**Hospital Survey Inspections**

**Health Systems Quality Assurance**

**Office of Investigations and Inspections**

**Process Improvement Implementation Plan**

**June 11th – June 15th, 2012**

**Olympia WA**

**Synopsis**

The hospital survey inspection’s team evaluated strategies of how it can conduct inspections to achieve greater efficiencies and improve timeliness. This analysis included:

* Evaluating the number of inspectors needed in relation to the size of the hospital.
* Exploring standardized procedures for conducting an inspection.
* Identifying and eliminating process redundancies of nurses, public health advisors, and Fire Marshal staff.
* Identifying and eliminating process inefficiencies in the scheduling/prep and post survey phases.
* Reviewing department procedures to determine compliance/non-compliance with regulations and protocols for inspecting care delivery within the hospital.

This Lean project focused on the state and federal licensure survey process. The process begins the date the last onsite survey exit conference date is held and ends when the next onsite survey exit conference is done. Our customer’s from three hospitals, survey and administrative DOH staff participated in this week long effort.

**Executive Summary**

Approximately 120 recommendations were identified as ways to increase efficiency and quality of the on-site survey process, make the survey process more meaningful to the customer, optimize and maximize resources and streamline office protocols. This group chose to concentrate on the following two areas in the next 90 days.

1. ***The scheduling and pre-work process.*** A more streamlined process for scheduling inspections was developed. Responsibilities were transferred from the public health advisor to administrative staff. Elimination of redundant spreadsheets with different data will result in a single point of reference for scheduling. Conference calls and discussions at the monthly staff meetings will reduce the amount of rework and rescheduling. Approximately 37 days (from 63 days to 26 days) will be saved by using the new streamlined scheduling process once implemented, with increasing amounts of time saved as the process is refined. Transferring the responsibilities to administrative staff will also reduce overall costs.
2. ***The post survey process.*** A streamlined process for notifying administrative staff as to the outcome of the survey was developed. Instead of sending incomplete information multiple times, only the final report will be sent to administrative staff. Instead of waiting for the hard copy of the survey report, an electronic copy will trigger the start of the post-survey activities and save in the overall process time. This will result in reducing the amount of time to notify Centers for Medicaid and Medicare Services (CMS) that the survey is complete and a plan of action is approved from 201 days to 70 days. Responsibility for mailing hard copies of the report to hospitals was transferred to administrative staff. Hospitals will submit an attestation of completion instead of a progress report unless there are major findings. These changes will reduce overall costs and minimize documents needing to be retained.

**Voice of the customer**

To help us with the process, three hospitals participated on the first day of the event. Representatives from Peace Health Southwest Medical Center, Evergreen Hospital, and Franciscan St. Clair Hospital provided insight into what was important to them.

Prior to the site visit:

* A reliable window of time for inspection (begin and end)
* Be aware of who else is inspecting hospital versus back to back inspections
* An agenda identifying what we plan to do when we are on site approximately 3 days prior with start and end times
* A list of what documents are needed prior to the site visit
* A written list of surveyors names on arrival
* A schedule ahead of time who we need when
* Respect black-out dates

Requests during the site visit:

* A System to deliver requests to surveyors – in/out box delivery
* Treat hospital staff with respect
* Opportunity to clarify and work with surveyor and answer questions during site visit – not a gotcha moment
* Good communications with hospital escort
* Would appreciate positive feedback on things being done right – staff need to hear what they are doing well
* Want a seamless site visit where we can show off our hospital
* No Friday surprises – report findings each day throughout the site visit
* Need notification when a survey team member is leaving earlier than anticipated
* Would like consistency of surveyors and how they review – regulation requirement vs. personal reference
* Tell them what we need – computer, printers, secure room, etc.
* Would like a more collaborative process – conduct session interviews to ask questions – asking the right people
* If a personality conflict with surveyor identify a point of contact to resolve

Other issues:

