



EBOOK

# **THE NEW ERA OF SURVEY READINESS:**

**HOW LEADING HOSPITALS STAY PREPARED  
EVERY DAY, NOT JUST BEFORE SURVEYS**



**vastian**

## INTRODUCTION:

When a hospital leader reads through the more than 250 standards<sup>1</sup> and 1,760 elements of performance (EPs) required by The Joint Commission alone, there may be a sense of frustration or anger at the sheer volume of regulations that must be followed to achieve and maintain accreditation. But survey performance isn't simply a bureaucratic issue. Rather, these numbers showcase the deep challenges in healthcare regulatory compliance and Quality oversight.

These challenges are amplified by the potential devastating consequences, including financial penalties, reputational damage, and, most critically, compromised patient safety that can come with noncompliance.

Need proof? Just ask the

**730** HOSPITALS

THAT RECEIVED AN IMMEDIATE JEOPARDY TAG  
(2007-2017)<sup>2</sup>

or one  
of the

**4,980** RECIPIENTS

OF A CONDITION-LEVEL CITATION  
(2023)<sup>3</sup>

**These numbers and examples tell a sobering story:** the stakes of survey readiness extend far beyond regulatory compliance.



In this high-stakes environment, the ability to demonstrate continuous Quality and safety practices is no longer optional – **IT IS MISSION-CRITICAL.**



In this eBook, we explore:

- Challenges of survey readiness
- How leading hospitals can shift their mindset on accreditation
- Why digital solutions are enabling a new era of constant readiness

# THE ABCS OF ACCREDITATION

Hospitals in the U.S. operate under the oversight of multiple regulatory agencies, each with its own standards and methodologies. While they all want to ensure the highest levels of patient care, let's take a quick look at a few accreditation sources, and what makes them unique.



## Centers for Medicare & Medicaid Services (CMS)

CMS is the largest payer of healthcare in the U.S., and as such, it ensures that hospitals receiving federal reimbursement are meeting the minimum Conditions of Participation (CoPs).<sup>4</sup> CMS surveys are usually triggered by a complaint or a failure to meet standards during accreditation reviews, with potentially dire consequences, including termination from Medicare.



## The Joint Commission (TJC)

The Joint Commission is easily the most well-known accrediting body in the U.S. healthcare system, accrediting approximately 70% of the nation's 3,800 hospitals. In 2019, The Joint Commission cited an average of 33.7 RFIs (requirements for improvement) per hospital that required those hospitals to execute action plans to return to compliance with the specific elements of performance cited. Unannounced visits by The Joint Commission can be extremely stressful for hospitals, sending staff into a whirlwind of activity, ensuring that documentation is updated and risks are quickly mitigated. The Joint Commission surveys follow a "tracer" methodology<sup>5</sup>, where surveyors follow the patient's journey through the continuum of care and evaluate how care is delivered at every step of the patient's treatment plan.



## Other Accreditation Groups

While the Joint Commission accredits the largest percentage of hospitals, there is no shortage of organizations that offer hospital accreditation services, including Det Norske Veritas (DNV), Center for Improvement in Healthcare Quality (CIHQ), and Accreditation Commission for Health Care (ACHC).



## The Leapfrog Group

Unlike the others noted above, The Leapfrog Group is not an accreditor in the traditional sense. Instead, it's a national nonprofit organization that grades hospitals based exclusively on patient safety.<sup>6</sup> Hospitals can opt not to respond to The Leapfrog Hospital Survey but may still be graded based on publicly available data.

# THE CHALLENGES OF SURVEY READINESS

What is not lost in the alphabet soup of accrediting organizations is the fact that hospitals must be prepared to meet a diverse set of expectations – not just when the surveyors are in the building, but every single day. Despite their best efforts, many hospitals fall into these same traps when it comes to survey readiness:



## **Reactive Compliance:**

After responding to direct citations or action plans, teams often relax standards, falling back into normalized deviance and perpetuating a cycle of non-compliance.



