



EDUCATIONAL RESOURCES

Survey-Ready Every Day:

Turning Compliance Into a Daily Habit

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AMBULATORY SURGERY CENTER



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Learning Objectives

01

Why Survey Readiness Matters Daily

Understanding the critical importance of continuous compliance versus last-minute preparation

03

Build Compliance Into Workflows

Practical strategies to weave compliance seamlessly into daily operations

02

Common Pitfalls & Risks

Identifying the most frequent compliance gaps that trip up ASCs during surveys

04

Leadership & Staff Buy-In

Creating team ownership because compliance isn't a one-person show

Why Survey Readiness Matters

Unannounced Surveys Demand Constant Readiness

Surveys are always unannounced; there's no warning call. Without continuous readiness, your facility is exposed to serious compliance risks.

Gaps Directly Jeopardize Patient Safety

Compliance failures are not just administrative oversights. They lead to tangible dangers such as infections, medication errors, or critical evacuation issues, putting patients and staff at risk.

Daily Readiness Ensures Safety and Peace of Mind

Being survey-ready every day builds a culture of safety. It offers peace of mind, knowing your facility is covered, secure, and prepared no matter when the surveyor arrives.

Important: 70% of Ambulatory Surgery Centers (ASCs) receive citations due to preventable compliance gaps.

Consequences of Gaps

Patient Harm

Infections, medication errors, and safety oversights that directly impact patient wellbeing

Financial Impact

Fines, sanctions, potential loss of certification, and damaged reputation with surgeons

Staff Stress & Turnover

Constant survey panic and firefighting lead to burnout in today's tight labor market

Myth vs. Reality



MYTH

Prep is only for survey week



REALITY

Compliance is continuous

What Survey-Ready Looks Like



Policies = Practice

Your policies match what your staff do—no gaps between the manual and reality



Staff Explain the "Why"

Your team can explain, in their own words, why they do what they do



Documentation Complete

Records are complete and done on time, not backdated or rushed at the last minute



Environment Safe & Clean

ORs, supply rooms, and hallways are consistently

Staff Perspective: The Reality

"Logs are stressful at month-end"

"I don't know what to say to surveyors"

"We feel rushed before surveys"

"I try to plan my vacation right for survey, so I don't have to be there"

"Surveys feel like a test I didn't study for"

Building a Compliance Culture



Embed in Daily Workflows

Routine audits and checks become part of regular operations, not extra tasks



Quick Huddles & Spot Checks

Stay proactive with brief daily meetings and random compliance observations



Treat Findings as Opportunities

Use QAPI-driven fixes to turn gaps into systematic improvements



Foster Shared Ownership

Compliance isn't just for managers—nurses, techs, and front desk all play a role

Habits in Action



These habits can prevent 35% of infection-related deficiencies noted by ACHC

Common Compliance Gaps



Documentation

Missing consents/signatures, incomplete medication reconciliation, unsecured records, delayed charting



Infection Control

Improper safe injection practices, undocumented sterilization logs, PPE misuse, indicator mishandling



Environment

Expired supplies, unsecured medications, incomplete crash cart logs, unsanitary storage



Emergency Prep

Missing QAPI after-action reports, outdated emergency plans/call trees, incomplete drill logs

