Steven Hirsch and Associates

Accreditation News

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The Right Thing to Do: TJC Accreditation Standard LD.04.04.03

The Joint Commission Hospital Accreditation Standard: LD.04.04.03: New or modified services or processes are designed well.

As The Joint Commission and other regulatory agencies have become more comprehensive and sophisticated in their requirements, the planning, implementation and monitoring of new or modified systems, services and/or processes have taken center stage. New and improved technologies aimed at increasing patient safety are a large part of the driving force behind this shift. The regulatory survey process now requires hospitals to demonstrate their planning processes in such a way that their quality data are utilized to drive their decision making. Is this just more bureaucracy or is it the right thing to do?

The cost of quality is expensive; however, the cost of not taking the time to plan adequately is even more so. Why?

> *It will cost an organization $1 if a problem is prevented during the planning stages.*
> *It will cost the organization $10 if the same problem is detected internally-before it reaches the customer.*
> *It will cost the organization $100 if the problem is detected further on, by the actual customer.*

Making the effort to plan up front saves dollars, time and reputation in the long run, and avoids rework. The purpose of planning comprehensively is to ensure that the final product--be it a new service line (i.e. interventional radiology) a system (i.e. electronic refrigerator temperature monitoring), or a process (i.e. order clarification)---not only works the way it was designed to work, but also meets or exceeds the needs of the end customer. The first step in this planning process is the selection of the actual project to be developed. Many factors come into play when selecting a project the final analysis, however, they should be selected based on the results of performance improvement activities, patient safety initiatives, Sentinel Events, near-misses, evidence-based practice and the needs of the patient population that is being served.

After a project has been selected, objective data need to be collected, analyzed, and discussed so as to ensure that the project is viable and can be completed successfully. Most hospitals' Quality Councils utilize Project Prioritization Grids that can be adapted for planning or modifying projects. Once the decision has been made to go forward, the next step is the identification of a champion--a person who will be accountable for the activities of the project team and to keep the project on track. The team should then identify the customers or end users of the project. Once they have been identified, their input becomes a vital part of the initial planning phase. Talking to the future end users up front is critical to identifying needs and solutions that can be built into the process from the onset. To put it simply, project teams need to understand their customers' needs.

The next step, often the most enjoyable part, is the actual development of the desired service, system or process. It is essential that this effort be data driven. Many methodologies can be employed in this process, including Plan Do Check Act (PDCA), Lean/Six Sigma, or ISO 9000, for example. Each sequential step in the design process must be analyzed and verified using the PDCA or similar process. Getting proactive feedback during every step of the way will identify flaws in the system, which can then be corrected long before it's too late.

> *Example: Hospital X built a new medical surgical tower using the latest technology and an architectural firm to design the tower from a patient-centric point of view. The end result was truly beautiful. However, the nurses who would be working on the units were not involved in the project.*

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When it came time to move patients into the rooms, the doorways–which at the time had been built to code-were too narrow to accommodate gurneys with the side rails up along with the necessary patient equipment and staff pushing them. The hospital was delayed in opening the tower for months, and was forced to spend an enormous amount of money widening doorways. Had the planners taken the time to talk with the nurses, this costly and unnecessary delay could have been easily avoided.

Another very important aspect of the design step is the development of a service, system or process which allows the worker to be in control. Because systems are by definition fundamentally dynamic in nature, end users must be able to understand the nature of the system(s) within which they are operating and to adjust them when necessary to maintain their optimal function. For this reason, system(s) need to have built-in mechanisms that will allow end users to fine-tune them and have self control. The elements of putting workers in self-control are three-fold and include:

Knowledge: Workers must know what they are supposed to do. This includes education, training and when appropriate, competencies on the new/modified system.
Feedback: Workers need to receive timely feedback on their performance. Project designers and managers need to provide real-time comments on how the worker is performing, taking into consideration the worker's own opinions.
Regulation: Workers need to be able to make adjustments or improvements on the spot, so they can bring processes back into control. This is a critical factor. The capacity to fine-tune a system at the point of service increases employee job satisfaction. The employee is empowered to solve problems up front, thus increasing customer satisfaction since services are not delayed and the staff visibly demonstrates competency.

When the design team has completed its work, the implementation team needs to take over. Once again, this is a data-driven process and the input of end users is crucial. In many instances, the principal barrier to a smooth implementation is that people simply do not like to change. Having the end users involved in each step of the process tends to promote a smoother implementation because of their active involvement and input.

Implementation of a new or revised service, process, or system does not guarantee that it will work or be successful. Project teams need to collect, analyze, display, and report data in order to determine if the desired outcome has been achieved. Using the PDCA methodology during the design process will not always guarantee that a new or redesigned system will perform as predicted. The only way to discover the true outcome is by monitoring it. Careful attention must be paid to the data collection, analysis and display process. Valid and reliable data are essential for making informed data-driven decisions.

As hospitals face the challenges of electronic medical records, robotic technology, innovative care delivery models and new services, taking the time to comprehensively plan, implement and monitor projects will ensure that they provide quality services and meet expectations. Whether it is in the planning, modification or improvement of systems, services or processes, quality is achieved by providing the right services at the right time and in the right fashion.

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Life Safety Issues

Fire and Smoke Damper Testing

Effective January 1, 2009, the requirement for testing of fire and smoke dampers has been changed by The Joint Commission from a frequency of every four (4) years to every six (6) years, in accordance with NFPA standards. Due to the realignment of The Joint Commission's standards to the Medicare "Conditions of Participation," EC.02.03.05, IE 18 has been revised effective July 1, 2009 to read "The hospital operates fire and smoke dampers at least every four (4) years to verify that they fully close. The completion date of the test is documented." This is a publication error. The previous revision of the standard remains in effect, reflecting a minimum testing frequency of every six (6) years. It is important to note that the revision in the Life Safety Code and associated NFPA codes that have previously made this modification in testing frequency possible is, effective October 30, recognized by CMS provided that testing requirements under the 2007 edition of NFPA 80: Standard for Fire Doors and other Opening Protectives and the 2007 edition of NFPA 105: Standard for the Installation of Smoke Door Assemblies are met. The hospital will be required to notify the CMS Life Safety Surveyor during survey that it has elected to utilize the 6 year testing interval.

Free-Standing Out Patient Dialysis Centers Considered Ambulatory Healthcare Occupancies

The Centers for Medicare and Medicaid Services (CMS) recently went on record indicating that free standing dialysis centers operated by hospitals are to be considered Ambulatory Health Care Occupancies and therefore, must be in compliance with NFPA 101, the Life Safety Code, Chapter 20 for Existing and Chapter 21, for newly constructed Ambulatory Health Care Occupancies. Joint Commission Accredited hospitals offering outpatient dialysis services should be certain that a Statement of Conditions is completed for these facilities. Any areas in which non-compliance has been identified should be addressed in an appropriate "Plan for Improvement." And don't forget, the "Plan for Improvement," if it requires capital expenditure, should be directly linked to the capital budget that is to be provided to the governing body on an annual basis. In accordance with Medicare Conditions of Participation, a minimum three (3) year capital expenditure plan will need to be submitted annually to the governing body. Any Life Safety Code compliance-related capital expenditures should be clearly reflected in the capital expenditure plan, to indicate that the governing body has made a commitment to funding such improvements.

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