



End of the Public Health Emergency: Getting Your Education Programs Survey-Ready

By MedBridge

Overview

Now that the U.S. federal government’s COVID-19 Public Health Emergency (PHE) has ended, so have the special regulatory and compliance flexibilities for home health agencies that came along with it.

The PHE granted temporary rules that relaxed requirements for education and training focused on the onsite visit, competency assessment, QAPI, and inservice protocols. When the PHE ended on May 11, 2023, those requirements once again took effect, with the exception of inservice requirements, which restart on January 1, 2024.

We recommend that to get back on board with regulatory requirements, **agencies review the guidance** from CMS and evaluate how these changes will impact their patients and organization moving forward. Agencies should also take another look at their training programs, **restart any programs** put off during the PHE, and ensure that staff are in compliance to prepare for surveyors to cover these areas again.

In this guide we’ll cover:

- The protocols you need to review to get survey-ready again
- How to ace the most important part of the survey
- Expert strategies for survey preparation and success
- The resources you need to reinvigorate your training, competency, and QAPI processes

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Survey Review: What to Expect

All surveys have similar tasks that a surveyor must implement. What is that surveyor looking for? What is the purpose behind the questions they're asking? Understanding what to expect before, during, and after the survey helps remove the mystery of going through a survey, decreases fear, and promotes optimal performance.

Let's review the survey tasks that your organization will encounter. This information has been generalized to apply to any home health agency or hospice, whether licensed or Medicare-certified; however, the survey tasks are the same across most healthcare organizations. The survey will be individualized for the type of organization and its regulations, but the core principles of surveys are similar.

Task 1: Presurvey Preparation

In Task 1, the surveyor gathers information before ever arriving at the location. The items reviewed may include previous surveys, any complaints or other investigations, iQIES reports, and the structure of the organization.

Tip for success: Ensure the organizational chart and other information matches what has been reported to the state and federal government. If not, part of the survey will include clarifying why this information is not accurate, which takes time from the survey. The more your organization can demonstrate accurate knowledge and systems for compliance, the better.

THE SURVEY TASKS

- 1 **Presurvey Preparation**
- 2 **Entrance Interview**
- 3 **Information Gathering**
- 4 **Information Analysis**
- 5 **Exit Conference**
- 6 **Statement of Deficiencies**

Survey Review: What to Expect

Continued

Task 2: The Entrance Interview

Task 2 is where the tone for the survey is set. The surveyor(s) will provide information about the survey, request needed information, and discuss the purpose, length, and structure of the survey. The questions and information requested by the surveyor should be a part of daily operations of the organization and available in a timely manner.

The Entrance Interview also allows staff to demonstrate their preparedness for the survey by readily providing requested information.

Tips for success:

- ✓ Note that regulations require the administrator, clinical manager/director of nursing, or their alternates to be available at all times in an organization that is responsible for patient care.
- ✓ Have a designated chain of command ready to start a survey so there is no need for a surveyor to wait to start a survey because of missing information.

Task 3: Information Gathering

Task 3 is the most time-consuming part of the survey. Information will be gathered from observation, documentation, and interviews with staff and patients or their representatives.

Tips for success:

- ✓ Start with the outside of the building, and remember that your organization is creating an overall impression as well as demonstrating adherence to

the requirements. Consider creating a checklist based on the organization's survey requirements and perform periodic inspections.

- ✓ Most questions asked by the surveyor are linked directly to a regulation or standard. Teach your staff to think about that connection when answering questions and to answer accordingly. Encourage them to simply answer the questions rather than provide opinions or anecdotes that could complicate the process. Be sure to review regulations and standards and note the areas that include guidance for surveyors.



Did you know? Some reporting requirements have changed.