Fixing Compliance Gaps

Documentation Fixes

Daily chart audits, standardized QAPI forms, peer reminders for consents

Infection Control

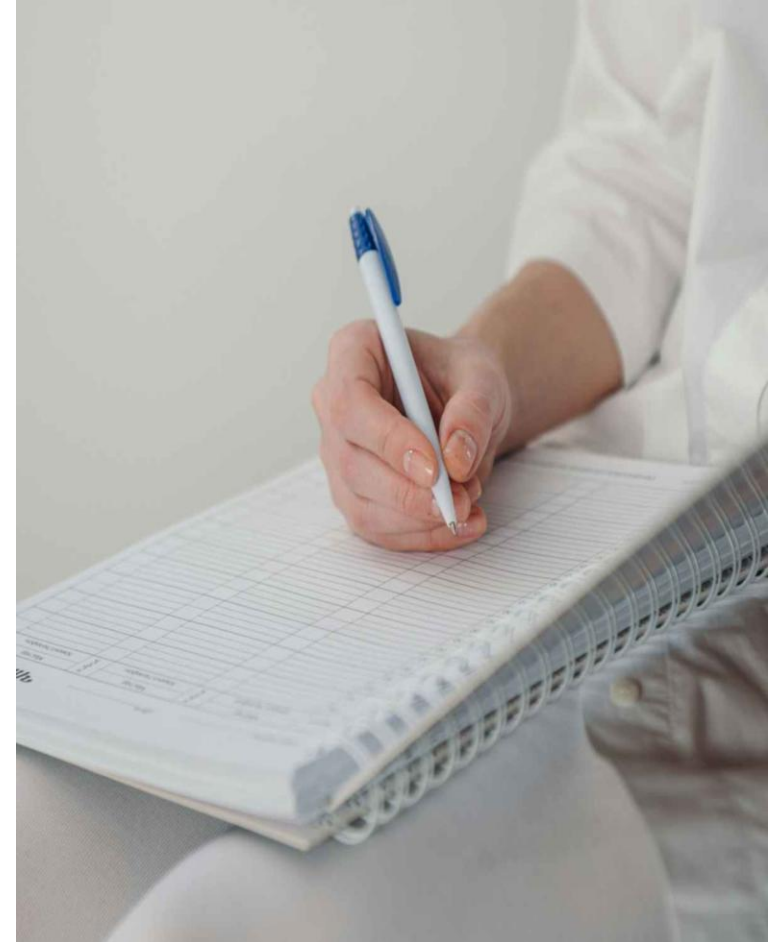
Log all IV attempts, PPE competency audits, standardized indicator protocols

Environment

Monthly supply sweeps, daily crash cart checklists, secure medication storage

Emergency Prep

After-action templates, annual call tree updates, quarterly drill debriefs



Mini-Case: The Expired Crash Cart Med



The Setup

1

ASC had flawless crash cart logs—on paper, everything looked perfect

2

The Discovery

Surveyor opened the cart and found an expired vial inside

The Lesson

3

Paperwork ≠ Practice

Leadership's Role



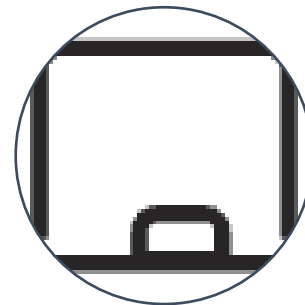
Model Compliance Daily

Check logs, wear PPE correctly—staff follow your lead in everything you do



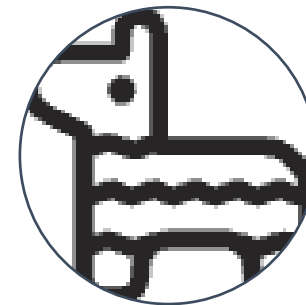
Ask Curious Questions

"Can you show me how we document physician risk assessment preoperatively?" instead of blaming when gaps appear



Teach in Real Time

Guide staff on chart documentation or sterilization protocols in the moment



Celebrate Good Catches

Recognize staff who spot expired supplies or unsecured medications with genuine praise



Building Staff Buy-In

Connect to Patient Safety

Explain how medication reconciliation prevents errors and hand hygiene avoids infections

Run Quick Drills

5-minute mock surveyor Q&As where staff practice explaining their processes



Share Success Stories

Real examples of good catches preventing errors or documentation lapses causing harm

Recognize Good Catches

Thank staff for spotting issues like unsecured medications to reinforce accountability

Involve in Solutions

Let staff design checklists, lead PPE audits, and participate in QAPI improvements

Tools for Daily Readiness

Chart Audits, Checklists & Logs

Paper or digital tools for medication reconciliation and sterilization ensure complete records

Structured Leadership Rounding

Daily environment checks catch expired supplies or unsecured medications before surveyors

Daily Compliance Huddles

Align staff on priorities like PPE use, addressing top infection control citations

