

Keeping Your ASC Survey Ready

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Presenter Disclosures

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Objectives

- Recognize the AAAHC standards and Life Safety Codes most frequently cited as out of compliance
- Identify the requirements of those standards and Codes to assist you in achieving compliance
- Review substantial changes to the current AAAHC standards
- List the Top Ten actions for keeping your ASC survey-ready

General Format

Slides refer to surveys performed using the 2014 Handbook, which was in use until the end of June. Therefore, the deficiencies cited in these slides are the most recent.

As of August 1 95% of all 2014 Handbook survey results entered into the data warehouse.

Results from surveys using the new 2015 Handbook are just now beginning to be entered into the data warehouse. It is therefore too early for a meaningful analysis of survey performance on the new standards.

The blue text was used to highlight some, but not all, of the changes in the 2015 Handbook. The changes to the anesthesia chapter related to MH were the most extensive and probably with the most immediate impact to ASCs

AAAHC offered a webinar in May that went thru the new 2015 standards in more detail, and the recording of that webinar is available for viewing, for a fee, on the AAAHC website (Education/ Webinars/ Past Webinars)

New in 2015: Medicare ASC Handbook

RG1

Common Mistakes



Compliance with CMS CfCs

Compliance with CMS requirements if the organization participates in the Medicare/Medicaid program.

Avoid These Common Mistakes:

1. Keep the Governing Body informed regarding CMS requirements
2. Any AAAHC standard that has a cross-reference with a CMS standard and is found deficient, will be noted at this standard

2014 Standard 2. sub-I. B-11(f)

Slide 5

RG1 Don't let these common mistakes SINK YOUR SHIP, like in this picture.
Ray Grundman, 9/18/2015

Privileging

Privileges to carry out specified procedures are granted by the organization to the health care professional to practice for a specified period of time. The health care professional must be legally and professionally qualified for the privileges granted.

Avoid These Common Mistakes:

1. Missing privileges for administration of anesthesia and/or supervision of others who administer anesthesia
2. Missing privileges for specific technologies, procedures or activities, such as lasers, ultrasound, admitting patient to overnight care, operating a c-arm, interpretation of diagnostic images, ultrasound use for blocks
3. Core privileges without a list of what is included in the Core
4. Failure to re-privilege along with re-appointment

2014 Standard 2. sub-II. D

Q.I. Performance Goals

Identification of the measurable performance goal against which the organization will compare its current performance in the (quality improvement) study.

Avoid These Common Mistakes:

1. No performance goal is stated
2. Performance goal is not measurable or quantifiable
(i.e.: We want to do "better" vs. we want to reach 90% compliance)
3. Performance goal is not related to the problem
(i.e.: Problem is 'No Shows', but Goal is 'Reducing Waiting Time')
4. Excessive reliance on 'Zero %' and/or '100 %' for performance goal
5. Performance goals that are lacking evidence, such as from internal or external benchmarking

2014 Standard 5.I.C-2

Performance Comparison

A comparison of the organization's current performance in the area of study against the previously identified performance goal.

Avoid These Common Mistakes:

1. Failure to establish a measureable performance goal in Step 2 (5.I.C-2) will result in an inability to compare current performance
2. Using the performance data from another facility (instead of your own data) to compare with your facility goal
3. Using performance data that is un-related to the original performance goal (i.e.: Goal: "5% or less No Shows", Current Performance: "80% of available appointment time are being used"

2014 Standard 5.1.C-6

Documentation of Allergies

The presence or absence of allergies and untoward reactions to drugs and materials is recorded in a prominent and consistently defined location in all clinical records. This is verified at each patient encounter and updated whenever new allergies or sensitivities are identified.

Avoid These Common Mistakes:

1. Recording of the presence or absence of allergies is missing
2. Documentation is not in a prominent location in the record
3. Documentation is not recorded/updated at each visit
4. Reliance on orange stickers on chart jacket that are not dated
5. Policy and Procedures do not identify for whom or when this recording is exempted, such as for physical therapy visits or consult visits
6. Untoward reactions not listed or inconsistently documented account for over 50% of the deficiencies

2014 Standard 6.F

Emergency Drills

The organization conducts at least one drill each calendar quarter of the internal emergency and disaster preparedness plan. One of the drills must be a documented CPR drill. The organization must complete a written evaluation of each drill and promptly implement any needed corrections or modification to this plan.

Avoid These Common Mistakes:

1. Less than 4 drills performed and/or not performed according to calendar quarter (i.e.: all drills performed during Summer break)
2. No CPR drills (i.e.: "since we don't have a code cart")
3. Inadequate or missing Internal Emergency & Disaster Preparedness Plan
4. Drills do not include all staff and/or a written evaluation (i.e.: part-time employees may need to be drilled individually)
5. Drill evaluations lacking learning objectives or other basis for determining acceptable performance

2015 "The organization conducts scenario-based drills of the internal and disaster preparedness plan". (See Toolkit)

2014 Standard 8.E

Life Safety

Application of state and local fire prevention regulations, such as NFPA 101 Life Safety Code

Avoid These Common Mistakes:

1. Failure to meet all of the NFPA 101, 99, 110 LSC regulations on a CMS deemed or non-CMS deemed survey
2. Failure to use the Physical Environment Checklist (PEC) as a self-assessment tool prior to the survey (not a requirement)
3. Not having periodic inspections from the local and/or State fire authority, if available, to help determine compliance

2015 "The organization provides evidence of compliance with ...applicable local, state, federal regulations".

