

ASC SURVEY WATCH 2019

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Surveyors

Medicare (CMS)

Accreditation



Medicare's Top Citations 2018

Q0241	Sanitary Environment	27%	Infection Control
Q0181	Administration of Drugs	24%	Pharmaceutical Services
Q0242	Infection Control Program	19%	Infection Control
Q0162	Form & Content of Record	14%	Medical records
Q0101	Physical Environment	11%	Environment
Q0104	Safety from Fire	10%	Environment
Q0141	Organization & Staffing	9%	Nursing Services
Q0240	Infection Control	8%	Infection Control
Q0261	Admission Assessment	7%	Patient Admission, Assessment and Discharge
Q0100	Environment	7%	Environment

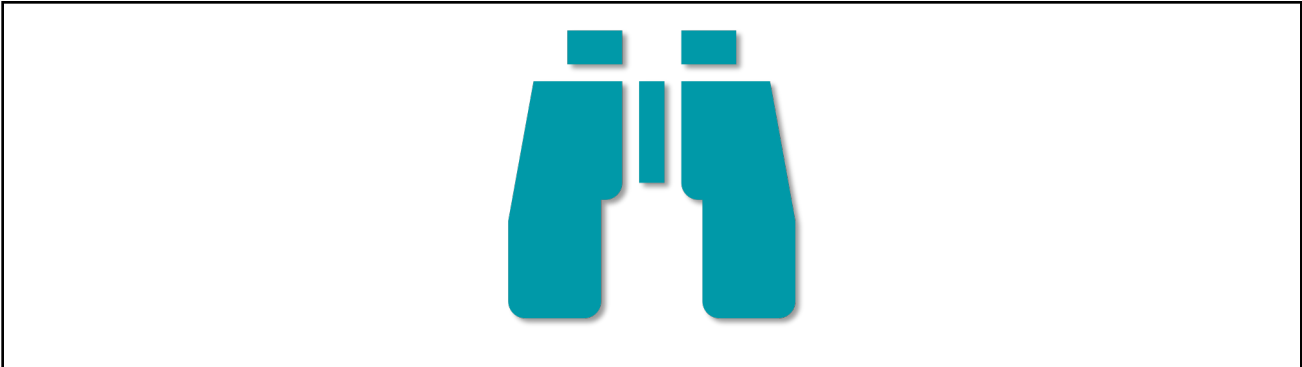


TJC: Most Challenging Standards

IC.02.02.01	The organization reduces the risk of infections associated with medical equipment, devices, and supplies.
LS.03.01.10	Building and fire features designed & maintained to minimize the effects of fire, smoke, and heat.
HR.02.01.03	Grants initial, renewed, or revised clinical privileges
IC.02.01.01	Implements infection prevention & control activities
MM.03.01.01	Safely stores medications
EC.02.03.05	Maintains fire safety equipment & fire safety building features
EC.02.02.01	Manages risks related to hazardous materials & wastes
EC.02.05.07	Inspects, tests, & maintains emergency power systems
EC.02.05.01	Manages risks associated with it's utility systems
EC.02.04.03	Inspects, tests, and maintains medical equipment

AAAHC: Top Trending Deficiencies

1	Quality Improvement activities
2	Safe injection practices
3	Credentialing, privileging
4	Documentation management



A Closer Look



Governance



- No documented evidence to show the Governing Body evaluated the effectiveness of the QAPI program or the Infection Control Program.
- No review and approval of the performance of clinical research activities.
- No written protocols related to research activities.

Credentialing/ Privileging



- Surgeons were not granted privileges for supervising CRNAs.
- CRNAs did not request specific privileges for approval.
- Failed to include peer review results in the physician reappointment process.

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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: Reappraisals

Medical staff privileges must be periodically reappraised 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

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Operations/
Staffing



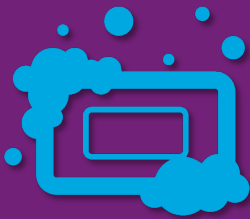
Personnel Files



- No evidence of job specific competencies on file for staff.
- Last competency review of the administrative RN providing patient care documented in 2014.
- Only one of the two types of competency used for CLIA waived testing on file for nursing personnel.
- CLIA waived competency training not completed annually.



