

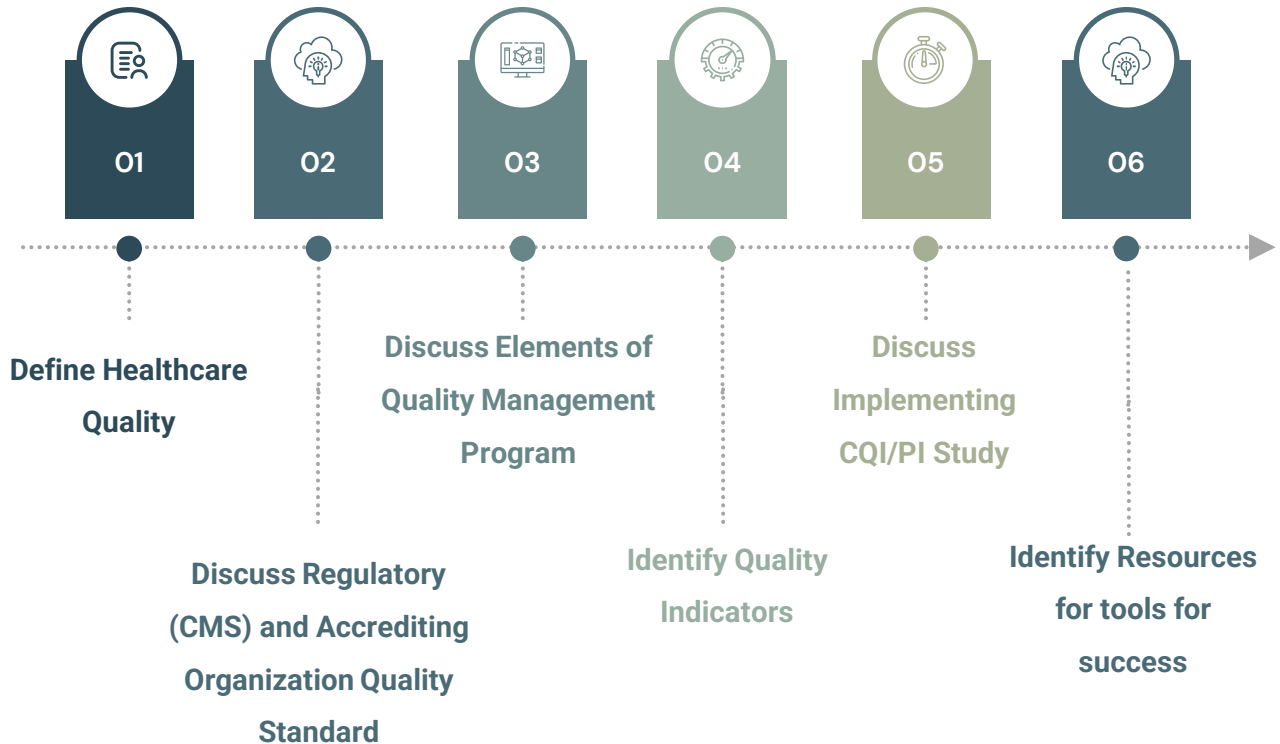
# Quality Management in the ASC. Does Your Program Measure Up?

