Top Survey Trends and Tips for Compliance

MNASCA

April 16th, 2015

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Objectives

- Identify top regulatory and accreditation survey deficiencies

- Discuss the impact noncompliance has on clinical quality or patient safety

- Discuss strategies to achieve survey success

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Surveying Entities

- CMS: Centers for Medicare and Medicaid Services

- TJC: The Joint Commission

- AAAHC: Accreditation Association for Ambulatory Health Care

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Medication Safety

- According to the National Patient Safety Foundation, 'Preventable medical errors represent the third leading cause of death in the United States, behind heart disease and cancer, claiming the lives of approximately 400,000 people annually'. (2014)

- The Institute of Medicine's (IOM) first Quality Chasm report, To Err Is Human: Building a Safer Health System: Medication-related errors accounted "for one out of every 131 outpatient deaths".

- Estimated number of deaths from medication errors doubled between 1980's – 1990's.

- Having an effective and safe facility medication management system in place is critical to patient safety since medications have the potential to cause great harm.

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Medication Safety - Storage

Trend: Inconsistent identification of high-alert, high-risk medications

| Tips for Compliance	Unique Identifiers
• Develop facility-specific list and post wherever medications are stored. • Cross reference the ISMP and facility formulary to identify high-alert, high-risk medications. • Review all additions to the formulary for potential high-risk category. • Store medications by category and not by alphabetical order.	• Unique labeling for all high-risk medications.

Medication Safety - Storage

Trend: No list of look-alike/sound-alike drugs (LASA), no strategies to minimize errors

Tips for Compliance

- Avoid using abbreviations for labeling storage areas.

- Purchase products with both generic and brand names printed on unit dose packaging.

- Avoid storing different strengths of the same medication together.

- Limit stock of multiple dosages of the same medication.

- Separate medications by type (oral, injectable, topical, etc.).

LASA Labeling

- Use LASA labeling everywhere the meds are stored.

- The **TALL** man, short man lettering is an effective strategy to avoid confusion of medications with similar sounding names.

TL-HA146 DOPamine
Black Text on Yellow Background
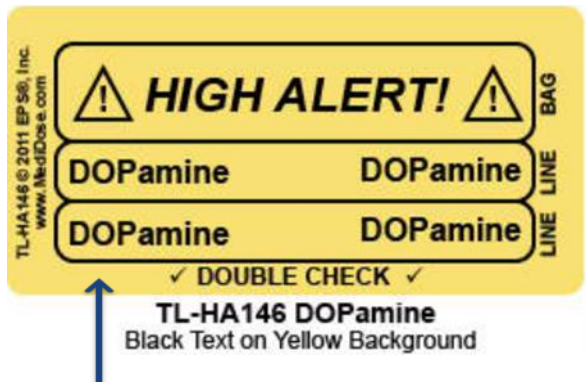
Medication Safety - Storage

Trends

- Medications not stored according to manufacturer's recommendations.

- Expired medications found.

- Teammates not knowledgeable of the communication alerts.

Tips for Compliance

- Keep manufacturer's instructions for medications in a known, convenient location with storage requirements highlighted.

- Audit! Audit! Audit!

- Medications at high risk for harm – communicate the recommendations aimed at reducing opportunities for medication errors (orientation, staff meetings, posters, annual competencies, screen savers).

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Medication Safety Posters


LOOK-ALIKE/SOUND ALIKE DRUGS: LASA

SAFETY TIPS:

1. Use additional warning labels LOOK ALIKE SOUND ALIKE to alert teammates and label drugs at ALL storage locations.
2. Use tall man lettering to distinguish drug names.
3. Avoid storing LASA drugs together.
4. Annually maintain an accurate facility specific list of LASA drugs, posted where medications are stored.
5. Communicate list and strategies to teammates

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MEDICATION STORAGE

DRUG STORAGE
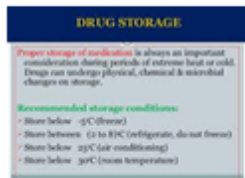
SAFETY TIPS:

1. Limit stock of multiple dosages of the same meds
2. Segregate meds by type: oral, injectable, topical, etc.
3. Utilize continuous temp monitoring for refrigerators that records alarm history with time and duration – maintain log, include corrective actions.
4. Store according to manufacturer's instructions and avoid placing meds at patient bedside or in pocket.
5. Audit monthly for expirations in all med storage locations.

