



AAAASF/Medicare



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AAAASF Surveyor

Infection Control Program

- 416.51.b.1
 - Under the direction of a designated and qualified professional who has training in infection control
 - Does not need to be certified
 - Must have training (webinars, seminars, classes)

Infection Control Program, cont.

- 416.51.b.3
 - Program must include documentation that the ASC has considered, selected, and implemented nationally recognized infection control guidelines
 - Research
 - AORN, APIC, CDC
 - Backbone of facility policies

Infection Control Policies

- Hand hygiene
 - Safe injection practices
 - Sterilization and disinfection techniques
 - Environmental and OR cleaning
 - Preventing, identifying, and managing infections
 - Reporting post-op infections
 - Temperature and humidity
 - Manufacturer recommendations for sterilization
 - Aseptic technique and scrub procedures
 - OR attire
 - Provisions for infected/contaminated patients



Infection Control Policies, cont.

- Aseptic technique
 - Isolation procedures
 - Infection surveillance techniques
 - Ongoing infection log
 - Infection control training for all types of staff
 - State notifiable disease reporting
 - Provide any supporting documentation
 - Checklists
 - Audits
 - Meeting minutes

Governing Body

- 416.41.a
 - Governing body must assure that all outside services are provided in a safe and effective manner

Disaster Preparedness

- 416.41.c
- Written protocol
- Provides for:
 - Emergency care of patients, staff, and guests
 - Internal disasters (malfunction of equipment, loss of utility, power failure)
 - External disaster (extreme weather, bioterrorism)
 - Coordinate with state and local authorities as appropriate

Advance Directives

- 416.50.c
- ASC must provide the patient or patient's representative with written information concerning its policies on advance directives, including description of state health and safety laws, and if requested, official state advance directive forms
- Document in a prominent part of the patient's current medical record, whether or not the individual has executed an advance directive



Quality Improvement

- 416.43
- Comprehensive self-assessment
 - Quality of care provided
 - Medical necessity of procedures performed
 - Appropriateness of care
 - Includes pertinent surveys/projects
 - Identify and correct deficiencies
 - Ongoing, data-driven quality indicators
 - Include Medical Director and Governing Body
 - Resolve problems

Quality Improvement, cont.

- Measure improvement
- Incorporate infection control
- Focus on high risk, high volume, and problem-prone areas
- Must track adverse events, examine causes, and implement improvements
- Ensure improvements are sustained over time
- Include staff on performance improvements/projects
- Projects must reflect the scope and complexity of the ASC's services and operations
- Governing Body must ensure that the QA/PI program is defined, implemented and maintained by the ASC
- Governing Body allocates sufficient staff, time, information systems, and training to implement the QA/PI program

AAAASF vs AAAHC

- Credentialing
 - NPDB – do not have to submit information
 - Board certification for every physician on site



AAAASF vs AAAHC

- Quality Improvement
 - Must include surveys/projects
 - Does not specify number of projects, but must reflect the scope and complexity of the ASC's services and operations
 - Does not specify format of studies
 - Does not mention benchmarking

AAAASF vs AAAHC

- Peer Review
 - Performed at least every 6 months
 - Random sample must include the first case done by the surgeon each month during the reporting period for a total of 6 cases
 - Does not specifically mention peer review for Anesthesiologists

AAAASF vs AAAHC

- Standards posted on website
- References to standards posted on website
- Facilities follow standards as classified by type of anesthesia

The End

Do you have
any questions
or comments?



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