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Bringing Survey Readiness to the Clinic Staff

Making regulatory expectations practical, understandable, and part of everyday dialysis care

Mary Kay Hamilton, MHI, RN, CARH
Founder & Managing Partner, RenalWise
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OPENING REFLECTION

When a surveyor walks through the door…

How would your clinic staff describe the feeling?

Nervous | Ready? | Stressed | Confident | Uh-oh…

Curious

Today is about moving from "I hope we're ready" to "this is simply how we work."

THE CORE IDEA

Survey readiness is a whole-team responsibility

Leadership sets expectation

Leaders create the structure, resources, and accountability that make readiness possible.

Clinic teams make it real

The people delivering care every day translate requirements into safe, reliable routines.

Education connects the two

When staff understand the "why," compliance becomes easier to remember, explain, and sustain.

You don't build a survey-ready culture the week before the survey.
It is built in ordinary work, every day.

LEARNING OBJECTIVES

What we will do together

01 **Recognize**

Why survey readiness must extend to the staff delivering care every day.

02 **Connect**

Regulatory expectations to the “why” behind safe clinical practice.

03 **Identify**

Where role-specific knowledge gaps may exist — before a surveyor finds them.

04 **Build**

Practical, continuous education into daily clinic operations.

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Live Knowledge Check

Answer each question in the chat. On the next slide, we'll reveal the answer, connect it to the ACHC standard, and talk about why it matters.

LIVE KNOWLEDGE CHECK

Knowledge Check 1: Hand Hygiene

ANSWER IN THE CHAT

According to the CDC hemodialysis guidance incorporated by ACHC, hands should be washed with soap and water for at least how long?

- **A** 5 seconds
- **B** 15 seconds
- **C** 30 seconds
- **D** 60 seconds

Type A, B, C, or D in the chat. Choose the answer you believe is correct.

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ACHC STANDARD RD7-A

Answer 1: Hand Hygiene

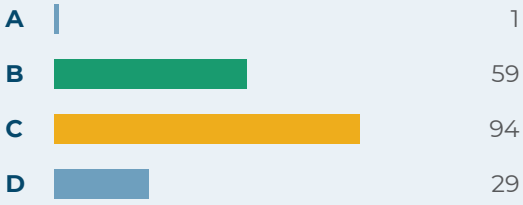
CORRECT ANSWER

B. 15 seconds

Why it matters

Hand hygiene is one of the most frequent opportunities to interrupt transmission in dialysis. The standard requires facilities to implement accepted infection-control practices and the CDC hemodialysis recommendations. For this hemodialysis-specific guidance, vigorous handwashing is performed for at least 15 seconds.

Earlier audience response



ACHC connection

RD7-A requires an effective infection-control program and implementation of CDC hemodialysis infection-control recommendations.

A BETTER QUESTION

Who “owns” survey readiness?



The work may look different by role. The responsibility for safe, compliant care does not.

THE “WHY” MATTERS

Knowing the steps is not the same as understanding the requirement

“I do it because I was told to.”	“I know what this prevents.”
Staff may know the procedure, but shortcuts become tempting when the underlying safety risk is not understood.	When staff can connect the requirement to patient and staff safety, the behavior becomes easier to defend and sustain.

Survey readiness improves when staff can explain not only WHAT they do, but WHY they do it.

LIVE KNOWLEDGE CHECK

Knowledge Check 2: Blood Contamination

ANSWER IN THE CHAT

What should be done if a reusable item is visibly contaminated with blood?

A Dispose of it immediately

B Place it in a bucket of water by the dirty sink

C Clean it with an intermediate-level disinfectant

D Place it in a leak-proof container

Type A, B, C, or D in the chat. Choose the answer you believe is correct.

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Answer 2: Blood Contamination

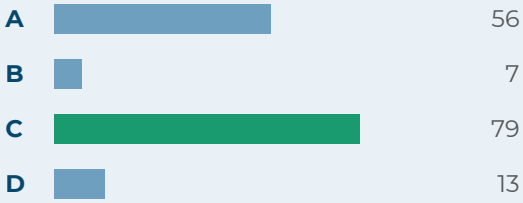
CORRECT ANSWER

C. Clean it with an intermediate-level disinfectant

Why it matters

Blood contamination changes the level of risk. A reusable item must be appropriately cleaned and disinfected before it returns to a clean area or is used for another patient. Simply moving, rinsing, or storing the item does not remove the transmission risk.

