





CIS Self-Study Lesson Plan

Lesson No. CIS 263 (Instrument Continuing Education - ICE)

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Preparing for an Accreditation Survey

LEARNING OBJECTIVES

1. Review Accreditation Organizations
2. Discuss Central Service professionals' involvement in the survey process
3. Explain the surveyors' focus during the survey process

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EVEN THOUGH THE ACCREDITATION PROCESS HAS BEEN IN PLACE for many years, many Central Service (CS) professionals lack a solid understanding of why accreditation is important to the facility. Some of CS professionals' accreditation-related questions may include:

- What is accreditation?
- Why do facilities go through accreditation surveys?
- Why does the CS department have a major role in the accreditation process?

Accreditation is a process of peer review by professionals such as healthcare administrators, physicians, nurses and engineers. The review process maintains high standards that meet or exceed state and federal requirements. Some insurance companies require accreditation for reimbursement. The Centers for Medicare and Medicaid Services (CMS), the federal agency that requires accreditation in order to be able to receive federal funds, requires that facilities comply with the government's hospital Conditions of Participation (CoP). Facilities must meet these standards to participate in the Medicare and Medicaid programs. In recent years, greater focus has been placed on infection prevention – and CS provides the first line of defense for the patient. CS professionals perform numerous infection prevention tasks, including decontamination, disinfection and sterilization of all medical devices, and these tasks are undertaken to provide quality products for patient care.

This lesson will focus on the surveying

organizations, the survey process and the Certified Instrument Specialist's (CIS) role in that process.

OBJECTIVE 1: REVIEW ACCREDITATION ORGANIZATIONS

CMS is the federal governing body that may grant authority to an accreditation organization (AO). An AO must demonstrate its ability to meet or exceed the Medicare CoP, as cited in the Code of Federal Regulations. Some of the AOs with CMS authority include:

- **The Joint Commission (TJC).** This agency is an independent non-profit organization that deems accreditation for many healthcare organizations. TJC focuses on systems critical to the safety and quality of care, treatment and services provided to patients.
- **Accreditation Association for Ambulatory Health Care (AAAHC).** This is a private, independent non-profit organization that accredits healthcare facilities for



ambulatory healthcare.

- **Accreditation Commission for Health Care (ACHC).** This organization accredits home care agencies and associated providers.
- **American Association for Accreditation of Ambulatory Surgery Facilities (AAAASF).** This organization is one of the largest non-profit outpatient accrediting organizations and was established to standardize and improve the quality of healthcare in outpatient facilities.
- **Community Health Accreditation Program (CHAP).** This is the first accrediting body for community-based healthcare organization in the U.S.

In the past, accreditation surveys were announced surveys, and healthcare facilities knew when they would be visited. Today, surveys are unannounced, and occur every 18 to 36 months. This is why it is important that healthcare workers are always prepared for a survey visit by an AO.

Each year, TJC conducts an in-depth review of specific topics and the organization considers new scientific data, the opinions of subject matter experts in the field, and the responses from other organizations relating to accreditation programs. TJC surveys are conducted according to national standards, local policy and community standards, which include the number and characteristics of the people in one's geographic location. To obtain accreditation after the completion of the survey, the hospital must score a certain percentage for elements of performance (EP), which are used to measure compliance. If any areas fall below the set standard, the surveying agency will document the deficiency and require a plan for improvement.

Certain EPs have a measure of success

(MOS); this is a quantifiable measure showing whether an action of correction has been effective and sustained.

- 0- Insufficient compliance
- 1- Partial compliance
- 2- Satisfactory compliance

Requirements for Improvement (RFI) have a 45-day timeline for resolution, based on the highest risk for direct patient care.

OBJECTIVE 2: DISCUSS CENTRAL SERVICE PROFESSIONALS' INVOLVEMENT IN THE SURVEY PROCESS

Healthcare facilities should ensure adequate resources are available to support CS educators and supervisors, and ensure they are staying current and proficient in all reprocessing steps related to medical device processing. CS managers should ensure all CS professionals are properly trained and competent in their jobs. It is the responsibility of all facility employees to maintain the facility in a constant state of survey readiness. It is also the responsibility of each CIS technician to attend all training sessions and to maintain proficiency in their jobs.

All employees must be knowledgeable of the accreditation preparation process and understand the importance of following consistent practices in their daily assignments. They must meet performance standards and be able to verbalize the management review process because surveyors may ask the employees how their performance is reviewed. Involving all staff in departmental process changes can promote compliance and lead employees to take greater ownership and accountability of those processes.

TJC's human resource standard, HR.01.06.01, requires CS staff to be competent in performing their responsibilities. The hospital outlines

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the competencies required for staff; assessment tools are used to determine the individuals' competence and skills. According to HR.01.06.01, "The skill assessment should be performed by an individual with the educational background, experience, or knowledge relating to the skills." Surveyors' method for tracking staff competencies lead to review of human resource documents, including a job description checklist and annual training schedules.

During the survey process, one or more surveyors will speak with CS technicians at their workstations. Questions will likely revolve around safety, disaster preparedness, infection prevention, and department policies and procedures.



Surveyors will also watch technicians performing daily tasks. During this process, surveyors will check to ensure manufacturers' instructions for use (IFU) are available and appropriately followed. They will also check technician's knowledge regarding equipment operation and testing. It is important that each technician be properly trained for the tasks they perform and be comfortable discussing the correct process.

