



**PROGRESSIVE
SURGICAL
Huddle**

Keeping you "in the know" in the ASC industry



Annual Survey Watch Report



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Progressive Surgical Huddle
November 21, 2016


Surveyors

- CMS
- Joint Commission
- AAAHC




Governance

- Governing Body (GB) meetings are not conducted
- No documentation of GB meeting minutes
- Contracted services are not evaluated annually or not properly evaluated



Available on eSupport

- eSupport/Operations/Contracts/Resources/Contracted Services Assessment Tool sample



PROGRESSIVE SURGICAL SOLUTIONS

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CONTRACTS: RESOURCES

Vendor Credentialing is a growing trend in the healthcare industry. This is simply the process of ensuring that the individuals and entities that sell goods and services meet the standards and requirements of the purchasing healthcare providers. While this is required in most hospitals, it is not yet a requirement for ASCs. If this is something that your facility is interested in implementing, **reptivix** is a company that has been recommended by some of our clients.

ASC Query Website (Be sure to run each contractor annually)

CLICK LINKS BELOW TO DOWNLOAD


- RECOMMENDED FACILITY DOCUMENTATION
- SAMPLE TABLE OF CONTENTS FOR FACILITY CONTRACTS
- CONTRACTED SERVICES ASSESSMENT TOOL SAMPLE

Credentialing/Privileging

- Not complete and/or not consistent
- Missing privilege request forms or privileges not consistent with procedures performed
- Expired documents
- Malpractice insurance or limitations are not consistent with by-laws
- Failure to reappoint physicians prior to reappointment date
- Peer references not done upon initial appointment
- Peer review is not considered or documented upon reappointment


Infection Control

- No documentation of air exchange rates
- Staff not wearing gloves while instilling eye drops
- Hand washing not done before and after patient contact, donning and removing gloves
- Glucometer not cleaned per IFUs between patient use
- Patient infection queries often not complete and signed by MD




Infection Control

- Medication refrigerator temps not recorded
- OR temp/humidity logs not maintained
- Decontamination and sterilization process of dirty instruments not done according to instrument cleaning IFUs and sterilizer IFUs
- Staff can't speak to IFUs of instrument decontamination and sterilization



Infection Control

- IFUs not readily available
- Staff fails to disinfect surfaces between patient use
- 2 step TB not done on hire
- Infection control program not under the direction of a designated and qualified professional who has training in infection control (screen shot of Infection Control CEU modules)



Available on eSupport

- eSupport/Education/CE Contact Hours/Infection Control

IC-1
INFECTION CONTROL - 1
(LICENSED)

[See more...](#)

IC-2
INFECTION CONTROL - 2
(LICENSED)

[See more...](#)

INFECTION CONTROL - 1

COURSE DESCRIPTION:
This course is designed to educate nurses and other healthcare professionals who are involved in infection control in the ASC setting. The principles discussed in this course are hospital accreditation and standards of QAPI standards, including standard precautions, hand hygiene, and PPE. Upon completion of this learning module, the participant should have a basic understanding of the transmission of germs, techniques and infection control.

LEARNING OBJECTIVES:
This course is appropriate for nurses who are a role in healthcare health care professionals, including nurses, physicians, and others. After completing this continuing education activity, the participant should be able to:


- ✓ Identify situations that may potentially expose healthcare workers to blood or body fluids
- ✓ Discuss safe injection practices and precautions
- ✓ Use and discuss uses of personal protective equipment (PPE)

QAPI

- Fail to define and implement a QAPI program
- No annual evaluation of QAPI program
- No current QI studies performed
- Not defining quality indicators
- Peer review not done at all or never done on infections/ complications


Medication Management

- Expired meds found in ASC
- MDVs used in patient care areas
- Syringes not labeled appropriately
- Unlicensed staff administering eye drops



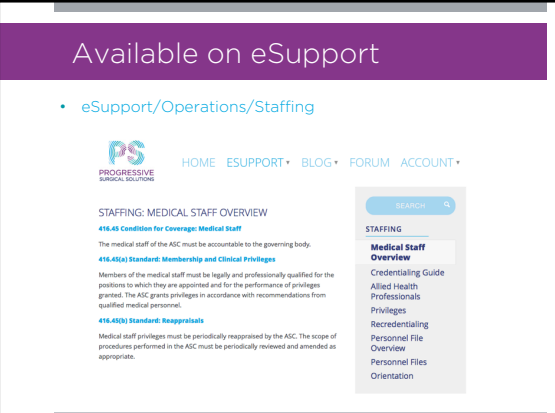
Personnel Files

- Fail to have orientation to position or competency reviews documented
- No signed job descriptions
- Annual evaluations are not done