Earlier audience response



ACHC connection

RD7-A requires procedures for cleaning and disinfection of contaminated surfaces, medical devices, and equipment and adherence to accepted infection-control practice.

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Who Needs to Be Ready?

The people being observed, interviewed, and delivering care every day need to understand the expectations — not only the leaders preparing for survey.

The people being surveyed are the people doing the work

RN	PCT	Social Worker	Dietitian
Clinical care, assessment, medication, infection prevention	Treatment setup, monitoring, infection prevention, safety	Psychosocial care, rights, grievances, plan of care	Nutrition assessment, plan of care, patient education
Biomed	**Clinic Manager**	**Medical Director**	**Administrative Support**
Water, equipment, maintenance, safety systems	Operations, staffing, policies, follow-through	Quality of care, policies, QAPI, medical oversight	Patient information, records, communication, environment

If these team members are expected to demonstrate the practice, answer the question, or explain the process — they need the education.

EDUCATION SHOULD BE ROLE-RELEVANT

Teach the standard where it meets the role

What do I need to KNOW?	What do I need to DO?	What do I need to EXPLAIN?
The expectations that apply to my role — in language I can understand and explain.	The observable behaviors, documentation, communication, and safety steps that demonstrate the standard in practice.	Why the process matters for the patient, the team, and the reliability of care.

The goal is not to turn every staff member into a regulatory expert. It is to make sure each person understands the expectations they live out every day.

WHAT A SURVEYOR CAN SEE AND HEAR

Readiness is visible in more than a binder

OBSERVATION	INTERVIEWS	RECORDS
What staff actually do at the chairside, medication area, water room, and throughout the clinic.	Whether staff can describe the process, their responsibilities, and what they would do in a real situation.	Whether the documentation supports the care, training, competencies, QAPI, and policies that should be in place.

That is why survey preparation cannot live only with the person organizing the survey documents.

IT IS PATIENT SAFETY

The real reason to educate the whole team is not the survey



Survey readiness is strongest when it is simply the visible result of safe, understood, reliable care.

LIVE KNOWLEDGE CHECK

Knowledge Check 3: QAPI

ANSWER IN THE CHAT

What is the primary focus of the Quality Assessment and Performance Improvement program in the dialysis clinic?

- **A** Facility-wide improvement of care
- **B** Patient-specific improvement of care
- **C** Financial performance improvement
- **D** Staff training / in-servicing programs

Type A, B, C, or D in the chat. Choose the answer you believe is correct.

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Answer 3: QAPI

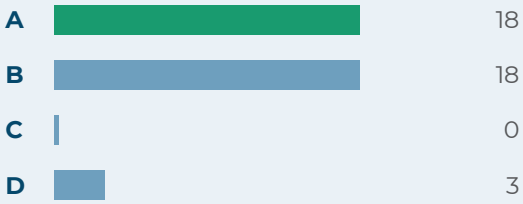
CORRECT ANSWER

A. Facility-wide improvement of care

Why it matters

QAPI looks beyond a single patient or one isolated event. It uses data across the facility to identify opportunities, improve outcomes and patient safety, reduce errors, and determine whether improvement actions are sustained.

Earlier audience response



ACHC connection

RD6-A calls for an effective, ongoing, data-driven, facility-wide QAPI program that measures processes of care, services, operations, outcomes, and patient safety.

What happens when education stops at leadership?

- **Leadership knows the standard**
  but the staff member performing the task may know only the routine.

- **Policies are available**
  but staff may not understand how the policy connects to what they do today.

- **Audits find problems**
  but the lesson may stay with the manager instead of reaching the person who can prevent recurrence.

Closing that gap is what turns “survey preparation” into everyday readiness.

WHEN STAFF UNDERSTAND THE “WHY”

What frontline readiness sounds like

RN / PCT

“I clean my hands here because this is the point where I could carry organisms from one patient or station to another.”

Social Work / Dietitian

“This is how my assessment contributes to the interdisciplinary plan — and what I do when the patient’s needs change.”

Biomed

“This result tells me whether the system is safe to continue using, and this is what I do if it is outside limits.”