Doria Cipriani, Clinical Director



PE GI SOLUTIONS IS NOW PART OF SCA HEALTH

# ✓ Learning Objectives





# Total Quality Management

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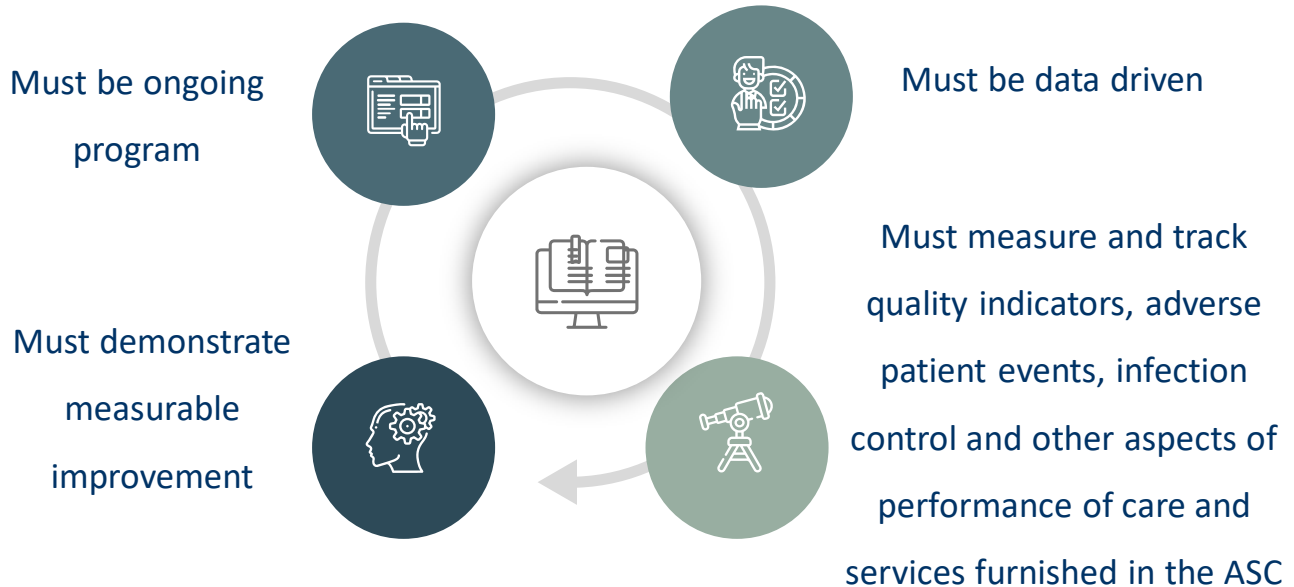


“Total Quality Management (TQM). TQM is an “integrated process involving all systems and employees in a continuous effort to improve quality, reduce cost, and enhance service to [the] customer.”



# ✓ Regulatory and Accrediting Organization Requirements

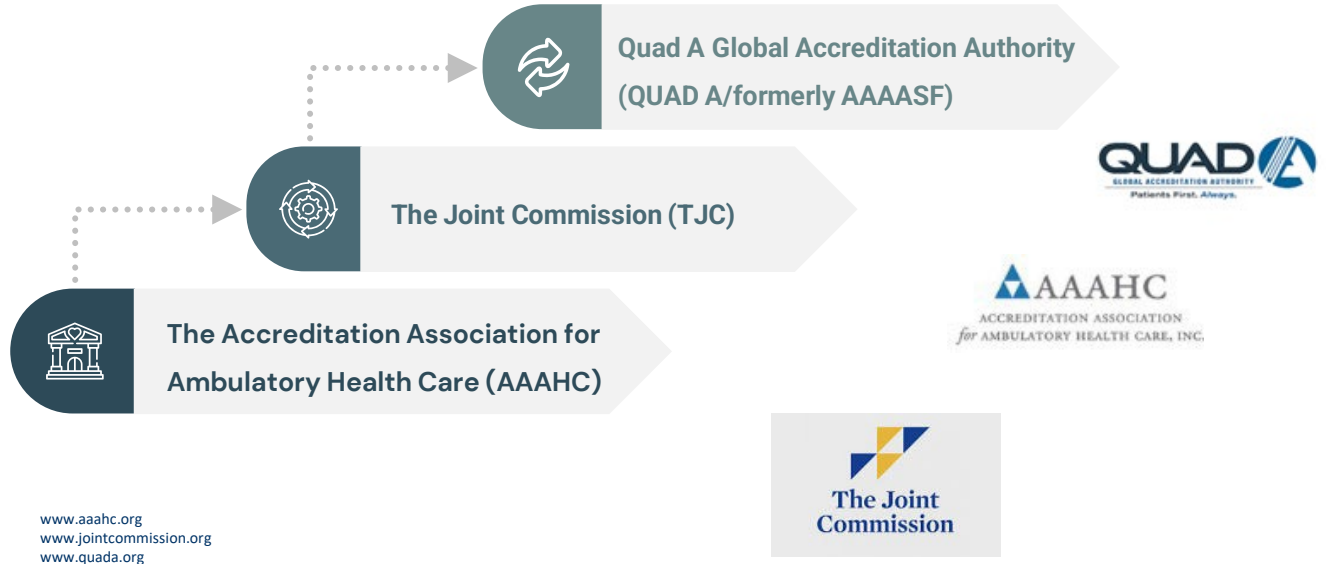
CMS Conditions for Coverage—416.43 Quality assessment and performance improvement  
The ASC must develop, implement and maintain an ongoing, data-driven quality assessment and performance improvement (QAPI) program



