

Washington State Department of Health, Investigations and Inspections Office

SURVEYOR WORKSHEET

CARE CONTINUITY WORKSHEET

STATE SURVEYOR WORKSHEET

Instructions: The following is a list of items, broken down into separate parts, which must be assessed during the on-site survey in order to determine compliance with continuity of patient care services. The separate parts can be assessed in any order and within each part there is also be flexibility to change the order in which the various items are assessed. Interviews should be performed with the most appropriate staff person(s) for the items of interest.

Citation references are provided throughout this instrument, indicating the probable regulatory provision to be cited on the Form CMS-2567 when deficient practices are observed.

PART 1 – HOSPITAL CHARACTERISTICS

1.1 Hospital Name (please print)

\_\_\_\_\_

1.2 Address, State and Zip Code (please print)

\_\_\_\_\_

Address

\_\_\_\_\_

City

State

Zip

1.3 Date of site visit:

		/			/					to			/			/				
m	m		d	d		y	y	y	y		m	m		d	d		y	y	y	y

**PART 2 – CARE CONTINUITY LEADERSHIP RESPONSIBILITIES**

Elements to be Assessed		Manner of Assessment Code (Enter all that apply) & Surveyor Notes
<p><b>2.</b> Have leaders established hospital-wide patient care services appropriate for patients served and available resources which include integrating and coordinating all patient care services?</p> <p><u>Focus areas</u></p> <ul style="list-style-type: none"> <li>• Identify hospitalist and other services that bridge gaps/reduce errors and other means designed for this (i.e. RRT), including after-hours provisions.</li> <li>• Newly acquired/expanded services integrated per policy and practice into care continuum</li> <li>• Coordination of inpatient and outpatient services along care continuum and common pathways</li> <li>• Provisions to ensure needed patient services that are not available onsite</li> </ul>	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
<b>If no to 2, cite at WAC 246-320-136 Leadership (Tag B-0185)</b>		
<p><b>3.</b> Does the medical record promote care continuity?</p> <p><u>Focus Areas</u></p> <ul style="list-style-type: none"> <li>• Mechanisms in medical record support interdisciplinary continuity (i.e. referral to dietician, social worker, RT; IDT team rounds, interdisciplinary care plans)</li> <li>• Referrals completed in acceptable time frames and content per policy standard</li> <li>• Changes in care plan (i.e. per patient care rounds) complete and accurately reflected in medical record</li> <li>• Care plan status identified prior to discharge, even when goals not achieved</li> </ul>	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
<b>If no to 3, cite at WAC 246-320-166 Management of Information (Tag B-745)</b>		

**PART 2 –CARE CONTINUITY MANAGEMENT OF INFORMATION (CONTINUED)**

Elements to be Assessed		Manner of Assessment Code (Enter all that apply) & Surveyor Notes
<p><b>4.</b> Has the hospital implemented P&amp;Ps that address transmittal of medical data to ensure continuity of care?</p> <p><u>Focus Areas</u></p> <ul style="list-style-type: none"> <li>Essential medical data consistently transmitted for patients being transferred/discharged to a higher and/or lower level of care (inside and/or outside of the facility)</li> <li>HHAs and/or SNFs view data transmission as effective to assure care continuity</li> <li>Patients and families informed about of medical data transmission to outside facilities as part of discharge/transfer process</li> <li>P&amp;P for types of multidisciplinary team rounds</li> </ul>	<p><input type="radio"/> YES</p> <p><input type="radio"/> NO</p>	<p><input type="radio"/> 1</p> <p><input type="radio"/> 2</p> <p><input type="radio"/> 3</p> <p><input type="radio"/> 4</p> <p><input type="radio"/> 5</p>
<p><b>If no to 4, cite at WAC 246-320-166 Management of information (Tag B-785)</b></p>		
<p><b>5.</b> Has hospital implemented and revised patient care P&amp;Ps for conditions that require patient transfer within the facility, to specialized areas and outside facilities?</p> <p><u>Focus Areas</u></p> <ul style="list-style-type: none"> <li>Are transfers initiated and executed per policy w-patient/decision-maker consent, as possible, especially for ED and OB patients.</li> <li>“Hand-offs” comply with policies, including for higher risk/urgent patients (i.e. ED, OB, OR, urgent procedures [cath lab, IR])</li> <li>Consent for transfer completed, including identification of accepting provider.</li> </ul>	<p><input type="radio"/> YES</p> <p><input type="radio"/> NO</p> <p><input type="radio"/> N/A</p>	<p><input type="radio"/> 1</p> <p><input type="radio"/> 2</p> <p><input type="radio"/> 3</p> <p><input type="radio"/> 4</p> <p><input type="radio"/> 5</p>
<p><b>If no to 5, cite at WAC 246-320-226 Patient care services (Tag B-1155)</b></p>		

