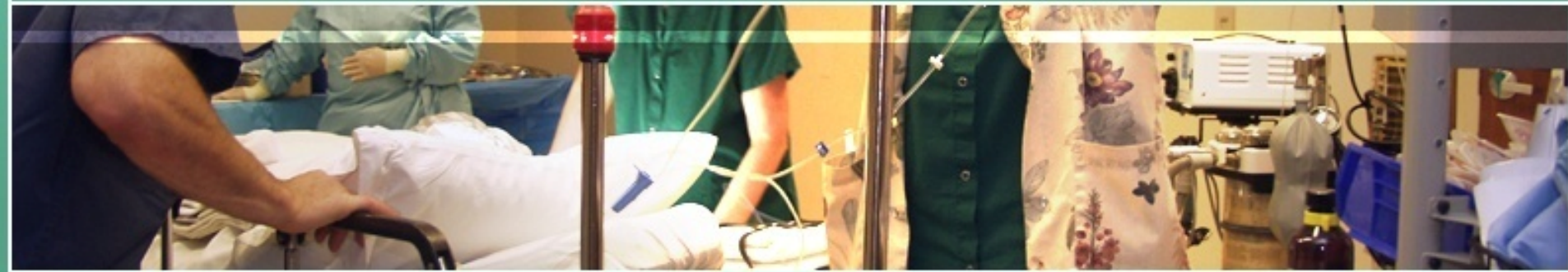


# Let's Get Organized!



MASA ANNUAL FALL MEETING  
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Marge Blouin, RN, CASC  
September 22, 2010

# Goals/Objectives

- Develop a manageable approach to required record keeping
- Ease the fear associated with various survey processes by being well organized



Surveyors are.....



# Why is being organized necessary?

- Good organization enables you to produce information easily.
- Being organized helps to minimize the stress associated with unannounced surveys.
- You don't get a second chance to make a first impression...if the documents are organized and your system shows attention to the details, this can bode well for how the surveyor views other aspects of your facility.
- You are a more well-informed administrator because of your knowledge of the information important to the running of your Center.



# Getting prepared for a survey

- Develop an intimate relationship with the Accreditation Handbook against which you will be surveyed.
- Make a working copy of it.
- Review each chapter and its standards documenting alongside of the standard your policy number(s) that demonstrate your Center's compliance.
- Prepare separate binders for each chapter that contains the chapter standards along with all supporting policies and other documents. This will enable each member of the survey team to have a binder for their assigned chapters as opposed having the entire team working from one policy manual.



## Getting prepared for a survey cont'd

- For AAAHC, use the Appendices in the back of the Handbook in assessing your Center's Clinical records, Credentials Files, and Personnel Files for completeness. These are the exact forms that the surveyor will use to determine compliance with the standards.



# The Administrator's Bible

- Organize information that any/all surveyors will ask to see.
- Center insurance policies, state licenses and permits, contracts for lab and radiology services, hospital transfer agreements, facility leases, PM contracts, liability coverage for each vendor.
- Be sure that each document is current keeping them in chronological order to show evidence of continuous coverage
- Develop a “tickler” file for when items will go out of date so that you do not have to look at each document every month.



# Major File Types



- Credentialing Files
- Peer Review Files
- Personnel Files
- Health Files
- Orientation Files



# Credentialing

- Contains all pertinent information on each physician/allied health worker that the facility has credentialed
- That information to include as appropriate : application, resume, training, education, licensure- State and Board certification, DEA and Dispense, medical liability coverage and refusal or cancellations of liability coverage, delineation of privileges and any suspension of privileges, NPDB, MD Board physicians profile, AMA physician profile, Medicare/Medicaid sanctions, reappointment process.....



# Check Off List

- Credentialing Check List

**MEDICAL STAFF PRIVILEGES REVIEW TOOL**

Name of Physician \_\_\_\_\_  New Applicant

**Section A:**  Appointment Letters

**Section B:**  
 AMA Physicians Profile  
appointment  
 MD Board of Physicians Profile  
 FSMB Data Bank Query  
 National Data Bank Query  
 Liability Binder \_\_\_\_\_ Exp.  
 ID Photo

**Licenses**  
 State of MD \_\_\_\_\_ Exp.  
 DEA \_\_\_\_\_ Exp.  
 Dispense \_\_\_\_\_ Exp.

Other \_\_\_\_\_  
 Health Status Form  
 Exposure ID Form  
 Diploma  
 Resume/CV

**Section D:**  
 Peer Review/Reference Letters  
 Letters of Good Standing  
CHC/FMH/Other Facilities  
 CEU's/Continuing Education  
 Other:

**Section C:**  
 Application-Staff Re-  
 MASC Delineation  
 CHC/FMH/Other Delineation  
 Authorization Release of Information  
 By-Laws, Rules and Regulations

Initial Application-  
Md Hosp. Credentialing Application  
and Ambulatory Care Center Supp.

