



MITIGATING SURVEY DEFICIENCIES: STRATEGIES FOR ACCREDITATION SUCCESS

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Patients First. *Always.*

ABOUT QUAD A

QUAD A has worked with thousands of healthcare facilities to **standardize and improve the quality of healthcare they provide** – believing that **patient safety should always come first**. At QUAD A, the goal is simple, to be your **go-to provider when it comes to accreditation**.

- **Global Accreditation Organization**
- **Established in 1980**
- **Non-profit and Physician Founded**
- **Patients First. Always.**
- **Peer-based Survey Process**
- **Educational Approach to Compliance**
- **Mandatory 100% Compliance**
- **Board-certified or Eligible Staff**
- **Drives Continuous Quality Improvement**
- **CMS approved ASC-'97, OPT-'11, and RHC-'12**
- **IEEA accredited international since 2015**

PATIENTS FIRST. *ALWAYS.*



LEARNING OBJECTIVES:

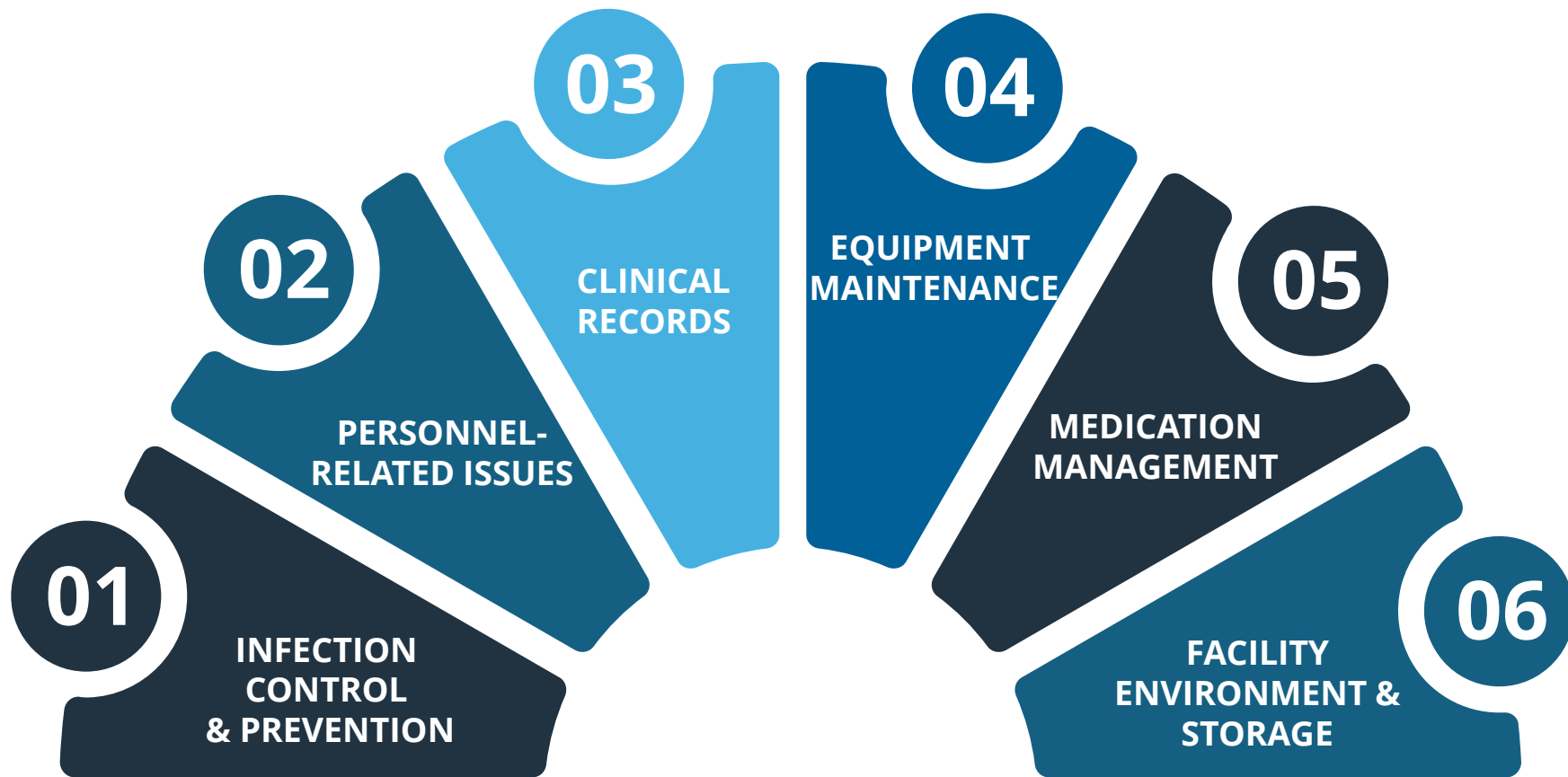
- Identify common deficiencies found during QUAD A surveys.
- Explain strategies in the QUAD A accreditation framework to improve compliance, engage staff, and enhance daily operations.
- Develop practical corrective actions using the QUAD A accreditation model to support a culture of continuous readiness and long-term accreditation success.