## **Manual Tracking Systems:**

Spreadsheets, shared drives, and other manual input processes are prone to human error, leading to inefficiencies, delayed reporting, and missed follow-ups.



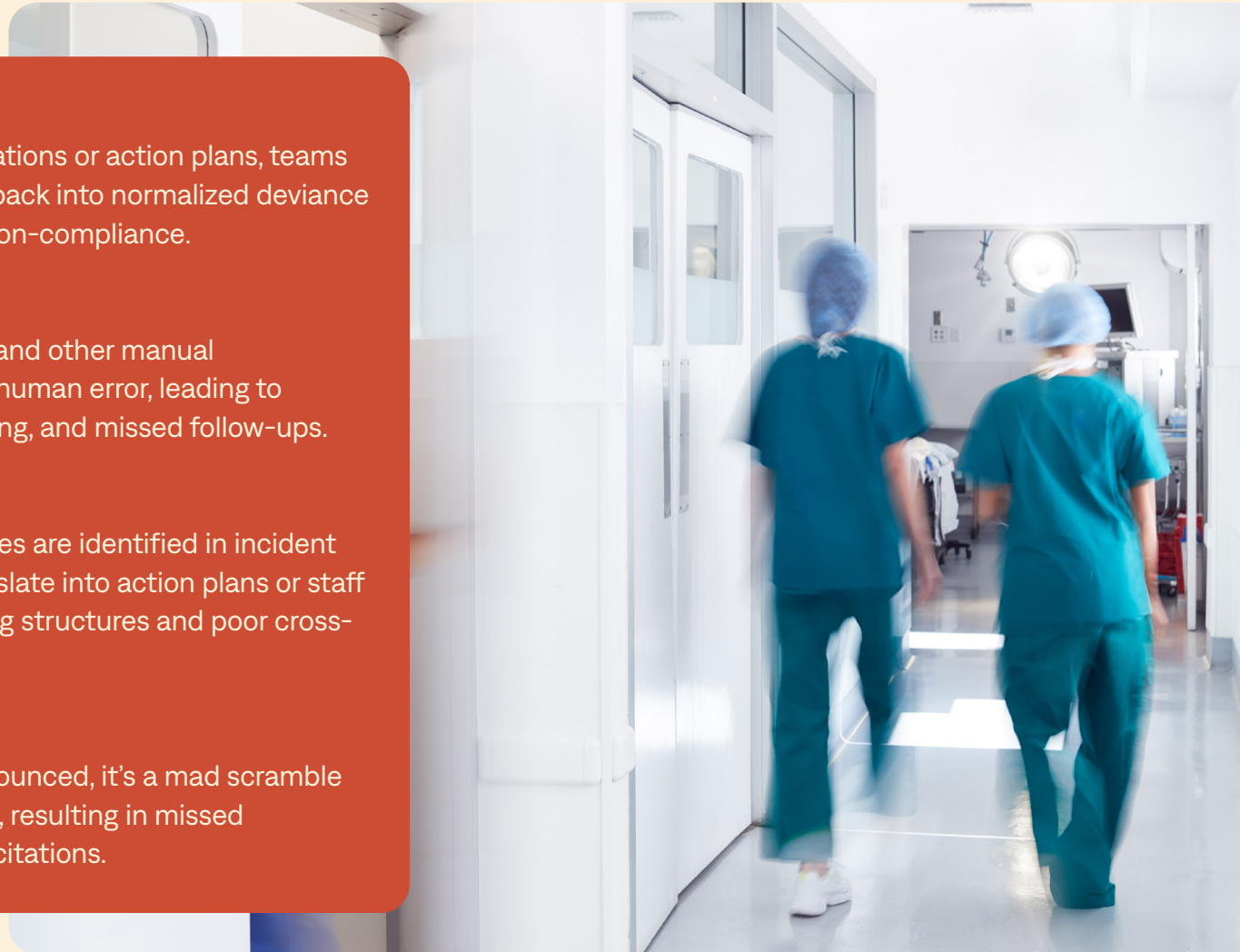
## **Data Disconnection:**

Even when critical safety issues are identified in incident reports, they often fail to translate into action plans or staff training due to siloed reporting structures and poor cross-department communication.



