



And the Survey Says . . .

By: Jill Ryan, Chief Operations Officer

The Joint Commission (TJC) has shared the top 10 standards scored during the first half of 2011. No surprises here, they are largely the same challenges we faced in 2010 and 2009!

Standard	2010	2011 (1 st Half)	Issue
RC.01.01.01	65%	69%	Complete & accurate records
LS.02.01.20	51%	57%	Maintaining egress
LS.02.01.10	49%	57%	Building & fire protection
LS.02.01.30	40%	47%	Maintaining building features
EC.02.03.05	42%	42%	Maintaining fire safety equipment
IC.02.02.01	29%	36%	IC resources
RC.02.03.07	33%	36%	Verbal orders
MM.03.01.01	33%	34%	Medication storage
LS.02.01.35	24%	33%	Fire extinguishing systems
PC.01.02.03	31%	33%	Assessment & reassessment

Join Us at the 23rd Annual IHI National Forum!

Connect with us at the Institute for Healthcare Improvement's **23rd Annual National Forum on Quality Improvement in Healthcare**, December 4-7, 2011 in Orlando, FL.

C&A will be exhibiting at Booth 1012. Please stop by to see us!

[Click Here](#) for additional information about the conference.

Here's one tip for each of these challenging requirements...

RC.01.01.01 – Use visual triggers on paper forms to remind practitioners to sign, date, time all entries.

LS.02.01.20 – Create a “clutter patrol” with the responsibility of educating all staff about the fire hazards of corridor clutter! Remember, only crash, isolation and chemo carts are allowed!

LS.02.01.10 – Implement an “above the ceiling” permit process, requiring all vendors that run wires, pipes or conduit to meet criteria which includes installing the appropriate fire stop for any penetrations created.

**Don't Miss Out on
C&A's 2012 TJC &
CMS Webinar
Series!**

**Register on or before
December 2nd to
receive the early bird
rate!**

Our new format
**focuses on the "how
to" of regulatory and
accreditation
compliance** while
keeping you up to date
on the latest
**accreditation and
regulatory news,
changing standards,
and best practices
for compliance**
throughout the year!

**Click Here to view
the entire brochure
complete with dates,
topics & more
information!**

We are pleased to
announce that C&A has
been granted
accreditation as a
provider of continuing
nursing education by
the American Nurses
Credentialing Center's
Commission on
Accreditation!

LS.02.01.30 – be sure that any newly designated storage areas, i.e., old patient rooms or offices, contain the appropriate door closures. (Once used for storage, such rooms are considered hazardous areas.)

EC.02.03.05 – Use your work order programs to trigger reminders for the various fire safety alarm and equipment testing requirements.

IC.02.02.01 – Follow manufacturer's guidelines, which include requirements for temperature, storage, length of cycle, etc. for use of disinfecting solutions.

RC.02.03.07 – Build accountability for authenticating verbal orders into the ongoing professional practice evaluation (OPPE) process.

MM.03.01.01 – Define in job descriptions and policy who is permitted to have access to medications (i.e., housekeepers in OR suites that are staffed 24/7).

LS.02.01.35 – Educate all employees about the location of sprinkler heads, the importance of maintaining clearance around them & how to report any damaged or missing units.

PC.01.02.03 – Be sure that documentation of all H&P updates includes these three components: original H&P was reviewed; patient was examined; either no changes were noted or delineate out the changes.

Seem simple or trivial? Might be, but implementing these suggestions just might save you up to 10 RFIs on your next TJC survey! Good luck!

Are you as confused as I am?

CMS revises the Guidance related to Occupancy Classifications again!

By: Marty Piepoli, MSW, LISW/CP, Senior Consultant

Confused, yes! Back in December, 2010 the Center for Medicare & Medicaid Services (CMS) released Survey and Certification guidance on Life Safety Occupancy Classifications (S&C-11-05-LSC) with impact to hospitals and critical access hospitals. This information may have been missed or overlooked by those of us in Plant Operations and Engineering.

Courtemanche & Associates covered this topic back in the spring (**May 2011 - Were You Aware**), referring to the S&C communication noted above which addressed all healthcare related occupancy types in addition to other types of occupancy for component facilities of hospitals and critical access hospitals. In this updated guidance, definitions for mixed, healthcare, business, ambulatory health and other types of occupancy were defined with an emphasis on the number of patients who are rendered incapable of self-preservation in regard to the level of life safety prevention needed for patient safety. The summary of the Ambulatory Healthcare Occupancy (AHC) definition, as outlined in the December 2010 S&C communication was as follows:

- Facility does not provide sleeping accommodations
- Facility does not provide medical services on a 24 hour basis
- Facility provides anesthesia services; and
- Facility patients are incapable of self-preservation

The Ambulatory Occupancy definition raised the level of fire safety protection when any patient was incapable of self preservation. This single change has a significant impact for business occupancies and ambulatory settings regarding building fire safety, the financial impact to healthcare organizations and determining how to address physician practices that fall within the hospital purview.