2014 Standard 8. A-2

Malignant Hyperthermia

Malignant hyperthermia education, drills and written protocol, if applicable

Avoid These Common Mistakes:

1. Failure to drill for a possible MH event
2. Failure to post the MH protocol at each location where triggering agent used
3. Inadequate supply of Dantrolene, per MHAUS guidelines
4. Missing written P&P on MH

NEW 2015 Standard 9. U. completely re-written

2014 Standard 9. R.

Anesthesia Services

Standard 9. U (formerly 9. T) is completely rewritten

U. Organizations that have anesthetic and resuscitative agents available that are known to trigger malignant hyperthermia must:

1. Adopt nationally-recognized written treatment protocols (see footnote) that include:
 - a. the use of dantrolene and other medications,
 - b. readily-available methods of continuous cooling and temperature monitoring of the patient,
 - c. initiation of an emergency transfer protocol.

Anesthesia Services

Revised Standard (cont.)

If agents that trigger malignant hyperthermia (MH) are present, organization must:

2. Provide appropriate staff with education and training in the recognition and treatment of malignant hyperthermia.
 - a. If accredited when began to use triggering agents, must document that education/training occurred before agents were available for use.
 - b. If using triggering agents when applying for first-time accreditation, must have documentation of education and training

(continued)

Anesthesia Services

2. Provide appropriate staff with education and training in the recognition and treatment of malignant hyperthermia
 - a. an accredited organization that begins to use triggering agents for the first time must document that appropriate staff were provided with such education and training before the agents were made available for use within the organization,
 - b. organizations using triggering agents and seeking first-time accreditation must document that appropriate staff have been provided with such education and training,
 - c. all accredited organizations using triggering agents must document that appropriate new staff are provided with such education and training as part of their initial orientation.

Anesthesia Services

3. Post the treatment protocols so that they are immediately available in each ~~location~~ area within the organization where triggering agents might be used.
4. Conduct documented malignant hyperthermia drills at least annually when triggering agents are present within the organization.

H&P

Current health history must be completed within 30 days prior scheduled surgery/procedure

Common Mistakes:

1. H&Ps over 30 days on survey chart review
2. Using old H&P with “No Changes”
3. Failure to use Clinical Records Worksheet in Handbook as self-assessment tool (not required)

2014 Standard 10. sub-I. D.

Medication Administration

If look-alike or sound-alike medications are present, the organization identifies and maintains a current list of these medications, and actions to prevent errors are present.

Avoid These Common Mistakes:

1. Failure to identify look/sound alike medications
2. Failure to maintain a list of look/sound alike medications
3. Failure to mark medications with an appropriate warning system (i.e.: warning label, TALL-man/short-man lettering)
4. Failure to have and/or use the most current Institute for Safe Medication Practice (ISMP) or similar list of look/sound alike medications as a reference

2014 Standard 11. L.

Test Results

Policy to ensure test results are reviewed and documented by ordering physician or another privileged provider.

Avoid These Common Mistakes:

1. Test results filed or scanned into medical record without signature or initials of ordering provider
2. Missing P&P and/or Medical Staff Rules and Regulations which identifies who, when, how test results may be signed or initialed by another

2014 Standard 12. sub-I. D.

Radiologic Privileging

Privileges granted to health care professionals providing imaging and interpreting results.

Avoid These Common Mistakes:

1. Privilege lists often state “C-arm privileges” without further explanation. Consider using the following:
 - a) Privilege to operate the portable fluoroscopy unit [identify the specific unit(s)]
 - and
 - b) Privilege to interpret diagnostic images

2014 Standard 13. C. 2

Life Safety Code

1. Missing on-site complete set of *original* building plans including any & all “as-built” and any & all building modifications.
2. Missing on-site all *original* mechanical system installation inspections, testing and certifications and a historical log (from construction to the present) of all subsequent modifications, planned and unplanned repairs, service, maintenance and all required inspections, testing and maintenance. These systems are your built-ins: HVAC, electrical, plumbing, sprinklers, fire alarm, medical gas, nurse call, central steam, etc.

Life Safety Code

3. Missing or inadequate written emergency and disaster preparedness plan including fire emergency and required drills.
4. Penetrations in fire rated walls.
5. Exterior generator set without warming device for battery (if located in a cold climate)
6. Fire drills without transmission of fire alarm signal and/or simulation of emergency fire conditions, including operating room fire.
7. Missing manual fire pull stations within 5 feet of each exit door opening.

Summary : 10 Actions to Stay Survey-Ready

1. Stay current with most recent accreditation standards handbook, State regulations, CMS conditions (New Appendix L issued 4-1-2015)
2. Perform quarterly self-assessment audits of credentials, personnel, and medical record files and keep credentialing and peer review files current
3. Conduct a full mock survey annually
4. Make accreditation readiness every staff member's job (include in position description, orientation, annual performance review)

Summary : 10 Actions to Stay Survey-Ready

5. Keep meticulous records on Inspection, Testing, Maintenance (ITM) on all equipment and devices
6. Document at least 2 QI studies and benchmarking activities each year
7. Document on-going surveillance of infection prevention/control practices including hand hygiene, instrument/equipment processing and staff education and training. *OSHA* focusing on individual employee training on sharps injury prevention, *CMS* focusing on Immediate Use Steam Sterilization (IUSS) and High Level Disinfection of Duodenoscopes.

Summary : 10 Actions to Stay Survey-Ready

8. Focus on safe medication practices including medication reconciliation at each visit, look/sound alike meds., CDC guidelines for safe injection practices, proper use of multi-dose vials, and proper disposal of unused/outdated meds.
9. Implement patient safety toolkits on surgical - procedural safety checklist, obstructive sleep apnea, falls prevention, VTE risk assessment
10. Participate in continuing education programs from TASCs, ASCA, APIC, AORN and AAAHC, network with peers, ask for help when stumped.

Achieving Accreditation Seminars

CASC AEUs are now available for participation in these programs.

- March 18-19, 2016 Tampa Florida
- June 10-11, 2016 San Diego California

Questions



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