A PRESENTATION FOR

HFMS NJ 2011 Seminar

**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.
- *"Because it's the right thing to do."* – George Mills @ASHE 7/18/11

Unannounced surveys and inspections

- **CMS**: Centers for Medicare & Medicaid Services
- **TJC**: The Joint Commission
- **DNV**: DNV Healthcare, Inc.
- **HFAP**: Healthcare Facilities Accreditation Program
- **AAAHC**: 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 panel
  - 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 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

Where is TJC coming from?

- "Now, more than ever, the focus is on continuous compliance."
- "The scoring used for TJC's accreditation process, coupled with changes in the survey process make it difficult, if not impossible, to create eleventh-hour graphs and charts to 'prep' for survey."
- "Organizations need to be continuously doing their jobs in the context of the standards."
- "We want to eliminate the last-minute survey ramp-up."
- "… it has always been the expectation that all health care organizations maintain continuous compliance with Joint Commission standards."

  - TJC Environment of Care News

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 2011 EPs in the Environment of Care as of 7/18/2011

- 46%   LS.02.01.10, EP9, EP5: Penetrations and rated doors
- 44%   LS.02.01.20, EP13: Means of egress: corridor clutter, projections
- 37%   EC.02.03.05: Fire safety testing EPs
- 35%   LS.02.01.30, EP2: Hazardous areas
- 22%   EC.02.06.01, EP1: Patient safety
- 19%   EC.02.03.01, EP1: Fire safety (mostly JBs & missing covers)
- Per George Mills 7/18/11 at ASHE

Documentation (D)

- 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

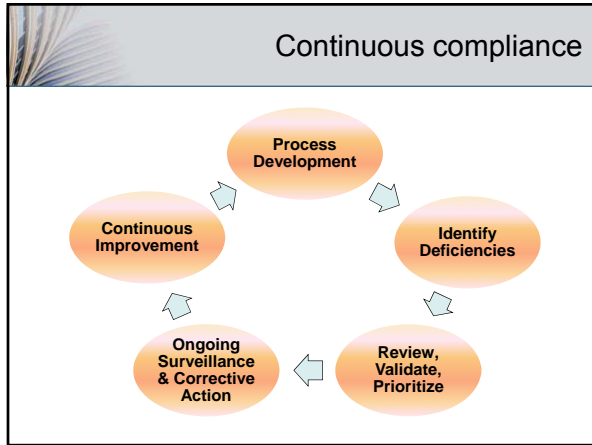## Continuous compliance

- Process Development
- Identify Deficiencies
- Review, Validate, Prioritize
- Ongoing Surveillance & Corrective Action
- Continuous Improvement

Benefits

- Organization of compliance information and presentation
- Looking at the finer details of compliance
- Testing being done per code
- 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.
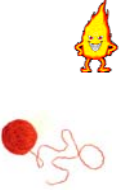- Know three competencies necessary to do your job

Another hospital's tips for survey readiness

- Clear hallways,
- Remove door *wedges* 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 ¾ 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

A readiness quiz

- Where are current policies?
- How can staff report incidents or near misses?
- What steps do you take to respond to a fire?
- What emergency response number do I call?
- What is the best way to prevent the spread of infection?
- What areas are security-sensitive?
- Good practices of compliance include…?

Periodic communications to staff & leadership

- Newsletter or hospital e-mail
- Understanding/applying standards/requirements
- 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-comformity 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
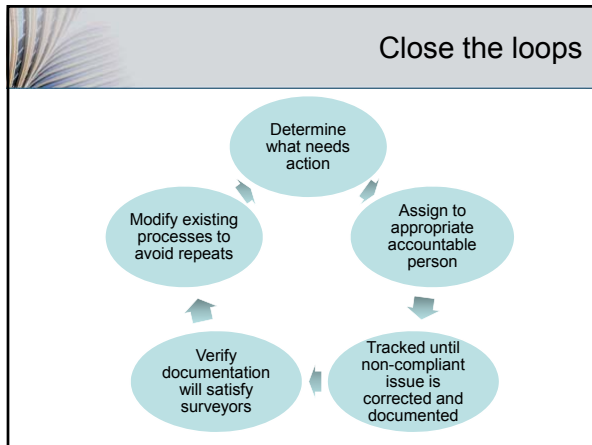
- Determine what needs action
- Assign to appropriate accountable person
- Tracked until non-compliant issue is corrected and documented
- Verify documentation will satisfy surveyors
- Modify existing processes to avoid repeats

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

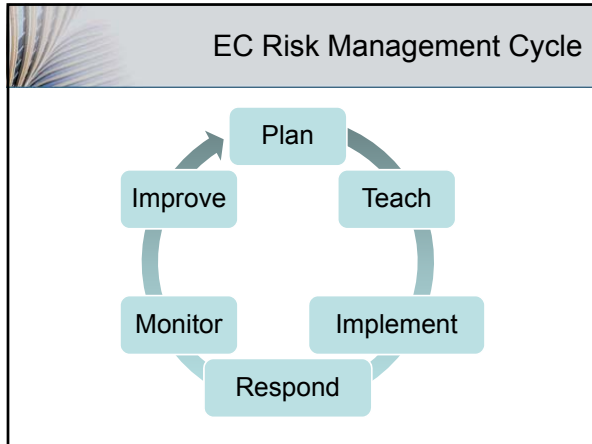## EC Risk Management Cycle

Plan

Improve — Teach

Monitor — Implement

Respond

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 in addition to 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

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PPR

- Documentation and compliance of the standards.
- Using work groups as needed
- Completing the PPR form on schedule
- Closely review detailed documentation to prove compliance
- Making assignments for follow up activity if responsible parties are not clearly defined.
- Obtaining clarification and standard & EP interpretations as necessary
- Reporting activity and barriers up the line

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.
  - New requirements in 2011

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

Dozens of EPs with
potential RFIs

Scoring incentive no
longer relevant

Effective BMP-like approach
Proactive tool for managing EC features

- George Mills stated at ASHE on 7/18/2011 that BMP histories can be used to remove adverse findings …
- IF the numbers (%'s) support your claim that you are in compliance
- He said he would look at your compliance histories upon request.

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 all about the details
- Without data you only have opinions

CODES+STANDARDS

Continuous compliance
Maintaining a constant state of regulatory readiness

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Thank you. Questions anyone?

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(References follow this slide.)

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