

A PRESENTATION FOR
**Florida Healthcare Engineering Association
2011 Spring Conference**



**Preparing for Surveys &
Continuous Compliance**



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Why continuous compliance?

- Maintain safe & functional environment for quality patient care
- *Doing the right things for the right reasons*
- Effective way to get safe, high-quality care
- Last-minute ramp-ups to survey are not always realistic and often do not work as well as you want.



Unannounced surveys and inspections

- **CMS:** Centers for Medicare & Medicaid Services
 - **TJC:** The Joint Commission
 - **DNV:** DNV Healthcare, Inc.
 - **HFAP:** Healthcare Facilities Accreditation Program
 - **AAHHC:** Accreditation Association for Ambulatory Health Care
 - **AAAASF:** American Association for Accreditation of Ambulatory Surgery Facilities
 - State health departments, federal agencies, etc.
- >>> **Random Unannounced Surveys (5% ESC)**
>>> **For-Cause Surveys**



For-Cause Surveys

- “TJC becomes aware of potentially serious standards compliance or patient care, treatment, service or safety issues or when it has other valid reasons”
- “... if the occurrence of any event or series of events in an accredited hospital creates either of the following significant situations:
 - Concern that a continuing threat to patients may exist
 - Indication that the hospital is not or has not been in compliance with TJC’s Information Accuracy and Truthfulness Policy”
- **CMS Complaint Surveys; DNV; others**



The **ITHS** hit list: Immediate Threat to Health and Safety

- Surveyor identifies “threat that represents the most immediate risk and has or may potentially have serious adverse effects on the health and safety of the patient, resident, or individual served.”
- No official list in HAS
- These examples have been discussed already
 - Significantly compromised fire alarm system or sprinkler system (or fire pump) without fire watch or ILSM
 - Significantly compromised emergency power system, such as generator down for extended period with no backup
 - Significantly compromised medical gas master alarms
 - Significantly compromised exits
 - Other situations that place patients, staff or visitors at extreme danger



The **SDR** or **AFS13** hit list

- Being found out of compliance with TJC EPs designated under Situational Decision Rules (SDR) and/or with “Accreditation with Follow-Up Survey” Rule AFS13
 - Failure to implement corrective action in response to identified Life Safety deficiencies
 - Lack of written interim life safety measure (ILSM) policy
 - Failure to make sufficient progress toward the corrective actions described in a previously accepted eSOC / PFI

Common types of survey findings

- LSC building maintenance (old BMP-type) issues – also by CMS
- Lack of sufficient progress on eSOC/PFIs
- Failure to implement ILSMs
- Not complying with EC & LS EPs
 - K-Tags or Life Safety Code® if non-TJC
- Not complying w/ your own P&Ps
- Not documenting your compliance efforts
- Fire safety equipment testing/maint. EC.02.03.05

The most troublesome EPs in the Environment of Care

- 50% LS.02.01.20: Means of egress: corridor clutter, projections, suite issues, locked doors
- 44% LS.02.01.10: Building & fire protection features: penetrations, doors, etc.
- 38% EC.02.03.05: Maintains fire safety equipment, building features
- 37% LS.02.01.30: Smoke barriers, doors, hazardous areas

Documentation



- Documentation is reviewed during survey
- The requested information should be used by the organization, so not having the information readily available may indicate a lack of responsibility by the organization
- If the documentation arrives late, non-compliance has already been established
 - May be scored at LD.04.01.05 EP4: “Leaders hold staff accountable for their responsibilities”



Challenges

- Staying current with required inspections and testing
- Keeping summaries and records current
- Knowing what is important
- Resources (time and human) to stay compliant
- Ready to roll at any time
- Need to set aside time
- Education



Challenges

- Doing more & more with less & less
- Reduced resources: budgets, staff, equipment, materials, supplies, etc.
- TJC, CMS, and local & state AHJ's seem to be changing & adding to current regulations, codes, & standards

