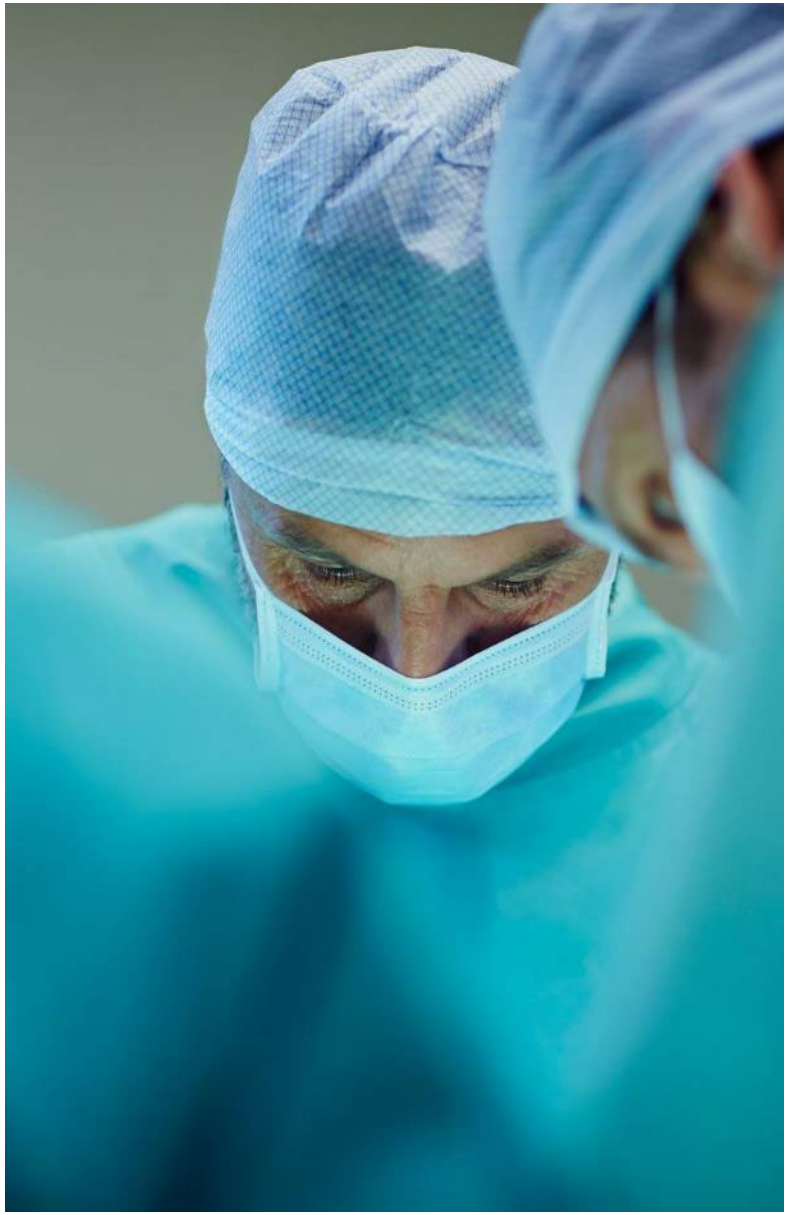
AGENDA

At the end of this presentation, the participants will know/understand:

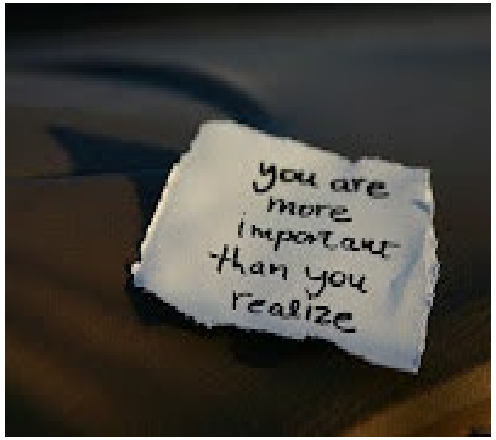
1. Describe preparation methods and activities for a successful survey
2. Describe best practices for our team during the survey





HOW TO PREPARE YOUR TEAM FOR A SUCCESSFUL SURVEY

The successful survey and Quality Care you want, starts with YOU!
Hold your team accountable.
Maintain high visibility.
Keen Observations with education every chance you get.
Intentional Lingering.