## **Panicked Documentation:**

When surveyors arrive unannounced, it's a mad scramble to locate proof of compliance, resulting in missed opportunities and additional citations.



## THE CHALLENGES OF SURVEY READINESS (CON'T)

These outdated methodologies lead to very real consequences, and they can be much more damaging than the proverbial “slap on the wrist.”

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### 1ST PENALTY FOR UNFAVORABLE SURVEY RESULTS

**Increased deficiencies that are cited by the regulatory body.**

Deficiencies can be a second chance to get things right, but often require time, money, and effort spent to develop and implement a corrective action plan.

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### 2ND CONSEQUENCE

**Downgraded public-facing performance rating,**

such as a lower CMS star rating or Leapfrog Hospital Safety Grade, and in severe cases, hospitals that have repeated compliance issues can face fines<sup>7</sup>, or even a loss of accreditation and federal funding.<sup>8</sup>

And while each of these penalties affect the hospital's bottom line, the bigger impacts can include loss of patient and community trust, staff burnout, and the continued erosion of organizational culture.



## CONSIDER THAT JOHNS HOPKINS MEDICINE RESEARCHERS ESTIMATE THAT:



patients are  
**TWICE AS LIKELY TO DIE**  
of a preventable problem at a Leapfrog Hospital Safety  
Grade “C,” “D,” or “F” hospital than an “A” hospital



over  
**50,000 LIVES WOULD BE SAVED**  
if all hospitals performed as top hospitals did<sup>6</sup>

If you're a patient with a choice of where to go for your healthcare needs or an employee looking for their next career opportunity, clearly, you're going to choose the higher graded facility with the best reputation in the area.

And that example speaks to the biggest consequence of all:  
**failure to maintain readiness impacts patient safety.**

Inadequate infection prevention, missed handoff communication, or lapses in monitoring high-risk patients can all result in patient harm or compromised health outcomes.

**IN SHORT,  
BEING PREPARED  
ISN'T ABOUT CHECKING  
REGULATORY BOXES,  
IT'S ABOUT  
SAVING LIVES.**

## A PARADIGM SHIFT: ALWAYS SURVEY-READY

The most successful hospitals are adopting a continuous and constant readiness mindset, shifting from reactive to proactive compliance. Instead of scrambling before a visit, they create a system where Quality and regulatory compliance are always visible, always documented, and always improving.

Having a proactive readiness culture leads to some extraordinary benefits, including:



### Improved Quality Outcomes:

When readiness is continuous and constant, so is Quality. Hospitals that adopt proactive compliance will see fewer safety issues and stronger clinical performance, leading to higher patient satisfaction scores.



### More Efficient Operations:

Daily monitoring allows hospitals to identify and address potential issues in real time, not just after a citation.