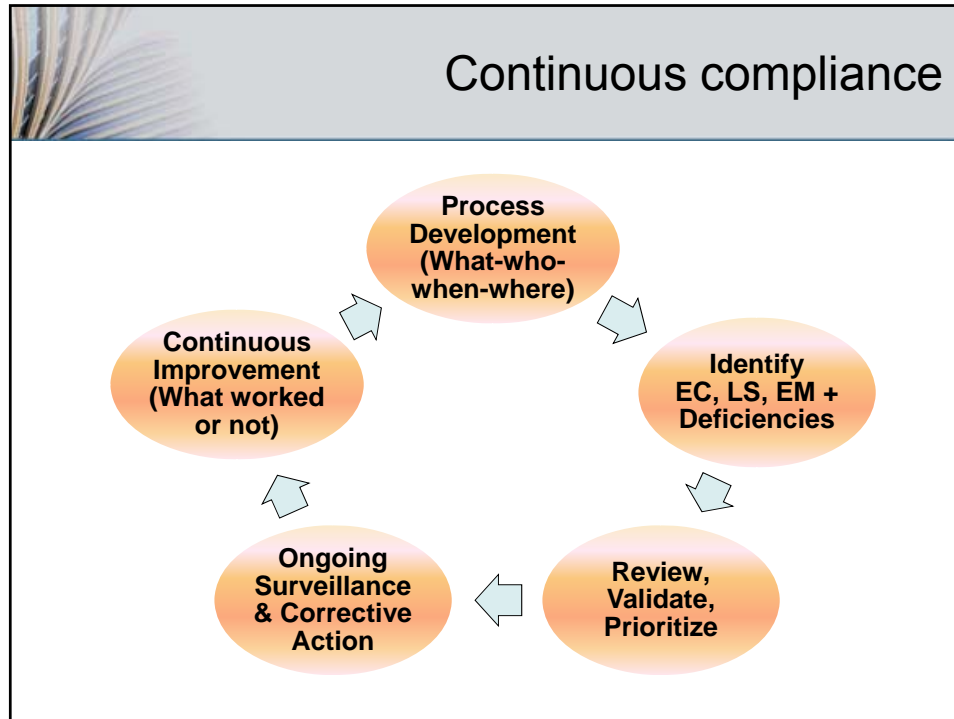


An hour spent now ... is a day saved before survey

Do all compliance work just before survey



Or put together a process that has everyone doing it regularly




- ### Benefits
- Organization of compliance information and presentation
 - Looking at the finer details of compliance
 - Testing being done per codes
 - Identify gaps in compliance
 - Resolution recommendations
 - Regular looks allow facility to digest findings and act on them in a timely manner

Continuous Survey Readiness Success Factors

- Leadership: priorities, resources, direction
- CQI of processes for safe, high-quality care
- PFA framework for process/system changes
- Involved front-line staff
- Structures to facilitate
- Put in annual reviews
- Orient/mentor new mgrs
- Mock patient tracers
- Mock system tracers
- Use staff memory aids
- Periodic communication
- Whole-house drills
- New orientations
- Safety/compliance days
- Org-wide focus calendar
- Meetings w/ managers
- Annual evaluations
- Focused drill-downs

Pre-Survey SWAT Survey Walk-thru Assessment Tactic

- Construction sites: workers smoking, blocked exits, dust barriers, ILSMs being followed, etc.
 - BUT ... what about all the other times? 
- Clinical units/areas: non-compliances, outdated supplies, medications & their security, etc.
- Clinical support areas (pharmacy, dietetics): medication or food storage compliance issues
- Nonclinical staff: visual walk-through (fresh eyes)
- *With continuous compliance (doing the right things for the right reasons) this last check before survey and should require very little time or effort*

One hospital's tips for survey readiness

- Wear your ID badge at all times above the waist.
- Know your role in patient safety and the NPSGs.
- Know the fire and disaster procedures on your unit.
- Know how to access Material Safety Data Sheets.
- Exercise proper hand washing and fingernail hygiene.
- Be familiar with policies and procedures pertinent to work you do and where to find them.
- Review your documentation around assessment, reassessment and plan of care.
- Label all medications and IV solutions.
- Know the hospital restraint policy.
- Know three competencies necessary to do your job



Another hospital's tips for survey readiness

- Clear hallways,
- Remove door widgets that hold doors open
- Exit light checks
- Opening documentation reviewed
- Laundry chute doors checked
- Fire/smoke doors checked
- Above ceiling work stopped
- Contractors called/cancelled as necessary
- Tank storage areas checked for cleanliness, separation, and secured.
- Checked mechanical rooms, generator area, and chemical storage areas



More tips

- Accreditation team leader to stay on top of compliance issues
- Accreditation = standing agenda item
- Allocate regular funds for accreditation
- Conduct mock surveys
- Consider using fresh eyes
- Include accreditation in operational assessments & due diligence




