



TJC Survey Solutions

How to Prepare for Your Next Survey!!
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1-2-3

Standards and elements of performance:

- › Environment of Care (EC)
- › Emergency Management (EM)
- › Human Resources (HR)
- › Infection Prevention and Control (IC)
- › Information Management (IM)
- › Leadership (LD)
- › Life Safety (LS)
- › Medication Management (MM)
- › National Patient Safety Goals (NPSG)
- › Provision of Care, Treatment, and Services (PC)
- › Performance Improvement (PI)
- › Record of Care (RC)
- › Rights and Responsibilities of the Individual (RI)
- › Transplant Safety (TS)
- › Waived Testing (WT)

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Ready To Go List:

- › Performance improvement data
- › Infection prevention and control surveillance data
- › Infection control plan
- › Organizational chart
- › List of contracted services
- › List of surgeries scheduled for each surgery day

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General Rules:

- ▶ Report change of ownership within 30 days
- ▶ Report deaths within 5 days that occur onsite
- ▶ Annual self evaluation
- ▶ Medical staff issues that may effect the facility:
 - Hospital Privileges
 - Code of Ethics
 - Disciplinary Actions

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General Comments:

- ▶ 2/3 of survey will surround tracer patients
- ▶ Tracers are from beginning to end
- ▶ Tracers will disclose data, IP, & med mgt. issues
- ▶ CDC Infection Control Worksheet

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General Comments: As of Jan 1, 2014

- ▶ Weekly, or every 7 days: Anytime during the week.
- ▶ Monthly, or every 30 days: Anytime during the month.
- ▶ Quarterly, or every 3 months: 3 months from the previous activity, plus or minus 10 days.
- ▶ Semi-annually, or every 6 months: 6 months from the previous activity, plus or minus 20 days.
- ▶ Annually, or every 12 months: 12 months from the previous activity, plus or minus 30 days.
- ▶ 3 years: 36 months from the previous activity, plus or minus 45 days.

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Published 2013 Top 5 List of Challenging Standards

- ▶ The organization grants initial, renewed, or revised clinical privileges to individuals who are permitted by law and the organization to practice independently. (50%)
- ▶ The organization safely stores medications. (37%)
- ▶ The organization reduces the risk of infections associated with medical equipment devices and supplies. (37%)
- ▶ The organization identifies risks for acquiring and transmitting infections. (28%)
- ▶ The organization safely manages high-alert and hazardous medications. (23%)

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Sentinel Event

“An unexpected occurrence involving death or serious physical or psychological injury or the risk thereof.”

- ▶ Requires immediate investigation
- ▶ Identify cause & affect change
(Root Cause Analysis = Action Plan)

Examples: death, 5 wrongs, retentions, prolonged fluoroscopy, transfusion reaction, abduction

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If you are licensed by CMS listen up!!!!



(HR) Human Resources

OSHA Requirements

OSHA requires employers to perform an exposure determination concerning which employees may incur occupational exposure to blood or other potentially infectious materials. The exposure determination is made **without** regard to the use of personal protective equipment (i.e. employees are considered to be exposed even if they wear personal protective equipment). This exposure determination is required to list all job classifications in which all employees may be expected to incur such occupational exposure, regardless of frequency.



(HR) Human Resources

OSHA REQUIREMENTS

Employee exposure determination: Include a list of all job classifications in which employees are **most likely** exposed to blood and body fluids and a second list of job classifications in which employees **may be exposed** to blood and body fluids.

(HR) Human Resources

Job Classification	Exposure	Control
Registered Nurse	PN-up, OR, Procedure Area,	Center/Blood Sampling, Administering injectable medications, and eye drops
Anesthetologist	PACU	Ventilator, IV Access, Emergency/Resuscitation procedures, Specimen handling, Assisting with intubating or re-intubating patient, Removal of IV devices, Administration of blood/blood products, Establishing IV access
OR Anesthetologist	OR, Procedure area	Administering injectable medication, Anesthetics, Administration of blood/blood products, Emergency/Resuscitation procedures
Perfusionist	PN-up, OR Procedure area, PACU	Examination, Surgical and other invasive procedures, Specimen handling
Surgical Technologist	OR	Emergency/Resuscitation procedures, Handling used instruments and sharp devices during surgery and invasive procedures, and after end of case.
Central Processing Staff	Isolation/ decontamination area	Washing, cleaning, decontamination of used instruments and devices
Operating Assistant	PN-up, PACU	Assisting with intubating or re-intubating patient, Emergency procedures

