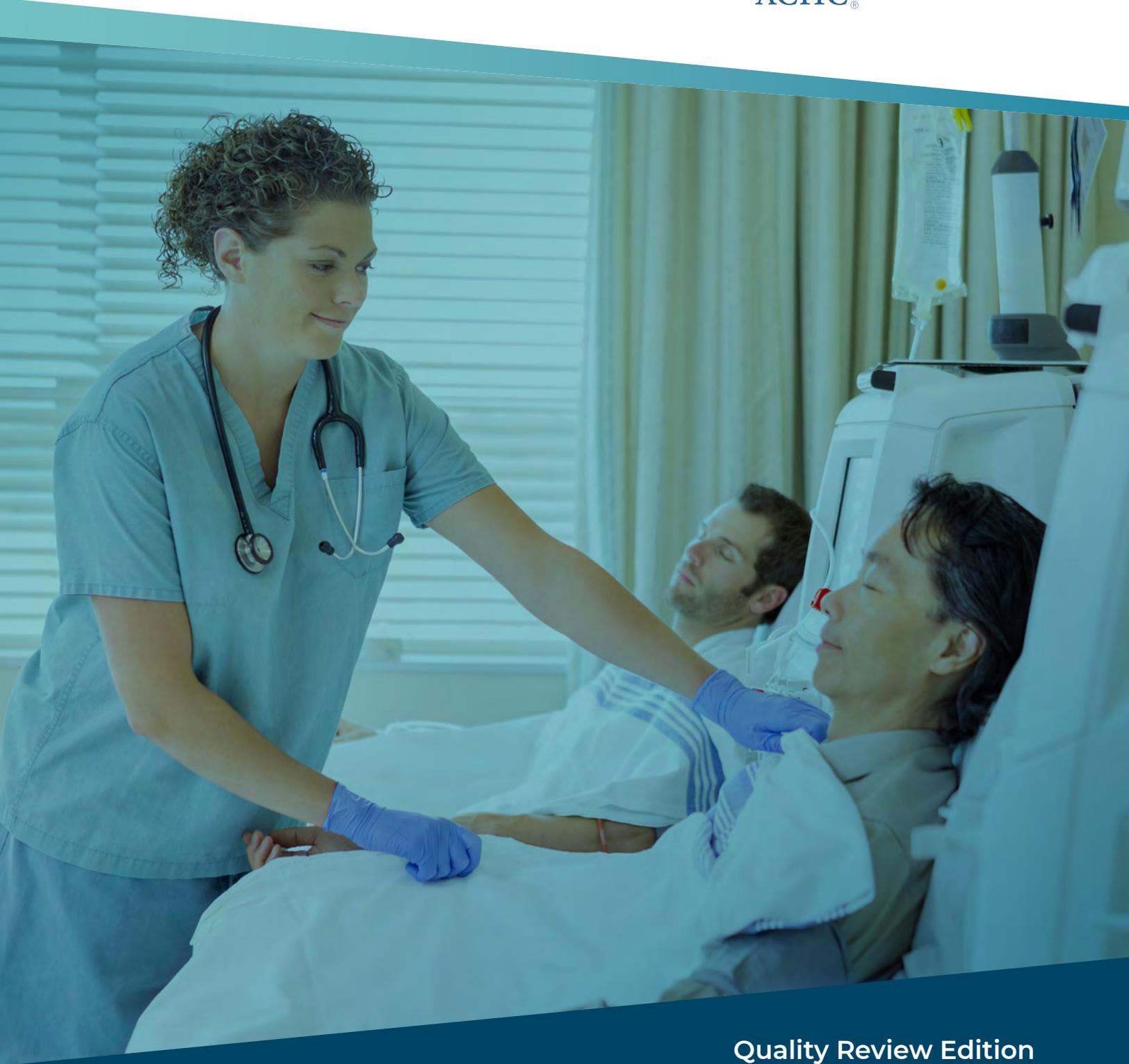


FALL/WINTER 2021



FOR PROVIDERS.
BY PROVIDERS.