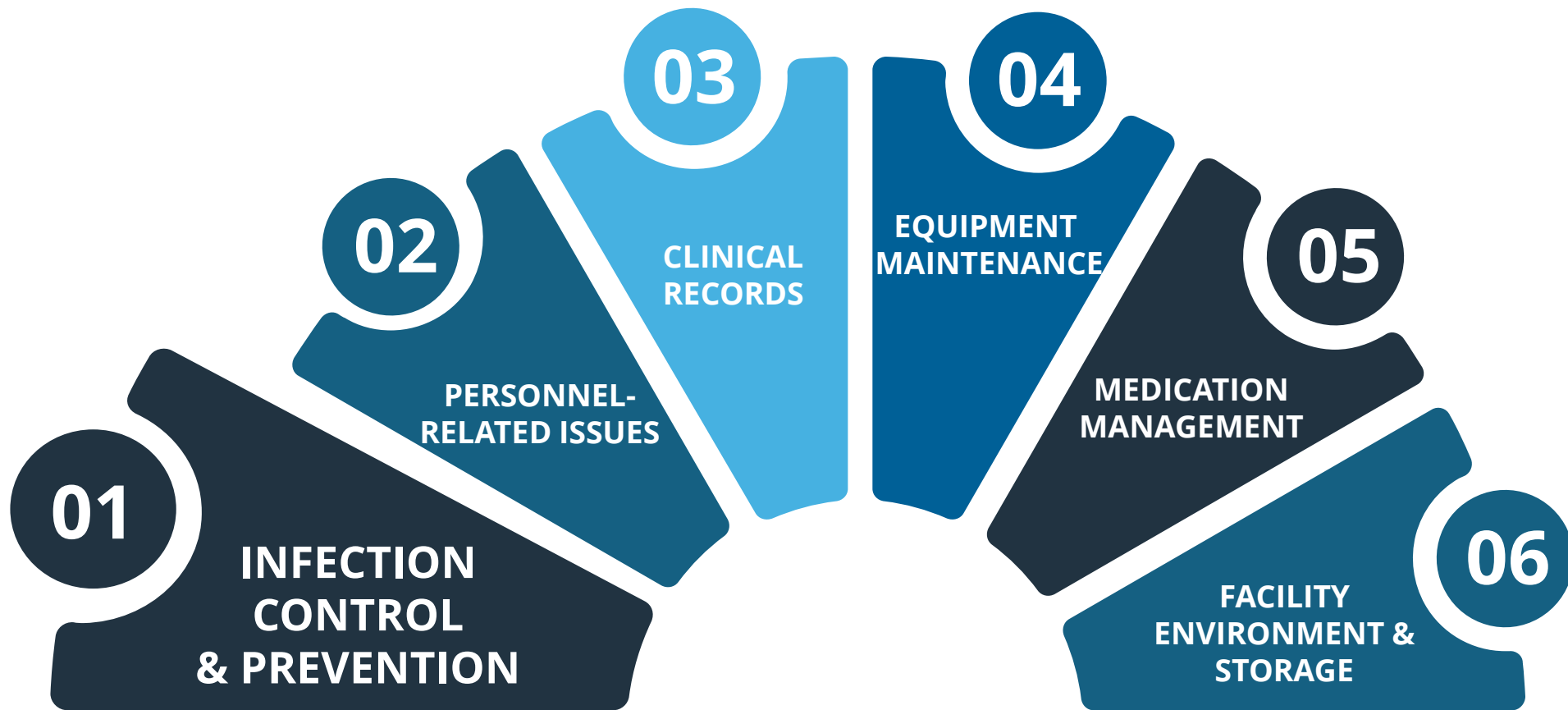
KNOW YOUR RISK: FREQUENTLY CITED AREAS OF DEFICIENCY DURING ACCREDITATION SURVEYS

Patients First. *Always.*

FREQUENTLY CITED AREAS OF SURVEY DEFICIENCIES



FREQUENTLY CITED AREAS OF SURVEY DEFICIENCIES



INFECTION PREVENTION

- OSHA/HIPAA training upon hire and annually.
- PPE is available and accessible.
- Hand hygiene when appropriate.
- Clean/dirty segregation in work and storage areas.
- Avoid cross-contamination when cleaning or disinfecting equipment or any items.
- Do not reuse anything that is designated for single use.

