SURVEY WATCH

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Ambulatory Surgery Centers (ASCs) have been in the news lately and for all the wrong reasons. In March 2018, *USA Today* and *Kaiser Health News* joined forces and published two such articles: "How a Push to Cut Costs and Boost Profits at Surgery Centers Led to a Trail of Death" and "Surgery Centers Don't Have to Report Death in 17 States." In these articles they examined a string of ASC deaths, blaming these deaths (and other complications) on our effort to be efficient and profitable and on a lack of consistent governance and state oversight.

As industry professionals, we view the care patients receive in the ASC setting differently. We know the overwhelming majority of ASCs provide safe, high-quality care more efficiently and cost effectively than our hospital counterparts. We also know articles that focus on a few outliers reflect poorly on the whole industry.

If your organization has an ASC, you are on a constant quest for knowledge to meet ever-changing Medicare and state licensure regulations and accreditation standards. As consultants who touch scores of ASCs each year, we are privy to volumes of survey data. This article will address the most frequent citations we have seen over the last year. We hope this insight will relieve some pressure with ongoing compliance efforts so you can focus on what you do best, providing the highest quality care.

LIFE SAFETY CODE

On July 5, 2016, the Centers for Medicare and Medicaid Services (CMS) adopted the 2012 NFPA 1010 Life Safety Code (LSC) into the ASC *Conditions for Coverage*. Since January 2017, Medicare surveys have included an LSC component by a specially trained LSC engineer. If your center was built before 2012 it was not designed to meet the 2012 LSC guidelines, which could result in compliance exposure during survey.

LSC citations can be costly to address and require the use of outside vendors for consultation, repairs and maintenance, and even renovation. If you have not had an LSC survey since Jan 2017, or if you have been cited for LSC deficiencies, it behooves you to consider a mock survey by a life safety code expert.

Frequent LSC citations center on the fire protection system, including the fire alarm, fire-rated doors, the sprinkler system, and penetrations through fire-rated walls. Failure to activate the alarm during quarterly fire drills is a deficiency. A fire watch policy is required in case the fire protection system is out of service. Regular inspection, testing, and maintenance (ITM) of the fire protection, mechanical system, medical gas system, and emergency electrical

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system are mandated, and all related documentation must be available to the surveyor. Beyond the ongoing ITM, the ASC is required to produce the initial certification documentation for these systems. Older facilities are frequently cited for their inability to produce these documents.

The lack of documented risk assessments is another frequent citation. At minimum, Wet OR and Hazard Vulnerability Analysis risk assessments are required. Additional risk assessments are required depending on the accrediting organization.[1]

EMERGENCY PREPAREDNESS

Also in 2016, CMS revised and expanded ASC requirements for Emergency Preparedness, which has been a hot topic on surveys. This condition requires a documented hazard vulnerability analysis as the basis for a facility-specific emergency management plan. Specific policies and procedures must be implemented to address your areas of greatest risk. A minimum of two disaster preparedness drills are required annually by CMS in addition to participation in a larger community-based drill. (The number of drills required depends on your accrediting organization, but there are at least two if you are Medicare certified.)

INFECTION CONTROL

Infection control (IC) continues to be a high priority for CMS, given its impact on patient outcomes. We continue to see frequent IC citations.

The focus around decontamination and sterilization continues. CMS rejected the routine use of immediate use steam sterilization (IUSS) in 2014. This is what we use to call flashing. Medicare has clarified that terminal sterilization refers to a cycle that "*includes use of a dry time and is packaged in a wrap or rigid sterilization container intended to be stored for later use.*" The cycle time is not specified and should be based on manufacturers' direction for use for items being sterilized. If sterilized instrumentation cannot be placed on a shelf for use at a later date, then the sterilization cycle you are using is considered IUSS and is not to be used for routine sterilization.

MEDICATION MANAGEMENT

This is a specific area within infection control that warrants mention. There have been many survey citations citing the use of multi-dose vials. Multi-dose vials (parenteral, injections) used in patient care areas are considered contaminated and therefore single use. Patient care areas include the operating rooms, pre-op, and post-anesthesia care unit rooms or bays. For example, if the anesthesiologist withdraws 10 ml of a 50 ml multi-dose vial of 1% lidocaine in the OR during a case, the vial must be discarded as it is now considered contaminated/single use.

MEDICAL RECORD DOCUMENTATION

"Nurses executing physician orders without authenticated (i.e., unsigned by the ordering physician) or complete physician orders" is a frequently cited deficiency. We often see this in high-volume ophthalmic centers. Implementation of unauthenticated pre-op orders means a nurse is working outside their scope of practice.

Note that preprinted orders are sometimes confused with standing orders. Standing orders are unacceptable as pre-op orders. Standing orders are based on a specific clinical condition. An example of an acceptable standing order is a blood glucose check on diabetic patients. Authenticated pre-op orders are required for admission.

STRIVING FOR HIGH-QUALITY CARE

It's important that we all provide the high-quality care ASCs are known for. To do that we must strive to meet all the regulatory requirements efficiently and safely… and hope that keeps us out of the negative media coverage. ***AE***

NOTE

[1]For additional information on LSC preparedness, see "Complying with Safety Codes—Is Your House in Order?" by John L. Crowder, Jr., in the Mar./Apr. 2019 issue of AE.

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