(HR) Human Resources

Job Classification	Location	Duties
Environmental Services Worker	OR, Pre-op, PACU	Changing sharps container Cleaning potentially contaminated environmental surfaces
Maintenance Workers	Throughout the facility	Working on plumbing systems

(HR) Human Resources

 • Carcinogen • Mutagenicity • Reproductive Toxicity • Respiratory Sensitizer • Target Organ Toxicity • Aspiration Toxicity	 • Flammable • Pyrophoric • Self-Heating • Stable Unstable Gas • Self-Reactives • Organic Peroxides	 • Irritant (skin and eye) • Skin Sensitizer • Acute Toxicity (Hazard) • Chronic Effects • Hazardous to the Environment • Hazardous to the Aquatic Environment • Hazardous to the Ozone Layer (Non-Mandatory)
 • Gas Under Pressure	 • Skin Corrosion/Irritant • Burns • Eye Damage • Corrosive to Metals	 • Explosives • Self-Reactives • Organic Peroxides
 • Oxidizers	 • Aquatic Toxicity	 • Acute Toxicity (Fatal or Toxic)

(HR) Human Resources

- ▶ Defines staff qualifications = verifies staff meets qualifications
- ▶ Verify all legal licenses with the primary source
- ▶ Verifies all those not required by law, but rather the organization as well from the primary source
- ▶ Criminal background checks if required by law or organization
- ▶ Health screenings



(HR) Human Resources

Orientation

- ▶ Patient Safety – Prior to caring for patients!!!
 - ▶ Policies & Procedures
 - ▶ Infection Prevention
 - ▶ Patients' Rights
 - ▶ Sensitivity Training
- *** Tip: All documented



(HR) Human Resources

Staff Development:

- ▶ Increase in competency
- ▶ Whenever responsibilities change
- ▶ Patient specific
- ▶ Adverse events
- ▶ Performance evaluations
- ▶ Competency assessments (orientation and at least every 3 years)



(HR) Human Resources

Office of Inspector General

<https://oig.hhs.gov>

Exclusions



Online Searchable Database

(HR) Human Resources

Licensed Independent Practitioners

- ▶ Credentials every 2 years
 - ▶ Temp privileges not longer than 120 days
 - ▶ Current licensure
 - ▶ Relevant training
 - ▶ Current competence
 - ▶ Verify identification
 - ▶ Inquire about health issues
 - ▶ Specific list of privileges requested
- ***Tip: National Practitioner Data Bank

(HR) Human Resources

For ASCs who provide radiology:

- ▶ FT, PT, consult radiologist
- ▶ Written contract
- ▶ Proof of oversight of activities
- ▶ May interpret tests if Board requests



(RI) Rights & Responsibilities

- ▶ Verbal, written, correct language
- ▶ Prior to the start of procedure
- ▶ Posted in waiting area, etc.
- ▶ Financial ownership



**(RI) Rights & Responsibilities
Implementation Strategies**

Advanced Directives:

All patients have the right to participate in their own healthcare decisions and to make advanced directives or to execute powers of attorney that authorize others to make decisions on their behalf based on the patient's expressed wishes when the patient is unable to make decisions or unable to communicate decisions. This surgery centers respects and upholds those rights.

**(RI) Rights & Responsibilities
Implementation Strategies**

Advanced Directives:

However, unlike an acute care hospital setting, the surgery center does not routinely perform "high risk" procedures. Most procedures performed in this facility are considered to be of minimal risk. Of course, no surgery is without risk. You will discuss the specifics of your procedure with your physician, who can answer your questions as to its risks, your expected recovery, and the care after your surgery.

**(RI) Rights & Responsibilities
Implementation Strategies**

Advanced Directives:

Therefore it is our policy, regardless of the contents of any advanced directive or instructions from a healthcare surrogate attorney in fact, that if an adverse event occurs during your treatment at this facility, we will initiate resuscitating or other stabilizing measures and transfer you to an acute care hospital for further evaluation.

(RI) Rights & Responsibilities Implementation Strategies

Process to Express and File a Complaint

It is the mission of the organization to provide the level of care that we wish for our loved ones and ourselves.

