

**SECOND ANNUAL**



Ambulatory Surgery Center  
**LEADERSHIP BOOT CAMP**

**Let's Go On A Survey**

Marcy Sasso, CASC

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# Who am I.... Marcy Sasso, CASC

- Certified Administrator Surgery Center (CASC)
- Regulatory ASC Compliance Consultant
- Administrator for several large Centers in NJ
- Director in 6 Outpatient Departments, Saint Barnabas
- Co-Chair /Co-Founder- Surgery Center Coalition (SCC)

Successfully Participated in 100 Medicare, AAAHC, TJC, AAAASF, HFAP and DOH Surveys, and over 200 Mock Survey's

Proudly, I am a Wife, Mom, Mentor and Friend to Many

# Frequently Used Acronyms

- **CMS** Medicare Survey/Deemed Centers for Medicare & Medicaid Services
- **SOM** State Operations Manual (DOH)
- **DOH** Department of Health
- **POC** Plan of Correction
- **COC** Conditions for Coverage
- **NC** Non-Compliance
- **PC** Partial Compliance
- **TAG** Deficiency

# Common Areas of Non-Compliance

Safe Injection Practices

Credentialing and Privileging

Documentation in Records

Quality Improvement (QI) Programs

Life Safety

Governance

# Governance

This **CONDITION** is not met as evidenced by: **Q 040**

Based on review of policies and procedures, review of physician credential files, and staff interview, it was determined that the **governing body failed to demonstrate that it is effective in carrying out the operation and management of the facility.**

The necessary **oversight and leadership** **was not provided as** evidenced by the lack of compliance with 42 CFR 416.42 - Surgical Services; 42 CFR 416.48 - Pharmaceutical Services; and CFR 416.51 - Infection Control.

# Governance Common Tags

- ▶ Review of the QAPI and Governing Body minutes, the Governing Body did not provide leadership and review of the QAPI program.
- ▶ The Governing Body minutes did not reflect QAPI activity and did not reflect QAPI activity had been presented to the board.
- ▶ Review of QAPI minutes lacked identification of a disaster preparedness program.
- ▶ The Governing Body By-Laws indicated "All appointments to the Medical staff, except "Provisional", shall be for two (2) years only and renewable by the Governing Body pursuant to a formal reapplication." The Medical Staff By-Laws indicated, "Reappointment shall be for a period of not more than two calendar years."

# Credentialing & Governance Tags

Not Conducting Appropriate Verifications

NOT Following Privileging Protocol

Missing Job Descriptions

Priviledges not Signed Dated and/or Approved

Re- Appointment- Missing Peer Reviews, Queries,

Health Files- No Initial H&P, serval lapses in annual PPD and  
always MISSING TITERS!

# ANNUAL MINUTES..... Governing Body has oversight and accountability for the below topics: (416.41)

|                              |  |  |   |
|------------------------------|--|--|---|
| Medical Staff By-Laws        | The Medical Executive Committee of the Governing Body has reviewed the Medical Staff By-laws.  | The Medical Executive Committee of the Governing Body has reviewed, approved, accepted and ratified the Medical Staff By-Laws.   | The Medical Executive Committee of the Governing Body will review annually.               |
| Credentialing-Appointments   | The Medical Executive Committee of the Governing Body has reviewed the Medical Staff-Provider Roster, By-laws and the Credentialing Privileging Process.<br>Revisions to forms may be made during the year and noted in the board minutes, as regulatory changes occur.                | The Medical Executive Committee of the Governing Body has reviewed, approved, accepted and ratified the Medical Staff By-Laws and Credentialing process.   | The Medical Executive Committee of the Governing Body will review annually.               |
| Delegation of Responsibility | The Medical Executive Committee of the Governing body has delegated Administrative responsibility to @@@@ with alternate as @@@@, RN and Clinical responsibility has been delegated to, @@@@ RN with her alternate as, @@@@ RN<br>The Medical Director is @@@@, with alternate as @@@@ | The Medical Executive Committee of the Governing Body has reviewed, approved, accepted and ratified the Delegation of Administrative Responsibility to to @@@@ with alternate as @@@@, RN and Clinical responsibility has been delegated to, @@@@ RN with her alternate as, @@@@ RN.<br>The Medical Director is @@@@, with alternate as @@@@ | The Medical Executive Committee of the Governing Body will review the positions annually. |
| QA Program                   | The Medical Executive Committee of the Governing Body Reviewed the QA Program. The <b>NONClinical Manager</b> will oversee the day to day QA Program.  | The Medical Executive Committee of the Governing Body has reviewed, approved, accepted and ratified The QA Program.  | The Medical Executive Committee of the Governing Body will review annually.               |



# Initial Appointment

*Application & Delineation of Privileges- approved & signed  
Hospital Good Standing Letter & Delineation of Privileges*

Curriculum Vitae

Job Description (s)

Photo ID (recommended)

Peer References (2-3)

Confidentiality or HIPAA Notice

Signed Medical Staff Bylaws

Orientation

Health Files

## ANESTHESIA PRIVILEGES

Provider Name \_\_\_\_\_

|   | REQUESTED | APPROVED |
|---|-----------|----------|
| LOCAL or TOPICAL ANESTHESIA             |           |          |
| GENERAL ANESTHESIA (INHALATION THERAPY) |           |          |
| MINIMAL SEDATION                        |           |          |
| MODERATE SEDATION                       |           |          |
| DEEP SEDATION                           |           |          |
| REGIONAL ANESTHETIC BLOCKS              |           |          |
| ULTRASOUND- USE and INTERPRETATION      |           |          |
| DOPPLER- USE and INTERPRETATION         |           |          |
| MINOR CONDUCTION BLOCKS                 |           |          |
| <b>SUPERVISING CRNA</b>                 |           |          |