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Medication Safety – Preparation and Administration

Trends

- Lack of appropriate aseptic technique in preparation and administration of medications.

➢ Mixing of eye meds.

➢ Missed cleaning of IV ports prior to injection or tops of multi-dose vials prior to drawing up med.

➢ Missed hand hygiene.

➢ Medications labeled for single-patient use were used for multiple patients, more common with Propofol and narcotics such as Fentanyl.

Tips for Compliance

- Educate staff, physicians and anesthesia providers to safe injection practices – provide data from audits, use video demo.

- Utilize a checklist to conduct and document medication safety rounds on a routine basis.

- Review results of audits at the Quality Council.

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Medication Safety Rounds – Audit Checklist

Facility Name: _____

MONTH / YEAR: _____ / _____

MEDICATION SAFETY- Monthly Audit

Medication Safety Best Practice Processes	YES	NO	SEE COMMENTS
1. Medication Preparation			
• Medication order reviewed			
• Current medication resource readily available			
• Preparation surface clean and away from contaminated items			
• Hand hygiene performed prior to medication preparation			
• Medication vial reviewed prior to drawing up medication			
• The rubber septum on a medication vial is disinfected with alcohol prior to piercing			
• Vial entered with new needle and syringe			
• Single dose vials, prefilled syringes, IV bags used for only one patient			
• Pre-drawn medications labeled with the date and time of draw, initials of the person drawing, medication name, strength and discard date and time			
• All medications, medication containers and other solutions on and off the sterile field in the OR/procedure room are labeled			
2. Medication Administration			
• Nurses administering medications have current competency in their file			
• An independent double-check is conducted before administration of high risk medication or administration to pediatric patients			
• Patients are identified by name and date of birth prior to administration of medication			
• Medications are initiated within one hour of preparation, IV's within one hour of being spiked			
• IV ports are disinfected with alcohol prior to injecting			
• Needles and syringes are used for only one patient			
• Effect of medication on patient is monitored			
3. Multi-dose vials			
• Dated with 28 day expiration date (or less if indicated per manufacturer).			
• Multi-dose medications used for more than one patient are stored and accessed away from the immediate areas where direct patient contact occurs.			
4. Medication Storage			
• Stock is limited of multiple dosages of the same meds			
• Different types of medications (oral, injectable, topical, etc.) are segregated as well as look-alike/sound-alike drugs			
• Continuous temp monitoring is utilized for medication refrigerators/freezers that records alarm history with time/duration – log reflects daily checks (twice daily checks for vaccines) and includes corrective actions for temps recorded out of range			

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	YES	NO	SEE COMMENTS
• Medications are stored according to manufacturer's instructions and none are found at patient bedside or in pocket's/fanny packs			
• No expired medications are found			
• Warning labels are found on all high risk and look-alike/sound-alike drugs			
5. Documentation/Orders			
• Allergies and their reactions are listed and clearly visible in a prominent location in the patient chart and on patient armband			
• All verbal orders are promptly written down, read-back and authenticated within required time frame			
• All elements for complete order are in place and include date, time, signature by ordering physician, medication name, dose, route and frequency			
• No prohibited abbreviations are used			
• Medication doses contain leading zeroes as appropriate			
• PRN orders specify drug dose, interval, specified maximum dose, and indication for use			
• Orders are legible			
6. Medication Reconciliation			
• A list of the patient's medications is complete (includes herbs, OTC meds, vitamins and illicit drugs) and easily accessible			
• Patient education is provided on maintaining a current and complete list of home medications to make available to all healthcare providers			
7. Controlled Drugs			
• Access to controlled drugs is limited and secure			
• Tracking is in place for narcotics removed from supply			
• Two teammates count at beginning and end of shift			
• Wastage is witnessed, two signatures on log			
• Narcotic amounts in patient record match amounts recorded in narcotic log			

COMMENTS:

_____
_____
_____
_____
_____
_____
_____

Auditor: _____ Date of Rounds: _____

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Medication Safety - Labeling

Trends

- Not assuring the appropriate guidelines are followed for warming fluids- temperature and dating of fluids.

