



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.

(800) 624-3750

shassociates.com

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
PROFESSIONAL •
RESPONSIVE**

The Joint Commission COVID-19 Recovery Preparation Assessment Checklist

By Linda Paternie, RN, BS, MHA, CJCP

The Joint Commission published a COVID-19 Recovery Preparation Assessment Checklist, not as a requirement for submission, but as a compendium of suggested activities to help organizations assess their Environment of Care status as COVID-related restrictions are eventually lifted. As stated in the TJC document, don't wait until the federal government lifts the national Public Health Emergency or The Joint Commission schedules an organization's survey. It would be best to begin the work now.

The complete checklist can be found in the "Environment of Care News", August 2020, Volume 23, Issue 8. The checklist offers a set of questions for the organization to complete as a self-assessment. The checklist is not an exhaustive list and each organization should customize items for review based on their unique situation.

This article is meant to be an overview of the checklist. It is suggested that each organization complete the checklist and use the information derived as a platform for planning for the future as the Public Health Emergency is eliminated.

The checklist addresses the following topics:

- TJC/CMS waivers of inspection, testing and maintenance
- Actions needed to get caught up on deferred maintenance
- Modifications of spaces used for COVID-19 surge and plans for converting the spaces back to their original use
- Conversion of rooms to negative pressure areas/anterooms and decisions on which may remain in place after the Public Health Emergency is over
- Assessment of potential damage to the built environment from alterations made
- Policies and procedures for comprehensive terminal cleaning and disinfection of areas that housed COVID positive patients
- Separate Emergency department entrances for COVID positive patients
- Evaluation of the efficacy and placement of tents erected for COVID-19 screening
- Equipment related: personal protective equipment, ventilators, etc. and lessons learned during the emergency
- Workplace safety using NIOSH criteria
- Current/future use of telehealth
- Practices for reopening facilities/spaces
- Use of waiting rooms and waiting areas
- Prioritization of actions needed to get mechanical systems, plumbing, HVAC and air handling units ready for occupancy

Continued on the Next Page...

The Joint Commission COVID-19 Recovery Preparation Assessment Checklist

Continued...

- Completion of a building assessment to ensure compliance with TJC Life Safety and Environment of Care Standards
- Evaluation of bringing back staff to the organization who had been working remotely

The checklist form lists the questions with an area to respond (Yes, No, Not applicable) as well as an area to document comments. The use of this tool is thought to have a positive effect on the organization's plan for the future.

Should you need assistance in implementing the COVID-19 Recovery Preparation Assessment Checklist, please feel free to reach out to our company for assistance.

Proctoring Reports Received; Now What?

By Margo Smith, RHIT (Retired), CPMSM, CPHQ

Once your provider has submitted all the required proctoring reports and you as the Medical Staff Professional have reviewed them to determine that there are no adverse comments on the reports, how do you process the release of proctoring requirements, so that the provider can perform procedures while pending approval?

There are several options:

1. Hold the reports until all the applicable committees have reviewed and approved the provider to be released from further proctoring requirements. There is a drawback to this method: It can be weeks or months before all the committees have met. The operating room scheduler will probably continue to ask the provider for the name of a proctor to proceed with a procedure. This can be frustrating for the provider, since he/she knows that they have completed their proctoring requirements.
2. Once the reports have been reviewed by the Medical Executive Committee, the provider can be removed from proctoring requirements, pending approval of the Governing Board. If the Governing Board has any objections, proctoring can be reinstated.
3. At a minimum, the Credentials Committee and appropriate Department Chair (as applicable to your facility) can approve release of proctoring requirements, pending approval by the Medical Executive Committee. If the Medical Executive Committee has any objections, proctoring can be reinstated.

There can often be a delay in releasing a practitioner from proctoring if the Governing Board does not meet monthly or if there is no expedited process permitted in the Governing Board Bylaws.

Whatever process your facility follows, ensure that all policies and procedures, Department Rules and Regulations, Medical Staff Bylaws/Rules and Regulations and the Governing Board Bylaws address the approval process.

Focused Professional Practice Evaluation (proctoring) is the process whereby the medical staff can evaluate the privilege-specific competence of the providers who have been granted privileges at your facility. The providers have completed medical school training and may even be board certified in their specialty, but their techniques and skills can only be evaluated by being observed by other professionals in their field of medicine.

Is your Medical Staff Office struggling to keep up with the many demands of running an efficient and timely operation? If your Medical Staff Office is struggling to stay afloat, Steven Hirsch & Associates can provide services that can get your staff back on track and help out where and when as needed, without your organization having to hire someone permanently. Steven Hirsch & Associates offers experienced interim support and day-to-day operational expertise in all facets of medical staff services. There is no guesswork on hiring the right staff member and no overhead. You control your budget and we provide the expertise. Specific services include:

- The provision of consultants who are Certified Professionals in Medical Staff Management (CPMSM) and Credentialing Specialists
- The design and implementation of Medical Staff Office management systems, policies and procedures
- The training of Medical Staff Office personnel in all aspects of Medical Staff Office management
- Assistance with credentialing procedures and licensure verification
- Assistance in preparing for accreditation surveys, with on-site consultant availability during scheduled surveys

If your Medical Staff Office could benefit from interim or day-to-day support from experienced medical staff professionals, call (800) 624-3750 for more information on how we can complement your team, cost efficiently. You may also visit our website at www.shassociates.com.

