



PSQ Analysis

*Findings and
Recommendations From
Review of Post Survey
Questionnaires
For the Period
1/1/2007 to 12/31/2008*

Executive Summary



Introduction

This is the first analysis of input provided via the Post Survey Questionnaires (PSQ) of SHCC members. Although there were some earlier surveys, we elected to use only those occurring in the two most recent years of 2007 and 2008. During that period, 24 of our member organizations underwent unannounced surveys by the Joint Commission (TJC). 13 of those hospitals submitted a PSQ with varying levels of completeness.

Although the sample size is relatively small, it does represent 26% of our membership and almost 6% of the total number of state hospitals in the country. Still, the apparent trends should only be considered directional. As more members complete surveys and submit PSQs, the sample size will grow and so should its predictive reliability. To that end, hospitals with pending PSQ are still encouraged to submit them for inclusion in an update. Facilities expecting survey are entreated to contribute complete PSQs at the earliest possible date.

To our knowledge, this is the only state hospital-specific analysis of recent survey experience. It is our hope that this data will help SHCC members be more effective and efficient in their efforts to maintain standards compliance and survey readiness. Please use this information with discretion and do not distribute it beyond the SHCC membership to prevent its contamination of the processes it intends to assess.

In the future this analysis will be updated on an annual or semi-annual basis depending upon the number of PSQ submissions collected. We also intend to expand the scope of the analysis to potentially include other types of surveys (e.g., complaint) and surveyor preferences. We would very much like to have your feedback on this project. Please share your comments, questions or suggestions to help us improve. You can contact us via internet (<http://www.shccSuggest.com>), E-mail (CustomerService@fieldsinc.com) or telephone (770.389.3800).

We thank you for your interest and support.