- Pre-spiked IV bags not labeled.

- Labeling of syringes incomplete.

- Multi-dose vials not labeled with 28 day expiration date.

Tips for Compliance

- Make preprinted labels available including concentration whenever possible (this is only feasible if a single concentration is used).

- Keep an adequate stock of labels.

- Consider using the (ASTM) color-coding standards for user-applied anesthesia syringe labels.

- Conduct routine instruction on the appropriate labeling of meds.

- Perform periodic audits to assess labeling compliance.

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Medication Safety Posters

Medication Safety - Security

Trends	Tips for Compliance
• Leaving medication unattended. • Narcotic cabinet not double locked during working hours. • Narcotics keys left in narcotics box. • Key to narcotic box stored in unsecured location during off hours. • Unlimited key access among staff. • Narcotics counted by one nurse only. • Narcotics wasted by nurse and not witnessed.	• Ensure appropriate education of staff and monitoring of medications prepared in advance or 'still in use'. • Have consulting pharmacist provide in-service on DEA laws for management of controlled drugs. • Conduct a risk assessment to identify vulnerabilities and opportunities for improvement in narcotic accountability processes. • Utilize a form that documents location of drugs removed from narcotic cabinet.

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Medication Safety Poster

Medication Safety - Documentation

Trends	Tips for Compliance
• Incomplete orders, lack indication of when to use or which medication to use.	• Use preprinted orders that include indication for use.
• Medication given without physician's orders.	• Set expectation nurses are to review medication orders prior to preparation and administration of meds to ensure a medication order is clearly written and complete. Nurses need to remember that it is their duty and right to question physician orders that are illegible, incomplete, or potentially unsafe.
• Not following orders as written.	• Audit: Nursing documentation for medication administration matches medication orders.

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Medication Safety Posters

VERIFYING MEDICATION ORDERS

SAFETY TIPS:

1. Ensure all elements for complete order are in place and clarify any confusing elements:
   - ✓ Date, time, signature by ordering physician
   - ✓ Medication name, dose, route and frequency
2. No prohibited abbreviations are used.
3. Medication doses contain leading zeroes as appropriate.
4. Orders are legible.
5. PRN orders specify drug dose, interval, specified maximum dose, and indication for use.

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VERBAL/TELEPHONE ORDERS

VERBAL ORDER
PLEASE SIGN, DATE & TIME

SAFETY TIPS:

1. Limit verbal orders to circumstances not feasible for provider to write order.
2. Write down and read back verbal/telephone orders. ('repeat back' when writing down is not immediately feasible)
3. Spell out loud sound-alike drugs, clarify any confusion.
4. Ensure the recipient signs, dates and times the order, with 'VORB' and physician authenticates as soon as possible. Know your state laws!
5. Do not accept text orders. Verify ID of caller for telephone orders.

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Infection Control

- Historically, ASC Medicare surveys were infrequent (> 5 years) and did not formally assess infection control.

- January, 2008 identification of hepatitis C cluster caused by poor infection control practices in a Nevada ASC heightened concern. Over 50,000 former patients were notified of potential exposure to infectious diseases.

- In November 2008, CMS published the revised Conditions for Coverage (CfCs) for ambulatory surgical centers (ASCs), which took effect May 18, 2009, and included a new chapter on Infection Control.

- CDC developed an infection control survey tool to assist surveyors.

- Accrediting bodies increased their focus and began conducting infection control tracers.

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Infection Control – Sterilization and High Level Disinfection

Trends

- No biohazard label on cart or lack of sealed container for transporting dirty instruments.

- Failure to use proper PPE or wearing inappropriately, i.e., mask dangling around neck, failure to change between cases.

- No initial cleaning of surgical instruments prior to sterilization.

- Enzymatic detergent not changed regularly.

- Re-usable channel brushes either not being sterilized or high level disinfected between use in cleaning instruments.

- Frequent use of Immediate Use Steam Sterilization (IUSS) on surgical eye instrumentation due to lack of enough instrumentation.

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Infection Control – Sterilization and High Level Disinfection

Trends

- Laryngoscope blades not sterilized and/or sealed.