This definition does not support the LSC[®] 101, 2000 definition of an AHC under 3.3.134.1, which states ". . .portion(s) of the building providing services or treatment to four or more patients that renders those patients incapable of taking action for self-preservation under emergency conditions. . ." The December 2010 guidance from CMS does not consider the number of patients treated when determining an AHC occupancy classification. Key in this definition is if the facility provides treatment or services to patients who are *mostly* incapable or rendered incapable by treatment or anesthesia provided by the facility, it must be classified as a new or existing AHC Occupancy.

CMS does not consider whether or not a patient has been "rendered" incapable of taking action for self-preservation by the facility; rather, the only consideration is whether the patient is capable or incapable of self-preservation. Therefore, occupancy classification must be determined regardless of the number of patients being served or whether or not a patient

has been rendered incapable of self-preservation by a hospital or CAH component facility.

Since that guidance went into effect, scrutiny from Engineering professionals has focused on what organizations should be doing to maintain compliance. In a spring issue of Healthcare Life Safety Compliance, ASHE argued that “the LSC® flexibility in occupancy ensures both that an adequate level of fire protection is afforded and that unreasonable hardship or burden is not imposed upon a hospital or CAH.” Additionally, feedback from the field has indicated that local Authorities Having Jurisdiction, State Department of Health Engineers, have had little communication on the changes.

Now that you are totally confused, CMS updated the guidance regarding Occupancy Classifications in a revised Transmittal, 11-05-LSC, released 2/18/11, stating “We are updating guidance for hospitals and CAHs to assure alignment with the LSC occupancy classification provisions”. Language is added in the memo and guidance (blue font and italics) clarifying that a facility may qualify as a business occupancy if, among other criteria, ***most*** of its current and potential patients are capable of self-preservation. The guidance when determining the ability for self-preservation, consideration *should* be given to ***both*** the characteristics of current patients ***and the characteristics of patients the facility is likely to provide medical treatment or services to in the future, as evidenced by the provider’s own advertisement and clientele to which the provider holds itself out to serve.***

What does it mean for your organization?

As the debate continues on how this transmittal will be interpreted, both hospitals and critical access hospitals should review of their Statement of Conditions (SOC) and the Basic Building Inventory (BBI) in order to assure compliance with the revised guidance of the S&C transmittal dated 2/18/11. Recent survey feedback has demonstrated that Life Safety surveyors are still addressing the issue of self-preservation in Ambulatory settings as four or more. Organizations should continue to clarify the issue of occupancy and self-preservation with local AHJ’s, State DOH Engineering and The Joint Commission in order to assure compliance in any circumstance where the types of services being provided in an AHC or Business

Occupancy might be questioned. Remember, that the safety of any patient served in our buildings is first and foremost, especially fire and life safety compliance. As more information becomes available on this hot topic, C&A will keep you updated.

Sources: [CMS- Survey and Certification Letter- 10-05-LSC, revised 2/18/11.](#)

Healthcare Life Safety Compliance, Pg 1-4, Spring, 2011

Were You Aware?

1. TJC has some very exciting initiatives underway, including:
 - a. Anticipated fall 2011 debut of a new and improved electronic application.
 - b. Implementation of an intracycle monitoring process that will include the transition of the Periodic Performance Review (PPR) to the Focused Standards Assessment (FSA) and two touch-point calls with your account executive, a Standards Interpretation Group representative and a member of the surveyor cadre during your triennial cycle.
 - c. Linking of core measure success with accountability through the accreditation process. See the new requirement at PI.02.01.03, EP1.
 - d. Launch of Primary Care Medical Home certification for hospitals, based on the PCMH model for Ambulatory Care.
 - e. An optional offering that would provide for coordinated TJC accreditation and ISO certification by the SGS Group. Anticipated in 2012.
2. Some areas and processes may be viewed in a more in depth manner during your next TJC survey. Surveyors may take a "deep dive" into functions such as patient flow; cleaning, disinfection and sterilization, contracted services or professional practice evaluation. This is a way to use the tracer process to thoroughly review

some of the more challenging issues facing organizations.

3. Infection Prevention & Control – a few thoughts:

- a. Carefully review all of the product information for cleaning and disinfecting solutions. These manufacturer's recommendations provide requirements for the length of cycles, testing solution efficacy, test strip integrity, required solution temperature control, etc.
- b. Assure that staff are aware of policies regarding the use and cleaning of protective garb such as scrubs, lab coats, shoe covers and head covers. These items may [harbor bacteria](#).
- c. Reminder that the new [NPSG on Catheter-Associated Urinary Tract Infections](#) (CAUTI) is intended to be implemented over the course of 2012 with full implementation expected by January 1, 2013.

[Were You Aware 2011 Recap](#)



Courtemanche & Associates

Charlotte, NC | Parsippany, NJ

Phone 704-573-4535 | Fax 704-573-4538

info@courtemanche-assocs.com | www.courtemanche-assocs.com