Richard A. Fields MD

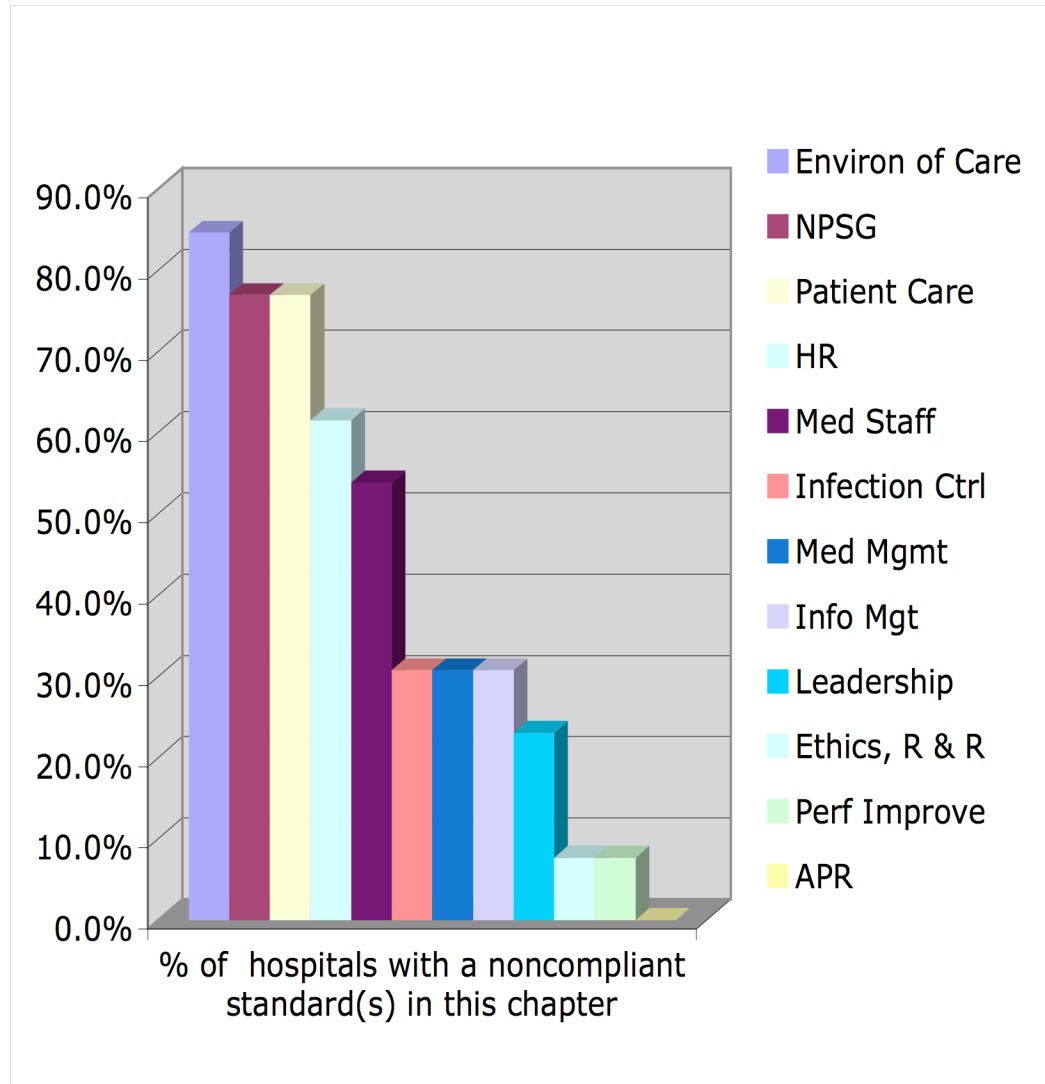
Compliance Concerns By Chapter

Chapter of Standards	# of hospitals with a noncompliant standard(s) in this category	% of hospitals with a noncompliant standard(s) in this chapter
Environ of Care	11	84.6%
NPSG	10	76.9%
Patient Care	10	76.9%
HR	8	61.5%
Med Staff	7	53.8%
Infection Ctrl	4	30.8%
Med Mgmt	4	30.8%
Info Mgt	4	30.8%
Leadership	3	23.1%
Ethics, R & R	1	7.7%
Perf Improve	1	7.7%
APR	0	0.0%

FIND: *5 chapters in the chart above stand out as challenging. More than half (at least 53%) of SHCC members surveyed had non-compliant standards in one or more of these chapters.*

REC: *These areas of standards should be more carefully reviewed/evaluated during the PPR process and given higher priority for practice tracer activity. Leaders should ensure that staff responsible for these areas know the compliance expectations. Take advantage of relevant reference articles [**REF**] in the **Highlight Pages** of the SHCC SL1 Library at www.fieldsinc.com/SL1_TJC.html*