- Peel-pouches sterilized incorrectly.

- No biological indicator for every implant load.

- Lack of one way directional flow (dirty to clean) in processing area.

- Disinfecting solution (ratio of water to chemical) not per manufacturer's directions.

- No documented testing of Cidex OPA/expired strips.

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Infection Control – Sterilization and High Level Disinfection

Tips for Compliance

- Have current manufacturer's instructions for use for all solutions and every piece of equipment (surgical instrumentation - including loaners, cleaning implements, washer disinfectors, ultrasonic cleaners, sterilizers, packaging, chemical and biological indicators).

- Ensure annual education and competency for clinical staff in infection control processes.

- Establish and annually maintain policies and procedures based on best practices, ensuring standardized processes.

- Maintain current copies of appropriate standards on site (AORN, AAMI, IASCHMM, etc.).

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Infection Control – Sterilization and High Level Disinfection

Tips for Compliance

- Maintain documentation of sterilization records, cleaning and preventative maintenance.

- Conduct routine infection control rounds to assess for compliance and document/report findings to the quality committee.

- Conduct mock surveys using CMS Survey IC survey tool.

- Assess services of contracted environmental services personnel.

- Address issues timely: Develop an action plan and implement the improvement process. Document actions taken and report to leadership.

- Hold teammates accountable for actions/interventions.

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Infection Control – Sanitary Environment

Trends

- Floors, walls, work surfaces etc., in poor condition.

- OR ceiling tiles without cleanable surface.

- Full sharps disposal container.

- Ventilation system air exchanges, pressurization (air flow), exhaust, and filtration not monitored.

- Temperature/Humidity Log shows out of range readings with no corrective action listed.

- Tape residue or rust on equipment in OR.

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Infection Control – Sanitary Environment

Trends

- Inappropriate use of disinfectant.

- Lack of cleaning patient care equipment between patients.

- Dust and dead bugs found.

- Contract with housekeeping vendor not specific to responsibilities – listing cleaning procedures/frequencies needed.

- No annual education and training of staff.

- Lack of instructions on appropriate process to clean uniforms/scrubs for scrubs laundered at home.

- Terminal cleaning of OR's not performed daily or appropriately.

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Infection Control – Sanitary Environment

Tips for Compliance

- Have current manufacturer's instructions for use for all solutions and every piece of equipment (surgical instrumentation - including loaners, cleaning implements, washer disinfectors, ultrasonic cleaners, sterilizers, packaging, chemical and biological indicators).

- Ensure annual education and competency for clinical staff in infection control processes. Competency should include demonstration of processes.

- Establish and annually maintain policies and procedures based on best practices, ensuring standardized processes.

- Maintain current copies of appropriate standards on site (AORN, AAMI, IASCHMM, etc.).

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Infection Control – Sanitary Environment

Tips for Compliance

- Maintain documentation of sterilization records, temperature and humidity logs, checks for air flow and air exchanges, cleaning and preventative maintenance.

- Conduct routine infection control rounds to assess for compliance and document/report findings to the quality committee.

- Conduct mock surveys using CMS Survey IC survey tool.

- Assess services of contracted environmental services personnel.

- Address issues timely: Develop an action plan and implement the improvement process. Document actions taken and report to leadership.

- Hold teammates accountable for actions/interventions.

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CMS- Categorical Waiver for Humidity

- CMS survey and certification memo (4/19/13): categorical waiver issued lowering the humidity requirement for operating rooms and other anesthetizing locations from 35% to at least 20%

- Implementing Categorical Waiver:
    - Do not have to apply to CMS or wait to be cited to use the waivers
    - Must meet all conditions of the waivers in order to use them
    - When electing to use the waiver, must document the decision to do so and present that information to surveyors at the entrance conference to any survey assessing Life Safety Code compliance

- When implementing categorical waiver, ensure supplies stored in the affected areas are not adversely impacted by ↓ humidity levels
    - See manufacturer's directions for supplies

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Filtration: HEPA Filters/Manometers

- Manometer reads pressure on the supply side of the filter and on the downstream supply of the filter

- When the pressure is too great on the supply side of the filter, it is time to change the HEPA filter as it has lost efficiency

