

# What's Ahead in 2018 AAAHC



Presented by Cathy Montgomery, RN, CASC

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An organization will be surveyed according to the 2018 Standards if the organization's survey begins on or after March 1, 2018.

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## Up-to Feb.28, 2018



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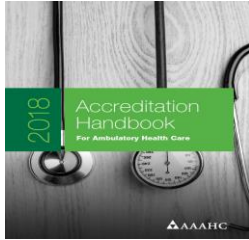
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March 1, 2018



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## Introducing Elements of Compliance

- Greater transparency
- Self assessment opportunity
- Get everyone on the same page!



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## Introducing Elements of Compliance

YES	NO	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Compliance Rating:  
Fully Compliant : All elements present.  
Substantially Compliant: 4 of 5 elements present.  
Partially Compliant: 3 of 5 elements present.  
Minimally Compliant: 2 of 5 elements present.  
Non-Compliant: 1 or no element present.

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# Single Element

Compliance Rating:

Fully Compliant : **Standard is met.**

Substantially Compliant:

Partially Compliant:



Minimally Compliant:

Non-Compliant: **Standard is not met.**



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## What's on the mind of AAAHC?



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## What's on the mind of AAAHC?



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# What's on the mind of AAAHC?



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## AAAHC 2016 Results

- **Credentialing & Privileging**  
Complete file, DOP, Peer Review
- **Documentation**  
Medication Reconciliation
- **Quality Improvement**
- **Safe Injection Practices**

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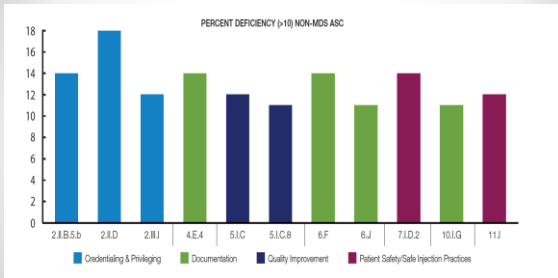
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# Safe Injection Practices

- Transportation of Meds
- IV solutions
- Injectable in the OR
- Syringes and Needles
- Medication Vials
- Drug Diversion
- Blood Glucose Management
- Hep B




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Your name: \_\_\_\_\_ Date: \_\_\_\_\_

Health Care Worker (HCW) Type Key  
 1- RN 2- LPN 3- MD 4- PA 5- CRNA 6- Anesthesiologist 7- Rad Tech

Parameters:	Observation	HCW observed?
1. Rubber septum on vial disinfected with alcohol before piercing?	= YES -NO -N/A	
2. 1 sterile needle used 1 time for 1 patient?	= YES -NO -N/A	
3. 1 sterile syringe (Open immediately before use) used 1 time for 1 patient?	= YES -NO -N/A	
4. Medication vial entered with new sterile needle? (No ports utilized)	= YES -NO -N/A	
5. Medication vial entered with new sterile syringe? (Open immediately before use)	= YES -NO -N/A	
6. Single use/ single dose medications discarded after single use? Accessed only 1 time	= YES -NO -N/A	
7. Multi dose vial labeled with 28 day expiration date and initials?	= YES -NO -N/A	
8. Multi dose vial is discarded within 28 day expiration date?	= YES -NO -N/A	
9. IV bag labeled with date and time of spike?	= YES -NO -N/A	
10. New single use auto disabling lancet device used to obtain blood sample?	= YES -NO -N/A	
11. Hub of IV tubing disinfected with alcohol before piercing?	= YES -NO -N/A	
12. Is the IV fluid bag used as a common source of fluid for multiple patients?	= True -False -N/A	
13. Medications drawn up in a designated "clean" med prep area?	= YES -NO -N/A	
14. Proper hand hygiene performed BEFORE handling of medications or injection?	= YES -NO -N/A	
15. Aseptic technique utilized when preparing and administering injections	= YES -NO -N/A	
16. Mask worn when placing catheter or injecting material into spinal canal or subdural space?	= YES -NO -N/A	

