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Welcome to the 9th Annual Orthopedic, Spine & Pain Management-Driven ASC Conference, "Improving Profitability and Business and Legal Issues"

Track F: Quality, Infection Control, Accreditation Management

2:20 – 2:50pm The Most Common Accreditation Challenges in Orthopedic, Spine, and Pain-Driven ASC's

Presenter: Raymond E. Grundman, MSN, MPA, CASC
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Why we meet in Chicago in June

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Most Challenging AAAHC Accreditation Requirements for Orthopedic, Spine, Pain Management ASCs in 2010-2011

- **10-U Surgical/Procedure Site Marking**
- **10-V Time-Out**
- **10-N Reducing Cross-Infection**
- **7-II A-3 Reducing Medication Errors**
- **5-II C External Benchmarking**
- **11-N, 11-P Pharmacy**
- **CfC 416.50(a)(1) Same-day Admissions (Medicare)**

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Most Challenging AAAHC Accreditation Requirements (all ASCs) Reported in June, 2010

- **1-F(8) :** Advance Directives included in Rights of Patients
- **2-I A(11,18) :** Corporate Compliance Program
- **9-F, 13-C :** Credentialing/Privileging surgeons for administration of anesthesia and interpretation of imaging studies
- **4-I :** Notifying patient of abnormal lab/x-ray results
- **5-I G :** Link Peer Review with Re-Credentialing
- **5-II :** Quality Assurance vs. Quality Improvement
- **7-I,II :** Infection Prevention & Control and Safety (New Chapter)
- **LSC :** Emergency Egress Lighting

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When one set of challenges has been met,

Another set of challenges emerge to be met.

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STANDARD 10-U: *The organization utilizes a process to identify and/or designate the surgical or invasive procedure to be performed(1) and the surgical or procedure site(2), and involves the patient in that process(3). The person performing the procedure marks the site(4).*

Common Site-Marking Challenges :

- **This standard has 4 elements, and all 4 need to be present**
- **Regional blocks are invasive procedures that require patient consent, site marking, and a time-out prior to the procedure.**

Solutions:

- **Establish a plan for regional blocks that includes an informed patient consent, site marking, and a time-out prior to the procedure.**
- **Pain management injections can be marked in the pre-procedure area or in the procedure room if the patient has not been medicated**

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Standard 10-V : *Immediately prior to the procedure, the team verifies the patient's identification, intended procedure, and correct site, and that all equipment and implantable devices are immediately available. The provider performing the procedure is personally responsible that all aspects of the verification have been satisfactorily completed prior to beginning.*

Common Time-Out Challenges :

- **"Whimpy" time-outs: inaudible, inattentive team, multiple conversations and activities at same time, missing team members**
- **All invasive procedures, including nerve blocks, require the same level of attention**

Solutions :

- **Consider having the surgeon or proceduralist call the time-out**
- **Use checklist to ensure all safety items are addressed**

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Silence Still Kills: Opting for the Crucial Conversation
Author: David Maxfield, Vice President of Research at VitalSmarts

Health care professionals are often reluctant to speak up when they observe colleagues doing something wrong. In the 2005 study, *Silence Kills*, Vital-Smarts and the American Association of Critical Care Nurses found that 84 percent of healthcare professionals had observed a colleague taking dangerous shortcuts when working with patients and yet less than 10 percent spoke up about their concerns.

Since that time, the healthcare community has turned to safety tools and checklists to reduce unintentional slips and errors. And yet, a new study called *The Silent Treatment* has found that the effectiveness of safety tools is undercut by "un-discussables". Every day, healthcare professionals are making calculated decisions to not speak up—even when safety tools alert them to potential harm.

***The Silent Treatment* reveals that despite the safety interventions taken in the last decade, silence still kills. Safety tools do not compensate for crucial conversations failures in our organizations.**

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Standard 10-N : *A safe environment for treating surgical patients, including adequate safeguards to protect from cross-infection, is ensured.*

Common challenges in reducing cross-infection :

- **"Our organization opens all of the pain trays at the start of the day and covers them up with a sterile drape. Is this acceptable ?"**
- **"Our organization prepares injections (contrast dye, steroid, analgesic, etc.) in the operating or procedure room with the patient present from multi-dose drug vials stored in this room. Is this acceptable ?"**

Solutions:

- **AORN does not recommend preparing a sterile field for later use. It also is not recommended to cover sterile fields for later use.**
- **APIC recommended practices (next slide).**

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APIC position paper: Safe injection, infusion, and medication vial practices in health care (2010)

- Use multi-dose medication vials for a single patient whenever possible and access all vials using a new sterile syringe and new needle/cannula adhering to aseptic technique. The risk of viral hepatitis transmission imposed by multi-dose vials has been clearly demonstrated and mandates a practice of using 1 vial per 1 patient whenever possible.
- Infection transmission risk is reduced when multi-dose vials are dedicated to a single patient.
- Keep multi-dose vials away from the immediate patient environment.
- Never store or transport vials in clothing or pockets.