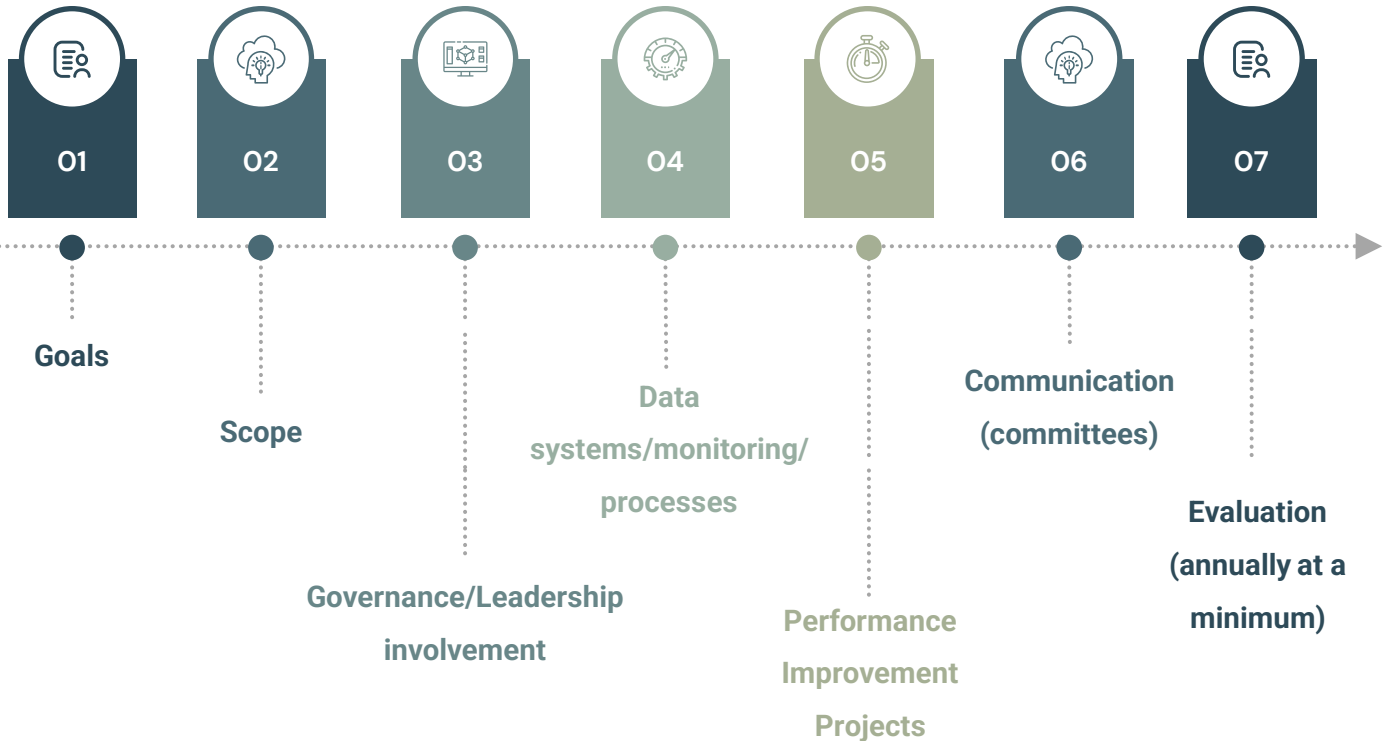
# ✓ Regulatory and Accrediting Organization Requirements

CMS Conditions for Coverage—416.43 Quality assessment and performance improvement  
*The ASC must develop, implement and maintain an ongoing, data-driven quality assessment and performance improvement (QAPI) program*

**Accrediting Organizations (AO) all have 416.43 included in their standards**



# ✓ Quality Plan



# ✓ Quality Indicators



Quality Indicators

- Safety: patient safety; safety events;
- occupational safety
- Compliance with regulations
- Preoperative delays and incidents
- Medication errors
- Department specific indicators
- System efficiency
- Safety: patient safety; safety events;



Quality Indicators

- occupational safety
- Compliance with regulations
- Preoperative delays and incidents
- Medication errors
- Department specific indicators
- System efficiency
- Process
- Same day cancelation
- Documentation
- Discharge information