Technology Solutions

EMR alerts for consent checks and compliance apps for tracking audits streamline tasks

Engaging Surgeons & Stakeholders

Brief Surgeons Monthly

Share compliance goals like ensuring accurate consents or proper PPE in the OR to align their practices

Include in QAPI Reviews

Invite surgeons to discuss gaps like missing documentation, fostering shared ownership

Align with Referral Partners

Coordinate on consistent safety standards like infection control protocols

Measuring Compliance Progress

95%

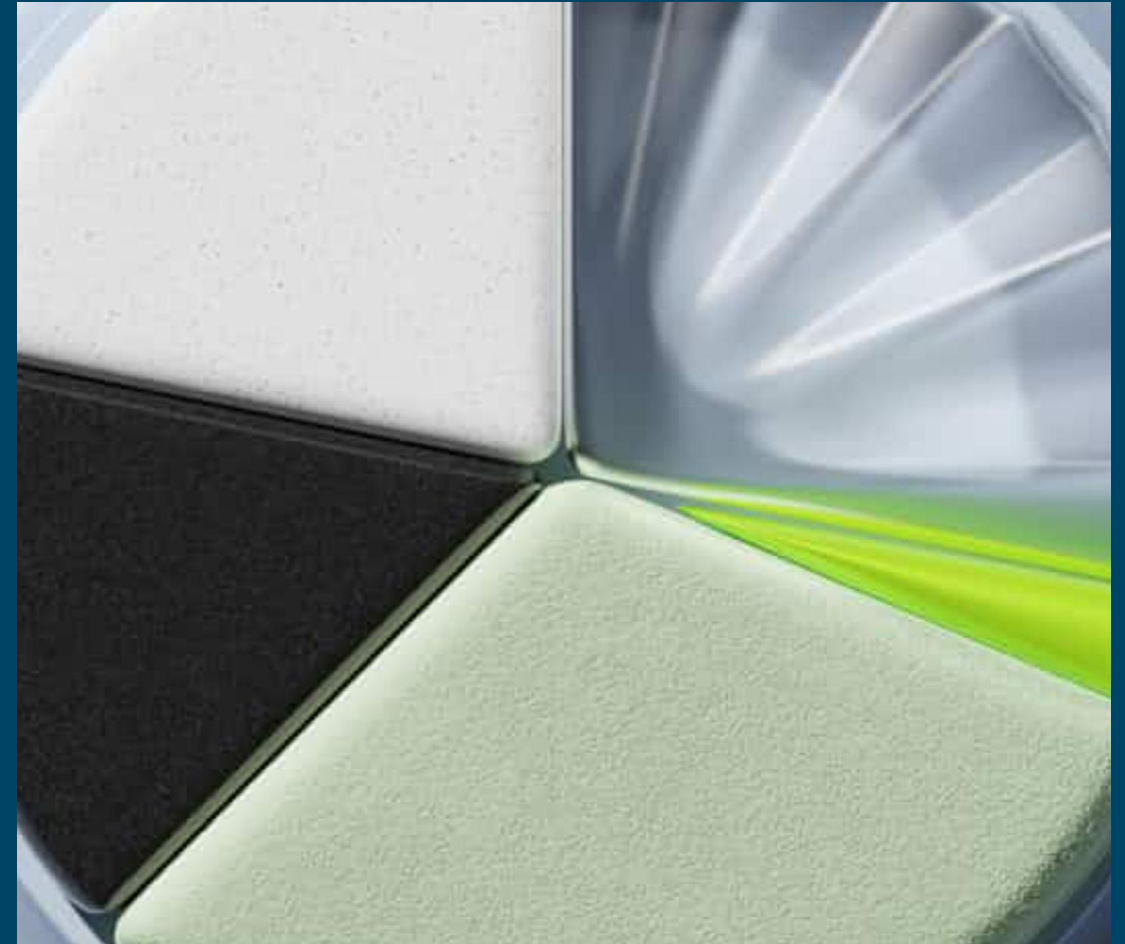
Target Goal

Log completion rate for optimal survey readiness

50%

Fewer Citations

Reduction achieved with 90% audit completion rates



Share monthly QAPI dashboards in huddles, showing metrics like consent completion or infection control adherence.

