



Steven Hirsch & Associates Accreditation News

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WE ARE PLEASED TO ANNOUNCE:

Steven Hirsch & Associates

This issue offers important updates on licensing issues that may impact your successful accreditation.

For over 32 years, Steven Hirsch and Associates has been one of the foremost authorities on successful accreditation, licensure, and Medicare certification. Feel free to contact us with your most pressing regulatory questions and concerns.

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OUR MISSION

Our mission is to provide dynamic integrated expertise that supports healthcare organizations in meeting and exceeding patient care standards as mandated by the regulatory environment.

OUR VISION

To provide a positive and supportive environment that fosters professionalism while providing the highest quality client centric consulting expertise in the healthcare industry.

OUR VALUES

CREDIBLE • ETHICAL
EXPERT • INTEGRITY
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RESPONSIVE

Hilary Metcalf, MPH, CIC joined the Steven Hirsch & Associates team in November 2020 as our **Senior Infection Prevention and Control Consultant**. Hilary comes to us from Mission Hospital in Mission Viejo where she served as an Infection Control Practitioner, involved with general acute care, acute rehabilitation, and behavioral health services. Prior to Mission Hospital, Hilary worked as Infection Preventionist at Harrison Medical Center in Bremerton, Washington. She has served as Epidemiologist for the Kitsap Health District also in Bremerton, and worked with the Centers for Disease Control as Consultant/Technical Advisor Officer to the World Health Organization in East Africa focused communicable disease eradication and vaccination programs.

Susan A. Reed, Pharm.D., CPHQ, rejoined the Steven Hirsch & Associates team in December 2020 as our **Medication Management and Safety Consultant**. Dr. Reed brings over 30 years of Clinical Pharmacy, Medication Management and Safety Consulting experience. She has worked at multiple health facilities as Pharmacy Director, has been a Board of Pharmacy Surveyor, and has provided consultation locally, regionally, nationally, and internationally. She comes to us most recently from Joint Commission Resources, where she held the position of Medication Management and Safety Consultant. Dr. Reed has a strong Clinical Pharmacy background and is well known for her Medication Management and Safety expertise.

Provision of Care, Treatment and Services Standards for Maternal Safety

Part One of Two

By *Linda Paternie, RN, BS, MHA, CJCP*

The Joint Commission has issued requirements focused on providing safe quality care to women during pregnancy and postpartum that became effective July 1, 2020. Thirteen new Elements of Performance within the Provision of Patient Care, Treatment and Services Chapter, PC. 06.01.01 and PC.06.01.03, were designed to help achieve improved outcomes in maternal health. The requirements were selected based on input from The Alliance for Innovation on Maternal Health and the California Maternal Quality Care Collaborative (CMQCC).

What hospitals should be doing to gain compliance with these Standards:

PC.06.01.01 Reduce the likelihood of harm related to maternal hemorrhage.

EP1 calls for hospitals to use evidence-based tools for determining maternal hemorrhage risk on admission to Labor and Delivery and to postpartum units. Many organizations have been using the CMQCC OB Hemorrhage Toolkit as reference for development of hospital specific tools and standardized patient assessments. As possible, utilize your electronic medical record to record the risk factors based upon severity and then calculate the total risk value for the patient.

EP2 requires the organization to develop written evidence-based procedures and protocols for stage-based management of pregnant and postpartum patients who experience maternal hemorrhage that include the following:

- The use of an evidence-based tool that includes an algorithm for identification and treatment of hemorrhage.
- The use of a set of evidence-based emergency response medications that are immediately available on the units.

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Provision of Care, Treatment and Services Standards for Maternal Safety *Continued...*

- Identification of required response team members and their roles in the event of severe hemorrhage.
- How the response team and procedures are activated. Note: some hospitals have elected to develop a team to respond to a “Code OB” notification, similar to a rapid response team notification. The Code OB team (or whatever designation assigned by the organization), could be accessed to respond to a maternal hemorrhage or to a maternal hypertensive/preeclampsia emergency event.
- Blood bank plan and response to emergency release of blood products and how to initiate massive transfusion procedures.
- Guidance on when to consult additional experts and consider transfer to a higher level of care.
- Guidance on how to communicate with patients and families during and after the event.
- Criteria for when a team debrief is required immediately after severe hemorrhage. Note: some hospitals have also developed a standardized tool to be used in the debriefing process.