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MONTH	Multi-Dose vials			SINGLE DOSE VIALS Discarded after each use	SYRINGES LABELED				Reviewer Initials	CORRECTIVE PLAN OF ACTION AND/OR COMMENTS
	Open/ In Use	Not Open			Med Name (MN) Strengths (S) Date/ Time (DT) Initiated (I)					
DAY	28 D OK	Initiated	In Date	MN	S	DT	I			
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										

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## Risk Assessments

- Infection Control – incl. hazard assessment of chemicals (annual by rank)
- Construction Risk Assessment (PRN)
- Hazard Vulnerability (annual)
- NFPA 99 (annual)      Category 1 vs 2
- TB Risk Assessment

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## ICRA

### Step 1: Compile a list of the scope of services

- Cataract surgery
- Upper GI
- Colonoscopy
- Cataract surgery w/IOL
- After cataract laser surgery
- Cataract surgery complex
- Revision of upper eyelid

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## ICRA

### Step 2: Assess the characteristics of your patients

- Age
- Underlying disease
- Poor nutrition or personal habits
- Traumatic injury
- Indwelling devices
- Long-term antibiotics

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# ICRA

## Step 3: Gather info re local community

- Flu
- Lyme Disease
- West Nile Virus
- MRSA in Nursing Home patients
- Scabies in Nursing Home patients
- Ebola

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# ICRA

## Step 4: Review surveillance data

- Your facility
- Same specialty facilities
- Published outcomes
- Specialty organizations



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# ICRA

## Step 5: Review guidelines and recommendations

- CDC 
- AORN 
- [www.guideline.gov](http://www.guideline.gov)

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# ICRA Tool

Based on Kaiser-Permanente tool

- Excel workbook
- Infection risks that are present in the community
- Infection risks related to admission
- Infection risks related to the health care environment
- Infection risks related to the health care workers

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# Probability

Is this likely to occur?

1. Not very likely
2. Likely to occur
3. Very likely to occur
0. Does not apply

Enter Infection Hazard or Event	
PROBABILITY	HOW TO SCORE
Is this likely to occur?	1 = Not very likely to occur 2 = Likely to occur 3 = Very likely to occur 0 = Does not apply

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# Potential Impact

- Death or serious injury?
- Permanent impairment?
- Impact patient care?



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# Mitigation

- How prepared are you?
- Internal resources?
- External resources?




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## INFECTION CONTROL RISK ASSESSMENT COMMUNITY RELATED INFECTION RISKS

Enter Infection Hazard or Event	Influenza	Lyme Disease	West Nile Virus	MERS in Nursing Home Patient	Scabies in Nursing Home Patients	Ebola Virus
<b>PROBABILITY</b> How to Score: 1 = Not very likely to occur 2 = Likely to occur 3 = Very likely to occur 0 = Does not apply	2.00	1.00	1.00	2.00	2.00	1.00
<b>POTENTIAL IMPACT</b> How to Score: 1 = Low possibility 2 = Moderate possibility 3 = High possibility 0 = Does not apply	2.00	1.00	1.00	1.00	0.00	3.00
<b>Is it likely to result in permanent impairment?</b> How to Score: 1 = Low possibility 2 = Moderate possibility 3 = High possibility 0 = Does not apply	2.00	2.00	2.00	2.00	1.00	3.00

[COMMUNITY RISK WORKSHEET](#) | 
 [ADMISSION RISK WORKSHEET](#) | 
 [ENVIRONMENT RISK WORKSHEET](#) | 
 [HOW RISK WORKSHEET](#) | 
 [SUMMARY SHEET](#) | 
 [SUMMARY CHART](#)

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<b>Will it impact the delivery of patient care?</b> How to Score: 1 = Minimal impact 2 = Moderate impact 3 = Big impact 0 = Does not apply	2.00	1.00	1.00	2.00	2.00	3.00
<b>MITIGATION</b> How to Score: 1 = Not prepared 2 = Somewhat prepared 3 = Fully prepared 0 = Does not apply	2.00	1.00	1.00	2.00	2.00	2.00
<b>Are internal resources available to handle the hazard – i.e. sufficient supplies and staff?</b> How to Score: 1 = Readily available 2 = Moderately available 3 = Minimally available 0 = Does not apply	2.00	2.00	2.00	2.00	2.00	2.00
<b>Are external resources in place to handle the hazard – is either local health facilities, local and state health agencies?</b> How to Score: 1 = Readily available 2 = Moderately available 3 = Minimally available 0 = Does not apply	2.00	2.00	2.00	2.00	3.00	2.00
<b>SCORE</b>	<b>0.44</b>	<b>0.17</b>	<b>0.17</b>	<b>0.41</b>	<b>0.37</b>	<b>0.28</b>