* Would like the report electronically – input responses electronically
* Notify by email when report is mailed
* Give suggestions for the right way after a finding is found
* Somewhere to submit questions – if xyz meeting compliance “blog” available to other hospitals
* A way to keep informed of Washington regulation changes – website – listserv – to survey coordinator
* Fire Marshal and PHA overlapping – doing the same thing – finish at the same time and exit.
* Instructions on 2567 form not clear – suggest provided sample template of what to put in it. Is original 2567 needed back? Can we scan and send in electronically?
* Plan of Corrections directions not clear
* Statement of Deficiencies directions not clear – can it be emailed or faxed?
* Business days versus calendar days confusing

**Ways we will be addressing the voice of the customer**

* Respect black out days
* Work closely with hospital staff to provide them with the necessary information to make the inspection run as smoothly as possible
* Send the plan of correction electronically
* Clarify directions that are not clear
* Put information on the Web (e.g. “What to Expect When your Hospital is Inspected”
* Reduce redundant activities

**Next Steps**

During the 90 day implementation period, the office will:

1. Develop office protocols and timelines for implementation of each of the key focus areas.
2. Collect metrics to assess the success of the Lean effort.
3. Balance staff skills and workloads with changes in responsibilities and duties.

**Phase II (Beyond the first 90 days):**

The nurses and public health advisors from the hospital team will meet as a group in mid September to further refine the ideas developed during the Lean event in terms of the on-site inspection process. The goal will be to develop a new survey model for state-only licensure inspections which will capture all or most of the recommendations from the lean exercise.

The team identified duplication of survey activities by the nurses, public health advisors and Fire Marshals. The team will develop standardized protocols for conducting state-only hospital inspections. These protocols will seek to focus the survey process on critical care areas in order to most effectively and efficiently reveal those system deficiencies at the hospital that pose the greatest risk to patient care. The team plans on developing an individual patient focus inspection method instead of the more time-consuming chart review, staff interviews and the like. By streamlining the process and eliminating duplications, less staff will be required at the larger hospitals thus freeing up other staff to inspect smaller facilities and increase the efficiency of the survey team in general.

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**Action Items/Issues**

| **Team: Paul and Linda Area: Scheduling and Pre-work** | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Item | Target Ref\*\* | Problem to be solved | Action needed | Resp. | Start Date | Est. completion date | Actual completion date | Progress Results (Quantify) |
| 1 | 7 | Surveyors need self-addressed envelopes | Distribute self-addressed envelopes to surveyors | Shannon Walker | July 1, 2012 | July 15, 2012 |  |  |
| 2 | 9 | Entry of the assignments & creation of the templates for survey into ACO/ ILRS are not timely | Incorporate in office protocols | Shannon Walker | July 1, 2012 | August 31, 2012 |  |  |
| 3 | 7 | Scheduling surveys requires multiple databases and emails | Create a single master scheduling spreadsheet | Shannon Walker | July 1, 2012 | July 30, 2012 |  |  |
| 4 | 9 | No single location for all survey related scheduling information | Recommend creating a calendar in Outlook that can be uploaded with pending surveys, anticipated leave (loaded by team members) etc. | Shannon Walker | July 1, 2012 | July 31, 2012 |  |  |
| 5 | 6 | There is a lot of rework when scheduling surveys | Incorporate regular conference calls with team to discuss schedules | Linda Foss | July 1, 2012 | Aug 31, 2012 |  | Will be fourth Monday of each month |
| 6 | 7 | Send spreadsheet of next surveys due to team before conference call | Incorporate in new office protocol | Shannon Walker | July 1, 2012 | Aug 31, 2012 |  | Will send monthly schedule one month in advance for conference call (Sept schedule issued by end of July) |
| 7 |  | All leave slips to be submitted month in advance | Incorporate in new office protocol | Linda | July 1,  2012 | July 15,  2012 |  |  |
| 8 | 9 | Need a complete checklist for surveyors as to what is needed to complete a survey | Create checklist | Shannon Walker | July 1, 2012 | August 31, 2012 |  | Reference Liz’s checklist |
| 9 | 9 | After conference call, give final schedule to admin to create survey templates and ILRS assignments | Office protocol w/ templates | Shannon Walker | July 1, 2012 | August 31, 2012 |  | Agreement with Fire Marshal – once we send schedule we can cancel but not add anything new. |
| 10 | 9 | ILRS action step not always complete and accurate | Create action items worksheet for ILRS survey steps | Shannon Walker | July 1, 2012 | Aug 31, 2012 |  |  |
| 11 | 7 | Need to create “pending survey” files (survey prep) | Incorporate in new office protocol | Shannon Walker | July 1, 2012 | August 31, 2012 |  | Need single “clearing house” physical file started at beginning of survey process (vs. putting in “facility” file). Will need change in process as to what goes in facility file |
| 12 | 2 | Can we get an exception to the 40 hr. work week – 60 mile travel restriction? | Work with Chief Administrator to identify exceptions | Trent Kelly/Shannon | July 1, 2012 | July 15, 2012 |  | Trent talk to Sam about possible “exemption” to 40 hr work week (fed rule). If you don’t reach 60 mile mark, must come home that day so inadequate on-site time. |
| 13 | 9 | Timesheet is limited to reporting only 8 hrs. a day. | Work with HR to address Timesheet issues | Shannon | July 1, 2012 | August 31, 2012 |  |  |
| 14 | 9 | Not a good system in place for distributing to team/admin CMS updates to forms etc | Incorporate in new office protocol | Rachael Lindstedt | July 1, 2012 | Aug 31, 2012 |  |  |

