CONDITIONS OF PARTICIPATION:

Survey Readiness For Swing Bed Programs

Presented By:

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Session Objectives:

- 1. Apply practical, real-world strategies to maintain survey readiness and compliance with CMS Conditions of Participation (CoPs) for Swing Bed Programs.
- 2. Recognize key practices for preparing staff to engage confidently and appropriately with surveyors during a survey.
- 3. Identify frequently cited deficiencies during surveys and their root causes.
- 4. Evaluate current hospital documentation, care planning, and staff training practices against CoP requirements.



About Your Presenter

Stacy Augustyn MSN-NA RN
Chief Executive Officer
CHS Coffey Health System, Burlington KS

- Registered Nurse with over 15 years of clinical and leadership experience
- Experienced in leading and preparing teams through numerous successful surveys
- Committed to turning survey readiness into an everyday culture
- Focused on empowering staff to feel confident, calm, and ready for survey through practical survey preparation and support
- Advocate for rural health and the unique role of critical access hospitals

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First Down Fundamentals

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Foundational Knowledge

- Conditions of Participation (CoPs)
 - Federal health and safety rules that providers must follow to participate in Medicare/Medicaid.
 - They live in the Code of Federal Regulations (CFR)
 - Think of CoPs as the RULES for the game.
- State Operations Manual (SOM)
 - CMS's handbook for surveyors.
 - Includes survey procedures, interpretive guidelines, and appendices.
 - Think of the SOM as the <u>PLAYBOOK</u> for applying the rules. **OOO**

Collectively will be referred to as the "Regulations"

Where to Find the Regulations

- CMS Conditions of Participation (CoPs)
 - Hospitals 42 CFR Part 482
 - CAHs 485, Subpart F
 - SNF 72 CFR Part 483, Subpart B
- State Operation Manual (SOM) / Interpretive Guidelines
 - Hospitals Appendix A
 - CAHs Appendix W
 - Swing Bed Appendix T
 - SNF Appendix PP



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How to Determine Which Apply?

- 1. Start with your provider type Hospital vs. CAH
- 2. Apply the Swing Bed provisions for your provider type:
 - <u>Hospitals</u> 42 CFR §482.58 (Special requirements for hospital providers of long-term care services "swing beds")
 - <u>CAHs</u> 42 CFR §485.645 (Special requirements for CAHs with swing beds)
- **3.** From there, apply the **cross-referenced SNF requirements** (ex: resident assessment, care planning, discharge rights), but you do **not** apply the full part of 483 SNF CoPs.

"Swing Bed" vs. Distinct Part SNF (DP-SNF)

DP-SNF

• DP-SNF's must comply with **SNF CoP's** found in 42 CFR Part 483, Subpart B. These are extensive and cover everything from resident rights to infection control an QAPI.

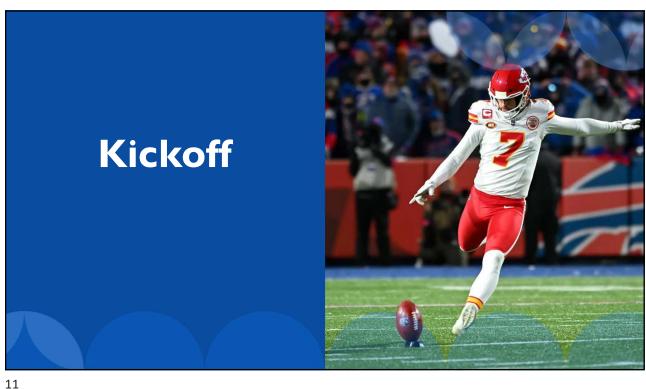
Swing Beds in Hospitals / CAHs

- **Hospitals:** Swing Bed services are governed under 42 CFR §482.58 and related provisions in 42 CFR Part 482.
- **CAHs:** Swing Bed services are governed under 42 CFR §485.645 (CAH CoPs)
- Swing Beds are not subject to the full SNF CoPs. Instead, they must meet a subset of SNF requirements plus additional hospital/CAH CoPs.

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Bottom Line...

Swing Beds operate under hospital/CAH CoPs with a subset of SNF rules layered in. Full SNF regulations only apply if you are a certified SNF provider type.



Kickoff: What to Expect on Survey Day



- Surveyors often will arrive unannounced and start with an opening meeting with leadership.
- Surveys generally last 2-3 days, but length and scope depend on multiple factors (survey type, facility size, services offered, etc.)
- Expect immediate document requests.
- Surveyors will observe care, interview staff and patients, and trace processes.
- Open and closed record review.
- Survey wraps up with an exit conference outlining findings and next steps.
- If significant issues are identified, surveyors may extend their visit.



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Strategy 1:

Regulation Review

- For the game plan to be successful, you must understand and know the rules of the game you are preparing for.
- Tips for Regulation Review:
 - Set aside time to tackle small sections at a time.
 - Take a team approach and challenge one another.
 - Develop a checklist as you go.
 - Color coding can be helpful!

Strategy 2: Identify How You Meet Each Requirement

- For each regulation, think about how can you can **prove** or show **evidence** that you are meeting the requirements.
- Translate the regulation into daily practice by connecting each requirement to daily operations and workflows.
- Do **NOT** build in or implement new processes or policies solely for "Survey"
- Considerations:
 - Is there supporting documentation in the patients record?
 - Do we have a policy that would support this?
 - Do we have meeting minutes or attendance records that would support?
 - Dose our practice align with our policy?

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Strategy 3: Find the "Why" Behind the "What"

- A bad attitude will never result in a win.
- Understanding the intent of the regulation is equally, if not more, important than understanding what the regulation requires. This is a critical step for future strategies.
- Why does this regulation exist?
 - Patient safety?
 - Quality of care?
 - Fiscal responsibility?