[COMMUNITY RISK WORKSHEET](#) | 
 [ADMISSION RISK WORKSHEET](#) | 
 [ENVIRONMENT RISK WORKSHEET](#) | 
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 [SUMMARY SHEET](#) | 
 [SUMMARY CHART](#)

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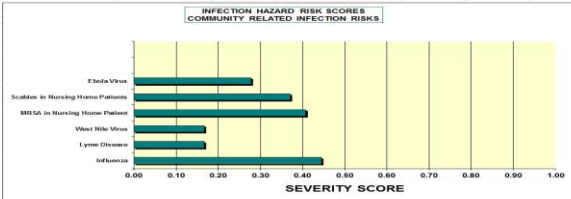
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COMMUNITY RISK WORKSHEET | ADMISSION RISK WORKSHEET | ENVIRONMENT RISK WORKSHEET | HCW RISK WORKSHEET | SUMMARY

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# Summary Sheet

**Risk Score = Probability X Severity**

**NOTE:**

**Don't forget to fill in the total number of itemized risks in the cell so that your mean risk score can be calculated!**

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INFECTION CONTROL RISK ASSESSMENT SUMMARY REPORT	
<b>COMMUNITY RELATED RISKS</b>	<b>SCORE</b>
E.colia Virus	0.48
Lyme Disease	0.20
West Nile Virus	0.25
Sepsis in Nursing Home Patients	0.45
MRSA in Nursing Home Patients	0.42
E.colia Virus	0.35
<b>ADMISSION RELATED RISKS</b>	
Surgical Site Infection	0.15
Trunk/Abductor Segment Syndrome	0.18
Post-op Bleeding/Embolism/Clots	0.22
Bloodborne Infection from CP/Endotracheal	0.48
Bloodborne Infection from Bulk-dose Vials	0.58
	0.90
<b>HCW RELATED RISKS</b>	
Non-Compliance with Hand Hygiene	0.44
Non-Compliance with Standard Precautions	0.44
Improper Use of Gloves	0.41
Non-Compliance w/ Safe Injection Practices	0.63
Knowledge Deficit for Post-Exposure Report	0.52
Non-Compliance with Influenza Vaccination	0.67
	0.90

COMMUNITY RISK WORKSHEET | ADMISSION RISK WORKSHEET | ENVIRONMENT RISK WORKSHEET | HCW RISK WORKSHEET | SUMMARY SHEET 5

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**HAZARD AND VULNERABILITY ASSESSMENT TOOL  
NATURALLY OCCURRING EVENTS**

