Steven Hirsch and Associates

Accreditation News

February 22, 2017

Volume 9, Issue 1

Steven Hirsch and Associates

18837 Brookhurst Street
Suite 209
Fountain Valley, CA 92708

Toll Free: (800) 624-3750
Phone: (714) 965-2800
Fax: (714) 962-3800

WE'RE ON THE WEB!

WWW.SHASSOCIATES.COM

OUR MISSION

Our mission is to provide dynamic integrated expertise that supports health care organizations in meeting and exceeding patient care standards as mandated by the regulatory environment.

OUR VISION

To provide a positive and supportive environment that fosters professionalism while providing the highest quality client centric consulting expertise in the health care industry.

OUR VALUES

CREDIBLE • ETHICAL
EXPERT • INTEGRITY
PROFESSIONAL
RESPONSIVE

Temperature and Humidity

For the last several years, temperature and humidity parameters have been focused upon in accreditation, licensing, and Medicare Certification Surveys, with emphasis placed initially on operating rooms. CMS and accrediting organizations utilized NFPA 99, 1999 Edition, Standard for Health Care Facilities. Historically, the range for relative was 35%-60% in all procedural settings.

The NFPA standard was originally published in response to concerns left from the days of flammable anesthetics. This class of anesthetic agent is no longer in use, and many states adopted a more liberal approach (20%-60%) to relative humidity in the procedural setting. This expanded range for relative humidity was adopted by numerous professional associations, including AORN, ASHRAE and others. CMS adopted in S & C Letter 13-25-LSC in April 2013 the expanded range for relative humidity of 20%-60%. In February 2015, CMS issued second letter, S&C: 15-27-Hospital, to clarify its policy, in response to concerns raised by AAMI and manufacturers of medical equipment.

These concerns are related to the fact that many pieces of medical equipment that are utilized in procedural settings may not function in accordance with manufacturer's specifications in the lower (<35%) humidity environment, and reduced humidity may also impact equipment calibration. The lower relative humidity may also impact the shelf life and product integrity of sterile supplies.

These issues were the subject of a "Joint Communication" issued by several professional associations in January 2015, including the Ambulatory Surgery Center Association, American College of Clinical Engineering, American Society of Anesthesiologists, American Hospital Association, American Society for Healthcare Engineering, American Society of Heating, Refrigeration, and Air Conditioning Engineers, Association for Health Resources & Materials Management, Association for the Advancement of Medical Instrumentation, Association of periOperative Registered Nurses, Association of Surgical Technologists, Health Industry Distributers Association, and the International Association of Healthcare Central Service Materials Management, which is referenced in the February 2015 CMS S & C Letter.

The S&C letter defines an expectation that healthcare facilities conduct a risk assessment to ensure that their medical equipment will function in the lower humidity environment in accordance with manufacturer's instructions for use and equip-

Continued on the Next Page...

Temperature and Humidity Continued…

ment specifications, and that sterile items, purchased by or packaged in the facility will retain their package integrity and remain sterile. Based on the results of the risk assessment, which must be documented, the organization can establish its range for relative humidity, within the 20%-60% parameters. Additionally, with the adoption of NFPA 99, 2012 Edition in July 2016, the previously stated range for relative humidity in the anesthetizing locations is no longer specified.

In the Joint Communication, the steps recommended for the risk assessment in the anesthetizing locations include the following:

1. Determine what the desired minimum humidity level and range is in the OR and what is the actual level of humidity the HVAC system is able to achieve and maintain in a variety of weather conditions.

2. Have you assessed humidity level data over a sufficient time to know whether, when, and for how long the humidity falls below 30% due to environmental conditions with all seasonal variations? The method of assessment should be conducted in consultation with facilities engineers.

3. Have you determined what the IFUs say about humidity levels for each item in the Organization's existing inventory of supplies and equipment used in the OR?

4. What are the likely risks of using equipment that calls for a humidity level of 30% or higher (which may be especially prevalent with older electro-medical equipment) in lower humidity? What are the potential impacts on performance?

5. Request data from manufacturers documenting the variance of time (excursion data) that sterile products can be out of range before their package integrity or performance are impacted. Learn and understand how integrity and performance are affected when supplies and equipment are stored and used out of range. Note: This data may not be available from all manufacturers as of the date of this communication.

