

ENVIRONMENT of CARE LEADER



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TJC

A lesson from the trenches: Guidance and insight from a successful TJC survey

Cape Fear Valley Medical Center in Fayetteville, N.C. experienced no fear of its own during a recent visit from The Joint Commission that saw surveyors checking high-level disinfection, fire hazards and medication management as part of their hot-ticket items.

Though the hospital saw a few hiccups in stained tiles and some aesthetic mishaps, these were immediately corrected. Cape Fear Valley not only passed with flying colors, but surveyors left the facility with one of the hospital's own policies in alarm management as a best practice example.

(see **TJC**, p. 5)

OSHA

Start monitoring for new labels, refresh training for hazard communication compliance

Assess your chemical and hazardous material inventory in order to determine that hazard communications are up to date, and items that should have markings are properly labeled.

OSHA fined hospitals a total of \$11,842 for 15 hazard communications citations found during 12 inspections, making it one of OSHA's top citations at hospitals for 2014.

That was despite the higher profile hazard communication has had recently thanks to the move to the global harmonization system (GHS) and its associated requirements and deadlines. The next deadline,

(see **OSHA**, p. 6)

Join us in Las Vegas for the 19th EC Summit



Will hospitals finally be able to use the 2012 Life Safety Code? Join us in Las Vegas on Sept. 28-29 for an update from Robert Solomon, the man who oversees building and life safety code work for the NFPA. Register at ecsummit.com.

ECL takes a break

Just a reminder, faithful readers, that *Environment of Care Leader* will be taking a break next issue in observance of Memorial Day. Enjoy the holidays, and we'll see you again on June 8!

Environment of Care

Ensure MRI scanner room staff have safety training ahead of July 1 deadline

As the July 1 deadline approaches for Joint Commission surveyors to begin scoring against the newly revised diagnostic imaging standards released this year, ensure that staff are trained in magnetic resonance imaging (MRI) safety and are competent to screen patients and others who seek access to the MRI area.

Under Environment of Care standard **EC.02.01.01**, which requires hospitals to manage safety and security risks, **EP 16** mandates that anyone not trained in MRI safety or screened by staff trained in MRI safety must be restricted from the MRI scanner room and the area immediately preceding the entrance to that room.

That includes surveyors from The Joint Commission, warns John Rosing, MHA, FACHE, vice president and principal of the Glendale, Ariz.-based Patton Health-care Consulting.

In addition, EP 16 requires that those areas must be controlled or under the "direct supervision of staff trained in MRI safety" and have signs to warn of potential dangers of the magnetic fields inside.

Hospitals should require that any staff member who works regularly in or who might have occasion to enter magnetic field Zone III (the entrance control area) or Zone IV (the scanner room) must take a MRI safety course and be able to screen others for entry, Rosing says, emphasizing the importance of the screening ability.

Examples of staff members who may need safety training include anyone from plant engineering, housekeeping, security or a medical emergency response team, he notes.

"As with any training, the course should be designed to appeal to the adult learner and include a means to validate competency through testing or verbalized understanding," advises Rosing.

Some hospitals make training available online. Or, education vendors offer training videos and other information for a fee, says Rosing, noting one vendor, www.mrisafety.com, also has a good explanation of screening at www.mrisafety.com/SafetyInfo.asp?SafetyInfoID=235.

As for the warning signs required under EP 16, the standard has no mandatory wording, Rosing observes.

But vendors offer a variety of signs. For instance, Rosing notes, a four-sign zone package by Newmatic Medical can be found online and other signs are available at safetysign.com. (See *Resources*, p. 3)

EP 14 under EC.02.01.01 notes that hospitals must manage MRI safety risks associated with patients who may experience claustrophobia, anxiety or emotional distress; patients who may require emergency care; patients with medical implants, devices or imbedded metallic objects such as shrapnel; objects entering the MRI environment

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To read the rule and for more information on how to comment, go to <http://tinyurl.com/FDA-antiseptics-proposed-rule>. — A.J. Plunkett (aplunkett@decisionhealth.com)

Ask the Expert

Assess your facility's water needs during an emergency with CDC guide

Question: *How much water is required per patient to be stored for use during an emergency?*

Answer: There is no specific Joint Commission requirement about water storage or use during an emergency, say a variety of experts, including survey consultants and hospital compliance officers.

