

Strategies for a Successful First Ambulatory Surgery Center Survey Experience



Perspectives from a Joint Commission surveyor

The Ambulatory Surgery Center (ASC) accreditation process starts with a survey designed to be a meaningful assessment of an organization's compliance with Joint Commission standards and national patient safety goals as indicated in the Comprehensive Accreditation Manual for Ambulatory Care (CAMAC). It is a value add that ensures that high risk issues are identified, after which the process of developing strategies to mitigate those risks can begin.

“Joint Commission surveyors have been in your shoes and their goal is to provide a meaningful, individualized assessment for each ASC setting,” says Lorrie Cappellino, RN, MS, CNOR, ambulatory care surveyor.



Organizations seeking Joint Commission ambulatory care accreditation must meet certain eligibility requirements. Visit our [website](#) to determine if your organization is eligible.

Getting started

The first, and most important, element in a successful survey is preparation.

Survey readiness should be a regular agenda item for all meetings – staff, board, executive, medical, and other personnel – where discussions around standards and compliance are ongoing and initiatives conceived. A self-assessment should identify which areas present weaknesses and possible noncompliance and, from there, an action plan developed.

While one individual may be responsible for survey readiness, it is impossible for that one person to know all the standards and elements of performance. So, everyone must be involved.

“In my 30 years as an OR nurse and later a Joint Commission ambulatory health care surveyor, I’ve observed that most senior leaders maintain overall oversight but designate ‘chapter champions’ or teams to address critical details of National Patient Safety Goals and each of the 14 chapters of the CAMAC,” says Cappello. “These individuals conduct self-assessments and gap analyses before developing and creating processes to ensure they meet standards.”

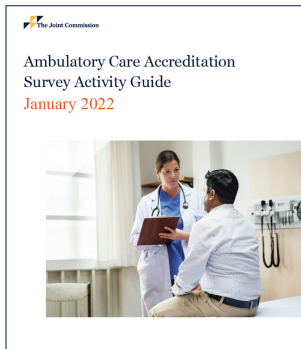
These “Chapter Champions” should be responsible for educating staff, presenting initiatives to leadership, and incorporating any changes or additions the Joint Commission makes to its chapters.

The importance of having physicians involved cannot be overstated. For example, surgeons and anesthesiologists can evaluate oversight of standing orders, crash cart items, patient selection, privileging, emergency management, and process improvement activities in those, and other, areas.



An ambulatory surgical center eligible to achieve or continue Medicare certification may choose to participate in a Joint Commission accreditation survey that can be used for both Medicare certification and accreditation. An organization that chooses to have its survey conducted by The Joint Commission will undergo an unannounced Joint Commission survey in place of a Medicare survey conducted by a state agency. The unannounced component of the survey is required by the US Centers for Medicare & Medicaid Services (CMS). Once an organization is accredited by The Joint Commission through this process, CMS will determine the organization to be in compliance with federal requirements specified in the Conditions for Coverage for ambulatory surgical centers.

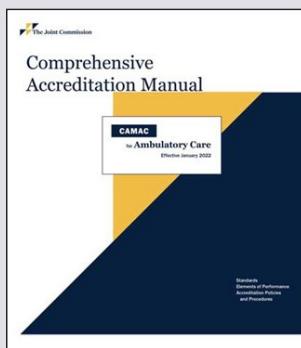
Survey Preparation Resources



Survey Activity Guide

A Survey Activity Guide (SAG) can be easily found on the Joint Commission Connect® portal. It is a wealth of information, and many of the items covered are especially key. It includes directions on how to use the guide, how to prepare for a surveyor's arrival, a list of documents that should be readily available for the surveyor, a description of survey activities, what happens after the survey is over, and more. The SAG includes direction on the micro level, such as identifying who will greet the surveyors and setting aside space for them to do their work.

The SAG is also updated annually, and those changes are detailed at the very beginning of the guide. Some organizations place their documents into binders and update them regularly, making careful note of when updates are made.



