

What Does a Student Need to Know for a CMS Survey?

What Might Happen if a Student is Caring for a Patient Picked for a Tracer?

If a student is caring for a patient selected for a tracer, they may be asked to speak with the surveyor. Surveyors are interested in learning how the student fits within the organization and its processes.

The surveyor may also take the student's name and request to see documentation about the hospital-school affiliation agreement, orientation to the facility, and other information showing the student's fitness for duty.

Here are some topics a student or faculty member should be prepared to discuss with the surveyor:

- Knowledge about the patient and care the patient is receiving
- Orientation to the facility – Review of trifold brochure addressing emergency codes, etc.
- Response to emergency codes –
 - Code Red (Fire Emergency) *Return to Work Area. Do Not Use Elevators. Remember RACE (Remove, Alarm, Contain, Extinguish or Evacuate)*
 - Code Red Situation (Fire Alarm Maintenance) *Please call operator in case of fire.*
 - Code Blue (Cardiac Arrest and Medical Emergency)
 - Code Black (Tornado Watch) *Severe weather possible.*
 - Code Black (Tornado Warning) *Move away from windows to protected area. Close blinds or curtains.*
 - Code Gray (Physical Management)
 - Code Orange Hazardous Material Spill or Release.
 - Code Yellow (Bomb Threat)
 - Code Green (Missing Resident)
 - Code Silver (Hostage Situation)
- Fitness for duty – TB testing, background checks
- Oversight of the care given by the student/supervision of the student – who, what, when, how often
- Knowing the seven abuses: *physical, mental, verbal, sexual, neglect, involuntary seclusion, misappropriation of funds.*
- Catastrophic Event
- The Elder Justice Act

What else might the surveyor do?

The surveyor may ask to watch the student pass medication. If so, they are looking for infection control, medication safety, patient identification and medication administration process steps.

As part of general observation on the unit, the surveyor will also be watching for proper handwashing with soap and water (visibly soiled hands) or alcohol-based product (when hands are not visibly soiled). This will be heavily scrutinized during the survey.

What else might the surveyor discuss?

There are many aspects of care the surveyor might discuss with a student. Here are some of the topics they seem to be focusing on in recent surveys.

National Patient Safety Goal-Related Topics (refer to “National Patient Safety Goals” on Student Info Trifold)

- Patient Identification
 - Medication Administration
 - Taking blood samples and other specimens for clinical testing
 - Providing any other treatments or procedures
- Unacceptable Abbreviations
- Look-Alike/Sound-Alike Medications
- Hand hygiene guidelines
- Safety of Using Infusion Pumps
- Clinical Alarms

- Ways to Reduce the Risk of Patient Falls

Patient Assessment and the Plan of Care

- Surveyor will check to ensure that all items on the Physician orders and Care Plans are completed.
- Surveyor will check to ensure that you have followed up for triggered assessments (nutrition, rehab, pain, social services, abuse, skin, fall prevention).

Education Needs

- Surveyor will check to ensure that learning assessment, readiness to learn, preferred methods, and barriers to learning are completely filled out on Interdisciplinary Patient Management Plan (IPMP).

Pain Assessment and Reassessment

- At the time of admission to the Emergency Department and upon admission to the Hospital, the patient is to be questioned regarding the presence of pain. The screening question used is, “Do you have pain now?” If the patient responds “yes”, a comprehensive pain assessment should be conducted as appropriate to the patient’s condition and the scope of care, treatment, and services provided.
- The comprehensive pain assessment data includes, but is not limited to: location, duration, quality (character), radiation, intensity, alleviating and aggravating factors, comfort level, etc. The patient’s self-report of presence and intensity of pain is assessed using the “Numeric Pain Intensity 0-10 scale”. It also can be used for older children and adults, as well as for those who speak a different language. The FLACC scale is a behavior scale that can be used as an alternative tool for pain assessment in the child (0-7), cognitively impaired patient and the patient who is non-verbal or unable to give a self-report.
- Reassessment of INTENSITY of pain is to occur at least 3 times in 24 hours at approximately equal intervals, unless departmental policy indicates otherwise, utilizing the appropriate assessment tools described above. Additional comprehensive pain assessment indicators (for example quality, location etc.) are to be assessed as appropriate to the patient’s condition and the scope of care, treatment, and services provided.
- Reassessment will be more frequent and comprehensive when indicated by the patient’s condition, the nature of procedures performed, the patient’s current and prior complaints of pain and the effectiveness of pain relief.
- Reassess pain relief effectiveness:
 - Within 30 minutes after giving a oral an analgesic
 - Document all prn pain medication in the eMAR
- Frequency of reassessments will be increased if the pain is poorly controlled or if the intervention is being changed.

Medication Management – (refer to Safe Medication Management Information Handout on the orientation web site)

Other Topics

- Reporting adverse drug events/medication errors
- Advance directives, DNR patient