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INFECTION CONTROL & PREVENTION

- No cuts or tears in coverings.



INFECTION CONTROL & PREVENTION

- Change exam table paper between patients
- Place used linens in designated container
- Disinfect high-touch surfaces (at least daily) – blood pressure cuff, doorknobs, otoscope, ophthalmoscope



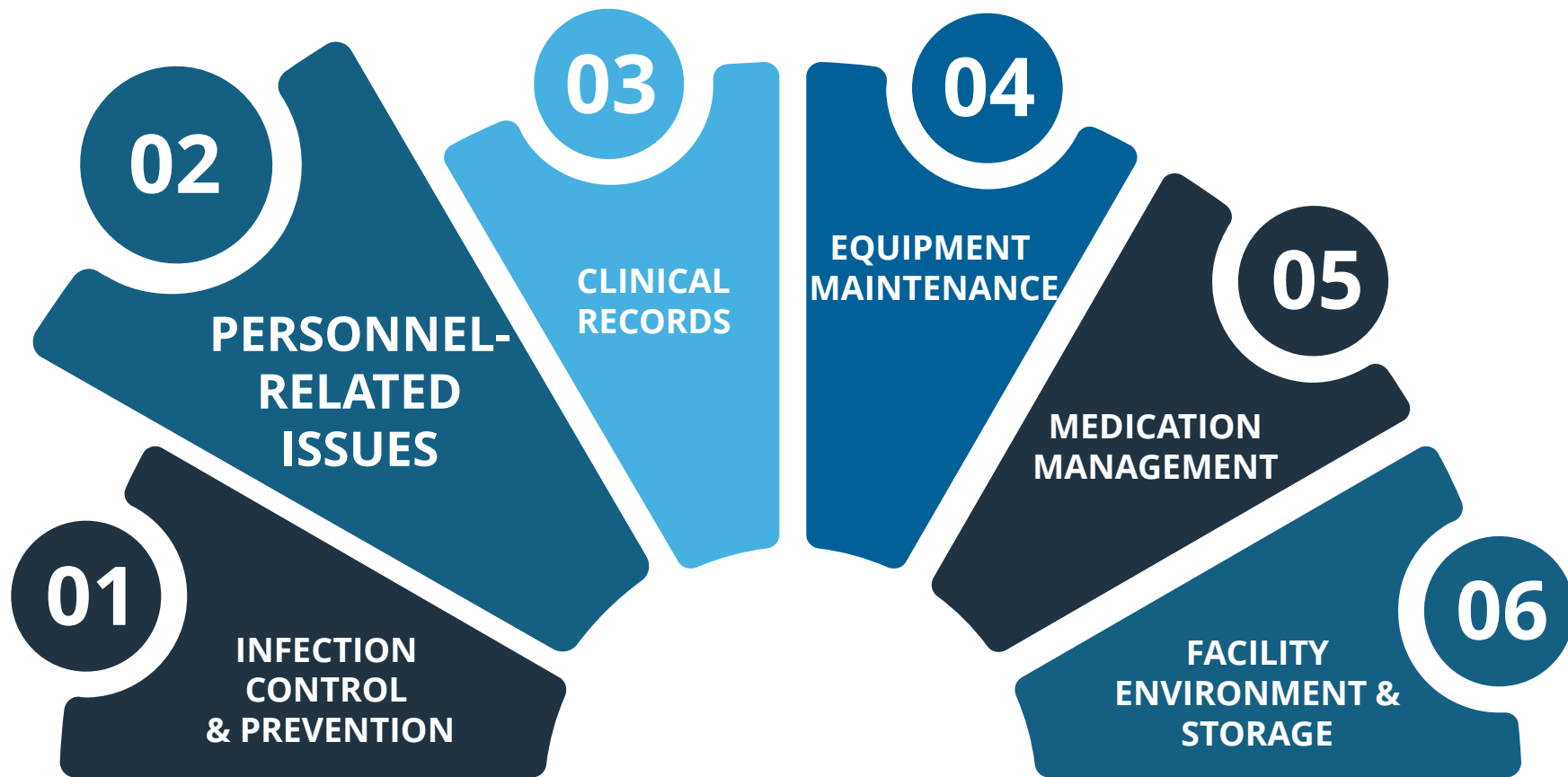
Are Manufacturer's guidelines followed?