Available on eSupport

- eSupport/Operations/Staffing




Life Safety Code

- Fire drills not conducted quarterly
- No evaluation of drills documented
- Failure to pull fire alarm
- Pull stations are frequently obstructed
- Documentation for fire alarm testing doesn't include verification of signal transmission




Life Safety Code

- Failure to conduct smoke detector sensitivity testing
- Failure to conduct the required annual fire alarm system testing and inspection
- Emergency lighting testing for battery operated lights consisting of 30 second testing every month and 90 minute testing annually is not documented



Life Safety Code

- Annual disaster drills not conducted
- No annual evaluation of CEMP
- Fail to coordinate disaster plan with state/local authorities



LSC Resources

- Bill Lindeman, AIA
(520) 299-6550
weltdesigns@gmail.com
- John Crowder, PG, CHGM, CFPS
(615) 230-9771
crowd9121@comcast.net
- Theodore Saunders, CFPS
(443) 686-1776
patriotfireprotection@yahoo.com


Documentation/Medical Records

- Inconsistency in recording allergies and reactions
- Comprehensive H&Ps not on chart, not within 30 days and/or missing pre-op assessment
- Missing documentation as to whether or not patient has an executed advanced directive
- No signatures, dates and times
- Nurses carry out orders prior to authentication of orders

Joint Commission

10 most frequently cited requirements based on 303 surveys

- 49% The organization reduces the risk of infections associated with medical equipment, devices, and supplies
- 48% The organization grants initial, renewed, or revised clinical privileges to individuals who are permitted by law and the organization to practice independently
- 39% The organization safely stores medications
- 35% The organization inspects, tests, and maintains medical equipment
- 34% The organization maintains fire safety equipment and fire safety building features




Joint Commission

- 31% The organization inspects, tests, and maintains emergency power systems
- 29% The organization manages risks related to hazardous materials and waste
- 29% The organization safely manages high-alert and hazardous medications
- 28% The organization addresses the safe use of look-alike/sound-alike medications
- 26% The organization manages risks associated with its utility systems



AAAHC

- Facilities and Environment
- Credentialing and Privileging
- Safe injection practices
- Documentation
- QAPI




Facilities & Environment

- Fire drills do not include required inspection & maintenance of fire suppression systems



Available on eSupport

- eSupport/Operations/Fire Safety



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FIRE SAFETY: OVERVIEW

CMS Conditions for Coverage require all ASCs to comply with the following standard:

418.44(b) Standard: Safety From Fire

(1) Except as otherwise provided in this section, the ASC must meet the provisions applicable to Ambulatory Healthcare Centers of the 2000 edition of the Life Safety Code of the National Fire Protection Association, regardless of the number of patients served.

(2) In consideration of a recommendation by the State survey agency, CMS may waive, for periods deemed appropriate, specific provisions of the Life Safety Code which, if rigidly applied, would result in unreasonable hardship upon an ASC, but only if the waiver will not adversely affect the health and safety of the patients.

(3) The provisions of the Life Safety Code do not apply in a State if CMS finds that a fire and safety code imposed by State law adequately protects patients in an ASC.

(4) An ASC must be in compliance with Chapter 21.2.3.3, Emergency Lighting, beginning on March 13, 2006.