PROVIDER SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

APPROVED \_\_\_\_\_ DATE: \_\_\_\_\_

DIRECTOR OF ANESTHESIA

APPROVED \_\_\_\_\_ DATE: \_\_\_\_\_



# Peer Review- Re-appointment

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Degree  MD  DO  PA  CRNA  Other \_\_\_\_\_ Specialty \_\_\_\_\_

Current Appointment Period \_\_\_\_\_

## Verifications

State License, DEA Registration, CDS License, NPDB, AMA Profile, OIG,  
Malpractice Coverage, Current Privilege List

## Privileges at Local Hospital / Surgery Center - Good Standing Letter

\_\_\_\_\_ Status: \_\_\_\_\_

\_\_\_\_\_ Status: \_\_\_\_\_

## Peer Review

| Year | # Cases Performed | # Charts Peer Reviewed | # of Charts with issues | # of SSI- Infections | # of Transfers | Complications- Re-Admission | Grievances Satisfaction Surveys | Misc |
|------|-------------------|------------------------|-------------------------|----------------------|----------------|-----------------------------|---------------------------------|------|
|      |                   |                        |                         |                      |                |                             |                                 |      |
|      |                   |                        |                         |                      |                |                             |                                 |      |
|      |                   |                        |                         |                      |                |                             |                                 |      |

# Peer Review

Peer to Peer same specialty

Nurses are being asked to fill the forms out

Focused Peer Review- undesired outcome

Communication with Physicians

Peer Review, keep in a separate file

## 416.46 (a) Organization and Staffing

This STANDARD is not met as evidenced by: Based on document review. It was determined that the facility failed to ensure the performance evaluation of the staff was performed in accordance with the **facility policy**.

Findings include:

The personnel file of staff #6 indicated a date of hire of 2.1.14. An evaluation was performed on 2/15 and not after **90 days of employment**.

# DUAL ROLES

**In Some Centers the Administrator and the DON are the Same Person. The DOH States the Administrator and a DON must be IMMEDIATELY AVAILABLE.**

**Alternates and Delegation of Duties  
Centers MUST be Adequately Staffed  
Call Outs, may be Considered Emergent  
Active Dialog from the Governing Board**

**\*\*JOB DESCRIPTIONS, including Providers**

## Positions and Alternates

| Title- Position   | Primary Individual | Alternate              |
|---|--------------------|------------------------|
| Medical Director  |                    |                        |
| Director of Nursing   |                    |                        |
| Administrator   |                    |                        |
| Director of Anesthesia  |                    |                        |
| Pharmacy Consultant   |                    | Center Site Liaison RX |
| Infection Control Consultant  |                    | Center Site Liaison RN |
| Risk Management.<br>HIPAA Privacy Officer<br>Compliance Director, <b>Civil Rights Officer</b> |                    |                        |
| Safety Officer/ Fire Marshall<br>Fire "Impairment Coordinator"<br>(AAHC)                      |                    |                        |



# Patient Rights and Responsibilities

Patient satisfaction must be accessed on an ongoing basis and the results must be reported to the Governing Body.

The ASC's notice of rights must include the address and telephone number of the State agency to which patients may report complaints, as well as the Web site for the Office of the Medicare Beneficiary Ombudsman.

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

Medical records audit, lacked evidence that the patient received written information regarding patient's rights prior to a procedure.

Medical Records missing information regarding advance directives.



# Patient Rights and Responsibilities

Division of Health Facilities  
Evaluation and Licensing  
New Jersey Department of Health  
PO Box 367  
Trenton, NJ 08625-0367  
800-792-9770 Complaint Hotline

State of New Jersey  
Office of the Ombudsman for the  
Institutionalized Elderly  
PO Box 808  
Trenton, NJ 08625-808  
609 943-4023  
877-582-6995 toll free

## Questions and Complaints

Patients can communicate concerns about patient safety issues that occur before, during and after care is received by contacting the Administrator at SURGERY CENTER, ADDRESS AND PHONE or EMAIL

The Administrator shall also provide all patients and/or their families, upon request, the names, addresses and telephone numbers of offices where information concerning Medicare and Medicaid coverage may be obtained

The Medicare Ombudsman is available to the public and the Center's patients to get information about the Medicare and Medicaid programs, prescription drug coverage, and how to coordinate Medicare benefits with other health insurance programs. Information about filing a grievance or complaint can be obtained from their website, by mail or via phone.

#### CMS Medicare Contact Information:

Telephone: 1-800-MEDICARE 24 hours 7 days including some federal holidays

TTY/TDD users can call 1-877 486 2048. This system is available 24 hours 7 days per week.

