Steven Hirsch and Associates

Accreditation News

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This issue offers important updates on licensing issues that may impact your successful accreditation. For over 32 years, Steven Hirsch and Associates has been one of the foremost authorities on successful accreditation, licensure, and Medicare certification. Feel free to contact us with your most pressing regulatory questions and concerns.

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Best Practice: Determining Competency When Granting Privileges

By Margo Smith, RHIT, CPMSM, CPHQ

Competencies for practitioners granted surgical and or invasive privileges must be delineated for all licensed independent and allied health practitioners. When the practitioner completes the Delineation of Privileges Request Form, are there criteria listed as to how many procedures the practitioner must have completed within the previous 24 months or does the facility only request that the practitioner supply a number as to how many procedures they have performed? There is no right or wrong way, but does the medical staff take the next step and ask for a patient activity listing detailing the procedures performed?

An activity list, which is usually a raw number, will tell the medical staff how many patient encounters the practitioner had within the previous 24 months. At the time of reappointment, this listing is usually the basis for determining what medical staff category the applicant will be appointed to. The patient activity listing, which lists the procedures performed and/or diagnoses treated, is used to determine if the provider has done the required number of cases to continue to be granted or for renewal of the requested privilege(s).

It is the function of the clinical department chair or section chief to review the listing and determine whether the required numbers have been met. Unfortunately, this process does not include the outcomes of the cases. Many hospitals will provide a copy of the Ongoing Professional Practice Evaluation (OPPE, if applicable to their accreditation body) to the practitioner that can be used upon initial appointment. This can be helpful if there are indicators related to surgical/procedural outcomes.

During the reappointment process, many of the facilities have their own OPPE or reappointment data which is used to determine if privileges are to be maintained, revised or revoked. In reviewing activity listings of practitioners requesting privileges at reappointment, many facilities will not run an activity listing by procedure or diagnoses if the provider is an active staff member. A patient activity listing should be run for all practitioners regardless of their medical staff category.

Once the medical staff office has all the data and the practitioner has little or no activity, but the practitioner has requested all the privileges they were previously granted, what is the next step? Does the medical staff continue to recommend privileges, even though there is no evidence of current clinical competency, or does the medical staff have a policy that requires providers to be placed on Focused Professional Practice Evaluation (FPPE) (proctoring requirement) for a certain number of cases? Does the medical staff office contact the practitioner to see whether they really will be doing the procedures? Often when contacted and the situation is explained, the practitioner will voluntarily withdraw the request for more complex privileges. Can the practitioner perform the procedures safely? Will the patient be receiving the best care and treatment at your facility? Some facilities do not want to "offend" the practitioner by suggesting that they should relinquish privileges, but the focus should always be patient safety.

Notes from the Field

By David Woodard, MS.c., MT(AMT), CLS, CIC, CPHQ, FSHEA

This short set of statements and ideas is generated from our experience with recent regulatory, accreditation, and administrative surveys. While your organization may not necessarily have some of these issues, we believe that these findings may represent the general track for the 2019 accreditation year.

In the world of behavioral health, the surveyors are focusing on the risk assessment in intake and with HIM, that broad general category where you want to see clear and obvious notation regarding risks for exploitation as well as risks for abuse. This is all under the new broad general rubric about human trafficking.

With regard to some infection prevention issues, we have seen the surveyors aggressively monitoring the air balance in critical areas (operating room, sterile processing, tracking holding areas and decontamination). One potential intervention that hospitals could use early on, is to ensure that infection prevention and, as the organization decides department managers, have a vein operated airflow detector that will give a visual reading. It should be noted that there may be an impetus to record these values in some type of worksheet, however, that may be overkill and should be decided on a case-by-case basis.

The surveyors are aggressively focusing on the management of soiled and contaminated instruments at the point of use. Every hospital must have an infection control policy and procedure regarding the proper methods for managing instruments that have been contaminated with blood or body fluids, in terms of the immediate treatment to prevent "caking on" of blood, as well as use of proper containers for the transport of these instruments to a decontamination and sterilization area. The hospital must be able to demonstrate that the process is in place in all areas including clinics, wound care centers, hyperbaric areas etc., and that it is monitored, and variations in process are corrected.

As part of the overall survey process, the safe storage of sterile items will be evaluated with particular attention being paid to the temperature and humidity in the storage areas. All hospitals and ambulatory surgery centers should be aware that the storage of sterile items on an exterior wall is contrary to the AAMI recommendations and should take measures to eliminate this process. There should be records of temperature and humidity for these critical storage areas that are continuously monitored. For those areas that are closed on the weekend, the hospital or ambulatory surgery center must have a process to ensure that there have been no excursions of these parameters during this downtime.

(Continued on page 4)

About Steven Hirsch & Associates

Steven Hirsch & Associates has been providing healthcare management consulting services including accreditation preparation services to hospitals and other healthcare related organizations throughout the United States since 1987. Beyond accreditation and licensure survey preparedness, our healthcare consulting team can provide assistance in a number of areas including Medicare certification, performance improvement, nursing management, infection prevention and control, Life Safety Code compliance, medical staff services (including credentialing and independent peer review), clinical lab management and compliance with HIPAA. For more information on how Steven Hirsch & Associates can assist you with accreditation and licensure preparedness, Medicare certification and other management challenges, please contact us at (800) 624-3750 or visit www.shassociates.com.

