NEWS FROM TJC AND CMS

Patton Healthcare Consulting Newsletter
January 2016

NEWS FROM PHC

As mentioned in our October Newsletter, as of January 1, 2016 Patton Healthcare Consulting has a new CEO, Jennifer Cowel; and PHC is now INC. instead of LLC. We have been in business for 10 years now and each year the business has grown and we desire to continue that same growth curve. Consulting clients using our CAS subscription service will receive a new W9 with your first quarter invoices, with a change of address and tax ID number. Any other changes we make should be invisible to our consulting clients and readers. Our goal to provide clear, concise and understandable consulting advice will remain the same, as will all the phone numbers and email addresses for the consultants.

NEWS FROM TJC

The January issue of Perspectives has some new information, but nothing to get you too worried at the beginning of a new year. Perspectives, as well as the CAMH update do discuss some changes made to the identification of elements of performance containing the R, or risk icon. Given these changes it will be important to provide department heads and chapter leaders with the latest version of the FSA, or focused standards assessment. If they are to self assess these higher risk requirements, they will need to have the changes. Don't forget that your hospital will have some unique R requirements based on past survey results so don't just rely on the publication in the CAMH, but also look at the Intracycle Monitoring (ICM) portion of the extranet to get the full picture for your organization.

While talking about the FSA, just a reminder, when a new department head arrives, or you send the new department head a chapter, don't just send the FSA with the R requirements. We sometimes encounter department heads that only have access to the FSA requirements, not the entire chapter. While you want to evaluate the R elements, you also want to make sure responsible managers have access to all the standards.

Change to Tailored Surveys

Perspectives also has an article that tailored surveys, or surveys conducted with both a hospital team and a second team, like home care, will now each have a team leader if the additional tailored program has two or more surveyors assigned. The Perspectives article mentions that this additional team lead is intended to assist with coordination of effort and much of that coordination will take place between the program leads via phone calls and emails with each other, before they arrive at your organization. There is nothing to worry about here or prepare for. The surveyors are professionals and while they may not have been officially designated at team leads, they coordinated their efforts in the past also. Having worked at TJC, in the past, designation of team

leaders and the small stipend they received for that designation was more of an employee relations issue, with those that did not get the stipend but acting as a team lead feeling left out. This will likely do more for surveyor retention than cause any observable change in the survey process.

New Standards for Behavioral Health

The January Perspectives discusses new standards under the behavioral health manual that apply to outpatient and residential behavioral health programs that treat patients with eating disorders. These new standards take effect July 1, 2016. Those hospitals that have outpatient residential programs accredited using the Behavioral Health manual (CAMBHC), and those hospitals having a partial or IOP program accredited using the CAMBHC will utilize these new standards, when their program is focused on serving people with eating disorders. The second set of new BHC standards are for organizations that provide care management of permanent housing for homeless individuals and would not be applicable in residential setting and most often not applicable to hospital based partial programs. Neither of these new sets of standards are applicable to inpatient hospital programs accredited using the hospital manual. So these new standards will be pertinent to only a few of our readers, but if you have these programs you will need to get these standards in the hands of the program managers and have them design new policies and procedures to implement these prior to July 1. Implementation in outpatient settings may require more physical/medical and ancillary medical care than previously provided.

Immediately after this discussion of new eating disorders standards is an article discussing new behavioral health standards for case management services in a housing first model. These standards would again apply to only a small portion of our readers, those hospitals that provide case management and housing support services that are accredited under the CAMBHC. Large urban hospitals providing case management/homeless services, if accredited under the CAMBHC should receive these new standards.

More Help on EC.02.02.01

This month the Perspectives series entitled Clarifications and Expectations continues its discussion on EC.02.02.01. This is the one article that warrants the most analysis and attention. They discuss EP's 9,10,11,12,18 and 19. When reading these requirements, staff in either hospital quality or facilities might be tempted to say, "yea, we do that" and move on to something else. This one would be worth having a detailed discussion and analysis at a hospital wide meeting to verify actual compliance. Our recommendation is to use your "show me" technique, or your "how do we do that, where is it documented" methodology. For example the discussion on EP's 9 and 10 points out the need to protect employees from hazardous gases and vapors. It specifically references surgical smoke and medical gases, however it references NIOSH and OSHA requirements which should be analyzed to determine if you have other hazardous gases or vapors besides those directly mentioned in the article. For example formaldehyde is not mentioned, but it too must be monitored. In addition to residual chemicals in the air and monitoring for content, the surveyors may ask for air exchange and pressure data and this should be available where ever these chemicals or vapors are likely to be produced.

The guidance on EP 11 should also be carefully examined where it discusses hazardous waste and transportation which then brings in both EPA regulations and DOT regulations. In particular EPA's hazardous waste regulations for a waste manifest, and DOT's regulations if transporting on public roads. The specific DOT regulation is CFR 49, part 172, subpart H and we encourage our readers to Google this resources

and read the requirements in depth. Again, you are going to want to see evidence that all parts of the requirement are met. As we have seen with NFPA fire codes, high level disinfection and sterilization, air handling, knowing the Joint Commission standards is not enough. This is becoming increasingly complex in that the Joint Commission now includes so many inspection details from additional references.

The last article in Perspectives is the first in what they consider to be a new series titled: "Consistent Interpretation" and it is somewhat confusing. There is a grid with 3 different surveyor observations and 3 guidance/ interpretations from SIG staff relative to PC. 02.01.11 on resuscitation services. Our first impression was that the surveyor column was going to have some incorrect finding or defect, that was clarified and corrected in the SIG column. However that does not appear to be the case. All 3 surveyor observations actually appear to be written well and scored appropriately and are fairly common issues we see in TJC survey reports. The SIG column we think provides general guidance for surveyors when faced with similar situations, but is not in fact correcting the actual surveyor observation.

EC NEWS:

The lead article in EC News is about OSHA hazards enforcement policy in hospitals and other healthcare facilities. Carrying forward with the theme we just discussed about the cross references in Joint Commission standards and increasing complexity, this article details what OSHA may do during an inspection of your organization. Page 4 identifies Internet links to 6 different OSHA Guidelines, and again having someone go to each link, printing off the requirements and self assessing your compliance is recommended. The first link takes you to the OSHA Inspection Guidance document for Healthcare Settings. This document then has additional links and if you go two levels deeper you will find the December 2015 OSHA Roadmap for prevention of workplace violence. This appears to be a useful document with examples of innovative programs hospitals have implemented to prevent workplace violence.

Page 2 of EC News has its news bullets or Top News section and the second bullet is interesting and somewhat frightening in that it mentions a 53% contamination rate in a study of healthcare workers removing gloves exposed to a fluorescent chemical, and a 38% contamination rate when removing gowns. There is also a link which brings you to the JAMA abstract from December 2015 on this study. This information should be shared with the hospital infection control committee and explored for ways to reduce such contamination.

CMS UPDATE:

CMS did not post any new Survey and Certification memos to its website again this month, so as we recommend each January, now is the time to plan out your year of preparation activities. Meetings, email, voice mail and day to day work leaves too little time to plan and think, but January is always a good time to resolve to do differently. Scheduling important activities on your calendar may help avoid missing important information you need to react to. For example schedule your time to read Perspectives and EC News, schedule your monthly search for CMS Survey and Certification memos, schedule your time for accreditation preparation team meetings, schedule deadlines for 2015 IC and EC plan evaluations and publication of your 2016 plans. Perhaps even more importantly develop your tickler system so that when you send an article or reference to one of your Subject Matter Experts, or SME's, there is a scheduled due date for their analysis and reporting of work needed.

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