EVENT	PROBABILITY <small>(likelihood that will occur)</small>	HUMAN IMPACT <small>(frequency of death or injury)</small>	SEVERITY (MAGNITUDE)				EXTERNAL RESPONSE <small>(Reliable Aid Dept and facilities)</small>	RISK <small>(Relative threat)</small>
			PROPERTY IMPACT <small>(Potential loss and damaged)</small>	BUSINESS IMPACT <small>(Availability of services)</small>	PREPARED- NESS	INTERNAL RESPONSE <small>(Preplanning, effectiveness, resources)</small>		
SCORE	0 = Nil 1 = Low 2 = Medium 3 = High	0 = Nil 1 = Low 2 = Medium 3 = High	0 = Nil 1 = Low 2 = Medium 3 = High	0 = Nil 1 = Low 2 = Medium 3 = High	0 = Nil 1 = High 2 = Medium 3 = Low or none	0 = Nil 1 = High 2 = Medium 3 = Low or none	0 = Nil 1 = High 2 = Medium 3 = Low or none	0 - 100%
Hurricane	0	0	0	0	0	0	0	0%
Tornado	0	2	3	3	1	1	1	61%
Severe Thunderstorm	2	1	1	1	1	1	1	22%
Snow Fall	2	1	1	1	2	1	1	26%
Blizzard	1	1	1	1	1	1	1	11%
Ice Storm	2	2	1	2	1	1	1	36%
Earthquake	1	1	1	1	1	1	1	11%
Tidal Wave	0	0	0	0	0	0	0	0%
Temperature Extremes	1	1	1	1	1	1	1	11%
Drought	1	1	1	1	1	1	1	11%
Flood, External	2	1	1	2	1	1	1	26%
Wild Fire	1	1	1	1	1	1	1	11%
Landslide	0	0	0	0	0	0	0	0%
Dam foundation	0	0	0	0	0	0	0	0%
Volcano	0	0	0	0	0	0	0	0%
Explosion	1	1	1	1	1	1	1	11%
<b>AVERAGE SCORE</b>	<b>1.06</b>	<b>0.81</b>	<b>0.81</b>	<b>1.00</b>	<b>0.69</b>	<b>0.69</b>	<b>0.69</b>	<b>9%</b>

\*Final increases with percentage

# HVA

- Natural Hazards
- Technological Hazards – cybersecurity?
- Human Hazards
- Hazardous Materials

## NFPA 99-2012 Risk Assessment Tool



### Instructions for Using the ASHE NFPA 99 Risk Assessment Tool

Prior to implementing this risk assessment tool, the following steps should be taken:

1. Establish a multidisciplinary team with knowledge of the facility's space use, patient care services, clinical practices, and other areas as appropriate.
2. Familiarize the team with the risk category definitions found in chapters 4 (Fundamentals) and 12 (Emergency Management) of NFPA 99-2012: Health Care Facilities Code. These definitions are included in the category legends on each worksheet; mouse over the "Category Legend" box to see them.
3. Familiarize the team with the ways in which system and equipment operability can affect patient safety.

This risk assessment tool contains three worksheets (Systems, Equipment, and Emergency Management) as indicated on the worksheet tabs below.

**Systems Worksheet:** This worksheet is used to record the level of risk determined for the listed systems in a given area (room or spaces within a room) of the facility being evaluated. Indicate the risk level with an NFPA 99 risk category number (see the Category Legend for details).

**Room Name:** Enter the unique identification information for the room being evaluated (i.e., room name or number).  
**Room Number:** Enter the room number, if applicable.  
**Space:** Enter the unique identification information for the space in a room that is being evaluated (e.g., the charting area in a recovery area).

**Chapter 5:** Enter the risk category for the various components of the medical gas and vacuum systems in the room or space being evaluated.

**Chapter 6:** Enter the risk category for the electrical systems in the room or space being evaluated.

**Chapter 7:** Enter the risk category for the various components of the IT and communications systems in the room or space being evaluated.

**Chapter 8:** Enter the risk category for the various components of the plumbing systems in the room or space being evaluated.

**Chapter 9:** Enter the risk category for the various components of the HVAC systems in the room or space being evaluated.

**Chapter 10:** Indicated on this worksheet for information only - to be assessed on the Equipment worksheet.

**Chapter 12:** Indicated on this worksheet for information only - to be assessed on the Emergency Management worksheet.

**Note:** Categories assigned in the chapter columns listed above are based on categories as outlined in Chapter 4 of NFPA 99-2012.



## Delegations

- ? Board Members, Officers, administrators
- ? In charge of medical records (Privacy Officer)
- ? In charge of health information system (Security Officer)
- ? IP
- ? Safety Officer
- ? Radiation Safety Officer
- ? Pharmacy Director
- ? Pathology & Lab Director
- ? Medical Laser Safety Officer

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## Annual Training

- Fire safety and disaster planning
- Use of emergency, safety, and fire extinguishers
- IC, BBP, OSHA
- Exposure Control – Sharps safety
- Risk mgt. program – adverse events
- HIPAA
- Annual competency for lithotripsy providers

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## Patient Rights and Responsibilities