INFECTION CONTROL & PREVENTION

- *Disposable instruments are best to use when possible.*
- ***Follow manufacturer guidelines for instrument sterilization, to include:***
 - Pre-clean instruments – wear PPE wear puncture and chemical-resistant heavy-duty gloves
 - Don't overfill your autoclave
 - Don't mix wrapped and unwrapped instruments.
 - Don't use packs that are wet
 - Place a biological monitor inside
 - Run weekly spore tests
 - Transport contaminated instruments in a puncture and leak-proof receptacle



FREQUENTLY CITED AREAS OF SURVEY DEFICIENCIES



BE COMPLIANT WITH FEDERAL, STATE, AND LOCAL LAWS

What Should Your Personnel Files Contain?

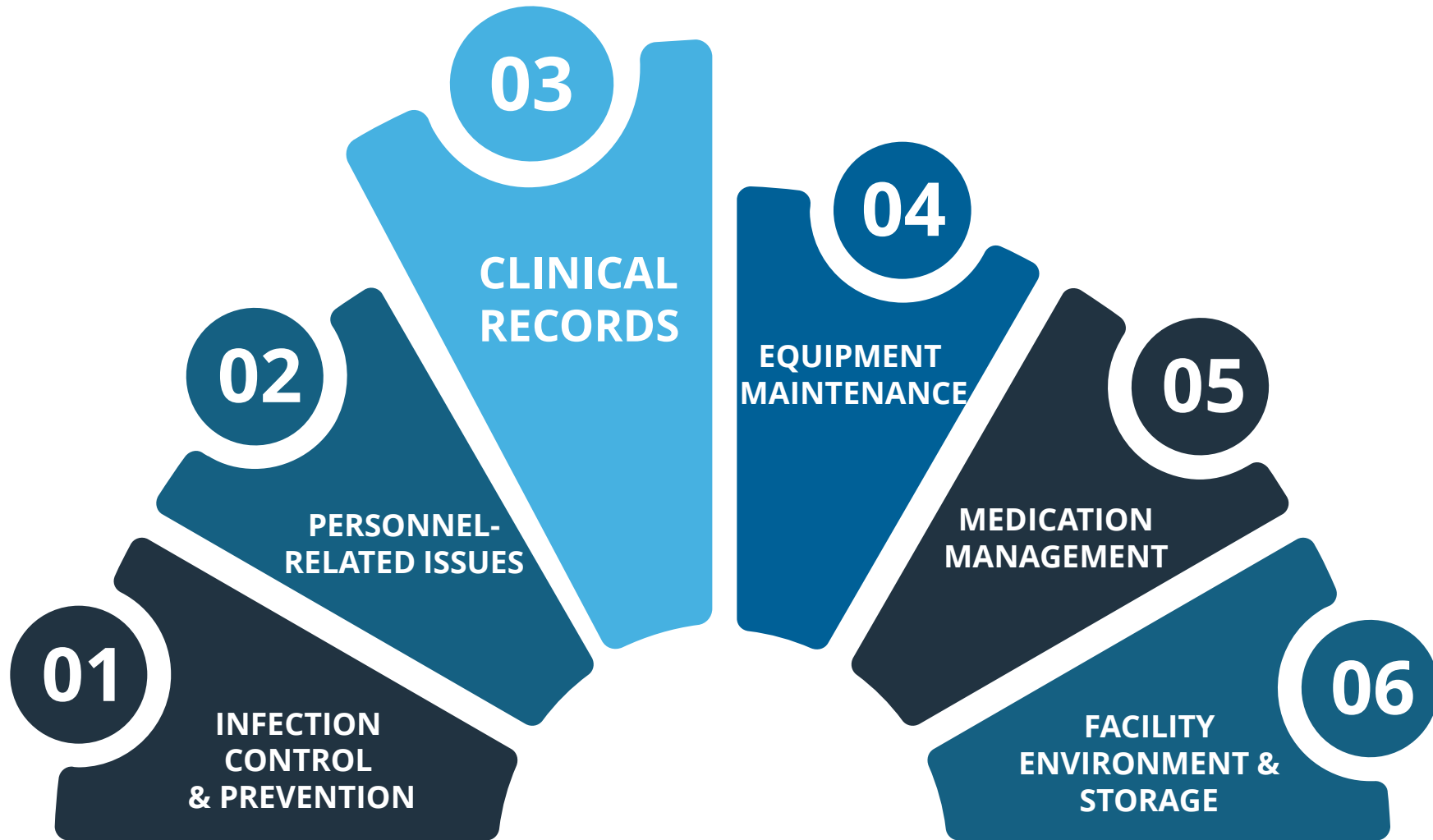
- Application
- Reference/Background Checks As Appropriate
- Drug Test Results (If required)
- I-9
- W-4
- OIG Exclusion
- Signed Job Description
- Code of Conduct
- Performance Appraisals
- Annual Training
- Competency Assessment
- BLS, ACLS, PALS Certifications (based on clinic policy)
- TB Screening Information
- Hepatitis B (or Declination) for Direct Care Patient Contact

