

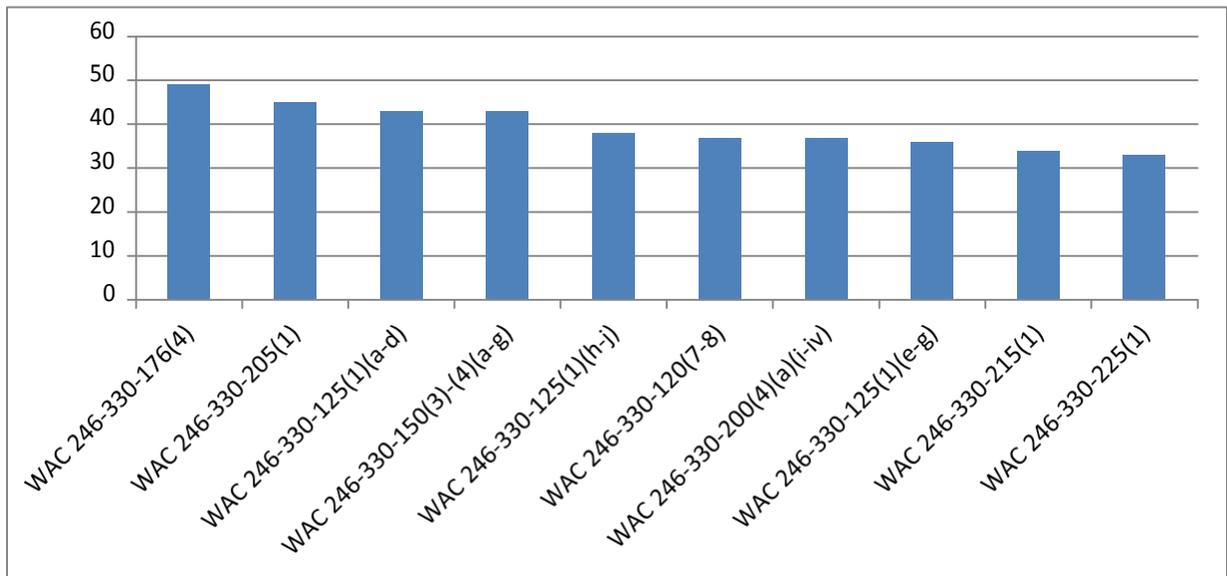
Ambulatory Surgical Facilities Washington State Department of Health Office of Investigations and Inspection

Areas of WAC 246-330 cited most often for FY 2014 (October 1, 2013 through September 30, 2014):

Reference:

<http://apps.leg.wa.gov/wac/default.aspx?cite=246-330>

Information Based on 51 Surveys Completed



Individual Top 10 Violations most often cited

Cited 49 Times

246-330-176 Infection control program

The purpose of this section is to identify and reduce the risk of acquiring and transmitting infections and communicable diseases among patients, staff members, medical staff members, and visitors. An ambulatory surgical facility must:

- (1) Develop and implement infection control policies and procedures consistent with the guidelines of the Centers for Disease Control and Prevention (CDC);

Observed-single use surgical masks dangling from the neck and then put on again. Uncleanable surfaces in the OR, (Paper/Cloth/Exposed Wood/Rust/Foam Padding); Doors propped open negating air pressure relationship; Visible dust, dirt or debris. Breaks in proper hand hygiene; evidence of annual competency for sterile processing; no method for tracking surgical instrument and sterilizer loads to a given patient in the event of a sterilizer failure or positive spore test.

Cited 45 Times

246-330-205 Patient care services

This section guides the development of a plan for patient care. The ambulatory surgical facility accomplishes this by supervising staff members, establishing, monitoring, and enforcing policies and procedures that define and outline the use of materials, resources, and promote the delivery of care.

An ambulatory surgical facility must:

- (1) Provide personnel, space, equipment, reference materials, training, and supplies for the appropriate care and treatment of patients;

General wear and tear in the facility that tends to create surfaces that are not cleanable for example chipped laminate, damaged molding. Humidity levels that outside the nationally recognized industry standards 20-60 percent RH; Exposed gaps around fixtures, tiles, cabinets and counters creating surfaces that are not cleanable; Incorrect pressure relationships in various areas.

Cited 43 Times

246-330-125 Patient rights and organizational ethics

The purpose of this section is to improve patient care and outcomes by respecting every patient and maintaining ethical relationships with the public.

Ambulatory surgical facilities must:

- (1) Adopt and implement policies and procedures that define each patient's right to:
 - (a) Be treated and cared for with dignity and respect;
 - (b) Confidentiality, privacy, security, complaint resolution, spiritual care, and communication. If communication restrictions are necessary for patient care and safety, the facility must document and explain the restrictions to the patient and family;
 - (c) Be protected from abuse and neglect;
 - (d) Access protective services;

Organization patient rights missing protection from abuse and neglect; patient access to protective services. Area that allowed for uninterrupted view of gownned patient from entrance of the building.

