

TOP 10 ASC COMPLIANCE FAQs

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Progressive
Surgical Solutions, LLC

Read the 10 most common **compliance issues** from **real ASCs** in more than 40 states and our tips on **how to solve them.**

Q 1: When and how often should hand hygiene occur?

You can never do enough hand hygiene! The World Health Organization (WHO) **5 Moments for Hand Hygiene** is a nationally recognized guideline to implement and follow:

1. Before touching a patient / before donning gloves
2. Before clean/aseptic procedure
3. After body fluid exposure risk
4. After touching a patient / after removing gloves
5. After touching patient surroundings

Set a facility goal for hand hygiene compliance.

Regularly monitor, document and report hand hygiene compliance of your staff, including medical staff members. If compliance fails to meet your goal threshold, implement corrective action, reassess and report improvement.

A hand hygiene QI Study is a great idea to raise staff awareness of the importance of hand hygiene.



Q 2: How should operating room temperature and humidity be monitored?

Operating room temperature and humidity should be monitored and logged daily, when ASC is operational. Per AORN, standards, the recommended temperature range in an operating room is between 68°F and 73°F. Per ANSI/ASHRAE/ASHE Standards, the recommended humidity range in an operating room is between 20% to 60%. AORN has also approved this humidity range. It should be reflected in the AORN 2013 Standards and Recommended Practices.

About Progressive Surgical Solutions

We are nurses helping nurses.

More specifically, nurses with decades of experience working in ASCs as Administrators, Directors of Nursing and Financial Managers.

In fact, most of us are still on staff at ASCs. **PSS** was born more than a decade ago when surgeons began turning to Regina Boore for ways to achieve compliance with ever expanding regulations, without losing efficiency or breaking the bank.

Regina was an ASC Administrator with a reputation for successfully navigating the regulatory maze. Since then PSS has grown into one of the most respected and recognized ASC consulting firms specializing in compliance, development and management of outpatient surgery centers.

Q 3: What is required for glucometer cleaning?

Glucometers should be cleaned per manufacturer's recommendation after each patient use. Keep the manufacturer insert, with cleaning instructions, with the device to show surveyors. Conduct and document an inservice for your nursing staff on glucometer use and cleaning.



Q 4: What are the requirements for medication refrigerator temperature?

The medication refrigerator temperature should be logged daily when facility is operational. The temperature should be maintained between 36°F to 46°F at all times. A 24/7 monitoring thermometer should be used to assure and document the temperature range was maintained when the facility was non-operational. This will validate the integrity of the medications was never compromised.

Q 5: Can facility personnel wash their own scrubs at home?



No, scrubs should not be laundered at home by facility personnel. The ASC should contract with a qualified ancillary vendor for laundering of scrubs. A copy of the vendor general liability insurance, state certification/licensure (as applicable), and policies for linen processing (temperature, drying, clean/dirty separation) should be kept on file with the vendor agreement. All staff should don clean scrubs daily.

Q 6: How often should surgeons be queried about infections and/or complications?

Surgeons should be queried on a regular basis, monthly or quarterly, depending on your case volume. The query includes a list of their patients seen in the facility during that period. They are asked to indicate for each patient if there was any infection or complication. These queries should be summarized and reported, at least quarterly, by the QAPI Committee to the Governing Body. The ASC must conduct and document a follow-up investigation on all reported infections and/or complications.

Q 7: How often should terminal cleaning of the ASC be completed?

Per AORN, terminal cleaning and disinfection of operating and invasive procedure rooms should be done;

- (1) when scheduled procedures are completed for the day, and
- (2) each 24-hour period during the regular work week.

Floors should be cleaned with an EPA-registered disinfectant after cases are completed. Other areas requiring cleaning and disinfection, with an EPA-registered disinfectant, include, but are not limited to,

- All horizontal surfaces (i.e., cabinet tops, tops of sterilizers, blanket warmers, etc);
- Hallways and floors;
- Substerile areas;
- Scrub/utility areas; and
- Sterile storage areas.



Whether your housekeeping staff is contracted or facility employees, the terminal clean should be documented.

Q 8: What are the steps that should be taken for proper processing of surgical instruments?

Instrument processing must be a specific and standardized process done by personnel who are adequately and consistently trained. There may be additional steps necessary for certain specialties. At a minimum, the following steps should be implemented each time instruments are processed:

1. The instruments should be kept clean of gross visible blood and debris on the sterile field with sterile water
2. When the case is completed, instruments are transported, covered, from the OR to the soiled utility/decontamination area
3. A consistent decontamination process must be followed. This process may vary depending on the types of instruments. However a standardized decontamination must be done on all instruments including mechanical washing, rinsing, and visual inspection. Chemical washing with an enzymatic cleaner may also be part of the process. This is sometimes not done in ophthalmology due to the association of enzymatic cleaner residue with TASS.
4. After decontamination, the instruments are wrapped or placed in a closed container system for sterilization.
5. After the instruments are sterilized, they are stored or transported to the OR in the same wrapping or closed container system, for reuse.



Q 9: What is the history and physical requirement for surgery center patients?

Per the CMS Conditions for Coverage, “Not more than 30 days before the date of the scheduled surgery, each patient must have a **comprehensive** medical history and physical assessment completed by a physician or other qualified practitioner”. The clinical indications for surgery should be included in this. Then “upon admission, each patient must have a pre-surgical assessment completed by a physician or other qualified practitioner...that includes, at a minimum, an updated

medical record entry documenting an examination for any changes in the patient's condition since completion of the most recently documented medical history and physical assessment, including documentation of any allergies to drugs and biologicals”. This update note on the day of surgery can only be documented on a history and physical documented within 30 days of the day of surgery. If the history and physical is older than 30 days, a new **comprehensive** history and physical must be documented.

Q 10: What is required for contracted services?

Per the CMS Conditions for Coverage, “When services are provided through a contract with an outside resource, the ASC must assure that these services are provided in a safe and effective manner...The ASC must assure that the contract services are provided safety and effectively. Contractor services must be included in the ASC's QAPI program”. The burden of proof that third party contractors are qualified to provide the contracted services and do so in a safe and effective manner falls on the ASC. To demonstrate appropriate due diligence, In addition to an executed contract, it is prudent to collect other information including, but not limited to,

- Proof of professional/general liability insurance
- Business Associate Agreement, as applicable
- State Certification/License, as applicable
- OIG query

There may be other documentation appropriate to collect for certain contracted services. For example, you want to make sure you have proof of OSHA and infection control training of contracted housekeeping staff.

The Governing Body must annually evaluate contracted services. Collect documentation throughout the year as evidence the service agreement terms were met, and services were provided in a safe and effective manner. For instance, housekeeping logs, PM service reports, repair service reports, vendor communications, etc. provide validation and substantiation during the annual review and reapproval process.





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