



PROGRESSIVE
SURGICAL
Huddle

Keeping you "in the know" in the ASC industry



Annual Survey Watch Report



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Progressive Surgical Huddle
November 20, 2017


Surveyors


- CMS
- Accreditation



Governance


- Governing Body failed to maintain a QAPI program
- No documented evidence to show the Governing Body evaluated the effectiveness of the PI projects
- Annual evaluations of service contract vendors were not performed





Available on eSupport

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



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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, [reprova](#) 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

CONTRACTED SERVICES ASSESSMENT TOOL

PROVIDER INFORMATION

Name	Specialty/Procedure Code
Address	Phone
Primary Contact	Pager


ANNUAL ASSESSMENT


Assess each year and provide per contract for the entire year of contract support

Service Dates from Year (Month/Day/Year)

Credentialing/Privileging


- Some peer review of the anesthesiologists was done by ophthalmologists
- Credentialing files did not include signed privilege request forms
- Failed to include peer review results in the physician reappointment process





Available on eSupport

- eSupport/Operations/Staffing



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STAFFING: MEDICAL STAFF OVERVIEW

416.45 Condition for Coverage: Medical Staff

The medical staff of the ASC must be accountable to the governing body.

416.45(a) Standard: Membership and Clinical Privileges

Members of the medical staff must be legally and professionally qualified for the positions to which they are appointed and for the performance of privileges granted. The ASC grants privileges in accordance with recommendations from qualified medical personnel.

416.45(b) Standard: Reappointment

Medical staff privileges must be periodically reappointed by the ASC. The scope of procedures performed in the ASC must be periodically reviewed and amended as appropriate.



SEARCH

STAFFING

Medical Staff Overview
 Credentialing Guide
 Allied Health Professionals
 Privileges
 Recredentialing
 Personnel File Overview
 Personnel Files
 Orientation



Personnel Files

- Failed to include a job description(s) in employee files
- Employee files were missing or had incomplete job performance evaluations
- Facility failed to have a process for screening or verifying immunity to communicable diseases
- TB testing was not conducted annually according to facility's protocol


Infection Control

- Facility failed to keep the temperature in the operating room between 68-73 degrees
- Door of the operating room was not kept closed to maintain appropriate air pressure
- Operating room was not cleaned in accordance with nationally recognized guidelines. Counters, monitor and medication prep area were not disinfected between patient use
- Surgical attire was being laundered by personnel


Instrument Processing

- Endoscopes not being cleaned, dried and stored in accordance with professional standards of practice or manufacturer DFUs
- Lead sterile tech was not consistently following manufacturer's DFUs for cleaning of instruments and did not have knowledge or access to evidence-based guidelines
- No evidence that quality control procedures recommended in manufacturer's IFUs with the Cidex OPA test strips was conducted
- Staff did not routinely track the number of times LMAs were reprocessed per manufacturer's DFUs

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Clinical Operations


- Anesthesia providers failed to provide an appropriate anesthesia assessment/evaluation prior to surgery
- Failed to have sufficient nursing personnel in the preop/PACU area
- Failed to ensure nursing staff was oriented and trained for their positions

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Medication Management

- Multiple expired medications in preop/PACU
- Nurses using single-use normal saline vials to draw up IV flushes for multiple patients
- Open multi-dose medications found in anesthesia carts
- In places where medications are stored, facility did not consistently identify its high-alert medications
- Failed to accurately document medication administration specifically how many drops or which eye the drops were administered

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Medical Records

- Medical records missing a comprehensive H&P, operative reports and pathology findings
- Back of anesthesia record, which is yellow carbon paper, does not scan well. It was difficult to read in 20 of the 20 charts reviewed.
- No documentation or discharge summaries present in the medical record for patients transferred to the hospital
- Clinical records did not have an entry documenting an examination for any changes in the patient's condition since completion of the most recently documented medical H&P assessment



Medical Records

- Physician orders did not include orders for medication to be administered by nursing staff
- Medical records stored in an unlocked storage room on metal carts not protected from potential fire, water or other potential damage
- Facility failed to ensure that pre-surgical assessments were completed by a physician and documented in the medical record
- Facility failed to fully inform the patient about a procedure and the expected outcome before the procedure was performed



Documentation

- Facility failed to post a written notice of Patient Rights and Responsibilities that contained information on how to lodge complaints or the website of the Medicare Beneficiary Ombudsman
- Deficiencies with documentation of presence or absence of advance directives and informing patients regarding the facility's policies on advance directives
- Failed to conduct disaster drills including a written evaluation of each drill