**PART 2 –CARE CONTINUITY PATIENT CARE SERVICES (CONTINUED)**

Elements to be Assessed		Manner of Assessment Code (Enter all that apply) & Surveyor Notes
<p><b>6.</b> Has the hospital developed and implemented P&amp;Ps that address patient safety measures (i.e. patient transport, medication reconciliation, review of Codes/RRTs)?</p> <p><u>Focus Areas</u></p> <ul style="list-style-type: none"> <li>• Transport staff implement safety measures routinely and emergently, including hand hygiene</li> <li>• If medication reconciliation process utilized then consistently adhered to along continuum of care, especially at discharge with information for the patient/decision maker</li> <li>• Patient experience of medication reconciliation process, esp. at discharge, acceptable</li> <li>• Proper use of ID/ allergy identification during patient care and transitions.</li> </ul>	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
<p><b>If no to 6, cite at WAC 246-320-226 (Tag B-1160)</b></p>		
<p><b>7.</b> Has the hospital developed and implemented P&amp;Ps that address discharge planning (sample: 2 current re-admission inpatients)?</p> <p><u>Focus Areas</u></p> <ul style="list-style-type: none"> <li>• P&amp;P implemented, as designed, for dc to home, SNF and alternate arrangements</li> <li>• Medical record evidence (overt) of patient/decision maker inclusion during key steps in the process, especially as plans modified</li> <li>• Patient experience acceptable/rights supported</li> <li>• Reason of re-admission is WNLs</li> </ul>	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
<p><b>If no to 7, cite at WAC 246-320-226 (Tag B-1190)</b></p>		

**PART 2 –CARE CONTINUITY PATIENT CARE SERVICES (CONTINUED)**

Elements to be Assessed		Manner of Assessment Code (Enter all that apply) & Surveyor Notes
<p><b>8.</b> Does the initial patient assessment consistently address the need for discharge planning?</p> <p><u>Focus Areas</u></p> <ul style="list-style-type: none"> <li>• Relevant, timely follow-up communication based on the initial needs assessment (whether or not risk based)</li> <li>• Initial evaluations for discharge provided by non-nursing team members also implemented per policy (social work, dietary, pharmacy)</li> <li>• Provisions for code status and end of life care initially addressed and followed-up on in a timely manner, including obtaining ADs</li> <li>• Staff employ efforts effective to obtain existing/updated copy of ADs for med record</li> <li>• Patient/decision-makers involved in initial DC planning phases</li> </ul>	<p><input type="radio"/> YES</p> <p><input type="radio"/> NO</p>	<p><input type="radio"/> 1</p> <p><input type="radio"/> 2</p> <p><input type="radio"/> 3</p> <p><input type="radio"/> 4</p> <p><input type="radio"/> 5</p>
<p><b>If no to 8, cite at WAC 246-320-226 (Tag B-1230)</b></p>		

**PART 2 –CARE CONTINUITY PATIENT CARE SERVICES (CONTINUED)**

Elements to be Assessed		Manner of Assessment Code (Enter all that apply) & Surveyor Notes
<p>9. Does discharge planning documentation demonstrate that it was appropriately coordinated with the patient, family or caregiver and receiving agency (sample: 2 current re-admission inpatients to look at execution of prior discharge planning process)?</p> <p><u>Focus Areas</u></p> <ul style="list-style-type: none"> <li>• Discharge plan revised, as needed, until completion with proper referrals</li> <li>• Written patient education materials available, provided and relevant to patient circumstances</li> <li>• Discharge teaching sessions relevant, appropriate and individualized</li> <li>• If follow-up appointments and phone calls (from hospital staff) part of the plan, then executed effectively</li> <li>• Pt fully prepared to exit facility with planned degree of self-care and documented</li> <li>• For SNF placement (Medicare), patient/decision maker has choice &amp; active role in facility selection</li> <li>• Team process employed when patient/decision-maker find plan unacceptable</li> </ul>	<p><input type="radio"/> YES <input type="radio"/> NO</p>	<p><input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5</p>
<p><b>If no to 9, cite at WAC 246-320-226 (Tag B-1270)</b></p>		

**PART 2 –CARE CONTINUITY PASRR FORM**

Elements to be Assessed		Manner of Assessment Code (Enter all that apply) & Surveyor Notes
<p>10. Discharge documentation for patients with disposition to a Medicaid-certified nursing facility includes appropriate completion of PASRR form (DSHS #14-300).</p> <p>Discharge planning policy and procedure addresses PASSR form completion for patients with relevant SNF disposition(s).</p>	<p><input type="radio"/> YES  <input type="radio"/> NO</p>	<p><input type="radio"/> 1  <input type="radio"/> 2  <input type="radio"/> 3  <input type="radio"/> 4  <input type="radio"/> 5</p>
<p><b>No citation; advise of requirement</b></p>		