The Comprehensive Accreditation Manual for Ambulatory Care (CAMAC)

The CAMAC is available for purchase, and it is recommended that ASC leaders pay careful attention to the following chapters:

- Infection Control, which reviews sterilization high-level disinfection management, including the monitoring of time, temperature and pressure of biological testing, documentation, solutions used for examination, and HLD and housekeeping standards in accordance with IAW clinical practice guidelines.
- Environment of Care, covering sterilizers/HLD equipment maintenance and cleaning, temperature and humidity management, air exchanges and pressure operating, decontamination, and sterile supply storage rooms.
- Human Resources, which includes competency assessments for those working in sterilization, frequency of training and competency assessments, ensuring waive testing and cultural diversity training.
- Life Safety, which reviews fire safety, including details around extinguishers, exits and fire door checks and maintenance, and how to time, implement and post evaluate fire drills for all employees.
- Record of Care, which addresses how anesthesia and surgeon patient assessments are completed and documented in adherence with national, state, local and practice and policy guidelines.
- Medication Management, which covers sound processes related to medication order sets, commonly confused and high alert medications, medication security, and the avoidance of diversion.

Also, since there are many different types of organizations within ambulatory care, an applicability grid is included in the manual, making it clear which standards are relevant to ASCs.

Applicability Grid

Standard/ Requirement Number	EP #	Ambulatory Surgery Centers	Endoscopy	Medical Centers	Dental Centers	Diagnostic/Therapeutic	Diagnostic Imaging Services	Diagnostic Sleep Centers	Kidney Care/Dialysis	Telehealth/Nonsurgical	Telehealth/Surgical	Episodic Care	Occupational/Works ite Health	Urgent/Immediate Care	Convenient Care
	6	X	X	X	X	X	X		X			X	X	X	X
	7	X	X	X	X	X	X		X			X	X	X	X
	8	X	X	X	X	X	X		X			X	X	X	X
	9	X	X	X		X	X		X			X	X	X	X
	13	X		X		X	X					X		X	
MM.06.01.05	1	X	X	X		X	X					X		X	
	2	X	X	X		X						X		X	
	3	X	X	X		X						X		X	
	4	X	X	X		X	X					X		X	
MM.07.01.01	1	X	X	X	X	X	X		X			X	X	X	X
	2	X	X	X	X	X	X		X			X	X	X	X
MM.07.01.03	1	X	X	X	X	X	X		X			X	X	X	X
	2	X	X	X	X	X	X		X			X	X	X	X



E-dition

The Joint Commission’s ambulatory care manual is also available electronically, called [E-dition](#), and is updated approximately every six months and searchable by chapter and keywords. A free 90-day trial is available, and, once an organization has committed to a survey, the manual is accessible through the organization’s Joint Commission Connect extranet. An ambulatory surgery center version is also available. To obtain a trial access to E-dition, contact AHCQuality@jointcommission.org.

Ambulatory Care Standards Format

Standard IC.01.05.01

The organization plans for preventing and controlling infections.

Elements of Performance for IC.01.05.01

1. When developing infection prevention and control activities, the organization uses evidence-based national guidelines or, in the absence of such guidelines, expert consensus.
For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The organization considers, selects, and implements nationally recognized infection control program guidelines. **R**
2. **R** The organization plans infection prevention and control activities, including surveillance, to minimize, reduce, or eliminate the risk of infection. These activities are documented.
3. **R** The organization plans how it will evaluate its infection prevention and control activities. This method of evaluation is documented.
5. **R** The organization describes, in writing, the method for investigating outbreaks of infectious disease within the organization. (See also IC.02.01.01, EP 5)

