



**PROGRESSIVE  
SURGICAL  
Huddle**

Keeping you "in the know" in the ASC industry

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### Annual Survey Watch Report



Leanne Gallegos, BSN, RN  
Progressive Surgical Solutions, a division of BSM Consulting

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### Surveyors

- CMS
- Accreditation



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### Governance

- No documented evidence to show the Governing Body evaluated the effectiveness of the PI projects.



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### Credentialing/Privileging

- No documentation of peer references upon initial privileging.
- Credentialing files for CRNAs had not been recredentialed since 2013 (survey in 2017).



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### Personnel Files

- Facility Administrator did not have a personnel file.
- It was noted that staff had expired ACLS, and surgical techs did not have current BLS on file. Job descriptions state that RNs will have current ACLS, BLS and surgical tech will have current BLS.



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### Infection Control

- The cystoscope transport container was cleaned with the enzymatic detergent used for instrument pre-cleaning and not with an appropriate surface disinfectant.
- Storage room door in PACU was propped open.
- Laryngoscopes blades were found open and attached, lying in the crash cart drawer.



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### Infection Control

- Infection Control Coordinator did not have any recent training in infection control.
- Multiple corrugated cardboard boxes filled with sterile and clean supplies were in sterile supply storage.
- Floors in the ORs visibly dirty and the floor in on OR had a large visible tear.



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### Infection Control

- Nursing staff failed to perform appropriate hand hygiene during patient care.
- Staff had no documented evidence of receiving annual infection control training.
- Disinfectant wipes were not used according to manufacturer's directions for use. Surface did not remain wet for 2 minutes prior to wiping.



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### Instrument Processing

- Containers used for transport of dirty instruments from the treatment room to the processing area, were not labeled as containing hazardous material.
- Lead sterile technician was not consistently following manufacturer's instructions for use for cleaning of instruments and did not have knowledge or access to evidence based guidelines.
- Sterile processing tech could not state which guidelines they were following.



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### Instrument Processing

- During observation of the decontamination room non-sterile items were found in the sterile area and sterile items were found in the decontamination area - there was no separation of clean and dirty.
- Facility did not identify date, time, load number for sterile processed instruments or which sterilizer staff had processed the instruments.
- Facility utilized IUSS for a majority of cataract procedures.



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### Clinical Operations

- It was observed that patient bays were being used for more than one patient at a time.
- Medications, eye drops and IV catheters were found to be expired.
- Open boxes of face masks, shoe covers, and hair covers were stored in an open cart next to the patient postop chair in a high traffic area.
- A physician was observed entering the restricted area in street clothes.



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### Medication Management

- A syringe containing an alcohol solution for cystoscope cleaning was not labeled. This syringe was located next to unlabeled identical syringes containing only tap water.
- The organization had not identified any high-alert and hazardous medications that did exist within the facility.
- Emergency medication (crash) cart contained epinephrine and ephedrine located next to each other with neither drug being identified as look-alike/sound-alike medications.



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### Medication Management

- Anesthesiologist did not clean the patient's IV port with alcohol prior to inserting a syringe of Propofol.
- Nurses were using single-use normal saline vials to draw up IV flushes for multiple patients.
- Multi-dose medications not stored away from immediate patient care areas.



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### Medication Management

- Staff were not noting the daily thermometer ranges (just point in time) or clearing the thermometer in the medication refrigerator.
- Facility staff failed to sign out controlled substances at the time of their removal from the narcotic cabinet.
- Nurses failed to document the wasting of controlled substances accurately.



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### Medication Management

- Nurses were observed determining the dosage of medication administered and then documenting it on the physician orders.
- Consulting pharmacist's license and liability insurance had expired.
- Controlled substances were unsecured in the preop area and anesthesia carts in the ORs were unlocked.



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### Medical Records

- It was noted during tracer activity and closed record review that the organization did not have evidence of a process to perform and document an evaluation of the patient prior to discharge as conducted by a physician or member of the anesthesia staff.
- Medical records were stored in an unlocked area accessible by everyone, not protected from damage or fire, and not according to facility policy.



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### Medical Records

- During a review of medical records, it was noted that history and physicals were in clinic charts and not easily accessible by ASC staff, and pre-surgical assessments were being performed after surgery.
- Anesthesia consents did not include a place for the anesthesia provider to sign.
- Facility failed to ensure that every chart had a signed facility/procedure consent.



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### Documentation

- During review of the crash cart daily inspection process, it was noted that the defibrillator was not tested (and documented) with the unit unplugged (to assure its function when mobile). The daily check sheet also did not have documentation of testing the portable suction (although staff stated this was done each day).
- Did not conduct quarterly fire drills on a routine basis. The fire drills conducted did not include the transmission of a fire alarm signal.



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### Documentation

- There is no indication or documentation of whether or not a patient has an advance directive or has requested information.
- Medical records reviewed did not include allergies **with** reactions.
- No written evaluation of internal disaster drills or fire drills.



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### QAPI

- Upon review of quality meeting minutes, it was noted that the consulting pharmacist was not reviewing medical records for presence of medication errors.
- Review of QAPI and Governing Body meeting minutes revealed that no infection control surveillance was being conducted.
- Failed to track, collect data and analyze adverse events.
- No documented evidence to show the facility had completed any PI projects.



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### Environment

- Patient bathrooms were dirty, rust was noted on the toilet.
- The janitor closet was in disarray with mops, mop buckets, brooms, and chemicals all stacked on top of each other.
- Cleaning items used for cleaning and decontamination of surgical instruments were stored under the sink.