Manager / Medical Director

“Here is how we know the process is working, where our gaps are, and what we are doing to improve them.”

Prepared staff do not need a memorized script. They need enough understanding to explain safe practice in their own words.

ACHC STANDARD RD1-D

Answer 4: Governance

CORRECT ANSWER

B. Governing Body

Why it matters

The Administrator manages day-to-day operations, but ACHC places full legal authority and responsibility for the governance and operation of the facility with the identifiable Governing Body. That includes responsibility for staffing, medical staff oversight, QAPI, patient safety, and facility operations.

Earlier audience response



ACHC connection

RD1-D places the facility under the control of an identifiable Governing Body with full legal authority and responsibility for governance and operation.

LIVE KNOWLEDGE CHECK

Knowledge Check 4: Governance

ANSWER IN THE CHAT

Who has ultimate legal authority and responsibility for the governance and operation of the dialysis facility?

- **A** Owner / parent company
- **B** Governing Body
- **C** Clinic Manager / Administrator
- **D** ESRD Network

Type A, B, C, or D in the chat. Choose the answer you believe is correct.

A PRIOR SURVEY-READINESS EDUCATION EXAMPLE

What earlier role-based assessment results revealed

These results are from an earlier survey-readiness education effort.. They show why we cannot assume knowledge is the same across roles.

ROLE / GROUP	PRE	POST	CHANGE
Direct Patient Care	61%	71.1%	+10.1 pts
Non-Clinical Support	45%	75%	+30 pts
Social Work / Dietitian	50%	73%	+23 pts
Medical Director	72.5%	—	Pre only

A title or license does not guarantee regulatory understanding. Education has to reach the role — and the person — who is expected to carry out the practice.

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Turning Knowledge into Daily Practice

The teaching moment is only the beginning. The goal is to make the right action easier to remember and easier to repeat.

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KNOW → CONNECT → PRACTICE → REINFORCE

A simple education model for survey readiness

1

KNOW

What does the standard expect?

→

2

CONNECT

Why does it matter for safety?

→

3

PRACTICE

What does this look like in our clinic?

→

4

REINFORCE

How will we keep it visible?

Short, repeated conversations are often more useful than a once-a-year “survey training day.”

MAKE EDUCATION CLOSE TO THE WORK

Use the workday to create teachable moments

- **Morning huddle**
  One question. One standard. One “why.”
- **After an audit finding**
  Turn “not met” into a short learning conversation.
- **After a near miss**
  Connect the event to the process that prevents recurrence.
- **During staff meetings**
  Revisit patterns from audits, complaints, or QAPI data.
- **When policies change**
  Teach what changed, who is affected, and what staff should do differently.
- **With new leaders / staff**
  Build survey readiness into orientation rather than waiting for survey season.

ASK → REVEAL → EXPLAIN → REPEAT

A simple way to make education stick

A short in-service can open the door to a much bigger conversation.

EDUCATE	EXPLAIN	CHECK	POC/REPEAT
Use material tied to a real regulatory expectation.	Connect the requirement to patient/staff safety and daily workflow	Use follow-up audit questions to see if your clinic meets or exceeds the rule	Bring the topic back through huddles, audits, and peer discussion.

The goal: staff can explain what good practice looks like even when no surveyor is present.

KEEP READINESS ALIVE

Close the loop: teach → observe → discuss → improve

Teach	Observe/Audit	Discuss Results	Improve
Give staff the expectation and the "why."	Use audits conducted by the people doing the work to see the actual workflow.	Discuss what was met or not met. Ask what made the right practice easy or difficult.	Fix the process, policy, supplies, education, or accountability.

This is what makes survey readiness operational — not episodic.

THE GOAL

What does “survey ready” look like?

- ✓ Staff can explain why a practice matters — not just recite the step.
- ✓ The same safe practice happens whether leadership is watching or not.
- ✓ Audits create conversations and improvements, not fear.
- ✓ New staff learn readiness as part of how the clinic operates.
- ✓ Leaders know where gaps are before a surveyor identifies them.

Survey readiness is a byproduct of consistently safe, well-understood, and reliable care.

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Thank You

Questions & Discussion

Mary Kay Hamilton, MHI, RN, CARH
marykay@renalwise.com