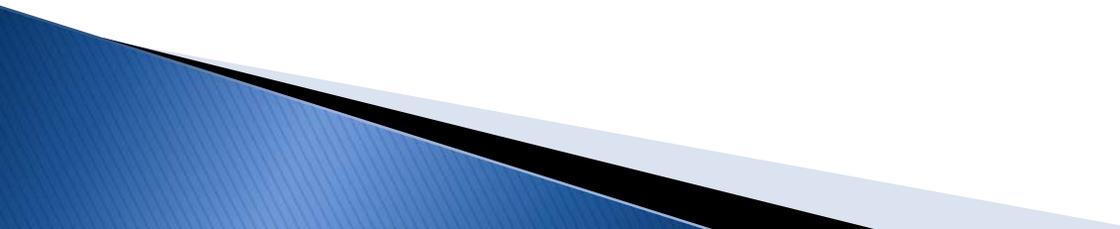


General Acute Care Hospital Relicensing Surveys

Jean Iacino
California Department of Public Health
October 15, 2015

Purpose

- ▶ Promote quality of care in hospitals
 - ▶ Verify compliance with State regulations and statutes
 - ▶ Ensure a program-wide consistency in the hospital survey methodology
- 

Core Elements of Survey

- ▶ Provision of nursing and medical care
- ▶ Provision of medications
- ▶ Previous non-compliance issues identified in a three-year history of the facility
 - State and federal survey deficiencies
 - Substantiated complaints and entity-reported incidents
 - Administrative penalties

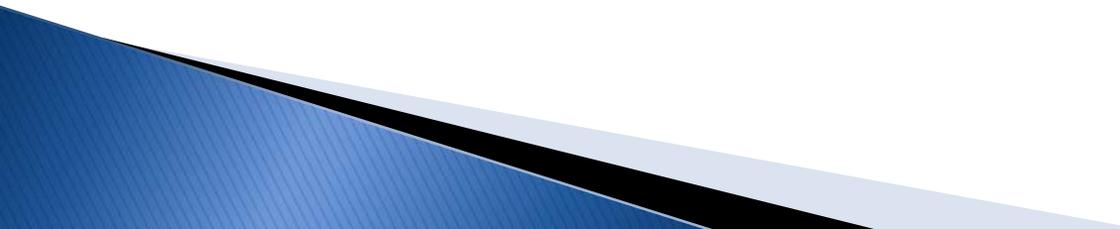
Relationship to Other Current Surveys

- ▶ When fully implemented will include elements of:
 - Medication Error Reduction Plan (MERP) survey
 - Patient Safety Licensing Survey (PSLS)
 - MERP and PSLS will not continue as separate surveys after full implementation
- ▶ Survey frequency every three years
 - CDPH will conduct the new survey statewide, including Los Angeles County

Survey Duration

- ▶ Small hospital - 3 days
- ▶ Large hospital - 4 days
 - Survey findings will determine whether the survey team can complete the survey in those timeframes

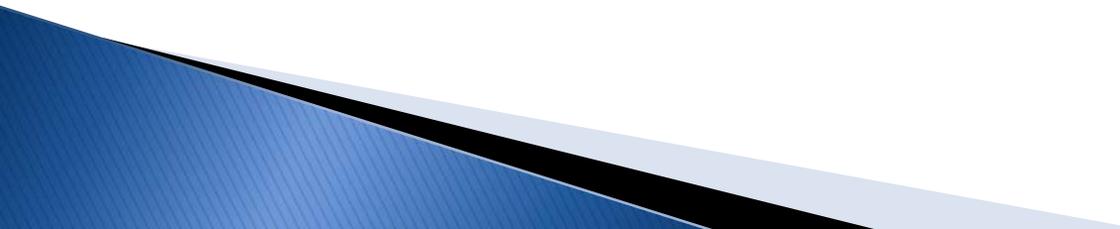
Survey Team – Small Hospital (100 beds or less)

- ▶ RN Team Coordinator
 - ▶ Medical Consultant on-site or remote
 - ▶ Nutrition Consultant on-site or remote
 - ▶ Pharmaceutical Consultant
 - ▶ Additional RN surveyor with experience, if the Team Coordinator lacks experience in evaluating hospital administration and environment
 - ▶ Additional team members as indicated
- 

