



STATE OF COLORADO

CLASS SERIES DESCRIPTION

September 1, 1993

HEALTH FACILITIES COMPLIANCE SURVEYOR

C2E1T* TO C2E3**

Specialty Areas

- | | |
|---------------------|----------------|
| A. Clinical Therapy | B. Dietetics |
| C. Medical Records | D. Nursing |
| E. Pharmacy | F. Social Work |
| G. Other | |

DESCRIPTION OF OCCUPATIONAL WORK

This class series uses three levels in the Health Care Services Occupational Group and describes work in licensing and conducting certification reviews of health care facilities and provider. Positions in this class series apply the principles, theories, and practices of various health care disciplines as members of a health care compliance survey team.

Health facilities compliance surveyors conduct resident-centered, outcome-oriented inspections of health care facilities or providers to assure compliance with applicable federal and state statutes and regulations as well as professional standards of various health care disciplines. The survey assesses facility compliance with resident rights and quality of services furnished, as measured by indicators of services, including medical, nursing, rehabilitative care, drug therapy, and dietary services as well as social participation, sanitation, and infection control. Positions recommend licensure or certification of facilities and providers, consult with facility staff and management or providers on adverse issues, and recommend and monitor corrective actions in cases of non-compliance by facilities or providers. Positions provide advice and training to other surveyors, serve on various committees and provide advice to other health care personnel, and provide advice to supervisors and management on the development of policies, survey procedures, and report formats.

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HEALTH FACILITIES COMPLIANCE SURVEYOR I

C2E1T*

CONCEPT OF CLASS

This class describes the fully-operational health facilities compliance surveyor. Positions in this class conduct individual and team surveys of health care facilities or providers to determine compliance with applicable federal and state statutes and regulations governing the provision of health care services. Positions review a facility or provider for health care or service requirements, administrative policies and procedures, patient charts and records, staff records and treatment planning documents, pharmaceutical records, and check physical facilities for compliance with sanitary and safety standards. Positions write facility or provider deficiency reports and consult with staff and management on deficiencies noted. Positions recommend corrective actions and monitor compliance with corrective action plans. Positions recommend licensure or certification of facilities or providers and may also recommend closure of facilities or providers that fail to comply with corrective action plans.

FACTORS

Allocation must be based on meeting all of the four factors as described below.

Decision Making -- The decisions regularly made are at the process level, as described here. Within limits set by professional health care standards, federal and state regulations, the agency's available technology and resources, and facility/provider review program objectives and regulations established by a higher management level, choices involve planning, conducting, and documenting surveys, including designing the set of survey operations. The general health facilities or provider survey consists of prescribed protocols but must be individualized by division guidelines and positions' professional judgments. As an example, positions assess the quality of care given residents by health care providers to determine compliance with state regulations. This individualization requires analysis of facility or provider, patient, and health care services data that is complicated. Analysis is breaking the survey problem into components, examining these components, and reaching survey conclusions that result in documented outcomes. This examination requires the application of known and established theory, principles, conceptual models, professional standards, and precedents in order to determine their relationship to the problem. For example, if clients complain about food services, the surveyor must observe services and question staff and clients regarding quantity and quality of food served, food temperature, menu choice, and client preferences in order to determine if the complaint warrants citation or discussion with staff and clients. New processes or objectives require approval of higher management or the agency with authority and accountability for the program or system.

Complexity -- The nature of, and need for, analysis and judgment is patterned, as described here. Positions study facility or provider, patient, and services delivery information to determine what it means and how it fits together in order to get practical solutions in the form of review recommendations pertaining to certification, licensure, compliance with corrective actions, etc. Guidelines in the form of statutes, regulations, and review procedures exist for most situations. Judgment is needed in locating and selecting the most appropriate of these guidelines which may change for varying survey circumstances. This selection and interpretation of guidelines involves choosing from alternatives where

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all are correct but one is better than another depending on the given circumstances of the situation. For example, if a resident is physically abused by another resident, a position determines if the proper regulation to cite involves abuse, facility staffing, or the provision of a safe environment to clients.

Purpose of Contact -- Regular work contacts with others outside the supervisory chain, regardless of the method of communication, are for the purpose of both of the following:

Detecting or discovering information, problems, or violations by interviewing where the issues or results of the contact are not known ahead of time. As an example, a position interviews facility staff to resolve an issue of a possible violation of state regulations in a health care discipline area and to determine whether or not a citation is warranted.

Securing regulatory compliance by issuing or revoking licenses and informing or training others to correct problems. Regardless of the methods used to attempt to obtain compliance, the position can ultimately rely on legal authority to impose sanctions and penalties. For example, adverse facility survey results are reported to the division director for legal sanctions. Positions also participate in informal reviews to resolve issues and secure compliance thus negating the necessity for formal action.