Some home health provisions are now permanent beyond the COVID-19 PHE. For example, home health agencies can continue to use remote patient monitoring, telephone calls (audio only and TTY), and two-way audio-video technology that allows for real-time interaction between the clinician and patient. Home health services furnished using telecommunication systems are required to be included on the home health claim beginning July 1, 2023. [Learn more.](#)

Survey Review: What to Expect

Continued

Task 4: Information Analysis

During Task 4, all gathered information will be analyzed by the surveyor and matched to the regulations to determine compliance. The following will be considered to determine whether a deficiency should be cited:

- The degree of severity of the deficiency (for example, whether it caused harm or potential harm, or was instead a minor documentation issue)
- The effect or potential effect on the patient(s)
- The frequency of occurrence
- The impact upon the delivery of services
- Trends of noncompliance

Task 5: Exit Conference

The Final Exit Conference is performed at the end of the survey, explaining deficiencies and procedures that are not in compliance with specific regulations and standards. Staff are informed of the observations and findings noted during the survey that may not meet the regulatory requirements. Opportunity should be provided for the organization to ask questions to gain further clarification if needed.

Task 6: Statement of Deficiencies

This task is typically completed off site. The surveyor will write the deficiency report, which should be received within 10 business days. If deficiencies have been cited, the organization must respond within 10 calendar days with a Plan of Corrections (POC).

An effective POC corrects the deficiency and prevents it from recurring through a re-signoff on education with relevant courses or targeted skill training.

Recap: The Survey Process



Task 1: Presurvey Preparation
Before arriving at your location, the surveyor collects information about your organization.



Task 2: The Entrance Interview
The surveyor requests needed information and discusses the upcoming survey.



Task 3: Information Gathering
Your team gathers material from observation, documentation, and interviews.



Task 4: Information Analysis
The surveyor analyzes the information you've provided and determines compliance.



Task 5: The Exit Conference
At the end of the survey, the surveyor explains any deficiencies.



Task 6: Statement of Deficiencies
The surveyor writes the deficiency report offsite and sends it to your team.



How to Ace the Information Gathering Section

These strategies will help you succeed with the cornerstone of the survey, the Information Gathering section:

Practice, Practice, Practice

If the surveyor will be interviewing staff or patients, note these questions, give them to staff, and practice with them. Many of the questions asked of patients or their representatives are found in the admission packet. Staff should continue to review this information with the patient beyond the admission visit and make sure the home folder information is available each visit. If an organization is totally electronic, ensure that patients and staff can readily access it during home visits to continue education.

Prepare for Home Visits

Prepare staff and patients for inevitable home visits by surveyors by ensuring that:

- ✓ The admission folder is readily present.
- ✓ The employee exhibits infection control measures such as handwashing, standard precautions, and bag technique, and has been made aware of any policies updated due to the end of the PHE. Note that this is a major focus for surveys.
- ✓ Patients and/or caregivers understand their plan of care and know the answers to basic procedures such as how to contact the agency if there's an issue.

How to Ace the Information Gathering Section

Continued

Get Your Documentation in Order

Have your organization's policy and procedure manual available. Personnel records are part of what will be reviewed, including those of the administrator, the clinical manager, and the personnel the surveyor will observe during the home visits. Among the patient records selected for review will be patients who are chosen for home visits. Ensure that you've also documented your **competency assessment, training, and signoff**.

Fine-Tune Your Quality Assurance Performance Improvement (QAPI)

QAPI programs are a major focus of the survey process. Surveyors will be looking at:

- How the governing body assures compliance and oversight (major focus).
- Whether there are systems in place to ensure compliance.
- Whether there are any identified areas of deficiency in the organization's QAPI program, including how the organization responds to correct, prevent recurrence, and ensure ongoing compliance.

At minimum, an organization's QAPI program should address:

- Infection control. Remember that infection control, the pandemic, how the organization responded, lessons learned, and programs implemented will be reviewed.
- Complaints by patients and employees.
- Incidents, including abuse reports.
- Satisfaction surveys.

A proactive QAPI program integrates the survey processes to not only deliver quality, but also continuously improve patient care. It creates strong systems to decrease risk to an organization.