DOCUMENT TRAINING FOR EVERY SITUATION

- **Bloodborne Pathogen Training**
- **Universal Precaution Training**
- **Hazard Safety Training**
- **Other Safety Trainings:**
 - Operative Fire Safety Training
 - Structure Fire Safety Training
 - Fire Extinguisher Training
- **Equipment Training & Competency Assessments**
 - Training Via Documents Or External 3rd Party Training Program
- **Facility Specific Emergency Protocols**
 - Both Direct Employees And Contracted Employees
- **Malignant Hyperthermia Crisis Management (If Applicable)**



FREQUENTLY CITED AREAS OF SURVEY DEFICIENCIES



DON'T FORGET
YOUR
PRE-OPERATIVE
DOCUMENTATION



pour la première fois
que je vous vois mon
plan et je me
vois vous regarder à
un très long et
me mange
mon le plan est

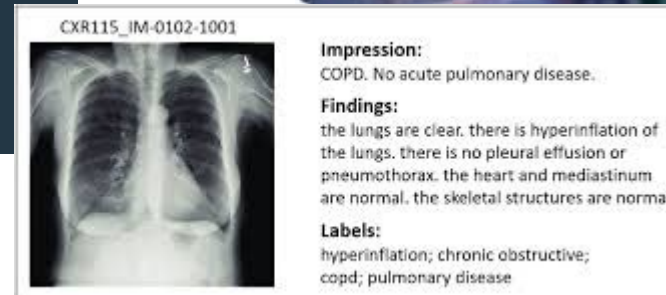


OTHER COMPONENTS OF YOUR CLINICAL RECORDS TO COMPLETE



Results	Mean	N
Haemoglobin (g/dL)	12.6	49
Haematocrit (%)	38.7	49
Leucocyte count (n/uL)	15 724	49
Ldh (mg/dL)	330.8	36
Lactate (mg/dL)	36.4	39 (/8)
Creatinine (mg/dL)	2.3	49 (98)
Urea (mg/dl)	90	49 (98)
Amylase (uL/L)	115	30 (60)
Phosphate (mg/dL)	4.1	12 (24)
CRP (mg/dL)	19.6	49 (98)
D dimer (mg/L)	43.3	10 (20)

N indicates the number of available results. CRP: C reactive protein; LDH: Lactate dehydrogenase.

