



RISK ASSESSMENTS FOR ASCs

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Every ambulatory surgery center (ASC) has a Quality Assessment and Performance Improvement (QAPI) program. This program includes risk management (RM) activities used to identify, prioritize, and proactively respond to threats while maximizing opportunities for improvement. While incident or occurrence reports are most frequently associated with RM, historically speaking, accrediting organizations have promoted a risk-based approach. As a result, the Centers for Medicare and Medicaid Services (CMS) is beginning to require a growing number of risk assessments (RAs) that focus on specific issues as they pertain to your facility.

THE ANATOMY OF A RISK ASSESSMENT

The idea behind RAs is to move away from a “one size fits all” approach by

developing processes that are relevant to each facility’s specific situation. While the format of and approach to risk assessments are not mandated, they generally include

- The risk or threat,
- The probability that the risk will occur,
- The impact(s) the risk would have on operations,
- How the facility has prepared for the risk, and
- An action plan to mitigate risk (if necessary).

For long RAs, a table format may be easier to follow. Meanwhile, shorter RAs lend themselves to a short narrative (so long as all of the areas above are addressed). Regardless of the format chosen, facilities should include RAs in their annual review process and document them in the governing body’s meeting minutes. (Remember that from a surveyor’s perspective, if it wasn’t documented, it wasn’t done!)

STANDARD RISK ASSESSMENTS

Following are some standard ASC risk assessments that should be conducted annually. Depending on the facility’s state, licensing agency, and/or accrediting body, there may be additional requirements as well.

Hazard vulnerability analysis (HVA). CMS mandates that every facility must conduct an “all-hazards” approach when assessing risk in their physical environment. To complete the HVA process, each identified hazard must be evaluated in light of mitigation, preparedness, response, and recovery. To streamline this process, some ASCs use online HVA templates and customize them to fit their needs. Since many of the online HVA templates are hospital-based, some of the areas listed are not applicable to ASCs, making customization crucial.

Tuberculosis (TB) risk assessment. TB risk assessments are

Figure 1. Suggested IC RA format using a scoring system to establish priorities.

Area/Issue/Topic	Current Status	Desired Status	Gap (Describe)	Action Plan & Evaluation	Risk (0-3)
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required for Medicare-certified ASCs. Fortunately, this mandate may allow facilities with a low risk of TB transmission to eliminate annual TB testing entirely. Of course, prior to discontinuing annual TB testing, ASCs must check with their state—as well as the Centers for Disease Control (CDC)—to ensure regulatory compliance. For reference, the CDC website has a description of TB surveillance along with tools practices can use for risk assessment.

Infection control (IC) risk assessment. The focus on infection control (IC) as a risk management strategy is on the rise, especially in recent years. Infection risks come from employees, the community, the patient population, supplies and instruments, and so on. Examples of IC RAs can be found online. **Figure 1** shows a suggested format using a scoring system to establish priorities.

Facility building and category. Per the 2012 National Fire Prevention Association (NFPA) Life Safety Code, all Medicare-certified ASCs are required to evaluate all building systems and equipment. During evaluation, building systems and equipment are assigned one of four risk categories to determine the level of protection required. More information can be found on the NFPA website, which lists risk assessment requirements and categories.

USP 800 risk assessment. The recently implemented USP General Chapter <800> establishes containment strategies and work practices

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for the safe handling of hazardous drugs. Its goal is to minimize the risk of exposure to health-care personnel, patients, and the environment through compliance. Facilities that use a hazardous drug (e.g., Mitomycin C) need to complete a risk assessment to ensure safe practices. Practices that are not using a hazardous drug do not need to complete this risk assessment.

RISK ASSESSMENTS PER ACCREDITING BODY

In many cases, a facility’s accrediting organization (AO) may require additional risk assessments and reviews. Since standards are reviewed and updated annually, ASCs must be proactive and read all updates provided by their AO to ensure they remain abreast of the most current requirements. In addition to the risk assessments mentioned above, the accrediting bodies listed below require the following assessments:

- The Joint Commission (TJC) requires facilities to review their Environment of Care management plan, including plans, objectives, scope, performance, and effectiveness (i.e., safety, security, hazardous materials, fire, medical

equipment, and utility systems risk assessments).

- The American Association for Accreditation of Ambulatory Surgery Facilities (AAAASF) requires a utilities RA.

For these RAs, a narrative format can be used to document potential risk areas, possible effects of process failure, priorities to mitigate those process failures, strategies to address these priorities, and a follow-up plan that ensures risk areas are being addressed.

STAY ON TRACK

A risk-based approach to operations management is essential not only to best manage your facility and mitigate risk, but to assure compliance with myriad ASC regulations. With that said, dust off your old RA tools—or get online and download some new ones—and get on track with current risk assessment requirements today. **AE**



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