**Section E:**  
 Liability Claims  
 Mechanical Signature Option  
 Yes  
 No

Comments:



# Peer Review

- Contains peer review done on % of providers charts per month
- Monthly review of infection control on all cases
- Yearly computation of peer review presented to QI committee and then BOD
- Based on review a recommendation of reappointment is made to BOD every 2-3 years per bylaws





# Checklist

- Peer Review Sheet for Reappointment

Mt. Airy Surgery Center		
2010 REAPPOINTMENT PROFILE/REVIEW		
Name:	Specialty:	
Date Appointed:		
Administrator or Designee		
1. Procedures (from _____ to _____)		
2. Number of cases performed this period _____		
3. Number of random records reviewed for this period _____		
4. Current license & insurance certificate on file	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
5. Timely completion of medical records	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
6. Incomplete records suspension	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A If yes (# _____)
7. Complications	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A If yes (# _____)
8. Infections	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A If yes (# _____)
9. Transfers to Hospital	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A If yes (# _____)
10. Adverse Drug Events	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A If yes (# _____)
11. Peer Review Issues Identified	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A If Yes, attach explanation
12. Was this practitioner involved in any QI/RM reports that were assigned the severity rating of 2 or 3? Yes _____ No _____		
Comments:		
Completed by:	Date:	
Medical Director		
1. Does this practitioner demonstrate current clinical competence, in your judgment, with no significant negative patterns or trends?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A If no, please attach explanation
2. Is this practitioner cooperative with colleagues, nurses and other staff?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
3. Is this practitioner's behavior ethical/appropriate at all times?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
4. Is this practitioner's relationship with patients good?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
5. Does this practitioner abide by all rules and regulations of the facility and medical staff bylaws?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
6. Is this practitioner's quality of medical record documentation Acceptable?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
7. Are there any health concerns (physical/mental) related to performance of Privileges?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A If yes, please attach explanation
Comments:		
<input type="checkbox"/> Recommended for reappointment of membership/privileges		
<input type="checkbox"/> Recommend denial of reappointment of membership/privileges		
Medical Director	Date	
ACTION:		
<input type="checkbox"/> MAC recommended for reappointment privileges/membership		
<input type="checkbox"/> MAC recommended denial of reappointment of membership/privileges		
Chair MAC	Date	
APPROVAL:		
<input type="checkbox"/> Member recommended for reappointment privileges/membership		
<input type="checkbox"/> Member not recommended for reappointment privileges/membership		



# Personnel

- Files must be maintained on all staff members.
- Files must contain the following: application, job description, resume, verification of references, licenses, certifications- BLS, ACLS, PALS ..., performance appraisals, and new hire orientation list.
- I-9 (Immigration and Naturalization Form) is required to keep in separate file from personnel file.



# Checklist

- Personnel File Checklist

**Mt. Airy Surgery Center  
Personnel Checklist**

\_\_\_\_\_  
Employee Name

<b>Contents</b>	<b>Complete</b>
<b>Front/Side (left)</b>	
1. Personnel Checklist	_____
2. Overview file at FHSC	_____
<b>Front/Side (right)</b>	
1. Application	_____
2. Confidentiality Agreement	_____
3. Job Description	_____
<b>Middle/Side (left)</b>	
1. New Hire orientation list	_____
2. General Orientation checklist	_____
_____	
<b>Middle/Side (right)</b>	
1. Education certificates	_____
2. Licenses/verification memo	_____
<b>Rear/Side (left)</b>	
1. Evaluations/Skills Assessment	_____
2. Warning Reports	_____
<b>Rear/Side (right)</b>	
1. Emergency Contact	_____



# Health Files

- Must be kept separately from credentialing files and personnel files
- Current physical, mental health, or chemical dependency problems documented
- Signed hepatitis-B immunization acceptance/declination (if applicable)
- Evidence of PPD immunization per policy
- Documentation of significant workplace exposures, injuries



