

# Governing Body Documentation: Meeting CMS and Accreditation Requirements

GOVERNING BODY:  
DOCUMENTING OVERSIGHT

Sandra Jones, LHRM, CASC, CHCOM, FHFMA  
ASD Management  
Thomas J. Stallings, Esquire  
McGuire Woods

10/28/20111

---

---

---

---

---

---

---

---

CMS APPENDIX L

- §416.41 Condition for Coverage: Governing Body and Management
- The ASC must have a governing body that assumes full legal responsibility for determining, implementing and monitoring policies governing the ASC's total operation. The governing body has oversight and accountability for the quality assessment and performance improvement program, ensures that the facility policies and programs are administered so as to provide quality healthcare in a safe environment, and develops and maintains a disaster preparedness plan.

10/28/20112

---

---

---

---

---

---

---

---

CMS APPENDIX L

- The ASC must have a governing body that assumes full legal responsibility for determining, implementing and monitoring policies governing the ASC's total operation. The governing body has oversight and accountability for the quality assessment and performance improvement program, ensures that the facility policies and programs are administered so as to provide quality healthcare in a safe environment, and develops and maintains a disaster preparedness plan.

10/28/20113

---

---

---

---

---

---

---

---

## Governing Body Documentation: Meeting CMS and Accreditation Requirements

### GOVERNING BODY

- Exercises oversight of all ASC activities
- Responsible for establishing policies
- Make sure policies implemented
- Monitor internal compliance with policies
- Periodically assessing policies to determine if revisions needed.

10/28/2011

4

---

---

---

---

---

---

---

---

### GOVERNING BODY

- Particular stress on the responsibility of GB for
  - Direct oversight of the QAPI program
  - Quality of services
  - Safety of environment and
  - Development and maintenance of disaster preparedness plan.

10/28/2011

5

---

---

---

---

---

---

---

---

### GOVERNING BODY

- Delegate, but have ultimate responsibility
- Delegation documented in writing
  - Minutes of appointments and responsibilities
    - Administrator      Infection Control Leader      Patient safety officer
    - Risk Management      Compliance officer      Facility safety officer
    - Privacy Officer      Medical records manager      Laser Safety Officer
    - Radiation Safety Officer
  - Signed appointment letter or job description with date on or near date on minutes.

10/28/2011

6

---

---

---

---

---

---

---

---

## Governing Body Documentation: Meeting CMS and Accreditation Requirements

### GOVERNING BODY

- Adopting formal policies and procedures that govern all operations within ASC
- Take actions to ensure policies are implemented
- Expect QAPI program to improve care
- Provide safe environment
- Deficiencies in QAPI or safe environment – results in deficiency of GB CFC

10/28/2011

7

---

---

---

---

---

---

---

---

### GOVERNING BODY

- Know who constitutes the governing body
- Meet regularly – Annual is required, but is it enough?
- Have an agenda
- List what must go before the Board and when it will be on the agenda

10/28/2011

8

---

---

---

---

---

---

---

---

### EVIDENCE

- Minutes for evidence that
  - Policies and procedures formally adopted by GB
  - Assure the policies are implemented
  - Monitoring internal compliance with
  - Reassess policies
  - Data collected and submitted to GB related to specific ASC policies
- Minutes or other evidence of how GB exercises ongoing oversight of and accountability for QA/PI program

10/28/2011

9

---

---

---

---

---

---

---

---

# Governing Body Documentation: Meeting CMS and Accreditation Requirements

## EVIDENCE

- Approves contracts for outside resources and reviews whether service provided in safe and effective manner.
  - Contracting does not relieve the GB from its responsibility to oversee delivery of services
- Include contracting services in QAPI program, Examples:
  - Pharmacy Consultant: Does consultant check for storage of medications? Did you find issues consultant did not?
  - Housekeeping services: Appropriate use of products, appropriate cleaning methods depending upon area and surface, BBP safety
  - Business support services: transcription, medical record management, HIPAA compliance
- Include contracting services in verification of credentials and training: e.g., copies of license and/or registration, copy of OSHA education, medical waste disposal training, etc.

10/28/2011

10

---

---

---

---

---

---

---

---

## EVIDENCE

- Credentialing and privileging
  - GB grants clinical privileges, based upon recommendations of medical staff or medical staff representative(s) per bylaws
  - § 416.42 Interpretive Guidelines: The ASC's governing body is responsible for reviewing the qualifications of all physicians who have been recommended by qualified medical personnel and granting surgical privileges as the governing body determines appropriate

10/28/2011

11

---

---

---

---

---

---

---

---

## DEFICIENCIES

- Credential and privileging deficiencies:
  - "All credentials are up to date" is all that is in minutes.
  - Late reappointment
  - Verifications not up to date: expired license, expired insurance certificate, expired DEA
  - Granting privileges before the basic verification has occurred and contrary to bylaws