Compliance Concerns By Chapter



Top SHCC Compliance Issues

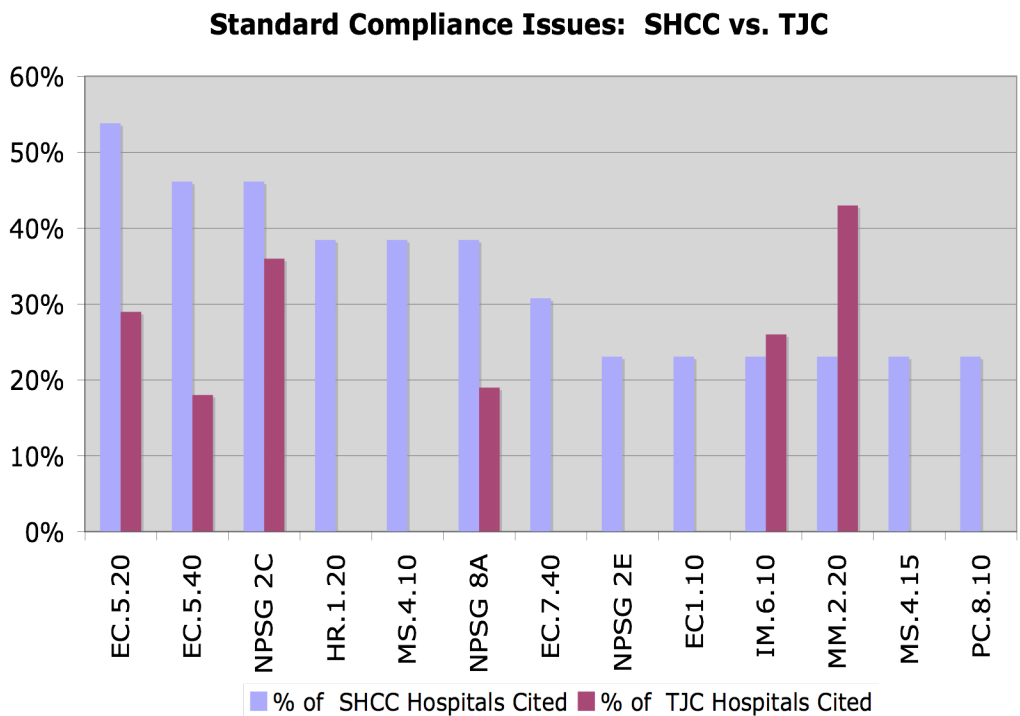
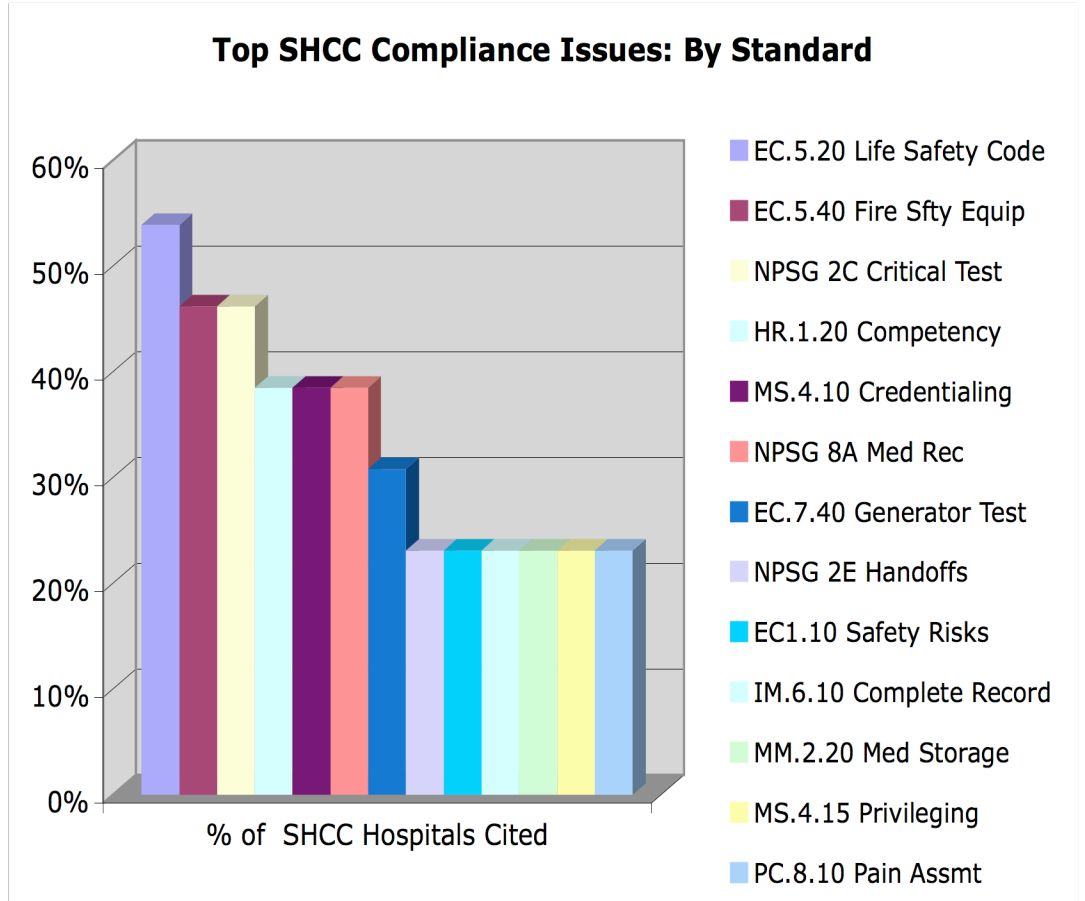
Standard	Descrip	# of SHCC Hospitals Cited	% of SHCC Hospitals Cited	% of TJC Hospitals Cited
EC.5.20	Life Safety Code	7	54%	29%
EC.5.40	Fire Sfty Equip	6	46%	18%
NPSG 2C	Critical Test	6	46%	36%
HR.1.20	Competency	5	38%	NA
MS.4.10	Credentialing	5	38%	NA
NPSG 8A	Med Rec	5	38%	19%
EC.7.40	Generator Test	4	31%	NA
NPSG 2E	Handoffs	3	23%	NA
EC1.10	Safety Risks	3	23%	NA
IM.6.10	Complete Record	3	23%	26%
MM.2.20	Med Storage	3	23%	43%
MS.4.15	Privileging	3	23%	NA
PC.8.10	Pain Assmt	3	23%	NA