Quality Review Edition

THE SURVEYOR



RENAL DIALYSIS

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MISSION STATEMENT

Accreditation Commission for Health Care (ACHC) is dedicated to delivering the best possible experience and to partnering with organizations and healthcare professionals that seek accreditation and related services.



CORNER VIEW

In the fall of 2020, ACHC merged with the parent company of the first U.S. healthcare accreditation program, HFAP. The merger added CMS-deemed accreditation for facility-based care including acute care hospitals, ambulatory surgery centers, clinical laboratories, critical access hospitals; non-deemed accreditation for office-based surgery; and certification for stroke care, wound care, joint replacement, and lithotripsy to ACHC's existing portfolio of community-based accreditation and education programs.

Part of the assimilation process has been to audit our distinct resources in order to bring the very best from each separate entity to our new, unified company. You are reading one result of

While healthcare is constantly evolving, we are currently emerging from a time of unusually rapid change.

that exercise. **The Surveyor** is an ACHC legacy publication, but the Fall/Winter edition now parallels what was previously HFAP's annual **Quality Review**. That publication examined the most frequently cited deficiencies for each accreditation program to give organizations a tool for benchmarking and improving their performance.

In years past, ACHC identified frequent deficiencies by program and made them available annually as a "top ten" list. Now, using **The Surveyor** to share the data gives us a vehicle to add value by deepening the analysis. This is presented in separate editions for closely

affiliated programs. You can access any of them on our website (achc.org) under Resources and Education/Publications.

As you review the edition or editions most relevant to your setting, you will read examples of actual survey findings. These serve to clarify the specific aspects of the standard that were found to be non-compliant. Following the sample citations, you'll find tips for compliance.

While healthcare is constantly evolving, we are currently emerging from a time of unusually rapid change. Some of the deficiencies cited in the following pages can be traced directly to the impact of COVID-19. Many organizations made significant adjustments to continue to meet the needs of their patient/client populations: adopting new technology for remote visits and patient monitoring; sourcing against PPE shortages; reassigning staff to manage furloughs and quarantines. These are all examples of unanticipated change that required quick action that may have shifted focus away from some areas of required compliance.

Organizations that previously received the HFAP **Quality Review** used it in conjunction with their Deficiency Report (ACHC's Summary of Findings) to compare their performance against peer organizations and to proactively address issues frequently seen in other organizations. Used this way, the data becomes part of the process of continuous quality improvement and on-going survey readiness. We want to help you avoid a series of ramp up activities as your survey approaches by making ACHC Standards part of your overall quality strategy.

As always, ACHC is here as a partner in meeting your accreditation and education needs. Your feedback on this publication and on any aspect of our programs is welcomed and invited.


José Domingos
President & CEO

ACHC holds the CMS deeming authority that allows accredited providers of renal dialysis to bill and receive payment from Medicare. Whether you offer in-center dialysis or home dialysis services, we take collaborative, strategic steps to assess and support improvement of your program; reviewing your governance, documentation, infection control practices, and the patient care provided by nurses and staff.

FROM THE PROGRAM DIRECTOR

Frequently-Cited Deficiencies

Organizations look to ACHC for leadership in establishing and evaluating quality. Identifying frequently-cited deficiencies provides a data-driven review of survey results across a defined period of time. It gives ACHC-accredited renal dialysis organizations a roadmap for improvement and it helps guide our efforts to provide meaningful, actionable education.

The data in this report reflect deficiencies cited on surveys performed between June 1, 2020, and May 31, 2021. The most frequently-cited deficiency in this period was RD7-A, which relates to infection control practices. Although highlighted by the public health emergency, the issue of infection prevention and control should always be an organization-wide focus for both quality of care and risk mitigation. This ACHC Standard, like all our requirements, reflects our focus on patient-centered quality and continuous operational improvement.

Two additional standards that were cited on more than half of the surveys conducted in the study period are closely related. Standards RD5-G and RD5-J come from the requirements section focused on provision of care and record management. The first defines an expectation for policies and procedures related to comprehensive, interdisciplinary assessments for each patient and the second builds on those assessments in requiring an individualized plan of care. The deficiencies reflect missing elements that can be avoided through review of policy to include all requirements,

reeducation of staff performing the assessments and plans of care, and ongoing client/patient file audits.