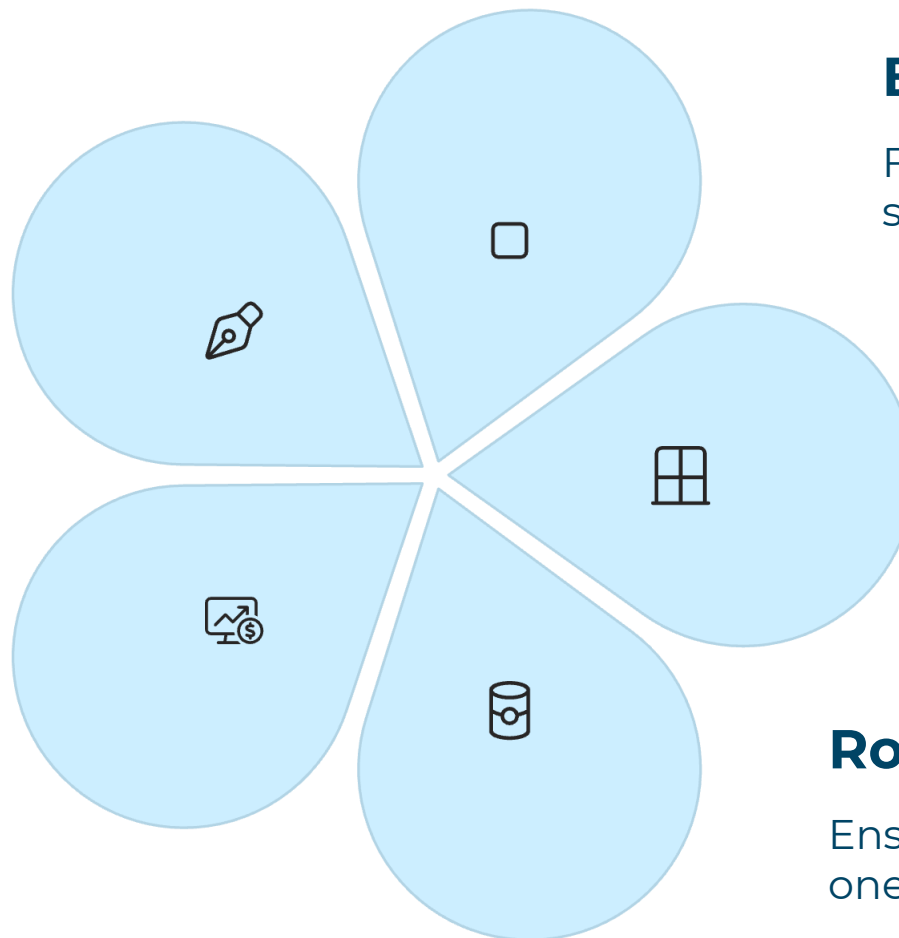
Sustaining Through Change

Keep Habits Simple

Don't overcomplicate with complex processes

Invest in Training

Onboard new staff and refresh everyone annually



Build Small Daily Wins

Focus on catching one expired supply or completing a log

Share Data Openly

Post charts showing audit results so everyone sees progress

Rotate Responsibilities

Ensure burden doesn't fall on one person

Common Questions

How often should logs be reviewed?

Daily or weekly, not month-end. Small, regular checks prevent big gaps.

What if staff resist?

Share the "why" (patient safety) and involve them in solutions so they feel ownership.

How to sustain after turnover?

Build systems (checklists, huddles, training) that don't rely on one person.

Key Takeaways

Surveys can be unannounced → be ready daily

Daily readiness is non-negotiable when inspections come without warning

Align policies, documentation, environment, staff knowledge

These four elements must work together seamlessly for true readiness

Habits build a compliance culture

Huddles, checks, and rounding create sustainable systems that last

Leaders set tone, staff carry it

Leadership models and teaches, while staff own the daily habits



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Thank you

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