Strategy 4:

"Build Your Roster"

- **Draft the Right Players** Swing Bed CoPs require *interdisciplinary teams* to develop, review, and revise the plan of care.
- Run Coordinated Plays Hold regular care conferences to review progress and update goals based on patient assessments.
- **Cover ALL Positions** Address the full scope: medical, nursing, nutrition, activities, rehab, psychosocial, and discharge needs.
- **Keep Everyone in the Huddle** Communicate clearly with patient, family, and team members; document roles and input in the record.

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Strategy 5:

Coaching Your Team - Part 1



A well-prepared team will step into "game day" ready to shine.

Confidence = Performance

- Train Like It's Game Day provide ongoing education on standards, policies, and expectations. Focus on the why, not on the what.
- **Equip Every Player –** Ensure staff know where to find resources, policies, and required documentation.
- **Call the Audible** Teach flexibility so staff can respond calmy to surveyors questions and unexpected situations.

Strategy 5:

Coaching Your Team - Part 2



- Stick to the Playbook –Answer only what is asked. Do not offer additional information.
- **No fumbles** If you don't know the answer, do not guess and do not lie. Direct the surveyor to the right player to answer the question.
- Clean Pass— Provide requested information promptly and in a well-organized manner.
- **Stay in Bounds** Keep discussions professional; avoid side conversations or negative commentary.

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Strategy 5:

Coaching Your Team - Part 3



- Huddle When Needed If uncertain, pause and check before responding.
- Good Sportsmanship Be respectful, attentive, and cooperative.
- **Challenge a Call –** Don't be afraid to respectfully challenge a surveyor if you believe they are incorrect.
- Play to Win Together Remember that every interaction represents the whole team.

Strategy 6: Have Your Second String Ready!

- Surveyors will not "reschedule" if leaders are out, and your team will be expected to navigate the survey process with or without you.
- Identify alternatives in each department who can confidently step in during surveyor's questions.
- Share updates and survey readiness tools with everyone, not just leadership.
- Cross train staff so more than one person knows critical processes and documentation.
- Have resources ready should someone need to quickly fill in.

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Strategy 7: Scrimmage

- Conduct regular mock surveys.
- Walk through policies, procedures, and documentation as surveyors would.
- Use findings to identify gaps and tighten up performance.
- Involve staff from all departments so everyone gets practice.
- Coach in real time and provide feedback and teachable moments.
- Build confidence and reduce nerves by making the process familiar and team-focused.

Strategy 8:

What to do When a Play Fails

Prior to Survey:

• If you have identified a short coming, have a corrective action plans documented and initiated.

During Survey:

• Correct what you can REAL-TIME.

After Survey:

- Use setbacks as learning opportunities to strengthen processes.
- Focus on the process or problem, <u>not</u> people.
- Understanding the root cause is key!
- Immediately begin corrective action planning process.



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Strategy 9:

QAPI: The Game of Continuous Improvement

- Swing Bed CoP's <u>require</u> QAPI integration specific to swing bed services.
- Ensure the full interdisciplinary team is actively engaged in QAPI.
- QAPI is an ongoing process, not just a survey requirement.
- Prioritize high-risk or problem pone areas in your Swing Bed program.
 - Common areas: Nutrition, skin integrity, functional status, psychosocial needs
- Track and trend Swing Bed quality indicators.
 - Examples: Readmissions, patient satisfaction, therapy progress



Strategy 10:

High-Fives!



- Highlight the big plays and the MVPs by sharing specific examples of what went well.
- Review the Scoreboard Show and celebrate measurable improvements as a result of the teams efforts.
- High-Fives should not be reserved just for a successful survey, but for everyday efforts and successes.
- Keep the momentum going by reinforcing that every "win" strengthens compliance, survey readiness, and most importantly, patient care.

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Common Penalty Flags & Fumbles



Common Penalties



- Admission requirements Patient Rights
- Comprehensive Assessments Lack of documentation and missing elements
- Care Planning Failure to develop, implement, or update individualized care plans based on the comprehensive assessment

Considerations:

- Evidence of consistent multi-disciplinary care planning
- Measurable objectives
- Inclusion of patient and patient's representative
- Update care plan routinely
- Infection Prevention & Control— Gaps in infection surveillance, isolation procedures, or staff hand hygiene compliance

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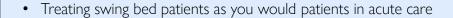
Common Penalties



- Activities Program— Not providing or documenting meaningful activities tailored to the patient's preferences or abilities
- Physician Supervision— Lack of timely physician visits, progress notes, or orders
- **Discharge Planning** Incomplete discharge planning or lack of documentation showing coordination with the patient/family and next level of care
- QAPI— Not incorporating swing bed services specifically into the hospital-wide QAPI program
- Nutrition & Dietary Services Incomplete nutrition assessment, missed follow-up, or lack of diet monitoring

Fumbles

- Misunderstanding of the CoP's versus SNF requirements
- Poor documentation habits
- Staff turnover
- "Hidden" risks you may be overlooking
 - Infection control
 - Emergency preparedness
 - Patient rights







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Fumbles

- Not addressing the root cause of noncompliance with the regulatory requirements
- Not treating survey readiness as a TEAM sport
- Not connecting compliance to quality and safety
- Approaching survey readiness as a one-time event
 - Culture of continuous compliance
 - Proactive vs Reactive mindset
 - Visual internal monitoring tools









- Website Regulatory
- Mock Survey Program
- Health Innovation Network of Kansas or Sunflower Network
- Quality Improvement Organizations
- Professional Associations
 - KOSCP
 - KARQM
 - KONL
 - KDHE
- Peers