More tips

- Survey documents updated monthly
 - For-Cause Surveys can occur any time
- SWAT: Survey Walk-thru Assessment Tactic
- Daily tours during all shifts
- EC dashboard
- Electronically searchable documentation
- Quarterly mock surveys, tours, tracers
- Continuous feedback loop, close items & implement improvements



Staff education

- Understand standards; accreditor's rules
- Your own plans, P&P's: regular reality check
- Assign accountability for evaluation
- Common survey citations (low-hanging fruit)
- Plans of action for noncompliance
- Evaluate and measure outcomes
- Ongoing education is key
- ASHE Managing Life Safety E-learning
- Focus visits: questions, questions, questions



Readiness characteristics

- Data aggregated and analyzed
- Analysis results communicated and acted on
- Up-down-up communications
- Staff discuss patient safety, quality goals
- Workers aware of whole hospital, not just their niche
- Staff members familiar with regulations and standards

Daily compliance & good practice checklist

- Units and departments are clean and tidy
- Nothing is stored on floors or within 18 inches from the ceiling
- Only clean items in clean utility rooms; no clean items in soiled utility rooms
- Medication refrigerators are clean and temperatures are recorded
- Med carts are locked
- Food in patient nutrition refrigerators are labeled and not expired



Daily compliance & good practice checklist

- Doors to clean and soiled utility rooms kept closed
- Sharps are disposed of properly; containers no more than $\frac{3}{4}$ full; nothing stored on top
- Only approved cleaning solutions are kept under sinks; NO patient care items
- No staff member food or drink in patient care area or where specimens are located
- Clean linen is kept covered in clean supply room
- Oxygen cylinders are secured and no more than 12 full cylinders are kept in the same area

Front line staff involvement

- P&Ps, not standards & regulations = excellent care
- Daily staff contributions directly affect safe environment
- Examples: near misses, adverse or sentinel events, anecdotes
 - Make quality and safety practices real and personal
- Frame discussions: organization has P&Ps to ensure safe, high-quality care – to do the right things for the right reasons
- Systems/processes ensure safe care and services
- Work unit level quality councils



Periodic communications to staff & leadership

- Newsletter or hospital e-mail
- Understanding/applying standards/requirements
- Stay on top of changes
- Current issues, confusing requirements, revisions that affect quality and patient safety
- Annual trends found during on-site evaluations and analysis activities, past survey findings, and current quality/safety initiatives
- Handbook on current hospital-specific issues as they affect quality and patient safety

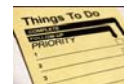
Regular evaluations

- Compliance gaps identified by PPR process
- Recent TJC survey findings, PFI items
- Recent Non-TJC AHJ findings
- Findings by external consultants
- Occurrence reports, sentinel events, and near misses with associated RCAs
- Assessments of mock tracers
- Latest revisions, additions, clarifications, FAQs
- Current list of top RFIs published by TJC.
- TJC Strategic Surveillance System (S3) updates



Prioritizing your findings for potential patient impact

- Immediate jeopardy: Report at once to compliance staff, managers
 - Immediate initiation of mitigation, follow-up
 - Findings report.
- Minor issues noted in a single area, do not directly affect patients, or may be more process oriented
 - Report to area manager during the evaluation
 - Corrected immediately
 - Reported to the oversight group to ensure follow-up
- Findings noted in more than a single area
 - As above; then aggregate, trend, and report to oversight group.

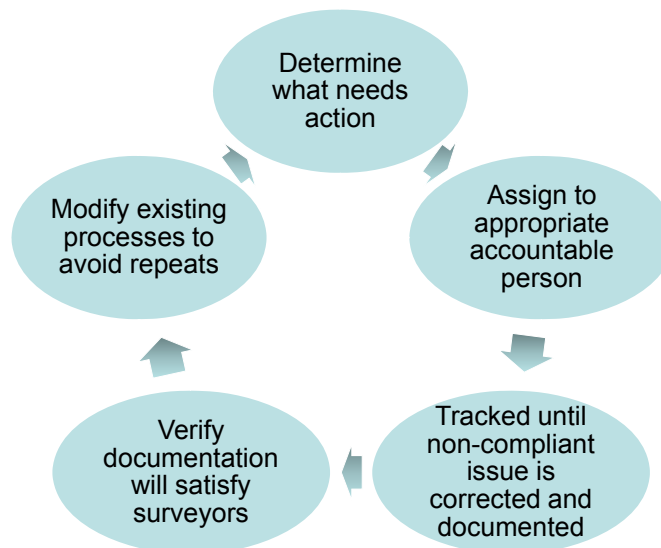


Follow-up on findings

- Treat as if issued by your accreditor
 - TJC RFI
 - HFAP formal deficiency
 - DNV NIAHO non-conformity ruling
- Could even use their forms, deadlines, follow-up the same way
- Consider possibility of systemic issue
- Escalate as necessary to resolve
- Report to management