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Standard 7-II : *An accreditable organization adheres to safe practices for patients, staff, and others. Elements include (A-3) processes to reduce and avoid medication errors.*

Common Medication Error Prevention Challenges:

- **Look-alike, Sound-alike drugs ; emergency carts are high risk area**
- **Multi-dose medication vials stored, accessed in direct patient care areas (e.g. O.R. or Procedure Room)**
- **Pre-drawn syringes not labeled with name of preparer, date, drug name, dose, expiration (e.g. all blocks drawn up at start of the day); pre-drawn syringes not secured**

Solutions :

- **Identify and flag all look-alike/sound-alike drugs**
- **Source single dose vial medications as much as possible. Consider disposing of multi-dose vials after single patient**
- **Label and secure all pre-drawn syringes**
- **Obtain USP 797 Guidelines and review for recommended practices**

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Standard 5-II Quality Management & Improvement : *The organization's benchmarking activities include external performance benchmarking activities that allow comparison with recognized best practices.*

Common challenges with External Benchmarking :

- **Finding appropriate external benchmarks to compare in Orthopedic, Spine, Pain Management**

Solutions:

- **Use evidence-based clinical monitoring/tracking, such as Surgical Care Improvement Project (SCIP), and proposed CMS/Medicare Value-Based Purchasing quality measures**
- **ASC Association, MGMA , AAAHC Institute benchmarking**

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External Benchmarking

SCIP

- **SCIP INF 1: Prophylactic antibiotic received within one hour prior to surgical incision**
- **SCIP INF 2: Prophylactic antibiotic selection for surgical patients**
- **SCIP INF 3: Prophylactic antibiotics discontinued within 24 hours after surgery end**
- **SCIP INF 6: Surgery patients with appropriate hair removal**
- **SCIP CARD 2: Surgery patients on beta-blocker therapy prior to arrival who received a beta-blocker during the peri-operative period**
- **SCIP VTE 1: Surgery patients with recommended venous thromboembolism prophylaxis ordered**
- **SCIP VTE 2: Surgery patients who received appropriate venous thromboembolism prophylaxis within 24 hours prior to surgery to 24 hours after surgery**

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External Benchmarking

CMS/Medicare Value-Based Purchasing quality measures

- **patient falls and burns**
- **hospital transfers and admissions**
- **Wrong -site, -side, -patient, and -implant surgeries**
- **prophylactic antibiotic administration**
- **surgical site hair removal**
- **surgical site infection**
- **medication administration and reconciliation**
- **venous thrombo-embolism measures**

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§ 416.50(a)(1) Standard: Notice of Rights

(1) The ASC must provide the patient or the patient's representative with verbal and written notice of the patient's rights in advance of the date of the procedure, in a language and manner that the patient or the patient's representative understands. Cases of surgery occurring on the same day it is scheduled are expected to be rare, since ASCs typically perform elective procedures. Frequent occurrence of such cases may represent noncompliance with the advance notice requirement.

Common Challenges with Same-Day Admissions :

- **Patients requiring medically necessary same day services vary widely by specialty, with higher frequency in Ortho., Pain, Hand (upwards of 8-12% in some upper extremity ASCs)**
- **Lack of widely shared benchmarks by specialty to determine frequency; concerns that tracking may be a 'double-edged sword'**

Solutions :

- **Monitor cases by specialty, by provider, by month; seasonality ?**
- **Consider benchmarking with other, similar ASCs (not an outlier)**
- **Continue to lobby CMS for modifications to the current rule**

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Standard 11-N : *A Pharmacy owned or operated by the organization is supervised by a licensed Pharmacist.*
Standard 11-P : *Patients are not required to use a pharmacy owned or operated by the organization.*

Common challenges with medication vending machines :

- **Is this a Pharmacy ? Some State pharmacy regulations consider a dispensing machine a pharmacy, in which case 11-N would apply.**
- **Some States limit or prohibit their use**

Solutions :

- **Having a consulting Pharmacist is strongly encouraged. Use them to stay abreast of State and Federal laws, regulations, best practices**
- **Encourage those ASCs having worked with medication vending machines to report on their experience.**