### A. Treated with respect, consideration, and dignity:

- Privacy
- Communication



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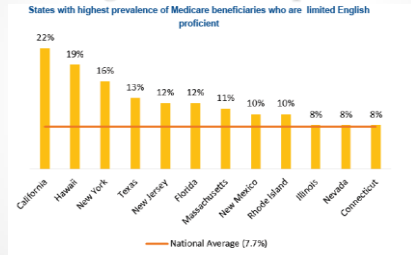
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## Patient Rights and Responsibilities




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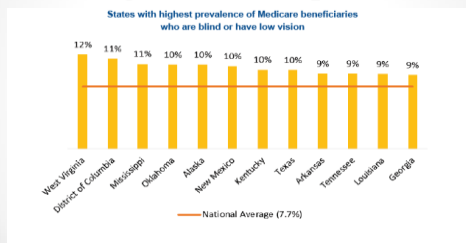
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## Patient Rights and Responsibilities




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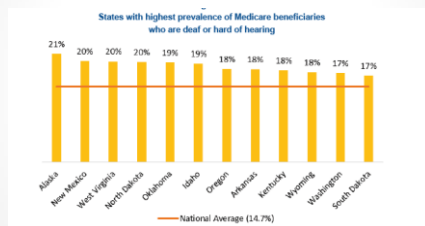
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## Patient Rights and Responsibilities




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## Patient **Rights** and Responsibilities

B.

1. Respect, consideration and dignity (all of A)
2. How to voice grievances
3. Methods to provide feedback including complaints
4. Right to change providers
5. Advanced Directives

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## Patient **Rights** and Responsibilities

B.

1. Respect, consideration and dignity (all of A)
2. How to voice grievances
3. Methods to provide feedback including complaints
4. Right to change providers
5. Advanced Directives

3 out of 5

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## Governance

- Bylaws = Policies and Procedures
- Major Contracts safe and effective
- Approving products sold to patients

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## Governance

- Policy to notify AAAHC within 15 days
- Annual meeting
- Represents AAAHC to the public
- Delegated Authority



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## Governance

### Reappointment (4 elements)

1. Application
2. Update personal info
3. Complete attestation questions (1-11)
4. Signature.

A handwritten signature in black ink, appearing to be 'Jennifer' or similar, written in a cursive style.

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## Governance

### Reappointment

1. Claims history
2. Licensure
3. Adverse action reports
4. Liability coverage
5. Professional privileges
6. DEA and state license
7. Medicare/Medicaid
8. Criminal offense
9. Physical issues
10. Release statement
11. Promise of accuracy
12. Signature

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## Governance – Peer Review

1. Each physician, dentist, or health care professional is reviewed by at least one similarly-privileged peer.
2. Reported to Board
3. Used for re-credentialing



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Jan. 10, 2018

Dear Dr. Lake,

The Governing Body of Surgery Center XYZ is pleased to inform you we have granted you re-credentialing privileges at our facility effective Sept. 19, 2017 to the active Medical Staff in the specialty of Urology. **Our decision was based upon your credentials as well as information we gathered from your peer review, patient satisfaction, patient outcomes and evidence of your regulatory compliance as noted from the NPDB.** These privileges include only the procedures you requested and see approved on the attached list. Should you request to perform any procedures NOT listed, Board approval will be needed.

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## Governance – Peer Review

1. Participation for all
2. Clinical care on an ongoing basis
3. All clinical incidents are reviewed
4. Follow policies and procedures
5. All reviewed at least annually
6. Collect data ongoing looking for trends and to establish internal benchmarks

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## Administration

- P&P available to staff and enforced
- Meeting minutes
- Pt satisfaction surveys are analyzed on an ongoing basis



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## Quality of Care Provided

Medication Reconciliation is performed.

Is one of 10 elements so could be “substantially compliant without it”!!!!