#### Mailing address:

Centers for Medicare & Medicaid Services

7500 Security Boulevard

Baltimore MD 21244-1850

The website for the Medicare Ombudsman is: <https://www.medicare.gov/claims-and-appeals/medicare-rights/get-help/ombudsman.html>

Complaints or grievances may also be filed through:

AAHC 5250 Old Orchard Rd Suite 200 Skokie, IL 60077 [info@aaahc.org](mailto:info@aaahc.org)

Phone: 847-853-6060 or email: [info@aaahc.org](mailto:info@aaahc.org)

#### REFERENCE:

Title CFR 416.50;Q-0219; Q-0220, Q-0232

# Pharmaceutical Services 416.48

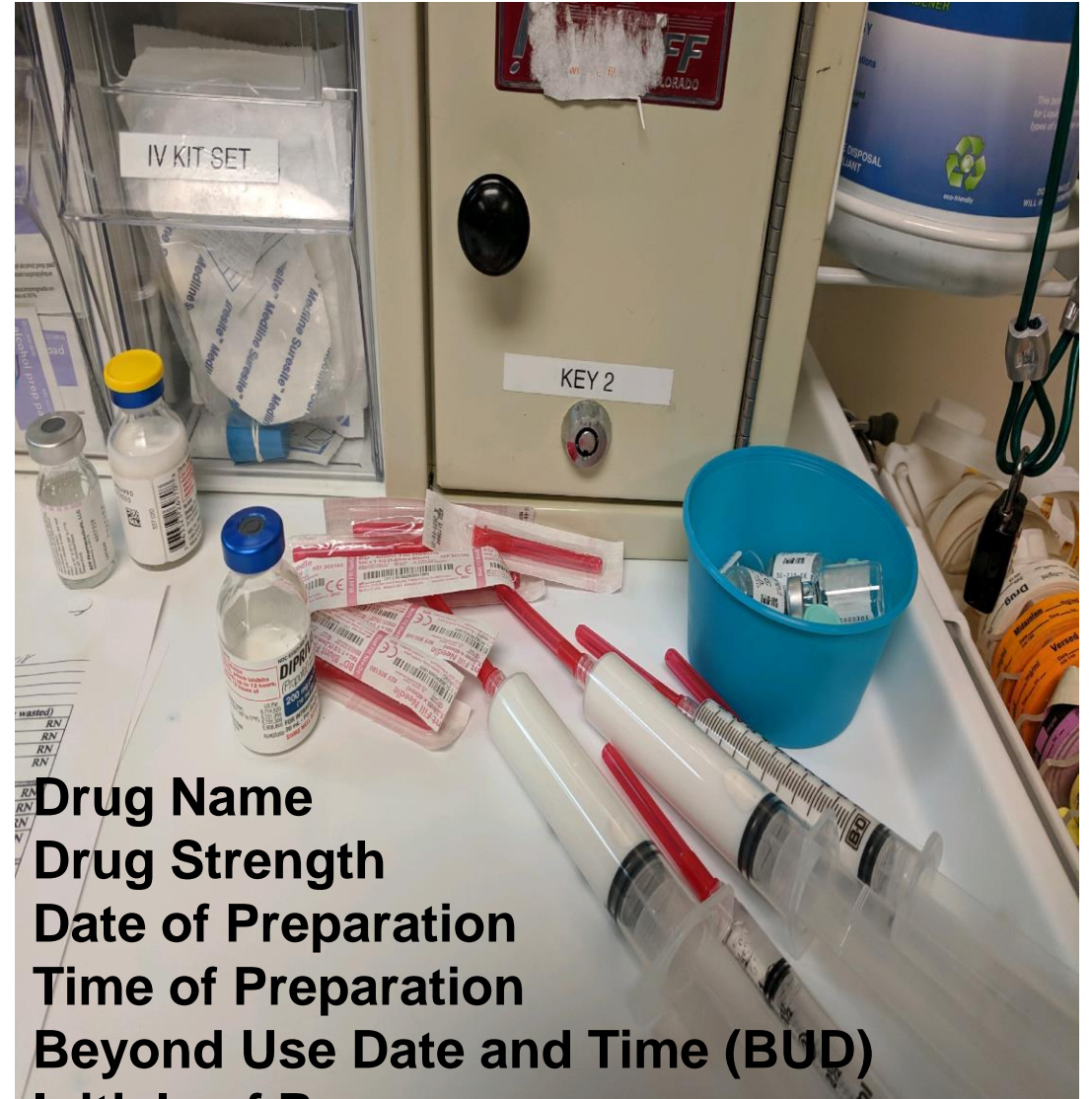
Wiping the Port  
Refrigerator 24/7 Monitoring  
Updated Formulary  
Minutes- Reflect Formulary Changes  
Labeling Syringes  
Multi- Dose vials!!!!!!!!!!!!!!!!!!!!!!!!!!!!

