

Acing an Unannounced Survey

Regina Boore, RN, BSN, MS, CASC



Success on an accreditation survey might not assure Medicare compliance.

As we all know, there has been a dramatic increase in enforcement of state and Medicare regulations. Even accredited facilities, which breezed through an accreditation survey within the last year, can find the unannounced Medicare survey a grueling challenge. It is particularly frustrating to pass one survey with flying colors only to get slammed on another in the same year. An ASC that aced its American Association of Ambulatory Health Care (AAAHC) accreditation survey nine months ago, for example, sought our assistance to respond to six condition level citations it received when the state surveyors arrived for a surprise Medicare

inspection. Based on our review of the deficiency notice, the citations were warranted. How the ASC breezed through the AAAHC survey unscathed is perplexing to say the least.

This example suggests that success on an accreditation survey might not assure Medicare compliance. So what is the key to ongoing compliance and peace of mind on an unannounced Medicare survey? We surveyed, via email questionnaire, surgery center directors who have recently aced Medicare surveys for their insights.

Sign up for email alerts

Joy Brand, RN, BSN, clinical director at Kearney Eye Surgical Center in

Omaha, Neb., led her facility through a successful Medicare survey in March 2012. KESC is a one operating room, one procedure room, part-time ASC. It has been in operation four-and-a-half years. It received zero deficiencies on the recent unannounced survey. (The survey citation average in Nebraska is six to seven deficiencies.) Brand spends 4 to 10 hours per week on compliance activities. She recommended signing up for email alerts from CMS and pertinent trade associations like ASCRS•ASOA and ASCA and stressed the importance of delegating as much as possible to engage all the staff in compliance activities. The biggest challenge she faces in her efforts is resistance and lack of cooperation from the clinical and medical staff. As she said, "It is difficult to deliver a message they do not want to hear."

Use outside consultants and mock surveys

Three surgery center directors mentioned outside resources and "simulations" as key tools for helping their ASCs stay in compliance.

Surgery center director Bria Dillavou manages Slingsby and Wright Eye Surgery & Laser Center in Rapid City, S.D., an 11-year-old, two operating room and one procedure room surgery center that operates three days a week and recently aced its Medicare survey. Dillavou reported she spends two to three hours per week on compliance activities, and her biggest challenge is the struggle to keep up with constant changes. She is a proponent of tapping into outside consultants. In her case, an onsite mock survey

continued on page 12

continued from page 10

Unannounced Survey Preparation Do's and Don'ts

Do:

- Relentlessly train and educate your staff on the regulatory standards
- Implement robust QAPI and infection control programs
- Leverage internet resources to assist your compliance efforts
- Engage your medical staff leadership in your compliance efforts
- Organize your documentation (contracts, meeting minutes, education activities, incident reports, etc.)
- Know the instructions for use of your supplies and equipment
- Conduct periodic self-audits and consider a mock survey

Don't:

- Become complacent because you did well on an accreditation survey
- Forget annual assessments of your QAPI program, disaster preparedness program, and facility contracts
- Forget peer review consideration in medical staff reappointments
- Be pennywise and pound foolish with your resources; rather, invest in ongoing compliance
- Forget to document ongoing monitoring of infection control compliance
- Accept H&Ps unless they are comprehensive, include clinical indications for surgery, and are current within 30 days
- Omit a "Time Out" before every procedure

helped her to focus on specific areas of exposure to get her house in order.

Ginny Pecora, RN, administrator at Oregon Eye Surgery Center in Eugene, Ore., has ached two unannounced surveys in the last three years. This thriving three operating room, one procedure room surgery center is 24 years old. Pecora spends six to eight hours weekly on compliance activities and has one full-time administrative assistant. Infection control, Quality Assessment and Performance Improvement (QAPI), and disaster preparedness demand most of her time. She, too, recommended utilizing outside consultants to facilitate compliance efforts. "There is not enough time, money, or expertise in most ASCs to be able to develop and maintain all these areas without outside help," she said.

Rose Strong, RN, COT, CRNO, is director of nursing at Medical Arts

Surgery Center in Nacogdoches, Texas. She has also recently ached an unannounced Medicare survey. Her part-time, 5-year-old surgery center has one operating room and one procedure room. Rose focuses her efforts on establishing staff awareness and understanding of the regulations and overseeing staff compliance. Strong also said her center benefited greatly from a mock survey by outside consultants, claiming, "it was well worth the time and money."

Leverage internet resources

All of these surgery center directors have leveraged the internet to assist them in their compliance efforts. Specifically, they recommended the following:

- www.ASOA.org – Webinars, EyeMail Ambulatory Surgery Center listserv, library, meetings
- www.ASCRS.org – Washington Watch Weekly

- www.ASCAssociation.org – Regulations, benchmarking, ASC Quality Collaboration
- www.PSS4ASC.com – Progressive eSupport membership site with news, continuing education, policies and procedures, tools, resources, survey findings, and an online forum

Work smarter, not harder

The expanded Medicare regulation and increased enforcement activity have clearly impacted surgery centers. The demands on ASC managers have never been greater. They must be clinical experts, regulatory experts, best practices experts, infection control experts, quality experts, cost controllers, staff educators, managers, and motivators all at the same time. In many cases, they must accomplish this while dedicating a significant portion of their time to hands-on patient care.

It has been almost three years since the revised CMS Conditions for Coverage were implemented. The dust has settled, and enough information is available to know and understand the expectations. For these surgery center managers, success is about working smarter, not harder. Leveraging valuable outside and online resources to support their compliance efforts is a wise investment that has paid dividends when CMS came knocking. The peace of mind that comes from knowing their ASC operation is compliant is priceless and allows these nursing professionals to focus on more important issues like quality patient care. **AE**



Regina Boore, RN, BSN, MS, CASC (855-777-4272, regina@pss4asc.com), is a consultant at Progressive Surgical Solutions, San Diego.