However, under Emergency Management standard **EM.01.01.01**, which requires a hospital to engage in planning activities prior to writing an emergency operations plan (EOP), facilities must conduct one or more hazard vulnerability assessments as needed, and must keep a documented inventory of resources and assets it has on site, including, among other things outlined in **EP 8**, water.

Experts recommend starting with the “Emergency Water Supply Planning Guide for Hospitals and Health Care Facilities,” put together in 2012 by the CDC and the American Water Works Association, and can be found online (*See resource, below*).

Among other things, the 95-page guide has a section on conducting a water-use audit that takes facilities step-by-step through the process of determining actual water usage under normal conditions, identifying essential functions and minimum water needs, water conservation measures and alternative water supplies, and developing an emergency water restriction plan.

Everyone's vulnerability is different, but it is also good to remember lessons learned by others. Early in 2014, the Charleston Area Medical Center Health System (CAMC) in Charleston, W.Va., faced a severe water problem when public health officials issued a stop-use order after a chemical spill in the Elk River contaminated the area's main water supply (*ECL 3/3/14*).

Among the lessons learned was that CAMC's original EOP anticipated need was for 5,000 gallons a day, but even on the lightest usage during a weekend, the main hospital used 7,000 gallons a day and at full operation needed 11,000 gallons. — A.J. Plunkett (aplunkett@decisionhealth.com)

Resource:

- Emergency water supply planning guide: <http://www.cdc.gov/healthywater/pdf/emergency/emergency-water-supply-planning-guide.pdf>

TJC

(continued from p. 1)

Foresight and prep work key

Much of this success can be chalked up to foresight and proper preparation, says Jan Mathews, corporate executive director for quality and patient safety, and infection prevention and control at Cape Fear Valley.

Cape Fear Valley Medical Center, which features one of the busiest ERs in the state with over 130,000 visits a year and an average occupancy of 110%, knew that it was due for its triennial survey in 2015 and planned appropriately. “We were looking for them and ready for them as soon as January,” Mathews notes.

With the topic being of particular concern in the news in 2014 and based on input from other hospitals on their recent survey experiences, Cape Fear Valley prepared with the idea that high-level disinfection would be a big focus for surveyors.

The suspicion proved correct — surveyors visited every department in the facility that was applicable for high-level disinfection policies and adherence. The advanced planning paid off, and the hospital received no citations regarding disinfection.

Leadership, medication management, and data management policies were also on the suspected list of areas that surveyors would be paying particular attention to, and also received preparatory attention, with hospital staff performing practice walkthroughs and reviewing what they were going to say to surveyors in the event of a survey. “We had all that down before they walked through the door,” says Mathews.

Surveyors were exhaustive

What was surprising to Mathews and her colleagues was the extensive and thorough nature of the survey. Not only was the facility itself surveyed, but also a number of its clinics, including two express care clinics, were inspected.

This thoroughness extended to the environment of care, with one investigative surveyor checking above the ceiling throughout the facility to check for exposed

wires, lighting issues or other potential fire hazards. Ventilation, temperature controls and fire penetrations were also “hot” topics for surveyors during the visit.

Aside from some minor citations the medical center was able to correct immediately, such as the aforementioned stained tile, Cape Fear Valley avoided any major citations. “Surveyors said that our EC review was one of the best that they had ever seen for a facility of our size,” says Mathews.

Preparation alone was not responsible for this level of success, however — your hospital needs strong communication and to take on a culture of continuous improvement for best results, she adds.

“I believe [surveyors] are checking to make sure we are continuously trying to improve. They check to make sure that you know what each part of the team is doing.”

Also, selecting the right individuals to escort the surveyors on their trip throughout the hospital allows you to show TJC that not only does your staff know how to do its job, but also can do so smoothly and without trouble. This comfort can help get the surveyors on your side, which can relieve a lot of the tension associated with surveys.