More and more, renal dialysis provider organizations see improved survey results as they go through the accreditation process multiple times. Each cycle allows for a deeper dive for the ACHC Surveyor and a recalibration opportunity for the organization. Generally speaking, we find that those providers that embrace the concept of accreditation as a framework for continuous quality improvement are more data- and outcome-driven and subsequently develop more sustainable business practices.

Extending the Impact of Your Organization

The ACHC renal dialysis team is passionate about supporting the organizations we serve.

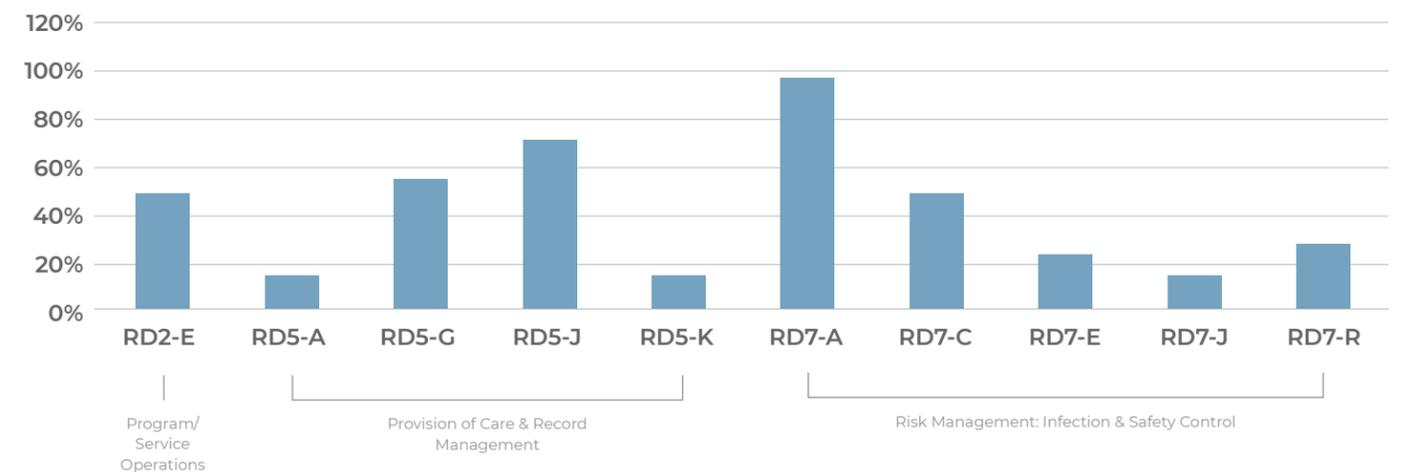
As an accreditation organization, ACHC works to help individual organizations showcase existing strengths and identify areas for improvement. For dialysis organizations, this personal approach is enhanced by staff and surveyors with deep expertise in this clinical focus. This experience is appreciated by facilities of all types and sizes and we are proud of our exceptional customer acceptance and high retention rate.

We look forward to your feedback on this summary of frequent deficiencies. Use it as a tool to assess your organization's performance and build on it. Please call on us at any time with questions and comments.

Teresa Hoosier, RN, CDN

Teresa Hoosier, RN, CDN
Program Director

RENAL DIALYSIS DEFICIENCIES



PROGRAM/SERVICE OPERATIONS

RD2-E

Overview of the requirement

The agency must create and implement a statement regarding the Patient Rights and Responsibilities.

Comment on deficiencies

The standard was cited when the agency did not establish a complete Rights and Responsibilities statement or did not provide it and document that the patient had received the statement.

Frequency of citation: 50%

Examples of Surveyor findings

Review of policy and procedure indicated that the agency:

- Did not establish a comprehensive statement regarding the Rights and Responsibilities of clients/patients.
- Did not distribute the Rights and Responsibilities statement to clients/patients.
- Did not maintain documentation that the patient received and understood the Rights and Responsibilities statement.

Tips for compliance

- Develop a comprehensive statement with the Rights and Responsibilities of clients/patients.
- Assign responsibility to the admissions team to discuss and distribute the statement to clients/patients.
- It's not enough to provide the statement. Re-educate staff on the importance of sharing this information and validating client/patient understanding of the document.