**“DON’T GET ME STARTED”, Pharmacy Surveyor-**

**We always do it this way!!**

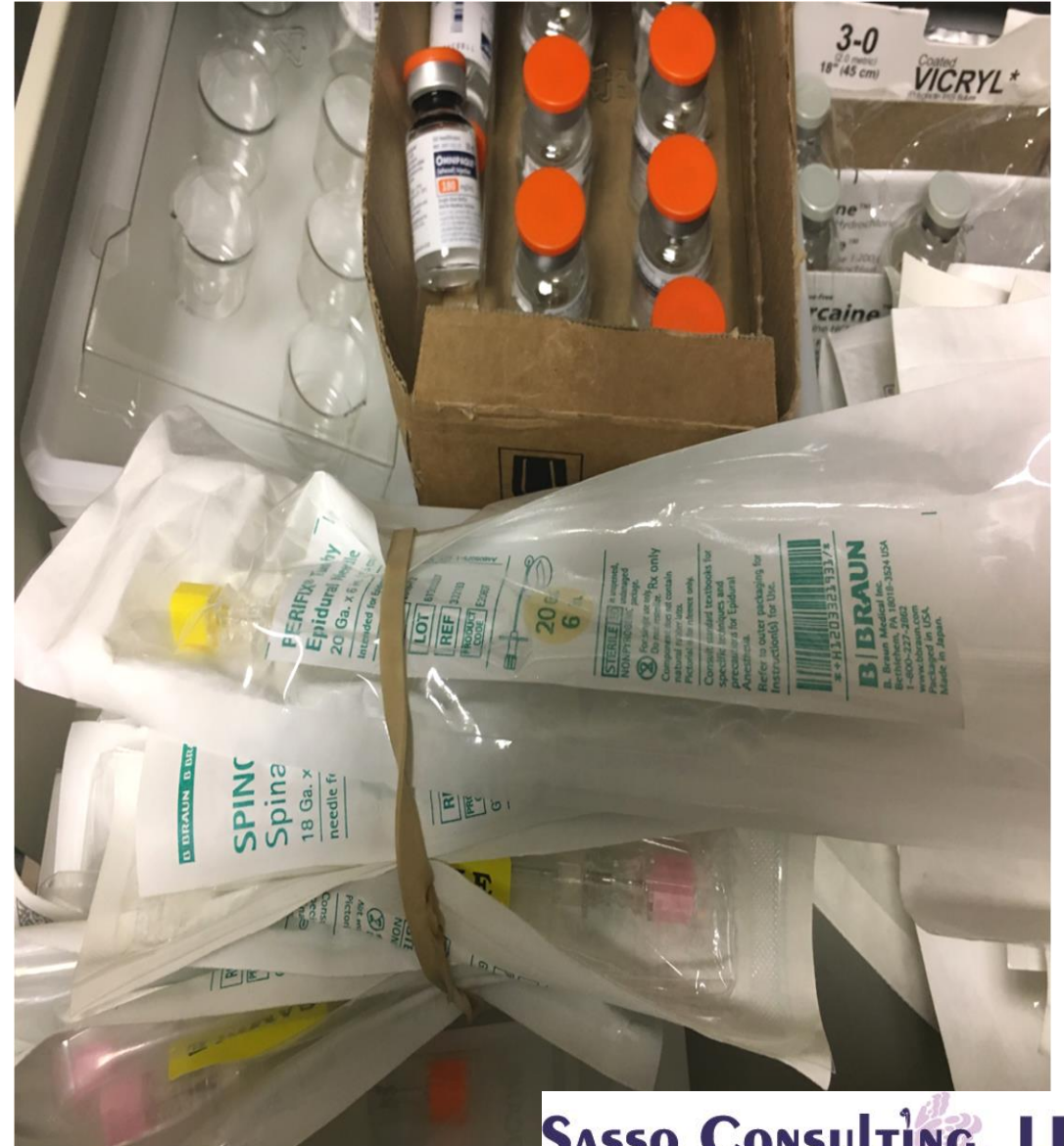
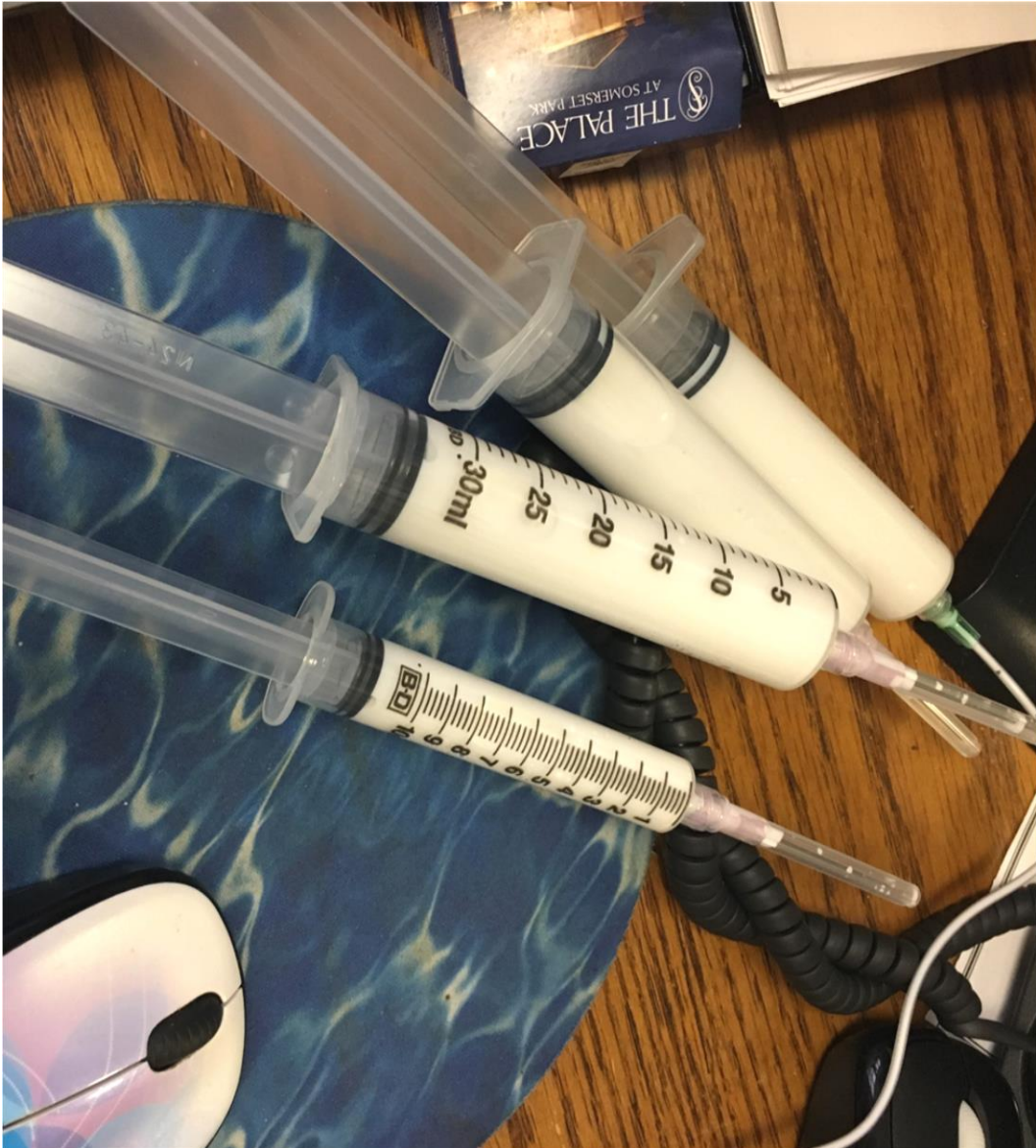