We welcome suggestions and complaints, as well as appreciation. Your feedback is important to help us improve patient care and our environment. You may express your concern or complaint at any time to a staff member, department head, or administrator. The administrator reviews all complaints and attempts to rectify any issue within 48 hours of receipt. You will receive a written notice within 7 days that will describe notice of our decision, the steps taken to investigate the grievance, the results of the grievance process, and the date of completion. Please contact our Administrator anytime at the following number:..... You may also contact the Louisiana Department of Health.....or Medicaid & Medicare at www.cms.hh.gov/ombudsman/resources.asp

(RI) Rights & Responsibilities Implementation Strategies

So, just what is a grievance/complaint?

- Written or oral
- Patient or patient surrogate
- Not resolved by the staff on site

OK, so what is NOT a grievance/complaint?

- Billing concerns
- Patient satisfaction comments without a request for follow up
- Comments from employees

(RI)Rights & Responsibilities Citations -TJC/CMS for ASC's

- ▶ Failure to accurately disclose financial or partnership activities
- ▶ Failure to disclose procedures for expressing a complaint
- ▶ Lack of advanced directive information if requested
- ▶ Privacy: curtains and conversations
- ▶ Website content
- ▶ Failure to provide accurate state and federal contact information

(LD) Leadership

Structure

- ▶ In writing
- ▶ Approves scope of services
- ▶ Selects Chief Executive
- ▶ Annual evaluation of mission, vision, goals



(LD) Leadership

Key points:

- ▶ Who is in charge if CE is out
- ▶ Oversight of physical & financial assets
- ▶ Recruitment & retention of staff
- ▶ Goals (safety & quality)
- ▶ Design of structure
- ▶ State and local laws



(LD) Leadership

Leadership Relationships

- ▶ Required meetings
- ▶ PI Activities
- ▶ Safety & Quality
- ▶ Input from patients



(LD) Leadership

Culture & Expectations

- ▶ Using Data
- ▶ Planning
- ▶ Communicating
- ▶ Changing Performance
- ▶ Staffing



(LD) Leadership

- ▶ Ability to prioritize
- ▶ Routine assessments
- ▶ Develop and follow a code of conduct
- ▶ Provide education
- ▶ Staff & patient input
- ▶ Process evaluation

GOAL = IMPROVEMENT OF PERFORMANCE

(LD) Leadership Operations

A collection of logos including OSHA, CMS (Centers for Medicare & Medicaid Services), HIPAA (Health Insurance Portability and Accountability Act), Missouri Department of Health and Senior Services (dhss), and the Department of Transportation of the United States of America. There is also a gold seal for the Missouri State Commission on Hospital Quality and Safety and a small image of a building.

(LD) Leadership

OPERATIONS

- ▶ Conflict of interest policy
- ▶ Financial disclosures
- ▶ Marketing – websites
- ▶ Policy on denial of care
- ▶ Policy for emergency equipment

(LD) Leadership Contractual Care

- ▶ Proper vetting process
- ▶ Oversight
 - Observation
 - Audit
 - Incident reports
 - Patient satisfaction surveys
 - Contract requirements
- ▶ Patient Safety Program

(IM) Information Management

Planning/Management of ALL data:

- ▶ Financial
- ▶ Human Resources
- ▶ Supply Inventory
- ▶ Health Information



Types:

- ▶ Internal vs. External

**(IM) Information Management
Downtime Management**

GOAL: Return to normal operations
with minimal downtime or loss.
Scheduled or Unscheduled

The Plan:
Training
Testing
Data Backups



**(IM) Information Management
Downtime Management**

Written plan to manage interruptions

- › Include providers in training
- › How often is info backed up
- › Include timeframes
- › Process to maintain access to pt. info

(IM) Information Management

- › Written policy
(access/use/disclosure/loss/damage/etc.)
- › Follow all HIPAA laws
- › Monitors effectiveness of policies
- › Destruction (intentional and unintentional)
- › Regular audits

(IM) Information Management

Standardize Data Collection

- ▶ Terminology, definitions, abbreviations, acronyms, symbols, and dose designations
- ▶ Standardize list of prohibited...
- ▶ Process to validate accuracy

(IM) Information Management

What were the new rules for HIPAA for 2013...