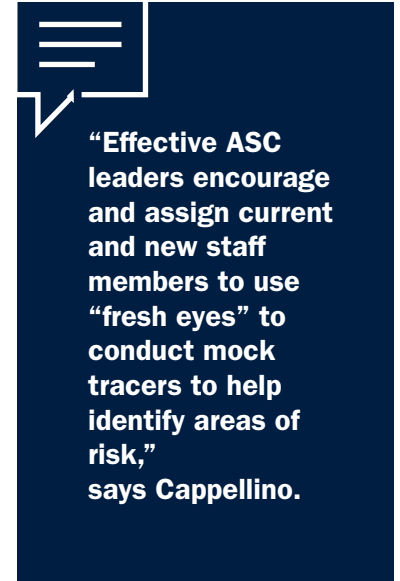
An example of how standards are organized in E-dition. A “missing” numbered item simply indicates that that item became irrelevant and was dropped. The bold type indicates standards for surgery centers required to use the Joint Commission deemed status because of the CMS conditions they are required to meet. “R” indicates high-risk areas and “D” requires written documentation.

One of the most useful tools included in manual is in the required written documentation (RWD) chapter. Note that the standards require documentation only when it is essential, and many organizations use this reference to easily identify which chapters require documentation.

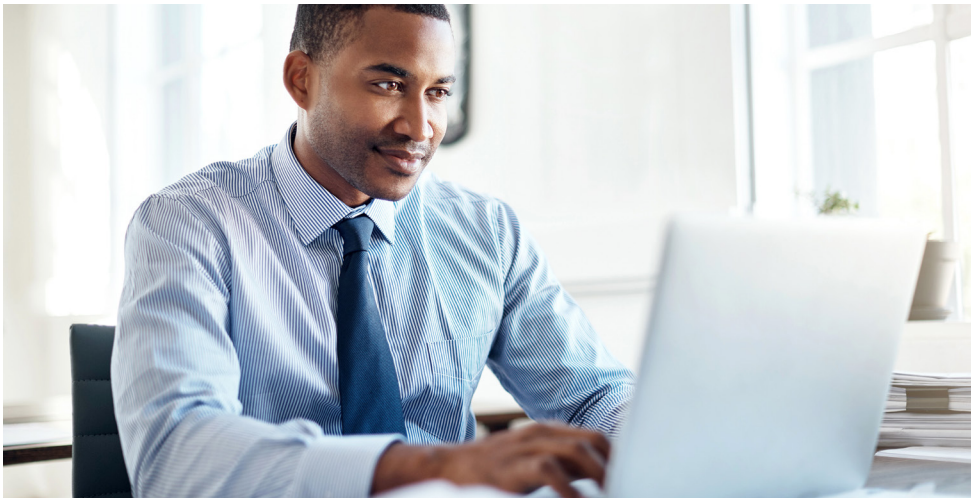


Mock Survey

One of the best ways to prepare for a survey is to do a mock survey. A staff member acts as a surveyor, putting themselves into a patient's shoes and tracing that experience from admission to discharge. The mock tracer assesses the existing state of compliance, with all activities conducted with Mock Tracer tools available through the Joint Commission.



“Effective ASC leaders encourage and assign current and new staff members to use “fresh eyes” to conduct mock tracers to help identify areas of risk,” says Cappellino.



Online Resources

The Joint Commission website is rich with information, and the robust tools and resources available through Joint Commission Connect include:

Complimentary Resources

- *The Joint Commission Perspectives*, a monthly communication about revisions and updates to Joint Commission standards, policies, and other requirements for all Joint Commission accredited and certified organizations
- Targeted Solution Tools (TSTs), programs, products, and services that help health care organizations transform into high reliability organizations
- Frequently Asked Questions (FAQs)
- Standards Interpretation Group (SIG), an online question submission form that provides your organization access to clinician and engineering support
- Heads Up Report, identifies topics and themes that correspond to Standards and Elements of Performance surveyors have cited on recent surveys
- *DASH™* (Data Analytics for Safe Healthcare), information management tool that visually track, analyze, and display key metrics and data points to monitor the health of a business, department, or specific process
- *AmBuzz*, a blog series dedicated to ambulatory care

Before the Surveyor(s) Arrive

As an accredited organization or an organization pursuing accreditation, you have access to Joint Commission Connect[®], a secure, password-protected portal that houses preparation materials, accreditation reports, award letters, electronic application, invoices, and other tools and resources. It's also the platform that houses correspondence between The Joint Commission and the organization.

