



Steven Hirsch and Associates

Accreditation News

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Updating the Medical Staff Bylaws: Requirements for History & Physicals

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The Joint Commission (TJC) and Centers for Medicare & Medicaid Services (CMS) have collaborated on a provision that now requires that Medical Staff Bylaws include the requirements for completing and documenting medical histories and physicals (H&P). The majority of hospitals have generally contained this provision in the Medical Staff Rules and Regulations.

The change in TJC Accreditation Manual for Hospitals can be found in the following standard:

MS.1.01.01 Element of Performance 20

For hospitals that use Joint Commission accreditation for deemed status purposes: The medical staff bylaws include: the requirements for completing and documenting medical histories and physical examinations. The medical history and physical examination are completed and documented by a physician, an oromaxillofacial surgeon, or "other qualified licensed individual in accordance with state law and hospital policy*." In all cases, the practitioners included in the definition of a physician must be legally authorized to practice within the State where the hospital is located and providing services within their authorized scope of practice.

The time frame should be defined as follows:

For inpatients: the H&P must be completed within 24 hours of admission or registration, or the practitioner may submit a previously performed H&P that was completed no greater than 30 days prior to admission or registration. However, this would require an update to the previously conducted H&P within 24 hours of admission or registration, and within 24 hours prior to surgery or a procedure requiring anesthesia services.

Do not forget the TJC requirement for a history and physical examination for non-inpatient surgeries. MS.03.01.01, Element of Performance 6 states: "The organized medical staff specifies the minimal content of medical histories and physical examinations, which may vary by setting or level of care, treatment, and services."

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Only practitioners who have been granted clinical privileges by the hospital to do so may perform a patient's medical history and physical examination and required updates (MS.03.01.01, Element of Performance 8). It is recommended that this specific clinical privilege be included on the delineation of privileges form, either as a separate privilege or within the definition of core privileges.

* *Doctor of medicine or osteopathy;
Doctor of dental surgery or of dental medicine;
Doctor of podiatric medicine;
Doctor of optometry; or a
Chiropractor.*

Written by Margo Smith, RHIT, CPMSM, CPHQ of Steven Hirsch & Associates

CMS Jeopardy: Disinfection for \$50,000

As TJC becomes more conforming with the Centers for MediCare Services (CMS) survey process, and with the California Department of Public Health (CDPH) conducting surveys for both CDPH and the CMS, it is imperative that hospitals examine the various requirements and ensure that there is compliance and documentation. The Department of Public Health is focusing on specific issues in Infection Control that if hospitals are not in compliance, they can be cited as Immediate Jeopardy, resulting in administrative penalties (fines).

IC.01.04.01 – Based on the identified risks, the hospital sets goals to minimize the possibility of transmitting infections.

EP.4 Limiting the transmission of infections associated with the use of medical equipment, devices, and supplies.

Disinfection and Sterilization - For organizations that use glutaraldehyde products, there are strict manufacturer requirements about quality control of the test strip, control of the solution during use and the dating of the various containers and bottles. The survey process is examining how the facility conducts this high level disinfection or sterilization process, especially in the face of the recall of the Steris® product. The Infection Control Practitioner (ICP) should evaluate every place in the organization that uses glutaraldehyde (or other high level liquid disinfectant) to ensure that the process is the same at each site, and that there is oversight by the ICP.

22CCR §70831(a) States that each hospital shall provide, prepare, sterilize and store sufficient sterile supplies and medical and surgical equipment and shall dispense them to all services in the hospital.

Flash Sterilization (rapid cycle disinfection) – The organization must examine what instruments are being run through a rapid cycle. Make sure that the autoclave actually has the ability to provide for a rapid cycle, not just truncate the regular cycle. Ensure that the processing of instruments for rapid cycle exactly matches the process used for regular instrument processing e.g. enzymatic soaks, scrubbing with brushes, complete disassembly of the instrument before processing, and finally a method to deliver the newly sterilized instrument to the operative field. Short cycle sterilization cannot be performed on cloth or paper wrapped instruments, so a “flash” pan is the device of choice. The hospital must also evaluate what instruments are being “flashed” and purchase additional sets if there is a trend or pattern.

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Continued: CMS Jeopardy...