- ▶ Patient Records:
 - electronic format – 30 days to comply
 - fees – labor only
 - out-of-pocket privacy
- ▶ Business Associate Agreements
 - subcontractors & written agreements

***effective date 3/26/13
 ***comply date 9/23/13



(RC) Record of Care

Have Strong Policies

- ▶ Charge person
- ▶ System/organization, fire proof, secured area
- ▶ Patient Identification
- ▶ Accessibility/tracks all components
- ▶ HIPAA requirements, patient approval for release
- ▶ Retention/storage/destruction (state laws/5 yrs. CMS)
- ▶ Restraint policy/use/result/reassessment/unanticipated changes

(RC) Record of Care

Documentation

- › Appropriate/accurate/legible/Wite-Out
- › Standardized/approved/dated
- › H & P/ancillary reports
- › Clinical routines: Allergies/multiple visits/orders/communications
- › Documentation of the CT radiation dose and collection of data on incidents where identified radiation doses were exceeded



(RC) Record of Care Implementation Strategies

- › Worksheets/summaries/expedience
- › Transfer situations
- › Discharge diagnoses
- › Allergy notification
- › Adverse reactions
- › Phone records/missed or cancelled appointments/texts/emails



(RC) Record of Care Citations- TJC/CMS for ASC's

- › Allergy information often not in a consistently prominent location in the chart and often not reviewed with each encounter
- › Timely review of H & P's
- › No audit process



(PI) Performance Improvement

- ▶ **Data Collection – include why?**
 - Identified by leaders
 - Procedures that place patients at risk
 - All significant events
 - Patients’ perceptions of concern
- ▶ **Data Analysis includes comparisons**
- ▶ **Performance Improvement**
- ▶ **Results**

(PI) Performance Improvement

- ▶ **Ongoing**
- ▶ **Data required**
- ▶ **Written policy**
- ▶ **Connected to Infection Prevention (at least one study)**
- ▶ **Effect patient health outcomes and safety**
- ▶ **Overseen by Board**
- ▶ **Sustainable results**
- ▶ **Staff training**



(PI) Performance Improvement

- ▶ **Measure, analyze and track quality indicators**
- ▶ **Look at adverse events**
- ▶ **Study admissions**
- ▶ **Patient safety issues**
- ▶ **Medical errors**
- ▶ **Focus on high risk, high volume**

(PI) Performance Improvement

- ▶ Outcomes –measures results of care (complication rates, infections, wrong site, transfers)
- ▶ Process – standard of care met (prophylactic antibiotics)
- ▶ Patient Perception – patients’ experience (patient satisfaction survey)

(PI) Performance Improvement

Where to look?

Incidence –things that happen frequently– how many?

- ▶ Divide annual # of post-op infections by annual # surgeries.
- ▶ Divide annual # of transfers by the total # of surgical cases that same time period.

(PI) Performance Improvement

- ▶ Decide on the study, Board approval
- ▶ Gather supporting documentation as to why
- ▶ Gather facility incidents
- ▶ Design data collection tool
- ▶ Design the plan
- ▶ Collect the data
- ▶ Analyze the data
- ▶ Corrective action plan
- ▶ Restudy
- ▶ Report findings

(PI) Performance Improvement

Organization is everything!!



(PI) Performance Improvement

Examples of ASC studies

- ▶ Hospital Transfers
- ▶ Hand Hygiene
- ▶ Sharps Injuries
- ▶ Injection Safety
- ▶ Endoscope Care
- ▶ Pathology Reporting
- ▶ Fall Prevention

(PI) Performance Improvement

Fall Prevention

San Leandro Surgery Center

- ▶ **Decide on the study, Board approval**
 - Sudden jump in occurrence of falls
- ▶ **Gather supporting documentation as to why**
 - Considered a "serious reportable event" by NQF
 - Can = high cost to patient and potential disability
- ▶ **Gather facility incidents**
 - 1st quarter they had more falls than the entire past year

(PI) Performance Improvement

Fall Prevention
San Leandro Surgery Center

- ▶ **Design data collection tool**
 - Adverse event reports
- ▶ **Design the plan**
 - Meet monthly
- ▶ **Collect the data**
 - Review future adverse event reports
- ▶ **Analyze the data**
 - Draw graph to show results

(PI) Performance Improvement

Fall Prevention
San Leandro Surgery Center

- ▶ **Corrective action plan**
 - Find out why (lack of pt. ed., transfer tools, staff ed.)
 - Train staff to work with patients (ergonomic consult)
 - Purchase transfer tools

(PI) Performance Improvement

Fall Prevention
San Leandro Surgery Center

- ▶ **Restudy**
- ▶ **Report findings**



(PI) Performance Improvement

Fall Prevention
San Leandro Surgery Center



(PI) Performance Improvement

Let's look at some
forms and examples



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Final thoughts...questions?



TJC Survey Solutions

Please email your questions and comments to:

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