Helpful Resources for Addressing Quality and Performance

[Your QAPI Roadmap: Getting from QA to PI](#)

[Quality Improvement in Home Health: How to Create a Feedback Loop for Success](#)



Learn from the Experts: Best Practices

When preparing for a survey, it's important to move away from the mindset of just getting through the survey or audit in order to get back to business. Remember these best practices:

Know and Follow the Regulations, Laws, and Standards

Compliance is part of any healthcare business! Respect the rules rather than reinterpreting them. All staff should be involved in compliance and educated to know the rules for which they are accountable. Just because another HHA or colleague isn't complying or processes were different at a previous workplace, doesn't make it right. State, federal government, and accreditation bodies' regulations are there to protect patients and ensure optimal outcomes for care. Knowing the requirements and creating corresponding systems can help organizations avoid deficiencies and poor performance.

Align Daily Business with Survey Protocols

Regulatory compliance and the survey processes should be so interwoven into daily operations and patient care delivery that the organization is always ready to survive ANY survey!

Stay Up to Date with Survey Training

Prepare Your Administrator, Back Office, and Leadership Staff

Keep your staff current with best practices and strategies for survey success using high-quality training resources such as this two-part survey survival course series developed by MedBridge and Nancy Allen, BSN, RNC, CMC:



Survey Survival Part 1: How to Be Prepared for Any Survey

This course provides knowledge of the skill sets needed to respond confidently to a surveyor visit. Surveyor secrets will be revealed, including what makes a surveyor smile, even if it is only on the inside.



Survey Survival Part 2: The Survey Tasks

In the second part of this course, continue learning practical guidance to expedite any survey or government inspection. The six tasks of a survey will be shared and practical tips will be revealed to help the home health agency avoid deficiencies and stay one step ahead of the surveyor. Most importantly, participants will learn how to integrate the survey processes into daily operations to improve patient care.



Prepare Your Clinical Staff with MedBridge

MedBridge Skills & Competency Manager [▶](#)

Meet regulatory requirements and reduce risk while improving quality of care and patient satisfaction with our online skills assessment checklist and engaging, evidence-based skills training. This effective solution includes:

Digital Skills Checklist, which allows you to customize training programs to focus on identified skill gaps.

Video-Based Skills Library to boost knowledge retention and master home health- and hospice-specific skills with bite-sized lessons.

Reporting & Analytics Dashboard for assigning checklists, simplifying preceptor assessment, and reviewing skill acquisition and sign-off data on our user-friendly interface.

Home Health Procedural Skills [▶](#)

These educational resources for nurse and therapy onboarding, quality improvement programs, and ongoing field reference contain video-based demonstrations, step-by-step procedure guides, and mobile-friendly reference materials.

MedBridge Compliance Training [▶](#)

Mitigate risk and maintain compliance with engaging content and an intuitive platform integrated with the MedBridge Learning

Management System. Auto-assignment, tracking, reporting, and notification features help you stay on top of your organization's compliance needs, and our wide range of engaging, interactive, short-format courses boost participation and information retention.

Quality and Performance Improvement [▶](#)

From quality analysis to performance improvement, our dedicated Home Health Team can help you create and implement an effective QAPI program across your agency. Along with expert consultation, we offer effective, best-in-class staff and patient education, patient engagement tools, and reporting and analytics capabilities for home health agencies looking to remediate areas of low performance, drive quality care, and improve outcomes.

Home Health QAPI Course Series [▶](#)

This two-part expert-led course series provides insight and guidance to create or modify QAPI programs with a detailed overview of the five standards and their application within an organization.



ABOUT MEDBRIDGE

Combining powerful digital patient care tools with the highest quality education, MedBridge is committed to making healthcare better for both providers and patients. Organizations across the care continuum use MedBridge to provide an enriched, digitally enabled experience that engages patients while streamlining and simplifying care. Designed with over a decade of insight from more than 300,000 clinicians and 25 million patients, MedBridge has helped thousands of organizations realize better patient outcomes. [Learn more.](#)

See how MedBridge can help your organization.

[Contact us to request a demo.](#)