



# What to Expect During Your Facility's First Survey

Stay calm through the survey process, says Paula Russo, RN, the president of Ambulatory & Accreditation Solutions in St. Petersburg, Fla. Don't argue points with a surveyor — even if you think the surveyor is wrong. “There is an appeal

## Advice for those about to let the accreditor inspect their new facilities.

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process for that,” she says. And if a surveyor asks you to clarify something and you don't have the answer at your fingertips, Ms. Russo says the best response is: “I don't know, but I will research that and get the answer for you.”

Sounds simple enough, right? If you're about to undergo your first accreditation survey, the mes-

sage is the same no matter which accreditor you use: Accreditation bolsters processes, patient safety and ultimately the quality of your organization. Here are some tips for preparing for survey.

### At the beginning

Nursing directors and administrators we talked to agree that the first step to prepare for your initial survey is to obtain the accreditors' standards manuals and visit their Web sites, which are chock-full of information (see “*About the Accreditors*”).

“Review the standards of the accrediting agency when completing the application and more than one time before the survey,” says Ms. Russo. “Complete a self-evaluation document from the accrediting agency before the survey, and do a physical walk-through in your facility with those standards.”

For those seeking Joint Commission accreditation, you'll find an ambulatory program link with a

# About the Accreditors

The expansion in outpatient facilities mirrors the growth of accredited surgical centers via the three ambulatory accreditors, which have seen on average about a 20 percent growth in completed surveys since 2005. Here are thumbnail sketches of each:

The American Association for Accreditation of Ambulatory Surgical Facilities (AAAASF)

[www.aaaasf.org](http://www.aaaasf.org)

The AAAASF develops and implements standards to ensure quality patient care through an accreditation program that serves both the medical community and the public interest. The survey process estab-

lishes a means for measuring medical com-

petence and providing an external source for evaluating patient safety in the ambulatory surgery setting.

In 2004 and 2005, the AAAASF processed more than 250 applications for first-time accreditation, in addition to 81 in 2006.



The Accreditation Association for Ambulatory Health Care (AAAHC)

[www.aaahc.org](http://www.aaahc.org)

The AAAHC develops standards to advance and promote patient safety, quality and value for ambulatory health care through peer-based accreditation processes, education and research. Accreditation is ultimately awarded to organizations that are found to be in compliance with the Accreditation Association standards. The Accreditation Association currently accredits more than 2,900 organizations in a wide variety of ambulatory health care settings, including ambulatory and office-based surgery centers, managed care organizations, and Native American and student health centers, among others.



ACCREDITATION ASSOCIATION  
for AMBULATORY HEALTH CARE, INC.

The Joint Commission on Accreditation of Healthcare Organizations (Joint Commission)

[www.jointcommission.org](http://www.jointcommission.org)

The Joint Commission's comprehensive accreditation process evaluates an organization's compliance through standards and other accreditation requirements. The accreditor evaluates and accredits nearly 15,000 health-care organizations and programs in the United States. The accreditor's programs include ambulatory care, assisted living, behavioral health care, critical access hospitals, home care, hospitals, laboratory services, long-term care, networks and office-based



**Joint Commission**  
on Accreditation of Healthcare Organizations  
Setting the Standard for Quality in Health Care

surgery. For the past two years, 60 percent of the applications for new accreditation surveys have come from outpatient care programs.

six-minute video to illustrate the survey process at [www.jointcommission.org](http://www.jointcommission.org). The site also lists typical questions that surveyors ask, which can help to ameliorate the anxiety of the unknown. The link also lists a sample survey agenda and list of documents to have on hand when a surveyor shows up ([www.jointcommission.org/AccreditationPrograms/AmbulatoryCare/Accreditation\\_Process](http://www.jointcommission.org/AccreditationPrograms/AmbulatoryCare/Accreditation_Process)).

At AAAHC's Web site ([www.aaahc.org](http://www.aaahc.org)), you'll find background and survey information as well as the application for survey, which the accreditor suggests you download and fill out six to eight months before survey. Make the information as comprehensive as possible to prevent delays in processing it, suggests AAAHC.

Likewise, the AAAASF's standards manual, which you can find at [www.aaaasf.org](http://www.aaaasf.org), is literally a checklist of requirements that outline how to comply in time for inspection day.