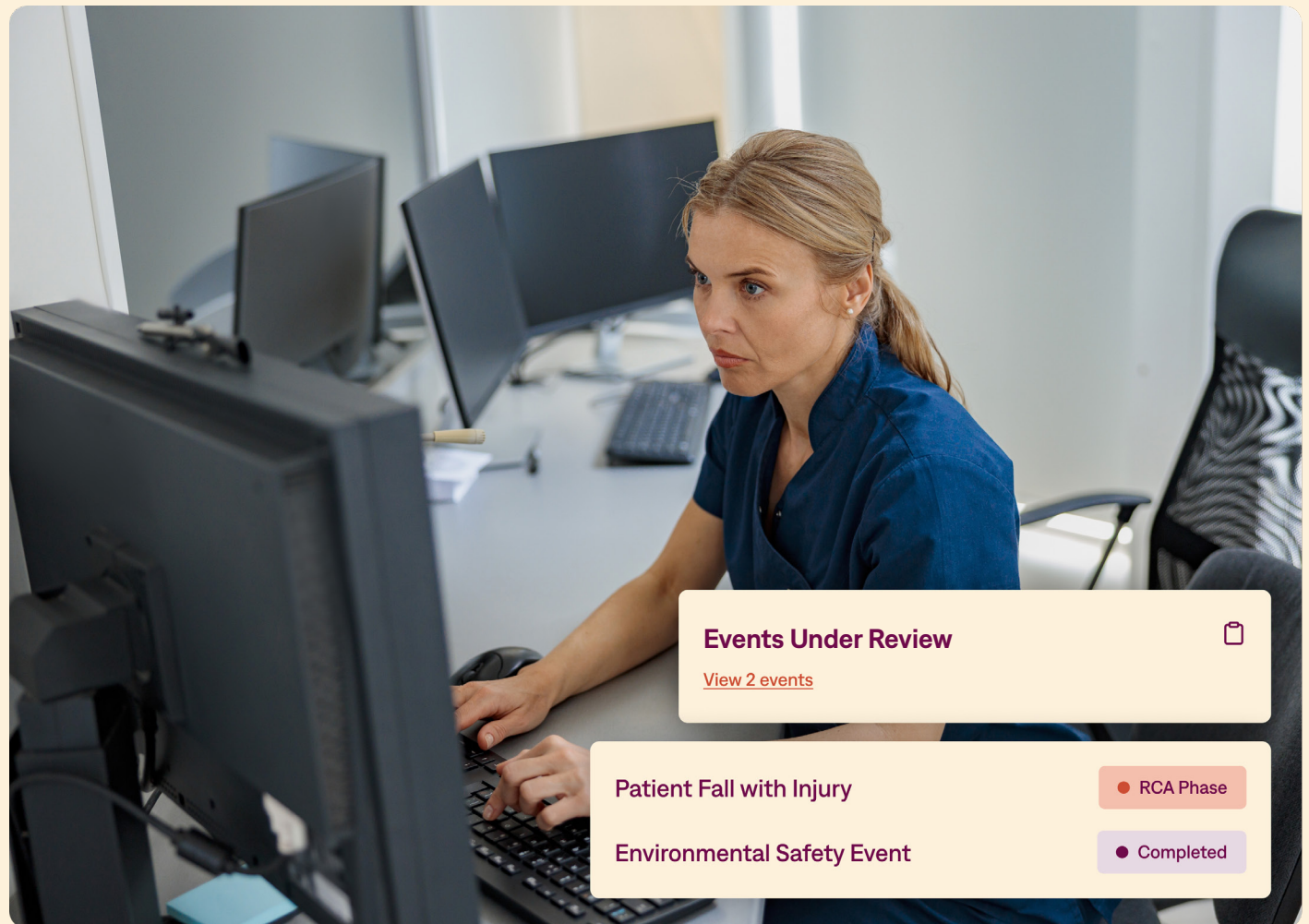
### Reduced Staff Stress and Burnout:

When surveyors show up for their unannounced visits, staff are empowered to continue their work as usual knowing that they are prepared and won't have to scramble to "get ready."



## THE KEY TO ENABLING THIS SHIFT IS TECHNOLOGY.

Digital tools assign and track tasks that ensure follow-through at every level within the healthcare organization. With real-time dashboards, centralized documents, automated reminders, and powerful analytics, these tools help a hospital do more than just pass surveys; they elevate the standard of care provided to patients.



# THE VASTIAN SOLUTION: MODERNIZING SURVEY READINESS

At Vastian, we have re-imagined what survey readiness should look like, focusing not on a one-time event, but a continuous, integrated process that strengthens your entire Quality infrastructure. Our platform automates, integrates, and elevates every aspect of your hospital's Quality performance, breaking down silos and enabling full visibility across your entire organization.



