SURVEY WATCH REPORT 2022

Cyndi Krause, BSN, RN, CRNO

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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)*

ACHC *(Accreditation Commission for Health Care)*

QUAD A *(American Association for Accreditation of Ambulatory Surgery Facilities – formerly AAAASF)*

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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. Sanitary Environment – Q0241
2. Infection Control Program – Q0242
3. Infection Control – Q0240
4. Infection Control Program – Q0243
5. COVID Vaccination

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*ASCA – ASCFocus.org

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TJC | Most Challenging Standards

- **EC.02.03.05:** The organization maintains fire safety equipment and fire safety building features
- **EC.02.05.07:** The organization inspects, tests and maintains emergency power activities. systems
- **IC.02.01.01:** The organization implements infection prevention and control
- **IC.02.02.01:** The organization reduces the risk of infections associated with medical equipment, devices, and supplies
- **HR.02.01.03:** The organization grants initial, renewed, or revised clinical privileges to individuals who are permitted by law and the organization to practice independently

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AAAHC | High-Deficiency Standards

- Medication reconciliation
- Allergy documentation
- Safe injection practices
- 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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Physical Environment / Life Safety Code

- Egress lighting was not inspected and tested as required
- Exit signs were not inspected and tested as required
- No routine maintenance and operational testing of the generator
- No annual inspection of the main and feeder circuit breakers
- No fire damper inspection available for review
- No NFPA Fire Alarm System Record of Completion available for review
- No monthly elevator testing report available for review
- Fire drills did not include a scenario, activation of plan and evaluation of performance
- Firewall penetrations

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Physical Environment / Life Safety Code

- No documentation of one disaster drill being conducted
- Door mounted stop holding door open
- Electrical panel circuits were mismarked
- No monthly testing of the generator for 30 continuous minutes under load documented
- Emergency pull cord in patient restroom was wrapped around bar leaving it nonfunctional
- Life safety drawings did not show location of hazardous storage area
- Exit doors were obstructed with furniture

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Physical Environment / Life Safety Code

- Staff were not educated / trained on use of emergency call buttons
- Electrical panels were left unlocked
- Missing inspection documentation of duct detectors
- Missing inspection documentation for 4-year testing of fire and smoke damper
- Did not perform a fuel analysis on the generator since January 2020
  - ✓ This is an annual requirement
- CEMP last reviewed in 2017
- No documented evidence that a fire extinguisher was being inspected
- Two fire sprinklers with coatings of dust on the bulbs
- Doors were propped open with door stops

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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
- Governing Body did not approve delineation of privileges of new surgeon and procedures requested were outside of ASC scope of services
- No equipment preventative maintenance program
- ASC operating beyond hours of operation
- Governing Board failed to have oversight to the implementation of P&Ps that guided and supported the safe practice of the decontamination and sterilization process
- No peer review process in place
- No analysis of case volume and facility utilization
- No approval of Policies and Procedures

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Credentialing / Privileging

- Allied Health Professional not properly credentialed
- Temporary privileges were granted without the required credentials
- Lapse in reappointment
- Peer review not being considered in reappointment
- No evidence of primary source verification for education and training in two credentialing files
- No general orientation checklist for providers
- Time lapse greater than 120 days from time of request of appointment and queries ran to the date the provider was approved by the Governing Board
- Queries were not run

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Personnel Files

- No evidence of job specific competencies on file for staff
- No documented evidence of waived testing competencies
  (Observation of staff performing the tests)
- No documented evidence of orientation and periodic evaluation
- Employees not being trained on new procedures
- Personnel files were missing required annual training
- Personnel files were missing equipment training
- Inconsistency in obtaining employee references

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Infection Control

- Infection Control Coordinator wasn't tracking infections for surgeries performed by a new physician
- A single patient use glucometer was used in the facility not a multi-patient use glucometer
- A YAG laser lens was not being reprocessed as required by the manufacturer's instructions for use (MIFU)
- Corrugated boxes noted in the semi-restricted areas
- Infection Control Coordinator lacked evidence of additional training
- PPE was not donned before cleaning instruments
- Eye protection not worn when cleaning scopes

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Infection Control

- Ultrasonic not being discarded after every use
- No dirty-to-clean workflow in decontamination room
- Failed to document COVID-19 employee vaccinations in a log
- The clean / sterile storage room was found to have negative pressure
- Refrigerator temperatures were not monitored over the weekend
- No 'Biohazard' label observed on the container used to transport dirty instruments to the decontamination room
- New medication vial septum was not cleaned prior to use

