



**Progressive
HUDDLE**

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Annual Survey Watch Report



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Progressive Huddle
November 13, 2015

Surveyors

- CMS
- Joint Commission
- AAAHC




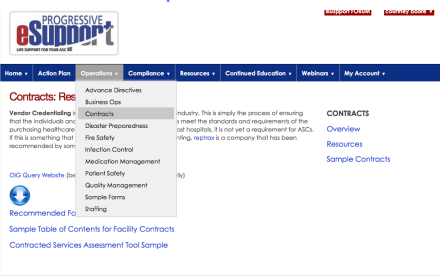
**PROGRESSIVE
eSupport**

Governance

- Governing Body (GB) meetings are not conducted
- No documentation of GB meeting minutes
- Contracted services are not evaluated annually or not properly evaluated





Operations/Contracts/Resources: Contracted Services Assessment Tool sample





Credentialing/Privileging

- Credentialing files:
 - Not complete and/or not consistent
 - Expired licenses
 - Expired malpractice insurance or limitations are not consistent with by-laws
 - Failure to reappoint physicians prior to reappointment date
 - Peer references not done at all or are doing upon reappointment instead of peer review





Infection Control

- Airflow could not be determined in OR's
- No documentation of air exchange rates
- Staff not wearing gloves while instilling eye drops
- Hand washing not done before and after patient contact, donning and removing gloves
- Glucometer not cleaned per IFUs between patient use
- Patient infection queries often not complete and signed by MD





Infection Control continued

- Medication refrigerator temps not recorded
- OR temp/humidity logs not maintained
- No record of facility being cleaned with EPA approved disinfectant
- Decontamination and sterilization process of dirty instruments not done according to instrument cleaning IFUs and sterilizer IFUs
- Staff can't speak to IFUs of instrument decontamination and sterilization



Infection Control continued

- IFUs not readily available
- Staff fails to disinfect surfaces between patient use
- 2 step TB not done on hire
- Infection control program not under the direction of a designated and qualified professional who has training in infection control (screen shot of Infection Control CEU modules)



Available on Progressive eSupport


- Continued Education/CE Contact Hours: **Infection Control Modules**



The screenshot shows the Progressive eSupport website interface. The main heading is "CE Contact Hours". Below it, there is a sub-heading "Infection Control Modules". The page lists several modules: "Abuse Identification", "Advance Directives", "Contact Hour Testing", "Conferences", and "Certifications". Each module has a brief description and a small image. The Progressive eSupport logo is visible in the bottom left corner.



QAPI

- Fail to define and implement a QAPI program
- No annual evaluation of QAPI program
- No current QI studies performed
- Not defining quality indicators
- Peer review not done at all or never done on infections/ complications





Medication Management

- Expired meds found in ASC
- MDVs not labeled with new expiration date (28 days from date of opening or expiration date printed on label, whichever is earlier)
- Syringes not labeled appropriately
- Unlicensed staff administering eye drops





Personnel Files

- Fail to have orientation to position or competency reviews documented
- No signed job descriptions
- Annual evaluations are not done
- Expired ACLS/BLS cards



Life Safety Code

- Fire drills not conducted quarterly
- No evaluation of drills documented
- Failure to pull fire alarm
- Pull stations are frequently obstructed
- Documentation for fire alarm testing doesn't include verification of signal transmission



Life Safety Code continued

- Failure to conduct smoke detector sensitivity testing
- Failure to conduct the required annual fire alarm system testing and inspection
- Emergency lighting testing for battery operated lights consisting of 30 second testing every month and 90 minute testing annually is not documented



Life Safety Code continued

- Annual disaster drills not conducted
- No annual evaluation of CEMP
- Fail to coordinate disaster plan with state/local authorities
- Holes in fire wall not sealed with fire caulking





Available on Progressive eSupport

- [Compliance/Life Safety Code](#)




Documentation/Medical Records



- Inconsistency in recording allergy reactions
- Comprehensive H&Ps not on chart, not within 30 days and/or missing pre-op assessment
- Patient rights don't include the Medicare Beneficiary Ombudsman or the link is incorrect
- Missing documentation as to whether or not patient has an executed advanced directive
- No signatures, dates and times
- Nurses carry out orders prior to authentication of orders



Joint Commission

10 most frequently cited requirements based on 342 surveys

- 46% The organization grants initial, renewed, or revised clinical privileges to individuals who are permitted by law and the organization to practice independently
- 46% The organization reduces the risk of infections associated with medical equipment, devices, and supplies
- 35% The organization maintains fire safety equipment and fire safety building features
- 31% The organization manages risks associated with its utility systems
- 30% The organization safely stores medications





Joint Commission continued

- 27% The organization manages risks related to hazardous materials and waste
- 27% The organization safely manages high-alert and hazardous medications
- 26% The organization inspects, tests, and maintains emergency power systems
- 24% The organization identifies risks for acquiring and transmitting infections
- 23% The organization inspects, tests, and maintains medical equipment





AAHC

- Life Safety Code
- Credentialing and Privileging
- Peer Review
- QAPI
- Clinical records/health information





AAAHC Peer Review

- Sole owners fail to engage an outside peer to REVIEW the re-appointment application and credentials
- Peer review is conducted but results are not integrated into the re-privileging/re-appointment process
- Peer review for CRNAs is not conducted and therefore, not used for re-privileging/re-appointment
- Inconsistency in the application of the organization's peer review policy, especially with regard to timing of re-privileging/re-appointment

AAAHC QAPI

- Regarding QI studies, facilities are collecting data but not reviewing it or analyzing to identify what it is actually saying about the performance



Available on Progressive eSupport

- Operations/Quality Management/Quality Improvement Study





**AAAHC Clinical Records/
Health Information**

- Documentation regarding allergies is inconsistently located in clinical records
- "Allergies" are listed but the reactions are not
- There is reliance on "NKDA" without reference to other types of allergies/sensitivities



Resources

- CMS surveys 2014-2015
- Joint Commission Perspectives, September 2015, Volume 35, Issue 9
- AAAHC- AENEID 2014



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 - Email us at info@pss4asc.com
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Questions??

Email your questions regarding today's content to:

info@pss4asc.com



Mark your calendars...

PROGRESSIVE HALF TIME
Friday, February 26, 2016
11 AM PT/2PM ET

TOP TJC DEFICIENCIES
TJC Speaker TBD

\$75
FREE for eSupport members!!



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Mark your calendars...

Progressive Huddle
January 18, 2016
11 AM PT/2PM ET

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