Paper-Plastic Peel Pouches: Shelf Life

By Linda Paternie, RN, BS, MHA, CJCP

Healthcare facilities are to follow the recommendations of the Association for the Advancement of Medical Instrumentation (AAMI) and the Association of Perioperative Registered Nurses (AORN) for best practices. We will discuss the guidelines for the storage of packaging systems used for items that are to be sterilized, specifically paper-plastic pouch packages.

Paper-plastic pouches are to be used for small lightweight low-profile items. The pouch must be used, filled, opened and stored according to manufacturer's instructions for use. The pouch is to be of appropriate size and strength to accommodate the item. The pouch is to be closed so that all seals are without folds, bubbles or wrinkles.

Double packaging of the pouches should only be performed if the manufacturer has validated the product for this use. If double packaging is used, the packs must be paper-to-paper so that the contents and indicators are fully visible.

Labeling the pouch with contents per the instructions for use should occur only on the plastic side. Ink pens should not be used since ink tends to run when wet and may cause contamination. A felt-tip marker is appropriate for labeling.

Within each of the peel-packs there must be a sterilization indicator device. This must be appropriate to the type of sterilization process (steam, Ethylene Oxide) and fully visible through the plastic interface of the pouches.

Care must be taken when placing items in the peel-package. The item must be in an "open" position to ensure that the sterilant is in contact with all surfaces. Several manufacturers have developed a paper "stringer" that will meet this expectation. Another option is to use tip-protectors that will not only keep the instrument open but also protect the integrity of the package.

It has come to our team's attention that in many organizations an overlooked component in the manufacturer's instructions for use of peel packs is the shelf-life. The various manufacturers of the paper-plastic wrappers have different shelf-life requirements. It is important for the organization to know and enforce the shelf-life as stated in the instructions for use. It is recommended that the organization review the information pertinent to usage of the specific packaging product and that modification for the out-of-date policy for peel packs be implemented immediately.

The storage of these packages must meet the same temperature and humidity requirements for all sterilized articles. Additionally, care must be taken that the packages are not stuffed into boxes or cartons, an action that may damage the integrity of the packaging.

It is important to read instructional information provided by the manufacturer in order to best use the product. Compliance with the manufacturers' instructions for use is an important patient safety issue. Healthcare personnel have the responsibility to obtain and review the information and to ensure that the appropriate actions are being consistently used and enforced.

References:

ANSI/AAMI ST 79:2017

Comprehensive Guide to Steam Sterilization and Sterility Assurance in Healthcare Facilities.

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Notes from the Field (cont.)

With regard to the lower limits for humidity in areas like the operating room, there is a requirement that a risk assessment be conducted to ensure that all of the equipment that is used in that area will perform in accordance with manufacturer's specifications. This could include the requirement to obtain a manufacturer's instructions for use that would state that the humidity range in the operating room is 20% to 60%. Similarly, there would be the expectation that devices used for storage of equipment and wrappers function at the higher or lower humidity ranges that the hospital proposes to accept.

There must be a system to evaluate the competency of the hospital's infection prevention specialist. The competency must be done by someone who has the technical expertise to evaluate the various elements within the competency and this could include multiple individuals participating in the process. For example, for those items that discuss management of sterile items or sterile processing, this could be done by a certified SPD Tech. The areas related to HVAC could be done by the facilities manager and the infection control and reportable disease monitoring etc. could be done by the chairman of the infection prevention committee. TJC surveyors will not accept the chairman of the committee as qualified to evaluate all elements of the competency of an Infection Preventionist. An alternative is to have another certified infection preventionist (CIC) conduct the competency evaluation.

If you have construction occurring in your facility, it is important that you have all of the requisite documentation that inspections have occurred as scheduled, interventions are being taken when there is a variance, and that the construction process is well documented with regard to a preconstruction risk assessment as well as a plan for commissioning at the end of the construction process.

In the sterile processing department, it is imperative that every single instrument tray used in the organization, be it a loaner, on consignment, or a routine hospital tray has been weighed and that there are no trays that exceed the AAMI established weight standard (25 lbs.). If the hospital has consignment trays from various vendors, it is the responsibility of the vendor to provide a tray that meets the sterilization requirements, although the hospital will be accountable for compliance during survey.

Every instrument that has to be processed in sterile processing must be inspected for function and integrity. Some hospitals have had findings where a surgical instrument has been badly chipped or otherwise damaged and returned to service. These damaged instruments represent a multiple threat to the patient including inability to adequately sterilize, or unexpected damage to tissue by tearing or scratching, or by disrupting the integrity of the sterile gloves used by the operative team. Instruments that are frequently implicated in this are the "Z retractor" and a Hohmann, or Patellar Ligament Retractor (these maybe used as a "backstop" for the bone saw during a total knee replacement).

These are issues that have been recently cited during regulatory surveys. If you would like more information or are in need of assistance, please feel free to contact us. We're here to assist you!