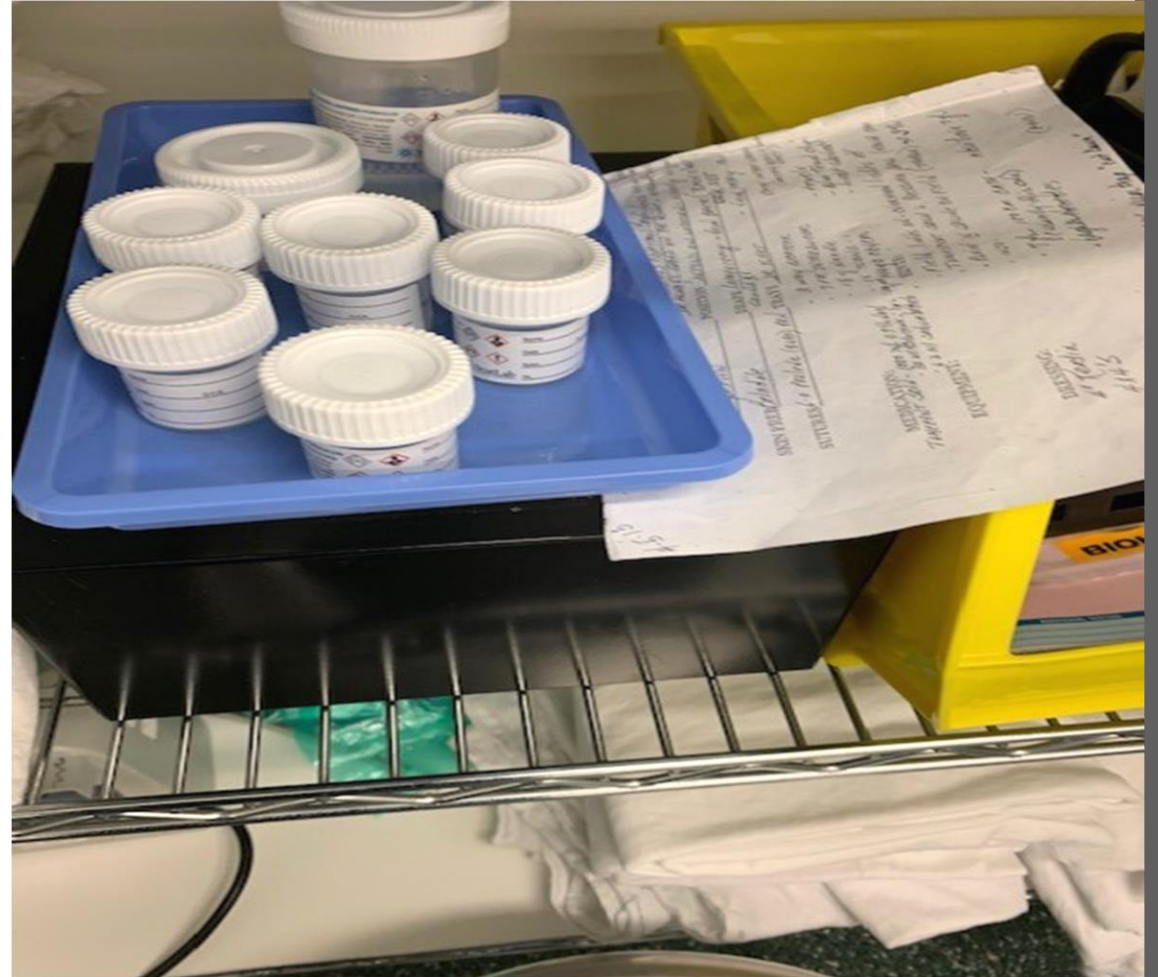
**Drug Name**  
**Drug Strength**  
**Date of Preparation**  
**Time of Preparation**  
**Beyond Use Date and Time (BUD)**  
**Initials of Preparer**







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# Medical Records Tags 8:43A-13.3

**Orders** Not Time, Dated and or Signed

Provider was Signing Orders **after RN gave IV**

No Order for a Patient **Transfer**

**Medication Reconciliation** not Copied and Given to the Patient

**Discharge** Missing Phone Number, Emergency is Not Defined

**Pathology** NOT Signed and Dated

**Post-Op** Call Times 2 not documented

# Medication Reconciliation and Allergy Documentation

**ATTESTATION:** The above is a complete and accurate medication list to the best of my knowledge. It includes over-the-counter and herbal supplements, as well as regular and occasionally used prescription drugs. Your Physician is resuming the start of your medication on the information provided by you, including the name of the medications, dosages and frequency.

