



Show Me the Documentation 8 ASC paperwork requirements you may be overlooking.

Medicare surveyors and accreditation inspectors follow a simple code when they step inside an ambulatory surgical center: If it's not documented, it didn't happen. Documentation is important not only to remain in regulatory compliance, but also to demonstrate your facility's attention to quality and safety. Here are 8 types of documents that ASCs sometimes overlook.

1 Governance. Meetings and minutes should be conducted with members and within time frames consistent with your bylaws and operating agreement. Meeting minutes should denote discussion, action (such as voting) and follow-up. If you have a separate medical executive committee (MEC) and board, your documentation should reflect that the MEC recommends actions to the board for approval or denial. The board also must approve delegations of authority, such as to your quality assurance performance improvement (QAPI) coordinator, infection control coordinator, compliance officer and privacy officer.

2 QAPI. Document all details related to your quality indicators: How do they relate to your goals? Are there opportunities for improvement? Did you take any action? Do you see a trend that requires attention? You should be able to show that you took action in response to benchmarking results.

3 Annual reviews. Reviews of the following programs and policies must be performed by your board annually and documented as approved or revised in your minutes: QAPI, policies and procedures, infection control program and emergency management plan.

4 Ancillary contracts. You must monitor all services from ancillary service providers for quality and safety annually as part of your QAPI program. Surveyors will ask for the most recent assess-



A GOT PAPERWORK? Dedicate the time and resources needed to get all your documentation in order before your next accreditation survey.

ment of ancillary services. Determine how you will assess the quality and safety of services provided upon initial contract and on a regular basis. For example, you may require proof of training in personal protective equipment and Occupational Safety and Health Administration codes from the company providing your housekeeping services.

5 Physical plant. This requirement can pose challenges for ASCs. Certainly adherence to the life safety code is paramount, but there are other items not included in the LSC that require attention. Here are some documentation items related to the physical environment that we often find missing during mock surveys.

- Drills need to be evaluated and documented. These include drills for emergency management, fire, internal disaster, code blue and malignant hyperthermia.

- Continuously monitor refrigerator temperatures, even on days you're not open for business, such as weekends.

- Document temperature and humidity in both the ORs and the sterile processing department, and document any actions taken if these parameters are out of range.

- Log all flash sterilization activity.
- Your emergency management policy should document what your facility's role would be in a local emergency disaster response. Contact your local emergency management office to discuss what your facility's role, if any, might be.

6 Human resources. Annual documentation of staff training in the areas of disaster preparedness, fire safety, compliance, the HIPAA Privacy Rule and OSHA should be in personnel files or in-service records. Regular performance reviews and job-based competencies should also be documented in personnel files.

7 Clinical record. Surgical facilities' clinical records are often missing the following items:

- Update note on history & physical that is signed, dated and timed.
- Intraoperative orders for medications ordered to the sterile field.
- Discharge order indicating surgical recovery, written and signed by the operating practitioner.

- Pre-op orders signed by the physician prior to being implemented. (We have seen initial patients of the day receive care before the physician has been into the facility to sign the orders.)
- Patient's response to administered medication (such as pain meds).
- Ophthalmic laser procedures must include a documented RN pre- and post-op assessment, a comprehensive H&P with update note, doctor's orders, discharge order and all other requirements for ASC patients.

8 Policies and procedures. You probably know that you need to have documented policies and procedures, but did you know they should be customized to accurately reflect your facility's operations? For example, if your governing body is called a "board of managers" in your operating agreement, be sure to use that term in your policies. Also, be sure to document what your policies state you will document. For example, if your policies state you'll provide abuse training, make sure you provide it *and* document it. Finally, be aware that your approved procedure list must match your delineation of privilege forms.

Sweat the small stuff

Dedicate the time and resources needed to ensure all your paperwork and documentation is in order, up to date and thorough so you'll have everything ready to show surveyors when they come knocking on your facility's doors. It's important to document *all* the activities that take place in your surgical facility — not only the "big" items but also the small details that can make or break your next survey. **OSM**

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