Quality Indicators

- Delayed discharge
- Postoperative evaluation 24-hours after discharge (postoperative follow-up)
- Waiting times
- Duration of operation
- Outcome
- Staff satisfaction
- Patient satisfaction
- Pain assessment; postoperative pain evaluation (quality of recovery)



Quality Indicators

- Post operative nausea and vomiting
- Mortality/morbidity rates
- Postoperative complications
- Surgical site infection
- Unplanned re-operation
- unplanned re-hospitalization/hospital transfer/unplanned overnight admission



Quality Indicators

- Postoperative emergency department visit within 30 days
- Incidence of patient burn
- Incidence of patient fall
- Incidence of wrong site, wrong side, wrong patient, wrong procedure, or wrong implant surgery
- Postoperative patient function
- Normothermia

# ✔ On-going Quality Monitoring

Peer Review

Patient Satisfaction

Surveys



Medical

Record Audits

Infection

Control/Surveillance

Audits

Benchmarking



# ✓ Medical Record Review

“Internal audits are not just measurement activities but a necessary activity to support the organization in achieving its objectives and assessing the quality of clinical care and maintaining high quality professional performance”



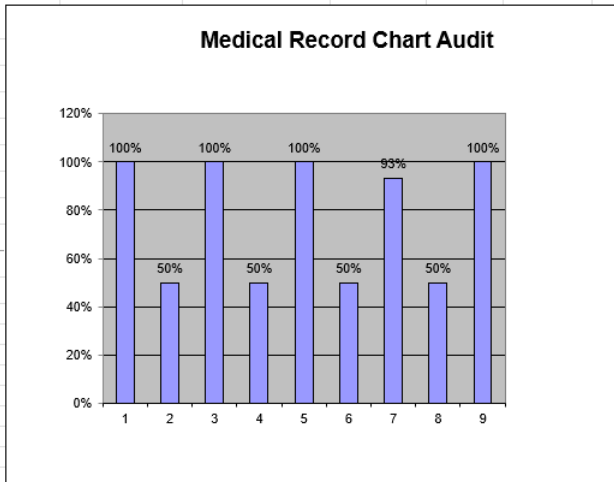




# Medical Record Review

## Medical Record audit tool summary

Medical Record Audit	Month		Year						
Indicator	Is consent signed prior to procedure room in?	Is the medication list current and does it include the drug name, dose, and frequency and last dose taken?	Was the pain scale completed on admission?	Is MD Order signed before pre-assess start?	Was the Time Out performed and complete?	Were Post-procedure orders reviewed by RN?	Was the Aldrete Score completed in pre-procedure and PACU?	Was H&P reviewed and updated immediately before procedure?	Does the documentation and time stamp by the physician of assessment, evaluation and clearance from anesthesia match the time stamp documentation of the nursing documentation.
# Compliant	30	15	30	15	30	15	28	15	30
# Charts Reviewed	<b>30</b>	<b>30</b>	<b>30</b>	<b>30</b>	<b>30</b>	<b>30</b>	<b>30</b>	<b>30</b>	<b>30</b>
% Compliance	100%	50%	100%	50%	100%	50%	93%	50%	100%



Indicator	Goal	Actual
1	93%	100%
2	93%	50%
3	93%	100%
4	93%	50%
5	93%	100%
6	93%	50%
7	93%	93%
8	93%	50%
9	93%	100%

# ✓ Peer Review

✓ Evaluation by provider's peer

✓ Provides opportunity to identify practices that impact patient safety/compliance and performance



✓ Accrediting Organization (AO) requirement

✓ Ensure Peer review is part of initial provider credentialing and re-appointment

# ✓ Peer Review

- ✓ Match process to policy
- ✓ Ensure auditing tool is relevant and meaningful

- ✓ Assess and discuss findings in Committee



- ✓ Track and trend results

- ✓ Engage reviewers in process determination

- ✓ Review random and Occurrence charts



# Peer Review

## Surgical Peer Review and Physician Reappointment

Main Street ASC Surgical Center

### SURGEON PEER REVIEW EVALUATION

CHART IDENTIFICATION NUMBER \_\_\_\_\_  
SURGEON IDENTIFICATION NUMBER \_\_\_\_\_  
REVIEWER IDENTIFICATION NUMBER \_\_\_\_\_  
REVIEW DATE: \_\_\_\_\_