Select individuals in the hospital who know what they are doing and have a long history there, advises Mathews. “You want to pick someone who is professional and easy to talk with — someone personable.” Someone long familiar with the hospital, its practices, and the survey process, will likely feel most comfortable speaking openly with surveyors.

“That key communication in a hospital this size and this busy is incredibly important to keep things smooth. They were here to be collaborative and give recommendations and listen to the good things we were doing,” Mathews observes. “If you’re ready, you won’t be fearful.” — *Steven Dashiell* (sdashiell@decisionhealth.com)

TJC

Survey preparation tips from the front line

Preparation is an important aspect of making sure you make a positive impression on The Joint Commission surveyors. Here are some tips from Jan Mathews, corporate executive director for quality and patient safety, and infection prevention and control at Cape Fear Valley Medical Center, in Fayetteville, N.C., which in March passed a survey, earning the TJC Gold Seal of Approval.

- **Keep your eyes and ears open.** Your fellow hospitals that have recently completed surveys can offer you an idea of where surveyors might be focusing particular attention. This can give you an idea of what areas you should consider spending some additional time reviewing. Larger health-related events, such as the recent Ebola crisis or multidrug-resistant organism concern can also help guide your review.

- **Assign navigators ahead of time and according to specialty.** Though you want navigators to be friendly and personable, you shouldn’t necessarily pick the nicest person on your team. You also want navigators to be experienced in the area they are serving as guides so that they can address any issues that may arise on the spot, if possible, advises Mathews.

- **Know where everything is documented,** because surveyors will want to know that you do, warns Mathews. “They are truly looking at whether the clinicians know where to find the information for the patient.” Ensuring that staff know where this information is located shows not only that your staff knows what it is doing, but also can demonstrate your hospital’s commitment to improvement. Remember to take extra precautions if your hospital has a hybrid-paper documentation process in place — as above, each navigator should be familiar with the department to avoid delays in finding proper documentation.

- **Stress compliance and quality all year,** not just when you think you will be surveyed. Consider programs that monitor adherence to new practices and policies to help keep staff focused. Cape Fear Valley trained and assigned particular staff members to attend safety meetings and monitor various departments throughout the facility to help ensure compliance with new policies and procedures. “That worked out really well,” notes Mathews.

- **Use tracers to prepare.** Tracers and mock reviews can help your hospital understand how it would perform in a survey and where your hospital might need some additional preparations for compliance. — *Steven Dashiell* (sdashiell@decisionhealth.com)

OSHA

(continued from p. 1)

which occurs on June 1, requires manufacturers to begin producing and providing labeling and safety data sheets (SDS) needed under GHS.

Hazard communication in general is a program that you see difficulties with across all agencies, says Heather Marenda, MEng, field operations manager at Brady Client Services, a safety and compliance consulting agency in Milwaukee. Hospitals often see trouble in this area because they have so many business units, including facilities, laboratories, food and beverage, and cleaning staff, she notes.

Hospitals still struggle with hazard communication compliance, in part because of the sheer breadth of the subject, agrees Robert Albrecht, a former Maryland OSHA inspector and former director of life safety at MedStar Washington Hospital Center in Washington, D.C. A certified healthcare environmental manager, Albrecht is now president of Infection Prevention Systems LLC.

There are a vast number of chemicals in the average hospital, and rounding up all of these chemical agents can be time consuming, notes Albrecht. Additionally, nurse or facilities staff may unknowingly order items that require hazard communication labeling, which can quickly become overlooked and lead to an unwelcome surprise should surveyors investigate.

Review your chemical inventories and check whether you have the SDS to support these products as a first step before moving on to the rest of your hazard communication program, advises Marenda. You may need to also update your chemical hygiene plan to reflect any changes that may occur to labeling elements such as pictograms or SDS.

Updating the required SDS to reflect the new GHS requirements is also placing strain on some hospitals, observes Albrecht. Hospitals that have uploaded their sheets to an electronic system will find the update

process less onerous, but hospitals that still use paper-based SDS filing may have a much longer task ahead of them, particularly if there are multiple hard copy versions of SDS throughout the hospital. (*For SDS management tips, see below.*)

Revisit hazard communication education, particularly training related to the new requirements under global harmonization, to stay prepared, advises Albrecht. That includes training on SDS requirements, hazard statements and the new GHS pictograms. However, don't forget to maintain training on other labeling systems if you intend on keeping them — at least in the short term — such as the NFPA 704 diamonds, adds Marenda (*For a comparison between NFPA 704 diamond labeling and the updated HazCom labels, see OSHA Quick Card, insert*).