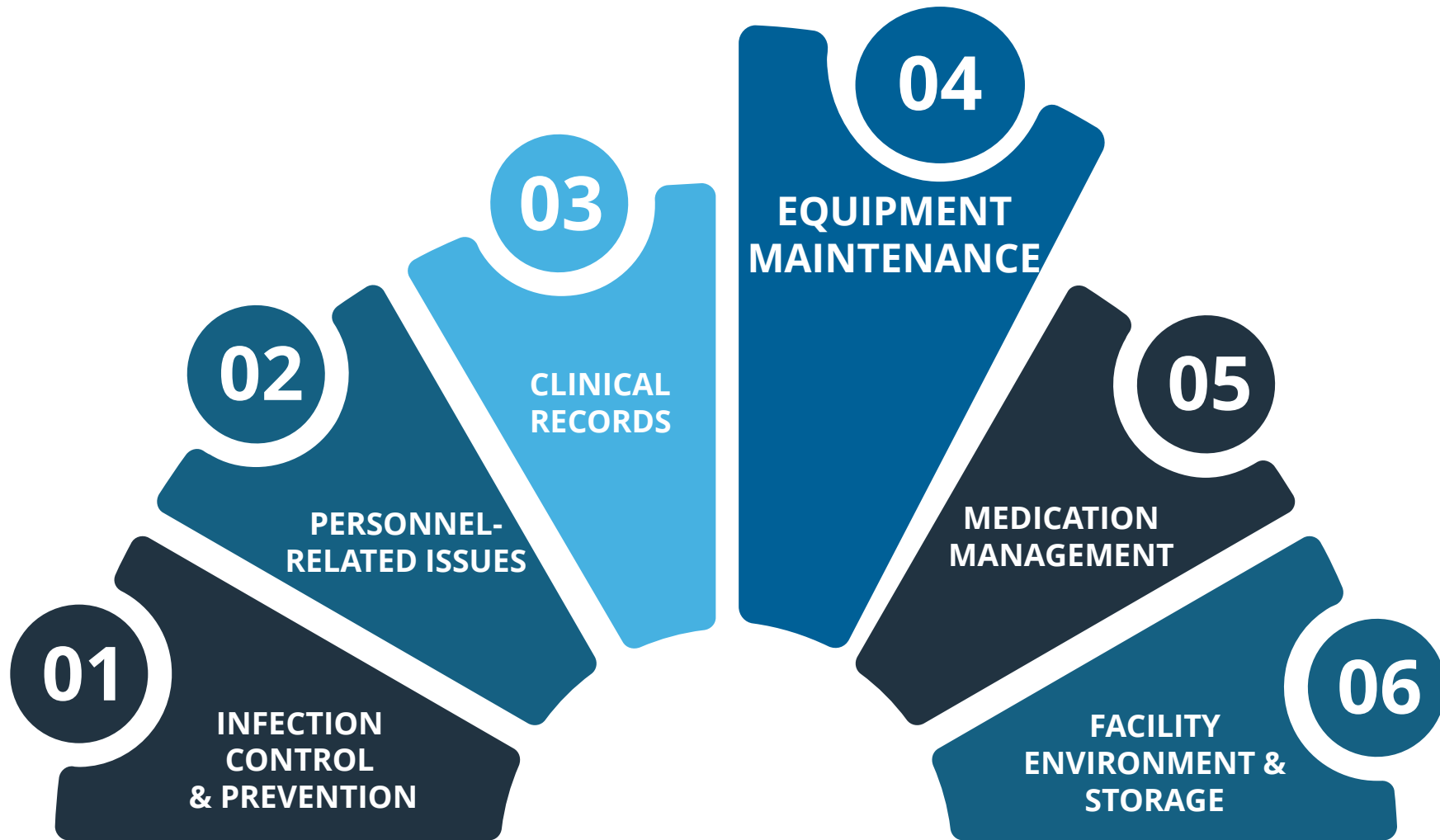


Impression:
COPD. No acute pulmonary disease.

Findings:
the lungs are clear, there is hyperinflation of the lungs, there is no pleural effusion or pneumothorax, the heart and mediastinum are normal, the skeletal structures are normal.