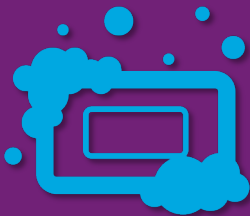
Infection Control



- Staff failed to clean/or disinfect vital sign (temperature, blood pressure cuff and sphygmomanometer) machine in between patient use.
- Staff did not follow manufacturer's guidelines for cleaning the ocular lens for the Yag laser.
- Corrugated boxes noted in the Operating Room and Sprinkler Riser Room/Storage Room.
- Sink faucets in the hand washing area, nurses station, pre/post admission areas, scrub sinks in the surgical area, and patient's restroom had aerators and mineral deposits around the spigot.



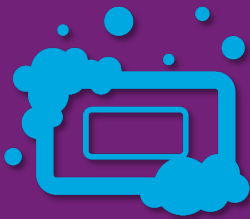
Infection Control



- Medication and Patient food refrigerators had heavy accumulation of ice in the freezers.
- Staff scrubs were on hangers and dragging on the floor.
- Physicians and nurses didn't clean rubber septum of med vial.
- Anesthesia provides noted carrying syringes in front scrub pocket.



Infection Control



- Nursing staff failed to perform appropriate hand hygiene during patient care.
- Disinfectant wipes were not used according to manufacturer's directions for use. Surface did not remain wet for 2 minutes prior to wiping.
- The wipe used to clean the glucometer was not registered with the EPA.
- Purell hand sanitizers expired.
- Head rests on the OR tables had multiple tears.



Instrument Processing



- Containers used for transport of dirty instruments from the operating room to the processing area, were not labeled with a bio-hazardous sticker.
- Sterile processing tech could not state which manufacturer's guidelines they were following.
- Observed that there was no documentation of Biological Indicator result.
- Facility utilized IUSs for a majority of cataract procedure



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INFECTION CONTROL: OVERVIEW

CMS Conditions for Coverage require that ASCs comply with the following standards:

416.51 Standard: Infection Control

The ASC must maintain an infection control program that seeks to minimize infections and communicable disease.

416.51 (a) The ASC must provide a functional and sanitary environment for the provision of surgical services by adhering to professionally acceptable standards of practice.

416.51 (b) The ASC must maintain an ongoing program designed to prevent, control, and investigate infections and communicable diseases. In addition, the infection control and prevention program must include documentation that the ASC has considered, selected, and implemented nationally recognized infection control guidelines. The program is:

- (1) Under the direction of a designated and qualified professional who has training in infection control
- (2) An integral part of the ASC's quality assessment and performance improvement program and

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INFECTION CONTROL

Overview

- Infection Prevention & Investigation
- Infection Control Resources
- Immunizations
- Hand Hygiene
- Environmental Sanitation
- Instrument Decontamination and Sterilization
- Medication Practices
- Infection Control Coordinator

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Medication Management



- Medication refrigerator did not have a continuous read thermometer.
- Look alike sound alike meds (LASA) were not labeled.
- No policy r/t LASA meds, therefore, a list was not approved by Governing Body.
- Multi-dose medications not stored away from immediate patient care areas.
- Anesthesia carts containing controlled substances were unlocked and unattended.



Medical Records



- Clinical records did not contain documentation of whether or not the patient had an advance directive.
- Clinical records did not include reactions to the listed allergies.
- No physician orders for medications administered to patients.
- RN did not instill eye drops per physician's order. Eye drops were administered immediately after the other; however, physician's orders state to wait 5 minutes.

Medical Records



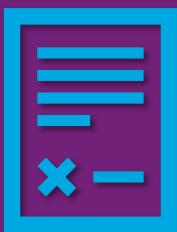
- The plan of anesthesia was not documented.
- Anesthesiologist preoperative assessment did not document heart and lung assessment per organization policy.
- Though the anesthesiologist documented 'RRR' and 'CTA' on the Heart and Lung pre-sedation assessment, in the pre-op area, no hands on assessment was observed, including use of a stethoscope.

