

What's Ahead in 2018 AAAHHC Deemed



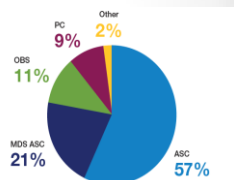
Presented by Cathy Montgomery, RN, CASC



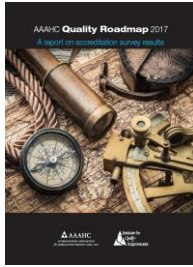
An organization will be surveyed according to the 2017/2018 standards if the organization's survey began on or after November 1, 2017.

Additional Survey Types

- Medicare Follow-Up
- Interim
- Discretionary
- Random

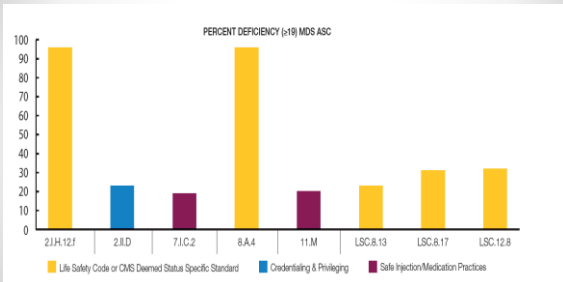


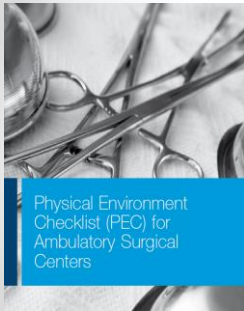
What's on the mind of AAAHC?



AAAHC 2016 Results

- 96% of facilities did not follow ALL the CMS rules
- 23% of facilities had incomplete credentialing
- 19% of facilities did not follow safe injection practices
- 20% of facilities failed to list look-alike drugs
- 96% of facilities failed to be compliant with LSC's





- 8.6 Electrical receptacles comply with the following:
- All receptacles provide at least one, separate and dependable grounding pole.
 - All receptacles at all patient care positions are listed "hospital grade."
 - Each patient position in general care areas is provided with at least 3 receptacles.
 - Each patient position in critical care areas is provided with at least 14 receptacles.
 - Each patient position in operating rooms is provided with at least 35 receptacles.
 - Receptacles located in rooms for pediatric care or access are listed as tamper resistant or are provided with a listed tamper resistant cover.
 - Laboratories are provided with at least one duplex receptacle every 3.3 ft. of instrument usage area.

NFPA 99: 6.3.2.6, 6.3.2.2, NFPA 70: 517.18

NFPA.org/FreeAccess

C NC N/A

LSC 8.13 Receptacles 23%

NFPA 99: 6.3.2.6.2 or 6.3.4.1

- Visual inspection of all
- The continuity of the grounding circuit is verified
- Polarity is verified
- Retention force is verified to be at least 4 oz.
- Testing upon install, service, and replacement



LSC 8.17 Generators 31%

NFPA 99: 6.4.1.1.7.3

- Dedicated room
- Heated as necessary to maintain temperatures
- 36" clearance
- Fire walls secured



LSC 12.8 Fire Doors 32%

NFPA 101: 8.3.4

- Self closing, if held open = automatic system
- Labels present and readable
- Annual inspection



What's on the mind of AAAHC?



What's on the mind of AAAHC?



Safe Injection Practices

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





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 vials 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	



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) Initials (I)					
DAY	28 D OK	Initiated	In Date	MN	S	DT	I			
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										

Risk Assessments

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

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

ICRA

Step 2: Assess the characteristics of your patients

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

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

ICRA

Step 4: Review surveillance data

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



ICRA

Step 5: Review guidelines and recommendations

- CDC 
- AORN 
- www.guideline.gov

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

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

Potential Impact

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



Mitigation

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



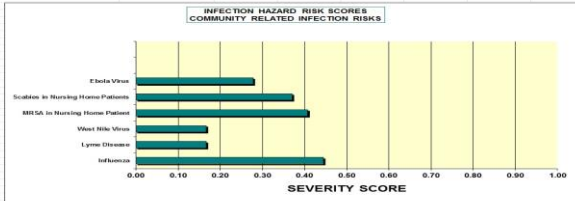
INFECTION CONTROL RISK ASSESSMENT COMMUNITY RELATED INFECTION RISKS

Enter Infection Hazard or Event	Influenza	Lyme Disease	West Nile Virus	MERS in Nursing Home Patient	Scabies in Nursing Home Patients	Ebola Virus
PROBABILITY 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
POTENTIAL IMPACT 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
Is it likely to result in permanent impairment? 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](#)

Will it impact the delivery of patient care? 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
MITIGATION 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
Are internal resources available to handle the hazard – i.e. sufficient supplies and staff? 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
Are external resources in place to handle the hazard – is either local health facilities, local and state health agencies? 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
SCORE	0.44	0.17	0.17	0.41	0.37	0.28

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

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!

