2015 Regulatory Year in Review: Planning for 2016

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- Accreditation and regulatory are the foundation for patient safety and performance excellence, but some are more problematic than others.
- Today, we'll review accreditation/regulatory changes and challenges from 2015 and look at what's ahead in 2016.

Faculty

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Disclosure Information

- Jodi Eisenberg has no relevant financial or nonfinancial relationships to disclose.

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Objectives

1. Articulate new standards, revisions to existing standards and survey process and problematic standards outlined in the 2015 Regulatory Year in Review
2. Describe a recommended strategy for assessing or successfully mitigating 2015 problematic standards
3. Describe how addressing the problematic standard using a recommended strategy positions organizations for effective and reliable delivery of safe, high-quality patient care

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CMS Update

Important Note: The foundation of every voluntary accrediting organization's standards are the CMS Conditions of Participation.

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CMS Problematic Topics

Based on CMS Data through 2015 Quarter 4

- Medication Administration
- EMTALA, Emergency Department Log, Emergency Services
- Content, Form and Retention of Record
- Contracted Services
- Data Collection and Analysis (QAPI)
- Facilities, Supplies, Equipment Maintenance
- Governing Body
- Infection Control
- Life Safety/Maintenance of Physical Plant
- Medical Staff Structure, Organization, Management

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Regulatory Visits Future State

CMS

- General certification
- Complaint visits
- Focused visits: Infection Control, Discharge Planning, QAPI, Emergency Preparedness, EMTALA

Medicare Survey and Certification

(Dollars in Thousands)

	FY 2014 Final	FY 2015 Enacted	FY 2016 President's Request	FY 2016 +/- FY 2015
BA	$375,330,000	$397,334,000	$437,200,000	+$39,866,000

https://www.cms.gov/About-CMS/Agency-Information/PerformanceBudget/Downloads/FY2016-CJ-Final.pdf

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CMS News for 2015

- **Infection Control, Discharge Planning, Quality Assessment and Performance Improvement (QAPI) *CMS Survey & Certification Memo 15-12 published 11/26/14***

QAPI

- Activities & Projects
- PI focus on high risk areas
- Selection process for indicators, initiatives
- Proportional to scope and complexity of services and operations
- Governing body, Medical Staff, Senior Administrators involvement in QAPI

Infection Control/Prevention

- Resources
  - –Infection Control Officer
  - –Policies and procedures
- QAPI systems related to Infection Prevention and Control
- Infection Control training
- Competency assessment
- Supervision

Discharge Planning

- Policies and procedures
  - –Evidence of discharge planning activities
- Reassessment and QAPI
  - –Review process and track readmissions
  - –Tracer
    - Chart reviews of how discharge planning occurred

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CMS News for 2015

- *Revised guidance related to new and revised regulations for hospitals, ambulatory surgical centers, rural health clinics and federally qualified health centers CMS Survey & Certification Memo 15-22 published 1/30/15*
  - *Dietician/qualified nutrition professional may order with MD authorization*
  - *Ordering of outpatient services by non-medical staff members*
  - Accrediting organization (AO) seeking CMS approval of its hospital accreditation program must demonstrate that it has standards for utilization review and that its standards meet or exceed the Medicare standards.

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CMS News for 2015

- CRE Alert Survey & Certification Letter 15-32
  - Reports of bacterial infections caused by CRE in patients who underwent scope procedures.
  - Safety Communications from FDA, CMS, TJC, CDC and others
  - Meticulously follow the manufacturer's instructions for reprocessing duodenoscopes
  - Adhere to nationally recognized multi-society consensus guidelines
- ***FDA** Safety Communication related to Duodenoscope Processing published 2-2015 updated 3-4-2015*
- ***CDC** guideline – CRE contamination on duodenoscopes or any other scopes with an elevator mechanism – updated August 2015*
- ***TJC** Quick Safety Issue 11 published March 2015*

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CMS revised guidelines for pharmaceutical services

- Survey and certification letter 16-01 Hospital, October 30, 2015
- Standards of practice for safe sterile compounding based on USP 797
- Guidelines for immediate-use CSPs (compounded sterile preparations – this includes solutions used in the OR)
- Guidelines for determining the beyond-use date for CSPs
- The pharmacy director must have documented training or expertise in hospital pharmacy practice and management.
- If the hospital has a drug storage area instead of a pharmacy, only pre-packaged medications that require no further preparation at the point of care are used.
- If using an outside compounding facility must qualify with FDA's Current Good Manufacturing Practice
- Non-compliance could be scored at the CLD level.

