Steven Hirsch & Associates

Accreditation News

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Joint Commission: New Standards Addressing Maternal Safety

By Linda Paternie, RN, BS, MHA, CJCP

The Joint Commission (TJC) has introduced two new standards, effective July 1, 2020, to help address the rise in maternal mortality. The United States ranks 65th among industrialized nations in maternal deaths. TJC conducted literature reviews and incorporated recommendations into the standards from The Alliance for Innovation on Maternal Health and advice from The American College of Obstetricians and Gynecologists, the California Maternal Quality Care Collaborative and other national experts.

The new standards will be included in the Provision of Care, Treatment and Services (PC) chapter, PC.06.01.01 and PC.06.01.03 effective July 1, 2020.

The prepublication maternal safety standards are available online at The Joint Commission until June 30, 2020.

Steven Hirsch & Associates is bringing these new standards to your attention at this time so that your organization can formulate a team and begin the work required to be compliant with the Elements of Performance incorporated under these standards.

PC.06.01.01 Reduce the likelihood of harm related to maternal hemorrhage

For PC.06.01.01 EP1-7, compliance will require:

- utilization of a standardized maternal patient assessment tool
- development of evidence based procedures for management of patients with severe maternal hemorrhage
- creation of standardized, easily accessible, hemorrhage supply kits
- provision of role specific education to be conducted/documented at orientation and every two years thereafter, and when changes in practice, policy and procedure occur, for staff and providers who may be involved when a maternal hemorrhage occurs
- implementation and documentation of multidisciplinary maternal hemorrhage mock drills at least annually with team members most likely to be involved in the emergency
- development of criteria defining a maternal hemorrhage
- retrospective review of maternal hemorrhage cases (which may require completion of a root cause analysis)
- formation of education to patients/families/designated support person on maternal hemorrhage, including pre- and post-discharge information.

PC.06.03.01 Reduce the likelihood of harm related to severe hypertension/preeclampsia

For PC.06.03.01 EP1-6, compliance will require:

- identification of procedures to be employed to obtain accurate blood pressure measurements
- establishment of criteria denoting what constitutes a severely elevated blood pressure in the maternal population
- development of evidence based procedures for management of pregnant and post-partum patients with severe hypertension/preeclampsia

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This issue offers important updates on licensing issues that may impact your successful accreditation.

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Joint Commission: New Standards Addressing Maternal Safety *Continued...*

- provision of role specific education to staff and providers to be conducted/documented at orientation and every two years thereafter, and when changes occur, on procedures to be initiated for patients with severe hypertension/ preeclampsia
- implementation of multidisciplinary mock drills on severe hypertension/preeclampsia at least annually
- conducting retrospective reviews of cases of severe hypertension/preeclampsia (which may require completion of a root cause analysis)
- provision of written patient education for patients/families/designated support person that includes pre- and post-discharge information

Additional information can be obtained from the R3 Report titled "Provision of Care, Treatment and Services Standards for Maternal Safety", Issue 24, August 21, 2019, The Joint Commission.

Fire Sprinklers — Some Pointers

By Steven Hirsch, MPA, FACHE

With the adoption by CMS of the 2012 Edition of NFPA 101, the Life Safety Code in July 2016, all hospitals will be required to have fire sprinklers installed throughout, by July 2028. CMS has allowed a 12 year transition period.

There are several management issues that must be addressed in any facility that is currently, or will be provided with fire sprinklers. Fire sprinklers have a limited life once installed. NFPA 25, "Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems" (2011) Section 5.3.1.1.1 states "Where sprinklers have been in service for 50 years, they shall be replaced or representative samples from one or more sample areas shall be tested." Following the initial 50 year testing, testing procedures are required to be repeated at 10-year in intervals. For fire sprinklers in service for more than 75 years, they must either be replaced or a representative sample tested at 5 year intervals.

There are additional requirements for testing if the fire sprinklers installed in existing facilities were manufactured prior to 1920, and sprinklers that have fast-response elements that have been in service for 20 years. Specific testing requirements also exist for solder-type sprinklers.

To facilitate the required testing, NFPA 13, Installation of Sprinkler Systems (2010) states in Section 6.2.9.7, that a list of fire sprinklers installed in the facility shall be posted in the cabinet in which spare fire sprinklers are stored. The list must include the following elements:

- Sprinkler Identification Number (SIN) if equipped; or the manufacturer, model, orifice, deflector type, thermal sensitivity, and pressure rating;
- General description;
- Quantity of each type of spare sprinklers to be contained in the cabinet; and
- Issue or revision date of the list

It should be noted that when compiling the required list, fire sprinklers may be installed in areas not easily visible, including in trash and linen chutes, and above the ceiling line in attic spaces, depending upon the type of building construction.