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Infection Control

- Nursing staff failed to perform appropriate hand hygiene during patient care
- Incorrect cleaning process for cleaning glucometer
  - ✓ Not being cleaned per MFUs
- Temp / Humidity not documented with action taken
- Physicians didn't consistently wash hands or use hand sanitizer after glove removal
- Facility did not have a cleaning company to perform terminal cleaning
- Cleaning supplies for patients were being stored in decontamination room

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Instrument Processing

- MFUs weren't followed for the pretreatment low suds detergent used for cleaning instruments
- Not following manufacture instructions for use when cleaning / sterilizing instruments
- Daily cleaning of automatic washer was not being completed per MFUs
- Sterile processing tech could not state which manufacturer's guidelines they were following
- Unable to explain process of tracking an infection back to a patient
- Facility utilized IUSS consistently and unable to produce a IUSS logbook when used
- Technician was not using a magnifying glass to inspect instruments prior to packaging (ophthalmology)

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Instrument Processing

- Unable to produce a policy for cleaning / sterilizing instruments
- Improper measuring of enzymatic solution with water
- Not using critical water when rinsing instruments (follow MFUs)
- Technician unaware of daily / weekly / monthly cleaning of table top sterilizers
- Not temperature testing water in ultrasonic when using an enzymatic with specific temperature guidelines.
  - ✓ Could not produce documentation this was being completed

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Medication Management

- Look alike sound alike meds (LASA) were not labeled; No policy in place
- Controlled substances were being delivered to the clinic, not the ASC
- Medication drawn up in syringes at beginning of day for all day use
- Outdated drugs in medication cabinets and crash cart
- Nurse wasting controlled medications without a witness
- Rubber septum not being cleaned with alcohol prior to puncture
- Anesthesia carts left unlocked and unsupervised with narcotics inside
- Anesthesia cart had two opened and expired single dose vials in it
- Single dose vials being used for multiple patients
- Medications not labeled on sterile field
- Medication syringes were not labeled

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Operation / Safety

- Inconsistent site marking, physician not marking site, and staff not following policy for site marking
- Unable to locate policy for surgical site marking
- No ‘Patients Rights and Responsibilities’ posted in patient waiting room
- No grievance policy
- Information regarding Advanced Directors wasn’t offered to patient upon admission
- Biohazard room was unlocked and accessible to unauthorized personnel
- Not all sharp’s containers were secured properly
- There was no documented evidence that pathology reports were received and reviewed by the physician

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Operation / Safety

- A single patient use glucometer was used in the facility not a multi-patient use glucometer
- There were several O2 tanks with closed valves connected to the manifold
- No written procedures to manage tissue grafts
- No evidence that the organization had checked its supplier of implantation tissue for FDA registration
- No written process for documenting the receipt of all tissues and unable to show the date the tissue was received
- Unable to produce a written procedure delineating how to investigate tissue-related adverse events
- Not performing controls for pregnancy tests

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Medical Records

- Clinical records did not include reactions to the listed allergies
- The center did not have a medical records storage and maintenance process in place.
- Operative reports were not filed in the medical record
- Medical records were incomplete
- Medical records were not stored in a secure/locked and fire-retardant cabinet or area in the center
- There was no staff designated to manage medical record for completeness, collection, processing, maintenance, storage, retrieval, and distribution of medical records
- H&P not within 30 days per facility policy

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Medical Records

- Medication reconciliation was not performed or documented
- There was no written order to transfer a patient to the hospital
- Physician orders were not signed by ordering physician
- There were no immediate post-operative progress notes in the medical record
- No health evaluation regarding changes in the patient's history and physical assessment was completed and/or documented immediately prior to surgery
- No post-surgical assessment by anesthesia and/or physician documented in medical record
- No approved discharge criteria was observed in medical record

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Medical Records

- There was no post anesthesia assessment noted in medical record
- No documentation that patients were safely discharged from the center
- No 'Financial Disclosure' in preop paperwork
- Pre-printed PACU orders for "Reversal Sedation: Flumazenil 0.2mg IVP over 15 seconds, may repeat at one minute intervals X 3" did not have parameters when to initiate or how to guide implementation of this order

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QAPI

- No documentation of external benchmarking
- Failed to conduct quality improvement projects
- Lack of evidence of SSI infection tracking
- Fourth quarter fire drill was not completed
- Risk assessment not completed annually
- QI studies not written utilizing the 10-point format (AAAHC)
- 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 2021-2022
- The Joint Commission Ambulatory Buzz | Most Challenging Standards for AHC
- AAAHC | Areas of Non-Compliance AAAHC 2021
- CMS | Medicare's Top Citations in 2021