#### REASON FOR REVIEW:

- \_\_\_\_\_ RANDOM RECORDS REVIEW
- \_\_\_\_\_ HOSPITAL TRANSFER
- \_\_\_\_\_ DEATH
- \_\_\_\_\_ COMPLICATION

	YES	NO	N/A
1. IS THE CONSENT CONSISTENT WITH THE OPERATIVE REPORT, THE HISTORY AND PHYSICAL AND THE DIAGNOSIS?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. ARE PRE AND POST-OPERATIVE ORDERS APPROPRIATE TO THE PATIENT'S CONDITION AND SURGICAL FINDINGS?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. IS THE FINAL DIAGNOSIS CONSISTENT WITH THE SURGICAL FINDINGS AND THE PRE-OPERATIVE DIAGNOSIS?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. WAS THE SURGICAL PROCEDURE CONSISTENT WITH THE DIAGNOSIS?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. DOES THE OPERATIVE REPORT ADEQUATELY DESCRIBE THE DETAILS OF THE PROCEDURE?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. ARE FOLLOW-UP CARE AND/OR DISCHARGE INSTRUCTIONS ADEQUATE AND APPROPRIATE?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. WHEN SIGNIFICANT OR SUSTAINED DEVIATIONS FROM NORMAL VALUES OR EXPECTATIONS WERE OBSERVED, WERE INTERVENTIONS TIMELY AND APPROPRIATE?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FORM REVISED 2023  
7/16/2023

Source: Alan Egert, Orthopedic Surgery Center of Change Group. Adapted and reprinted with permission.

#### COMMENTS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

IN CONSIDERATION OF THE STATED REASON FOR REVIEW, THIS RECORD IS DETERMINED TO BE:

ACCEPTABLE: NO FURTHER REVIEW RECOMMENDED

UNACCEPTABLE FOR MEDICAL MANAGEMENT REASON: REFER TO ADMINISTRATOR/MEDICAL DIRECTOR

UNACCEPTABLE FOR REASONS RELATED TO DOCUMENTATION ONLY: REFER TO ADMINISTRATOR/MEDICAL DIRECTOR

#### Signature of Reviewer

\_\_\_\_\_  
Signature

- Return chart to file (No quality of care and/or documentation problem)
- Notify Director discussed with HR
- Letter to MD
- Refer to Medical Advisory Committee

REVIEWED BY MAC / ADMINISTRATION: \_\_\_\_\_

FORM REVISED 2023  
7/16/2023

Source: Alan Egert, Orthopedic Surgery Center of Change Group. Adapted and reprinted with permission.

# ✓ Infection Control



416.51 Conditions for coverage—Infection control. The ASC must maintain an infection control program that seeks to minimize infections and communicable diseases.

On-going Infection Prevention/Control Program

Designated and qualified professional who has training in infection control

Tracking of post procedure Infections

SSI's (NHSN module)  
<https://www.cdc.gov/nhsn/pdfs/pscmanual/9pscscicurrent.pdf>

# ✓ Infection Control



**AMBULATORY  
SURGICAL CENTER  
(ASC) INFECTION  
CONTROL SURVEYOR  
WORKSHEET**



**[https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107\\_exhibit\\_35\\_1.pdf](https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107_exhibit_35_1.pdf)**



**Ongoing  
surveillance  
audits—**



**Establish goals/track and  
trend results/implement  
corrective actions**

- Hand Hygiene
- PPE
- Injection Practices
- Sterilization/High Level Disinfection
- Environmental
- Point of Care Devices