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### Environment

- Back door of ASC opening into the parking lot was ajar and partially opened. The door opened into the hall leading into the preop/recovery room and the secure area where four ORs are located.
- Two fluoroscan machines and a c-arm machine did not have preventative maintenance stickers, indicating when the machines were serviced.
- Did not terminally clean the surgical suites per facility policy.



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### Life Safety Code

- Inside the electrical room the breaker panel labeled LL1 contained breakers that were not labeled as to what they served.
- The room used for cleaning scopes and other equipment on the procedure room side of the building was positive with respect to the adjacent corridor.
- There were unsealed penetrations inside the electrical equipment panel room, both around conduits.



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### Life Safety Code

- Above the ceiling in the receiving corridor, just outside the linen room, there were low voltage cables being supported by the sprinkler piping.
- No documentation to demonstrate the tests of the visual and audible fire alarms were completed annually.
- Did not have any documentation to demonstrate the annual testing of the automatic smoke-detection shutdown devices for air-handling equipment had been conducted.
- Upon inspection of egress doors checked, the door was locked or inhibited from free operation.



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### Life Safety Code

- The sprinkler head cabinet only contained on red "temperature sensitive bulb" type sprinkler head.
- None of the piping outside the medical gas room is identified.
- Testing is not performed on the rechargeable-battery-powered lights.
- Required drawings were not available at the time of survey.
- There were some holes in the fire-rated walls that did not have any fire stopping.



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### The Joint Commission

Top standards compliance data for 2017:

- 60% IC.02.02.01 - The organization reduces the risk of infections associated with medical equipment, devices, and supplies
- 49% MM.03.01.01 - The organization safely stores medications.
- 47% HR.02.01.03 - The organization grants initials, renewed, or revised clinical privileges to individuals who are permitted by law and the organization to practice independently.



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**The Joint Commission**

Top standards compliance data for 2017:

- 38% EC.02.04.03 - The organization inspects, tests, and maintains medical equipment.
- 38% EC.02.05.01 - The organization manages risks associated with its utility systems.
- 37% EC.02.02.01 - The organization manages risks related to hazardous materials and waste.
- 36% IC.02.01.01 - The organization implements infection prevention and control activities.





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**The Joint Commission**

Top standards compliance data for 2017:

- 35% EC.02.03.05 - The organization maintains fire safety equipment and fire safety building features.
- 34% EC.02.05.07 - The organization inspects, tests, and maintains emergency power systems.
- 31% MM.01.01.03 - The organization safely manages high-alert and hazardous medications.





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**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


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## Resources

- Survey Reports submitted to PSS during 2017-2018
- Top Standards Compliance Data Announced for 2017 - The Joint Commission Perspectives
- The 6 Biggest Areas AAAHC Wants ASCs to Target in 2017 - Becker's ASC Review




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## Available on eSupport

- Compliance/Survey Watch



HOME ESUPPORT • BLOG • FORUM ACCOUNT •

**SURVEY WATCH**  
PSS has the advantage of working with scores of facilities across the country, in many agencies. As an eSupport member you can benefit from our experience. Check out various types of surveys.

[CLICK LINKS BELOW TO DOWNLOAD](#)

- Medicare Life Safety Code Survey August 2018
- State Medicare Survey July 2018
- State Medicare Survey April 2018
- Deemed Status Survey March 2018
- Deemed Status TJC Survey February 2018
- Deemed Status TJC Survey December 2017
- 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

**State Medicare Survey: July 2018**

- Incomplete credentialing file:
  - Missing or expired DEA licenses
  - Missing NPI# source
  - No verification of hospital privileges
  - Expired medical licenses on file
  - No current documentation for appointment
  - Missing request/return letters
  - No documentation of Hepatitis B vaccination or TB screening in physician health record
- Incomplete personnel files:
  - Missing job descriptions, missing documentation of receiving facility orientation
  - Missing annual clinical competency evaluations or performance evaluations
  - No evidence of current emergency preparedness training
  - Infection Control Coordinator missing documentation of education in Infection Control
  - Staff had no current documentation of TB testing in health record
- Incomplete medical records:
  - Facility failed to ensure patients had a current and comprehensive H&P assessment completed by a physician, dated within 30 days of the surgery, and placed in the patient's medical record prior to the surgical procedure
  - Failed to ensure pre-surgical history and physical assessments were not always completed prior to surgery

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## Join The Community!

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



PROGRESSIVE SURGICAL eSupport  
POWERED BY BSM CONSULTING

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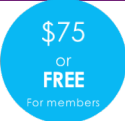
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**Mark Your Calendars!**



PROGRESSIVE  
SURGICAL  
Half Time



Friday October 26, 2018 11AM PT/2PM ET  
**ASK THE CLINICAL DIRECTOR/ADMINISTRATOR LIVE PANEL**  
Crissy Benze, MSN, BSN, RN,  
Minda Soria, RN, April McElheny, RN, Joan Conine, Jared Abel

Friday December 21, 2018 11AM PT/ 2PM ET  
**LEADING FROM THE MIDDLE**  
Regina Boore, MS, BSN, RN, CASC  
Progressive Surgical Solutions

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**Mark Your Calendars!**



PROGRESSIVE  
SURGICAL  
Huddle

Monday November 19, 2018 11AM PT/ 2PM ET  
**WORKING EFFECTIVELY WITH YOUR MEDICAL STAFF**  
Alison Galloway, BSN, RN  
La Peer Surgery Center

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