

Survey Success: Focus on the Resident Rather than the Regs.

William M. Vaughan RN, BSN
Vice President, Education and Clinical Affairs – Remedi SeniorCare

Providing quality care and avoiding survey issues involves not only doing certain things but doing them in a timely manner. Few would argue that turning and repositioning a dependent resident is a valuable approach to preventing pressure ulcers. But if this intervention is performed just once a week rather than every few hours there is limited benefit to the resident and significant survey risk to the facility. Similarly, periodically assessing the INR (international normalized ratio) while a resident is on Coumadin is certainly part of the “adequate monitoring” required under F 329. The frequency of such monitoring, however, is not specified in either the regulation itself or the accompanying guidance to surveyors. So in the face of such ambiguity how do facilities achieve compliance and how do surveyors fairly judge the care delivered in nursing homes?

To answer these questions let’s look at the terms immediate and immediately. Collectively they appear 253 times in the State Operations Manual, Appendix PP – Guidance to Surveyors for Long Term Care Facilities. Nurses are required to *immediately* inform the physician when there is a significant change in the resident’s condition, facilities must provide the ombudsman *immediate* access to any resident, Medicaid residents who wish to return to the facility after hospitalization must be readmitted *immediately* to the first available semi-private bed and there is even an admonition to crack eggs *immediately* before cooking. Immediately is actually defined under F 225 in the context of how soon alleged incidents of abuse, neglect, etc. must be reported to the administrator and stage agency:

“...“Immediately” means as soon as possible, but ought not exceed 24 hours after discovery of the incident, in the absence of a shorter State time frame requirement...”

Unfortunately this definition is not applicable to many clinical situations, for example: the initiation of CPR. It’s unlikely that surveyors will view the provision of any emergency procedure as timely if it’s begun 24 hours after the event. Merriam-Webster defines immediately as “without interval of time” which, if applied to regulations, would require almost instantaneous interventions.

The reality is that regulations are written broadly enough to address certain important public health goals while allowing providers the flexibility to determine which practices best achieve those goals. So what is the key to achieving compliance when there is an intrinsic ambiguity to the regulations? Simply put, it’s always having a rationale for the care you provide and consistently basing your actions on meeting the needs of each resident. Getting back to our original example, turning and repositioning is typically performed every two hours. But a resident who continues to develop pressure ulcers may need to be turned and repositioned every hour. In the case of a resident with metastatic bone cancer who experiences significant pain when turned in bed, it may be perfectly reasonable and compliant with the regulations to turn her every four hours. In both of the above situations, the medical record should reflect a thoughtful risk/benefit analysis as well as involvement of the resident or the appropriate decision-maker in the overall process.

Take note of those regulations which require “immediate” interventions and educate your staff accordingly. On a busy evening shift the nurse is likely to contact the physician regarding a significant change in the resident’s condition but may not appreciate the need to immediately notify an interested family member as well (the regs require this notification). Make it easier for surveyors to find you in compliance by explaining any delay in providing care in the medical record. If an ordered pain medication is not immediately available it will take some amount of time to address the situation. Speaking with the pharmacist, checking the interim medication supply for a therapeutic substitution and contacting the physician are all components of a reasonable process to obtain pain relief. The medical record should reflect that this process took place, as well as the pain relief measures that were employed before the medication was secured.

Providing healthcare in a resident centered environment rarely goes exactly as planned. Take credit in the medical record for the manner in which your staff meets challenges, keep the needs of each resident paramount as you make decisions and overall compliance will be well within your reach.

Bill Vaughan has been an RN for over thirty years and is currently vice president of education and clinical affairs for Remedi SeniorCare. Bill has a unique perspective on healthcare regulation having spent 26 years at the Maryland State survey agency first as a surveyor and then chief nurse of the office. He speaks nationally on regulatory issues, has taught both nursing and pharmacy students and is currently a contractor to CMS working on facility and surveyor training related to quality assurance and performance improvement.