



# Accreditation News

June 2015

Volume 7, Issue 3

## 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](http://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

## Patient Safety Initiative Worksheets from CMS: Quality Assessment Performance Improvement

The Centers for Medicare and Medicaid Services have completed the finalization of three surveyor worksheets: Quality Assessment/Performance Improvement (QA/PI), Infection Control, and Discharge Planning. The work on the worksheet development was part of the Patient Safety Initiative Program designed to help reduce hospital-acquired conditions. The worksheets had been in draft format and have been recently revised. Surveyors will use the worksheets when assessing hospital compliance with the Conditions of Participation as part of a general survey process.

All hospitals are encouraged to complete the worksheets as a self-assessment, followed by taking actions as needed to become compliant with the Conditions of Participation. As a part of the Mock Survey process conducted by Steven Hirsch Associates, the survey team will conduct a focused review of Infection Control, Discharge Planning and Quality Assessment/Performance Improvement using the CMS worksheets. It is recommended that the Leadership teams responsible for each of the three areas addressed in the worksheets not only become familiar with the tool, but also be prepared to respond to the information as required in the worksheets.

The following questions on the QA/PI worksheet are sometimes challenging for organizations:

- Are the collected data analyzed? At times there is an abundance of data collection with little or no analysis.
- If interventions occurred as a result of data analysis, were the interventions evaluated for success?
- Is the number of performance improvement projects proportional to the scope and complexity of the hospital's services and operations? Too many projects, especially with lack of data analysis and follow-through can be just as serious as not enough.
- Is there evidence in the Governing Body minutes that the Governing Body is actively involved in the approval of the quality improvement program indicators and that the Governing Body reviews the results of the quality review activities and makes decisions based on the reviews?

It is also important to make sure that the unit-based staff is provided with unit specific results, as possible, for the performance improvement activities that occur in the organization. Can unit-based staff speak to the restraint rate on their unit? The fall rate? The central line blood stream infection rate? Hand hygiene compliance

## Patient Safety Initiative Worksheets from CMS: Quality Assessment Performance Improvement Continued...

rate? Patient satisfaction survey results? Is the staff provided with tracking and trending of results over time so that they can become even more involved with achieving and then maintaining improvements?

Some organizations choose to post their quality review results, most often depicted in dashboard format, in the staff lounges. Some hospitals opt to post their results in a public place on the clinical units in order to be more transparent within the organization. In both scenarios, data is present for all who participate in performance improvement activities to know, to use, and to act upon.

Written by Linda Paternie, RN, BS, MHA of Associates

### What Does It Take To Be a Medical Staff Professional?

If you are looking for a career in Medical Staff Services, there are several traits that you should ask yourself whether you possess:

