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**Mock Survey:
An Important Component of Survey Preparation
&
Falls: *Avoidable* versus *Unavoidable*
That is *The* Question!
Part I**

**Mock Survey:
An Important Component of Survey Preparation**

Many facilities strive to be 'survey-ready' all year round. But just like many of us schedule the big spring cleaning some time in advance of the in-laws arriving for their annual summer visit, some facilities opt to conduct a Mock Survey in anticipation of their annual licensure/certification visit.

Mock Surveys can serve several purposes:

- A Mock Survey can be an opportunity to take a fresh look at systems, procedures and processes of care, and identify potential survey-*risk* areas. As numerous articles in *Weeks News* have discussed, survey-risk can quickly translate into litigation-risk.
- A Mock Survey also can reveal how staff will function under stressful circumstances.

Taking that fresh and objective look is essential in order to reap the maximum benefit from the Mock Survey process. Facilities across the State are discovering the hard way that the procedures, protocols and monitoring/QA systems that served them well enough in the past are no longer sufficient to avoid survey deficiencies. 'But we've always done it this way; the surveyors never cited us on this in the past; we thought we were doing this correctly; we've always done well on our surveys before – how could this be happening?' It is hard to stay current with new standards and the more stringent application of existing

standards, i.e. F314 Pressure Ulcers, F315 Continence/Catheters, F323 Accidents, etc. It is hard to look at one's own organization and see its shortcomings.

One way to get a fresh and objective perspective and to minimize survey-risk is to have the Mock Survey process conducted by someone external to the facility. This 'someone' could be a consultant or an experienced and well informed professional from a neighboring facility. If, however, the facility elects to manage the process using its own personnel, incorporating the following approaches can facilitate objectivity:

- Assign department heads to 'survey' departments other than their own. In nursing, have charge nurses/unit managers, supervisors, etc., assigned to audit other units and/or aspects of care for which they are not usually responsible. *It is often hard to see your own forest for the trees.*
- Although obviously the internal 'surveyors' will know that a Mock Survey will be taking place at some point, it could be more beneficial if direct care staff and other workers were not informed. *Maximizes the surprise and stress factor.*
- Even though the internal 'surveyors' know that the process is planned, the Mock Survey should be unannounced. The Administrator walks in one morning and proclaims it to be Mock Survey Day. *Simulates 'real life' conditions; surveyors always show up at the worst possible time.*

The most important part of the Mock Survey process is what you do after its over. If the facility has about three months between the Mock Survey and the earliest likely date of the next survey, then I recommend the 'Systems' approach. The Systems approach includes a broader review and analysis of facility policies, procedures, protocols and practices that may be contributing to Quality Indicator Report flags and/or to the 'findings' of the Mock Survey 'survey team.' If the facility has one month or less between the Mock Survey and the earliest likely date of the next survey, then I recommend you go into 'Manage the Damage Mode.' What are your high-risk areas, which residents have experienced negative outcomes, how can the risk be lessened and/or the negative outcome be explained and/or otherwise addressed?

In either scenario, Systems or Manage the Damage Mode, develop a Corrective Action Roadmap that assigns responsibility, targets timeframes and breaks down the plan into operational steps.

Pre-survey preparation and risk management are the two most effective tools we have to weather today's regulatory climate. Most facilities, if they haven't endured it already themselves, know of a facility in their area- good reputation, well respected in their community, satisfactory survey history – that has been blown out of the water during their last survey. Wouldn't facilities rather have a 'friendly outsider' or their own staff discover the dust-bunnies *before* the surveyors do?
Can they afford not to?

Falls: Avoidable versus Unavoidable That is *The* Question! Part I

Absorbing the full ramifications of and complying with F323 and its revised *Guidance to Surveyors* continues to be challenging for most facilities. Surveyors have recently begun to use the "A" and "Un-A" words when reviewing resident incidents during annual surveys. This is not surprising since these terms are prominent throughout F323's *Guidance* and *Investigative Protocol*.

The "A" Word = Avoidable

“Avoidable Accident” is defined by the *Guidance* as an accident that occurred because the facility *failed* to:

- Identify environmental hazards and individual resident risk of an accident, including the need for supervision; (*risk assessment*)
- Evaluate/analyze the hazards and risks;
- Implement interventions, including adequate supervision, consistent with a resident’s needs, goals, plan of care, and current standards of practice in order to reduce the risk of an accident; (*care plan development/ implementation*)
- Monitor the effectiveness of the interventions and modify the interventions as necessary, in accordance with current standards of practice. (*monitoring/modification*)

The “Un-A” Word = Unavoidable

“Unavoidable Accident” means that an accident occurred *despite* facility efforts in the aforementioned areas of risk assessment, care planning, implementation, monitoring and modification.

The **Objectives of the Investigative Protocol** require the surveyor to:

- To determine if the facility has identified hazard(s) present in the resident environment and the individual resident’s *risks for an avoidable accident* posed by those hazards;
- To determine if a resident *accident was avoidable or unavoidable*;
- To evaluate whether the facility provides an environment that is as free as possible of hazards *over which the facility has control, and minimizes the potential for harm*; and
- To determine if the facility provides adequate supervision and assistive devices to *prevent avoidable accidents*.

It is clear from the above language that the determination of compliance with F323 hinges on the surveyor’s determination of ‘avoidable/unavoidable’ when evaluating resident accidents, the facility’s pre/post accident actions, and the facility’s accident-specific documentation.

The *Guidance* does include several entries that refer to the fact that ‘*not all accidents are avoidable*’ and that ‘*a fall by a resident does not necessarily indicate a deficient practice because not every fall can be avoided.*’

HURRAY... but lest we pop the cork on the champagne bottle prematurely... the bar for determining that a resident accident was “Un-A’ is set pretty high!

Subsequent articles in this mini-series will discuss and suggest strategies for managing:

- Risk: probable, possible, unpredictable
- Rights versus Risk
- Interventions and implementation
- Monitoring and modification
- The resident fell...
- And ...

Stay tuned!

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