

# FEBRUARY 2017 PHC NEWSLETTER



*News from Joint  
Commission and CMS*

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## TJC SURVEY ACTIVITY GUIDE, AGAIN:

Since our last newsletter, The Joint Commission has made two new updates to the customer Survey Activity Guide (SAG). If you have not already done so, you will want to download and analyze the latest version. To a large extent, the updates focused on the antibiotic stewardship program we described last month. In the first version of the SAG, TJC had added new document requirements for lists of patients on antibiotics. These have now been removed. There is no need to try and create computerized lists of patients treated in the ED with antibiotics or being discharged from an inpatient unit on an antibiotic. If surveyors desire to trace such patients, they will simply ask staff in the area if there is an appropriate case to review. In addition, in the most recent update TJC has eliminated the concept of surveyors interviewing patients being discharged on antibiotics. However, it is still our advice that staff should be able to discuss and point to EMR documentation of education that has occurred with patients and families regarding antibiotic use. TJC has also eliminated document request #51 which called for evidence of how leadership has supported the ASP standards. If you already prepared this document, it is worth keeping around as a talking point for leadership so they can easily verbalize what was done if asked at the orientation or leadership session. TJC has also changed its LSC Document Review Tool, updating the references from the 2000 LSC to the 2012 LSC and made some technical corrections on that tool.

**PERSPECTIVES:****SAFER Matrix User Guide**

The lead article again this month is on the new SAFER™ Matrix. The article describes the features and user guide available to organizations after completing their first survey using the SAFER™ Matrix. For example, customers may view the Matrix on the extranet and filter or sort findings by chapter. We also learned during a recent consultant forum conducted at Joint Commission that surveyors will be sharing their observations and placement of findings on the Matrix during morning briefings so you can see how things are being assigned throughout your survey. Reminder: your only opportunity to influence where findings are placed on the Matrix is during the survey; this is not something you can clarify or change post-survey.

**LSC Updates**

The “Clarifications and Expectations” column describes key changes to the LSC standards. The article identifies a publication date discrepancy where the standards you now see on the extranet or read in your published CAMH do not exactly match all the new CMS K tag requirements. This is because TJC hit its publication dates prior to CMS having all the details published. TJC will be working to bring these into complete alignment later in 2017 or in 2018. In the interim TJC has created what they are calling “wild card” elements of performance such as LS.03.01.70, EP 6 which states: The organization meets all other LSC requirements related to NFPA 101-2012. This same conceptual approach has been taken in other EC and LS standards to create a placeholder for a specific K tag which did not yet get its own EP. Thus, learning the K tag requirements directly may be worth your while and CMS has published helpful crosswalks and training materials they are

using for surveyors. (See our section on CMS Updates in this edition) This article on LSC updates and the explanation of LS.02.01.10 on General Building Requirements should be shared with your facilities leadership.

**Laboratory Accreditation Changes**

There is also a very detailed and complex article on changes being made to the TJC laboratory accreditation manual to align with CMS requirements. This article reminds us that laboratory science is a very precise and complex performance area that most of us as hospital clinicians have limited knowledge of. Rather than trying to explain these changes we suggest that our readers use a management approach by sharing these changes with your laboratory managers or section heads and asking them three questions:

1. What does this change mean for our organization?
2. What did you do to become compliant?
3. Can you show me evidence we are now compliant?

There is also a somewhat confusing article on survey observers. This refers to APR.07.01.01 which requires an accredited organization to permit a survey observer from either the TJC Board or surveyor management. They have added a note which now states: “Surveyor management staff will only participate in the survey process if he/she feels it is necessary to bring any potential findings or observations to the attention of the surveyor and organization.” So, it sounds as if this change will not result in additional RFI’s very often. However, the body of the article states that Joint Commission field directors, who are the supervisors of the surveyors, are not included in the definition of observers. It further states that “field directors do participate in the survey and review process by providing surveyors and organizations with observations

for scoring standards compliance.” At present this definition of observer is not seen in either the glossary or in the E –edition. There is also a link published with the article that, at this time, is not displaying this nuance. Bottom line, if an observer is present on your survey and that individual is a Board member it is unlikely they will find many of their own RFI’s and have them inserted in your report. However, if the observer is a field director, don’t be surprised if they are coaching and educating the surveyor and this leads to additional RFI’s.