# SEAMLESS INTEGRATION ACROSS PRODUCTS

We do this through a suite of solutions that work individually and collectively to improve your hospital's Quality Assessment and Performance Improvement (QAPI) program, allowing hospitals to:

Automate survey preparedness in **VASTIAN READINESS**, a robust, flexible accreditation and survey readiness management solution that allows teams to effectively show the evidence of their higher standards to all deeming authorities.

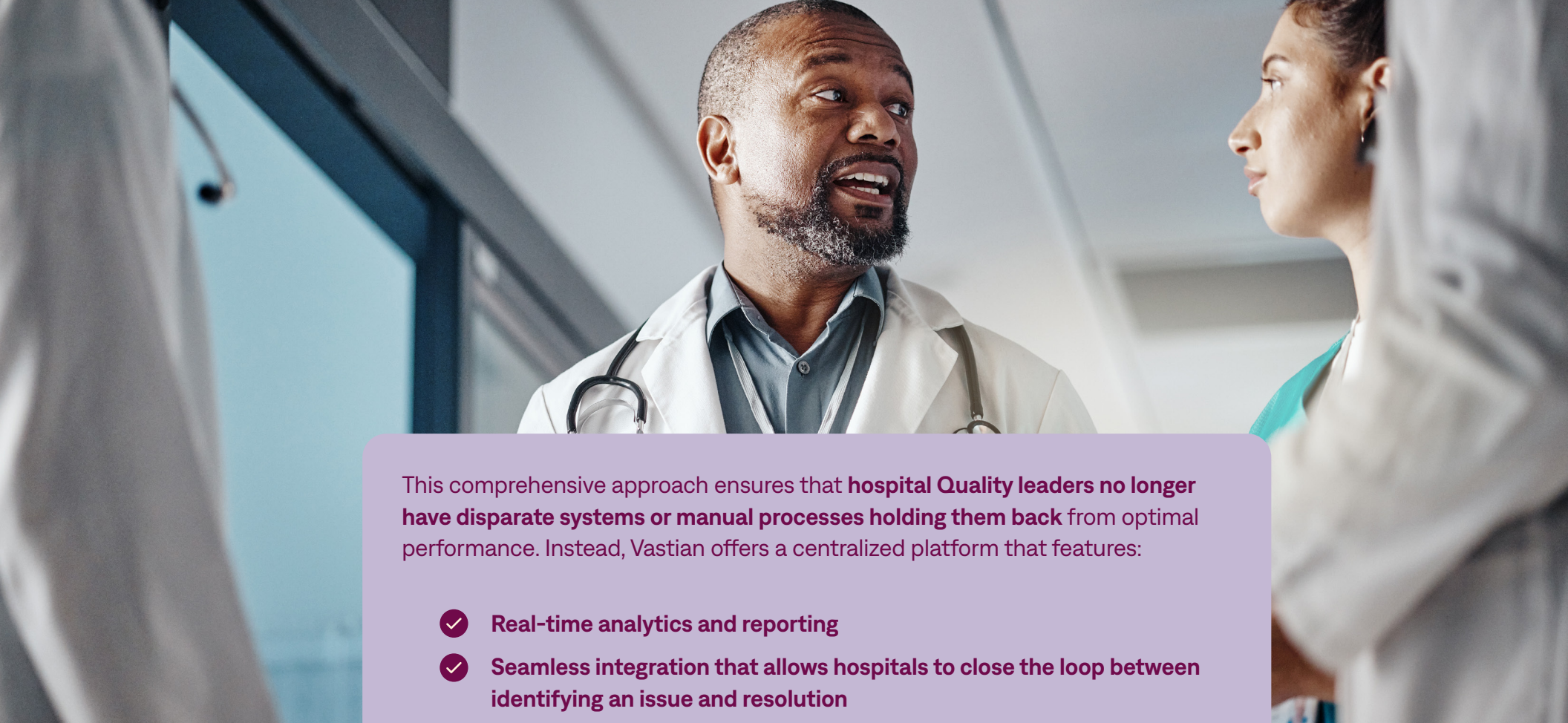
Monitor key performance indicators and execute action plans within **VASTIAN APPIL** (Action Planning, Performance Improvement and Long-term Effectiveness), designed so hospitals can systematically address compliance gaps, correct those performance gaps, and prevent future risks.