It's important that the organization periodically checks their Connect site to ensure they keep up to date on the communication and any requirements due.

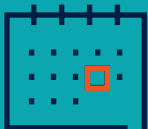
It is through this secure portal that an organization can confirm its survey will take place under Notification of Scheduled Joint Commission Events. Survey notification will be posted to the organization's extranet at 7:30 AM on the first day of the survey. Notification includes pictures and biographies of the surveyors, survey dates, and an updated survey agenda.



Organize files and documents

You will need to have the following available for the surveyor(s) to review (depending on the type of survey or setting) during the Surveyor Arrival and Preliminary Planning Session.

- List of surgeries from the past six months
- List of cases in the past 12-months, if any, where the patient was transferred to a hospital or the patient died
- Documents related to the infection control program
- Infection Control Surveyor Worksheet
- Policy on Pre-surgical Assessments
- Prioritized Potential Emergencies (Hazard Vulnerability Analysis)
- Emergency Management Plan
- Documentation of annual review and update of Emergency Management Plan, including communication plans
- Continuity of Operations Plan
- Documentation of completed/attempted contacts with contact local, state, tribal, regional, federal EM officials in organization's service area
- Annual Training
- Patient evacuation procedures
- Tracking system for patients sheltered on-site and patients relocated to alternate site
- Integrated EM system risk assessments, plan, and annual review



Scheduling Patients

Be sure to schedule several patient visits so the surveyor can conduct tracers. Two active patients are required at the time of survey, preferably during day 1. Surveyors will observe at least one surgical procedure from the pre-operative phase through to the recovery room and discharge phase during the survey. You will need to provide a schedule of surgical procedures for observation planning.



Staff Participation

Encourage all stakeholders, including physicians, to actively participate in the survey. The things that successful surveys have in common are engaged leaders who foster teamwork and value the opportunity to learn and improve, staff who take ownership of patient safety and quality and feel empowered to make changes, and an organization that "owns" its processes – good and bad.



Survey Time

The survey will begin by reviewing the agenda that the team leader posted, though it remains flexible based on patient schedules, staff availability, and other factors. And be prepared for surprises. The surveyors may point out risk areas you have never noticed. This is the advantage of an outside perspective- the ability to see things differently and identify risks.

Most of the assessment of compliance takes place during individual patient tracers, and it is recommended that a staff member accompany the surveyor to answer questions and take notes.

Individual patient tracers may engage anyone, including patients, family, physicians, nurses, support staff, vendors, and contractors. System tracers will look at data management, infection prevention, medication management, leadership, environment of care/emergency management, life safety code, competency assessment, and credentialing and privileging.

Sessions are held with key staff to discuss chapter requirements and review documents that validate compliance. The survey activity guide includes specifics about those sessions, including plans, documents, and policies. It will identify who should be present and available, and designated Chapter Champions can help immeasurably because they will know what the required documentation is and have it readily on hand.

Strategies for success after the survey

SAFER® Matrix

The Survey Analysis for Evaluating Risk, or the SAFER Matrix, is a visual grid that helps identify high-risk areas of noncompliance so they can be prioritized as improvement activities are developed and implemented.

