



Accreditation News

March-April 2016 CA Special Supplement

Volume 8, Issue 2

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OUR MISSION

Our mission is to provide dynamic integrated expertise that supports health care organizations in meeting and exceeding patient care standards as mandated by the regulatory environment.

OUR VISION

To provide a positive and supportive environment that fosters professionalism while providing the highest quality client centric consulting expertise in the health care industry.

OUR VALUES

CREDIBLE • ETHICAL
EXPERT • INTEGRITY
PROFESSIONAL
RESPONSIVE

CA ONLY: General Acute Care Relicensing Survey (GACHRLS) 2016

The California Department of Public Health (CDPH) is conducting general acute care relicensing surveys in 2016, with the full rollout of the surveys that started in March 2016. This new relicensing survey incorporates the elements of surveys that have been conducted in past years, specifically the Patient Safety Licensing Survey (PSLS) and the Medication Error Reduction Plan survey (MERP). During the survey, the facility is evaluated on provision of nursing and medical care, medication management, and on any previous non-compliance issues identified in a three year history for state statutes and regulations related to care provided at the hospital. The state does not provide advance notice of the survey dates to the hospitals. Currently, surveys are expected to occur 30-42 months after the hospital's last MERP survey. Hospitals are to be surveyed no less than every three years and as often as necessary to ensure quality of care.

Small hospitals are usually surveyed for three days and large hospitals for four days.

Per CDPH, the survey team will consist of a Registered Nurse, Medical Consultant and Pharmacist. Additional members are added based on the hospital size, history and complexity of services. Additional members may include a Dietician, additional Nurse surveyors, and other team members as indicated. The team is led by the Team Coordinator, who reviews the hospital's license; services; program flexibility approvals; new services or new construction; information from the past three years on the hospital's substantiated adverse events and administrative penalties; results from prior MERP surveys and PSLS surveys; and results of recertification or revalidation surveys with emphasis on any "Condition" level findings. Each survey will review current staffing at each nursing unit to ensure that staffing meets the requirements of Title 22.

So as you can see from this list, it is imperative that the hospital leaders and directors are well versed on prior survey results and that the improvements that have been implemented as a result of past survey findings are well integrated into current hospital practices.

The survey team usually enters the hospital together and presents their professional credentials to the hospital. As with any survey process, it is recommended that the hospital put in place a well defined process for staff to use, staff who would be the first line of notification to hospital leadership that a survey team is in the building.

An entrance conference with the hospital's administrative staff will be conducted. Although this conference is usually brief, specific and concise, it does set the tone for the entire survey.

Hospitals should prepare the following:

- A meeting area for the survey team.
- Superusers with exemplary skills to navigate the surveyors through the electronic medical record. A minimum of 30 records will be selected for review, with as many of

Continued on the Next Page...

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these as possible being open medical records. Hospitals with low volume, closed medical records will also be accessed.

- Staff members need to be able to respond well to surveyors. Surveyors gather information and data by direct observation and by interviews.

Interviews with direct patient care staff are designed to help determine whether the staff member is aware of a particular policy, such as reporting of medication errors, and are also directed to obtain information on the patient's care needs, plan of care, progress to meeting care needs and discharge planning needs.

Surveyors are alert to many things while they are performing interviews and medical record reviews on patient care units. They are "in tune" to alarm noise and response, performance of hand hygiene, appropriate use of personal protective equipment, safety hazards, cleanliness and the environment of care, signage, and staff interactions.

The survey process can be expected to include the following additional activities:

- Patient or patient/family interviews may be conducted with those patients/families who have granted permission to do so. Patient interviews usually include questions about the patients' knowledge about their plans of care and the quality of the services they have received.
- Survey visits to departments, services and locations on the hospital license, such as the patient care units, outpatient areas and clinics, anesthetizing locations, emergency department, imaging, rehabilitation, remote locations and satellites.
- Personnel files. Licensure, training, and competencies will be reviewed.
- Credentials files. These files will be reviewed to determine whether the hospital follows its own Medical Staff Bylaws and policies for granting privileges and for credentialing.
- Maintenance records.
- Staffing documents.
- Policies and procedures.

Areas that may be reviewed during survey include:

- A "deep dive" on surgical services.
- Review of MRSA screening per your policy.
- Calculation of drugs used in pediatric emergencies.
- Medical staff rules and regulations as well as medical staff bylaws.
- Review of policies and procedures, including review dates.
- Personnel file review, including Director of Food Services and the Infection Preventionist.

Be sure to print the General Entrance and the Pharmacy entrance list of documents and use them as starting points in your preparation processes. Preparation should include the following:

- List of survey documents can be obtained at:
<http://www.cdph.ca.gov/programs/LnC/Pages/GeneralAcuteCareRelicensingSurvey-ComingSoon.aspx>
- Conduct medication pass observations with your clinical staff who administer medications. The surveyors will conduct medication pass observations and will be using the medication pass worksheet. A medication pass worksheet is available on the GACHRL website at CDPH.
- Successful survey preparation also includes the compilation of a survey notebook or binder that contains all of the facility's documents relevant to a specific state standard and to the Health and Safety Code.
- Previous non-compliance issues identified by the state should also be reviewed to ensure that the issues have been successfully resolved and are not being repeated.

At a point during the survey process, the hospital's program flexes will be reviewed. This is to be a collaborative process with the goal of aligning the hospital database and the CDPH database on program flexes.

An exit conference will be conducted to inform the hospital of the survey team's preliminary findings. Official findings will be presented in writing on the Statement of Deficiency (Form 2567) and will be mailed within 10 working days to the hospital. Any deficiency that the survey team agrees is more than a minor violation comes under consideration for an Administrative Penalty. If a situation/event exists that may result in death, serious injury or potential serious injury or death, the deficiency will be considered for an "Immediate Jeopardy." For serious events that do not rise to the level of "Immediate Jeopardy", but result in patient harm, potential for patient harm or patient financial harm, a finding of "Non-Immediate Jeopardy" may be issued.

If you have any questions regarding the New State Licensing survey process, or are in need of assistance, Steven Hirsch & Associates can provide support. Just give us a call.

Written by Linda Paternie, RN, BS, MHA of Associates