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CMS Discharge Planning Proposed Rule Change

- Develop a discharge plan within 24 hours of admission or registration
- Complete a discharge plan before the patient is discharged or transferred
- Applies to all inpatients and certain outpatients including those receiving moderate sedation or anesthesia
- Discharge instructions provided to all patients discharged home
- Medication reconciliation required
- Transferred patients – facility receives medical information
- Hospitals and critical access hospitals establish a post-discharge follow-up process

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TJC Updates

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Decreasing the number of Standards and Elements of Performance Review and Evaluation

- Goal is to streamline the standards and elements of performance
- Elements of performance are being evaluated for:
  - Relevance to quality and safety
  - Duplication
  - Addressed through other laws and regulations
  - Relate to processes that should be based on organizational discretion
- No CMS CoPs will be impacted.
- Slated for implementation July 2016

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TJC Sentinel Event Alerts and Safety Tips

Important Note: While these SE Alerts are published by TJC, they have application to all providers regardless of accreditor.

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Most Frequently Reported Sentinel Events

- Wrong patient, site, or procedure
- Unintended retention of foreign objects
- Suicide
- Falls
- Delay in treatment
- Operative/postoperative complication
- Other unanticipated events
- Perinatal death/injury
- Medication error
- Fire-related events

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Sentinel Event Alert 54: Safe Use of Health Information Technology

- Potential contributing factors leading to health IT sentinel events
  - Human – computer interface (33%)
  - Workflow and communication (24%)
  - Clinical content (23%) – design or data issues
  - Internal organizational policies, procedures, and culture (6%)
  - People (6%) – training; failure to follow established processes
  - Hardware and software design issues (6%)
  - External factors (1%)
  - System measurement and monitoring (1%)

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of Health Information Technology

- Improvement strategies:
  - Culture of safety, high reliability, and effective change management
  - Process improvement:
- Routinely review downtime and reactivation policies
- Utilize proven methodologies such as FMEA, to proactively identify risks in the system
- Limit the number of patient records that can be displayed at the same time on the same screen
- Assure all screens and printouts include patient identification information
- Provide patient access to their electronic records for information as well as accuracy
- Ongoing safety assessments to assure safe performance

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Sentinel Event Alert 54: Safe Use of Health Information Technology

- Leadership
  - Evaluate workflow processes prior to implementing technology solutions
  - Involve users in the system planning
  - Choose system interfaces that easily align
  - Improve the ability of systems to reliably and accurately exchange data
  - Monitor effectiveness based on metrics
- Issues
  - Boxes checked by mistake
  - Boxes checked in advance of an activity that later does not occur
  - Automated time stamp does not reflect time of the activity
  - Automated communication links do not occur
  - Copying and pasting errors

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Cybersecurity

Three defensive strategies to protect health information:

- Mitigate threats before they enter your network
- Discover threats that have entered or attempted to enter your system
- Respond to threats that have breached your network

New risk area: Ransomware

- Type of harmful program or malware that allows the attacker to take control of a personal medical device such as a pacemaker, or infusion pump
  - FDA issued recommendations in 2014 to device manufacturers on cybersecurity issues during product development including malware, security patches, and software updates

California hospital paid $17,000 ransom in bitcoins to hackers

By Tribune news services · Contact Reporter

FEBRUARY 17, 2016, 10:51 PM

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Quick Safety Tips: Transcription-related patient safety risks

- Vulnerabilities of current documentation processes:
  - Improper use or expectations of SRT capabilities
  - Degradation of translation accuracy over time
  - No standards for style, grammar, and readability
  - Minimal standards for certification
  - Lack of continuing education of transcriptionists
  - Unclear roles and standards for editors of transcribed notes
- Use of voice or speech recognition technology (SRT)
  - Critical error rates for speech recognition proofreading and editing
  - High percentage of errors prior to physician sign-off with still a significant number after sign-off
  - Inaccuracy of voice recognition related to voice accent and tone
- Physician as editor – no guarantee errors will be found

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Quick Safety Tips: Transcription-related patient safety risks