10/28/2011

12

---

---

---

---

---

---

---

---

## Governing Body Documentation: Meeting CMS and Accreditation Requirements

### DEFICIENCIES

- Credentialing and Privileging
  - Not following your own bylaws; e.g. zero letters of reference when bylaws call for three, zero malpractice insurance when bylaws call for \$1million/\$3million
  - Peer review findings that include more than completion of medical records
    - Utilization Management, Appropriate setting for patient
    - Adverse events or near misses, Transfers to a higher level of care
    - Follows bylaws
    - Does not harass staff or have anger management problems

10/28/2011

13

---

---

---

---

---

---

---

---

### GB AND QAPI

The governing body must ensure that the QAPI program

- Is defined, implemented, and maintained by the ASC.
- Addresses the ASC's priorities and that all improvements are evaluated for effectiveness.
- Specifies data collection methods, frequency, and details.
- Clearly establishes its expectations for safety.
- Adequately allocates sufficient resources (staff, time, information systems and training) to implement the QAPI program.

10/28/2011

14

---

---

---

---

---

---

---

---

### QAPI PROGRAM: EVIDENCE

- Written, defined, e.g., in minutes of a meeting where the governing body established the program;
- Actually implemented, with written evidence of this implementation, as well as evidence of knowledge of the program by the ASC's staff;
- Is implemented on an ongoing basis;
- Employs quality and patient safety indicators that reflect appropriate prioritization

10/28/2011

15

---

---

---

---

---

---

---

---

## Governing Body Documentation: Meeting CMS and Accreditation Requirements

### QAPI PROGRAM: EVIDENCE

- Describes in detail the indicator data to be collected, how it will be collected, how frequently it will be collected;
- Uses the data collected and analyzed to improve the ASC's performance;
- Evaluates changes designed to improve the ASC's performance to determine whether they are effective, and takes appropriate actions to make further changes as needed;

10/28/2011

16

---

---

---

---

---

---

---

---

### QAPI PROGRAM: EVIDENCE

- Designed to establish expectations that patient safety is priority, not only by the tracking of all adverse events, but also processes for analyzing and making changes in ASC operations to prevent future such events; and
- Has sufficient resources, i.e., the ASC's governing body must allocate sufficient and qualified staff (including consultants), staff time, information systems and training to support the program.
- Resources dedicated commensurate with the ASC's overall scope and complexity. Be able to identify in detail the resources that it dedicates to the QAPI program.
  - Number of staff hours, consultants, data collection
    - Include more than the QAPI coordinator since many staff hours are spent in data collection or report preparation or discussing and analyzing

10/28/2011

17

---

---

---

---

---

---

---

---

### BOARD APPROVAL LABORATORY AND RADIOLOGY

- CLIA waiver testing
- Specimens that do not need to be sent to pathology
- Outside service agreement with pathology services
- Review of report timeliness
- Scope and complexity of radiological services provided in the ASC
- Radiation safety program
- Radiologist oversight of radiology services
- Radiologist reading of images or exemption from

10/28/2011

18

---

---

---

---

---

---

---

---

### MEDICAL ADVISORY COMMITTEE

- Not required. No committees are required. But if you have them, check reporting chain of command. Who can make recommendations, who can make decisions pending GB approval?
- Make recommendations to the Governing Body
- Determines what policy, equipment or staff changes may be required to improve patient care
- Assesses quality, guides QAPI with medical knowledge, makes recommendations to GB

10/28/2011

19

---

---

---

---

---

---

---

### WHAT NOT TO PUT IN MINUTES

- "The nursing director requested approval to purchase a new defibrillator since the current one is not always working when tested. The board discussed cash flow. Request denied." Paragraphs later: "The board decided to pay a dividend."
  - Wallet above patient safety

10/28/2011

20

---

---

---

---

---

---

---

### WHAT NOT TO PUT IN MINUTES

- "See attached all the committee minutes and IC and QAPI activities."
  - No specifics
  - No recommendations to Board
  - No Board actions

10/28/2011

21

---

---

---

---

---

---

---

## Governing Body Documentation: Meeting CMS and Accreditation Requirements

### WHAT NOT TO PUT IN MINUTES

- "Nursing director stated there was inadequate time to perform IC and QAPI activities. Board voted to keep staff at current levels."
  - Board can decide to review QAPI Plan to determine balance between QAPI activities for patient safety and resource allocation. Or, bring in a trainer or consultant.
  - Board allocates resources. Show consideration given to complaints of lack of time.

10/28/2011

22

---

---

---

---

---

---

---

---

### WHAT NOT TO PUT IN MINUTES

- "Motion made by Dr. Black and seconded by Dr. Gray to not send an application to the other ENT physician because at another surgery center he has a high cost of supplies and cases take longer."
  - Listing names of those who made motion and seconded
  - Economic credentialing?
  - Competitor of an ENT on the board?

10/28/2011

23

---

---

---

---

---

---

---

---

### WHAT NOT TO PUT IN MINUTES

- "Board approved Dr. White for temporary staff privileges since they know him from the hospital. The administrator was directed to send him an application and a privileges request form."
  - Essential application elements should be present prior to appointment and privileging
  - Cannot relay on some other entity's credentialing and privileging

10/28/2011

24

---

---

---

---

---

---

---

---