CCR 22 §70827(a) States that each hospital shall make provision for the routine cleaning of articles and surfaces such as furniture, floors, walls, ceilings, supply and exhaust grills and lighting fixtures with a detergent/disinfectant.

SB 1058 (e) requires that there be regular disinfection of all restrooms, countertops, furniture, televisions, telephones, bedding, office equipment, and surfaces in patient rooms, nursing stations, and storage units. Regular cleaning and disinfection of all movable medical equipment, including point-of-care testing devices such as glucometers, and transportable medical devices and the regular cleaning and disinfection of all surfaces in common areas in the facility such as elevators.

42 CFR §482.42 CMS Interpretive Guidelines state throughout the hospital, observe the sanitary condition of the environment of care, noting the cleanliness of patient rooms, floors, horizontal surfaces, patient equipment, air inlets, mechanical rooms, food service activities, treatment and procedure areas, surgical areas, central supply, storage areas, etc.

This process is now being evaluated by direct observation to ensure that the individual performing the task is permitting the disinfectant solutions to remain in contact with the surface the prescribed amount of time based on the manufacturer's requirement. The trick question here is that some products have a 10-minute contact time and given the lack of humidity in some areas of the State, this becomes impossible. It is recommended that the hospital develop a grid of all equipment that is used and when it is to be cleaned, by whom, and with what disinfectant product. The grid should also address how to manage cleaning of equipment that is attached to patients, e.g. ventilators after 7 days. There are also commercial enzyme testing products that will monitor the effectiveness of the cleaning process.

42 CFR §482.41(c)(4) There must be proper ventilation, light, and temperature controls in pharmaceutical, food preparation, and other appropriate areas.

Verify that the hospital is in compliance with ventilation requirements for patients with contagious airborne diseases such as tuberculosis, patients receiving treatments with hazardous chemicals, surgical areas, and other areas where hazardous materials are stored.

The Survey is now aggressively addressing the monitoring of humidity in specific controlled spaces as defined in the **California Mechanical Code §315.1 et seq.** Of particular interest is the humidity and temperature in the cardiac catheterization laboratory, the main OR and the newborn nursery, as well as outpatient facilities. The California Mechanical Code requires the following*:

Area	Temperature	Humidity
Operating room	68-73	30-60
Cystoscopy	68-73	30-60
Cardiac cath lab	70-75	30-60
Delivery Room	68-73	30-60
Recovery Room	70	30-60
Newborn Nursery	75	30-60
Intensive care newborn nursery	75-80	30-60
Intensive care	70-75	30-60

* Note: CMS may apply the humidity range of 35% - 60% to anesthetizing locations per NFPA 99.

Written by David Woodard, M.Sc., CLS, CIC, CPHQ of Associates

SHARP Prepares Hospitals for Accreditation Survey

Steven Hirsch & Associates Accreditation Readiness Program (“SHARP”) is a flexible and continuous consultative support plan which has the benefit of ongoing review, to maintain the organization’s engagement in the accreditation survey process, and is customized depending on the facility’s needs. The focus of such consultative support can vary on each visit, depending upon where the facility has the greatest need. This support can be utilized for staff education or for implementing “tracer” methodology to determine, using actual survey techniques, areas of vulnerability and opportunities for improvement, or to address those issues identified as being out of compliance from the “Periodic Performance Review.” This approach provides the organization not only the ability to budget for survey preparation activities on an ongoing and predictable basis, but also to maintain staff awareness and ongoing participation to facilitate a strong survey result. For more details about the SHARP program and how it can help your organization, contact our office at (800) 624-3750.

About Steven Hirsch & Associates

As recognized experts on Joint Commission, HFAP, and DNV accreditation, licensure preparedness and facility management issues, 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, 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 go to our web site at www.shassociates.com.

What Our Clients are Saying:

According to the Director of Performance Improvement at a 250-bed health care district in California: *“I have had the pleasure of working with Steven Hirsch & Associates for several survey readiness assessments over the years. During every consulting visit to our facility, they provided excellent support in the areas of survey preparation and readiness. Their work has been a major factor in past survey success. I can confidently recommend Steven Hirsch & Associates as a solid and reliable expert in the field.”*

