



NEWS FROM TJC AND CMS

Patton Healthcare Consulting Newsletter November 2016

NEWS FROM TJC

New EC and LS Chapters Published

Before discussing Perspectives and EC News, we should discuss the highest priority issue to focus on and that is the new EC and LS chapters that were just published. Two versions were posted to the TJC website, one being just the new standards and the second being a side-by-side comparison of the new standards and the old standards. This is the most useful version to analyze because it allows you to scan each requirement to see what is identical and what is new. You want someone with great attention to detail and reading skills to read this document and highlight each requirement that is new, or now includes new NFPA references. For example EC.02.03.05 is already a very challenging standard and one of the requirements is to include the NFPA references in your documentation of testing fire safety systems. Some vendors began to do this, but many more did not. As a result many hospitals built cover sheets for their test documentation that included the appropriate NFPA references. These have all changed and will need to be updated. TJC and CMS had been using the 2001 version of the NFPA life safety code 101 and this cross-referenced many other NFPA manuals, usually from 1998 or 1999. These cross-references now have also been updated to 2010, 2011 and 2012 versions. This may also involve a sizeable expense in your hospitals as you may need to purchase these updated references to ensure you

have all the appropriate content corresponding to the new 2012 version of life safety code and cross references.

There also is new content or new requirements detailed that need to be incorporated into management plans and work order systems. For example EC.02.01.01, EP's 9 and 10 discuss managing hazardous medical gases and vapors. Previously this EP mentioned glutaraldehyde, ethylene oxide, cauterizing equipment such as lasers, and nitrous oxide. Now the EP has been expanded to specifically add mention of waste anesthesia gas, laboratory rooftop exhaust and, in EP 10, monitoring for residual gas at a frequency determined by law and regulation.

There are other examples where additional detail has been added to an element of performance. For example EC.02.03.01 EP 9 has required the hospital to develop a Fire Response Plan. Now the EP has been expanded in its level of detail to describe that this fire response plan should include information on the specific roles of staff and LIP's, at and away from the fires point of origin, including when and how to sound and report the alarm, how to contain smoke and fire, how to use a fire extinguisher, how to assist and relocate patients and how to evacuate. Previously you may have had these details in policies and training materials, but now these details will be needed in the plan itself. This is potentially a classic "gotcha" if you don't update a new plan requirement to match the EP requirement.

Sometimes the additional details now included

are helpful in explicitly stating something that previously required knowing exemptions and details from other NFPA manuals. For example EC.02.03.03 describes conducting fire drills and many people knew that NFPA allowed us to not sound the alarm at night. Now the expanded content in the EP makes this clear that it is between the hours of 9:00 PM and 6:00 AM. We also have seen TJC scoring the mixing of full, partial and empty oxygen cylinders for several years, but never saw any explicit reference in the standards that said you had to separate them. The reference was elsewhere in another NFPA manual you had to be knowledgeable of. Now you have that explicit reference right in the EP 9 of EC.02.05.09 that makes it clear full and empty need to be separated.

LS.02.01.20, EP 13 has two new notes added to it which help explain some new flexibility relative to corridor clutter. Note 1 discusses the long standing exception for emergency crash carts and now adds patient lifts and transport equipment. These would have been scored as clutter in the earlier version of the code. Note 1 does mention that there must still be 5 feet of clearance in the hallway and the fire response and training program addresses relocation of this equipment in the event of an emergency. Note 2 discusses a second new permissible item and that is fixed furniture on one side of the hallway providing the corridor still has 6 feet of clearance and the area has supervised smoke detection, or is in direct line of sight by staff. There are some additional limitations on this such as making sure the fixed furniture does not block fire fighting equipment.

Our suggestion here is to make this a high priority team project. Try to find someone, staff, intern, administrative resident to highlight the changes. Then create a management project to update the EC plans, related policies, training materials and scheduled work order systems to include new requirements, frequencies and details. You also have an opportunity to decide

what new flexibilities you might want to take advantage of. If you are due for survey in the first half of 2017 you will need to fast track completion. Remember TJC is committed to making survey dates more random and that requires moving people forward in their schedule to create that randomness for the unannounced survey.

The Joint Commission PERSPECTIVES:

51 EPs to be Deleted

This month's Perspectives describes phase II of their "Project Refresh" to delete another 51 elements of performance. It is important to remember that TJC has identified 3 major categories of reasons why these elements of performance can be deleted. These are: (1) Because it is duplicative of other TJC requirements. (2) Because it addresses a routine part of hospital operations and you will do it without TJC saying you have to do it. (3) Because it is adequately addressed by other external benchmarks. So while these EP's may disappear from your E edition manual next year, they are not really gone if the requirement exists elsewhere. So don't get too enthusiastic about deleting EP's and stopping current practices. To a large extent, these are gone but not forgotten requirements.

Requirement from Health Insurance Marketplace Perspectives also has an article addressing a requirement from the Health Insurance Marketplace that requires insurers to only contract with hospitals that work with a PSO, or patient safety organization, or meet an exception. Most of our readers will meet the exception by virtue of being accredited by Joint Commission. Those that are not accredited may meet another exception where you are engaged with a QIO or Hospital Engagement Network (HEN).