1. Am I detailed oriented? You need to pay attention to everything that comes across your desk, proof read all documents that you type or have typed before you send them on their way. Read all correspondence carefully so as not to miss an important detail.
2. Am I afraid to ask questions? You need to be confident enough to ask questions if you are not sure of what was said or if the directions you were given were not clear. You may be more comfortable asking for clarification on a one to one basis and that is ok. Remember there is no stupid question; it is stupid not to question.
3. Am I intimidated by physicians? They can be seen as a “force of nature,” but under the lab coat or their scrubs they really are just like you or me. They may be more vocal than others, but you know people who are like that who are not physicians.
4. Can you multi task? The luxury of starting a project and completing it without interruption is ideal, but be ready for a phone call, or a co-worker may ask for information, or the Chief of Staff or the Chief Executive Officer may request your attendance at a special meeting. You will need to be able to bookmark your project, put it on hold and pick it up at a later time.
5. Can you meet deadlines? Credentialing: initial appointments must be processed within a specified time as stated in the Medical Staff Bylaws. Reappointments must be processed and approved by all the reviewing committees prior to the expiration of the reappointment applicant’s current appointment. Other departments may assign you projects with specific deadlines; you must incorporate those projects into your many medical staff responsibilities that also have deadlines.
6. Am I a good minute taker? Minutes should be typed within a reasonable timeframe following the meeting and not the day before they are to be presented to the committee. The committee chair should be given the courtesy of reviewing the minutes (and the agenda) prior to the next meeting. The minutes should reflect the action items, summarize the discussion and document the final outcome and who is responsible for any follow up.
7. Keeping current on new regulatory requirements; as new standards are implemented by The Joint Commission or other accrediting body, Centers for Medicare and Medicaid Services, your state department of health, or any other regulatory agency your hospital is licensed or certified by, you must stay current on changes that affect the medical staff and bring this information to the medical staff leadership.
8. Can I be flexible? Can you change your schedule as needed? You never know when a meeting will be scheduled earlier than the routine start of your day or later than the end of your day. Or TJC or CMS or any other regulatory agency may have arrived unannounced and all directors/managers/supervisors need to be at the hospital as soon as possible. Last minute changes to a meeting, the department chair has called to cancel the meeting and now you must notify all the members and other hospital department representatives that the meeting was cancelled. Don’t forget to notify Dietary or they will bring the food to an empty meeting room.
9. Can I deal with difficult people? How do you handle a person who is in your office and is upset with you or your department, or you take a phone call and the person is very irate. You need to be able to stay calm, listen to the complaint, and not take the complaint personally. The person is usually upset at a process and wants to be heard. Hopefully, you can identify the issue and give the visitor or caller a reasonable

*Continued on the Next Page...*

## What Does It Take To Be a Medical Staff Professional? Continued...

solution and they will leave your office in a better temperament.

This is just a sample of the main issues that are part of being in a medical staff office. If you answered YES to the questions, then “come on down” and join the world of the Medical Staff Professional. I guarantee that you will never be bored, you will learn about the importance of your position as a Medical Staff Professional and that you are the gate keeper in guiding the hospital and the medical staff on the right path to providing quality care to their patients and to your community.

Written by Margo Smith, RHIT, CPMSM, CPHQ of Associates

## CMS Issues Guidelines and Categorical Waivers for Use of Power Strips in Patient Care Areas

The Centers for Medicare and Medicaid Services (CMS) issued in S&C Letter 14-46-LSC on September 26, 2014, guidelines for utilizing the Categorical Waiver process for power strips or Relocatable Power Taps (RPT), in patient care areas. Up until this time, surveyors were citing hospitals for use of RPTs anywhere in the hospital, not only with patient care equipment, or in patient care areas. The guidance issued by CMS acknowledges that healthcare organizations, many of which have been built some time ago, do not have adequate numbers of electrical receptacles in patient care areas particularly, to support all of the new technology that is being utilized. CMS is aware that a prohibition against the use of RPTs may create “an unreasonable hardship.” Notwithstanding, it is expected that redesigned or renovated facilities will provide a sufficient number of electrical receptacles in patient care areas in order to avoid the use of RPTs.

The CMS Categorical Waiver acknowledges in part, revisions to NFPA 99 contained in the 2012 Edition, which requires that sufficient numbers of electrical receptacles be located in all patient care areas to avoid the need for power strips. Provisions in NFPA 99, 2012 Edition Section 6.3.2.2.6.2 include an increase in the required number of receptacles in newly constructed patient care areas.

A number of definitions are identified in the CMS Survey and Certification Letter as contained within NFPA 99, 2012 Edition as follows:

- “Patient bed location” is defined in Section 3.3.136 as the location of a patient sleeping bed, or the bed or procedure table of a critical care area.
- “Patient-care-related electrical equipment” is defined in Section 3.3.137 as the electrical equipment that is intended to be used for diagnostic, therapeutic, or monitoring purposes in the patient care vicinity.
- “Patient care room” is defined in Section 3.3.138 as any room of a health care facility wherein patients are intended to be examined or treated. It should be noted that this term replaces the term “patient care area” previously used in the 1999 Edition of NFPA 99, however the definition itself has not changed.
- “Patient care vicinity” is defined in Section 3.3.139 as a space, within a location intended for the examination and treatment of patients (i.e., patient care room) extending 6 feet beyond the normal location of the bed, chair, table, treadmill, or other device that supports the patient during examination and treatment and extends vertically 7 feet 6 inches above the floor.