Labels:
hyperinflation; chronic obstructive; copd; pulmonary disease

FREQUENTLY CITED AREAS OF SURVEY DEFICIENCIES



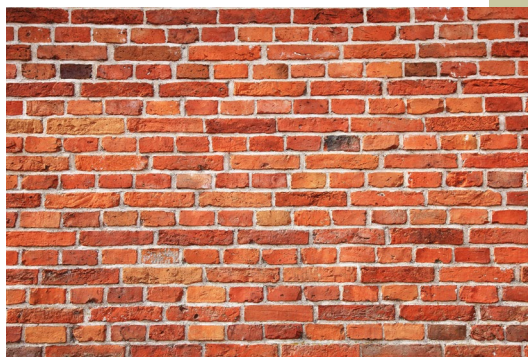
MITIGATING MAINTENANCE DEFICIENCIES



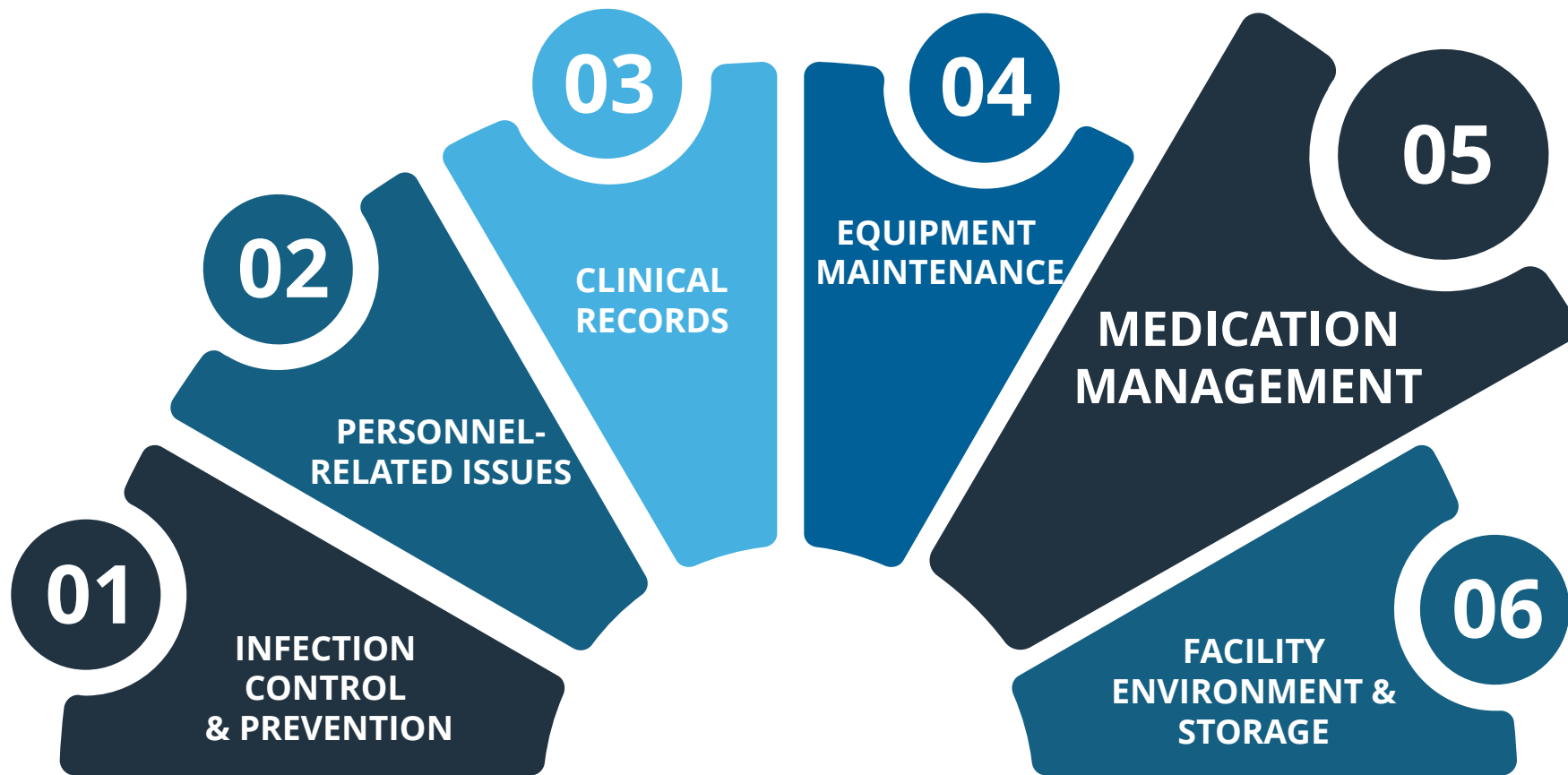
MITIGATING MAINTENANCE DEFICIENCIES



MITIGATING MAINTENANCE DEFICIENCIES



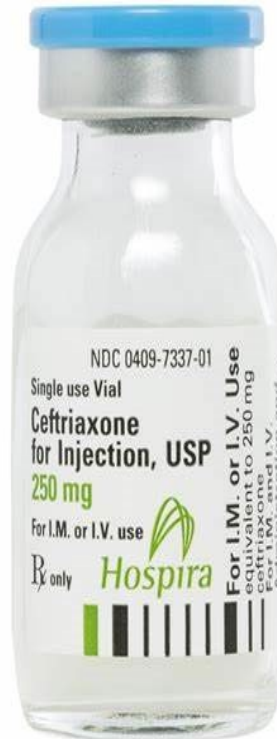
FREQUENTLY CITED AREAS OF SURVEY DEFICIENCIES



MEDICATIONS

Make sure all medications are secured, organized, in date, & in original containers.

- This includes samples.
- Provide education to staff so that they know the difference between MDV & SDV.
- MDV should be dedicated to a single patient. If MDV must be used for more than one patient, they should only be kept & accessed in a dedicated clean medication prep area away from immediate patient treatment areas.
- Have documentation that medication dates are checked per your policy



CONTROLLED MEDICATIONS

General storage rule:

- All controlled substances should be stored behind at least two differently keyed locks at all times.
- ***For keyed lockboxes:***
 - Do not store the keys near the lockbox
 - Do not store the keys together.
- Have current documentation regarding ordering/dispensing.
- Do not keep controlled substances in samples closet, medication refrigerator, or emergency box.

