



AMBULATORY SURGERY CENTER—TOP CITED DEFICIENCIES

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Webinar OBJECTIVES:

The Participant will be able to-

- articulate the top cited standards for ASCs.
- relate the citations discussed to potential compliance issues within their own facilities.
- operationalize an action plan to maintain compliance or come into compliance with the standards discussed.



STANDARDS CATEGORIES

- Patient Care and Safety
- Physical Environment
- Emergency Management



PATIENT CARE AND SAFETY

CHAPTER 3, SURGICAL SERVICES

CHAPTER 6, MEDICAL STAFF

CHAPTER 12, INFECTION CONTROL

**CHAPTER 13, PATIENT ADMISSION,
ASSESSMENT AND DISCHARGE**



SURGICAL SERVICES-CONDITION OF COVERAGE

03.00.02 Surgical Procedures Performed Safely

Surgical procedures must be performed in a safe manner by qualified physicians who have been granted privileges by the Governing Body in accordance with approved policies and procedures of the ASC.

416.42



SURGICAL SERVICES-CONDITION OF COVERAGE

Often related to citation 06.00.02 and 06.00.03 which address medical staff credentialing and recredentialing.

Absence of:

- Defined criteria for credentialing and recredentialing
- Peer review
- Adequate appointment or reappointment documentation.



SURGICAL SERVICES-CONDITION OF COVERAGE

Document review:

Policies and procedures for granting of surgical privileges. (06.00.01)

Governing body approval (06.00.01)-Meeting minutes

File review:

Review of medical staff and non-physician personnel files for verification of compliance



SURGICAL SERVICES-CONDITION OF COVERAGE

- Process for appraisal and reappraisal must be clearly defined
- Recredentialing must occur no later than every 24 months.
- Process must include credentials review and ASC specific case record review (quality indicators such as emergency transfers, infection rates, complications, etc.)



SURGICAL SERVICES-CONDITION OF COVERAGE

- Sole practitioner file review.
- Credentialing and privileging of non-physician practitioners must be comparable to physician credentialing.



06.00.03 Reappraisals

Medical Staff privileges must be periodically reappraised by the ASC. The scope of procedures performed in the ASC must be periodically reviewed and amended as appropriate.

416.45(b)



MEDICAL STAFF-STANDARD LEVEL

Time driven process-recredentialing must occur every 24 months.

Findings:

- Dates of appraisal and reappraisal could not be determined
- Board approval not evident
- No evidence of reappraisal
- Reappraisal exceeded the 24 month requirement



INFECTION CONTROL-STANDARD LEVEL

12.00.02 Sanitary Environment

The ASC must provide a functional and sanitary environment for the provision of surgical services by adhering to professionally acceptable standards of practice.

416.51(a)



INFECTION CONTROL-STANDARD LEVEL

Findings:

- Significant number of deficiencies related to environmental monitoring (ventilation, moisture, temperature) unreported to quality and/or safety committee
- Work flow issues such as access to a non-sterile area through a clean storage area, hand hygiene, condition of patient equipment, housekeeping practices



INFECTION CONTROL-STANDARD LEVEL

Surveyor scoring:

- Infection Control Survey Worksheet
- Observation of all areas of the facility for cleanliness
- Observation of room decontamination
- Interviews with staff
- Review of policies and procedures
- Observation of hand hygiene practices



INFECTION CONTROL-STANDARD LEVEL

Required Policies:

- Ventilation and water quality control issues including construction.
- Maintenance of safe air handling systems
- Food sanitation in employee areas
- Cleaning and disinfection including carpeting and furniture
- Waste disposal, regulated and non-regulated
- Pest control



INFECTION CONTROL-STANDARD LEVEL

Policies should reflect reference source (CDC, AORN, ANSI, APIC etc)



PATIENT ADMISSION ASSESSMENT AND DISCHARGE-STANDARD LEVEL

13.00.03 Admitting History & Physical Update

Upon admission, each patient must have a presurgical assessment completed by a physician or other qualified practitioner....that includes an updated medical record entry documenting an examination for any changes in the patient's condition since the completion of the most recently documented H&P...

416.52(a)(2)



PATIENT ADMISSION ASSESSMENT AND DISCHARGE-STANDARD LEVEL

Key elements of chart documentation:

- An H&P that meets the criteria in 13.00.02
- Patient examined upon admission **prior** to the commencement of the surgery
- Changes in the H&P documented **or**
- “No change” documented in the note.
- Allergies
- Note is dated and timed



PATIENT ADMISSION ASSESSMENT AND DISCHARGE-STANDARD LEVEL

Surveyor Procedure:

- Review the facility policy regarding pre-surgical assessment
- Review of open (and closed, if necessary) medical records to verify the update has been completed preoperatively and contains the required content. (Examination, allergies, findings, date and time)



PATIENT ADMISSION ASSESSMENT AND DISCHARGE-STANDARD LEVEL

Findings:

- No documentation of allergies
- No update completed
- Update not dated and timed
- Update completed post-operatively



PHYSICAL ENVIRONMENT DEFICIENCIES

CHAPTER 5, ENVIRONMENT





ENVIRONMENT-CONDITION OF COVERAGE

05.00.01 Environment

The ASC must have a safe and sanitary environment, properly constructed, equipped, and maintained to protect the health and safety of patients.