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**Action Items/Issues**

| **Team: Rachael, Cherie, Shannon, Trent, Paul, Larry Area: Post-exit** | | | | | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Item | Target Ref\*\* | Problem to be solved | | Action needed | Resp. | | Start Date | | Est. completion date | | Actual completion date | Progress Results (Quantify) | |
| 1 | 9 | Need to attach pdf of SOD in ILRS | | Incorporate in new office protocol | Shannon Walker | | July 1, 2012 | July 15, 2012 | |  | | | Do we have space? |
| 2 | 9 | Admin are not notified of changes in team | | Incorporate into new office protocol | Linda Foss | | July 1, 2012 | | July 15, 2012 | |  |  | |
| 3 | 9 | 3 emails about survey results from team lead to admin reduced to 1 only | | Eliminated emails from process | Linda Foss | | July 1, 2012 | | July 15, 2012 | |  |  | |
| 4 | 3 | We should email notification to hospital that Fire Marshal report is complete | | Incorporate in new office protocol | Linda Foss | | July 1, 2012 | | August 1, 2012 | |  | Required by law – all correspondence from us | |
| 5 | 9 | Need to clarify what if any dates team members can enter into ILRS/ASPEN | | Incorporate in office protocol | Linda Foss | | July 1, 2012 | | August 15, 2012 | |  |  | |
| 6 | 3, 5 | Instead of waiting for physical packet  Can info scanned/emailed to admin | | Incorporate in office protocol | Linda/Shannon | | July 1, 2012 | | July 31, 2012 | |  | Do all surveyors have scanner? | |
| 7 | 3 | Team leader alone approves POC | | Incorporate in office protocol | Linda Foss | | July 1, 2012 | | Aug 31, 2012 | |  |  | |
| 8 | 8 | Inconsistent expectations for submitting survey notes and packets | | Create standardized process for submitting surveyor packets to admin | Linda Foss | | July 1, 2012 | | Aug 31, 2012 | |  | Relates to overall office protocol | |
| 9 | 8 | Surveyor should clearly indicate notes portion (same as #4 | | Create standardized process for submitting surveyor packets to admin | Shannon Walker | | July 1, 2012 | | August 15, 2012 | |  |  | |
| 10 | 8 | Need to have 1539 accuracy e.g. comments missing due to aspen (ask Rachel | | Incorporate into office protocol | Linda Foss | | July 1, 2012 | | July 15, 2012 | |  |  | |
| 11 | 9 | Archive survey notes and other related docs together | | Create standardized process for submitting surveyor packets to admin | Shannon Walker | | July 1, 2012 | | Oct 1, 2012 | |  | Check on state audit to see if we must keep survey notes and archive and for how long? | |
| 12 | 8 | Information for State survey file and fed goes missing from High Density files (Certificate of need, construction review, etc) | | Incorporate into office protocol (sign/in/out sheet and electronic means of tracking | Shannon | | July 1, 2012 | | Aug 1, 2012 | |  | Generally we should be working towards getting files archived sooner since once they’re gone we don’t have to be responsible for them | |