PROVISION OF CARE AND RECORD MANAGEMENT

RD5-A

Overview of the requirement

The standard ensures that an individual record is maintained for each patient and that the record reflects accurate clinical information.

Comment on deficiencies

Deficiencies resulted from patient records missing relevant and required elements.

Frequency of citation: 17%

Examples of Surveyor findings

- Incomplete list of laboratory tests (no identification of which labs should be drawn).
- No documentation of blood pressure or fluid management evaluation.
- No evidence to explain why the documented blood flow rate (BFR) differed from the prescribed BFR.

Tips for compliance

- Develop and implement a policy related to patient record requirements.
- Assign responsibility to the Director of Nursing to ensure that all assessments and other required elements of the record are completed and documented appropriately.

RD5-G

Overview of the requirement

The facility must have written policies and procedures that define the components of an assessment to be completed by the interdisciplinary team.

Comment on deficiencies

The standard was cited when comprehensive assessments were incomplete or when reassessment did not occur at least annually.

Frequency of citation: 54%

Examples of Surveyor findings

- The following elements were not included in comprehensive assessments:
 - » Laboratory profile.
 - » Immunization history.
 - » Medication history.
 - » Evaluation of dialysis access type and maintenance.
 - » Assessment of patient's abilities/preferences with the dialysis care process.
 - » Evaluation of current health status.
- Medical record review revealed no evidence of at least an annual comprehensive reassessment and revision of the plan of care.

Tips for compliance

- The goal of assessments is to inform an appropriate plan of care. Re-educate nursing staff on best practices for comprehensive assessments.
- Schedule reassessments and ensure that changes are reflected in the plan of care.
- Audit client/patient records for the presence of comprehensive assessments.

RD5-J

Overview of the requirement

Policies and procedures must be implemented for the interdisciplinary team to create an individualized comprehensive plan of care.

Comment on deficiencies

The standard was cited because of incomplete plans of care and missing elements.

Frequency of citation: 71%

Examples of Surveyor findings

- The plan of care was missing:
 - » Measurable and expected outcomes with estimated timetables to achieve these outcomes.
 - » Input from a RN, physician, and the patient.
 - » Description of care and services to manage the patient's volume status for specific dose of dialysis.
 - » Client/patient response to erythropoiesis-stimulating agents.
 - » Monthly progress notes.

Tips for compliance

- Conduct routine audits of comprehensive plans of care to ensure that the plans are accurate.
- Assign responsibility to the Director of Nursing to re-educate the interdisciplinary team on best practices for the plan of care.

RD5-K**Overview of the requirement**

For home patients, the facility must ensure that they receive services and care equivalent to that provided to in-facility patients.

Comment on deficiencies

Deficiencies resulted from inadequate patient/caregiver training and missing documentation of the training checklist.

Frequency of citation: 17%

Examples of Surveyor findings

- Patients and caregivers did not receive and demonstrate adequate comprehension of training.
- Missing signatures of patient and physician on training checklist.

Tips for compliance

- Review the process and required elements of the training checklist with the training nurses.
- Conduct periodic review of the training checklists to ensure that all patients and caregivers receive adequate training and that the trainings are documented appropriately.

RISK MANAGEMENT: INFECTION AND SAFETY CONTROL**RD7-A****Overview of the requirement**

The facility must maintain and document an infection control program to protect patients and personnel from infections and communicable diseases.

Comment on deficiencies

The standard was cited when infection control measures were inadequate.

Frequency of citation: 96%

Examples of Surveyor findings

- The facility did not demonstrate appropriate infection control measures and appropriate cleaning procedures, as evidenced by the following observations:
 - » Dried blood spots on machines.
 - » Clean carts had stains on the lining pads.
 - » Exposed/uncapped spray heads.
 - » Patients' dialysis chairs were handled without gloves.
 - » Lab samples kept in the refrigerator were not labeled with a biohazardous symbol.
- The facility did not have a policy that addressed a detailed OSHA Blood Borne Pathogen and TB Exposure Control Plan training for all direct care personnel.