## From you on down

Accreditors and survey center leadership agree that survey preparation is not a centralized activity restricted to the facility administrator or chief OR nurse. These days, the accreditors' surveyors expect all staff to understand accreditation standards requirements.

"Have a mock survey and involve all staff members, including anesthesia," says Ms. Russo.

Joint Commission surveyors track compliance by tracing a patient's entire care process by observation and questioning all who treat the patient. "For a small to mid-size facility, we talk to just about everyone, such as the front-desk staff, the person who sterilizes instruments and down the line," said Michael Kulczycki, MBA, CAE, the Joint Commission's executive director of the ambulatory care accreditation program.

Surveyors engage physician-owners in the

process, as they are sometimes involved with data collection. Note that the Joint Commission survey is not a peer review process. Surveyors won't observe an actual surgery, for example. They may, however, watch the start of surgery to ensure compliance with the Universal Protocol for Preventing Wrong Site, Wrong Procedure, Wrong Person surgery, says Mr. Kulczycki.

"Surveyors will, as appropriate, take an opportunity to talk to one of the anesthesiologists on staff or a surgeon in between cases," he adds.

At Atlantis Outpatient Center in Lakeworth, Fla., each department was in charge of a standard area to study, to talk about whether they meet the standard and how to go about it, says Connie Hillman, RN, the center's administrator. The ASC is a gastrointestinal and pain management center with four GI rooms and two operating rooms. The center, which opened in October 2004, underwent its first accreditation survey (via the AAAHC) in May 2006.

Everyone at the center received a copy of the AAAHC's accreditation handbook, says Ms. Hillman. Staff built their policies and procedures around the standard requirements.

"Department members read through the policies and asked, 'Is this what we do?'" says Ms. Hillman. "If not, we changed the criteria."

For example, as Atlantis Outpatient Center performs pain management cases, staff learned that for patients who undergo more than five procedures (such as chronic neck pain that leads to back problems), the center must place a care plan in the front of the patient's chart to demonstrate the entire care process, says Ms. Hillman. The AAAHC wanted a flow sheet to offer a synopsis so that staff don't have to weed through the entire chart.

John Newkirk, MD, PhD, a long-time AAAASF inspector and owner of Columbia Plastic Surgery in Columbia, S.C., will ask for the center's policy and procedure manual and looks for the attestation statement proving OSHA compliance and protocols for emergencies. He asks for the surgical log to ensure it is current. He selects half a dozen cases and asks for the charts.

The accreditor as advocate, not adversary  
Dr. Newkirk often finds deficiencies that he can correct on the spot. For example, the narcotics log must be bound so no one can remove the pages. It's as simple as going to Kinko's for page-binding services, he says.

Likewise, some facilities aren't aware of new medications they must stock. But they can easily obtain those at a nearby pharmacy to comply with the mandates, adds Dr. Newkirk. He also pores through medications. "Sometimes I'm surprised that some drugs in the crash cart are expired," he says. "I'll tell staff what they can throw away."

It's a good idea to look not only for the obvious hot spots — such as inappropriate drug abbreviations and expired medications — but also for the structural details, such as the appropriate tiles for a floor and separation barriers between clean and dirty areas in utility rooms, says Dr. Newkirk. "While some issues are easy to clean up, having to tear up and replace a floor is more difficult."

Patients must also sign off to give your facility permission to use their chart for peer review purposes. "I found eight records at one center that did not contain the consent for medical records review," says Dr. Newkirk.

Ms. Hillman agrees that accreditation results in formalizing forms and moving away from casual documentation. Atlantis Outpatient Center staff reorganized credentialing forms by adding a step to sign off on physicians' requested services. They included a check box to designate "approved" or "disapproved," says Ms. Hillman. "Accreditation took our programs to a higher level."

Staff at Bergen Ambulatory Surgery Center in Saddle Brook, N.J., received a better understanding of patient safety overall, through preparing for and undergoing the Joint Commission survey, says Gloria Huter, RN, CNOR, CSPDT. The multispecialty center with three ORs and nine PACU beds was surveyed in October 2006.

"The details about the floors being clean are still important, but they focus on how you take care of the patient," says Ms. Huter.

For example, staff learned to obtain the scope of

