

4-21-25 Weekly Clinical Update

On April 16, 2025, CMS released a new resource for providers on the survey process and common request providers may receive during surveys. CMS states the toolkit is intended to help providers navigate the survey process effectively.

Per the AHCA website at <https://www.ahcanca.org/News-and-Communications/Blog/Pages/CMS-Releases-Survey-Process-Toolkit-.aspx>, key topics include:

- CMS & Federal health and safety requirements
- Survey purpose and the surveyor's role and
- Cooperation during surveys

All facilities can access the toolkit on the QSEP (Quality, Safety, & Education Portal) public access training catalog (<https://qsep.cms.gov/ProvidersAndOthers/publictraining.aspx>) by navigating to the "E" section within the alphabetical list of trainings. Once you locate "Essential Survey Information for CMS-Certified Providers", select "Launch" on the right side of the screen.

The site has a red section named, "IMPORTANT INFORMATION" that says, "This training is intended for learning purposes only, it is not official guidance. For official policies and guidance please refer to CMS laws and regulations, including the State Operations Manual (SOM) and CMS official guidance memos. Additional information is listed on the [Training Disclaimer Page](#)." The training takes "30 minutes".

At the end of the training, this banner appears:

Surveyors and providers should remain professional and courteous. We share the same goal of improving and safeguarding individuals' health and safety. If a provider has concerns with the survey process or surveyor behavior, they can contact state leadership or the applicable CMS Location.

A couple of interesting slides include:

Surveyor's Role to Evaluate Compliance

When a surveyor is at your healthcare facility or organization, it's their job to **evaluate compliance using CMS' policies and procedures.**

A surveyor:

- Is authorized and required by Federal law to conduct surveys and cite any noncompliance they identify
- Is assessing your facility or organization's compliance with Federal regulation. Their role is exclusively limited to assessing compliance and noncompliance
 - They can't provide technical assistance on how your facility or organization can improve quality or compliance, but can refer providers to resources for technical assistance or training.
- Only focuses on evidence of compliance with regulatory requirements.
- Should be objective, courteous, and respectful in their interactions.

Cooperation During Survey Process

Surveyors will want to move through the survey process as efficiently as possible. When they come to your health care facility or organization, they'll need your help and cooperation so they can effectively:

- **Observe** how your facility or organization provides care and services to patients and the effects of that care.

- Tip: Providing surveyors access and orienting them to your facility or organization can help expedite the observation phase.

- **Interview** staff and patients.

- Tip: Helping surveyors reach the right people, such as the medical director or other staff, can help complete these interviews quickly.

- **Review** medical records to determine whether the care your facility or organization provides meets the needs of individual patients and complies with all requirements.

- Tip: Providing quick access to medical records (electronic or paper), can help surveyors complete the survey quicker. *Note that when surveyors can't get access to medical records, it delays the survey process and extends the time surveyors will be present in your facility or organization.*

Remember, the purpose of surveys is to assess compliance and the health & safety of your patients under federal law. It's your responsibility to demonstrate compliance and work with the surveyor during this process. You will have an opportunity to discuss the survey once it is complete, such as in the exit conference.

Asks of Providers During Surveys

- Keeping interviews private so interviewees can speak freely and protect their confidentiality.
 - • Facility staff should not be present during resident/patient interviews, and staff (like a staff member's supervisor) should not be present during staff interviews.
- Allowing the survey to occur.
 - Providers should not impede the survey process by delaying or refusing records (e.g. electronic medical records) or building entry.
- Ensuring the appropriate individuals are available to be contacted by surveyors (e.g. medical director or other key staff).
- Answering interview questions and sharing requested documentation with the surveyor to demonstrate compliance.
- Communicating with staff about the surveyor role and providing guidance on how they can support the survey process.

While you in the QSEP site, be sure to do a bit of “exploring” to see all of the education provided on this site. It is comprehensive and it is the same training the surveyors receive from CMS.