- Safety Improvement Strategies:
  - Implement performance improvement methodologies in the medical record/transcription departments
  - Establish proofreading requirements
  - Address outsourcing and offshoring
  - Establish guidelines for handling discrepancies, blanks, quality of documentation produced when using free-text entry via keyboard or speech recognition
  - Report documentation events that impact patient safety
- Unedited documentation errors:
  - Age transcribed as AIDS
  - 40 mg Lasix transcribed as 400 mg Lasix
  - No episodes of unconsciousness transcribed as episodes of unconsciousness
  - BID transcribed as TID

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Sentinel Event Alert 49: Safe use of opioids

Heightened attention by the Health and Human Service addressing opioid-drug related overdose, death and dependence

- Press release issued March 26, 2015

Priorities:

- Providing training and educational resources, including updated prescriber guidelines, to assist health care professionals in making informed prescribing decisions and address overprescribing of opioids
- Expanding use of Medication-Assisted Treatment (MAT) combining medication with counseling and behavioral therapies to treat substance use disorders
- TJC survey focus: Review of prescribing, administration, and monitoring

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Quick Safety Alert Issue 14: At risk obstructive sleep apnea patients

- Often experience complications when receiving sedatives (opioids) or general anesthesia
- Safety recommendations:
- Screen and identify Obstructive Sleep Apnea
- Add sleep apnea questions as part of the initial nursing assessment
- Assess use of sedating medications and narcotics
- Use of continuous pulse oximetry
- Use of supplemental oxygen or positive airway pressure device
- Positioning

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ECRI Top 10 Patient Safety Concerns for 2015

- Alarm hazards: inadequate alarm configuration policies and practices
- Data integrity: incorrect or missing data in the EHR and other health IT systems
- Managing patient violence
- Mix-up of IV lines leading to misadministration of medications
- Events related to medication reconciliation
- Failure to conduct independent double checks
- Opioid events
- Inadequate reprocessing of endoscopes and surgical instruments
- Inadequate handoffs related to patient transport
- Medication errors related to pounds and kilograms

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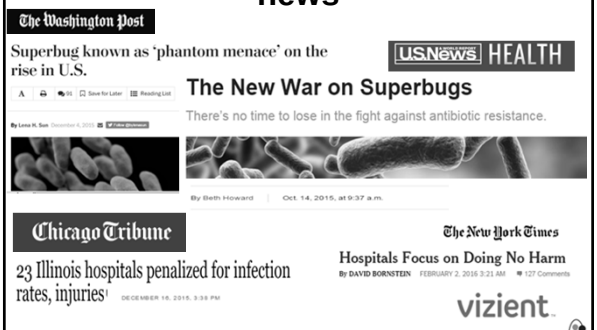
2015 /16 Safety issues in the news



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Focus Areas and Challenging Standards

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Infection Control (CMS 42.CFR.482)

TJC IC.02.02.01 – The hospital reduces the risk of infections associated with medical equipment, devices, and supplies. Implements infection prevention and control activities (#2 most frequently scored)

- Endoscope cleaning and storing
- Current and comprehensive policies (Manufacturer's Guidelines)
- Low level disinfection (frequency / risk assessment)
- High level disinfection
- Sterilization
- Staff competence (not documented / not done)

Findings / dependent on severity and prevalence:

- Likely to result in Condition level finding
- May escalate to Immediate Threat to Health and Safety

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Infection Control

Common Findings:

- Not performing the manufacturer's recommended quality control on the Cidex OPA strips when a new container was opened.
- Not monitoring the temperature of the Cidex OPA solution as recommended by the manufacturer.
- Expired unopened containers of Cidex test strips.
- SPD: "washer/disinfection" machines in the decontamination area did not have formal processes for water/wash and thermal temperature monitoring and QC measures for protein removal from instrumentation using TOSI testing as recommended by the manufacturer.
- Laryngoscope blades and oral airways stored unprotected in carts and transport bags
- Instruments double packaged with folds in the inner package
- Manufacturer's equipment cleaning schedule not followed
- Single use disposable brushes being reused

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FDA Safety Communication Sept. 17, 2015: Infections associated with reprocessed flexible bronchoscopes

Failure to follow manufacturer's instructions for reprocessing:

- Lack of pre-cleaning at point of use
- Failure to perform thorough manual cleaning before HLD
- Failure to flush or brush channels
- Use of expired detergent or HLD
- Insufficient flushing, rinsing and or drying after HLD
- Persistent device channel kinks or bends
- Channel wall scratches, divots, or crevices
- Holes, cracks, other imperfections in the distal end
- Use of device despite residual material in the instrument or suction channels