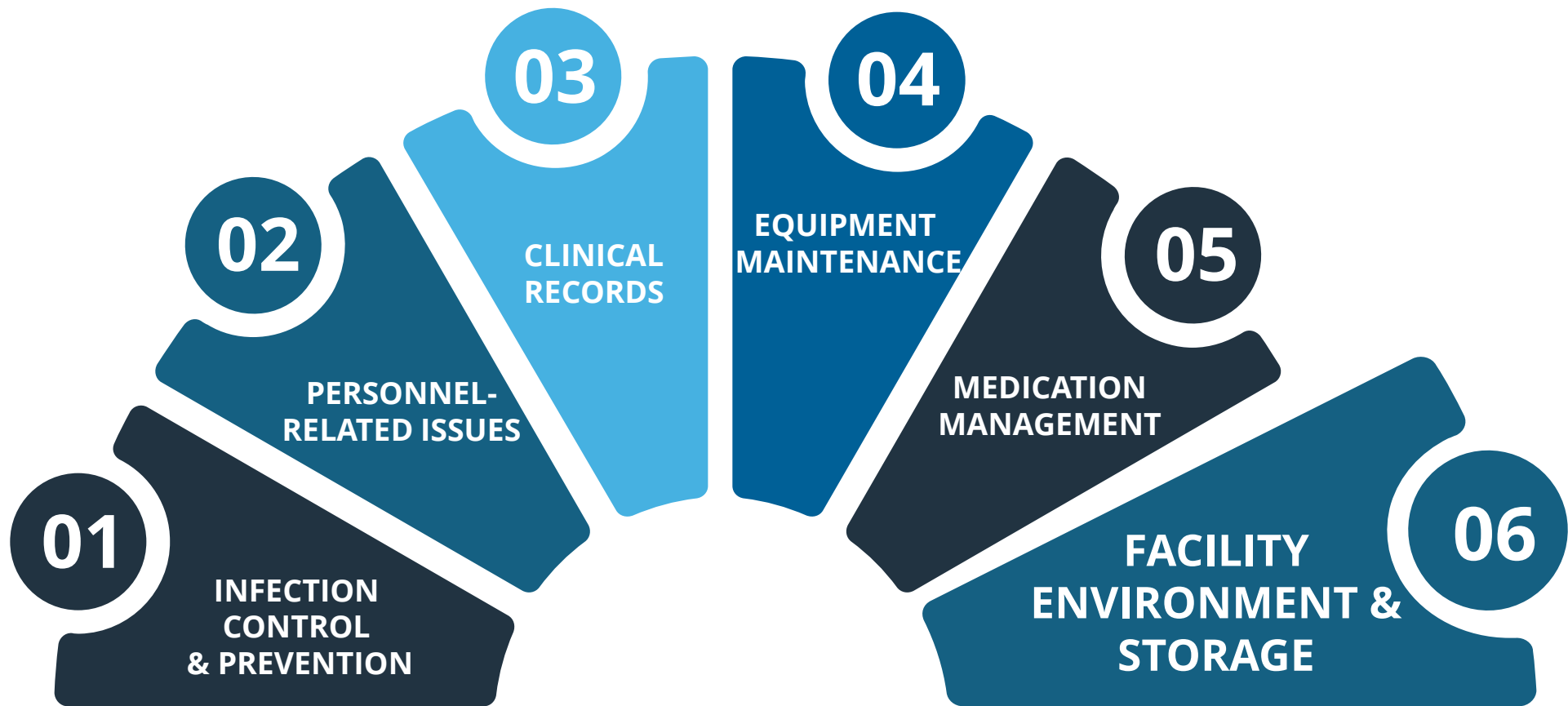


EMERGENCY MEDICATIONS

- The clinic provides medical emergency procedures as a first response to common life-threatening injuries and illness and has available the drugs and biologicals commonly used in life saving procedures.
- The Medical Director makes the decision as to what medications are necessary for their clinic.



FREQUENTLY CITED AREAS OF SURVEY DEFICIENCIES



MITIGATING STORAGE DEFICIENCIES





FOSTER A CULTURE OF CONTINUOUS READINESS FOR ONGOING ACCREDITATION SUCCESS

Patients First. *Always.*

STAY SURVEY READY

Stay Organized!

- Make accreditation readiness an organization-wide team effort
- Don't prepare for the survey – **prepare for your next patient!**
- Stay ready!



EDUCATE YOUR STAFF

- **Develop A Training Program**
- **Regularly Communicate Updates To Staff**
- **Encourage Engagement With Leadership**
- **Regularly Conduct And Document Competency Assessments To Determine Training Needs Of Your Staff**
- **Encourage A Culture Of Continuous Learning And Improvement**



TURN STAFF INTO STAKEHOLDERS

- **Leadership Sets The Tone**
 - Visible Commitment From Top-down
 - Accountability Through Performance Metrics
- **Make Learning Everyone's Job**
 - Microlearning In Daily Huddles
 - Just Culture For Error Reporting
- **Celebrate & Reinforce**
 - Recognize “Team Champions”
 - Share Wins At All Levels



ONGOING INTERNAL EVALUATION

- **Identify 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



CONDUCT 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

CREATE A 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



**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.***



OPEN Q&A WITH QUAD A'S CEO

Patients First. *Always.*



**THANK YOU FOR
ATTENDING!**

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