- CMS Life Safety Surveyor
  - "Without monitoring with a Manometer, indoor air quality cannot be documented. If I was inquiring about a bad outcome related to infection control, the day the bad outcome occurred is when I would ask for the last reading for filter efficiency or what was the condition or life of the filter"
  - "Use of a Manometer may also result in a cost savings due to extending the use of the current HEPA filters by guaranteeing the filters are providing satisfactory indoor air quality (logged daily) versus changing out an expensive HEPA filter routinely every 4-6 months"

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Infection Control – Infection Control Program

Trends

- No evidence of training for the professional designated to manage Infection Control.

- Hand Hygiene:

➢ Missed opportunities for Hand Hygiene.

➢ Performance of hand hygiene did not follow guidelines.

➢ Improving compliance with hand hygiene guidelines was not included in the Infection Control Plan.

➢ Expired bottle of hand sanitizer.

Infection Control – Infection Control Program

Tips for Compliance

- Ensure a job description, evidence of education and training, and competency checklists are available in the IC Coordinator's file – tap into state and national association membership/resources.

- Monitor adherence to the hand hygiene P&P and analyze date to identify where improvement is needed. Don't overlook monitoring surgeons, anesthesia providers, and allied health. Consider use of video surveillance.

- Design systems to provide easy access to hand hygiene equipment and technologies to help teammates remember to wash their hands – hand sanitizer dispenser in OR increases compliance by 60% among anesthesia providers.

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Infection Control – Infection Control Program

Tips for Compliance

- Provide real time feedback – develop a catch phrase that discreetly reminds people to wash their hands.

- Empower teammates by giving them authority to make changes that will effectively help them improve compliance.

- Hold all teammates accountable and responsible for proper hand hygiene –no excuses.

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Medical Records

Trends	Tips for Compliance

Trends

- Medical record information incomplete.

- ➢ Illegible and incomplete H&Ps.

- ➢ Lack of or incomplete postoperative note.

- ➢ Documentation of post anesthesia assessment missing specific assessment points.

Tips for Compliance

- Educate the physicians and clinical staff to the regulatory requirements - old processes and documentation not acceptable.

- Have a standardized preprinted form (H&P, postop note) or components, i.e., ( ) *I have assessed the patient's respiratory function, cardiovascular function, mental status, temperature, pain, N&V and post-op hydration and find the patient to be appropriately recovered from anesthesia* (Sign, date, and time).

Life Safety – Fire Barriers

Trends	Tips for Compliance
• Penetrations in smoke and fire barrier walls.	• Conduct annual inspections and document-indicate all open penetrations have been addressed.
• Lack of fire damper testing.	• Process to monitor vendors when they perform installations with penetrations through smoke and fire barrier walls and have penetrations sealed with appropriate fire retardant system/sealant.
Tip: Video on why proper fire stop installation is so important: http://www.hiltifsc.com/	• Maintain a spreadsheet with required testing frequencies.
	• Label ceiling as to where dampers are located.

Life Safety – Fire Exits and Fire Drills

Trends	Tips for Compliance
• Areas of egress are blocked with supplies, trash, equipment, etc. • Lack of appropriate latching of the Fire Doors. • Lack of conducting quarterly fire drills with no varying scenarios and no physician participation.	• Educate staff to keeping areas of egress clear and document a weekly assessment of emergency exits for appropriate clearance. • Conduct monthly assessments for complete self latching of fire doors. • Maintain a spreadsheet of scheduled fire drills – ensure the fire drill critique form displays: -various scenarios -physician participation -fire safety equipment -fire safety building features -staff response.

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Life Safety – Fire Equipment

Trends

Tips for Compliance

Trends

- Lack of testing documentation on fire alarm system.

Tip: Know the requirements of your local authority having jurisdiction.

Tips for Compliance

- Have a sit-down conversation with the testing technician before he leaves the facility to verbally discuss all that has happened.

- Read the report and make sure you follow up immediately on all deficiencies.

- Verify the test methods and frequencies with the applicable standards.

- Obtain documentation from vendor on day tests are conducted.

- Maintain reports of all tests in a specified location.