Standard	EP	SAFER Placement	EP Text	Observation	CoP/Cfc Crosswalk	CoP/Cfc Score
EC.02.03.03	3	Low/Pattern	When quarterly fire drills are required, they are unannounced and held at unexpected times and under varying conditions. Fire drills include transmission of fire alarm signal and simulation of emergency fire conditions. Note 1: When drills are conducted between 9:00 P.M. and 6:00 A.M., the organization may use alternative methods to notify staff instead of activating audible alarms. Note 2: For full text, refer to NFPA 101-2012: 20/21: 7.1; 7.2; 7.3.	§416.44 - Q-0100 - §416.44 Conditions for Coverage: Environment The ASC must have a safe and sanitary environment, properly constructed, equipped, and maintained to protect the health and safety of patients. This Standard is NOT MET as evidenced by: Observed in Document Review at ABC Surgery Center, LLC (111 Test Street, Chicago, IL) site for the Ambulatory Surgical Center deemed service. In 2 out of 4 quarterly fire drill records, it was observed that the fire drills were conducted at 9:00 a.m. and not at unexpected times. This was verified by the Regional Facility Manager.	§416.44	Condition Level Deficiency
LS.03.01.10	6	Low/Limited	The fire protection rating for opening protectives in fire barriers, fire-rated smoke barriers, and fire-rated smoke partitions is as follows: - Three hours in three-hour barriers and partitions - Ninety minutes in two-hour barriers and partitions - Forty-five minutes in one-hour barriers and partitions - Twenty minutes in ½-hour barriers and partitions Labels on fire door assemblies must be maintained in legible condition. (For full text, refer to NFPA 101-2012: 8.3.4.2; Table 8.3.4.2; 8.3.3.2.3; NFPA 80-2010: 5.2.13.3) Note: For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The organization meets the applicable provisions of the Life Safety Code Tentative Interim Amendment (TIA) 12-1.	§416.44 - Q-0100 - §416.44 Conditions for Coverage: Environment The ASC must have a safe and sanitary environment, properly constructed, equipped, and maintained to protect the health and safety of patients. This Standard is NOT MET as evidenced by: Observed in Building Tour at ABC Surgery Center, LLC (111 Test Street, Chicago, IL) site for the Ambulatory Surgical Center deemed service. It was observed that the door to the soiled linen room which was in a 1 hour fire rated barrier had the label painted over and could not be read. This was verified by the Regional Facility Manager.	416.44	Condition Level Deficiency
HR.02.01.03	7	Low/Limited	Before granting renewed or revised privileges to a licensed independent practitioner, the organization does the following: - Reviews information from any of its performance improvement activities pertaining to professional performance, judgment, and clinical or technical skills. - Evaluates the results of any peer review of the individual's clinical performance. - Reviews any clinical performance in the organization that is outside acceptable standards.	§416.45(c) - Q-0123 - §416.45(c) Standard: Other Practitioners If the ASC assigns patient care responsibilities to practitioners other than physicians, it must have established policies and procedures, approved by the governing body, for overseeing and evaluating their clinical activities. This Standard is NOT MET as evidenced by: Observed in Credentialing and Privileging at ABC Surgery Center, LLC (111 Test Street, Chicago, IL) site for the Ambulatory Surgical Center deemed service. Three of the twelve MD records were missing peer review as required by the organization at the time of re-credentialing. The HCO requires two peer reviews for reappointment. This was confirmed by the Administrator and Director of Nursing.	§416.45	Standard Level Deficiency

SAFER Matrix Details

Standard	EP	SAFER Placement	EP Text	Observation	CoP	CoP Score
IC.02.01.01	<u>1</u>	High Widespread	The hospital identifies risks for acquiring and transmitting infections based on the following: The care, treatment, and services it provides. (See also NPSG.07.03.01, EP 1)	1). Observed in Document Review at ABC Hospital (111 Spring Street, Chicago, IL) site for the Hospital deemed service. There was no documentation to support that the staff recorded the kitchen's dish machine wash, rinse, and final rinse temperatures for 6/1/2013, 6/2/2013, 6/29/2013, 6/30/2013, 5/29/2013, 5/30/2013, and 5/31/2013.	§482.42	Condition
IC.02.02.01	<u>2</u>	High Limited	The hospital's written infection prevention and control goals include the following: Limiting unprotected exposure to pathogens.	1). Observed in Individual Tracer at ABC Hospital (111 Spring Street, Chicago, IL) site for the Hospital deemed service. During a tracer in the OR, it was observed that the staff had not recorded the lot number of the control and biologic indicator for the "flash" sterilizer in conflict with national standards for evaluating sterilizer performance.	§482.51(b)	Condition
MS.05.01.01	<u>9</u>	Low Widespread	The medical staff is actively involved in the measurement, assessment, and improvement of the following: The use of developed criteria for	1). Observed in Document Review at ABC Hospital (111 Spring Street, Chicago, IL) site for the Hospital deemed service. During review of the medical staff bylaws and the Autopsy Policy #5000.6, it was observed that there are no criteria developed for obtaining autopsies. No autopsies had been obtained in the recent years in the hospital.	§482.22(d)	Standard