QAPI

- Lack of ongoing data driven QAPI program
- Adverse events were collected and reported to the GB, however, there was no formal process of documenting that data collections were analyzed and improvement processes were implemented
- Failed to measure, analyze and track quality indicators, adverse patient events, patient infections/complications
- Failed to conduct quality improvement projects

Available on eSupport

- eSupport/Operations/Quality Management

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QUALITY MANAGEMENT: OVERVIEW

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

416.43 Condition: Quality Assessment and Performance Improvement

The ASC must develop, implement and maintain an ongoing, data-driven quality assessment and performance improvement (QAPI) program.

This Condition includes the following standards:

- 416.43(a) Standard: Program Scope
- 416.43(b) Standard: Program Data
- 416.43(c) Standard: Program Activities
- 416.43(d) Standard: Performance Improvement Projects

The QAPI Committee should meet and report quarterly on all aspects of the program. Assume that you have documented all required delegations of authority and committee delegations as well as, credentialing approvals correct approvals. The QAPI Committee can meet in conjunction with the Governing Body quarterly, especially in smaller organizations. These meetings must be documented in meeting minutes.

SEARCH

QUALITY MANAGEMENT

Overview

Risk Management

Quality Improvement Study

Benchmarking

Peer Review

QAPI Resources

Life Safety Code

- Fire drills are conducted quarterly, however the fire alarm and the verification of signal transmission is not documented. The fire drills are not conducted with the actual alarms.
- Annual 90-minute battery-powered lights test not documented
- Open penetrations noted in walls
- Although risks are limited, the procedure rooms used for YAG and femtosecond laser procedures do not have doors
- There are not at least two spare sprinkler heads for every type of sprinkler head in the building

7

Life Safety Code

- Marked exits obstructed with medical equipment and other medical devices and chairs
- Hallway door located in a required path of egress is equipped with a thumb turn dead-bolt lock
- No record of annual fire alarm inspection report available for review that was completed within the previous 12 months
- Failure to display a NO SMOKING sign at the door of the oxygen storage room – self-closure door did not close and penetrations noted in the walls and ceilings
- Generator logs missing documentation of weekly checks

LSC Resources

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

Available on eSupport

- eSupport/Compliance/Life Safety Code/Ongoing ITM Tools

LSC ONGOING INSPECTION TESTING AND MAINTENANCE TOOLS

We have provided 2 versions for each system: checklist and at a glance. Use these to implement compliance with the ongoing inspection testing and maintenance requirements. Both formats available for download below.

Part of ongoing HVAC maintenance is checking the directional air flow of required rooms. The restricted area should have a positive pressure relationship to the adjacent areas. Since the OR is the cleanest environment in the facility, all adjacent rooms should be negative to the OR. These parameters should be monitored and logged monthly to ensure proper pressure relationships. Watch this video demonstrating how to check the directional flow of a room.

[CLICK LINKS BELOW TO DOWNLOAD](#)

CHECKLIST FORMAT

- Essential Electrical System Maintenance Guide (checklist)
- Fire Alarm Testing (checklist)
- Medical Gas Testing (checklist)
- Wet Pipe Sprinkler Systems Inspection, Testing, and Maintenance (checklist)



AT A GLANCE FORMAT

- Essential Electrical System Maintenance Guide (at a glance)
- Fire Alarm Testing (at a glance)
- HVAC Standards (at a glance)
- Wet Pipe Sprinkler Systems Inspection, Testing, and Maintenance (at a glance)

The Joint Commission


10 most frequently cited requirements:

- 53% The organization reduces the risk of infections associated with medical equipment, devices, and supplies
- 47% The organization grants initial, renewed, or revised clinical privileges to individuals who are permitted by law and the organization to practice independently
- 37% The organization maintains fire safety equipment and fire safety building features
- 36% The organization safely stores medications

The Joint Commission



- 36% The organization inspects, tests, and maintains medical equipment
- 31% The organization safely manages high-alert and hazardous medications
- 30% The organization manages risks related to hazardous materials and waste
- 30% The organization addresses the safe use of look-alike/sound-alike medications
- 29% The organization manages risks associated with its utility systems



AAAHC


6 biggest areas AAAHC wants ASCs to target in 2017:

- Credentialing, privileging and peer review
- Documentation
- Safe injection practices and medication safety
- Staff education and training
- Quality Improvement program
- Performance maintenance of standards with high compliance

Resources

- Survey Reports submitted to PSS for 2016-2017
- Top Standards Compliance Data Announced for 2016 – The Joint Commission Perspectives
- The 6 Biggest Areas AAAHC Wants ASCs to Target in 2017 – Becker's ASC Review



Available on eSupport

- eSupport/Compliance/Survey Watch


SURVEY WATCH
PSS has the advantage of working with scores of facilities across the country, in multiple states with all the deemed status agencies. As an eSupport subscriber you can benefit from our experience. Check out these summaries of deficiencies stated on various types of surveys.

CLICK LINKS BELOW TO DOWNLOAD

- ☐ TJC Top Standards Issues First Half of 2017
- ☐ AAAHC CMS SURVEY JUNE 2017
- ☐ CMS SURVEY JUNE 2017
- ☐ 6 BIGGEST AREAS AAAHC WANTS ASCs TO TARGET IN 2017
- ☐ TJC TOP STANDARDS COMPLIANCE DATA ANNOUNCED FOR 2016
- ☐ AAAHC Deemed Status Survey: February 2017
- ☐ CMS SURVEY: JANUARY 2017
- ☐ CMS SURVEY: DECEMBER 2016
- ☐ CMS SURVEY: AUGUST 2016
- ☐ AAAHC DEEMED STATUS SURVEY: JUNE 2016
- ☐ CMS SURVEY: MAY 2016
- ☐ CMS SURVEY: NOVEMBER 2015
- ☐ AAAHC DEEMED STATUS SURVEY: SEPTEMBER 2015
- ☐ TJC TOP STANDARDS COMPLIANCE DATA FOR FIRST HALF OF 2015
- ☐ CMS SURVEY: JULY 2015
- ☐ CMS SURVEY: MAY 2015

Questions??

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



Join the community!

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



Welcome Surveyors with Confidence

- Have a survey coming up? Do you want to take a more proactive approach to assure your "survey-readiness"?
- We will put you through the paces of a mock survey so you can ace your survey with confidence and peace of mind.

Contact us today to discuss scheduling your mock survey!

Available on eSupport

COMPLIANCE CALENDAR

These compliance calendars were created as an at-a-glance assistance tool for complying with regulatory requirements daily, weekly, monthly, quarterly, annually, etc. There is one specific to clients who have PSS's policy and procedure program, which lists where you can find the policies and forms specific to the requirement.

NEW FEATURE: Check out **THE COMPLIANCE COACH!** This new feature allows you to subscribe to weekly, monthly, quarterly, and annual email reminders with all of the tasks in the ASC Facility Compliance Calendar.

CLICK LINKS BELOW TO DOWNLOAD

FULL ASC FACILITY COMPLIANCE CALENDAR

- ASC Facility Compliance Calendar (for clients with PSS policy and procedure program)
- ASC Facility Compliance Calendar

CALENDAR BROKEN DOWN BY TIME PERIOD


- Daily ASC Compliance Tasks
- Weekly ASC Compliance Tasks
- Monthly ASC Compliance Tasks
- Quarterly ASC Compliance Tasks
- Annual ASC Compliance Tasks
- Every 2 and 3 Years ASC Compliance Tasks
- Variable ASC Compliance Tasks

COMPLIANCE TOOLS

Tools: Overview
Compliance Calendar
Compliance Coach
Emails
Risk Assessments

- eSupport/ Compliance/ Tools/ Compliance Calendar
- eSupport/ Compliance/ Tools/ Compliance Coach Emails

Mark Your Calendars




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January 22, 2018 11am PT/ 2am ET
QUALITY REPORTING UPDATE
 Gina Thorneberry
 ASC Association

March 19, 2017 11am PT/ 2am ET
MEDICATION MANAGEMENT - TBD
 Greg Tertes R.Ph
 ASC Pharmacist Consultants, Inc.

Mark Your Calendars



**PROGRESSIVE
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Half Time**

Friday February 23, 2018 11AM PT/2PM ET
EMERGENCY PREPAREDNESS UPDATE
 Rob Sillis

Friday April 27, 2018 11AM PT/2PM ET
EXCEL FOR NURSES
 Nancy Stephens
 Progressive Surgical Solutions

\$75
or
FREE
For members