### **Alarm Reduction Highlighted**

*Perspectives* closes with a table of contents from the Joint Commission Journal of Quality and Patient Safety. This is a publication you can purchase, but for now you have free access to the January, February and March issues by clicking on the link published in the article. It’s definitely worth taking a look at. We noted in the February edition there is an article on Implementation of Alarm Reduction Interventions in a CVICU. Alarm reduction is an interesting discussion topic on survey. We often find there was an analysis phase but when staff are asked what got better or what did you improve as a result there is a blank stare. This article has some interesting interventions, which lead them to improvement and alarm reduction.

### **Hot Topic: Malignant Hyperthermia**

We also learned of two “hot topics” at the TJC Consultant forum, one being malignant hyperthermia and the second concurrent or overlapping surgeries. Malignant hyperthermia is a perennial hot topic for CMS and we assume CMS will encourage TJC to make it more of a focus. Malignant hyperthermia is a rare but life threatening complication that sometimes occurs during anesthesia using inhaled anesthetic gases or succinylcholine and requires rapid intervention. The intervention is usually

cooling fluids and administration of Dantrolene or Ryanodex. There is a website called <http://www.mhaus.org/> that has information about treatment recommendations and precautions. The OR is usually the main repository for these treatments, but other anesthetizing locations or locations where succinylcholine is stocked such as a C section OR, ED, ICUs, and procedural areas including ECT need to know who to call, where to get treatment supplies, and how to use them. Our experience on mock surveys is that very few outlying locations know where to obtain treatment supplies, what the treatment is, or how long it will take to obtain the treatment. We suggest techniques such as posters, informational overwrap on medications which can potentially cause MH, training and drills to ensure that all locations at risk know what to do in the event of an MH emergency.

### **Hot Topic: Concurrent Surgeries**

The second issue on overlapping or concurrent surgeries is one we had not heard of before and it seemed brand new to TJC also. However, there is a very informative analysis done by the US Senate Finance Committee on this very subject in 2016. This can be found at: [https://www.finance.senate.gov/imo/media/doc/Concurrent\\_Surgeries\\_Report\\_Final.pdf](https://www.finance.senate.gov/imo/media/doc/Concurrent_Surgeries_Report_Final.pdf) The report title suggests “Additional Measures Warranted.” We would encourage our readers and in particular, our teaching hospital readers to download, discuss, and analyze this report. The basic concept is that a surgeon may sometimes be performing portions of a complex surgery with assistants and that same surgeon may be moving between 2 different operating rooms. The Senate Finance report recommends hospitals develop policies on this issue including policies on:

- Permitted and prohibited practices
- Defining the critical portions of an overlapping surgery

- Disclosing information to patients
- Defining “immediately available”
- Arranging for a back up surgeon
- Ensuring compliance with policy

At this time, neither CMS nor TJC have issued any specific standards or advisories, but at a minimum we would suggest downloading the report and developing those internal policies as suggested. We may be hearing and seeing more about this subject in the coming year.

The Joint Commission has also posted many new FAQ's or Interpretations to its website relative to the new antibiotic stewardship standards. These standards are brand new so there is not a lot of history of confusion with application yet, but in anticipation of potential ambiguity TJC has tried to clarify these requirements. None of the new FAQ's changes our understanding, but take a look, you may have a different opinion.

## EC NEWS:

This month's edition of EC News has a lead article on the frequent scoring of EC.02.06.01 in behavioral health settings. This standard requires organizations to maintain a safe and functional environment. We often refer to it as a “catch all” standard, meaning if there is anything wrong in the physical environment, this is where it can be scored. This may be as simple as torn or ripped furniture, or even include potential suicide hazards. These suicide hazards can sometimes be scored against this standard or against safety goal 15.01.01. The article mentions a frequent reason for scoring the first element of performance is that the organization just overlooks the vulnerability. This is a key reason for scoring, and an issue we struggle with as consultants to teach facility staff

about. The standards require a risk assessment and mitigation strategy for potential hazards, and too often organization staff walk through and identify risks but fail to put pen to paper and record them along with the steps they have determined to mitigate or eliminate the risk. Remember that old maxim, if not documented, it wasn't done; and a risk assessment conducted in your head gets no credit. Our suggestion is that a documented risk assessment is your friend on survey and it potentially gets you out of findings if you have thought it through.

There is also an article on maintenance activities for medical equipment. In 2016 it was known that equipment maintenance was mandatory for high-risk equipment at a 100% completion rate and non-high-risk required a 90% completion rate. In 2017 with the C elements of performance going away TJC tried to embed a 90% threshold for non-high-risk equipment, however CMS has stated that this too must be 100% completion rate per your policy.