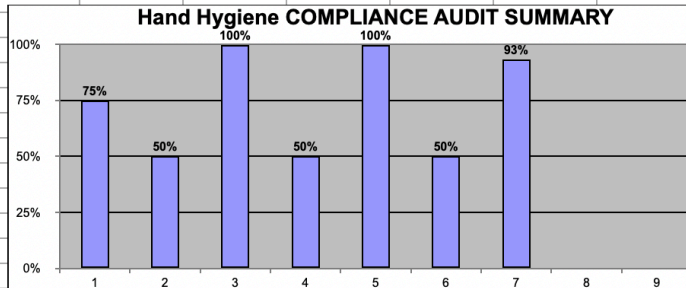




# ✓ Infection Control

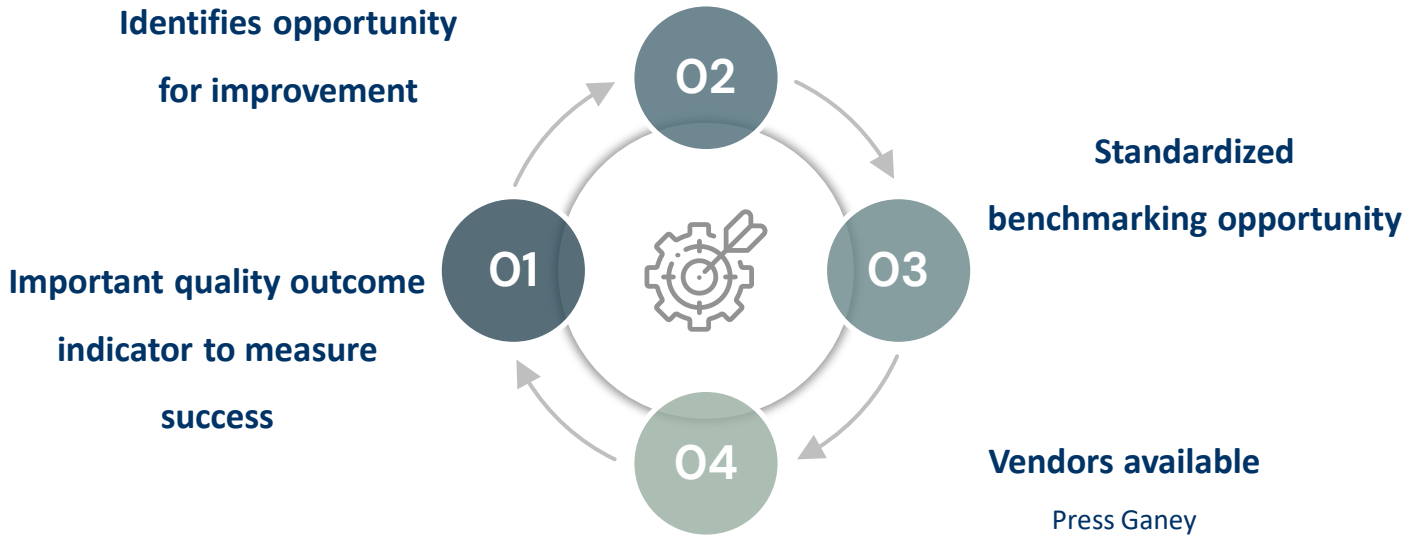
Hand hygiene Compliance Observation Audit Summary					Month	Year						
Item	1	2	3	4	5	6	7	8	9			
Indicator	Does staff perform hand hygiene after removing gloves?	Does staff perform hand hygiene after direct patient contact?	Does staff perform hand hygiene before performing invasive procedure?	Does staff perform hand hygiene after contact with blood, body fluids or contaminated surfaces?	Does staff wear gloves for procedures that might involve contact with blood, body fluids?	Does staff wear gloves when handling potentially contaminated equipment?	Does staff remove gloves before moving to the next task or patient?					
# Compliant	15	15	30	15	30	15	28					
# of Observations	20	30	30	30	30	30	30					
% Compliance	75%	50%	100%	50%	100%	50%	93%					

Indicator	Goal	Actual
1	90%	75%
2	90%	50%
3	90%	100%
4	90%	50%
5	90%	100%
6	90%	50%
7	90%	93%



**Corrective Actions Taken:**

# ✔ Patient Satisfaction



# Patient Experience

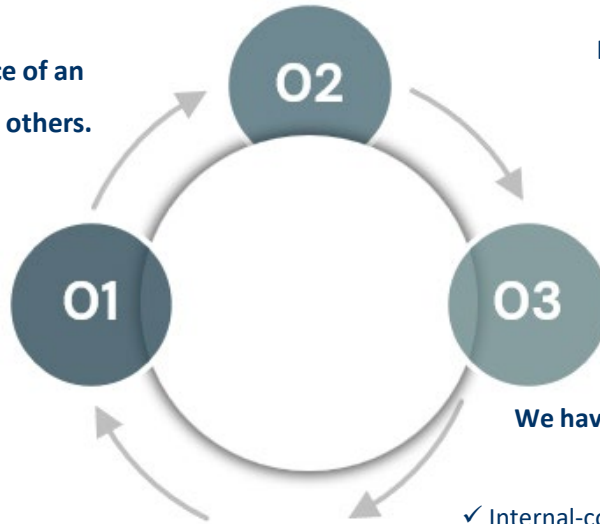
- CMS OAS CAHPS (Outpatient and Ambulatory Surgery Consumer Assessment of Healthcare Providers and Systems) Survey
- Becomes mandatory for ASC in calendar year 2025
- Will be linked to CMS claim reimbursement
- Assesses patient experience in Medicare-certified out-patient surgical and procedural facilities
- Results available to public
- Use CMS approved survey vendor  
<https://oascahps.org/General-Information/Approved-Survey-Vendors>

