NAVIGATING QUAD A SURVEYS: TYPES, PREPARATION, AND BEST PRACTICES

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PATIENTS FIRST. *ALWAYS.*

LEARNING OBJECTIVES:

- **Identify and understand the different types of QUAD A surveys and their requirements**
- **Learn how to assess compliance by reviewing the standards manual and conducting internal evaluations**
- **Develop strategies for conducting mock surveys and educating staff on accreditation standards**
- **Implement best practices for documentation, including maintaining a survey readiness binder**
- **Engage leadership and foster a culture of continuous readiness to support long-term compliance**

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QUAD A SURVEY TYPES

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START-UP FACILITY SURVEY

KEY REMINDER: CONSULT QUAD A FOR PROPER TIMING TO AVOID LAPSES.

Purpose & Applicability

- Required for facilities in states mandating accreditation before operating with anesthesia (e.g., FL, CA, NY, IN, KS, MA, OH, PA, NJ, TX).
- Also available for new facilities that have not yet performed any cases.

Provisional Accreditation

- Granted for 6 months upon successful Start-Up Survey completion.
- Allows facility to begin performing anesthesia cases.

Post-Survey Requirements

- After 10 anesthesia cases (including 2 true-to-class), submit Anesthesia Validation Form.
- A full survey must be completed before provisional accreditation expires.
- New accreditation date is based on full compliance during the full survey.
- Expired provisional status = potential accreditation gap.

Limitations & Extensions

- No deemed status for Medicare based on Start-Up Survey (requires active service provision).
- Max 2 Start-Up Surveys allowed if facility fails to complete 10 cases or full survey.
- After 2 attempts, new application required.

INITIAL SURVEY

Survey Frequency
- Initial survey, then at least every 3 years.

Compliance Requirement
- Must meet all standards; surgical/procedural facilities must comply with their designated Class (A, B, or C).

Survey Process:
- Involves medical director/admin, clinical staff, and anesthesia provider (if applicable).
- Equipment reps prohibited; consultants allowed but must not engage in answering surveyor questions.
- Surveyors can remove disruptive participants.

Initial Survey Requirements:
- Surgical/Procedural/Dental: 10 cases (any payor) must be completed before survey.
- CMS RHC/OPT: 10 patient records (any payor) reviewed.

Accreditation Term
- 3 years if compliant with all standards and regulations.

Unannounced Surveys (Medicare-Deemed Facilities ONLY):
- Mandatory unannounced visits per CMS rules.
- Surveyors attest compliance; penalties for prior notification.

Medicare-Specific Rules:
- Condition-level deficiencies = denial (new facilities) or follow-up survey (existing CCN facilities).
- OPT Facilities: Deficiencies at any extension site affect entire organization's certification.

SELF-SURVEYS

QUAD A Annual Self-Survey Requirements

- Mandatory annual self-survey between triennial onsite surveys
- Must review compliance with ALL QUAD A standards
- Documentation retention: Minimum 3 years

Required Self-Survey Components:

- ✓ Completed Self-Survey checklist
- ✓ Plan of Correction for any non-compliant standards
- ✓ Evidence of implemented corrective actions
- ✓ Integration into QAPI program (findings reviewed in QAPI meetings/plan)

Medical Director Responsibilities:

- Must sign attestation of completion
- Submits confirmation to QUAD A

Onsite Survey Verification:

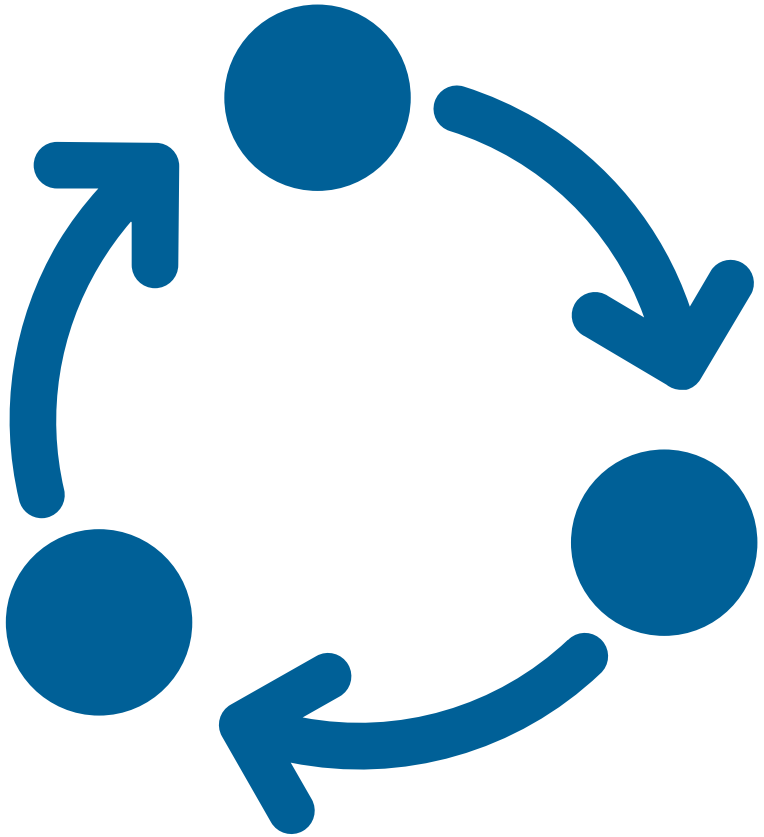
- Surveyors will review the following:
  - Self-survey documentation
  - Effectiveness of corrective actions
  - Ongoing standards compliance

Compliance Consequences:

- Accreditation maintained only with FULL standards compliance
- Deficiencies require documented correction plans
- Non-compliance may result in accreditation revocation

RE-SURVEY (TRIENNIAL)

- This is a full survey for a facility that wishes to renew its accreditation with QUAD A
- Re-surveys occur on a 3-year cycle
- For Medicare facilities only:
  - All Medicare surveys are unannounced



FOLLOW-UP SURVEYS

Purpose & Scope

- Abbreviated, focused survey to verify correction of deficiencies
- Not a comprehensive review of all standards
- Surveyor may cite any observed non-compliance, even outside original scope, when required

✓ Medicare Facilities:

- Condition-level deficiencies in triennial/initial survey
- Must be unannounced (within 45 days; 23 days for Immediate Jeopardy)

✓ Non-Medicare Facilities:

- 20+ deficiencies cited
- Severe/pervasive clinical issues or 50%+ non-compliance in a subsection
- Repeat deficiencies or failure to report patient safety data (standards 1.f.1–1.f.18)

Timeframes

- First follow-up: Within 45 days of initial survey (*23 days* for Immediate Jeopardy)
- Second follow-up (if needed): Within 45 days of prior follow-up
- Max 2 follow-ups permitted before final accreditation decision

KEY REMINDERS

- No accreditation/deemed status granted until compliance is confirmed
  - QUAD A may conduct follow-ups at any time during the accreditation cycle
  - Deficiencies corrected onsite (non-Medicare) still count toward total for follow-up determination
- Outcome- Full compliance must be demonstrated to maintain accreditation.

OTHER SURVEY TYPES

- Upgrades, Addition of services, and/or Facility Relocation Surveys
- Investigative Surveys
- Life Safety Code (Applicable for ASCs only)
- Extension Site Surveys

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SURVEY PREPARATION: INTERNAL EVALUATION & MOCK SURVEY EXERCISES

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ON-GOING INTERNAL EVALUATION

- **Identifies gaps before the accreditation survey**
- **Ensures compliance with QUAD A's key standard pillars:**
  - Patient Safety
  - Quality of Care
  - Facility Environment Administrative Policies
  - Personnel
- **Reduces risk of non-compliance that surveyors will identify, thus jeopardizing achieving accreditation**

WHAT TO EVALUATE

- **Evaluation Examples:**
  - Governance
  - Facility Layout and Environment
  - Safety Practices
  - Clinical Care and Patient Safety
  - Quality Assurance, Performance Improvement and Risk Management
  - Documentation and Medical Records
  - Sterilization Practices
  - Medication Management
  - Infection Prevention and Control Practices