Line/Staff Authority -- The direct field of influence the work of a position has on the organization is as an individual contributor. The individual contributor may explain work processes and train others. The individual contributor may serve as a resource or guide by advising others on how to use processes within a system or as a member of a collaborative problem-solving team. This level may include positions performing supervisory elements that do not fully meet the criteria for the next level in this factor.

HEALTH FACILITIES COMPLIANCE SURVEYOR II C2E2**

CONCEPT OF CLASS

This class describes the work leader or a position with staff authority responsibilities. Work leaders are partially accountable for the work of others. The staff authority is recognized by agency supervisors and management or by peers as an expert in the field. The Health Facilities Compliance Surveyor II differs from the Health Facilities Compliance Surveyor I only on the Line/Staff Authority factor.

FACTORS

Allocation must be based on meeting all of the four factors as described below.

Decision Making -- The decisions regularly made are at the process level, as described here. Within limits set by professional health care standards, federal and state regulations, the agency's available technology and resources, and facility/provider review program objectives and regulations established by a higher management level, choices involve planning, conducting, and documenting surveys, including designing the set of survey operations. The general health facilities or provider survey consists of prescribed protocols but must be individualized by division guidelines and positions'

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professional judgments. As an example, positions assess the quality of care given residents by health care providers to determine compliance with state regulations. This individualization requires analysis of facility or provider, patient, and health care services data that is complicated. Analysis is breaking the survey problem into components, examining these components, and reaching survey conclusions that result in documented outcomes. This examination requires the application of known and established theory, principles, conceptual models, professional standards, and precedents in order to determine their relationship to the problem. For example, if clients complain about food services, the surveyor must observe services and question staff and clients regarding quantity and quality of food served, food temperature, menu choice, and client preferences in order to determine if the complaint warrants citation or discussion with staff and clients. New processes or objectives require approval of higher management or the agency with authority and accountability for the program or system.

Complexity -- The nature of, and need for, analysis and judgment is patterned, as described here. Positions study facility or provider, patient, and services delivery information to determine what it means and how it fits together in order to get practical solutions in the form of review recommendations pertaining to certification, licensure, compliance with corrective actions, etc. Guidelines in the form of statutes, regulations, and review procedures exist for most situations. Judgment is needed in locating and selecting the most appropriate of these guidelines which may change for varying survey circumstances. This selection and interpretation of guidelines involves choosing from alternatives where all are correct but one is better than another depending on the given circumstances of the situation. For example, if a resident is physically abused by another resident, a position determines if the proper regulation to cite involves abuse, facility staffing, or the provision of a safe environment to clients.

Purpose of Contact -- Regular work contacts with others outside the supervisory chain, regardless of the method of communication, are for the purpose of both of the following:

Detecting or discovering information, problems, or violations by interviewing where the issues or results of the contact are not known ahead of time. As an example, a position interviews facility staff to resolve an issue of a possible violation of state regulations in a health care discipline area.

Securing regulatory compliance by issuing or revoking licenses and persuading or training others to correct problems. Regardless of the methods used to attempt to obtain compliance, the position can ultimately rely on legal authority to impose sanctions and penalties. For example, adverse facility survey results are reported to the division director for legal sanctions.

Line/Staff Authority -- The direct field of influence the work of a position has on the organization is as a work leader or staff authority. The work leader is partially accountable for the work product of two or more full-time equivalent positions, including timeliness, correctness, and soundness. At least one of the subordinate positions must be in the same series or at a comparable conceptual level. Typical elements of direct control over other positions by a work leader include assigning tasks, monitoring progress and work flow, checking the product, scheduling work, and establishing work standards. The work leader provides input into supervisory decisions made at higher levels, including signing leave requests and approving work hours. This level may include positions performing supervisory elements that do not fully meet the criteria for the next level in this factor.

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OR

The staff authority is a pacesetter who has a rare level of technical expertise in a field or profession that, as part of the assignment, is critical to the success of an agency. This authority directly influences management decisions at least on an agency-wide basis. Managers and peers recognize and seek this level of technical guidance and direction for development of an agency-wide system or regarding the application of a statewide system within the agency or to its clients.

HEALTH FACILITIES COMPLIANCE SURVEYOR III C2E3**

CONCEPT OF CLASS

This class describes the supervising health facilities compliance surveyor. In addition to supervisory responsibilities, positions in this class series have responsibility for altering the processes under which the health facilities compliance survey teams function. The Health Facilities Compliance Surveyor III differs from the Health Facilities Compliance Surveyor II on the Complexity, Purpose of Contact, and Line/Staff Authority factors.

FACTORS

Allocation must be based on meeting all of the four factors as described below.