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## Quality Management and Improvement

- Reminder – include 1 or more physician
  - Reminder – report throughout the organization
  - Reminder – internal & external benchmarks
  - Reminder – consent for unauthorized staff
- NOTE: At least one completed study must be available

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## Quality Management and Improvement

<b>P PLAN</b>	<ul style="list-style-type: none"> <li>Objective</li> <li>Prediction</li> <li>Data Collection Plan</li> </ul>	<p><b>Standard S.I.C.1</b> A statement of the purpose ...</p> <p><b>Standard S.I.C.2</b> Identification of the measurable performance goal ...</p> <p><b>Standard S.I.C.3</b> A description of the data that will be collected...to determine current performance.</p>
<b>D DO</b>	<ul style="list-style-type: none"> <li>Collect the data</li> <li>Begin data analysis</li> </ul>	<p><b>Standard S.I.C.4</b> Evidence of the data collection.</p> <p><b>Standard S.I.C.5</b> Data analysis...</p>
<b>S STUDY</b>	<ul style="list-style-type: none"> <li>Complete the data analysis</li> <li>Compare data to prediction</li> <li>Summarize what you learned</li> </ul>	<p><b>Standard S.I.C.5 (continued)</b> ... findings about the frequency, severity, and source(s) of the problem(s).</p> <p><b>Standard S.I.C.6</b> A comparison of the organization's current performance against the performance goal.</p>
<b>A ACT</b>	<ul style="list-style-type: none"> <li>Plan the next cycle</li> <li>Determine if the change can be implemented</li> </ul>	<p><b>Standard S.I.C.7</b> Implementation of corrective action...</p> <p><b>Standard S.I.C.8</b> Re-measurement.</p> <p><b>Standard S.I.C.9</b> ... additional corrective action...</p> <p><b>Standard S.I.C.10</b> Communication of the findings...</p>

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## Clinical Records & Health Information

- Clinical records are legible,  
**including items that are scanned into an electronic record.**




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## Infection Prevention & Safety

- Sterilization equipment is available, if needed**
- Internal and external indicators, including biological indicators, are used with items undergoing sterilization**
- OBSERVATION confirms handling and storage maintains sterility**
- A process to assess and, when necessary, reduce associated risks, i.e. ergonomic exposures, violence in the workplace, and external physical threats, such as terrorism.**

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## Infection Prevention & Safety

- Policy on expired items describes the process for insuring items are current.
- A hazardous waste and materials system is in place that addresses proper labeling, disposal, staff training per laws and regulations (DOT).
- Continuously monitoring temperature: process, logs, ranges, training (moved fr. 8 to 7)



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## Infection Prevention & Safety

### Medical Devices

- Medical Device instruction handed to patients
  - Designated person, not just vendor trains patient
- ### Employee Protection

- OSHA
- Relevant biological hazards – bioterrorism
- Work injury records

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## Facilities and Environment

- Fire Extinguishers - 2A or larger and no more than 75 ft. apart, monthly inspections, annual inspections.  
(if more than 5 gal of flammable liquids = 20B or larger and 50 ft. distance)
- Security policies, practices, staff can talk the talk  
Emergency Operation Plan
- Participation in community preparedness

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## Anesthesia

- Facilities that administer topical, local, or minimal sedation should have a manual defibrillator or AED

### Chapter 9 F.4



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## Surgical and Related Services

- What action should be taken if surgical counts are incorrect?
- Signed pathologist report Incorp. into the medical record
- Laser Safety
  - Prepare a list of each type of laser
  - Appoint a Medical Laser Safety Officer
- Lithotripsy
- Maintenance records available if outsourced

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## Pharmacy Services

- Procedures are in place to ensure that electronic prescribing systems, if used, are controlled and secured from unauthorized access.
- Medications (and vaccines) are segregated into organized, labeled storage areas designed to minimize drug selection errors.
- For high alert drugs, stock antidote/reversal agent in the same area.

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## AAAHC Contact Person

- Facility Letterhead
- Email, fax, mail
- NO PHONE SUBMISSIONS
- Surgical EAST [EAST@aaaahc.org](mailto:EAST@aaaahc.org)
- Surgical WEST [WEST@aaaahc.org](mailto:WEST@aaaahc.org)

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## Questions?



Cathy Montgomery, RN, CASC  
1-636-875-5088 ext. 102  
[cathy@excellentiagroup.com](mailto:cathy@excellentiagroup.com)

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