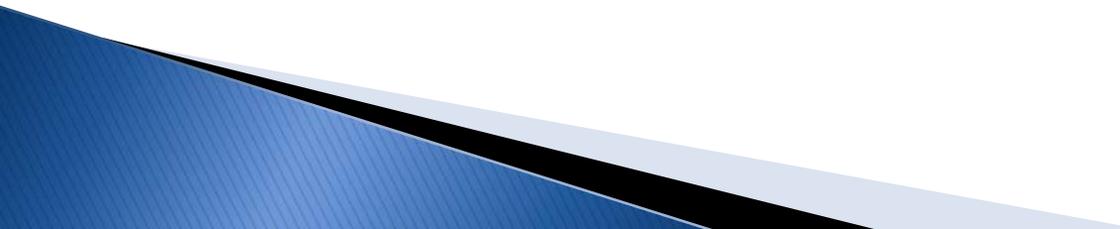
Survey Team – Medium Hospital (101–199 beds)

- ▶ RN Team Coordinator
 - ▶ Medical Consultant on-site or remote
 - ▶ Nutrition Consultant on-site or remote
 - ▶ Pharmaceutical Consultant
 - ▶ Two additional RN surveyors, at least one with experience, if the Team Coordinator lacks experience in evaluating hospital administration and environment
 - ▶ Additional team members as indicated
- 

Survey Team – Large Hospital (200 beds or more)

- ▶ RN Team Coordinator
 - ▶ Medical Consultant on-site or remote
 - ▶ Nutrition Consultant on-site or remote
 - ▶ Pharmaceutical Consultant
 - ▶ Three additional RN surveyors, at least one with experience if the Team Coordinator lacks experience in evaluating hospital administration and environment.
 - ▶ Additional team members as indicated
- 

Electronic Medical Records

- ▶ Survey team leader will discuss with the administrator how to orient the team to the hospital's electronic records system
 - ▶ Surveyors will print only documents pertinent to a possible non-compliance concern
- 

Phase I Beta Testing

- ▶ **Timeline**
 - May 2014 – November 2014
- ▶ **Goals**
 - Create Draft Documents
 - Initial training for surveyors
- ▶ **Four volunteer facilities**
 - Surveys were announced
 - Deficiencies discussed but not written
 - No IJs or non-IJs identified

Phase II Pilot Testing

▶ Timeline

- July 2015 – October 2015

▶ Goals

- Test draft resource documents
- Provide training for surveyors
- Post draft resources documents on public web site
- Five surveys
 - Unannounced
 - Deficiencies written; preliminary findings:
 - Two surveys with an IJ
 - One survey with 2 non-IJs

Phase III Finalization

- ▶ **Timeline**
 - October 2015 – January 2016
- ▶ **Goals**
 - Finalize resource documents and policies
 - Finalize training for surveyors
 - Post final resource documents on public web site
 - Complete training for District Offices

Phase IV Statewide Implementation

▶ Timeline

- January 2016 – March 2016
- Implementation will roughly follow the schedule for MERP surveys

▶ Goals

- Develop and present training in conjunction with provider organizations
- Determine survey timeline expectations
- Assign district office workload

Survey Documents

- ▶ Available at:

<http://www.cdph.ca.gov/programs/LnC/Pages/GeneralAcuteCareRelicensingSurvey-ComingSoon.aspx>

- ▶ Draft pending analysis of pilot lessons learned

Survey Documents Continued

- ▶ Process Guidance
 - regulatory authority for the survey, design of survey protocols, methods of information gathering, mechanics of non-compliance decisions
- ▶ Regulations with Survey Procedures
 - comprehensive listing of CA laws and regulations for surveyors' reference with recommended surveyor procedures

Survey Documents Continued

- ▶ **General Entrance List**
 - checklist of documents and policies that may be requested from the facility
 - A surveyor will review the list with hospital staff during the entrance activities

- ▶ **Pharmacy Entrance List**
 - checklist of documents and policies that may be requested from the facility by the pharmaceutical consultant

Survey Documents Continued

- ▶ Survey Activity Schedule
 - Tentative timeline of anticipated survey activities
- ▶ Medication Pass Worksheet
 - To record the observation of hospital staff administering medications to patients
- ▶ Relicensing Evaluation Form
 - Allows the facility to rate the survey process for ongoing survey quality improvement efforts

Training for Providers

- ▶ When the survey process is finalized, CDPH will collaborate with CHA to train facilities