SURVEY WATCH REPORT 2021

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Surveyors

- An overview of most frequently cited deficiencies from these organizations.

CMS
(Centers for Medicare and Medicaid Services)

ACCREDITING ORGANIZATIONS
TJC *(The Joint Commission)*
AAAHC *(Accreditation Association for Ambulatory Healthcare)*
HFAP *(Healthcare Facilities Accreditation Program)*
AAAASF *(American Association for Accreditation of Ambulatory Surgery Facilities)*

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Conditions for Coverage
Top 5 Deficiencies

Since 2013… the **mean number of deficiencies** per survey **decreased from**
6.1 → 4.2

We are getting better at what we do!

1. Infection Control
2. Pharmaceutical Services
3. Environment
4. Patient Rights
5. Patient admission, assessment, & discharge

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*OIG: https://oig.hhs.gov

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TJC | Most Challenging Standards

- **IC.02.02.01:** The organization reduces the risk of infections associated with medical equipment, devices, and supplies. Manufacturer DFU's.
- **IC 02.01.01:** Implement your organizations infection prevention and control activities. Surveillance, PPE use.
- **MM.01.01.03:** The organization safely manages high-alert and hazardous medications. Proper wastage.
- **EC 02.05.01:** The organization manages risk with its utility system. HVAC system, pipes gas, vacuum system PM services with Policies.
- **MM.01.02.01:** The organization addresses the safe use of look-alike/sound-alike medication. Policies and process in place to address.

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AAAHC | High-Deficiency Standards

- The pre-surgical assessment is not documented
- Peer Review not part of the re-appointment process
- No policies in place to reduce the occurrence of high alert medication errors
- Emergency Drills are not scenario based
- Missing QI Study Components
- No written request for privileges
- No documented approval of privileges, time frame, scope of privileges

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AAAHC | Areas of Non-Compliance

- **Medical Reconciliation:** must have home meds, time last taken, new meds. Copy must be given to patient
- Inconsistent documentation of allergies
- Inconsistent documentation of medications
- **External Benchmarking:** policy and process
- **Infection Control:** program includes surveillance and education consistent with CDC

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Physical Environment / Life Safety Code

- Fire wall penetrations
- Fire doors not inspected annually
- Generator was not secure, no lighting
- Electrical panel not secure
- Propped doors to manage HVAC issues
- Blocked fire exit

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Physical Environment / Life Safety Code

- Copy of disaster plan at front desk
- Fire ratings on door had been painted over
- No policy for alternate means of communication in case of an emergency
- No list of staff with contact info in case of an emergency
- No delegation of an impairment coordinator
- No documentation of inspection of automatic transfer switches

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Physical Environment / Life Safety Code

- Fire drills not scenario based
- Medical gas lines not serviced on an annual basis
- Electrical outlets and light switches not covered
- HVA identified risks without mitigation
- No annual generator fuel quality test
- No annual testing of the electrical outlets

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Governance

- No documented evidence to show the Governing Body evaluated the effectiveness of the QAPI program or the Infection Control Program
- No written protocols related to research activities
- No annual review of the Emergency Preparedness program.

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Credentialing / Privileging

- Failed to include peer review results in the physician reappointment process
- Failed to approve physician via correspondence
- AHP did not apply for privileges, and they were not granted privileges by the facility
- Lapse in appointment

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Personnel Files

- No evidence of job specific competencies on file for staff
- No staff member was delegated oversight of CLIA waived testing
- CLIA waived competency training not completed annually
- Staff did not have proof of 2-step TB testing
- BLS/ACLS expired
- No documentation of annual Emergency Preparedness training and testing

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Infection Control

- Staff failed to clean/or disinfect vital sign (temperature, blood pressure cuff and sphygmomanometer) machine in between patient use
- Doors were propped open in the clean/soiled utility
- Corrugated boxes noted in the semi-restricted areas
- No policy in place to address staffing during a public health crisis such as COVID-19
- No signage at front entrance referring to CDC guidelines for COVID-19 response
- Sink faucets in the hand washing area, nurses station, pre/post not clean
- ICRA did not include COVID-19

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Infection Control

- Dust noted on floor, baseboards, and air vents in ORs
- Staff wearing surgical masks below nose
- Physician and nurse responded differently when asked about the COVID-19 screening protocols
- Facility did not consistently document COVID-19 screening of patients and staff members
- Re-using pillow without proper cleaning between use.
- No COVID-19 program in place

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Infection Control

- Nursing staff failed to perform appropriate hand hygiene during patient care
- The wipes used to clean the glucometer was not registered with the EPA
- Purell hand sanitizers expired
- Temp/Humidity not documented with action taken

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Instrument Processing

- Sterile processing tech could not state which manufacturer's guidelines they were following
- No documentation of Biological Indicator result
- Facility utilized IUSS for a majority of procedures
- No weekly/monthly PM service completed
- Not decontaminating and cleaning *all* instruments on the sterile field

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Medication Management

- Look alike sound alike meds (LASA) were not labeled. No policy in place.
- Medication syringes were not labeled
- Outdated drugs in medication cabinets
- Nurse wasting controlled medications without a witness
- Multi-dose vials used on more than 1 patient were not stored properly

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Medication Management

- Anesthesia Carts: Unlocked and Propofol on top of carts and unlabeled
- Not wiping septum with alcohol wipes
- Medications not labeled on sterile field

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Operation/Safety

- Inconsistent site marking, physician not marking site, staff not following policy for site marking
- No Smoking signs at main entrance
- No policy on use of volunteers

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Medical Records

- Clinical records did not include reactions to the listed allergies
- No physician orders for medications administered to patients
- Staff members completing the anesthesia assessment and H&P, including ASA
- H&P not within 30 days per facility policy

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Medical Records

- No documentation that a “hand off” report was provided to the receiving facility following a patient transfer
- 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

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Medical Records

- No Financial Disclosure in preop paperwork
- The plan of anesthesia was not documented
- No immediate post op notes documented for pain management procedures
- Clinical records did not contain operative reports
- There was not a discharge order signed by the physician performing the surgery

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QAPI

- No documentation of external benchmarking.
- Failed to conduct quality improvement projects. Or projects did not relate directly to the improvement of patient care.
- Failed to measure, analyze and track quality indicators, adverse patient events, patient infections/complications.

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References

- Survey Reports submitted to PSS for 2019-2020
- The Joint Commission Ambulatory Buzz | Most Challenging Standards for AHC
- AAAHC | Areas of Non-Compliance AAAHC 2020
- CMS | Medicare's Top Citations in 2020

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MEMBER RESOURCES

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Thank You

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Need assistance with ASC compliance or operations? We can help.

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Upcoming Webinars

DATE	🕒	CE	WEBINAR TOPIC	SPEAKER
December 20	60 min	RN, CASC	Credentialing Review	Crissy Benze

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