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eSUPPORT MEMBER RESOURCES

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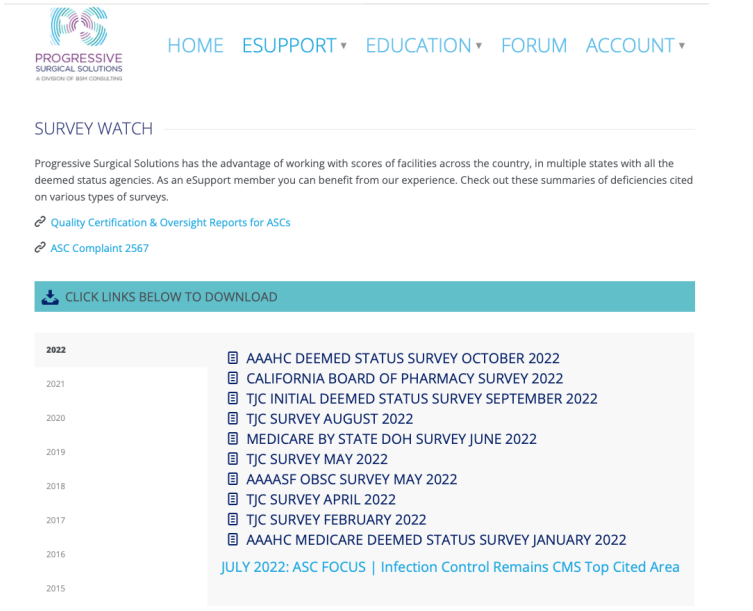
eSUPPORT > Compliance & Operations > Survey Watch > 2021



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eSUPPORT MEMBER RESOURCES

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eSUPPORT > Compliance & Operations > Compliance Calendar

Clinical Operations AND Life Safety Code

ASC COMPLIANCE CALENDAR: CLINICAL OPERATIONS

This Facility Compliance Calendar addresses CMS and accrediting agency requirements ONLY.
You must research your state and local regulations for different/additional requirements.

DAILY		
REQUIREMENT	**DOCUMENTATION**	**eSUPPORT RESOURCES**
Biological Indicator Test	Log for sterilizers in use.	
Blanket and/or Fluid Warmer	Log temperature. Include acceptable range for per manufacturer DFUs for fluids stored, and action/resolution if temperature is out of range.	eSupport_Compliance & Operations_Policies and Procedures_Nursing_Warmed Blankets and Intravenous/Irrigation Solutions and logs.
Bowie-Dick Test	Log for prevac sterilizers in use.	
Controlled Substances Perpetual Inventory	Log opening and closing counts, additions/deletions to inventory, wasted drug quantities; Inventory counts and waste documentation require 2 RN signatures.	eSupport_Compliance & Operations_Medication Management_Controlled Substances_Perpetual Inventory Sheet.
Controlled Substance Administration Sheet	Record of patient, medication, dose administered, and administered by.	eSupport_Compliance & Operations_Medication Management_Controlled Substances_Narcotic Control Sheets.
Crash Cart Inspection	Log AED/Defibrillator test, external cart inspection including suction, oxygen supply, drug outdate list, etc.	eSupport_Compliance & Operations_Form Samples_Nursing_Crash Cart Checklist Example (Daily).
Environmental Sanitation	Log daily housekeeping performed including terminal cleaning of operating /procedure rooms.	eSupport_Compliance & Operations_Infection Control_Environmental Sanitation_Terminal Cleaning Log (Housekeeping).
Medication Lot Numbers	Log lot #s of all meds used in preop/PACU/OR in case of recall (OPTIONAL).	
Refrigerator Temperature	Log temperature using a 24/7 thermometer, including action and resolution if the temperature is out of range. Refrigerator range 36 – 46°F Freezer range 4 – 14°F (or manufacturers recommendations of frozen item).	
Surgical Log	Log patient ID, date, procedure, physician, anesthesia type, at a minimum. May be electronic.	