Potential Control Measures of SARS-CoV-2 Transmission in Healthcare Environment

By Kimberly Tomas, MPH©,
based on the APIC Live Online Presentation by Dr. William Rutala

Based on studies conducted during the SARS and MERS outbreaks and current research being published, the healthcare environment may be able to facilitate transmission of SARS-CoV-2. In one study the contamination rate of a patient room was about 42%, the nurse's station was about 3%, and post-terminal cleaning of a patient room was about 4% (Jerry, O'Regan, O'Sullivan, Lynch, & Brady, 2020). It is important to note that the healthcare environment is not the primary source of SARS-CoV-2 transmission (the primary source is exposure to the respiratory droplets of infected individuals), nor does the detection of the SARS-CoV-2 virus represent the presence of adequate viable viral particles to infect an individual. Despite these preliminary findings, the healthcare environment has the potential to be a major source of hospital-acquired infection. Research shows that only 30-40% of surfaces are disinfected during daily or terminal cleaning (Carling, 2013). SARS-CoV-2 RNA have been detected on many touchable surfaces including bed rails, call buttons, light switches, Blood Pressure monitors, glove boxes, hand sanitizer dispensers, keyboards, phones, sinks, and nurse's station surfaces, among others (Kanamori, Weber, Rutala, 2020). SARS-CoV-2 RNA was detected more frequently on environmental surfaces in medical areas of designated COVID-19 hospitals than in living quarters suggesting the need for dedicated use of medical devices and strict cleaning/disinfection of shared patient care items (Kanamori, Weber, Rutala, 2020). To reduce the risk of transmission, standardized and adequate cleaning and disinfection practices are required.

Available technologies that eliminate SARS-CoV-2 from the healthcare environment include:

- EPA-registered disinfectants included in List N (>450 disinfectants, 32 chemicals)
 - ◆ Disinfectants that have qualified under the emerging pathogen program for use against SARS-CoV-2
 - ◆ Active ingredients or chemicals include: ethyl alcohol, hydrogen peroxide, hypochlorite, isopropyl alcohol, peracetic acid, phenolic, quaternary ammonium, among others
- "No touch" room decontamination (e.g. UV devices)
- Electrostatic sprays (new technology with limited research)

The recommendations to reduce or eliminate the presence of SARS-CoV-2 in the environment include:

1. Cleaning and disinfecting all noncritical touchable surfaces and medical devices at least once daily and when visibly soiled.
2. Using EPA-registered disinfectants in List N according to the manufacturer's treatment time/contact time/kill time for wipes and liquid disinfectants.
3. Assessing cleaning thoroughness with a validation method (e.g. fluorescent dye markers, ATP bioluminescence) and providing regular feedback to environmental services personnel.
4. "No touch" room decontamination to supplement terminal cleaning.
5. Delaying entry into a patient room after discharge until enough air changes occur to remove potentially infectious particles (see table) as recommended by CDC.
6. Providing education and training for cleaning/disinfecting staff on proper donning and doffing of PPE as recommended by CDC.
7. Twice daily cleaning/disinfection of environmental surfaces in inpatient areas (plus screening/triage area) with suspected or confirmed COVID-19 patients.
8. Considering the use of continuously active disinfectant (CAD) to prevent recontamination and touch transfer of infectious particles (new technology with limited research).

The following table can be referenced at:

<https://www.cdc.gov/infectioncontrol/guidelines/environmental/appendix/air.html#tableb1>

Continued on the Next Page...

Steven Hirsch & Associates

18837 Brookhurst Street
Suite 209
Fountain Valley, CA 92708

Toll Free: (800) 624-3750
Phone: (714) 965-2800
Fax: (714) 962-3800
Email:
info@shassociates.com

WE'RE ON THE WEB!

WWW.SHASSOCIATES.COM

OUR SERVICES

- Pre-accreditation, Medicare certification, and Licensing surveys
- License conversion assistance
- Infection prevention and control program assessment and maintenance
- Staff development
- Ambulatory-surgery program development and operating room management
- Assessment of patient acuity systems
- Human resources management and competencies assessment
- Medical staff support services (including professional credentialing services and independent peer review)
- Medication Management, Safety and Sterile Compounding
- Clinical laboratory management and CLIA
- Performance improvement (CQI) and Patient Safety consultation
- Management of the Environment of Care (including Life Safety Assessment)

Potential Control Measures of SARS-COV-2 Transmission in Healthcare Environment

Continued...

Table B.1. Air changes/hour (ACH) and time required for airborne-contaminant removal by efficiency *

ACH ⁵ ¶	Time (mins.) required for removal 99% efficiency	Time (mins.) required for removal 99.9% efficiency
2	138	207
4	69	104
6*	46	69
8	35	52
10*	28	41
12*	23	35
15*	18	28
20	14	21
50	6	8

* This table is revised from Table S3-1 in reference 4 and has been adapted from the formula for the rate of purging airborne contaminants presented in reference 1435.

† Denotes frequently cited ACH for patient-care areas.

References:

Carling, P. (2013). Methods for assessing the adequacy of practice and improving room disinfection. *American Journal of Infection Control*, 41(5), S20-S25. <https://doi.org/10.1016/j.ajic.2013.01.003>

Jerry, J., O'Regan, E., O'Sullivan, L., Lynch, M., & Brady, D. (2020). Do established infection prevention and control measures prevent spread of SARS-CoV-2 to the hospital environment beyond the patient room? *Journal of Hospital Infection*, 105, 589-592. <https://doi.org/10.1016/j.jhin.2020.06.026>

Kanamori, H., Weber, D.J., Rutala W.A., (2020, Sept 28). The role of the healthcare surface environment in SARS-CoV-2 transmission and potential control measures. *Clinical Infectious Diseases*. <https://doi.org/10.1093/cid/ciaa1467>. Epub ahead of print. PMID: 32985671; PMCID: PMC7543309.

Rutala, W.A., (2020, Dec 11). COVID-19: Overview of Contamination of the Healthcare Environment and Effective Surface Disinfection Technologies [Live Conference Session]. APIC Live Online: Designed for IPs Facing Today's Challenges, Virtual, United States.

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.