# Orientation Files

- Initial documentation of adequate orientation and training with organizational policies and procedures including risk management, infection control , prevention and safety program
- Initial testing of competencies geared to specific areas of expertise- ie. Pre-op, PACU, Operating Room, Business Office ....
- Initial OSHA and completion of corporate compliance and HIPPA training



# KEY POINTS TO REMEMBER

- Folders with at least 6 sections
- Checklists on inside front covers
- Keep dates current and updated
- File most recent documents on top





# Functional Safety

- Inspections
- Fire Drills and Evaluations (CMS 416.41)
- Maintenance Records of Fire Extinguishers
- Emergency Preparedness Drills and Evaluations
- Malignant Hyperthermia Drills
- Generator Checks (416.44 (c)(1))
- Cultures-Air Vents
- Refrigerator Checks
- Temperature and Humidity Checks
- Biological Monitoring Records
- Housekeeping Records
- Equipment Maintenance Records (CMS 416.44 (a)) (Separate Binder)



# Infection Control Manual

- Copy of Standards your center has chosen to follow
- Policies and Procedures
- Training records for ICO and other Committee Members, employees and Medical Staff.
- Infection Control Reports (CMS 416.44(a)(3) (Separate Binder)
- Medical Waste Disposal Records (Separate Binder)



Physician: **Dr. Ronald L. [Name]**  
 1000 [Address]  
 The Surgery Center  
 5400 LBJ Fwy, Suite 1050  
 Dallas, TX 75120

Patient Name	Surg Date	Procedure	Postop Infection?		Complication?		Hospitalization?		Cause and Treatment If Yes, Describe
			Yes	No	Yes	No	Yes	No	
[Name]	12-05-02	ACL Reconstruction	---	---	---	---	---	---	---
[Name]	12-05-02	ACL Reconstruction	---	---	---	---	---	---	---
[Name]	12-05-02	Arthroscopy	---	---	---	---	---	---	---
Total			3						

Date: \_\_\_\_\_

# Monthly Infection Control Checklist



# Staff Education/Core Competencies

- Inservices
- Staff Meetings
- Core Competency Records
- Drill vs. In-Service (CMS 416.44(d))
  - Fire
  - Malignant Hyperthermia
  - Emergency Preparedness
  - Code Blue



# Collaboration Agreements

"Collaboration" means the development and implementation of an agreement between a nurse anesthetist and an anesthesiologist, licensed physician, or dentist concerning the practice of nurse anesthesia.

## **.06 Standards of Practice.**

A. A nurse anesthetist certified under this chapter shall collaborate with an anesthesiologist, licensed physician, or dentist in the following manner:

- (1) An anesthesiologist, licensed physician, or dentist shall be physically available to the nurse anesthetist for consultation at all times during the administration of, and recovery from, anesthesia;
- (2) An anesthesiologist shall be available for consultation to the nurse anesthetist for other aspects of the practice of nurse anesthesia; and
- (3) If an anesthesiologist is not available, a licensed physician or dentist shall be available to provide this type of consultation.



# Collaboration Agreements

- The required form is available through the Maryland Board of Nursing.
- Establish a section for each C.R.N.A.
- Maintain a copy of each from submitted to Board of Nursing

Maryland Board of Nursing  
Advance Practice Unit  
4140 Patterson Avenue  
Baltimore, MD 21215-2254  
410.585.1900



# OSHA

- Policies and Procedures
- Documented annual site specific training
- Sharps Injury Log
- OSHA 300 Form- Log of work-related injuries and illnesses
- Annual evaluations of safety syringes and/or safety devices
- MSDS Binder (Material Safety Data Sheets)
  - Required for all chemicals and products used in your center
  - File alphabetically



# Forms

- Organize your forms in a manner so that they are easily accessible.
- Develop an easy way to organize all your center's forms, especially the infrequently used forms.
- Consider organizing your forms by the department who utilizes the form.
- Maintain an updated list of the center's forms.



# HIPAA / Red Flag Rules

- Policies and Procedures
- Mandated Gap-Analysis (Risk Analysis)
- Business Associate Agreements
- Documented Annual Training
- Forms



- “Everything should be made as simple as possible but not simpler.”

--Albert Einstein



# Thank You

- With good organization, your next surveyor will be Glinda the Good Witch!