SAFER Matrix: Follow-up Activity

SAFER Matrix™ Placement	Required Follow-Up Activity
HIGH/LIMITED, HIGH/PATTERN, HIGH/WIDESPREAD	<ul style="list-style-type: none"> 60 day Evidence of Standards Compliance (ESC) <ul style="list-style-type: none"> ESC will include Who, What, When, and How sections ESC will also include <i>two additional areas</i> surrounding Leadership Involvement and Preventive Analysis Finding will be highlighted for potential review by surveyors on subsequent onsite surveys up to and including the next full survey or review
MODERATE / PATTERN, MODERATE/WIDESPREAD	
MODERATE / LIMITED, LOW / PATTERN, LOW / WIDESPREAD	<ul style="list-style-type: none"> 60 day Evidence of Standards Compliance (ESC) <ul style="list-style-type: none"> ESC will include Who, What, When, and How sections
LOW/LIMITED	

An example of a SAFER Matrix report and follow-up activities



Preliminary report

The preliminary findings of survey report will be published to the organization's extranet, printable for review with the surveyors. It is based on the noncompliance areas indicated in the SAFER Matrix, and evidence of standards compliance is expected within 60 days. Lower-risk areas must include the who, what, how, but addressing the higher-risk areas includes leadership involvement and preventative analysis.

This preliminary report does not include the accreditation decision. The survey team leader will submit the report to central office by midnight the last day of the survey, accessible to the organization through its extranet until midnight. It can be printed out until then, after which time it will be reviewed at the central office; then the final summary of findings report will be posted on the extranet within 10 business days. This final report will indicate which findings require an Evidence of Standards Compliance (ESC) submission within 60 days.

Accreditation decision

Once performance improvement action plans have been implemented, the organization have up to 60 days to submit an ESC.

Upon the approval of your organization's last submitted ESC, the accreditation decision is posted to the Joint Commission Connect extranet site and to Quality Check (www.qualitycheck.org). The organization will be notified via email that it has met the requirements for Joint Commission accreditation. For those organizations pursuing the deemed status option, The Joint Commission also provides a notification to the Centers for Medicare and Medicaid (CMS). Please note that the CMS regional office makes the final determination regarding the Medicare participation and the effective date of participation in accordance with the regulations at 42 CFR 489.13.

Submissions for clarification can be made in the first 10 business days after the final report is delivered, and the Joint Commission account executive is available for assistance with the process. Then the standards interpretation group will review the clarification submission, accept, or decline it, and notify the organization of that decision.



Most Challenging Ambulatory Care Standards

Every year the Joint Commission reviews all surveys and identifies the top 10 standards and elements of performance that were cited as noncompliant. It makes sense for an organization to assume if its peers are experiencing issues in certain areas, then they too may be likely to have similar issues. Healthcare organizations may use this information as a benchmarking opportunity to prepare for survey. The list is published twice a year via the Perspectives publication, which is available through the organization's extranet site.



What does success look like?

The Joint Commission surveys more than 1,100 ASCs every year, making our surveyors familiar with every ins and outs of the ASC industry. They have hands-on clinical experience in ambulatory specialties including surgery center administration, endoscopy, orthopedic, pain management, process improvement, dentistry, radiology, anesthesia, and more. In short, the surveyors have walked in almost every stakeholder's shoes.

“Success” for the Joint Commission is successful accreditation for the organizations we work with. Toward that end, tools and guidance are created and provided so that assessments are meaningful, organizations are inspired to improve, new information and best practices are shared in a collaborative and collegial manner, with findings communicated throughout the survey and complete transparency.

To learn more about Joint Commission Accreditation for ASCs, please visit: www.jointcommission.org/asc