Verify staff competencies and disseminate education using **VASTIAN COMPETENCY**, allowing leaders to host competency assessments online, and develop courses and other instructional materials to empower frontline team members to execute evidence-based practices.

Integrate real-time opportunities for improvement identified when rounding or performing real-time surveillance using **VASTIAN ROUNDING**, helping hospitals proactively eliminate safety hazards, ensure regulatory compliance, and significantly elevate patient care standards.

Track and manage incidents with **VASTIAN EVENTS**, featuring customizable forms, automated alerts, and real-time incident and near miss reporting.

Manage policy updates, annual plans and risk assessments, downtime forms, and house Safety Data Sheets with **VASTIAN DOCUMENT CONTROL**, a fully customizable document management system, saving hospitals time and effort.



This comprehensive approach ensures that **hospital Quality leaders no longer have disparate systems or manual processes holding them back** from optimal performance. Instead, Vastian offers a centralized platform that features:

- ✓ Real-time analytics and reporting
- ✓ Seamless integration that allows hospitals to close the loop between identifying an issue and resolution
- ✓ Actionable insights for continuous improvement
- ✓ Automated and scheduled task and initiative management at all levels
- ✓ Instant access to all evidence of compliance
- ✓ Ongoing readiness with year over year syncing
- ✓ Real-time communications among hospital teams and surveyors.

# HOW VASTIAN POWERS DAILY READINESS: USE CASES FROM THE FRONT LINE

Vastian's suite of tools aren't designed simply for survey week. Instead, they support daily operations at hospitals and health systems.



## VASTIAN APPIL

For example, Quality and Nursing leaders can monitor key performance indicators such as patient fall prevention, restraint use, pressure injury prevention and moderate anesthesia use to ensure compliance with evidence-based practices and regulatory compliance using Vastian's APPIL.

## VASTIAN ROUNDING

Vastian's Rounding makes regulatory, environment of care, and patient experience rounding and infection prevention surveillance easy by aggregating results to make identifying trends easy. When actions are required to address opportunities for improvement, Vastian's Rounding connects to Vastian's APPIL for the development and execution of effective action plans.

## VASTIAN EVENTS

In the case of a patient fall occurring in the emergency room, the incident is logged in Vastian Events. A patient safety and Risk team then reviews the report and determines the key factor that contributed to the fall, such as environmental clutter. In that example, a new decluttering task would be added to APPIL to show closed-loop improvement.

## VASTIAN READINESS

Finally, when the surveyor shows up unannounced and asks for required documents and evidence of standard compliance, the Regulatory lead opens the Vastian Readiness application that shows every resource that demonstrates the hospital's compliance with regulatory requirements.

## THE FUTURE OF YOUR SURVEY READINESS

Readiness is no longer defined by a survey window on the calendar — it's a culture.

If you find yourself stuck in a reactive mode, we encourage you to audit your processes to determine where improvement can happen. Perhaps it is empowering your team with real-time data or investing in digital tools to avoid human error. Maybe you need an entire culture shift to one that puts a proactive focus on regulatory readiness and patient safety.

Vastian would welcome the opportunity to be your partner in improving your hospital's culture related to Quality, patient safety and regulatory compliance.

**Our mission is to elevate Quality for better patient outcomes and make it easier for healthcare professionals to show their higher standards.**

**THE BEST HOSPITALS  
AREN'T JUST  
REACTING TO CHANGE;  
THEY'RE  
ANTICIPATING IT.**

## CONTACT US TODAY

for a consultation or personalized demo at

**[www.vastian.com](http://www.vastian.com)**

BOOK A DEMO



## CITATIONS:

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# SHOW YOUR HIGHER STANDARDS™



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