

The Infrastructure to Support Safe Patient Care

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Learning Objectives

At the conclusion of this presentation, you should be able to:

- Understand the mindset of the surveyor and survey process
- Identify key risk points in an ASC (key areas for a successful survey)
- Review high risk areas identified in Ambulatory Surgery Centers



Part I

Ambulatory Surveyor and the Survey process



Ambulatory Surveyor

- 1. Collaborative/collegial approach: Encourage questions and discussion
- 2. Transparency: Communicate findings throughout the survey
- 3. Identifies goals; "What will make this survey the most meaningful and value-added?"
- 4. Types of surveys: Initial survey:
 - Risk identification
 - New to the standards?
 - Set organization up for success (Track record requirements next survey)

Triennial survey:

- Risk identification
- Challenge and assist toward 'High reliability organization'
- 'Collaborative educator' (on every survey)



Survey Process Objectives

- Validate standards compliance and CMS requirements for deemed programs
- Provide a meaningful assessment of risk (both known and unknown)
- Inspire and encourage improvement through engagement and dialogue with staff, physicians, and leaders
- Assist in the journey toward high reliability and a Culture of Safety



Joint Commission's Vision



All people always experience the safest, highest quality, best-value health care across all settings.

Part II

Key Risk Points in an ASC



Safe, High-Quality Care Depends on:

- A culture that fosters safety as a priority
- Planning & provision of services around the patient
- Availability of resources (staff/equipment)
- Competency of staff and providers
- Continuous evaluation of data / metrics & performance improvement





Top Ten for Success

- Keep your mission first
 - Patient-centered
 - System processes
- Understand TJC mission on your behalf
 - Partnership to reduce risk in healthcare
 - Surveyors are 'rooting for you.'
 - Staffs biggest goal is to 'breath and brag.'

Know 3 Biggest ASC's Risks:

- Ruling out the inappropriate patient
 - Pre-assessment testing (PAT)
 - Specialty populations
 - Admission criteria
 - Screenings ("EKG for those over...")
 - Pre-sedation assessment



Biggest ASC's Risks continue:

- Doing what you are <u>suppose</u> to do when you are <u>suppose</u> to do it
 - Patient monitoring/Discharge
 - Credentialing/Privileging
 - Environment of Care
 - Infection Control
 - Sterilization/HLD
 - Instructions for Use (MIFU's)
 - Clinical Practice Guidelines



Biggest ASC's Risks continue:

Urgent / Emergent Response

- According to equipment leaders have chosen
- According to training and roles set by leaders
- According to certifications required by leadership





Provision of Care, Treatment, and Services

- Lack of patient pre-sedation evaluation prior to surgery
- Screening and assessments
- Patient monitoring
- Lack of discharge assessment



Environment of Care

- Lack of testing of back-up power when providing anesthesia
- Preventative maintenance on high-risk equipment
- Incorrect critical air pressure relationships
- Fire drills, exit and egress light issues



Infection Prevention and Control

- Lack of proper decontamination, disinfection or sterilization of surgical instruments: improper sterilization time or temperature
- Lack of proper high-level disinfection (HLD)
- Lack of proper storage of sterilized medical instruments
- Lack of bi-directional tracking of instruments undergoing sterilization or HLD
- Not following instrument instructions for use (IFU)



Medication Management

- Look Alike Sound Alike medication issues
- High Alert medication issues
- Concentrated electrolytes in the crash cart without alerts
- Labeling of syringes when transferring and leaving syringes
- Temperature issues related to medication storage



- Lack of leadership oversight and implementation of policies
- Lack of governing body and leadership holding staff accountable
- Setting expectations and evaluating for contract services
- Leadership infrastructure issues

Leadership and Performance Improvement



- Patient Safety & Performance Improvement are fundamentally linked
- Adverse events are avoided as leaders 'keep their fingers on the pulse' of key patient care processes
- The biggest impact: Leaders creating and maintaining a culture of safety (LD 3.01.01)



Thank You. Questions... Comments?

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