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need for healthcare facilities to review procedures for cleaning, disinfecting, and sterilizing reusable medical devices

Advisory alert released September 11, 2015

Recommendations:

- Training:
  - upon hire or prior to performing activities (At least once a year)
  - When new devices or protocols are introduced including changes in the manufacturer's instructions
  - Demonstrate competency with device processing through direct observation validation prior to functioning independently; maintain documentation of trainings and competencies
- Accessible Information - Copies of manufacturer's instructions readily available to staff and any surveyor; including instructions for use of chemical disinfectants
- Audit and Monitor all reprocessing steps – provide routine feedback to staff

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President Obama Press Release March 27, 2015

Focus on combatting antibiotic-resistant bacteria

- 5 Goals:
  - Slow emergence
  - Strengthen surveillance efforts to combat resistance
  - Advance development and use of rapid and innovative diagnostic tests for identification and characterization of resistant bacteria
  - Accelerate basic and applied research and development for new antibiotics and therapies
  - Improve international collaboration and capacities for antibiotic resistance prevention, surveillance, control, and research and development

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President Obama Press Release March 27, 2015

Focus on combatting antibiotic-resistant bacteria

- Outcomes:
  - Establishment of antibiotic stewardship programs in all acute care hospitals
  - Reduction of inappropriate use by 50% in outpatient settings and 20% in inpatient settings
  - Establishment of State Antibiotic Resistance Prevention Programs to monitor regional MDRO with feedback and assistance to health care facilities
  - Eliminate the use of medically important antibiotics for growth promotion in food producing animals

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Medication Management (Pharmaceutical Services CMS 25.CFR.482)

- TJC MM.01.01.03 EP 1 / Identify in writing high alert and hazardous medications.
  Consider if any of the following medications are being used:
  - Carcinogens
  - Toxic agents
  - Reproductive toxins
  - Irritants/corrosives
  - Hepatotoxins, nephrotoxins, neurotoxins
  - Agents which damage the lungs, skin, eyes, or mucous membranes
  - Agents that act on the hematopoietic system

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Medication Management (Pharmaceutical Services CMS 25.CFR.482)

Identify High risk exposure points in the process:

- Medication mixing
- Infusion
- Disposal
- Spill management
- Waste containment

Communicate appropriate cautions:

- Absorption from hazardous waste most often occurs through contact with the skin and contaminated surfaces

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Medication Management (Pharmaceutical Services CMS 25.CFR.482)

Surveyors will expect to see:

- Appropriate product labeling
- Safe process from receipt through disposal
- Dedicated storage area with appropriate hazard alerts
- A process for monitoring process from receipt through disposal to validate compliance
- All staff, including facilities and distribution staff, interacting with these medications should be thoroughly trained regarding:
  - » Inherent toxicity and possible health risks
  - » How to respond to spills, accidents, inhalation, and personal contact
  - » Use of Personal Protection Equipment

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Management(Pharmaceutical Services CMS 25.CFR.482)

MM.03.01.01 Medication storage

Stored according to manufacturer's recommendations

- Temperature management
- Vaccines

Secured/Authorized access

- Diversion risk?
- Who has access?
- Staff access after transfer/termination
- Based on organizational policy and state regulation
- Locked in accordance with law and regulation
- Disposal – use of large bins; patches
- Job descriptions/policy – inclusion of access authorization

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Medication Management(Pharmaceutical Services CMS 25.CFR.482)

MM.04.01.01 Medication orders are clear and accurate

- *Policy* on required elements of a complete order
- *Policy* addresses when an indication is required in the order
- *Policy* addressing precautions to take for ordering look alike/ sound alike names
- *Policy* includes actions to take when orders are incomplete, illegible or unclear

Protocols/Order Sets/Standing Orders:

- Routine review and approval by the medical staff, nursing, and pharmacy
- Review for consistency with nationally recognized and evidence-based guidelines
- Date, time, and authentication by the ordering practitioner or other practitioner responsible for care

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Medication Management/Pharmaceutical Services (CMS 23.CFR.482)

MM.05.05.01 Pharmacist review for appropriateness of all medication orders

- Reviewed for allergies and sensitivities
- Food-drug interactions
- Appropriateness of the medication, dose, frequency, and route
- Any impact as indicated by lab values
- Therapeutic duplication (focus on pain and antiemetic medications – decision tree reference in clinical record)
- Any contraindications
- Any issues are clarified with the prescriber before dispensing

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Management/Pharmaceutical Services (CMS 23.CFR.482)

TJC MM.05.01.07 Staff prepare medications in a clean, uncluttered, and functionally separate.