MANAGE DAILY-

WE DO MANY THINGS EVERY DAY TO ENSURE WE ARE SURVEY READY.

ENCOURAGE AND EDUCATE YOUR TEAM THROUGH HUDDLES, TEACHING, DAILY CLINICAL MEETINGS WHERE YOU REVIEW THE TWENTY-FOUR REPORT, NEW/DISCONTINUED ORDERS, CHANGE IN CONDITIONS, ADMITS/DISCHARGES FROM THE DAY PRIOR. ALL CLINICAL LEADERSHIP SHOULD BE IN THIS MEETING. WE EVEN INCLUDE OUR MID-LEVELS FREQUENTLY.

WHY IS THIS MEETING SO IMPORTANT?

Why do we include all clinical leadership?

Why do we include MDS?

Why do we include therapy?

Why is it important to do huddles prior to this meeting?

Grievances

Evaluate your systems

QUALITY SURVEY

HAVE YOUR CLINICAL LEADERSHIP BRING FALL AND WOUND PAPERWORK FROM THE DAY PRIOR. HAVE MDS OR DESIGNEE BRING THE CARE PLANS FOR UPDATING.
WE LOOK AT OUR DASHBOARD IN OUR EMR EVERY MORNING TO ENSURE THAT DOCUMENTATION WAS COMPLETE, NEW ORDERS, BM REPORT, BATHS/SHOWERS DONE ETC.
ENSURE THE ADMISSION/DISCHARGE PAPERWORK IS COMPLETE FROM THE DAY PRIOR.
REVIEW ALL FALLS AND FALL PAPERWORK FROM THE DAY PRIOR AND ENSURE THAT THE INTERVENTION IS A GOOD ONE AND THAT IT IS CARE PLANNED.
REVIEW ANY NEW WOUNDS AND ENSURE THERE ARE TREATMENT ORDERS ENTERED AND DOCUMENTATION COMPLETED.

HAVE A STANDUP MEETING EVERY AM WITH YOUR ENTIRE DEPARTMENT HEADS.

STANDUP MEETING

- All Department Heads Attend Every Morning
- Do we have any admits or discharges?
- What is on your agenda for the day
- We always start or end with a core value and something good that happened
- Compliment game, spread some love

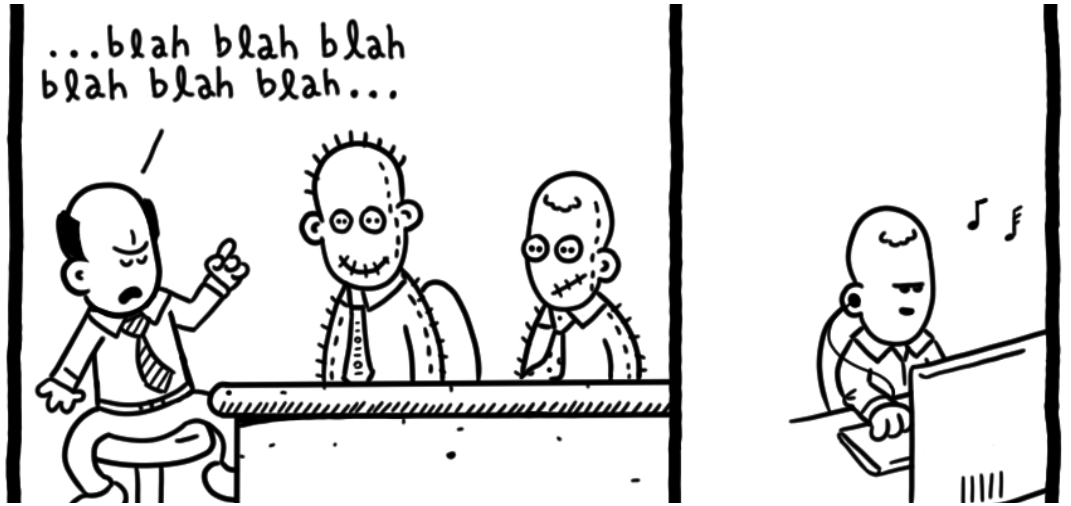
Directly after morning meeting

- Ensured you are doing at least morning rounds
- MDS and clinical leadership should be rounding daily on every skilled resident.
- Have department heads rotate watching/helping with meals
- Difficult residents/families