Decision Making -- The decisions regularly made are at the process level, as described here. Within limits set by professional health care standards, federal and state regulations, the agency's available technology and resources, and facility/provider review program objectives and regulations established by a higher management level, choices involve planning, conducting, and documenting surveys, including designing the set of survey operations. The general health facilities or provider survey consists of prescribed protocols but must be individualized by division guidelines and positions' professional judgments. As an example, positions assess the quality of care given residents by health care providers to determine compliance with state regulations. This individualization requires analysis of facility or provider, patient, and health care services data that is complicated. Analysis is breaking the survey problem into components, examining these components, and reaching survey conclusions that result in documented outcomes. This examination requires the application of known and established theory, principles, conceptual models, professional standards, and precedents in order to determine their relationship to the problem. For example, if clients complain about food services, the surveyor must observe services and question staff and clients regarding quantity and quality of food served, food temperature, menu choice, and client preferences in order to determine if the complaint warrants citation or discussion with staff and clients. New processes or objectives require approval of higher management or the agency with authority and accountability for the program or system.

Complexity -- The nature of, and need for, analysis and judgment is formulative, as described here. Positions evaluate the relevance and importance of applicable health care theories, concepts, and principles in order to tailor them to develop a different survey approach to fit specific health care facility or provider circumstances. While general agency policy, precedent, or non-specific practices

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exist, they are inadequate so they are relevant only through approximation or analogy. For example, positions will alter and implement survey team procedures and schedules as necessary to conform to changing budgetary constraints or agency policy. In conjunction with theories, concepts, and principles, positions use judgment and resourcefulness in tailoring the existing guidelines so they can be applied to particular circumstances and to deal with emergencies.

Purpose of Contact -- Regular work contacts with others outside the supervisory chain, regardless of the method of communication, are for the purpose of negotiating as an official representative of one party in order to obtain support or cooperation where there is no formal rule or law to fall back on in requiring such action or change from the other party. Such negotiation has fiscal or programmatic impact on an agency. In reaching settlements or compromises, the position does not have a rule or regulation to enforce but is accountable for the function. As an example, a position will conduct, as a representative of the agency, a conflict resolution conference with facility management to resolve differences over survey results and citations.

Line/Staff Authority -- The direct field of influence the work of a position has on the organization is as a unit supervisor or senior authority. The unit supervisor is accountable, including signature authority, for actions and decisions that directly impact the pay, status, and tenure of three or more full-time equivalent positions. At least one of the subordinate positions must be in the same series or at a comparable conceptual level. The elements of formal supervision must include providing documentation to support recommended corrective and disciplinary actions, signing performance plans and appraisals, and resolving informal grievances. Positions start the hiring process, interview applicants, and recommend hire, promotion, or transfer.

OR

The senior authority is a pacesetter who has a unique level of technical expertise in a field or profession that, as part of the assignment, is critical to the success of an agency. It is an essential component of the work assignment that has been delegated by management to the position. This authority directly influences management decisions beyond the agency. Managers and peers seek this level of technical guidance and direction as the designer of a statewide system or in a subject area for other areas of state government. Managers and peers, both internally and externally to the agency, rely on this pacesetter when making decisions regarding the direction that policy, programs, and systems should take in the pacesetter's field of expertise.

DEFINITIONS

Clinical Therapy - Assessment of therapy services provided to patients in the areas of music, occupational, physical, and recreational therapy.

Dietetic - Assessment of menus and special diet planning, food preparation and delivery, and kitchen sanitation.

Medical Records - Assessment of medical records maintenance.

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Nursing - Assessment of nursing services provided to patients.

Pharmacy - Assessment of drug regimens and pharmaceutical practices.

Social Work - Assessment of social services, activities, and programs delivered to patients, and of resident rights violations.

ENTRANCE REQUIREMENTS

Minimum entry requirements and general knowledge, skills, and abilities for classes in this series are contained in the class job profile.

For purposes of the Americans with Disabilities Act, the essential functions of specific positions are identified in the position description questionnaires and job analyses.

CLASS SERIES HISTORY

Effective 9/1/93 (KAS). Job Evaluation System Revision project. Published as proposed 5/17/93.

Created 12/1/75. Health Facilities Compliance Administrator.

SUMMARY OF FACTOR RATINGS

Class Level	Decision Making	Complexity	Purpose of Contact	Line/Staff Authority
Hlth Facil Compl Surveyor I	Process	Patterned	Detect & Secure	Indiv. Contributor
Hlth Facil Compl Surveyor II	Process	Patterned	Detect & Secure	Work Leader or Staff Authority
Hlth Facil Compl Surveyor III	Process	Formulative	Negotiate	Unit Supervisor or Senior Authority

HPII
HPII
HPIII
higher

ISSUING AUTHORITY: Colorado Department of Personnel