In addition, NFPA standards require that the organization maintain a supply of spare fire sprinklers. The Joint Commission requires in LS.02.01.35 EP7 that a minimum of six (6) spare fire sprinklers will be maintained. This has become a standard identified by CMS resulting in disparity between accreditation findings and deficiencies cited during CMS Certification and Validation Surveys. CMS directly enforces requirements in NFPA 13 which state in Section 6.2.9.5, that "The stock of spare sprinklers shall include all types and ratings installed and shall be as follows:

(1) For protected facilities having under 300 sprinklers — no fewer than six sprinklers
(2) For protected facilities having 300 to 1000 sprinklers — no fewer than 12 sprinklers
(3) For protected facilities having over 1000 sprinklers — no fewer than 24 sprinklers"

One sprinkler wrench as specified by the sprinkler manufacturer shall be provided in the cabinet for each type of fire sprinkler installed to be used for the removal and installation of sprinklers in the system.

Maintenance of the list of fire sprinklers installed in the facility will be needed to determine the number and types of spare fire sprinklers that must be maintained on site. It can be expected that accreditation organizations will be working to reduce the disparity between their findings and those cited by CMS. This is a significant project for any hospital; it is suggested that management of fire sprinklers be addressed as soon as possible.

Is Your PPE Choice Correct?

By David Woodard, M.Sc., MT(AMT), CLS, CIC, CPHQ, FSHEA

In December 1991, the Occupational Safety and Health Administration (OSHA) promulgated the Bloodborne Pathogens standard in response to the number of healthcare workers who had contracted HIV as a result of exposure to blood in the workplace. This standard, while originally created in response to the HIV exposures, also covers Hepatitis B and Hepatitis C as well as other bloodborne pathogens.

A key point is the proper selection, training, and use of personal protective equipment (PPE) for all providers. Between 1991 and 2014 when the first Ebola cases were seen in the US, the use of PPE became "second nature," and lapses were observed as noted in accreditation and CMS survey results.

In 2014 when two nurses were infected with Ebola, healthcare facilities rushed to ensure that they had personnel trained in use of specialty PPE to care for these highly infectious patients. Local health agencies/authorities refocused their attention to the various facets that are integral to the use of the PPE products.

The OSHA requirement mandates that agencies not only provide PPE but ensure the compliance with the policies and procedures that were developed in response to 24 CFR 1910. There was an expansion of the OSHA standard, and it became part of the "Personal Protective Equipment for General Industry" standard. This expansion would enable the requirement that PPE be employed for infectious diseases and now multiple-drug resistant organisms (MDRO).

The PPE is regulated by the Food and Drug Administration (FDA), and this includes gloves used in medical procedures, surgical masks, and gowns. It is incumbent on the organization that they ensure that their PPE products have been approved by the FDA.

In addition to ensuring that the PPE is adequate to provide protection, the organization must assure that the donning and doffing process is done correctly to protect the user from self-contamination. This process should be addressed in the orientation process and ongoing monitoring conducted for compliance. In addition to the organization's responsibility to its employees, physicians and visitors should be receiving training for these procedures.

The CDC and most State Health Departments have provided graphic explanation of the process of donning and doffing. The order of gown removal also impacts the risk of organism transmission.

In addition to the issues surrounding acquisition of PPE, users must be able to make appropriate selection for PPE based on projected use and size.

The TJC standard LD.04.01.01 requires that the organization is compliant with laws and regulations, in addition to its Infection Prevention standards IC.02.01.01 EP2 that addresses the use of personal protective equipment, and IC.02.01.01 EP 4 that is specific to transmission-based precautions. 42 CFR 482.42 also addresses compliance with isolation and PPE requirements.

As part of the ongoing infection prevention program monitoring, facilities should review compliance with their Bloodborne Pathogens program. During this internal monitoring, it would be prudent to assess the employee's knowledge of the various types of PPE available and their respective indications.

Another approach regarding the whole spectrum of PPE would be to perform a Failure Mode Effect Analysis surrounding the admission of a patient with an Ebola-like pathogen. Most hospitals performed these drills at the inception of funding for Ebola, and to resurrect this could assist the organization to ensure adequate protection of its employees.

The demonstration and return demonstration of donning and doffing PPE should be part of the initial orientation process as well as an ongoing education process. Similarly, the non-employees such physicians and LIPs need to receive the same education.

The Joint Commission has indicated that as part of "Leading the Way to Zero," its surveyors will evaluate this component of Leadership, Infection Control, and Human Resources standards compliance.

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Steven Hirsch & Associates

18837 Brookhurst Street
Suite 209
Fountain Valley, CA 92708

Toll Free: (800) 624-3750
Phone: (714) 965-2800
Fax: (714) 962-3800
E-mail:
info@shassociates.com

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- PPR Preparation

Is Your PPE Choice Correct? *Continued...*

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Steven Hirsch & Associates can assist you with evaluating and monitoring your infection control policies, procedures, and processes.

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Steven Hirsch & Associates
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Happy Thanksgiving and a Wonderful Holiday Season

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