INFECTION CONTROL RISK ASSESSMENT SUMMARY REPORT

COMMUNITY RELATED RISKS	SCORE
Influenza	0.44
Lyme Disease	0.17
West Nile Virus	0.17
MRSA in Nursing Home Patient	0.41
Scabies in Nursing Home Patients	0.37
Ebola Virus	0.28
-	0.00

ADMISSION RELATED RISKS	SCORE
Catheteric Surgical Site Infection	0.15
Toxic Anterior Segment Syndrome	0.19
Post-op Bacterial Endocarditis	0.22
Bloodborne Infection from GI Endoscopy	0.48
Bloodborne Infection from Multi-organ Vials	0.59
-	0.00
-	0.00

HCW RELATED RISKS	SCORE
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 Hand Hygiene Warrant	0.52
Non-Compliance with Influenza Vaccination	0.67
-	0.00

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

Infection Prevention Plan

Surveyors want to see:

- Risk Assessment
- Key staff participation
- Organized approach
- Clear priorities
- Buy in from leadership
- Communication



Infection Risk Description	Measurable Objectives	Strategies	Schedule and Evaluation Process	Responsible Party
Improper use of MDV's	<ul style="list-style-type: none"> Purchase single dose vials when possible Use MDV's for one patient; then discard 100% compliance 	Update policy re discarding of MDV's Staff & provider education Circulate exhibit 355 to staff & providers	Monthly review inventory and report to IDO.	Infection Preventorist
Improper cleaning of blood glucose monitoring devices	<ul style="list-style-type: none"> 100% use of single-use, auto-disinfecting finger stick devices. 100% compliance with policy to disinfect glucose monitor at start of day and between patients. 	Add cleaning to daily log sheet Perform staff education Train all new employees Perform direct observation of staff	Observed one hour per month by Infection Preventorist; review daily log sheet for compliance; report quarterly at committee meeting.	Infection Preventorist
Improper use of masks	<ul style="list-style-type: none"> Change mask when each patient Do not wear mask around the neck Cover nose completely 	Staff meeting to train staff Medical Director to send memo to all providers Add to new hire orientation form	Observation weekly of one case in the OR and one case in the procedure room. Documented findings to be presented at quarterly committee meeting.	Infection Preventorist
Employee knowledge deficit regarding post-exposure protocols	<ul style="list-style-type: none"> Staff will understand facility process for any type of exposure to potentially infectious pathogens. 	Perform staff education within 30 days of hire and annually.	Quarterly reporting of occupational exposures to Governing Board.	Infection Preventorist
Non-compliance with hand hygiene protocols	<ul style="list-style-type: none"> Availability of sinks, soap, and towels. Alcohol-based hand rub in all patient care areas. Staff will demonstrate 100% compliance with hand hygiene protocol. 	Staff training Staff observation	Monthly inspection of soap containers. Daily observation of staff and documentation on data collection tool; reported quarterly to IC committee.	Infection Preventorist
Non-compliance with Standard Precautions	<ul style="list-style-type: none"> All staff will utilize Personal Protective Equipment appropriately while caring for patients 	Staff education within 30 days of hire and refresher annually.	Each employee will be observed quarterly for compliance; reports compiled and reviewed during quarterly IC committee meeting. Employees counseled pri.	Infection Preventorist

Infection Control Construction Permit				
Location of Construction:				Permit No:
Project Coordinator:				Project Start Date:
Contractor Performing Work:				Estimated Duration:
Supervisor:				Permit Expiration Date:
YES	NO	CONSTRUCTION ACTIVITY	YES	NO
				INFECTION CONTROL RISK GROUP
		TYPE A: Inspection, non-invasive activity		GROUP 1: Low Risk
		TYPE B: Small scale, short duration, moderate to high levels		GROUP 2: Medium Risk
		TYPE C: Activity generates moderate to high level of dust, requires greater than 1 work shift for completion		GROUP 3: Medium/High Risk
		TYPE D: Major duration and construction activities requiring consecutive work shifts		GROUP 4: Highest Risk

**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)			MITIGATION			RISK <small>(Relative threat)</small>
			PROPERTY IMPACT <small>(Physical loss and damaged)</small>	BUSINESS IMPACT <small>(Interruption of services)</small>	PREPAREDNESS	INTERNAL RESPONSE	EXTERNAL RESPONSE <small>(Reliance on staff and 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	1	2	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%	
AVERAGE SCORE	1.06	0.81	0.81	1.00	0.69	0.69	0.69	9%	

*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.