WEEKLY MEETINGS

Resident at Risk (RAR)

covering falls to ensure your interventions are working, weight loss and proper interventions, wounds, and treatments, foleys for diagnosis, antipsychotics for diagnosis and GDR's



Medicare Meeting

Review residents, with Managed Care Payers, if they have a review date coming up. Do they have 2nd insurance. Care changes that might warrant an IPA, projected discharges, projected admissions, and payments.

RAR

Residents at risk

This should consist of the IDT team- Nursing Leadership, Dietary Manager, Dietician, Director of Therapy, Social Services, and Medical Director

-Weekly review of all skilled residents and long-term care with “triggers”

-Monthly review of all long-term care residents

There should be a clear outline of who attended, what was reviewed and how it was addressed, documented in the resident’s chart.

PACK SNACKS FOR MONTHLY! IT'S A LONG MEETING BUT WELL WORTH THE REVIEW!

Don't reinvent the wheel!

-standardize your IDT note outline

-copy, discuss (everyone has their routine sections), fill in the blanks, save, sign lock!

- IDT met to discuss overall health and care: DON, DOR, MDS, RD, ADON, Nursing Manager, SSD, DM
  Weight: most recent weight per policy
  Weight Status: establishing, trigger, stable
  Meal Intake: 50-100%
  Supplement Intake- RD to assess
  Nursing Medication Considerations & Treatments: Pain, Bowel, mood, ABT IV (ASO), anticoagulation, wounds, lines (PICC, drains, vacs, ect.)
  PT/OT to eval and treat
  ELOS & DC- 2-3 weeks , private residence with daughter and HH
- Note follow-up appointments, pending labs, overall participation, and wellbeing.

THE DEVIL IS IN THE DETAILS

Care Plan Meetings

- Admission care plan with resident, family, and Interdisciplinary Team (IDT) within 72 hours of admission
- A discharge care plan meeting the week prior to discharge inviting home health or hospice along with the resident, family, and IDT.

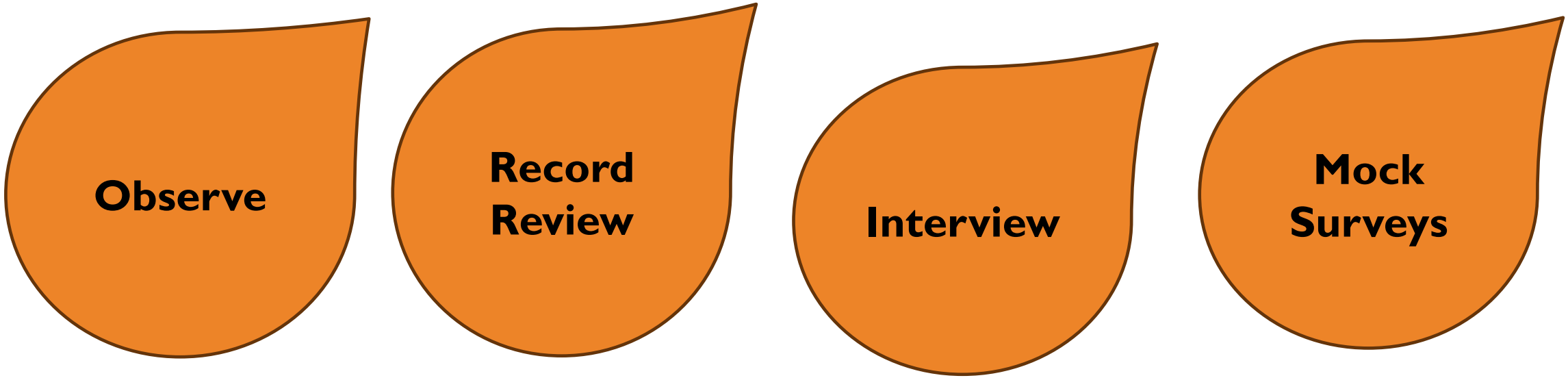
Test Trays

- department heads do test trays from the kitchen at least once a week.
- What better way to see if your food to good or not.
- What is good for your residents is good for you!