# ✓ Benchmarking

Compares the performance of an organization or clinician to others.

Improve quality, efficiency, and patient experience

Why do we benchmark:



**We have to—Accrediting Organization (AO) requirement**

- ✓ Internal-compares results within an organization/facility
- ✓ External-compares results of organization/facility with similar external organizations
- ✓ ASCA (clinical and operational benchmarking)
- ✓ Local State ASC Associations
- ✓ ASCQC

# ✓ Governing Body Oversight

§416.41 Condition for Coverage: Governing Body and Management  
“...governing body has oversight and accountability for the quality assessment and performance improvement program



**Organizational  
Chart**



**Board Meetings/Minutes  
(cadence typically quarterly,  
check your State)**



**Ensure minutes contain evidence  
of review of Quality  
Management Program elements**

# ✓ Studies



CQI (Continuous Quality Improvement)

PI (Performance Improvement)

QI (Quality Improvement)

“Ten-Step”

Sources for study topics:

- Internal Audits (Medical Record/Peer Review)
- Consultant Reports (Pharmacy consultant)
- Trends on Incident Reports (Patient Falls/Staff Injuries)
- Clinical or Operational

Approach to decide consideration of meaningful study

- Identify issue/problem/area of question
- Define measurable goal

QI (Quality Improvement) vs QA (Quality Assurance)



# Ten Elements of QI

1. Identification of the Purpose of the Activity
2. Identify Performance Measures/Goals and Objective
3. Description of data
4. Collect data/baseline data
5. Data analyses and conclusions
6. Comparison of initial performance data results versus stated performance goal

Pause here and assess was goal met?

Yes?—well done. Document your successful round of QA and stop here.

No?- continue onto step 7 of QI Study.

7. Develop and implementation of corrective action
8. Re-measure and monitor
9. New current performance versus stated performance goal.  
Goal Met—yes, congratulations on your successful QI Study-move onto step 10  
Goal not met—repeat steps 7 through 9 until resolution
10. Communication of the study findings throughout the organization





# Resources for Success

**American College of Surgeons The ACS Quality Improvement Course: The Basics** is designed to ensure the surgical workforce and other quality improvement staff are well-educated on the basic principles of surgical quality and safety.

CEUs available

Registration required/on-line course

**ACS Quality Improvement Course: The Basics | ACS - The American College**



**Accrediting Organization Quality Toolkits**

<https://www.aaahc.org/quality-institute/toolkits/>

<https://www.jointcommission.org/login/>

**ASC Quality Collaboration (ASCQC)** [www.ascquality.org/qualityreport](http://www.ascquality.org/qualityreport)



# References

- National Library of Medicine (NIH) “An introduction to healthcare quality: defining and explaining its role in health systems” <https://www.ncbi.nlm.nih.gov/books/NBK549277/#Ch1-sec2>
- National Library of Medicine (NIH) “Quality Management” <https://www.ncbi.nlm.nih.gov/books/NBK557505/>
- Centers for Medicare and Medicaid Services (CMS) [www.cms.gov](http://www.cms.gov)
- [www.ascquality.org](http://www.ascquality.org)
- [www.aaahc.org](http://www.aaahc.org)
- [www.jointcommission.org](http://www.jointcommission.org)
- [www.quada.org](http://www.quada.org)  
<https://www.ascassociation.org/asca/resourcecenter/benchmarking/ascabenchmarking>  
<https://www.ascassociation.org/viewdocument/sample-peer-review-forms>
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- <https://www.cdc.gov/injectionsafety/pubs-ic-assessment-ambulatory-surgical-centers.html>
- <https://www.cms.gov/research-statistics-data-and-systems/research/cahps/oas-cahps>

# ✓ Questions



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**Thank You**