6. For any planned new supplies and equipment, what are the anticipated recommended humidity levels for storage and use?

7. Using all of the available information, have you done an overall assessment to determine whether the benefits of lowering the humidity level threshold below 30% override the potential risks?

8. If the decision is made to maintain humidity levels below 30%, consider moving supplies that call for humidity levels of 30% or higher to a humidity-controlled closet.

It should be noted that accreditation, licensing and Medicare Certification surveys are now also focusing on additional areas in which relative humidity and temperature should be monitored. In addition to procedural settings that are considered "Surgery" as defined by the American College of Surgeons, and referenced in the Conditions of Participation under 42 CFR 482.51, Sterile Processing, Pharmacy, NICU and newborn nurseries, ICU, Delivery Rooms, PACU, and Burn Units are being evaluated for compliance. Note that in these settings, requirements for relative humidity may be more stringent, and often not as broad as 20%-60%.

In the absence of specific parameters defined in your state's licensing regulations or Mechanical Code, the American Society for Healthcare Engineering, American Society of Heating, Refrigeration, and Air Conditioning Engineers in Standard 170-2013 provides recommendations for both relative humidity and temperature. Whatever guidelines the organization follows, such should be incorporated into hospital policy, and be approved by the appropriate committees. The organization will be expected to maintain documentation of ongoing monitoring of its environment to assure that it supports the safe and effective use of medical equipment and storage of sterile supplies.

Written by Steven R. Hirsch, MPA, FACHE of Associates

Health Literacy and Safe Patient Care

We all know that patients are to be fully engaged in their own care. In order to be so, patients need to fully understand their conditions and the treatments for those conditions… but that understanding is sometimes difficult to accomplish due to several factors, including language barriers and comprehension challenges.

Just think, the patient arrives at the hospital and needs to find the correct parking area. Next, the patient needs to enter the hospital and find their way to where the patient has been told to report. Despite way finding signage, it is sometimes quite difficult to find one's way through the labyrinths called a hospital. And then, compound that challenge for patients who may not possess sufficient reading skills or comprehension of the written or spoken language. The patient finally arrives at the correct destination and care is to ensue, including education provided in a way that the patient is able to comprehend.

Healthcare literacy is addressed in The Joint Commission standards, including in the standards related to the Rights and Responsibilities of the Individual. RI.01.01.03 calls for the hospital to respect the patient's right to receive information in a manner he/she understands AND to provide the information in a manner tailored to the patient's age, language and ability to understand. Most hospitals collect demographics on their patient populations, which may aid in identification of prevalent languages spoken in the organization's service area. The language used in printed matter for patient's review and use needs to be written at a language level that is understandable by the general patient population, which is usually at the fourth to fifth grade level. Plain, ordinary language that can be easily understood is to be used. Although The Joint Commission does not require a specific language level, the level must be taken into consideration as documents are developed. The Pennsylvania Patient Safety Authority has published an advisory article related to health literacy and has made health literacy related tools available on their website.

However, how can an organization identify those patients that may not be able to comprehend health information provided in a language that is understood by the patient? Patients with impaired cognitive ability are not uncommon in the healthcare setting. Therefore, organizations need to develop patient screening to identify cognitive impairment that may interfere with assimilation of healthcare information. Once the impairment has been identified, involvement of family members and other support personnel should be included as appropriate.

Staff members should be encouraged to take their time with patients and not to rush in providing healthcare information. Staff should also be encouraged to use the "Teach back" method in order to validate that the patient is able to explain in his/her own words what has been reviewed with him/her. Staff members should ask the patient open ended questions and should not overwhelm patients with too much information provided all at one time.

In California, Assembly Bill No. 389 which amended Section 1259 of the Health and Safety Code was enacted in 2015. As a reminder, all general acute care hospitals are required under Federal regulation to have a policy on provision of language assistance services for patients with language communication barriers. Remember that the policy is to be reviewed annually and in California, sent to the State Department of Public Health by every January 1st. Be sure to include a description of what efforts are being taken to ensure adequate and speedy communication with patients who have a language or communication barrier. The updated policy and notice of languages available are to be posted for the public on the hospital's Internet web site. The notice is to be in English and up to five other languages most commonly spoken in the organization's service area. Also remember to include mention of individuals who are deaf and whose primary language is sign language. Signage is to be posted in areas of the hospital, including in the Emergency Room, the admitting area, the entrance to and in the outpatient areas, that informs the patients that interpreter services are available upon request. The languages available should be listed as well as instructions on where to direct complaints regarding interpreter services. The local address and telephone number of the state Department of Public Health is to be included, as well as a T.D.D. number for the hearing impaired.