Weight Loss

- We make sure they are cooking so it smells good cookies, brownies, cakes, bread, etc. so it smells good. This helps with weight loss. We also try to make ice cream shakes and things to help with weight loss.

OTHER THINGS YOU CAN DO TO PREP FOR SURVEY



Observe

Residents, Rooms, Staff Interactions

Record Review

Policies, Procedures, Care Plans, MARS

Interview

Residents, Staff, Resident representatives

Mock Survey

Use CMS Forms/Pathways

PREPARING REPORTABLE INCIDENTS

Items to include
24 hour and 5 day working reports with details of when these were submitted.
Witness Statements
Interviews with staff and residents
Skin checks or other supporting documentation
Local Law Enforcement reports or at least case number

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Include your team!

You should not be doing this on your own.

AUDITS

Dietitian and Regional Nurses have audit sheets that we made that she completes in every kitchen monthly.

The Regional Nurse and Regional MDS Nurse also made audits that we complete quarterly.

We welcome our leadership in our facilities to go to their sister facilities and do the pathways and or audit sheets as well.

- NOMNOC's/ABN's monthly audits.
- Bath/shower audits, O2 tubing, resident counsel audits, grievance log audits, ombudsman monthly report
- Regional HR employee file audits.
- Regional HR OIG checks.
- Skills Fairs, You tube channel, ChatGPT
- Ask corporate to run a mock at least the month before survey is due.
- Use pathways from CMS write concerns and tags with severity if needed do an exit with them, write a POC.
- This helps everyone, first we would obviously rather find it and fix it than a surveyor.
- We learn a lot from the surveyors' point of view by doing this.
- We bring meals in for survey, we do not allow staff to leave the facility on their shift during survey. The departments heads are required to get there 7am and they must stay until surveyors have left for the day
- Have a huddle when they leave and discuss the day

QAPI QUALITY ASSURANCE PROGRAM

- We do QAPI monthly with all department heads, Floor Staff, MD, Mid-level, and Pharmacist.
- We take QAPI extremely serious, we already know what we are going to go over with them about a QAPI project that worked.
- We even have our Assisted Livings and Home Pluses do QAPI
- We have been known to show them their QAPI boards

HOW TO MANAGE YOUR TEAM WHILE PARTICIPATING IN THE SURVEY

Upon their arrival we put them in a nice room with snacks and drinks. If they let us, we feed them with our food

- First and foremost- be courteous and respectable
- Introduce yourself to the surveyors when you see them in your area. Remain calm and confident! What you say WILL be documented.
- We go through the survey entrance papers and make a survey binder we always have this ready it has everything they will be asking for in the first day or two.
- This gives you time to double check key areas
- Be available, let the surveyors see you, do not stay behind closed doors. Check in with them frequently.
- We make sure that we have a department head in each house, so they know who they are talking to, what they are looking at etc.
- On the grievance log we call these opportunities for improvement. we make it a point to add thank you notes, funeral pamphlets, memorials etc. so it is not all bad.
- If surveyors talk to a staff member, they let their department head know what they talked about.

BUILDING RELATIONSHIPS PRIOR TO SURVEY

Surveyors, Residents, Families, Staff-
Remember surveyors are not your friend!!!!!

DO NOT CONCEDE TO DEFEAT!
THIS TOO SHALL PASS AS ALL THINGS DO AND CELEBRATE THE LITTLE THINGS WHEN IT'S OVER!

“Leadership is about building a culture of trust, where individuals feel empowered to take risks and learn from their mistakes.” –Author Unknown

THANK YOU

Lindy Johnson RN

Just a Nurse