DAILY, IF APPLICABLE AND/OR WITH OCCURRENCE		
REQUIREMENT	**DOCUMENTATION**	**eSUPPORT RESOURCES**
Cidex OPA	Log patient ID, date, time, operator, items soaked, and monitoring strip results.	
DEA 222	Log upon receipt of controlled substances, per facility policy.	
Equipment Repair	Log equipment, malfunction description, date out, out to whom, date in.	
Exceptions	Track exceptions that do not rise to the severity of an incident to identify trends and take action as appropriate.	eSupport_Compliance & Operations_Quality Management_Risk Management_Near Miss Log.
IUSS Sterilization	Log patient ID, date/time, load #, items, cycle length, operator, chemical indicator, reason. (IUSS is reserved for specific circumstances and criteria).	
Incident Report	Document description of occurrence (without opinion) and to whom/when it was reported so it can be investigated and analyzed.	eSupport_Compliance & Operations_Quality Management_Risk Management_Incident Report.
Incident Report Log	Log date, incident #, brief description and action taken.	eSupport_Compliance & Operations_Quality Management_Risk Management_Incident Report Log.
Infection Control Tracking Log (HFAP only)	Date, patient, procedure, condition of patients with increased risk for infection due to intravascular device, immunocompromised, medical instability, morbidly obese, etc.	
Sharps Injury	Log sharps injury using approved facility sharps injury log form.	eSupport_Compliance & Operations_Bloodborne Pathogen Plan_Sharps Injury Log.
Specimen/Tissue	Log at a minimum, date, patient name, diagnosis, requesting MD, tissue sent and verify path report received.	

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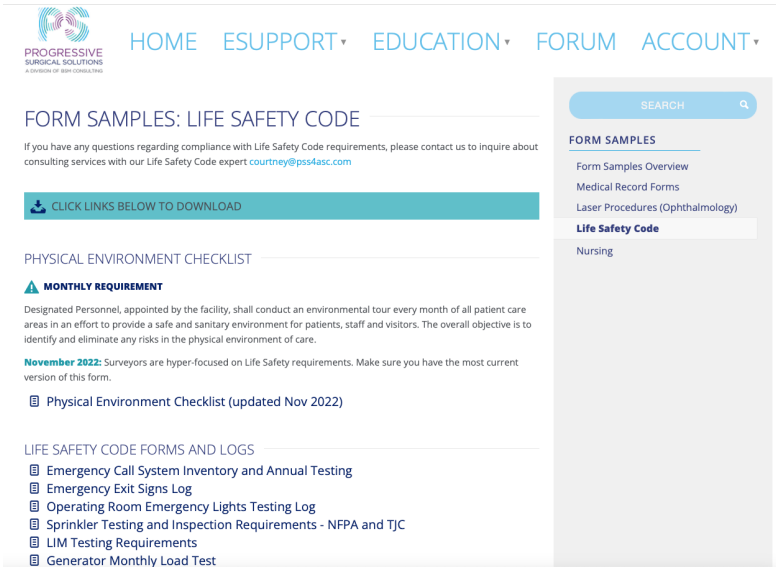
eSUPPORT > Compliance & Operations > Life Safety Code
Inspection, Testing and Maintenance (ITM) Forms



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eSUPPORT > Compliance & Operations > Infection Control

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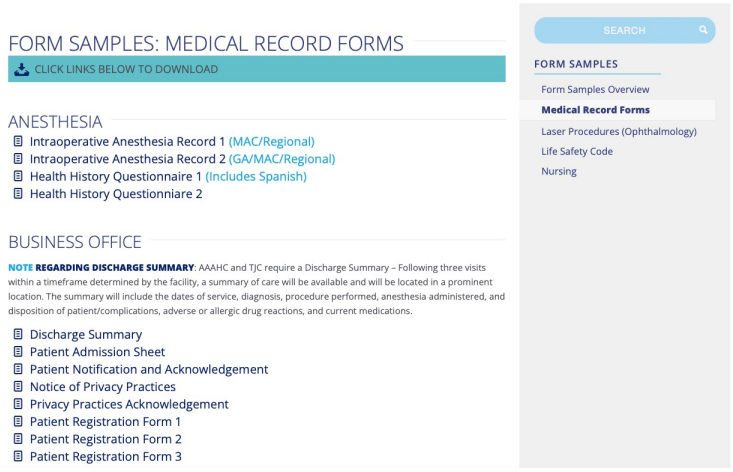
eSUPPORT > Compliance & Operations > Form Samples
Medical Record Forms



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eSUPPORT > Compliance & Operations > Quality Management
QI Study Library

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Thank You

Contact Us!

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

cyndi@pss4asc.com

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Join our Private Facebook Group

A place to connect, support, and network with other ASC managers all over the country

www.facebook.com/groups/ascmanagers

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Upcoming Webinars

DATE		CE	WEBINAR TOPIC	SPEAKER
DEC 16	60	RN, CASC	Life Safety Risk Assessment: What is it and what is Required?	John Crowder, Jr.

STAY TUNED
2023 Webinar calendar coming soon!!

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