OBJECTIVE 3: EXPLAIN THE SURVEYOR'S FOCUS DURING THE SURVEY PROCESS

Surveys may differ based on the facility or the surveyor's background. Surveyors may focus on past issues, specific areas and current national issues [e.g., the availability of and adherence to IFU for all medical devices; endoscope reprocessing practices and immediate use steam sterilization (IUSS) practices]. Surveyors expect technicians to have immediate access to current IFU in a hard copy or an electronic version. Using an IFU, technicians should be able to identify the cleaning instructions [e.g., type of detergents, specific brushes, manual and mechanical cleaning processes recommended, how to process items that cannot be immersed, recommended preparation and packaging systems (wrapped, rigid container, peel packed), and methods of sterilization validated for that device]. In endoscope reprocessing, technicians may be asked to demonstrate appropriate steps, in accordance with the manufacturers' IFU; this could involve demonstrating how to reprocess a flexible endoscope.

IUSS should only be used for emergency situations and not be relied upon as routine practice. Surveyors will want to know a process improvement plan is in place to decrease the need for IUSS within the facility (e.g., plans for

equipment replacement or instrument purchasing). Surveyors may also ask to review logs documenting instrument set weights, sterilization loads, biologicals (both steam and low temperature), processing equipment testing results, equipment filter changes, and more.

Environmental controls for temperature, humidity and air flow require continual monitoring to ensure optimal conditions are met in CS decontamination, preparation and processing, and storage areas. These records will be reviewed for compliance. Surveyors will also check the area to ensure the department is clean, in good repair and compliant with all safety guidelines. All areas outside CS (ancillary departments) associated with cleaning, high-level disinfection (HLD), sterilization, and storage of medical devices are required to be monitored as well, and their procedures should be consistent with those in the CS department.

Surveyors will also review training records and ensure all staff receive the necessary education.

CONCLUSION

Patient safety and quality care are the focus of the accreditation process in healthcare facilities. Adopting and following the recommendations and standards set by organizations such as AAMI, AORN, SGNA and other certifying organizations impacting the CS profession is a necessity to ensure that organizations maintain their accreditation status and are able to deliver safe, high quality patient care.

It is best practice for all CS professionals to consistently follow guidelines and be survey ready at all times. CS technicians' performance should reflect the CS department's policy and procedures, manufacturers' IFU, and annual competencies.

RESOURCES

Seavey, R. *Sterile Processing in Healthcare Facilities Preparing for Accreditation Surveys*, Second Edition.

Seavey, R. *Taking the Chaos Out Accreditation Surveys in Sterile Processing High level Disinfection, Sterilization and Antisepsis*. American Journal of Infection Control. March 2016.

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CIS Self-Study Lesson Plan Quiz - Preparing for an Accreditation Survey

Lesson No. CIS 263 (Instrument Continuing Education - ICE) • Lesson expires September 2020



1. Which federal organization governs the accreditation process?
 - a. Accreditation Commission for Health Care
 - b. Centers for Medicare and Medicaid Services
 - c. The Joint Commission
 - d. Community Health Accreditation Program
2. Which organization surveys ambulatory healthcare?
 - a. Community Health Accreditation Program
 - b. Accreditation Commission for Health Care
 - c. Accreditation Association for Ambulatory Health Care
 - d. The Joint Commission
3. Surveys are conducted according to:
 - a. National standards
 - b. Association for the Advancement of Medical Instrumentation regulations
 - c. Conditions of participation
 - d. Measure of success
4. If an area for improvement is noted during the survey, it must be corrected:
 - a. Prior to the next survey
 - b. Within 45 days
 - c. Within 18 months
 - d. Immediately
5. It is important to always be ready for an accreditation survey because:
 - a. It is hospital policy
 - b. It is a legal requirement
 - c. A positive survey score may lead to a technician's career advancement
 - d. Surveys are unannounced
6. It is the healthcare facility management team's responsibility to ensure Certified Instrument Specialist technicians attend all scheduled training sessions.
 - a. True
 - b. False
7. Frontline staff should:
 - a. Be knowledgeable about the survey process
 - b. Follow consistent practices
 - c. Meet performance standards
 - d. All the above
8. The Joint Commission's Human Resource Standard HR.01.06.01 requires CS staff to:
 - a. Follow the department's procedures
 - b. Follow Association for the Advancement of Medical Instrumentation guidelines
 - c. Be competent at performing their responsibilities
 - d. All the above
9. During the survey, the surveyors will likely ask questions regarding:
 - a. Safety
 - b. Departmental policies
 - c. Disaster preparedness
 - d. All the above
10. Surveyors will check to ensure instructions for use are available and being followed.
 - a. True
 - b. False
11. Accreditation surveys are the same from facility to facility within the same community.
 - a. True
 - b. False
12. During a survey, technicians should be able to discuss and locate the following on instructions for use:
 - a. Type of detergents recommended for use
 - b. Approved sterilization methods
 - c. Approved packaging systems
 - d. All the above
13. Surveyors may review employee education records for compliance.
 - a. True
 - b. False
14. All departments in the facility that perform high-level disinfection need to follow the same procedures performed in the Central Service department.
 - a. True
 - b. False
15. Surveyors may ask a technician to demonstrate how to clean a flexible endoscope.
 - a. True
 - b. False

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