FIND: 6 of the Top 13 non-compliant standards for SHCC hospitals are also identified as Top 10 compliance issues for hospitals by TJC*. However, note that 4 of the 6 TJC compliance concerns appear to be more problematic (i.e., more frequently cited/higher %) in state hospitals than the larger hospital pool. Also note that more than half of our most frequent non-compliant standards are not on the TJC Top 10 list.

REC: Expect that surveyors will look for (and find) many of the same compliance concerns in our hospitals as they do in primary care hospitals. As such the TJC top 10 list is worth attending to but should not be considered sufficient. SHCC findings suggest another set of compliance concerns more peculiar to our settings. The additional EC issues in our findings might be explained by our older facilities. However, the other findings in HR, MS, MM and PC suggest the need to be more ardent and develop greater mastery in these areas.

*Top Standards Compliance Issues for Full-Year 2007, Perspectives, Sept 2008, Pg9, Vol28 #9

Top SHCC Compliance Issues



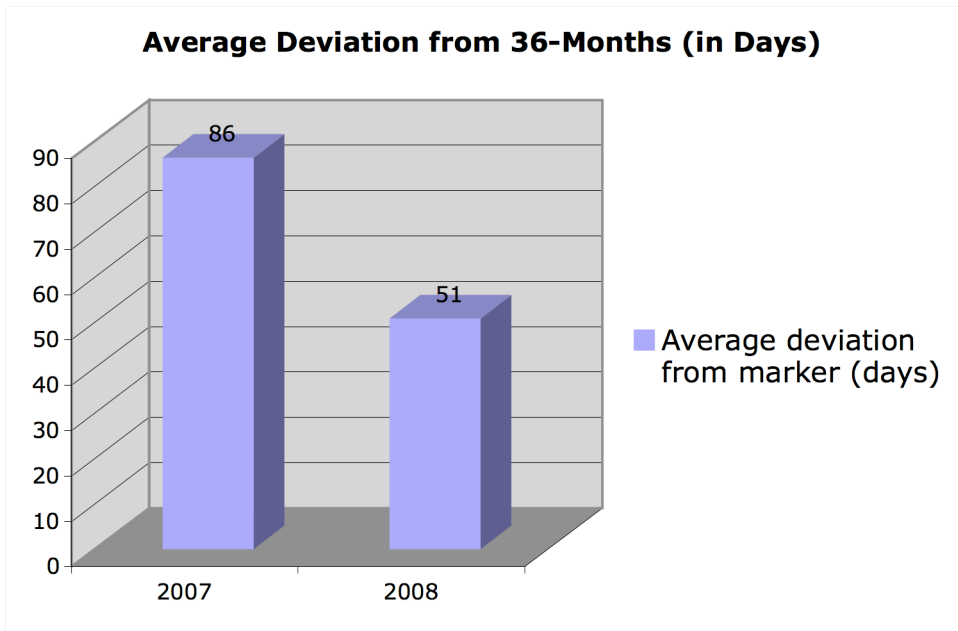
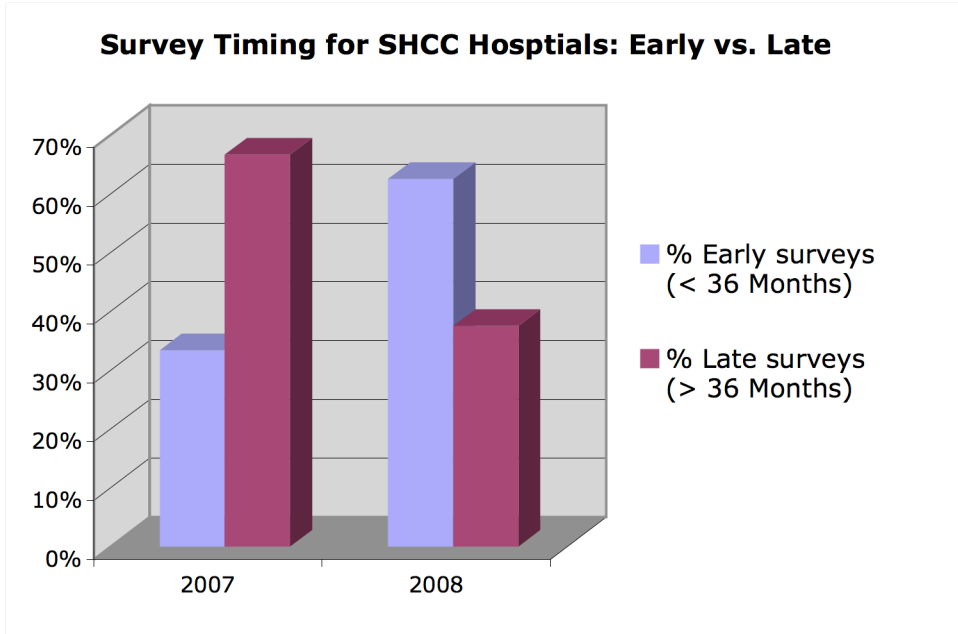
Survey Timing

	2007	2008
# Early surveys (< 36 Months)	2	5
# Late surveys (> 36 Months)	4	3
% Early surveys (< 36 Months)	33%	63%
% Late surveys (> 36 Months)	67%	38%
Marker (Months)	36	36
Average deviation from marker (days)	86	51

FIND: *In our analysis, we used 36 months as a marker because that was the old expectation and most of the reported surveys seem to occur around that point. Based on that marker, we observed a significant increase in the number of surveys occurring before (i.e., Early) vs. after (i.e., Late) the 36-month point. Although earlier, surveys also appear to be occurring in a narrower window of time (i.e., variance) around that same 36-month point.*

REC: *The 51-day average variance in PSQ findings for 2008 would suggest pacing your pre-survey preparations and Joint Commission Connect website monitoring to peak in the 34-38 month post survey period.*