CONDUCTING MOCK SURVEYS

- Proactively identifies and fixes compliance gaps
- Builds staff confidence and survey readiness
- Strengthens documentation and evidence of compliance
- Enhances patient safety and quality of care
- Saves time, money, and reputation
- Demonstrates a culture of accountability

SAMPLE AGENDA- DENTAL, OBS, OBP, OMS		
Start Time	**End Time**	**Survey Activity**
7:45 AM	8:00 AM	Arrival to the Organization and Introductions
8:00 AM	8:30 AM	Opening Conference and Orientation to the Facility
8:30 AM	9:00 AM	Basic Mandates
9:00 AM	9:30 AM	Facility Layout and Environment Tour
9:30 AM	10:00 AM	Physical Environment Review
10:00 AM	10:30 AM	Review of Clinical Records
10:30 AM	11:00 AM	Review of Medications
11:00 AM	11:30 AM	Equipment Review
11:30 AM	12:00 PM	Safety Review
12:00 PM	12:30 PM	Survey Team Lunch
12:30 PM	1:00 PM	Infection Control Practices and Policies Review
1:00 PM	1:30 PM	Emergency Procedures Review
1:30 PM	2:00 PM	Governing Body Review
2:00 PM	2:30 PM	Quality Assessment/Quality Improvement/Risk Management Review
2:30 PM	3:30 PM	Personnel Records Review
3:30 PM	4:00 PM	Team Meeting / Documentation of Findings
4:00 PM	4:30 PM	Exit Conference

EDUCATING YOUR STAFF

- Develop a Training Program
- Regularly Communicate Updates
- Engage Leadership
- Conduct and Document Competency Assessments
- Encourage a Culture of Continuous Compliance

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CREATING A SURVEY READINESS BINDER

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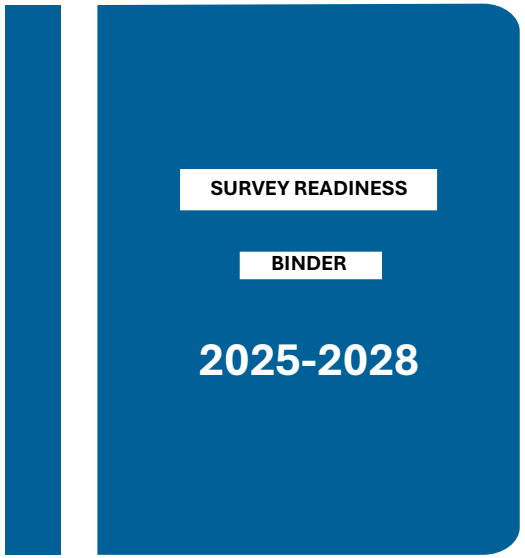
SURVEY READINESS BINDER