TJC MM.05.01.09 Medication containers are labeled whenever medications are prepared but not immediately administered (NPSG.03.04.01)

- Label includes in a standardized format:
  - Name, strength, and amount if not apparent from the container;
  - Date prepared
  - Expiration date when not used within 24 hours;
  - Expiration time when expiration occurs in less than 24 hours;
  - Diluent for all compounded IV admixtures

- Verify all medications both verbally and visually by two individuals when the person preparing the medication is not the person administering (NPSG.03.04.01)

- All medications and solutions on and off the sterile field and their labels are reviewed by entering and exiting staff responsible for managing the medications (NPSG.03.04.01)
- Dispensed in most ready to use form:
  - Recommend Use of single dose vials - If using multi-dose vials, ensure appropriate labeling and storage
  - Splitting tablets – only if scored

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Medication Management: Bulk contrast Update

FDA approved bulk contrast system for use in CT

- New dosage form designed and labeled for multi-patient use in the CT suite in conjunction with an automated contrast injection system or a contrast management system. It can also be used with a syringe-based CT injection system and transfer set designed for multi-patient use.
- *Only approved transfer sets* which allows filling of multiple sterile, single-use-only syringes with a syringe-based power injector system from one container in the CT suite may be used; use of a laminar flow hood is not required. Each syringe would be used for one patient only.

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Medication Management: Bulk contrast Update

TJC Standards Surveyed:

- The IBP contrast system is used only in the CT suite and stored according to manufacturers' recommendations. (MM.03.01.01, EP 2)
- The IBP contrast system is used according to the manufacturers' recommendations: i.e. The IBP is used in conjunction with a syringe-based power injection system or approved contrast management system for multiple patient use. (MM.03.01.01, EPs 2 & 7, MM.05.01.07, EP 2, MM.05.01.09, EPs 1, 2, 3 & 5 and IC.02.01.01, EP 1)
- Staff are educated on the IBP contrast system for use in CT. (HR.01.05.03, EPs 1, 4, 5, 6, & 7)
- Staff are competent to use the IBP contrast system for use in CT. (HR.01.06.01, EPs 1, 2, 5, 6, & 15)

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Provision of Care (CMS 23 and 24.CFR.482)

TJC PC.01.02.03 – The hospital assesses and reassesses the patient based on defined *time frames*

- H&Ps
- H&P update
- Timeframes for assessments and reassessments are defined in writing
- Reassessed based on the plan of care and/or change in condition

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Provision of Care (CMS 13.CFR.482)

TJC PC.01.03.01 – The hospital plans the patient's care.

- Plan of care reflects the patients needs based on the assessment and reassessment
- The plan is based on the patient's goals and the time frames necessary to meet those goals
- Staff evaluate the patient's progress based on the established goals
- Goals and plans are revised based on patient needs

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Provision of Care (CMS 22/23/Various.CFR.482)

TJC PC.02.01.03 – Provision of care based on services ordered or prescribed, and in accordance with law and regulation

- Obtain or renew orders prior to providing care, treatment, or services
- Provide care treatment, or services based on the most recent patient order
- Of note: Providing care without orders can result in the individual's loss of licensure and the organization can lose their accreditation

Survey Findings:

- Initiating protocols without orders
- Protocol orders not initiated when ordered
- Initiating treatment without orders
- Verbal orders not documented in the medical record

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Provision of Care (CMS 13.CFR.482)

TJC PC.02.02.11 – Resuscitation services are available throughout the hospital. (#7 frequently scored clinical standard)

- Appropriate to patient population: Pediatric /Adult supplies
- Malignant hyperthermia supplies
- Supplies in date (within and on top of cart)

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Provision of Care (CMS 23 and 52.CFR.482)

TJC PC.03.01.03 – Care before operative or other high risk procedures, including those requiring moderate or deep sedation or anesthesia.

- Pre-sedation/pre-anesthesia assessment
- Immediate reassessment
- LIP plans or concurs with the plan for sedation or anesthesia
- Pre-anesthesia evaluation completed and documented within 48 hours prior to surgery
  - 48 hours begins at the time the patient is moved to a designated recovery area
  - Can be done by anyone who is authorized to administer anesthesia - does not need to be the same practitioner that did the assessment
  - The evaluation *should not* begin until the patient is sufficiently recovered from the acute administration of the anesthesia so as to participate in the evaluation, e.g., answer questions appropriately, perform simple tasks, etc.