Survey Timing



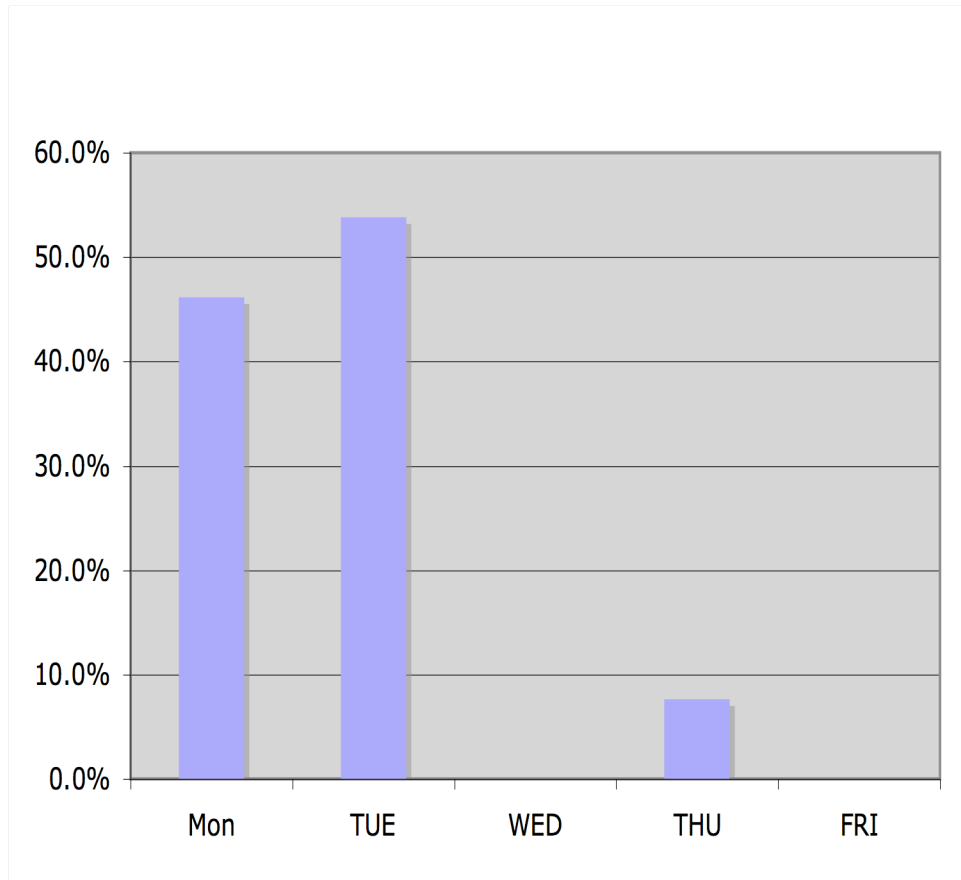
Survey Start Days

Start Day	#	%
Mon	6	46.2%
TUE	7	53.8%
WED	0	0.0%
THU	1	7.7%
FRI	0	0.0%

FIND: *Since most hospital surveys are 3 or 4 days long and surveys rarely include weekends, it is not unexpected that the most common days for surveys to begin is on Monday or Tuesday.*

REC: *If your survey is usually 4 days long you only need to monitor the Joint Commission Connect website on Monday and Tuesday. If your survey is usually 3 or 2 days, you should add 1 or 2 days respectively to your monitoring approach. In all cases, be particularly vigilant on the first two days of the week.*

