

# Acing an Accreditation Survey

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Acing an accreditation survey begins with preparation.

**First and foremost, read the standards.** If there are standards you do not understand, contact your accrediting body to determine the correct interpretation to ensure compliance.

**Involve your staff in the preparation process.** Allow time for them to learn the standards and include them in the survey preparation process.

**The last step of preparation is organization.** Plan where the surveyors will sit. Plan to present books, logs, and any other documents in an organized manner.

Although you must be compliant with all standards, there are areas that are of particular challenge to ASCs. These areas are explained below.

## **Legal Documents/ Licenses/Certificates**

Have the following documents available:

- *Operating Agreement.* Be familiar with the content. Ensure you comply with the requirements.
- *Articles of Incorporation*
- *State License*, if applicable
- *CMS Certification*
- *DEA/CDS/Pharmacy License.* Controlled drug substance registration and pharmacy license requirements are state specific.
- *CLIA Certificate of Waiver*
- *Business License.* Contact your city manager to determine requirements.
- *Hazardous Waste Permit* for waste generation. Requirements are state specific.

## **Governance**

The importance of governance responsibilities has grown over time in our industry. It is imperative that governance responsibilities be taken seriously. Conducting regular board

meetings and documenting the activities in meeting minutes demonstrates adherence to board responsibilities of ASC oversight.

## **Quality Assurance Performance Improvement (QAPI)**

ASCs often have a difficult time developing and complying with QAPI programs. There is generally a lack of committee function and confusion about QAPI activities. Understand the requirements well. (Please refer to the QAPI article in the Winter 2011 issue of the *AE Ezine*.)

Maintain a written QAPI program, demonstrate ongoing evaluation of services, conduct PI activities, perform benchmarking, and conduct QI studies to comply with QAPI requirements.

## **Infection Control**

An infection control nurse must be identified and demonstrate appropriate training. Your infection control program must be in writing.

Sterile processing procedures must be clear and in accordance with standard practices. Flashing is allowed on exception only.

Demonstrate, in writing, queries to physicians for infections.

Set a goal for hand hygiene compliance. Test this compliance and revise the goal as necessary. This is a consistent area of deficiency.

## **Medical Staff Credentialing and Privileging**

Enforce a written process of credentialing and privileging that is consistent with your bylaws.

Use primary source verification for credentialing unless secondary source verification is appropriate, such as with BLS certification.

Demonstrate use of peer review results when regrating privileges to medical staff.

## **Employees**

Verify licenses of your licensed staff.

Orient staff, perform competency testing, and provide evaluations at regular intervals.

Demonstrate that you have a staffing plan in place. This can be as simple as showing your monthly staff schedule that demonstrates your plan to provide adequate staff for your patient population.

## **Patient Care Services**

A history and physical must be completed within 30 days of the procedure with a note immediately before surgery indicating any changes.

A pre-anesthetic risk assessment must be performed.

Surgeons must mark the operative site.

Ensure proper management of your medication systems. Label all syringes/containers if contents are removed from the original container and not administered immediately. This includes the sterile field. Upon opening, multi-dose vials should be relabeled with a new expiration date (28 days after opening). Maintain a current formulary. If AAAHC or The Joint Commission is your accrediting body, develop a list of look-alike/sound-alike medications, including a way to identify those medications, such as red dots on the vials.

Document required lab test results and obtain pathology results in an appropriate timeframe. The facility must ensure the physician receives the pathology results.

## **Policies and Procedures**

Maintain current policies/procedures and ensure implementation.

## **Clinical Records**

Clinical records should be audited and included in your QAPI program. Deficiencies are often found in clinical records. These deficiencies

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## ***You can ace your accreditation survey with proper preparation and thorough knowledge of the standards.***

include inconsistent documentation of allergies throughout the chart and incomplete physician post-op notes.

### **Ancillary Services**

Maintain contracts for services that are indirectly provided, such as linen and housekeeping. Demonstrate the quality of services and perform an annual review of services.

### **Physical Environment**

Ensure that the physical facility meets the following requirements:

- **Fire Safety/Disaster Plan**
  - Four fire drills must be performed, evaluated, and documented each year.
- **Equipment Safety**
  - Be equipped and supplied to provide your scope of services.
  - Perform biomedical inspections every 6 months or per manufacturers' recommendations.
- **Maintain an equipment list and demonstrate a defective equipment protocol.**
- **Maintain and train staff on emergency equipment, including pediatric supplies if applicable.**
- **Maintain appropriate logs for all equipment, such as refrigerator temperatures.**
- **Building Safety**
  - Develop a utility management plan, including steps to take in case of disruption.
  - Train staff on how to use utility shut-off valves. Don't wait for a water pipe burst to learn where the shut-off valve is located.
  - Maintain HVAC and medical gas equipment as required.
- **Electrical Safety**
  - Generators must be tested per established protocols. Test your electrical receptacles and ensure red plugs are connected to back-up power.

- **Chemical Safety**
  - Maintain a material safety data sheet (MSDS) for all chemicals in your facility. Have a chemical spill kit available and ensure staff members are aware of how and when to use it.

### **Accreditation Standards and Medicare Regulations**

Standards and regulations overlap in many areas. Be familiar with the Medicare interpretive guidelines and ensure you are compliant with all Medicare requirements if your accreditation survey will include a certification survey. Below are common areas of deficiency specific to Medicare that are not addressed above.

- **Compliance with the life safety code.** This is the number one deficiency of Medicare-certified ASCs for AAAHC and in the top 10 deficiencies of The Joint Commission.
- **Compliance with the radiology requirements, including the need for radiology supervision and a consulting radiologist.**
- **Surgeons must evaluate the patient prior to writing a discharge order.**
- **Patients must receive copies of patient rights, ASC advance directive policy, and financial disclosure prior to the date of surgery.**

Accreditation can be a challenge. But you can ace your accreditation survey with proper preparation and thorough knowledge of the standards. **AE**

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