



#### ◀ WHITE GLOVE INSPECTION

It helps to know what accreditation surveyors will focus on when examining your facility.

# Can You Pass the Surveyor's White Glove Test?

Advice to help make your next accreditation survey a lot less nerve-wracking.

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**F**ew things can induce anxiety in a surgical facility manager like an upcoming accreditation survey. But, as with any type of test, better preparation usually equates to greater success. Having been on both sides of the surveyor's clipboard, I know what accrediting bodies look for when evaluating facilities. Here are a dozen hot spots that surveyors are likely to focus on when they visit, and tips on avoiding big surprises when the big day arrives.

**1. Proper use of biological and chemical indicators.** Surveyors want to know you're using indicators correctly to show that you're meeting sterilization parameters. They may ask you to track an infection back through the sterilization process to determine the load in which it was run. Can you go back through all your sterilization records and find what day and



**▲ STERILIZATION ASSURANCE** A biological indicator within a load of surgical instruments monitors the effectiveness of steam sterilization.

time an instrument was used?

**2. Compliance with handwashing guidelines.** Determine which nationally recognized guideline your staff will adhere to and document this in your policies. For example, the CDC and WHO both publish handwashing guidelines. They are very similar, although WHO recommends a 40-second minimum wash while CDC recommends a 20-second minimum wash. Either is acceptable, but you need to make sure you educate your staff on which guideline you're following and ensure compliance. Do hand-hygiene surveys to test the staff and guarantee that guidelines are appropriately followed. You may have a nurse observe the staff for a day, without the staff's knowledge. This "secret" nurse should check to see if staff members are following the proper handwashing techniques.

**3. Appropriate physical appearance.** I've seen many facilities where clinical team members are wearing their masks around the neck, or wearing t-shirts under their scrubs. This is inappropriate, from an infection control standpoint. Make sure that staffers' scrubs cover any clothing brought



**▲ DANGLING MASK** Outside the OR, surgeons and staff should remove a mask rather than let it hang around their necks.

from home. The same goes for masks: Rather than taking it down around the neck, just take it off.

**4. Labeling of vials.** Properly label multi-dose vials with new expiration dates and initials of the individual using the vial for the first time. Failing to do so won't go unnoticed by a surveyor. Rather than labeling the bottle with the date it was opened, the bottle should be tagged with a new expiration date, which is 28 days after it's been opened. Some facilities place a monthly calendar nearby to serve as a reminder to label vials, and to help guarantee that bottles are correctly dated.

**5. Labeling of medications and containers.** Correct labeling must be adhered to for all medications, medication containers and other solutions — on and off the sterile field. Even if only 1 drug is used on the sterile field, that syringe must be labeled. To save time, buy pre-printed colored labels. Once the medication is delivered to the surgical field, both the scrub and the circulating nurse will verify the pre-printed label against the original source label. The scrub should draw the injectable solution into the syringe and label the syringe. The scrub and circulator will re-verify the label on the container and syringe against the original container. Place similar-looking solutions in dissimilar-looking



**▲ SYRINGE LABELS** Label all injectable solutions on and off the sterile field.

containers with pre-printed labels.

**6. Presence of a ventilator and tracheotomy set on crash carts.** Many surgery centers aren't compliant in this area, but it's very simple: Just make sure to include a ventilator and tracheotomy set on your crash cart.

**7. Robust peer review program.** Your peer review program needs to be truly peer-to-peer, meaning that evaluations should be conducted physician-to-physician or practitioner-to-practitioner. Demonstrate in board meeting minutes that a peer review system was used to evaluate and make decisions regarding re-appointment for practitioners.

**8. Compliance with waived testing procedures.** Startling fact: 19% of outpatient surgery centers are non-compliant with one or more elements of performance within this standard, according to the Joint Commission. Any sort of lab testing, such as blood sugar, needs to be part of annual competency testing. Show that staff are competent in using the equipment.

**9. Performance of fire drills with alarm activation.** This needs to occur with each quarterly fire drill you conduct at your center. Fire alarms must be pulled with each drill, and staff must know how to turn the alarm off. Otherwise, you may be paid a visit from the fire department, which isn't likely to please your surveyor.

**10. Adherence to disinfectant contact time.** When staff use disinfectant or wipes, they must follow the manufacturer's kill time or contact time guidelines. Make sure your team uses these products correctly. If you use a disinfectant wipe that requires a surface area to be wet for 3 minutes, then it should be applied in such a way that the surface stays wet for 3 minutes. There



product with a 2- or 3-minute kill time.

**11. Performing a time out.** The entire surgical team must stop and pause during the time out. At some facilities, not everyone devotes their full attention. And the entire staff must be present — including the anesthesia provider, operating surgeon, techs, RN circulator and beyond.

are different contact products — 2-, 3- and 5-minute products — on the market. If you don't want to use a 5-minute product, go with a

**12. Credentialing.** Many facilities have issues with one or more elements of performance within this standard, which simply entails being able to present and verify all of your center's licenses and certifications, and verify that all delineations of privilege forms have been approved. To prepare, read your requirements in the accreditation manual provided by the accrediting body performing your survey. Don't be afraid to reach out to your accrediting body for clarification on any element or standard you don't quite understand. These organizations want you to succeed, and are there to help you do just that. Refer to your own center's handbook as well, and just make sure that you're doing everything to ensure compliance with credentialing. **OSM**

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## FIRST IMPRESSIONS COUNT

### 4 Ways to Put Your Facility's Best Foot Forward

**T**he feel of each handshake. The friendliness of each hello. The freshness of the muffins. Every detail of an accreditation survey, every interaction that takes place, shapes a surveyor's impression of your center. That impression is formed by the time we step through the front door, and no administrator wants to spend the rest of the day recovering from a shaky start. Follow these steps to make your surveyor feel more comfortable from the onset.

- **Provide nametags.** Issue nametags to surveyors and sign them in, just as you would if a vendor came to visit. This is an easy first step to show that you're prepared, professional and organized, but is a simple detail that some centers overlook.

- **Make the proper introductions.** Another surveyor told me a story about how pleased she was to be greeted upon her arrival by members of the management team, who pro-

vided an organizational chart and guided her on a quick tour of the facility. So try to make as many key team leaders — directors of nursing, office managers, etc. — available for in-person introductions upon the surveyor's arrival. Everyone likes to "put a name with a face." Surveyors can figure out who occupies these roles as they walk through a facility, but making these introductions up front shows the surveyor that you are organized and how your outfit functions.

- **Obtain patient consent.** If your surveyor is observing a patient case — and we absolutely will follow at least one — make sure that you obtain consent from any and all patients being observed.

- **Present requested documents in an orderly fashion.** Surveyors will need to see a variety of manuals and documents. Think beforehand about how you'll present them. Surveyors like to see that you've given this some forethought, and will appreciate that your documentation is arranged in an orderly and accessible fashion. How you present these items won't make or break your survey, but it will show a certain level of organization and help make the survey go more smoothly and efficiently.

— *Debra Stinchcomb, RN, BSN, CASC*

**▲ STEP UP** Put your facility's best foot forward.