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Provision of Care (CMS 23 and 52.CFR.482)

An immediate post-op progress note is acceptable until the full report can be written or dictated within a time frame defined by the organization

Note must include:

- Name of the primary surgeon and assistants
- Procedure performed
- Description of findings
- Estimated blood loss
- Specimens removed
- Post operative diagnosis

The progress note must be entered into the record before the patient is transferred to the next level of care.

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Provision of Care – Discharge Planning (CMS 43.CFR.482)

TJC PC.04.01.01 – 04.01.07 and PC.04.02.01:

- 7 day a week coverage/access
- Lack of comprehensive plan
- Lack of implementation of the plan
- Poor transfer communication
- Looking for:

• Ongoing review of the discharge plan
• Tracking of readmissions process
  - Identification of potential readmissions
  - Review of 1-2 inpatients that were readmissions
  - Review of 1-2 closed records looking for a discharge evaluation plan

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Medical Staff

- MS.08.01.01 FPPE
  - Initial privileging of a new provider
  - New privilege for an existing medical staff member
  - Lack of specific documentation to base an evaluation
- MS.08.01.03 OPPE
  - Performance data did not have a correlating recommendation
  - Lack of evidence the performance data was reviewed by the Chairman

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Leadership (CMS 12.CFR.482)

TJC LD.01.03.01 The governing body is ultimately responsible for safety and quality of care, treatment, and services

- Scored when there are trends and patterns which could impact patient safety or staff safety
- Scored when there is a CMS Condition Level Deficiency

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Human Resources (CMS 11.CFR.482)

TJC HR.01.02.05 The hospital verifies staff qualifications.

- Primary source verification
- At time of hire and time of license /certification/registration renewal

TJC HR.01.06.01 Competency

- Lack of job specific competency documentation
- Contract staff

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Record of Care (CMS 24.CFR.482)

TJC RC.01.01.01 – The hospital maintains a complete and accurate record for each individual patient (#5 most frequently scored standard)

- Entries are timed
- Entries are dated
- Legibility
- Leaving fields blank versus documenting “non-applicable”

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Patient Rights (CMS 13 and 24.CFR.482)

TJC RI.01.03.01 Informed consent :
- Policy includes how the informed consent is obtained and documented.
  - Acceptable examples:
    - On a pre-approved form
    - Progress notes
    - Elsewhere in the record
  - Identifies the specific care, treatment, and services that require informed consent in accordance with law and regulation
  - Any exceptions to obtaining informed consent
  - Describes the process used to obtain informed consent

Findings include:
- Multiple consents/conflicting information (RI.01.03.01)
- Consent not signed by the patient, no documentation addressing patient's ability to sign (RI.01.02.01)
  - Content not written in terms patient understands (RI.01.01.03)
  - Non-English speaking patients/literacy (RI.01.01.03)
  - Signatures not timed and dated (RC.01.01.01)

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Emergency Management

CMS Survey & Certification - Emergency Preparedness

https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/index.html?redirect=/surveycertemergprep/

TJC:

- EM.01.01.01 The organization **engages in planning activities** prior to developing its Emergency Operations Plan
- EM.02.01.01 The organization **has an Emergency Operations Plan**
- EM.03.01.01 **Evaluate the effectiveness** of the emergency management planning activities
- EM.03.01.03 **Evaluate the effectiveness** of the emergency operations plan

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Environment of Care (CMS 41.CFR.482)

TJC EC.02.02.01 The hospital manages risks related to hazardous materials and waste.
- For managing hazardous materials and waste, the hospital has the permits, licenses, manifests, and safety data sheets required by law and regulation.
- OSHA required staff training on the Safety Data Sheet labels by December 1, 2013.
- Minimum training includes:
  - Type of information the employee would expect to see on the new labels including: product identifier, signal word indicating severity of the hazard and the alert, pictogram, hazard statement, precautionary statement, name, address, and phone number of the manufacturer, distributor, or importer
- Chemo gloves tested to the correct level of permeation safety (D6978 for chemotherapy permeation; F739-12 for liquids and gases)

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Environment of Care (CMS 41.CFR.482)