New Certification Requirement Identifies Important Safety Issue

We don't usually discuss new Certification Requirements because there are so many different certifications, but this month's announcement about updated requirements for Diabetes Care caught our eye with 2 new requirements. DSPR.1, EP 5 establishes a new requirement to address when a patient is unable to manage his or her own insulin pump. DSCT.5, EP 3 then requires an assessment of each patient's ability to manage his or her insulin pump. We only mention this because we see more and more hospitals struggling on what to do with all the patients coming in with home medical equipment, which today may include a variety of pumps with medication. The specific assessment of the patient's ability to manage the pump seems like a really good idea to help guide your decision making on pump use.

Air Pressure Focus

Perspectives does not include a new article in the Clarifications and Expectations series, but it does include an article in their consistent interpretation series. It discusses a particularly important topic for hospitals, which is maintaining appropriate air pressure relationships in critical spaces. However, the surveyor observations referenced are like classic teaching examples of how not to document a finding. For example one states: "There was no negative pressure flow from contaminated to decontaminated areas". In reality the "contaminated" area would likely be a "decontamination" room, and the decontaminated area would likely be a clean or sterile space. Similarly a second finding states: "the positive to negative pressure differential between clean and dirty areas of central processing was not correctly maintained". What should be stated is, what were the pressure

relationships to the exterior in those two spaces. For example the dirty side was positive to the corridor and should have been negative? Equally vague is the finding that states the "required number of air exchanges in the operating room was not met." It would be helpful to state the required number of air exchanges and the reported actual air exchanges to make this point. As excellent as their Clarifications and Expectations series is, this newer series on Consistent Interpretation points out more flaws in how surveyors document their findings than it actually helps to provide guidance to the field.

EC NEWS: Cyber Security Addressed

The lead article in this month's EC News is about cyber security. Given that we have just concluded a long presidential campaign where cyber security became a hot button topic, this discussion for hospitals is very timely. The article suggests including cyber attacks in your hazard vulnerability assessment, which must be updated each year. There is also a sidebar reference to a host of cyber security references. We probably all get several emails each week allegedly from FedEx stating they could not deliver a package, or some bank you don't have an account with stating they need your information and they provide you a zip file to click. Hopefully now that the presidential campaign is over with, we have all been made better aware that clicking any of these links can be dangerous, either to personal information, or your hospitals information. The article is definitely worth sharing with IT and the staff who lead your emergency management planning.

Suggestions for Managing Medical Waste

There is also an interesting article on "Tracing the Environment of Care" which focuses on analyzing medical waste management, which

likely doesn't sound that interesting. However it is a common source of TJC findings. Hospital quality leaders, consultants and most surveyors focus more on direct patient care activities, but behind the scenes mismanagement of medical waste can lead to clinical problems for the hospital or the survey. The article mentions inappropriate placement of sharps in regular trash and failure to use gloves when handling medical waste. We have also seen some interesting situations during our work in hospitals such as surgical instruments, now appropriately presoaked with a wetting agent, being transported in case carts, dripping down the hallway, dripping into central sterile supply. Another risky practice seen is the collection of sharps containers using a large cart and parking that unsupervised cart throughout the hospital, including parking it in the hallway near the rear loading dock, in the front lobby and even parking it on the drug detox floor where patients are waiting. If you have remote ambulatory care facilities, it's worth looking at how they manage medical waste also. We have seen processes where medical waste just accumulates and accumulates because there is not contracted waste hauler, or red bag waste is given to staff to carry back to the hospital in their personal vehicles. After reading this article, going out to conduct medical waste tracers may prove useful. You might be surprised at the practices in your own organization.

New CMS Emergency Management Requirements

EC News also has an article discussing the new Emergency Management requirements from CMS. This CMS rule took effect this month, and there is an established implementation deadline of Nov 15, 2017. The EC News article points out several differences between the CMS requirement and the existing TJC requirements. For example CMS requires 2 tests of the emergency management plan each year in

hospitals, but they permit one of the tests to be a tabletop exercise. However, CMS also expects 2 tests of the EM plan for community based organizations or hospital-owned ambulatory care locations whereas TJC has only required one. The article is silent of the potential for TJC to permit one of the hospital exercises to be a tabletop, so remember at this time the stricter standard will apply.

Rumors About Survey Process

In terms of rumors we hear coming out of the Joint Commission, we hear that there may be more discussion with leaders during survey about the Patient Safety Systems Chapter. We often ask about some features of this chapter during our leadership sessions on mock surveys and for the most part, this chapter appears underutilized. In order to prepare you might want to redistribute this to your leadership team and think through how you achieve certain aspects of these requirements, including the introductory material.

A second rumor is that there may be more focus on the issue of malignant hyperthermia during TJC surveys. It is already a frequent focus area on CMS surveys. Staff in anesthesia locations and locations where succinylcholine is stored and used should be able to respond to questions about how they've been taught to recognize signs and symptoms of MH, how they would respond, and where they would obtain treatment materials. In addition if this involves someone needing to go to a different department or floor to obtain these materials, you will want to test how long it takes to bring the materials from their storage location to your unit.

CMS UPDATE:

There were no new Survey and Certification memo's from CMS of importance to our readers this past month.

*Here's hoping you and your
families have a wonderful
Thanksgiving!*

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