Patient/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

RN Signature: \_\_\_\_\_

**New Medication(s) Prescribed Following Your Surgery INCLUDING E-SCRIPT**

| MEDICATION and REASON | DOSE/ROUTE/FREQUENCY | NEXT DOSE DUE |
|-----------------------|----------------------|---------------|
|                       |                      |               |
|                       |                      |               |
|                       |                      |               |
|                       |                      |               |

**\*\*Please bring this medication record with you to your Physician's office\*\***

**ALLERGIES**

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ALLERGIES/DRUG REACTIONS

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NO KNOWN ALLERGIES



# Quality Assurance- QA, PI, QAPI

- **416.52(c)(3) DISCHARGE WITH a RESPONSIBLE ADULT or the Physician must write an ORDER**
- Environmental Rounds
- IFU's (Instructions for Use)
- SDS (Safety Data Sheets)
- Benchmarking Internal and External
- Meaningful Quality Studies

# Quality Studies are they MEANINGFUL?

- ▶ Same Day Cancellations
- ▶ First Case Start Time
- ▶ Overtime
- ▶ Days in AR Report
- ▶ Increase in Repairs
- ▶ Allergy/Reactions
- ▶ Signed Orders
- ▶ Medical Record Audit
- ▶ Flu Shot
- ▶ Post-Op Phone Calls

# EYE WASH STATION- OSHA

## Need MIXER Valves in order to Maintain Water from 60 to 100 Degrees

Eye wash and Shower should work at the same time  
Personal wash/Bottled Eye wash – (use as *alternate only* – and should have visible weekly check)

Temperature must also be documented.

Device must be tested weekly and documented

Employees at risk should be educated

Install in well – lit areas

Do not install in locked areas

Risk Assessment filled out

ANSI Z358 – January 2015



# Life Safety- A Real POC







# Generator, Air Balancing



Two Manuals Mandatory  
Diesel- Fuel Sample  
Remote Button

- Annual Air Balancing
- Call Bells, Quarterly Sprinklers
- Self Locking- Self Closing Doors



# EYE WASH STATION

“The ANSI Z358. 1-2014 **standard** has changed to allow one (1) **door** in the path to get to an **eye wash** station, provided the **door** cannot be locked and the **door** swings in the direction to the **eye wash** station”

**Emergency Eyewash Station Inspections- Perform Weekly**

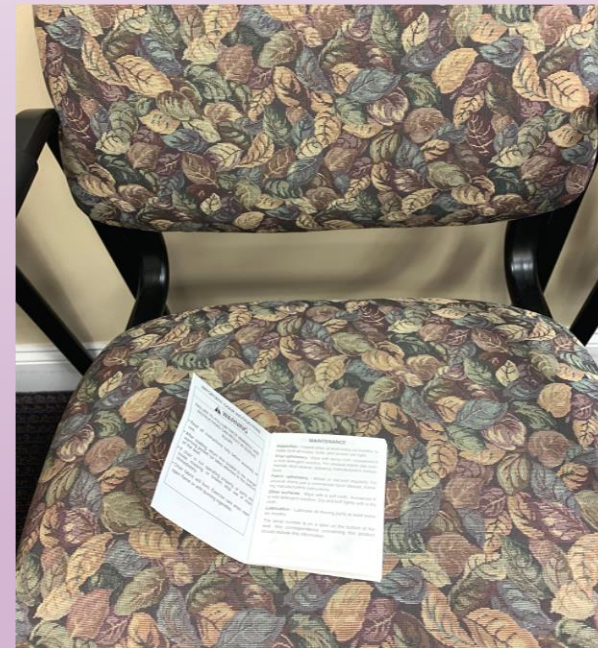
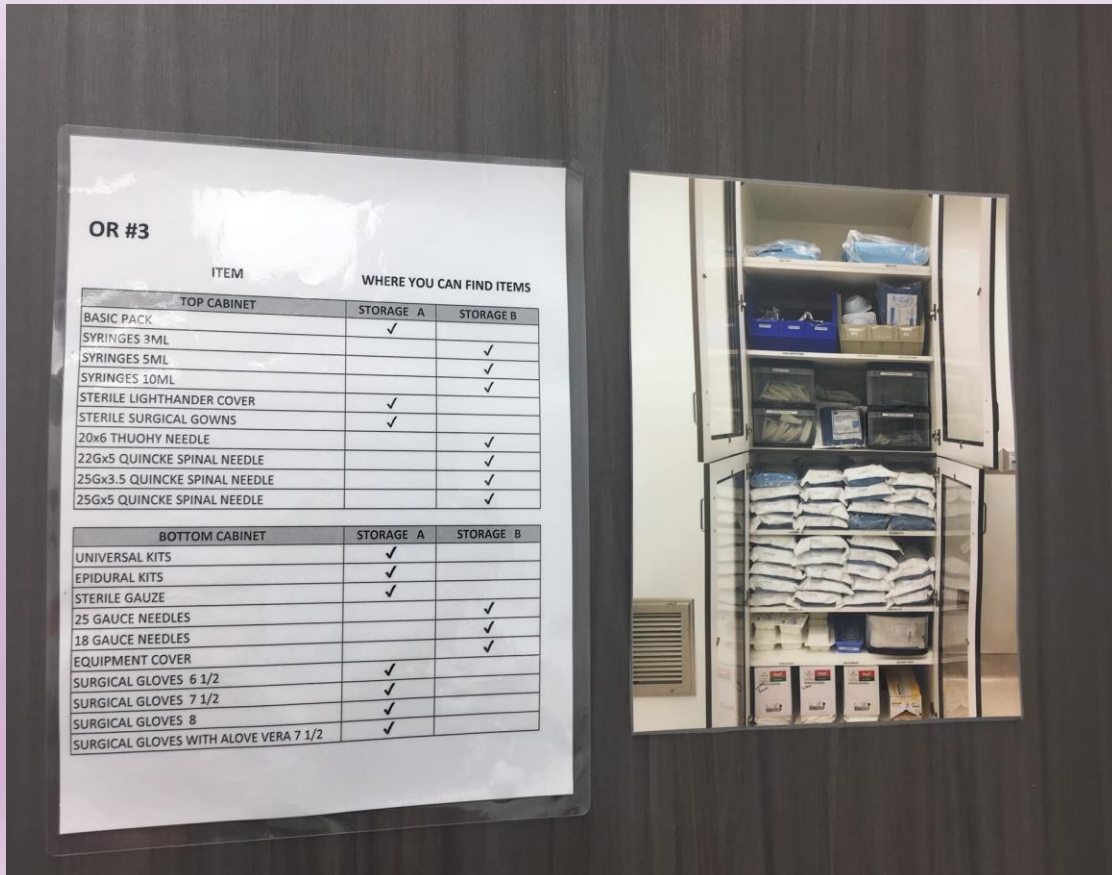
**Year:** \_\_\_\_\_