EP3 requires each OB Unit to have a standardized, secured, dedicated hemorrhage supply kit, stocked per the organization’s defined process, which is to contain, at a minimum, the emergency supplies and medications required for maternal hemorrhage as well as the approved procedures for severe hemorrhage response.

EP4 speaks to the need for providing role-specific education on the hospital’s hemorrhage procedures to all staff and PROVIDERS treating pregnant and postpartum patients. This education is to occur at time of orientation at the hospital or granting of clinical privileges and as procedures and or practices/protocols are updated or changed. Education is also required every two years. Be sure to document provision of education in each applicable personnel or credential file. The target audiences may include ED, OB, LD, Lab, Pharmacy, OR and any other appropriate staff members.

EP5 requires the hospital to conduct multidisciplinary maternal safety drills at least annually, including a review of the debriefing process used to evaluate the process and outcomes. These drills are to be conducted on the unit. Note: some hospitals also provide simulation-based scenarios as the basis of the drills and use the debriefing process to identify opportunities for improvement.

EP6 requires the hospital to provide review of hemorrhage cases and to evaluate the care provided during the emergency event. It is suggested that criteria to trigger a case review be established by the hospital and medical staff.

Note: ACOG publishes a list of criteria for consideration. Tools such as root cause analysis or apparent cause analysis may be used to help identify opportunities for improvement.

EP7 states that the hospital is to provide education to patients, families/designated support persons to include signs and symptoms of postpartum hemorrhage during hospitalization and at home that should alert the patient to seek immediate care. Documentation in the medical record should reflect that education was provided.

Maternal Safety is such an important topic and area for improvement. The United States ranks 65th among industrialized nations in maternal deaths. There are many resources available to help organizations promote and strengthen maternal care services, including the following:

California Maternal Quality Care Collaborative (CMQCC)

- OB Hemorrhage Toolkit V2.0

American College of Obstetricians and Gynecologists (ACOG)

- Quantitative Blood Loss in OB Hemorrhage, #794, December 2019

Association of Women’s Health Obstetrical and Neonatal Nurses (AWHONN)

The Joint Commission

- R3 Report Issue 24, August 21, 2019 Provision of Care, Treatment and Services Standards for Maternal Safety
- Quick Safety Issue 51, October 2019 Proactive Prevention of Maternal Death from maternal Hemorrhage

Patient Safety and Quality Healthcare

- Understanding the New Joint Commission Requirements for Maternal Patient Safety, July 20, 2020
- Joint Commission Seeks to Reduce Maternal Deaths, January 7, 2020

Part Two of this series is scheduled to be published in the next issue of Steven Hirsch & Associates Accreditation News. If you would like an advanced copy of Part Two, please contact our office at (714) 965-2800 or email us at info@shassociates.com.

Common CMS Infection Control-Focused Survey Finding

By Kimberly Tomas, MPH(c)

As regulatory agencies resume their surveillance of healthcare facilities, it is important to review all the processes to ensure that they are functioning as designed, to ensure that all policies and procedures are current and being observed, and that all the “loops” such as corrective actions are closed and documented.

Clearly Infection Prevention (482.42 et seq.) will be a critical function and surveys will definitely focus on these activities. Additionally regulatory agencies will be concerned about housekeeping and hygiene. Below lists common findings and tips on how to avoid these citations.

42 CFR §482.12 Governing Body (GB)

- Failure to ensure the medical staff provides adequate oversight of the hospital's response to the Coronavirus pandemic, and actively participates in the mitigation (management) and prevention of COVID-19

Guidelines and activities must be reflected in the Governing Body meeting minutes. The activities of the Infection Prevention & Control program, and the QAPI program must be reflected in the committee meeting minutes and proceed to the Governing Body for review, guidance, and approval.

42 CFR §482.21 Quality Assessment & Performance Improvement (QAPI)

- Failure to show documentation about the infection control projects for the Coronavirus pandemic
- Failure to identify risk of transmission of infectious diseases including the Coronavirus (documented in a risk assessment) and have implemented preventative actions to prevent the spread of COVID-19
- Failure to ensure the QAPI program for infection control reflected the hospital's organization (including medical, nursing, surgical, laboratory, radiological, pharmaceutical, and dietetic services) and its services for the hospital in and out patients, which involve all departments and services.

