

# SOLUTION: Perpetual Survey Readiness



## ***Perpetual Readiness***

Sue and I (Jane) have long used the term “perpetual readiness” when it comes to preparing for accreditation agency surveys. You can use this Solution to prepare for CMS surveys, DNV, State licensing agents – whomever is walking through your door unannounced and causing you undue stress.

You know that we are big fans of proactive work, not reactive work, and perpetual survey readiness is no exception. In Sue and I’s earliest work together, she was the VP of Quality and oversaw the survey prep, as well as the Environment of Care for our organization. I was a frontline leader, leading a Critical Care unit and ED at the time. We found we had a common bond through the Environment of Care committee for our organization, and with the “hair on fire” stress that an annual, or tri-annual survey was causing.

What we noticed then, and what we notice now with our partners is that Leaders and Employees can take their eye off the ball on REALLY IMPORTANT initiatives in order to over-prepare for something that should be in a constant state of readiness.

We also notice that the intended survey organization is always the “bad guy”.

Remember, we do not provide safe and the highest quality care because “Joint Commission said so” or “The State said so”. Surveyors do not lie awake at night and dream up ways to torture us, much like your orthodontist did as a teenager. The standards are based on current research and evidence and are the RIGHT THING TO DO for the patient and family.

Your employees will not adjust to a new standard when it is presented like a parent “because JCAHO said so”. That is not a good WHY, and we recommend you always explain the WHY prior to any change. When your employees and physicians know the WHY, they want to assist with the what and the how.



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When Sue and I began a group (every leader in the organization was required to participate) the DAY AFTER a 3-year survey from JCAHO, to begin to be ready for the next 3-year survey, the noise and confusion completely died down. Instead of preparing for the next survey, we were perpetually ready, and willing for the accreditation agency to come on at any time.

Our friends in the Nursing Home industry are experts at this – they must be perpetually ready in order to survive!

***No more hiding equipment in your car and pulling your best employees to work 7 days in a row to shove them in front of a surveyor!***

## **SOME GREAT TIPS ON PERPETUAL READINESS USING THE SOLUTIONS AND TEAMS YOU LIKELY ALREADY HAVE IN PLACE!**

**Prepare for your Environment of Care meeting like you would prepare for a Survey:** Instead of making this very important meeting one that drones on and on with reports no one cares about – have a report that discusses all of the survey readiness actions going on year-round. Have Employees on the team, preferably one from every department.

**Spring/Fall Cleaning:** Part of every survey, and being perpetually ready is knowing where things go, and placing them there! Spring/Fall Cleaning all areas of your organization is just as vital as cleaning your home. And, when you clean – you find out what a piece of equipment is, and where it belongs, and what it is used for. Make this fun! Do this inside and outside of your building and allow employees to dress down and assist. Even the employees who never see a patient can clean out files and their desks. Everyone is more productive after they clean and de-clutter.

**Surveys monthly with clinical and non-clinical leaders/HRO team:** What does a survey look like? What were your previous citations? What are different departments measuring? Put together teams of clinical and non-clinical employees and leaders and create “survey readiness teams”. Each team surveys a different department monthly (not their own). They provide feedback to the leader and employees working there on how they fared in their “mock survey”. These vital mock surveys are reported to the EOC/Quality teams.



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**Daily Safety Brief Trends:** What do you do when there are trends in your Daily Safety Brief/Huddle? Where does that info go? How are trends identified? Do you have a data geek who would love to “catch” trends that a surveyor may see, and you do not because you are “living in the space”? Again, these can be looked at by a team of employees (HRO Team!) who then will take to the Quality/EOC team and determine a plan of action! (training, root cause analysis, etc.)

**Good Catches (what did we do?):** Is there a trend in your “Good Catches”? Did you make change as a result of those trends?

**Sentinel Event Advisories:** Having a lunch and learn about a sentinel event review – discussing if this is a “never event” in your organization, or not so far from never? Leaders and employees invited to attend. Hosted by the HRO team. Again, those working on the front line can tell if an event is likely to happen in your organization!

**The National Patient Safety Goals:** Have a team formed for each of the NPSG’s annually. Dedicate this small, but mighty team to work on the processes surrounding the assigned NPSG. Have the HRO team take on NPSG’s as part of their journey plan.

**Chapter Leader:** What leader would most effectively lead certain chapters in the survey manual? Who can report on this when needed? Who can do a PDSA when it comes to survey readiness and their assigned Chapter? Assign them and allow fun to creep into the BEST Chapter! Celebrate your team when your chapter gets no citations!

You can see that really creating a cadence of perpetual readiness is all about taking the mammoth and seemingly insurmountable task of survey readiness and spreading it out over many lives and learning opportunities. Create peer champions out of employees! They will feel empowered with the knowledge and confidence regarding a surveyor!



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