Close the loops

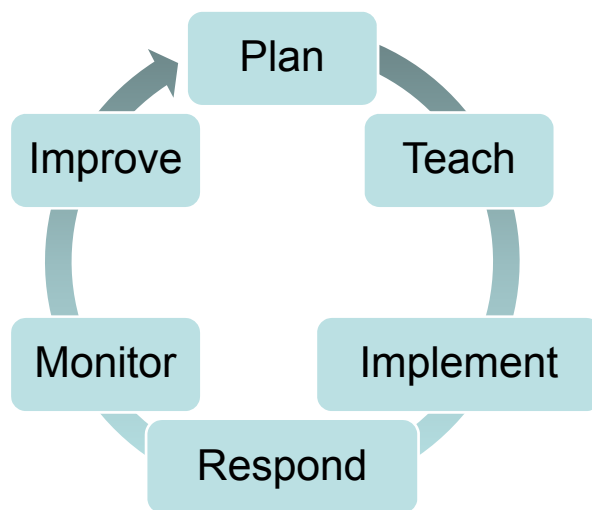


Make documentation “survey-friendly”

- Review documents against EPs, K-Tags, etc.
 - Plans, policies, procedures, forms
 - Modify as necessary to get compliant
- Train those who create records
 - What is required to satisfy surveyors?
 - Never obliterate, tape over, or white-out info
 - Pitfalls
- Review all records before accepting and filing



EC Risk Management Cycle



Potential EC system tracer for any considered risk

- Staff demonstrate responsibilities for minimizing risk, what they are to do if a problem or incident occurs, and how to report the problem or incident
- Assess physical controls for minimizing risk (equipment, alarms, building features)
 - Review inspection, testing, or maintenance procedures
- Assess the EM plan for the risk
- Assess plan for responding to utility system disruptions or failures
- If others have a response role, demonstrate that role; review equipment they use in responding





Why do some assessments fail?

- Limited staff resources
- Failure to assess practice as well as P&Ps
 - Actual surveys use tracer methodology
- Easy fixes not prioritized, # is too daunting
- “Friendly” scoring = false sense of security
- Insufficient education: disconnect between standards/EPs and routine processes
- Inadequate drill-down (system tracer)

EC Tracers

- Focusing on 1 standard or EP
 - Drill down to the lowest level
- Follow a path and ask questions
 - Do not assume the path is being followed
 - Ask intuitive questions to identify potential gaps
 - Evaluate compliance by exploring all steps
 - Evaluate as if you were an outsider
- Examples
 - ILSM, Fire alarm system maintenance, BMP
 - Emergency power testing & maintenance



EC Tracers Prioritize findings

- Level of compliance – none or almost there?
- Importance – hot button, direct impact, PPR?
- How long to correct – months or weeks?
- Hospital-wide; multiple departments?
- Consider deficiencies not permitted to be “Observed but corrected on-site (OCO)”
 - Do not require planning or forethought
 - Easily corrected posing no patient threat
 - P/P doesn’t follow practice – changed to reflect practice

ILSM tracers

- Review ILSM policy for thoroughness
- Review documentation to verify total compliance with ILSM policy
- Review in field to verify ILSM's were implemented at construction sites as stated and performed as required
- Interview construction personnel
- Re-trace later to ensure that required improvements were implemented



Recipe for continuous compliance (Can also be used in PPR work group)

- Determine what documentation substantiates compliance with each EP
- Gather electronic and/or hard copy documentation to substantiate compliance with each EP
- Identify detailed activity steps, data, etc ... required to become compliant with any element that is not fully compliant using MOS format.
- Identify a responsible party and completion date
- Identify barriers to compliance if present
- Develop and implement methods to educate staff on compliance requirements