The hospital must develop, implement and maintain an effective, ongoing hospital-wide, data-driven quality assessment and performance improvement program. The GB must ensure that the QAPI program and infection control activities reflect the complexity of the hospital's organization and services; involves all hospital departments and services (including those services furnished under contract or arrangement) and focuses on indicators related to improved health outcomes and the prevention and the reduction of medical errors. The QAPI program must identify the risk of the transmission of infectious diseases including the Coronavirus (COVID-19) and have distinct actions to prevent the spread of COVID-19. Although hospital-wide risk assessments are typically done annually, the pandemic warrants a periodic review and needed adjustments to the risk assessment with the probability of occurrence, level of harm, and the hospital's readiness to prevent all patients from contracting respiratory infection illness including but not limited to COVID-19.

42 CFR §482.41 Maintenance of Physical Plant

The condition of the physical plant and the overall hospital environment must be developed and maintained in a manner that the safety and well-being of patients are assured.

- Failure to provide a sanitary dietary environment
 - ◇ Cooking sheets observed with burnt buildup on the underside
 - ◇ Areas of chipped enamel paint in food preparation areas
 - ◇ Worn gaskets on refrigeration units that need replacing
 - ◇ Leaking ice machines/not maintained ice machines/lime scale build-up on ice machines

Regularly scheduled rounds in the dietary environment should include inspection of the storage areas (shelving, cleanable containers), cooking equipment, refrigerators, freezers, and ice machines.

42 CFR §482.42 Infection Prevention & Control and Antibiotic Stewardship

The hospital must have active hospital-wide programs for the surveillance, prevention, and control of Healthcare Acquired Infections (HAI) and other infectious diseases, and for the optimization of antibiotic use through stewardship. The programs must demonstrate adherence to nationally-recognized infection prevention and control guidelines, as well as best practices for improving antibiotic use where applicable, and for reducing the development and transmission of HAIs and antibiotic resistant organisms. Infection prevention and control problems and antibiotic use issues identified in the programs must be addressed in collaboration with the hospital-wide quality assessment and performance improvement (QAPI) program.

- Failure to meet the Infection Control Program COP to ensure a safe and sanitary environment for all patients and staff members who provide patient care by failing to:
 - ◇ Ensure staff members wear surgical facemasks and patients wear face covering to prevent contracting Coronavirus
 - ◇ Ensure staff and patients are practicing social distancing at all times, to prevent potential cross-contamination
 - ◇ Update the Coronavirus policy promptly as new guidelines become available
 - ◇ Ensure the GB monitors the implementation of infection control activities to prevent the transmission of infectious diseases, including the Coronavirus

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- Performance improvement (CQI) and Patient Safety consultation
- Management of the Environment of Care (including Life Safety Assessment)

Common CMS Infection Control-Focused Survey Findings *Continued...*

- ◇ Ensure the Infection Preventionist communicates and collaborates with the QAPI program on infection prevention and control issues, related to Coronavirus

Leadership responsibilities CFR 482.42(c)(1)(i)

The GB must ensure systems are in place and operational for the tracking of all infection surveillance, prevention and control, and antibiotic use activities, in order to demonstrate the implementation, success, and sustainability of such activities.

Common finding: failure to ensure the GB monitors the implementation of infection control activities to prevent the transmission of infectious diseases, including the Coronavirus.

- Group meetings should be limited to not more than 10 people
- Ensure patients wear face coverings and remain at least six feet apart from each other while sitting, standing, and walking
- Ensure staff members wear face coverings (surgical mask if they provide direct patient care)
- Screen all staff members and medical staff for COVID-19 before the start of each shift
- Staff members are encouraged to practice social distancing by maintaining a distance of 6 feet apart.

42 CFR §482.43 Nursing Care Plan

The hospital must ensure that the nursing staff develops, and keeps current, a nursing care plan for each patient that reflects the patient's goals and the nursing care to be provided to meet the patient's needs. The nursing care plan may be part of an interdisciplinary care plan.

- Failure to ensure nursing staff develop the patient care plan/treatment plan that identifies patients at risk of contracting Coronavirus, the goal, and the intervention to be provided to the patients to prevent the transmission of COVID-19

All of these issues are considered by surveyors of regulatory agencies as high priority during the Public Health Emergency. If your organization is in need of support in any of these areas, we are able to provide assistance.

SEASONS GREETINGS FROM STEVEN HIRSCH & ASSOCIATES

We want to wish you and your families a

Happy and Healthy New Year!

About Steven Hirsch & Associates

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, medical staff services (including credentialing and independent peer review), 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 visit www.shassociates.com.