**Inspect for:**

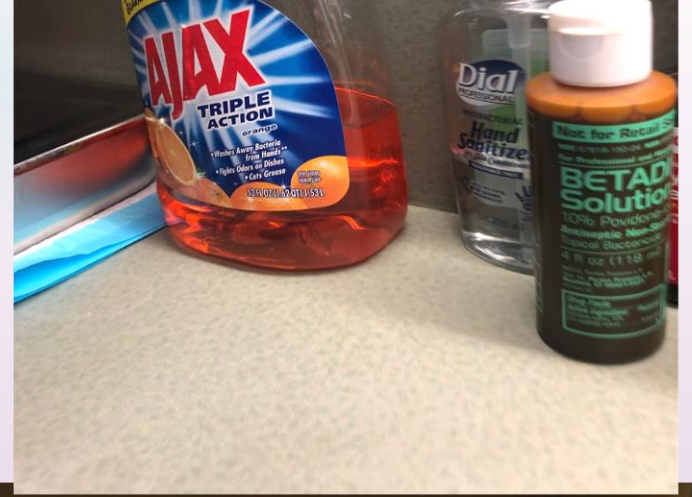
- 1. Caps are to be on the spray nozzles to protect them from airborne contaminants.**
- 2. Push flag handle; should work easily and flow should blow off covers**
- 3. Visually inspect to look for worn parts, leaks, clogged orifices, loose parts**
- 4. Assure that mixer valve allows water temperature to be maintained from 60 to 100 degrees**
- 5. Run until water is clear**
- 6. Wipe nozzles w/disinfectant wipes, run for 15 secs. & replace caps**
- 7. Sign is in place identifying location of eyewash**

# Infection Prevention

“The ASC must provide a functional and sanitary environment for the provision of surgical services by adhering to professionally acceptable standards of practice”.