Continuous Life Safety Management

1. What and where? – Have accurate LS drawings
2. Manage resolution of LS deficiencies
3. Establish priorities based on risk
4. Educate: do the right things for the right reasons
5. Maintain, test, and inspect fire safety equipment and fire safety building features
6. Manage design/construction to ensure proper LS feature design, construction & installation
7. Inspect or monitor LS features that are subject to change or damage
8. Ensure compliance with operational LS elements





Accurate & up-to-date Life Safety Drawings

- Occupancy type(s)
- Smoke barriers
- Required exits, including
 - Exit enclosures (stairs and horizontal)
 - Horizontal exits
 - Exits directly to the outside
- Protected vertical chases
- Separation of occupancies
- Hazardous areas
- Suites
- New vs. existing



Establish priorities based on risk

- LS deficiencies are not all the same risk
- Safety 1st, compliance 2nd
- TJC criticality levels:
 - Immediate threat to health and safety
 - Situational decision rules 
 - Direct impact 
- CMS: deficiencies treated pretty much the same but serious ones can affect CMS \$\$\$



Managing testing companies

- Frequency of maintenance, inspection, and testing of fire safety equipment
 - Do not rely on vendor scheduling, be proactive
 - Use your WO, CMMS or scheduling system
 - Alerts at least a month ahead
 - Manage multiple vendors for complete scope
- Review the documentation
 - Must reflect what & when
 - Documentation: complete & understandable
 - Verify tests meet reqmts. of NFPA, TJC, etc.



Manage design/construction to ensure proper LS feature design, construction & installation

- Evaluate all C/R project impacts
 - New LS features correctly designed/constructed
 - Existing LS features not made deficient
- Provide design teams with info on all existing LS features
- Review drawings/specs for LS features
- Resolve questions / uncertainties about barriers, horizontal exit passageways, required exits, or other physical LS features before construction

Inspect or monitor LS features that are subject to change or damage

- Scheduled rounds, inspections, testing, maintenance, and hazard surveillance
- Choose your tools
- Be proactive, go beyond old BMP limitations
 - Doors, penetrations
 - Emergency lights, exit signs
 - Obstructions in corridors & means of egress
 - Storage issues



Effective BMP-like approach Proactive tool for managing EC features



Scoring incentive no longer relevant

Dozens of EPs with potential RFIs



Ensure compliance with operational LS elements

- Free & unobstructed access to exits
- Fire response plan
 - Educate, test & practice,
 - Evaluate & educate again
 - Fire drills
- Documentation of AHJ inspections
- Trash & linen receptacles <32 gal or hazard



EC safety transcends compliance.

Avoid ...

- All knowledge with just 1 or 2 individuals
- Just relying on testing/inspection companies
- Just relying on GC to do ILSM analyses
- Just looking for LS deficiencies every 3 yrs
- Hands-off GC's LS system shutdowns
- Ignoring the eSOC & PFIs until survey time
- Relying on just incidental discovery & corrective action rather than proactively managing LS



Decrease LS deficiencies

- Develop a rated barrier management plan
- Use LS drawings to train staff on barrier locations
- Train staff to protect penetrations
- Educate contractors regarding penetrations
- Establish permit system for above-the-ceiling work
- Educate staff
- Walkthroughs



Continuous LS compliance

- Encourage a culture of life safety
- Perform ILSM risk assessments as deficiencies are ID'ed
- Monitor vendors & contractors who breach or change LS features
- LS equipment/systems properly tested as required
- Manage operational issues, staff education and assessing staff readiness to respond to a fire
- Monitor operations for fire safety practices and other LS aspects daily



Use **all** of the time between surveys


- Find a way to embed regulatory requirements into P&Ps, contracts, in-house service reports, etc.
- Have them do it for you now or do it all yourself later.
- This will help with organizing and meeting compliance requirements.





Utility systems

- Logs are completed for and reflect both Life Support Systems, Infection Control equipment, and Non-life support equipment on the inventory
- Accuracy of Inventory
 - All Life Support equipment must be represented on the inventory
 - Preventive maintenance frequencies must be clearly defined in writing
- Confirm work done as per scheduled activities
 - Ensure appropriate work is scheduled based on maintenance strategies
 - Evaluate equipment failure and scheduled actions



Summary

- Inspect what you expect
- Fresh eyes see things others miss
- It's about the details
- Without data you only have opinions

Thank you. Questions anyone?

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(References follow this slide.)



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