"Training was required quite some time ago. Your hospital may have met the intent back in 2013, but now the new deadline is approaching," says Albrecht.

— Steven Dashiell (sdashiell@decisionhealth.com)

OSHA

Ensure your safety data sheets systems are compliant, ready

All materials in your hospital that meet the criteria for physical, health or environmental hazards under the Globally Harmonized System of Classification and Labeling of Chemicals (GHS) require safety data sheets (SDS) to be created to ensure that the necessary safety measures for the handling of that hazard can be accessed by staff.

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OSHA and The United Nations Economic Commission for Europe, which helped develop GHS to standardize hazard communication in recognition that many chemicals are shipped across international borders, offer some guidance for hospitals who are updating their SDS:

- **Check with your manufacturer** to see whether they can provide you with an up-to-date SDS. Bear in mind that distributors may still ship products under the old labeling system until Dec. 1, 2015. If you aren't yet seeing updated SDS with products that are being delivered to your hospital, reach out to the distributor to see when they plan on shipping the updated SDS sheets, adds Heather Marendia, MEng, field operations manager at Brady Client Services, a safety and compliance consulting agency in Milwaukee, Wis.
- **Take note of the date of your SDS.** Revised forms should "clearly state the date of issue as well as a version number, revision number, supersedes date or some other

indication of what version is replaced," under the new GHS format.

- **Watch for vague or misleading language,** including phrases such as "may be dangerous," "no health effects," "safe under most conditions of use," and "harmless." Such language can prove confusing and potentially harmful for users, and should be brought to the attention of the manufacturer.

- **Keep a backup of your SDS** if you use an electronic storage system. You want to make sure in the event of a power outage or similar emergency that your hospital can still access SDS should they need them. A physical backup of your safety sheets also must be available should long-lasting equipment failure occur. Include training on electronic systems if using a non-paper-based SDS storage method, including how to access the backup of the SDS, both hard copy and electronic. — *Steven Dashiell* (sdashiell@decisionhealth.com)

WHAT'S WRONG WITH THIS PICTURE?



Life Safety Forensics: How can you fix the RFIs?

Tera Boyd, safety assistant at Community Hospital in McCook, Neb., was right on the money with the answer to last week's Life Safety Forensics photo question: "Eyewash stations are to be unobstructed."

Problems with eye wash stations are one of the many reasons Environment of Care standard **EC.02.02.01** is consistently among the top 20 most challenging standards for hospitals surveyed by The Joint Commission, according to TJC officials.

The standard requires hospitals to manage safety risks with hazardous materials and waste, and specifically under **EP 3-5**, requires hospitals to have written procedures to follow in response to hazardous material and waste exposures, to implement those procedures when necessary and to minimize risks when using, transporting and disposing of hazardous chemicals.

It is under those elements of performance that improper use or maintenance of eye wash stations is most often cited, says David Stymiest, PE, CHFM, CHSP, FASHE, a senior consultant in compliance and facility management with Smith Seckman Reid, during last year's EC Summit conference.

While **OSHA Standard 1910.132** requires workers to be provided personal protective equipment for their eyes, including eye wash stations where appropriate, such as areas with corrosive or caustic substances in use, TJC does not specifically require them (*ECL 1/20/14*).

However, if you have an eye wash station, TJC does require that the station be properly maintained and available for use — and not obstructed.

For more on eye wash stations, see the TJC FAQ, available online at <http://tinyurl.com/eye-wash-FAQ> or read the OSHA eye and face protection guidelines at <http://tinyurl.com/OSHA-eye-face>.

If you have a photo you would like to share, please send it to ECL editor Steven Dashiell at sdashiell@decisionhealth.com, and we will consider publishing it — anonymously — in an upcoming issue.



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