Providing healthcare information and education in a manner that can be understood by the patient is an important component of patient treatment and safety, and as such, needs to be an integral part of the provision of patient care in all settings.

Written by Linda Paternie, RN, BS, MHA, CJCP

Don't Let ASP Bite - Part 2

Steven Hirsch and Associates

18837 Brookhurst Street
Suite 209
Fountain Valley, CA 92708

Toll Free: (800) 624-3750
Phone: (714) 965-2800
Fax: (714) 962-3800

WE'RE ON THE WEB!

WWW.SHASSOCIATES.COM

OUR SERVICES

- Pre-accreditation, Medicare certification, and Licensing surveys
- License conversion assistance
- Infection control program assessment and maintenance Staff development
- Ambulatory-surgery program development and operating room management
- Assessment of patient acuity systems
- Human resources management and competencies assessment
- Medical staff support services (including professional credentialing services and independent peer review)
- Clinical laboratory management and CLIA
- Performance improvement (CQI) and Patient Safety consultation
- Management of the Environment of Care (including Life Safety Assessment)
- Joint Commission Survey Interview Training
- PPR Preparation

The implementation of Antimicrobial Stewardship Programs (ASP) was introduced in a comprehensive article published in the SHA Accreditation Newsletter of October 26, 2016. The following article is a follow-up to that information.

In recent mock Joint Commission accreditation tracers, hospital leaders have asked our team for suggestions related to practices that should be put into place that would assist hospitals in becoming more compliant with the Elements of Performance for the Antibiotic Stewardship Standard MM.09.01.01. So here are some suggestions…

Leaders need to be prepared to discuss how the Antimicrobial Stewardship Program was made a priority in the organization (EP.1). Leaders should consider having documents that depict ASP work in progress accessible to discuss with the surveyors. Strategic plans, budgets and performance improvement plans should demonstrate that the leaders have provided oversight, resources and expectations related to the ASP.

Has your organization dedicated the necessary human, financial, information technology and physical resources to support an effective ASP?

The Joint Commission surveyors may inquire about education on antimicrobial stewardship provided by the organization (EP.2). The surveyors will ask the hospital staff and licensed independent practitioners (LIP's) about the education they have received on this topic. The questions may be asked during patient tracer activity and/or during a medication management systems tracer. So make sure the clinical staff and the LIP's are prepared to respond.

Providing information to the surveyors about the hospital's current antibiogram is an acceptable response. However, make sure that the clinical staff is knowledgeable about what an antibiogram contains. Our recent experiences during mock surveys suggest that some staff are not familiar with the term "antibiogram." Clinical staff also need to be aware of where their hospital's antibiogram is located. Staff as well as LIP's should be able to state what their organization is doing to develop, implement and improve their ASP.

Has your organization provided materials and educated clinicians about ASP activities?

There are also educational requirements for patients who are prescribed antimicrobials (EP.3). Patients who are to receive prescribed antimicrobials after discharge (from the hospital and from ambulatory clinics that are surveyed under the hospital accreditation program) must receive education. And, of course, that patient education must be documented in the medical record.

The surveyors may look for documentation of education in the medical records of Emergency Department patients discharged on antimicrobials, in the medical records of patients discharged from the hospital on antimicrobials, and in the medical records of ambulatory and clinic patients surveyed under the hospital accreditation program.

How has your organization included patient education on antimicrobials in the electronic medical record or other forms of documentation?

To demonstrate compliance with EP. 5, it is suggested that the organization develop a "living" document describing how the required core elements of antimicrobial stewardship are addressed in the organization. The EP is very specific on the core elements: leadership commitment, accountability, drug expertise, actions, tracking, reporting, and education.

Does your organization have such a document?

Keep in mind that there are numerous resources available on line to aid in ASP program formation.

Antimicrobial stewardship will be addressed in upcoming SHA Newsletters, so be on the lookout for them!

Written by Linda Paternie, RN, BS, MHA, CJCP