| 13 | 6 | In state only survey, is a progress report required and if it is then does it need to be approved (by team or lead?) | | Team already verified, not required; Create Attestation | Linda Foss | | July 1, 2012 | | Aug 15, 2012 | |  | Linda to consult SOM etc. | |
| 14 | 5 | Even if progress report needed why must we send hardcopy | | Once approved, team lead can send electronic version to be copied and filed by admin | Shannon | | July 1, 2012 | | Aug 15, 2012 | |  | Hard copy required, no change needed | |
| 15 | 6 | If Medicare, is progress report needed for non-condition level surveys? | | Eliminate progress report and have hospital submit attestation | Linda Foss | | July 1, 2012 | | Aug 15, 2012 | |  | Even if progress report required can it be replaced with an attestation | |
| 16 | 6 | 670 hours often missing for progress reports in ACO | | Incorporate into office protocol | Shannon & Linda | | July 1, 2012 | | July 15, 2012 | |  | 670 hours are time spent by surveyors to ensure compliance | |
| 17 | 6 | Scanned survey packet should be attach in ILRS | | Incorporate in new office protocol | Shannon Walker | | July 1, 2012 | | Aug 15, 2012 | |  |  | |
| 18 | 6 | Can we close survey in ILRS before progress report approved | | Incorporate in new office protocol | Linda Foss | | July 1, 2012 | | Aug 31, 2012 | |  | Attestation? | |
| 19 | 3 | Send electronic Statement Of Deficiencies to hospital | | Incorporate in new office protocol | Linda Foss | | July 1, 2012 | | Aug 31, 2012 | |  | This electronic version would be “courtesy copy” only and hardcopy would be the official in terms of setting timeframes | |
| 20 | 9 | ILRS action step not always complete and accurate | Create action items worksheet for ILRS survey steps | | Shannon Walker | July 1, 2012 | | Aug 31, 2012 | |  | | | Must make sure that action items make sense and verify action items used in reports. Follow up with appropriate training. |
| 21 | 3 | Hospitals would like electronic approval of POC | | Incorporate in new office protocol | Linda Foss | | July 1, 2012 | | Aug 31, 2012 | |  | As long as we file hardcopy and do this as “courtesy” | |

**Phase II**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1 | 8 | Need to look at patterns of deficiencies overtime | Incorporate in new office protocol | Linda Foss | July 1, 2012 | October 1, 2012 |  | Will require developing ILRS reports. Can probably develop something as to frequency |
| 2 | 7 | Need to gather data prior to conducting survey | Incorporate in new office protocol | Linda Foss | July 1, 2012 | October 1, 2012 |  | ILRS will have to match aspen tags which requires some work |
| 3 | 8, 9 | Hospitals want document list on website | Create Web page | Linda Foss | July 1, 2012 | October 1, 2012 |  | Maybe parking lot |
| 4 | 9 | Do we let hospital take over entrance time? | Standardize Entrance process | Linda Foss | July 1, 2012 | October 1, 2012 |  | Must get planning done before arrive |