IMPLEMENTATION OF A SYSTEM-WIDE MOCK SURVEY PROCESS
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Submission for poster presentation

Background / Significance: Healthcare organizations face unannounced surveys from regulatory agencies such as The Joint Commission and The Centers for Medicare and Medicaid Services (CMS). Organizations must be in a state of continuous survey readiness to meet the rigorous regulatory requirements aimed at holding the healthcare organization accountable for patient safety and quality. Organizations not meeting regulatory standards must invest significant time and resources to correct the findings cited by the regulatory body and submit evidence of standard compliance which often requires extensive data collection and analysis. Organizations can be forced to expedite costly, unbudgeted repairs to meet standards. Organizations can also lose accreditation and not be eligible for reimbursement under CMS.

Purpose of the project: The purpose of the project is to implement a system-wide regulatory mock survey team and process to ensure survey readiness. Elements to be considered include team size, member expertise, time, cost, and team effectiveness.

Conceptual framework: A qualitative approach is taken to solicit feedback from team participants and from site Leadership after a mock survey is conducted. A quantitative approach is taken to show financial return on investment comparing the utilization of the organizations internal staff versus hiring an outside consultant to perform an organizational assessment of survey readiness.

Sample Description/Population: Three unannounced system-wide regulatory mock surveys focusing on hospitals and clinics have been conducted since December of 2012. Two mock surveys were conducted in Southeastern Wisconsin and one mock survey was conducted in Eastern Iowa. Surveys were performed over 2-4 days depending on the size of the market.

Setting: Acute care hospitals with 32-314 licensed beds were surveyed. Medical Group clinics were also eligible for survey.

Method/Design & Procedure: Mock survey team members were recruited from within the healthcare system but no one from the site being surveyed was eligible to participate on the survey team. Surveyors-in-training were also recruited from within the organization. Team members had experience with actual regulatory surveys and regulatory requirements. Team members were content experts in the areas of nursing, quality, infection prevention and control, facilities, security, safety, risk, pharmacy, surgery, physician leadership, and behavioral health. A lead surveyor was identified and responsible for orchestrating the planning and execution of the survey including team assignments and schedules. Survey teams were organized and focus areas were assigned to teams. Teams were encouraged to cover as much ground as possible during the onsite survey. A session was held after the survey to create a report-out presentation to share with the Leadership of the survey site. Debriefing sessions were held for the mock survey team and the Leadership team of the site surveyed.

Results/Outcomes: Survey members and site participants provide favorable feedback of their experiences. Benefits of the process include best-practice sharing, improved knowledge and information sharing, professional development, relationship building at a system level, succession planning, and improved survey readiness. Areas of risk and survey vulnerability have been identified through the system-wide survey process leading to improvements in patient safety and quality. Cost savings has been realized with final calculations to be available in spring 2014.