Tips for compliance

- Conduct regular infection control surveillance rounds and report findings to the relevant committee.
- Conduct routine checks of all areas and equipment to ensure the highest level of infection control.
- Conduct routine checks of the facilities and environment of care to ensure cleanliness and infection control measures.
- Emphasize and encourage continuous education and improvement with infection control practices.
- Promote a culture of cleanliness.

RD7-C**Overview of the requirement**

The facility must provide infection control training and education.

Comment on deficiencies

The standard was cited when facilities did not demonstrate adequate infection control training.

Frequency of citation: 50%

Examples of Surveyor findings

- Incorrect aseptic technique observed: Staff member failed to clean a septum with alcohol before inserting the needle into the vial on two separate entries when drawing up heparin.
- Personnel observed only using a back-and-forth motion at the exit site rather than a circular pattern per the policy.
- No evidence of COVID-19 focused infection control training, nor any documentation of self-assessment screening for staff.
- No documentation present in the record to indicate actions were taken for further assessment, follow up, or a plan to address an infection control issue.

Tips for compliance

- Incorporate regular infection control surveillance round findings into training, including:
 - » Checks of all equipment to ensure the highest level of infection control.
 - » Checks throughout the facility and environment of care to ensure cleanliness and infection control measures.
- Emphasize and encourage continuous education and improvement with infection control practices.
- Promote a culture of cleanliness.

RD7-E**Overview of the requirement**

The facility must be able to demonstrate that the water and equipment used for dialysis meets AAMI's quality standards and requirements.

Comment on deficiencies

The standard was cited when the quality standard for the water and equipment system and processes was not met.

Frequency of citation: 25%

Examples of Surveyor findings

- Access to the water purification and storage system was not restricted to authorized dialysis personnel.
- Policy did not properly address the frequency of portable reverse osmosis monitoring including chlorine testing for safe and effective operation.
- Chlorine testing was verbally confirmed but not documented in the log.
- There was no evidence of periodic audits being performed of the operators' compliance with procedures.

Tips for compliance

- Assign responsibility to the Facilities Manager to ensure that the water system and equipment are in compliance with the AAMI standards.
- Observe practices and documentation and re-educate staff when deficiencies are identified.

RD7-J**Overview of the requirement**

The facility must provide and maintain a safe, functional, and comfortable space for patients and staff.

Comment on deficiencies

Deficiencies resulted from inadequately maintained facilities.

Frequency of citation: 17%

Examples of Surveyor findings

- Fire extinguisher not inspected annually.
- Insufficient space between dirty sink and patient station (no barrier to prevent potential splash or cross-contamination).

Tips for compliance

- Assign responsibility to the Facilities Manager to frequently review and maintain all spaces to ensure patient and staff safety.

RD7-R**Overview of the requirement**

The facility must develop and implement emergency preparedness policies and procedures that are reviewed and updated at least every two years.

Comment on deficiencies

The standard was cited when elements in the facility's emergency preparedness plan were missing or aspects of the plan were not implemented.

Frequency of citation: 29%

Examples of Surveyor findings

- The emergency preparedness plan lacked information regarding a system to track the location of on-duty staff and sheltered patients in the facility's care during an emergency.
- The emergency preparedness plan lacked information regarding a means to shelter in place for patients, staff, and volunteers who remain in the facility.
- The plan did not include information regarding the use (or non-use) of volunteers or other staffing strategies in an emergency situation.
- The plan did not address a system of medical documentation that preserves patient information, protects confidentiality of patient information, and secures and maintains availability of records in an emergency.
- The plan did not address provision of care and treatment at an alternate care site identified by emergency management officials, in accordance with section 1135 of the Social Security Act.
- Emergency equipment such as a suction device is not immediately available on the premises at all times.
- Patients stated they are unaware of what to do if they are unable to receive dialysis in the facility due to an emergency.

Tips for compliance

- Conduct routine review the facility's emergency preparedness plan to ensure that all elements are included and implemented.

**We're here to help.**

To learn more, visit our website at [achc.org](https://www.achc.org), call us at (855) 937-2242, or email customerservice@achc.org.

ACHC OFFERS MORE, SO YOU CAN OFFER MORE TO YOUR PATIENTS



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