NFPA Risk Category

1 Failure may cause Death or serious injury	2 Failure limited to minor injuries
3 Failure may cause discomfort	4 No impact on patients or caregivers

Systems Risk Assessment Tool

Category Legend	Chapter 5	Chapter 6	Chapter 7	Chapter 8	Chapter 9	Chapters 10 and 11	Chapter 12	
Room Name	Room #	Space	Change Medical Air Vacuum W/ABD	Medical Systems	Data Phone Nurse Call Cable TV	Potable Water Non-Potable Water Water Heating Water Conditioning Non-Medical Compressed Air Black Water Grey Water Clean Waste Water Heating Ventilation Air Conditioning	Equipment (See Equipment List)	Emergency Management (See Emergency Management List)
DR 1	1021		1	1	1	1	1	

Board Annual Review

- Patients Rights
- Delegated Responsibilities
- QA/PI Program including effectiveness
- Policies & Procedures
- Appoint/reappoint process
- IC Program (includes exposure control plan)
- Safety Program
- Scope of Procedures
- EOP



Delegations

- ? Board Members, Officers, administrators, DON
- ? 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

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

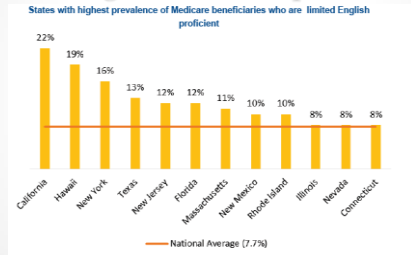
Patient Rights and Responsibilities

A. Treated with respect, consideration, and dignity:

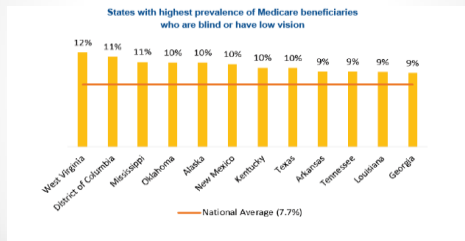
- Privacy
- Communication



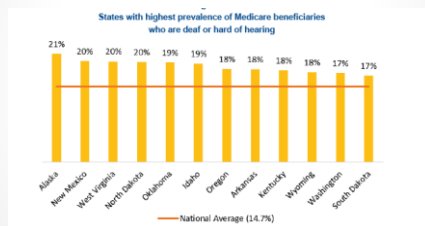
Patient Rights and Responsibilities



Patient Rights and Responsibilities



Patient Rights and Responsibilities



Resources for Your Patient


<http://www.medicare.gov/claims-and-appeals/medicare-rights/get-help/ombudsman.html>

AAAHC
5250 Old Orchard Road, Suite 200
Skokie, IL60077

Governance

- Bylaws = Policies and Procedures
- Major Contracts safe and effective
- Policy to notify AAAHC within **15** days

Governance Reappointment

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

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

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



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.

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

Administration & Nursing Services

- Organizational chart
- Meeting minutes
- TB Program



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

Quality Management and Improvement

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

Facilities and Environment

- **R. Beginning 7/5/17 an ASC must be in compliance with NFPA 101 Life Safety Code Chapter 21.3.2.1 Doors to hazardous area.**
- **(416.44(b)(6))**



Facilities and Environment

Subchapter II Emergency Preparedness

- **Develop an Emergency Preparedness Plan –review annually**
- **Community based Risk Assessment**
- **Coordination**
- **Tracking of patients and staff**

Facilities and Environment

Subchapter II Emergency Preparedness Safe Evacuation

- Consider patient needs
- Staff responsibilities
- Transportation
- Identify evacuation location
- Primary and alternate means of communication

Facilities and Environment

Subchapter II Emergency Preparedness

- Shelter in place
- Medical Documentation: secure records, preserves patient information, protects confidentiality
- How to staff for a surge needs
- Provision to provide care at an alternate site

Facilities and Environment

Subchapter II Emergency Preparedness Communication Plan

- List of staff
- List of contracts
- List of patients Physicians
- Volunteers
- Federal and state contacts
- How will you communicate with all of the above
- How will you share medical records
- How will you release patient information
- How will you provide information about what you need or how you can help

Facilities and Environment

Subchapter II Emergency Preparedness Training

- Policies & Procedures
- Annual training
- Demonstrate staff knowledge
- Quarterly Drills including one cardiac arrest
- 2 Full scale community based drills annually (one may be a tabletop)

Pharmacy Services

Institute for Safe Medication Practices

List of *Confused* Drug Names

Feb 2015

Questions?



Cathy Montgomery, RN, CASC
1-636-875-5088 ext. 102
cathy@excellentiagroup.com