Under the CMS Categorical Waiver guidelines, any patient bed locations in new healthcare facilities, or in existing facilities that have been renovated, or located in a change of occupancy, the minimum number of electrical receptacles needs to be provided as defined within Section 6.3.2.2.6.2 of NFPA 99, 2012 Edition.

Power strips may be used in a patient care vicinity as defined above, to power rack-, table-, pedestal-, or cart-mounted patient-care-related electrical equipment assemblies, provided that all the following conditions are met, in accordance with Section 10.2.3.6. of NFPA 99, 2012 Edition:

- The receptacles are permanently attached to the equipment assembly.
- The sum of the ampacity of all appliances connected to the receptacles shall not exceed 75% of the ampacity of the flexible cord supplying the receptacles.
- The ampacity of the flexible cord is suitable in accordance with the current Edition of NFPA 70, the National Electrical Code.
- The electrical and mechanical integrity of the assembly is regularly verified and documented through an ongoing preventative maintenance program.

*Continued on the Next Page...*

## CMS Issues Guidelines and Categorical Waivers for Use of Power Strips in Patient Care Areas Continued...

### 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

- Means are employed to ensure that additional devices or nonmedical equipment cannot be connected to the multiple outlet extension cord after leakage currents have been verified as safe.

The CMS Survey and Certification Letter provides a number of additional issues that must be considered prior to use of RPTs. Specifically, power strips may not be used in a patient care vicinity to power non-patient care-related electrical equipment.

Power strips may be used outside of the patient care vicinity for both patient-care-related electrical equipment and for non-patient care-related electrical equipment. Power strips outside of the patient care vicinity providing power to rack-, table-, pedestal-, or cart-mounted patient-care-related electrical equipment assemblies are not required to be an integral component of manufacturer tested equipment. Power strips may be permanently attached to mounted equipment assemblies by personnel who are qualified to ensure compliance with NFPA 99, 2012 Edition, Section 10.2.3.6.

At long-term care or residential care facilities, where line-operated patient-care-related electrical equipment is not being utilized, the more restrictive requirements contained in NFPA 99 regarding the use of power strips in patient care areas/rooms are not applicable. Resident rooms using line-operated patient-care-related electrical equipment in the patient care vicinity must be in compliance with the above requirements pertaining to the use of RPTs, and the organization may elect to utilize the CMS Categorical Waiver process.

Power strips providing power to patient-care-related electrical equipment must be "Special-Purpose Relocatable Power Taps (SPRPT)" as listed as UL 1363A or UL 60601-1. Power strips providing power to non-patient-care-related electrical equipment must be Relocatable Power Taps as listed in UL 1363.

Power strips used in any manner are subject to precautions as noted in the Life Safety Code and other related reference documents, including, but not limited to:

- Installing internal ground fault and over-current protection devices;
- Preventing cords from becoming tripping hazards; connecting devices so that tension is not transmitted to joints or terminals;
- That there is no "daisy chaining" of power strips;
- Power strips are adequate for the number and types of devices;
- There is no overloading of power strips with high load devices; and
- Use of Ground Fault Circuit Interruption (GFCIs) may be required in locations that are near water sources.

In the event the organization desires to utilize the CMS Categorical Waiver relating to the use of RPTs, there must be evidence that the organization has formally elected to do so, and such is documented. After a risk assessment is completed relating to the use of RPTs in patient care locations and with patient care equipment, such should be presented to the Environment of Care or Safety Committee, and approval must be obtained and documented. Adoption of the Categorical Waiver must be disclosed to CMS and accrediting body surveyors at the entrance conference whenever compliance with the Life Safety Code is being assessed. It can be expected that the surveyors will review the hospital's documentation supporting the use of the Categorical Waiver process for use of Relocatable Power Taps or power strips inclusive of documentation of initial and periodic inspection of power strips, to assure that all provisions of the Categorical Waiver as noted above, are being met.

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