416.44



ENVIRONMENT-CONDITION OF COVERAGE

Non-compliance with the Condition of Coverage is determined through the scoring of the entire Environment chapter. It addresses:

- Building safety
- Security
- Hazardous materials and waste
- Fire Safety
- Medical equipment management
- Utilities system management



ENVIRONMENT-CONDITION OF COVERAGE

Frequently cited issues:

- Fire door ratings
- Fire rated barriers
- Generator inspection
- Eyewash station issues
- Fire alarm system testing
- Doors locked in the path of egress
- Inadequate maintenance of the fire suppression system



ENVIRONMENT-CONDITION OF COVERAGE

05.00.05 Health Care Facilities Code

(c) Except as otherwise provided in this section, the ASC must meet the applicable provisions and must proceed in accordance with the 2012 edition of the Health Care Facilities Code (NFPA 99)...

416.44(c)(1) & (2)



ENVIRONMENT-CONDITION OF COVERAGE

Key elements:

- Risk Assessment to determine failure impact of:
 - Gas and vacuum system
 - Electrical system
 - HVAC system
 - Electrical equipment
 - Gas equipment
- Approval of the assessment by the safety committee



ENVIRONMENT-CONDITION OF COVERAGE

NFPA 99-2012-\$77

Recommended risk assessment formats:

NFPA 551-\$49

ASHE risk assessment- NFPA 99-2012-FREE

SEMI S10-0307E-\$150

ISO/IEC 31010-\$475



ENVIRONMENT-CONDITION OF COVERAGE

Surveyor Procedure:

- Cite NFPA 99 deficiencies here
- Review the risk assessment to determine the Category designation of risk
- Confirm review and approval of the Category designations by the Safety Committee.



ENVIRONMENT-CONDITION OF COVERAGE

Frequently cited:

No risk assessment has been performed.



ENVIRONMENT-CONDITION OF COVERAGE

05.01.01 Safety from Fire

Except as otherwise provided in this section, the ASC must meet the provisions applicable to Ambulatory Health Care Centers regardless of the number of patients served and must proceed in accordance with the 2012 Life Safety Code NFPA 101...

416.44(b)(1)



ENVIRONMENT-CONDITION OF COVERAGE

Key elements:

- Construction prior to July 5, 2016-Chapter 21
- Construction after July 5, 2016-Chapter 20
- Applicable in any facility where ONE patient is incapable of taking action for self-preservation in an emergency



ENVIRONMENT-CONDITION OF COVERAGE

Surveyor Procedure:

- Observation of the fire monitoring system
- Document Review-Maintenance of the fire suppression system
- Review of the latest fire department inspection.

(surveyor will review the alarm and suppression system using “Life Safety Documentation Requirements” form)



ENVIRONMENT-CONDITION OF COVERAGE

Surveyor will observe installed system including-

location and installation of smoke and fire detectors, fire extinguishers, fire doors, fire wall breaches, use of lasers and cautery, exit sign placement and lighting, testing of battery operated emergency lighting, completion of fire drills, staff knowledge of fire response.



ENVIRONMENT-CONDITION OF COVERAGE

Frequent findings attributed to:

- Human interference with protective barriers
- Deferred maintenance
- Errors in testing frequency of equipment.



ENVIRONMENT-CONDITION OF COVERAGE

Frequent findings:

- Fire rated door propped open.
- Multiple penetrations in fire rated walls
- Incomplete fire alarm test reports
- Incomplete sprinkler system test reports.



Chapter 15, Emergency Management- requirements effective November 16, 2017.

Three plan components:

- Hazard Vulnerability Analysis
- Emergency Operations Plan
- Evacuation Plan



Four core elements:

- Risk assessment and emergency planning
- Policies and procedures
- Communication plan
- Training and testing



23 Standards addressing development and implementation of an emergency management plan.



EMERGENCY MANAGEMENT

Hazard Vulnerability Analysis resources:

Kaiser Permanente:

www.calhospitalprepare.org/hazard-vulnerability-analysis

https://www.hasc.org/sites/main/files-attachments/hva_tool.pdf



Top Cited Deficiencies-ASCs

QUESTIONS??



HFAP ACADEMY LIVE

WHO: Michele Kala, RN surveyor, Presenter

WHAT: Ambulatory Surgery Center Standards

WHEN: October 11-12, 2018

WHERE: The Westin O'Hare, 6100 N. River
Road, Rosemont, IL 60018

HOW: Go to the HFAP web site and click on
the registration page.

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