(5) Notwithstanding any provisions of the 2000 edition of the Life Safety Code to the

SEARCH

FIRE SAFETY

Overview

Requirements


Resources

AAAHC Credentialing & Privileging

- Failure to provide a comprehensive list of privileges for the provider, i.e., use of specific techniques or equipment, performance of procedures, or tasks (especially supervising others who administer anesthesia)
- Often an accurate delineation of privileges (DOP) is missing
- Privileges for specific procedures or lists haven't been updated at all
- Failure to assign a time limit to initial privileging or to meet the requirement of the ASCs own policy for reappointment
- Inappropriate credentialing and privileging
- Medical staff fails to submit an application for re-appointment
- Verification of all items with the potential to expire (license, DEA registration) is missing


AAAHC Peer Review

- Peer review was not considered at the time of reappointment
- Peer review was not linked to quality improvement
- Peer review was not performed by a similarly licensed peer



AAAHC Safe Injection Practices

- Reuse of single dose vials
- Reuse of needles and syringes
- Use of multi-dose vials in patient care areas



Available on eSupport

- eSupport/Operations/Medication Management/Medication Safety

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SEARCH

MEDICATION MANAGEMENT: MEDICATION SAFETY

Medication management, if not properly implemented can be a huge patient safety risk. It is important that your medication management starts in your policies and procedures. Your policies and procedures should give detailed information on how to prepare, label and administer medication. Using Medication Safety is one of the National Patient Safety Goals (NPSG).

CLICK LINKS BELOW TO DOWNLOAD

- OPHTHALMIC MITOMYCIN C FACT SHEET
- LOOK-ALIKE DRUG NAMES WITH RECOMMENDED TALL MAN LETTERS
- PATIENT SAFETY AUTHORITY - SAFE INJECTION FAQ

Medication that look alike/sound alike
 - USP 2014 List of Confused
 - editing your medication regimen
 - use that all physician orders are
 - is and always check for allergies.
 - is so staff can quickly recognize if


MEDICATION MANAGEMENT

- Overview
- Compounding
- Controlled Substances
- Eye Drops
- Formulary
- Medication Labeling
- Medication Safety Resources

Allergies: red band with allergies clearly written


AAAHC Documentation

- Documentation regarding allergies is inconsistently located in clinical records
- "Allergies" are listed but the reactions are not
- There is reliance on "NKDA" without reference to other types of allergies/sensitivities
- Anesthesia providers fail to document anesthesia assessment/evaluation prior to surgery



AAAHC QAPI

- Overall QI program is not documented
- No on-going data collection processes
- No evidence of benchmarking studies
- No documentation of improvement
- No clearly stated quantitative goal
- No statement of comparison between current performance and goal
- No reporting to the governing body



Available on eSupport

- eSupport/Operations/Quality Management/QI studies

QUALITY MANAGEMENT: QUALITY IMPROVEMENT STUDY

QAPI requires an ASC to take a proactive, comprehensive and ongoing approach to evaluate systems and processes, set may occur and identify root causes of them at a time. The Quality Improvement efforts systematic and comprehensive QI is must be reported quarterly to the QAPI and documented in meeting minutes. If one incident continues to recur, this is as created Targeted Solutions Tools. They problems in healthcare today. Below are information that can be used as part of

QUALITY MANAGEMENT

- Overview
- Risk Management
- Quality Improvement Study
- Benchmarking
- Peer Review
- QAPI Resources

Hand Off Communication
Wrong Site Surgery

Resources

- CMS surveys 2015-2016
- Joint Commission In Search of Perfection 10.11.2016
- AAAHC Quality Roadmap 2015

Questions??

- eSupport members post to the **FORUM**
- Email your questions regarding today's webinar to: info@pss4asc.com

Join the community!

- For all the resourced referenced today and SO MUCH MORE...
- Request your free web demo today www.progressivesurgical.com/esupport
- Email us at info@pss4asc.com
- Or call us! (855) 777-4272




Special Year End Promotion!

- Sign up to be a member of eSupport by December 31st and receive a **FREE Financial Review** for your ASC.
 - Benchmark 5 ASC key performance indicators
- Tell your Surgeons **THIS** is all you want for Christmas: **peace of mind!**




Mark Your Calendars



January 23, 2017 11am PT/ 2am ET
QUALITY REPORTING UPDATE
Gina Thorneberry

March 20, 2017 11am PT/ 2am ET
RISK ASSESSMENTS AND HVA
Debra Stinchcomb, MBA, BSN, RN, CASC

Mark Your Calendars




PROGRESSIVE
SURGICAL
Half Time

Friday March 3, 2017

RISK ASSESSMENTS 101
HOW TO AVOID A DATA BREACH

Nancy Stephens
with
Art Gross
Karen Conduragis
(HIPAA Secure Now)



~~\$75~~
FREE
For ALL
