NEWS FROM TJC

This month’s edition of Perspectives has little to concern most of our readers. While it is a 20 page edition, there are no sudden changes most hospitals need to implement. There are some new requirements for ambulatory surgery centers accredited under the deemed status ambulatory accreditation manual. There are also some new requirements for psychiatric hospitals accredited for deemed status as a hospital and deemed status for the two special conditions for psychiatric facilities. But these requirements only apply if you have requested this deemed status option for your psychiatric hospital. There are also some enhancements to the palliative care certification requirements and new stroke measures for the comprehensive stroke centers. So if you have one of these specialty programs you will need to print and analyze the new requirements, but again most of our readers can breath easy.

They have restarted their series of articles entitled “Clarifications and Expectations,” this month discussing E cigarettes. We have seen discussion on list-serves with some organizations questioning what to do about E cigarettes. This article makes it clear from a Joint Commission perspective; E cigarettes are a fire hazard and should be prohibited from use in the hospital. The article does mention one hospital that already has had a fire due to use with E cigarettes. So the action item here is if your current policy does not yet address and prohibit E cigarettes, you will want to add that clarification.

There is also an article on the Targeted Solutions Tool for Safe Surgery, which sounds interesting. We went to look at the tool, but stopped when we saw about the most intimidating “acceptance of terms and conditions” language ever written. It makes a software vendor's terms and conditions seem simple and straightforward. We learned recently at the consultant’s forum at TJC that they were disappointed more people were not using the TST resources. Perhaps more user-friendly access to the material may encourage more users of the TST material. There might be good material here, however, so if you are brave, sign the acceptance of terms and take a look.

Environment of Care NEWS:

The January edition of EC News has a very interesting article on what they call an EC Dashboard. We always recommend hard data to understand compliance instead of verbal reassurances from area managers. In this article TJC provides internet links to some dashboards in Excel that allow for monthly recording of observations relative to compliance or completion of required inspections. These dashboards appear to aggregate EP level findings.
to standard level. They have provided links to blank, write-able dashboards and also to a dashboard that demonstrates how the tool can be utilized. At a minimum we are suggesting that your EC managers download these tools, then come to an organization wide accreditation meeting to discuss how they can be used by your organization. Since EC and LS findings remain as two of the largest problems on survey, having a better handle on current status would be a great idea.

There is also an article on laser safety in hospitals along with an explanation about some of the ANSI expectations, which TJC expects to see implemented. A very basic requirement if you are using medical lasers is the requirement for a laser safety officer and a laser safety program. In larger hospitals you are most likely using lasers and have these requirements met. In smaller organizations we sometimes find the medical laser devices and then continue the tracer to find out who the laser safety officer is and what the laser safety program says. This is where the tracer often falls apart unfortunately when people say we did not know we were using medical lasers. So if you are unsure, a good starting point is your medical equipment management plan. What does it say about laser safety? If it says nothing, then provide the author of the plan with a copy of this article from EC News and request follow up from, or development of the laser safety officer and laser safety program. In addition the medical equipment plan should have a brief summary of what is in place relative to laser safety.

Lastly, the January EC News has a great article on dental clinic surveys for environment of care and sterilization practices. We often find vulnerabilities in sterilization practices in the dental clinics run by hospitals. This article discusses some of the differences between the TJC evaluation of central sterile supply and a dental clinic relative to air handling. In addition the article provides links to different clinical practice guidelines (CPG) on sterilization including a 2003 CPG from CDC on Guidelines for Infection Control in Dental Health Care Settings. As we have described previously for sterilization and high level disinfection processes, TJC will ask you what clinical practice guideline you use to shape your policies and procedures. TJC clearly states they will not expect special air handling or pressurization requirements if you use this 2003 guideline. While not stated here, our interpretation of the message is they could expect special air handling and pressurization requirements if you state you are using the latest AAMI standards as your guide.

**CMS UPDATE:**

This was a quiet month for the hospital industry and CMS given the holidays. There was new content for dialysis centers, nursing homes, home health agencies and laboratories, but hospitals were spared this month. We did already hear from one organization that was surprised by a CMS visit, using the new surveyor worksheets we had discussed last month. If you have not downloaded these spreadsheets which will be used by CMS surveyors in their evaluation of infection control, QAPI and discharge planning, we would encourage you to do so. More importantly, use these spreadsheets internally to conduct your own tracers, before CMS makes their visit. If you need the link to the worksheets, here it is: [http://www.cms.gov/Medicare/Provider-](http://www.cms.gov/Medicare/Provider-)

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PLANNING FOR SUCCESS IN THE NEW YEAR

Given the brief respite in announcing new requirements this month and the fact that this is the beginning of a new year, it is an appropriate time to ask: “are we positioned for success in accreditation and regulatory compliance for 2015”? Since things change rapidly in our field, you should self-assess your process to obtain and implement new requirements. For example:

1. Do we have business processes established to keep up with announcements about change so that new requirements don’t surprise us during a? For example do we have a schedule to proactively seek out new information from TJC, CMS and others? Did you plan out a 2015 schedule to download and read Perspectives, EC News, and CMS memoranda? If your plan is to do it whenever time permits, you may find the months slipping by without the opportunity to print off and start the analysis of these changes.