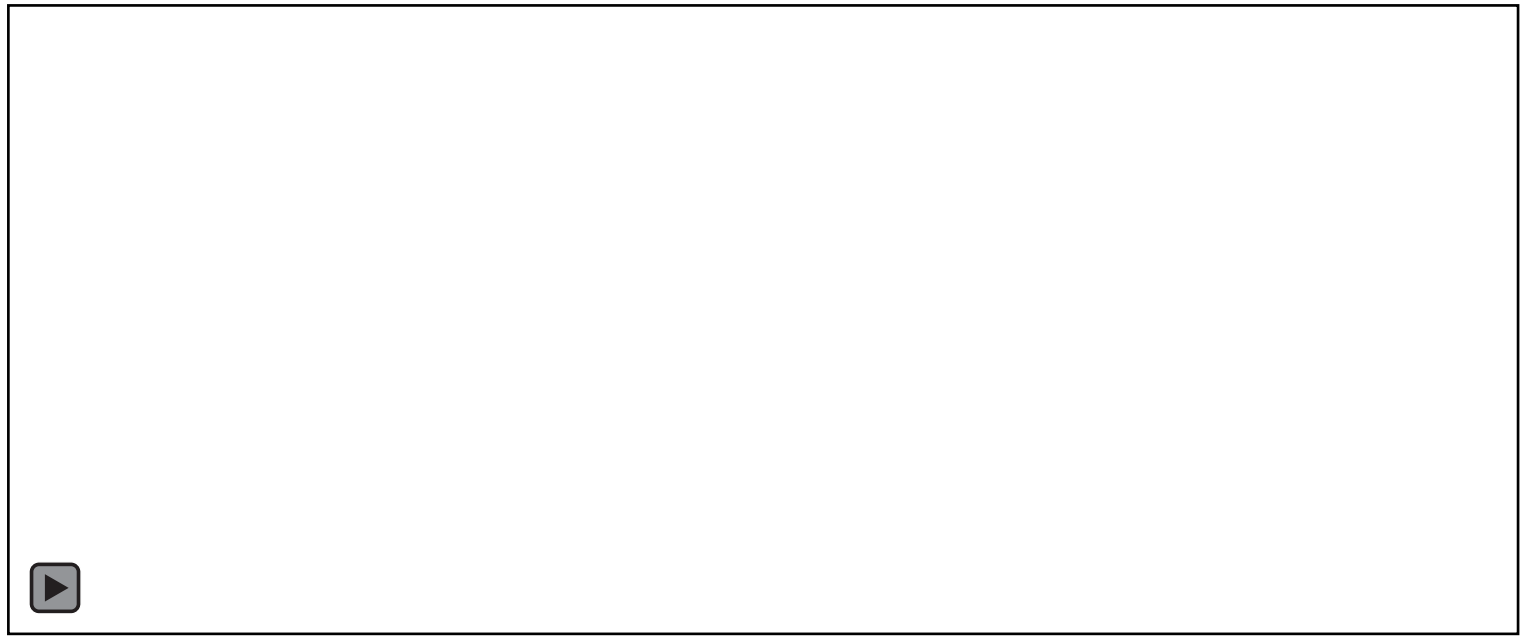
What documents should be included in your facility's survey readiness binder?

- Organizational Information
- Policies and Procedures
- Staff competency and training records
- Quality Assurance and Performance Improvement (QAPI) Documentation
- Patient Safety and Risk Management
- Clinical and Operational Documentation
- Survey Readiness Materials



HOW OFTEN SHOULD YOUR SURVEY READINESS BINDER BE UPDATED?

CONTINUOUSLY!



STRIVE TO BE "SURVEY-READY" EVERY. SINGLE. DAY.

Facilities that treat internal evaluations AND mock surveys, as a strategic priority, not just a pre-survey drill, consistently outperform peer facilities in accreditation results and patient outcomes.

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BEST PRACTICES: FOSTERING A CULTURE OF CONTINUOUS READINESS

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FOSTERING A CULTURE OF CONTINUOUS READINESS IN YOUR FACILITY

- **Leadership Sets the Tone**
  - Visible commitment from top-down
  - Accountability through performance metrics
- **Make Compliance Everyone's Job**
  - Microlearning in daily huddles
  - Just Culture for error reporting
- **Build Systems for Sustainability**
  - Automated tracking of critical items
  - Data-driven improvement cycles
- **Celebrate & Reinforce**
  - Recognize "Compliance Champions"
  - Share wins at all levels

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YOUR QUESTIONS, OUR ANSWERS

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QUESTION:

Can you provide any additional information about observation of care?

Is performing surgery on the day of the survey required?

QUESTION:

Do you, as an Accrediting Organization, recommend the use of a consultant?

QUESTION:

Do we have to maintain a paper binder in order to comply with the accreditation standards?

QUESTION:

What's the best way to organize our documentation for a QUAD A survey?

CONTACT US!

Clinical Questions?

Email Our Clinical Team!

standards@quada.org

Due to the high volume of submissions and the technical and legal considerations involved in addressing questions related to standards, we kindly ask for your patience. The clinical team will respond as soon as possible, in the order in which the questions are received, to ensure we provide you with the most accurate and well-informed answer possible.

THANK YOU!