



## Patton Healthcare Consulting Newsletter May 2015

### NEWS FROM TJC

#### Perspectives:

The May edition of Perspectives discusses and republishes the Sentinel Event Alert on Safe Use of Information Technology that we discussed last month. There is also a set of revised standards for hospitals that use TJC for deemed status. These standards take effect July 2015 and are the result of some CMS updates to the COPs. For the most part these revised standards only apply to hospitals that have swing beds. These changes incorporate some standard concepts from the long term care requirements, which makes sense if you have swing beds. The only change that affects all hospitals should be an easy one at MS.01.01.01 to allow the hospital to include doctors of medicine and osteopathy, as well as other physicians as defined in 482.12(c)(1) as well as non physician practitioners determined to be eligible by the governing body.

#### Understanding EC.02.03.05



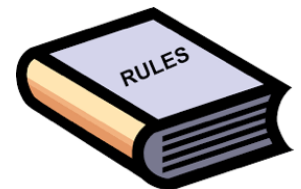
This month's Perspectives continues the article explaining in detail the EP

requirements of EC.02.03.05.

This is an excellent reference for clinicians, administrative and quality staff to better understand the tests performed under this complex collection of 25 elements of performance. When you first start to read the

requirements under this standard many readers eyes start to glaze over because of the level of detail. This article does an excellent job of explaining what can often be difficult concepts to understand. I would encourage our readers to take a field trip to engineering to see this documentation and see these devices. This month focus's on fire pumps, standpipe systems, and kitchen extinguishment systems, EPs 11, 12 and 13 respectively. Many times these tests are performed by vendors so be sure to share this article with your engineering staff in case they need the details to better evaluate the thoroughness of the vendor performing the tests. This same article is also published this month in EC News.

#### Rules Changes for Organizations that Discontinue Service



Perspectives also has a policy update on how the Joint Commission will handle organizations that cease provision of services, after a disaster, or just stop serving patients. We hope neither scenario applies to our readers, but those who live in an area prone to floods, hurricanes, or tornados should take a look. It's the type of information you might not remember until you need it. It will be published as official accreditation policies in future accreditation manuals. Basically if you have been affected by a disaster, TJC will continue your accreditation if

you cease provision of services for up to one month without the need for an extension survey. If you cease services between 31-90 days, TJC will conduct an extension survey when you are ready to resume provision of services. Between 91 days and six months, after you receive authorization to reopen from your fire marshal or other local or state authority, TJC will plan on a follow up survey to focus on the environment of care. If you cease services for more than 6 months, TJC will discontinue your accreditation and you will have to reapply for accreditation when ready. This reaccreditation will be a two step survey, like their Early Survey Process (ESP) survey with the first survey not providing deemed status. The second survey with evaluation of track record will have the potential to provide deemed status again. The timeline and actions taken for those organizations who just stop providing services without a disaster are similar. Up to 60 days, they will just continue your accreditation. Between 60 days and up to six months, TJC will require an extension survey. If you stop providing services for more than six months, TJC will just discontinue the accreditation and you will have to reapply.

## Environment of Care News:

This month's EC News carries the previously mentioned article on EC.02.03.05 and an update on the most frequently scored standards which we discussed last month. There is also an article on EC Tours, or the EC rounds required in every patient care area at least twice each year. While there is nothing really new in the article, it is perhaps a good time to take a look at your own process and compare what is happening with the expectations noted in the article. One concept described in the article is to conduct EC tours with a team. We encourage hospitals to do this as too often we see EC tours conducted in isolation. The team tour allows for



discussion, multiple eyes on the same thing and potentially greater impact. It's similar to team tracers where one person might not see the problem, but a colleague can point it out and then it can be discussed and corrected. The only downside of a team tour is the difficulty sometimes encountered marrying up everyone's schedule. The article also describes the need for data about what is found on tours. This is another weak point we often see where the data leads you to believe everything is perfect. This is a great time to interview staff and collect meaningful numerator/denominator data about how well staff are able to verbalize responses to general safety or fire safety issues. This data if used effectively can be part of the performance measures for evaluation of your EC plans.

## Miscellaneous TJC: Trending Now: Antimicrobial Stewardship

From time to time TJC shares articles and issues with consultants, much as they do with different task forces, corporate groups and advisory bodies. Last month we received a copy of an article from the Journal of Infection Control and Hospital Epidemiology. The article describes the continuing problems hospitals have with controlling C-diff infections. Two causes pointed out by the authors is a lack of antimicrobial stewardship, and a lack of written policies to test patients for C-diff if experiencing diarrhea. The authors also mention that the White House has established a goal of reducing C-diff infections by 50% by the year 2020. The issue of antimicrobial stewardship is an interesting one that surveyors may begin

Accelerating Antimicrobial



STEWARDSHIP PROGRAMS

discuss in greater detail in the future. Readers should remember that the CMS surveyor worksheets which were tested over several years and finalized in the Survey and Certification letter 15-12 earlier this year discuss antibiotic stewardship programs. There are 5 questions or issues surveyors might explore detailed in those infection control worksheets under tag A-0749. There is also a footnote that CMS surveyors will not be citing issues of noncompliance at this time. TJC has had a very brief reference to antibiotic stewardship programs in the surveyor version of the survey activity guide for several years now. It resides in the surveyor instructions for conducting the infection control system tracer and provides a reference point to NPSG.07.03.01 for prevention of MDRO infections. While there is not an EP that specifically discusses antibiotic stewardship, there are multiple EPs in this safety goal that reference the concepts contained in an antibiotic stewardship program. TJC also provides access to an antibiotic stewardship monograph through their topics menu on the website, which links to the HAI portal, then to JCR where it is available for free as a download. It appears to us as if TJC and CMS are providing early clues to a potential new area of focus that we would encourage hospitals to prepare for. This is somewhat the interface between your Pharmacy and Therapeutics committee and your infection control committee functions. At a minimum we would encourage our readers to get ahead of this curve and to develop, pilot and expand their preparation for antimicrobial stewardship. To get things started we suggest taking a look at the very detailed information which CDC has published to their website at <http://www.cdc.gov/getsmart/healthcare/>

Best Regards,

[implementation/core-elements.html](#)

## TJC STANDARDS FAQ'S



TJC posted a large number of “updated” FAQs to their website in the past month. The changes appear to be very, very subtle as they seem to describe the same interpretation we believed was required previously.

We suspect there was some minor wording change and since they don't post an edited red-line version we can't readily locate what has specifically changed. However there is also one new record of care FAQ relative to texting of orders to the hospital. Bottom line on this is NO, there is no texting of orders permitted due to a lack of security and authentication capability for the sender.

## CMS UPDATE:

This was a quiet month at CMS with no new survey and certification memos issued to hospitals. However



the one we discussed last month on ERCP is particularly important and not one where we have seen hospitals leap to implement the new requirements. If you even use these scopes it should be brought to your surveyors attention at the opening conference along with the IFU for the scope and scope washer. This new requirement does not yet appear to be hard wired in the hospital industry.

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