TJC EC.02.06.01 Maintain a safe, functional environment
Findings are related to:
- Maintain ventilation, temperature, and humidity levels suitable for care, treatment and services provided
- Ventilation – do doors hang open due to air pressure? Odors?
- Temperature – complaints of too hot / too cold?
- Humidity – are there areas > 60% RH which promote mold? Window condensation? < 20% creates the risk of static electricity and possibility of a fire
- Pharmacy Clean Room and Anteroom: appropriate ventilation, temperature, humidity, cleanliness (Log Completed by pharmacy and environmental services)
- Unsecured oxygen tanks
- Locked doors – no keys
- Emergency patient call cords ineffective

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Environment of Care (CMS 41.CFR.482)

- EC.02.06.01 Ventilation systems
- Ventilation system does not provide the correct pressure relationships
- Endoscopy process rooms should always be negative to the egress corridor
- Soiled utility rooms should always be negative
- Rule of thumb – the cleanest location should be more positive versus the dirty area should be negative
- Correct number of air changes per hour
- *Findings in this EP will generate a condition level deficiency. If corrected at the time of survey the finding may be reduced to a condition level finding.*
- Best practice: continuous airflow monitoring

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Environment of Care (CMS 41.CFR.482)

- TJC EC.02.06.01 - Medical Gas Safety
- Storage (requirements do not apply to "in use" cylinders:
- Secured to a stretcher is "in use"
- Properly racked (in storage)
- Empty cylinders are not considered part of the 12 allowed in storage
- Empty and full must be physically racked separately
- Partial designation organization's choice; CMS only recognizes full and empty

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Life Safety/NFPA Life Safety Code

- TJC LS.02.01.20 Maintain the integrity of the means of egress
- Corridor clutter – the following items are allowed:
- Crash carts
- Isolation carts when in use
- Chemo carts when in use

TJC LS.02.01.30 Building features protect individuals from the hazards of fire and smoke

- Doors not latching
- Door gaps

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Life Safety/NFPA Life Safety Code

- LS.02.01.35 Systems for extinguishing fires
- Sprinkler heads are free from corrosion, foreign materials and paint.
- Sprinkler system piping is not used to support any other item, i.e. nothing can be draped on top of it.
- All ceiling tiles in place
- Fire extinguishers not blocked
- Quick response sprinklers mixed with other types in patient sleeping smoke compartments
- Appropriate signage

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OSHA – Workplace Violence

- New web page released in December focusing on employers and worker strategies with tools for preventing workplace violence in the health care setting
- Strategies:
- Management commitment and worker participation
- Worksite analysis and hazard identification
- Hazard prevention and control
- Safety and health training
- Documentation and program evaluation

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Be Prepared

It's not about the SURVEY!

It's about the PATIENTS!

Continuous Patient Readiness

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Ongoing compliance

Be aware of THE BASICS that make your work areas safe

Consider periodic monitoring of any standards compliance issues observed in your unit.

Surveyor's interview follows the course of care, treatment and the services provided – be able to articulate what you do and how you do it per your own policy and procedure.

You are not in this alone – understand the dynamics of your care team – evaluate the interconnections between disciplines, departments and services and be able to demonstrate how you work together to provide care, treatment and services in a safe and efficient way.

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Questions?

Contact Jodi Eisenberg at jodi.eisenberg@vizientinc.com for more information.

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ICHP 4/9/16 Presentation

2015 Regulatory Year In Review: Planning for 2016

Post-test

The foundation of all voluntary accrediting organization's standards are:

A. Federal Compliance Code
B. CMS Conditions of Participation
C. EMTALA
D. None of the above

Based on the new fiscal budget, the future state of regulatory visits will:

A. Increase and expand
B. Be limited to focused visits on Infection Control, Discharge Planning, QAPI, Emergency Preparedness, EMTALA
C. Decrease in frequency
D. All of the above

In 2015, safety alerts regarding bacterial infections in patients who underwent scope procedures were published by:

A. FDA
B. CMS
C. TJC
D. CDC
E. All of the above

Identify the strategies that leadership can implement to help ensure the safe use of health information management (select all that apply).

A. Evaluate workflow processes prior to implementing technology solutions
B. Involve users in the system planning
C. Choose system interfaces that easily align
D. Monitor effectiveness based on metrics

Recent communication included in the _____ discussed the establishment of antibiotic stewardship programs in all acute care hospitals:

A. CMS S&C Memo
B. Obama Press Release
C. FDA Safety Alert
D. CDC Communication