



ACOG

The American College of
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LOMC Survey Agency Report PAC Presentation July 27, 2022

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OBJECTIVES

- **Provide clarification on survey processes**
- **Give information on the surveyor selection process**
- **Illustrate what the surveyor training process entails**
- **Identify how surveyors are reviewed and maintain competency**
- **Identify what is going well with survey process**
- **Identify potential improvements to survey process**

Describe How Surveyor Candidates are Selected

Surveyors are selected based on the following criteria:

- Surveyor has completed ACOG 8-hour training seminar
- Surveyor type needed: MFM, OB, RN
- Level of Hospital being surveyed: Surveyor must practice at like level institution or higher
- Geographic area of practice-Surveyor must not be from within 100-mile radius or same RAC
- Hospital affiliation: Surveyor cannot practice within same hospital affiliation or have other conflict of interest, such as same group or refer patients

Surveyor Training, Orientation, Ongoing Performance

- **#1: Surveyors attend ACOG training seminar where process is reviewed and DSHS gives training/expectations of LoMC program**

- **#2: Orientation to surveyors includes:**

- ❖ Review of videos regarding survey process (approximately 3 hours)
- ❖ Hints for successful chart audit document
- ❖ Orientation & Review of link to documents provided by hospital for each survey (1 hour)
- ❖ Review Site Audit Tool
- ❖ Review Chart audit tool
- ❖ Ongoing ACOG workshops for review of key issues noted on surveys (e.g. QAPI workshop 10/21)

#3: Ongoing performance is reviewed and proctored during and after survey with feedback given on documents when improvement is needed after review of Program and Medical Director

Are surveyors asked to offer actionable suggestions for potential deficiencies?

Yes, ACOG approaches surveys collaboratively.

- **Discussion of findings:** Whether findings are potential or actual, the surveyors continually communicate concerns or findings based on what rule says and what evidence is noted by surveyor.
- **Discussion of evidence and what meeting the rule would look like:** The surveyors review examples of evidence needed to assure rule is met; frequently asking for additional evidence.

How are surveyors assigned to surveys to be completed?

- **Surveyors are selected based on their ability to perform an accurate, unbiased, and fair survey utilizing the selection criteria: no COI, 100-mile radius, appropriate level of practice**
- **Surveyors are selected based on their ability to communicate in a collaborative manner**
- **Surveyors are assigned based on schedule availability/selected date**
- **Surveyors are submitted to facility to review and sign off as to facility not having a conflict of interest with surveyor as well**

Surveyor Evaluation/Ongoing Competency

- **Surveyors are evaluated on an ongoing basis by:**
 - **1. Review of documents submitted for each survey**
 - **2. Feedback when additional information is needed**
 - **3. Ongoing education during survey process as survey participants**
 - **4. Asked for feedback on survey process from surveyor**
 - **5. Asked for feedback from hospitals based on surveyor performance**

What is working well with survey/designation process?

- Orientation of facility to survey process with Program Director
- Orientation of hospital surveyors to facility/facility survey process
- Numerous discussion/debriefs with maternal leadership to explain findings and rationale of the rule/requirements
- Collaborative process of survey about potential/actual processes
- Improvement of turnaround time by DSHS helps facilities affect change in real time
- Implementation of changes based on rule findings in facilities creating improved maternal outcomes

What opportunities have you identified for improvement in survey/designation process?

- **Standardization of rule interpretation must be done so all organizations are surveying by the same standards/interpretation**
- **DSHS clarification of what evidence meets rule**
- **Equity of surveying organizations being selected fairly**
- **Standardization of audit tool and chart review tool**

Differences in Findings/How Communicated/Surveyor Training

We are always open to improvement and feedback on our surveys/process.

When differences arise between the survey report and state findings, how was it handled within your agency?

1. These issues are specifically addressed in each subsequent orientation session for surveyors
2. Email orientation data is presented to surveyors
3. Video training by medical director is also uploaded to training Dropbox site and surveyors are notified.

What Training is provided to mitigate surveyor bias?

- Orientation video on Dropbox
- 1:1 surveyor orientation
- Review in orientation/closed sessions specifically addressing to avoid holding hospitals to how things are done in surveyor's institution (rural vs academic setting)
- Ongoing communication with surveyors during survey, especially in closed sessions
- Program director and Medical director attend all surveys to provide ongoing feedback/direction

??????? **QUESTIONS** ????????