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Schedule (1/1)

	Weekly	Monthly	Quarterly	Bi-annual	Annual
Supervisory signal devices		Test			
Valve tamper switches and water-flow devices				Test	
Duct detectors, electromechanical releasing devices, heat detectors, manual fire alarm boxes and smoke detectors					Test
Visual and audible fire alarms, including speaker					Test
Fire alarm equipment for notifying off-site fire responders			Test		
Automatic sprinklers – fire pumps under no-flow conditions	Test				

Schedule (2/3)

	Weekly	Monthly	Quarterly	Bi-annual	Annual
Automatic sprinklers – water storage tank, high and low water level alarms				Test	
Automatic sprinklers – water storage tank temperature alarms		Test (during cold weather)			
Automatic sprinklers- main drains at system low point or at all system risers.					Test
Automatic sprinklers –fire department water supply connections			Inspect		
Automatic sprinklers-fire pumps under no flow					Test
Water-flow tests for standpipe systems					Conducts test every 5 years

Schedule (3/3)

	Weekly	Monthly	Quarterly	Bi-annual	Annual
Carbon dioxide and other gaseous automatic fire-extinguishing systems					Test
Portable fire extinguishers		Inspect			Maintenance
Standpipe occupant hoses					Conducts test 5 years after installation and every 3 years after
Fire and smoke dampers					Test every 4 years
Automatic smoke detection shutdown devices for air-handling equipment					Test
Fire doors					Test

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Life Safety – Fire Equipment

Trends	Tips for Compliance

Trends

- Missed fire extinguisher inspections.

- No fire watch policy or log

(Approved fire watch:

Continuous monitoring of affected area.

Staff conducting the fire watch must not have any responsibilities in addition to the fire watch.

Staff must be trained to respond appropriately if discovering a fire.)

Tips for Compliance

- Number all fire extinguishers and list locations on a checklist.

- Have a spreadsheet listing the required frequencies of tests, posted in a known location - records shall be kept to demonstrate at least the last 12 monthly inspections have been performed.

- Ensure a fire watch policy and all staff are educated to it.

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Life Safety - Generator

Trends

- No battery powered emergency light.

- Weekly emergency generator inspections incomplete.

- Monthly load tests incomplete; test times too short.

Tips for Compliance

- Place battery powered light at Generator and conduct required frequency tests for all battery powered emergency lights.

- Reference NFPA 99 Generator Maintenance Schedule and Log.

- Monthly load test: allow time for reaching operational temperature before beginning the time of the load test, also cool down before ending time of the load test so actual testing time is >30min Warm up and cool down (5-8min).

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Life Safety - Electrical

Trends	Tips for Compliance
• Breaker panels not appropriately labeled.	• Know where your panel box is located. • Do not tape circuit switches to keep a breaker from tripping. • Ensure that breaker circuits are accurately labeled within panel boxes. • Ensure that panel box doors are securely attached. • Do not block panel boxes; there should be at least 30 inches of clear space in front of a panel box.

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Life Safety – Sprinkler Systems

Trends	Tips for Compliance

Trends

- Failure to maintain sprinkler system.

- Damaged sprinklers.

- Lack of complete supply of spare sprinklers or special sprinkler wrench.

- Sprinkler obstructions: Light fixtures, Cubicle curtains (improperly sized mesh, curtain bunched in front of sprinkler) Storage, Exit signs, Movable walls, Book shelf or Filing Cabinet, Ductwork.

Tips for Compliance

- Have a spreadsheet listing the required frequencies of sprinkler tests, posted in a known location.

- Place tests due in Outlook calendar for prompts.

- Conduct monthly inspections of sprinklers for damage and obstructions and promptly correct.

- Educate staff .

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Managing Compliance with Life Safety

- Consider using a qualified Life Safety Consultant to conduct periodic life safety inspections for compliance with NFPA regulations.

- Ensure training and competency of Safety Officer role.

Resources:

- Vendors

- State Association of HealthCare Engineers

- Google!

Books/Documents to Have:

- NFPA 101 2000 Edition (What you need to know) and NFPA 99 (How to do it)

- CMS: Fire Safety Survey Report – Ambulatory Surgery 'CMS Appendix i, Surveyor Guidance'

QUESTIONS???

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