Cited 36 Times

- (e) Complain about their care and treatment without fear of retribution or denial of care;
- (f) Timely complaint resolution;
- (g) Be involved in all aspects of their care including:

Missing the right to complain without fear of retribution or denial of care; timely complaint resolution and did not have Department of Health complaint hotline information.

Cited 38 Times

- (h) Be informed of unanticipated outcomes according to RCW [70.230.150](#);
- (i) Be informed and agree to their care; and
- (j) Family input in care decisions, in compliance with existing legal directives of the patient or existing court-issued legal orders.

Missing required topics such as a patient right to be informed of unanticipated outcomes; family input into care decisions;

Cited 43 Times

WAC 246-330-150 Management of Information

The purpose of this section is to improve patient outcomes and ambulatory surgical facility performance through obtaining, managing, and use of information.

An ambulatory surgical facility must:

- (1) Provide medical staff, employees and other authorized persons with access to patient information systems, resources, and services;
- (2) Maintain confidentiality, security, and integrity of information;
- (3) Initiate and maintain a medical record for every patient assessed or treated including a process to review records for completeness, accuracy, and timeliness;
- (4) Create medical records that:
 - (a) Identify the patient;
 - (b) Have clinical data to support the diagnosis, course and results of treatment for the patient;
 - (c) Have signed consent documents;
 - (c) Promote continuity of care;
 - (d) Have accurately written, signed, dated, and timed entries;
 - (e) Indicates authentication after the record is transcribed;
 - (f) Are promptly filed, accessible, and retained according to facility policy; and

Operative orders not signed, dated, and/or timed by the practitioners; write overs and scratch outs.

Cited 37 Times

WAC 246-330-120 Leadership

This section describes leaderships' role in assuring care is provided consistently throughout the facility according to patient needs.

The ambulatory surgical facility leaders must:

- (7) Post the complaint hotline notice according to RCW 70.230.160; and
- (8) Adopt and implement policies and procedures to report suspected abuse within forty-eight hours to local police or appropriate law enforcement agency according to RCW 26.44.030.

Facility failed to post the complaint hotline according to RCW 70.230.160 and or policies and procedure did include the requirement to report suspected abuse within 48 hours to local police or appropriate law enforcement agency.

Cited 37 Times

246-330-200 Pharmaceutical services

This section ensures patient pharmaceutical needs are met in a planned and organized manner. This section is consistent with the requirements for a health care entity license under RCW 4.64.450 and chapter 246-904 WAC. An ambulatory surgical facility must:

- (4) Designate a pharmacist consultant who is licensed in Washington state. The pharmacist consultant can be either employed or contracted by the facility. The pharmacist consultant is responsible for:
 - (a) Establishing policy and procedures related to:
 - (i) Purchasing, ordering, storing, compounding, delivering, dispensing and administering of controlled substances or legend drugs;
 - (ii) Assuring drugs are stored, compounded, delivered or dispensed according to all applicable state and federal rules and regulations;
 - (iii) Maintaining accurate inventory records and patient medical records related to the administration of controlled substances and legend drugs;

- (iv) Maintaining any other records required by state and federal regulations;

Documented evidence of pharmacist's review of facility's pharmaceutical process and procedure could not be produced. Medication storage areas with expired medications; controlled substance stored in cabinets that are not securable. Log sheets used for documentation of narcotic use are not bound, sequentially numbered, or otherwise diversion resistant.

Cited 34 Times

WAC 246-330-215 Anesthesia Services

The purpose of this section is to guide the management and care of patients receiving anesthesia and sedation.

An ambulatory surgical facility must:

- (1) Adopt and implement policies and procedures that:
- a) Identify the types of anesthesia and sedation that may be used;
 - b) Identify areas where each type of anesthesia and sedation may be used; and

Cited 33 Times

WAC 246-330-225 Emergency Services

The purpose of this section is to guide the management and care of patients receiving emergency services.

An ambulatory surgical facility must:

- (1) Develop, implement and maintain a facility safety and emergency training program that includes:
- (a) On-site equipment, medication and trained personnel to manage any medical emergency that may arise from the services provided or sought;
 - (b) A written and signed transfer agreement with one or more local hospitals that has been approved by the ambulatory surgical facility's medical staff;
 - (c) Policies and a procedural plan for handling medical emergencies; and
 - (d) Define the qualifications and oversight of staff delivering emergency care services.

Citations by section of WAC 246-330

- 205 Patient Care Services (141)
- 125 Patient Rights and Organizational Ethics (137)
- 176 Infection Control Programs (137)
- 230 Management of environment for care (80)
- 200 Pharmaceutical Services (66)

With comments or questions, please contact:

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