Medical Records



- Medication reconciliation was not performed or documented.
- The discharge diagnosis was not documented by the operating physician.
- Post-op note was signed by the physician, but not dated and timed.
- No follow-up care documented on the Post-op phone call sheet.

Medical Records



- No immediate post op notes documented for pain management procedures.
- The immediate procedure note and final operative note was not included in clinical records.
- Clinical records did not contain operative reports.
- There was no discharge order signed by the physician performing the surgery.

QAPI



- No documentation of external benchmarking.
- Failed to conduct quality improvement projects.
- Failed to measure, analyze and track quality indicators, adverse patient events, patient infections/complications.



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QUALITY MANAGEMENT: OVERVIEW

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

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 contract approvals. The QAPI Committee can meet in conjunction with the Governing Body quarterly,

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QUALITY MANAGEMENT

Overview

- Risk Management
- Quality Improvement Study
- QI Study Library
- Benchmarking
- Peer Review
- QAPI Resources

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eSupport/ Compliance/ Survey Watch

SURVEY WATCH

Progressive Surgical Solutions has the advantage of working with scores of facilities across the country, in multiple states with all the deemed status agencies. As an eSupport member you can benefit from our experience. Check out these summaries of deficiencies cited on various types of surveys.

[Quality Certification & Oversight Reports for ASCs](#)

[ASC Complaint 2567](#)

CLICK LINKS BELOW TO DOWNLOAD

2019	DEEMED STATUS AAAHC SURVEY JANUARY 2019
2018	MEDICARE (INCLUDING LSC) SURVEY CALIFORNIA APRIL 2019
2017	DEEMED STATUS TJC SURVEY MAY 2019
2016	DEEMED STATUS TJC SURVEY JULY 2019
2015	DEEMED STATUS TJC SURVEY AUGUST 2019
2014	

Deemed Status AAAHC Survey: January 2019

- There is no indication or documentation of whether or not a patient has an advance directive or has requested information. By policy, the organization will accept and honor advance directives. However, it is with the stipulation that CPR will be initiated if the patient has a medical emergency.
- Fourteen of the fourteen clinical records reviewed did not contain documentation of whether or not the patient had an advance directive.
- There is a contract with an outside company that specifies the generic responsibility in regards to accounts receivable and accounts payable. Per discussions with the administrator, there are no policies and procedures provided and approved by the governing body to guide the staff for controlling accounts receivable and accounts payable and for handling cash and credit arrangements.
- There are no specified methods of collections of unpaid accounts and review before referral to the collection agency that has been approved by the governing body. The contract in place with the outside company is generic and not specific in detail.
- The immediate procedure note and final operative note was not included in fourteen of the fourteen clinical records reviewed.
- Twelve of the fourteen records included the allergies with the reactions.
- The discharge diagnosis was not documented by the operating physician.
- Fourteen of the fourteen clinical records did not contain operative reports.
- There is a written policy for recalls, but the policy does not address how staff or patients are notified.



Resources

- PSS Client Survey Reports 2018, 2019
- Most Challenging Standards for AHC (The Joint Commission Ambulatory Buzz) https://www.jointcommission.org/ambulatory_buzz/top_10_most_challenging_standards_for_ahc_and_obs_accredited_organizations/
- Top Trends in ASC Accreditation Deficiencies (Becker's ASC Review) <https://www.beckersasc.com/asc-accreditation-and-patient-safety/tops-trends-in-asc-accreditation-deficiencies-4-qs-with-aaahc-experts.html>
- Medicare's Top Citations in 2018- ASCA <https://www.ascfocus.org/Go.aspx?c=201903-medicares-top-citations-in-2018>



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Join us in Dallas! Feb 6-7, 2020

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The 2019 Webinar Line Up!

DATE		CE	WEBINAR TOPIC	SPEAKER
October 25	60 min	✓	Documentation Best Practices	Crissy Benze
November 25	20 min		Medication Shortages and How to Handle Them	Greg Tertes
December 20	60 min	✓	Informed Consent	Debra Stinchcomb Will Miller

www.ProgressiveSurgicalSolutions.com/webinars



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