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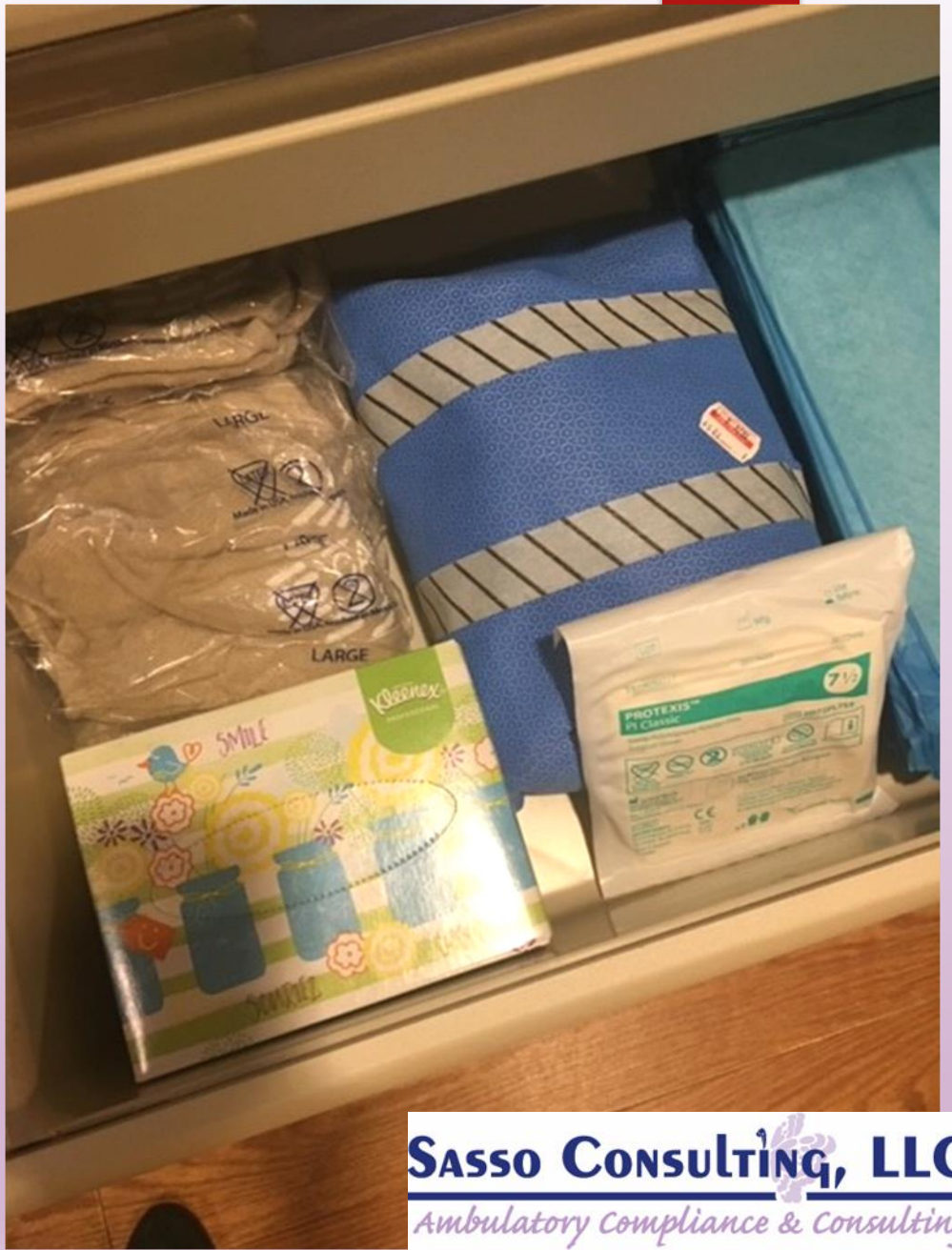
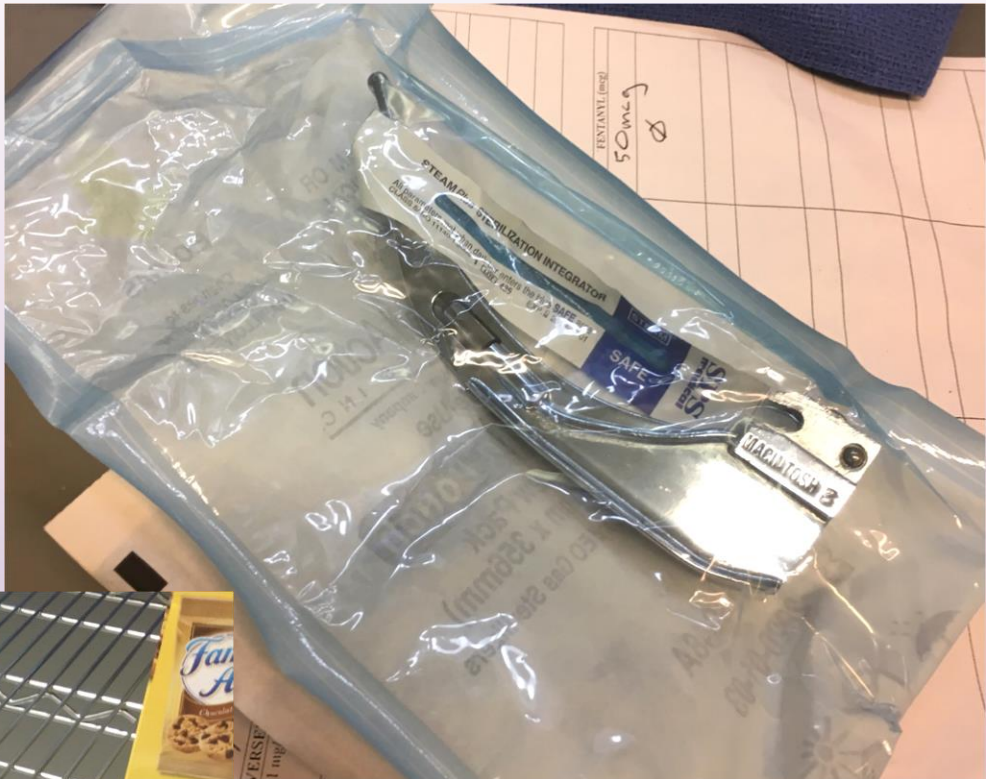












# Accreditation in New Jersey

All NJ Ambulatory Surgery Centers MUST hold an Accreditation Organization (AO),  
within ONE Year of Issuance of the Centers' License

## Approved AO

- ▶ **AAHHC** Accreditation Association for Ambulatory Health
- ▶ **AAAASF** American Association for Accreditation of Ambulatory Surgery Facilities
- ▶ **TJC** The Joint Commission
- ▶ **HFAP** Healthcare Facilities Accreditation Program
- ▶ **IMQ** Institute for Medical Quality

A Center Does Not Have to Participate with Medicare

The DOH may Survey you on Behalf of CMS (Federal) and do your State Survey at the Same time.

# Communication is Key

- ▶ Have Quarterly Meetings and Document Minutes
- ▶ Document **Annual Minutes- Leaders Names with Alternates**
- ▶ Governing Board Needs to be Informed
- ▶ Quality Studies
- ▶ Follow the Center's Privileging Guidelines- Bylaws



# Summation

Compare Policies to Actual Performance

Leadership Too Many Hats

Annual Education- Providers & Staff

Ticklers to Track Expiration of Documents

Nerve Stimulators

Breakaway Lock for Code or MH Carts

Life Safety Penetrations- Have a 6-foot Ladder?

Staff Schedule for Two Week

Annual Competencies

Annual Evaluations

Leadership, DO your own Rounds



# We Thank you for You Time Today

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