2. Once you have the new information, do you have a good process to get it to your subject matter experts (SME’s) in your organization, and to obtain meaningful analysis of impact to your organization? If you send it to your colleagues as an FYI, then it will probably sit in their to-be-read pile for months, if it ever gets read. If you send it with an expectation that they will be expected to present their impact analysis at the accreditation meeting scheduled for March 2, you have a fighting chance of seeing it done thoroughly.

3. Since meetings take up an inordinate amount of time on everyone’s schedule, have you outlined a plan and dates for 2015 that makes the best use of your colleague’s time? There is probably a core group that needs to be at every meeting and another subset that could come alternate months or twice yearly and ad hoc upon request. Also, do you have a process for obtaining representatives so that there really are no “no shows”? All planned attendees also need to remember that if they are represented by an alternate, the alternate has to be knowledgeable and ready to represent the member effectively. Saying, “I don’t know what we are doing in response to the CMS memo” is not an acceptable answer.

4. Next do you have a system to tickler or keep track of requested presentations, analyses and implementation results? If you send an important CMS memo to a department head with a plan to have them discuss their analysis on March 2, do you have a good system to make sure that item makes its way to the agenda and the meeting is on the presenter’s schedule?

5. Considering the fact that a failure to analyze and a failure to implement required change affects the hospital adversely, do you have a process to inform the next level of management when colleagues do not produce their information in a timely fashion? Is there a commitment from senior management that slippage and lost time is not an acceptable action?

6. Have you signed up with the Joint Commission’s emails announcing new postings, standards changes and important
announcements? Sometimes email addresses get dropped as organizations monitor their bounce-backs. Maybe it was just your spam blocker that rejected the email because of the title of the email, but you have been dropped from the list-serve and need to sign up again.

7. If you are in year 2 or 3 of the accreditation cycle, you may be long past the ESC and MOS phase, but take another look at the old RFI’s to determine if the issues you previously fixed have remained fixed. Too often there is a focus and energy to fix things, but over time priorities change and old practices return. Since old RFI’s can factor against your organization in the accreditation decision, you want to make sure that what was once fixed, has remained fixed. Given that the top 20 most commonly scored standards repeat, year after year, we know that this slippage is common.

8. Have you updated and read your day one documents recently? We recommend a quarterly process to update, but if you are entering year 3 of the accreditation cycle, this update is essential. In addition, read what you have placed out for your surveyors. Sometimes we read things that are outdated, but we also read things that are actually damaging to the organization and not mandated to be shared, so why make it available? Compare your list with the 2015 SAG lists and make sure you have not supplied TJC with ammunition to score additional RFI’s.

9. If your FSA is available, have you disseminated the forms and tools to chapter leaders for them to complete the FSA. When it is returned, don’t forget to ask how those who completed the FSA know the information submitted is accurate. Because I believe it to be true is not a good answer. Because I verified that the required content is in policy 123.43, page 7 is a good answer. Because I personally reviewed 20 charts is a good answer.

10. Do your department heads and chapter leaders actually have access to the standards and all elements of performance? Too often we meet with department heads and they don’t actually have the standards. Sometimes they have the FSA tool, but that is only a subset of standards, not all the standards. Sometimes we hear the quality department has obtained user-IDs for all chapter leaders to be able to use the E-edition, but when we ask the chapter leader to sign on and show us the standards, they don’t actually know how to do it.

MORE ON HUMIDITY

On January 21, ASHE issued an advisory warning organizations that the CMS/TJC waiver permitting humidity levels as low as 20% may not be compatible with all medical equipment and supplies in the OR. They warned that the manufacturers instructions for storage and use should be consulted to determine if any conflict results. The ASHE memo should be downloaded from their website. They discuss ideas for conducting a risk assessment and analysis of storage conditions in their memorandum.

CLARIFICATION/CORRECTION

An astute reader in the State of Washington noted an error in the December issue of the PHC newsletter. The Environment of Care article on active shooters referenced an article from the Annals of Emergency Medicine Journal, not the Annals of Internal Medicine. The link to the article is below.

Best Regards,

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