Survey Start Days



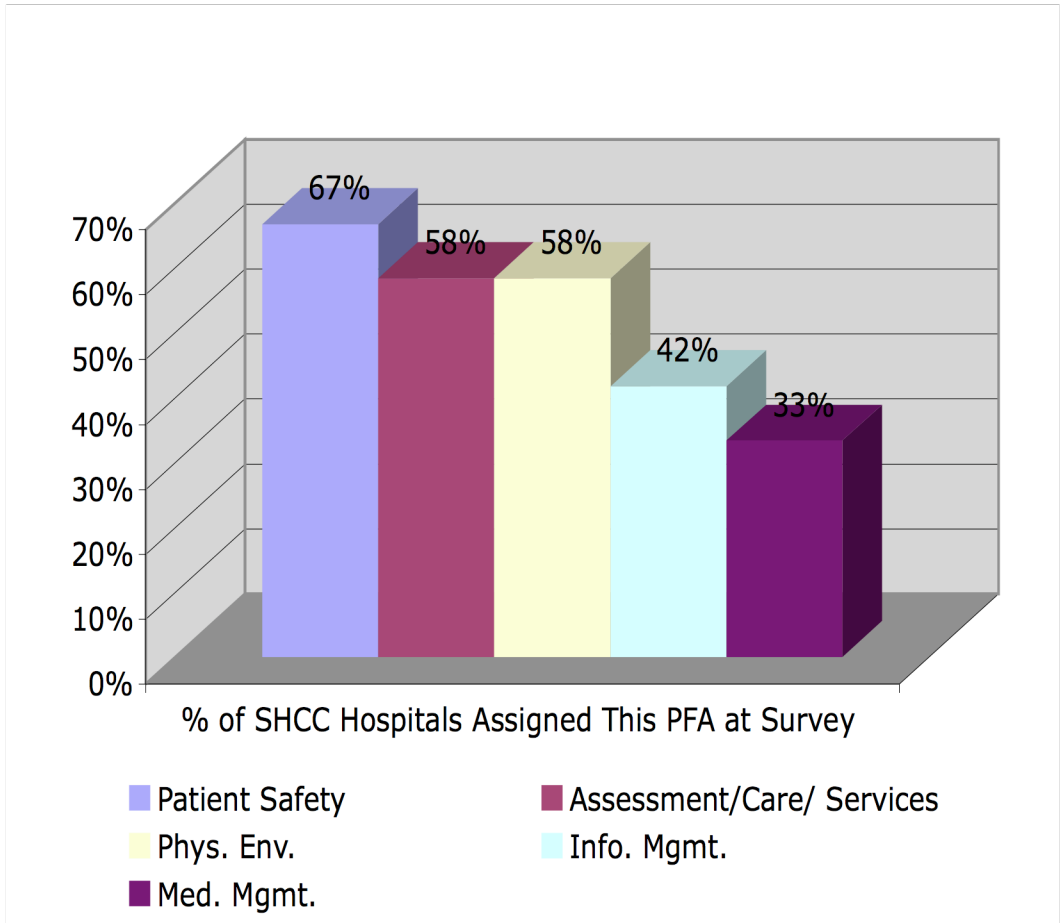
Most Frequent State Hospital PFAs

Priority Focus Area	% of SHCC Hospitals Assigned This PFA at Survey
Patient Safety	67%
Assessment/Care/ Services	58%
Phys. Env.	58%
Info. Mgmt.	42%
Med. Mgmt.	33%
Avg # of PFA	4

FIND: *The five most commonly assigned PFAs for SHCC hospital members at the time of survey are indicated above. The average number for our facilities was 4 and is consistent with TJC literature indicating 3-5.*

REC: *Remember that PFAs provide the initial areas of focus and emphasis for surveyors. At survey time, leaders should be able to justify their selection of PFAs, especially if they differ from those assigned by TJC. Although there is no requirement for you to change, consider preparing a rationale for any of these 5 PFAs that are not currently on your list.*

Most Frequent State Hospital PFAs





Feedback Form

Your feedback is crucial to our ability to improve the information and service we provide you. We value your input and will do our best to use it to better meet your needs. We thank you in advance for what you are about to share.

Feedback Scale

5= I strongly Agree, 4= I agree, 3= I am unsure/neutral, 2= I disagree, 1= I strongly disagree

Please indicate your level of agreement with the following statements about this PSQ Analysis:

- This PSQ Analysis provides relevant information
- This PSQ Analysis provides useful information
- This PSQ will help me identify high-risk standards
- This PSQ will help me be better prepared for survey

I would like to receive another PSQ Analysis update

Suggestions for improving the PSQ Analysis

Thank You