Lastly EC News advises that CMS has now adopted the 2013 edition of the Fire Safety Evaluation System, or FSES. This is a process hospitals can use if there is a life safety code defect, but patients are protected from harm by a formal equivalency process. The NFPA has developed a numerical value equivalency analysis system and such a request for equivalency can be sent to TJC who will evaluate it and share with CMS, or for non-accredited hospitals to CMS directly. CMS also wrote about this FSES process in their SC Memo 17-15 dated December 16, 2016. A form is available from CMS entitled 2786T for documenting your equivalency request at the following website:

<https://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/downloads/CMS2786T.pdf>

**CMS UPDATE:****CMS K-Tags Published**

We had mentioned in our Joint Commission update that they were incorporating all the new CMS K tags into their standards. CMS has also published the K tags to their website as both a stand-alone document and as a side-by-side comparison to the 2000 edition of the life safety code. What you want to obtain is the 2786R for hospitals from the CMS website: <https://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/Downloads/CMS2786R.pdf>

There is also a 2786R crosswalk from CMS, but we have only found this tool embedded in the CMS surveyor training module 2 on Policy and Regulations. CMS has developed a computer based training program for its surveyors on evaluation using the 2012 LSC, and CMS is making this tool available to providers through the following website: [https://surveyortraining.cms.hhs.gov/pubs/CourseMenu.aspx?cid=0CMSLSCTC\\_PROVIDER](https://surveyortraining.cms.hhs.gov/pubs/CourseMenu.aspx?cid=0CMSLSCTC_PROVIDER)

CMS estimates that it may take up to 20 hours to complete the training program. Given that CMS and TJC will be evaluating all of this new information it may well be worth the effort to develop in house expertise in the new requirements.

**New SC Memo: Cyber Security**

On January 13 CMS issued SC memo 17-17 entitled “Recommendations to Providers Regarding Cyber Security.” This memo discusses some of the risks and reports heard from our industry relative to cyber security. The memo does not establish specific requirements; however, it does state: “CMS encourages providers to consider cyber security as an element in the development of

their emergency plans, risk assessments, and annual training exercises.” The memo also provides links to reference materials available from the FDA and Homeland Security. We would suggest that you evaluate this memo like you would a Joint Commission Sentinel Event Alert. That is, you should have a team evaluate the recommendations and document your decisions and actions taken. While CMS does not mandate that you implement all their suggestions, just as TJC does not mandate you implement all their suggestions in a Sentinel Event Alert, you want to document that you have considered the suggestions. You may have reached a decision not to implement something new, due to some mitigating circumstance at your hospital, but again, thinking it through without putting pen to paper gets you no credit.

**CMS Memo: End Stage Renal Disease**

We also wanted to back up to a memo issued last fall to End Stage Renal Dialysis (ESRD) facilities. This is SC Memo 17-02 dated Oct 21, 2016. We overlooked it because it was addressed to ESRD facilities rather than hospitals however it is a wealth of information, tools and techniques to evaluate the adequacy of dialysis services. Dialysis is a highly specialized service that the average quality professional knows a little about, but in most cases, is not a content expert. At the same time, contracted or in-house dialysis services are often a very frequent trouble spot on Joint Commission or CMS surveys. As consultants, we have tried to develop tracer tools and we have seen TJC tracer tools that their surveyors use. This 27-page memo and its attachments that double the size of the packet has some great “triggers” CMS surveyor’s look for to drill down into potential compliance issues. The survey narrative portion of the memo also has some great insights into the dialysis process that staff who have never worked in that environment may not be familiar with. So, we would suggest

downloading the memo and all of its attachments and between your quality and dialysis staff use it to potentially develop your own tracer tool and as a guide for periodic inspections of the service.

## AHRQ INFORMED CONSENT TRAINING MODULE:

In mid-January TJC announced through a *Joint Commission Online* posting that they have partnered with the Agency for Healthcare Research and Quality (AHRQ) on a two-part training exercise aimed at improving the Informed Consent process in hospitals. Access the program at this link: <https://www.ahrq.gov/professionals/systems/hospital/informedchoice/index.html>

We took time recently to take this online 3-hour course and found it very informative and well produced. The course content emphasizes familiar points on this topic, but adds a list of 34 free downloadable resources (e.g., gap analysis worksheets, a sample policy, sample forms, tools to address language barriers, etc.) to use in updating or refining your informed consent policy and practice.

We can envision that aspects of this course will wind their way into future CMS regulations and TJC standards, if they aren't there already at least in terms of how the topic is surveyed. Regardless, we recommend taking this course and using the resources provided to improve the informed consent process at your hospital.



## CONSULTANT CORNER:

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*We look forward to hearing from you!*

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