



Steven Hirsch & Associates Accreditation News

Spring 2023

Volume 15, Issue 1



Steven Hirsch & Associates

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

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Water Management Programs in Health Care Facilities

By *Marietta Hickman, BSN, CIC and David Woodard, MSc, MT(AMT), CLS, CIC, FSHEA*

Why should your facility have a Water Management Program? Here is a newly published article from *Annals of Internal Medicine*:

Mycobacterium abscessus Cluster in Cardiac Surgery Patients Potentially Attributable to a Commercial Water Purification System, Michael Klompas, MD, MPH; Chidiebere Akusobi, MD, PhD; Jon Boyer, ScD, CIH; Ann Woolley, MD; Ian D. Wolf; Robert Tucker, MPH, CIC; Chanu Rhee, MD, MPH; Karen Fiumara, PharmD; Madelyn Pearson, DNP; Charles A. Morris, MD, MPH; Eric Rubin, MD, PhD; and Meghan A. Baker, MD, ScD

https://www.acpjournals.org/doi/10.7326/M22-3306?utm_source=cmpnr&utm_campaign=lfa_230307_a&utm_content=3&cmp=1&utm_medium=email

The conclusion was that there were issues in the design of elements of the water system resulting in failures and the development of water-borne pathogens.

In health care facilities, water systems often have complex distribution pathways with areas of stagnation: Exposure to a variety of plumbing materials; and wide variability in temperature, pH, and disinfectant types and levels. These conditions can promote the development of biofilms as well as opportunistic pathogens such as *Legionella*, nontuberculous mycobacteria (NTM), and *Pseudomonas* species.

Exposure to the water while in the organization has the potential to place patients/residents, staff, and visitors at risk for infection from waterborne pathogens. Moreover, many people being treated at health care facilities, including long-term care facilities and hospitals, have conditions that put them at greater risk of getting sick and dying from these pathogens.

Outbreak investigations by the Centers for Disease Control and Prevention show that most problems leading to health care-associated outbreaks could be prevented, or the risk reduced with an effective Water Management Program. Highly effective Water Management Programs include: Individual or team oversight, evaluation of water supply sources, ongoing water monitoring protocols, and corrective actions. In response to these risks, in January 2022 The Joint Commission released the Water Management standard (EC.02.05.02—The hospital has a water management program that addresses *Legionella* and other waterborne pathogens).

The standard and EPs are designed to guide and improve the quality and safety of care provided to hospital patients and nursing care residents who are immunocompromised, as

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well as to any other individuals who use or work in the space. This standard incorporates the latest research and best practices with the primary goal of improving quality and safety in these settings.

The Joint Commission evaluated peer-reviewed, expert literature to determine what additional requirements were needed to help protect immunocompromised patients and residents from waterborne pathogen-related illnesses. This review revealed that, in addition to the need for a risk assessment, there needed to be a scientifically developed Water Management Program and testing protocols with defined acceptable ranges.

The new standard requires that an individual or team be assigned responsibility for the oversight and implementation of the Water Management Program, including but not limited to, development, management, maintenance, and evaluation activities. It also specifies required elements that must be included in the Program, including a basic diagram that maps water supply and delivery sources, treatment systems, processing steps (water treatment protocols), control measures, and end-use points. The Program is based on the information developed from the diagram, an evaluation of the physical and chemical conditions of each step of the water flow diagram as well as potential for stasis or low-flow. Additionally, this standard provides for the requirement for an annual review of the Water Management Program and when any changes have occurred.

EC.02.05.02—EP1:

The water management program has an individual or a team responsible for the oversight and implementation of the program, including but not limited to development, management, and maintenance activities.

Those who should be a part of your Water Management Team include the plant operations/facilities manager, maintenance or engineering, infection preventionist, clinician with expertise in infectious diseases, risk management and the safety officer. Additional supportive personnel would include state or local public health department representatives, certified industrial hygienists, environmental health specialists and industrial microbiology experts.

Once team members have been identified, the organization must first identify a team leader or team hierarchy. The organization of the committee should also consider and document, why the team members have been selected. The organizational document should also clearly articulate the responsibilities of each member.

EC.02.05.02—EP2:

The individual or team responsible for the water management program develops the following:

- A basic diagram that maps all water supply sources, treatment systems, processing steps, control measures, and end-use points

Note: An example would be a flow chart with symbols showing sinks, showers, water fountains, ice machines, and so forth.

- A water risk management plan based on the diagram that includes an evaluation of the physical and chemical conditions of each step of the water flow diagram to identify any areas where potentially hazardous conditions may occur (these conditions are most likely to occur in areas with slow or stagnant water)

Note: Refer to the Centers for Disease Control and Prevention's "Water Infection Control Risk Assessment (WICRA) for Healthcare Settings" tool as an example for conducting a water-related risk assessment.

- An evaluation of the patient populations served to identify patients who are immunocompromised
- Monitoring protocols and acceptable ranges for control measures

Note: Hospitals should consider incorporating basic practice for water monitoring within their water management programs that include monitoring of water temperature, residual disinfectant, and pH. In addition, protocols should include specificity around the parameters measured, locations where measurements are made, and appropriate corrective actions taken when parameters are out of range.

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By monitoring these parameters, the team can ensure that building water systems are operating in a way to minimize hazardous conditions that could encourage waterborne pathogens to grow. However, the team must determine how to validate the efficacy of the Program, based on the environmental assessment and data supporting the overall performance of the Water Management Program, and any patient findings of disease during the reporting period. The environmental assessment enables the Water Management Program team to gain a thorough understanding of a facility's water systems and assists facility management with minimizing the risk of legionellosis. Guidance is available via CDC's Legionella Environmental Assessment Form [15 pages].

According to the CDC/Healthcare Infection Control Practices Advisory Committee (HICPAC) Guidelines for Environmental Infection Control in Health-Care Facilities [241 pages, 2.31 MB]

<https://www.cdc.gov/infectioncontrol/pdf/guidelines/environmental-guidelines-P.pdf>

and Guidelines for Preventing Health-Care-Associated Pneumonia [179 pages]

<https://www.cdc.gov/infectioncontrol/guidelines/pneumonia/index.html>,

One option for validating the efficacy of the Program is to perform environmental sampling for the hazard, in this case Legionella. Sampling for Legionella may be an appropriate way to confirm that a Water Management Program, when implemented as designed, effectively controls the hazardous conditions throughout the building water systems that can lead to Legionella growth. Additional guidance for Legionella prevention for facilities with protective environments (i.e., transplant units) is included in the HICPAC guidelines. If the team decides to perform validation using environmental sampling for Legionella or other waterborne pathogens, it should not be performed in isolation but rather as part of a comprehensive water management program. Specific decisions about sampling frequency, location, and methodology should be made by the team based on the risk assessment. Sampling plans should be unique to each facility and be based on factors such as:

- Findings from the environmental assessment and any baseline Legionella test results
- Overall performance of the Water Management Program, trend analysis of Legionella test results, and water quality parameters (e.g., disinfectant, temperature)
- In healthcare facilities, correlation of environmental test results with clinical surveillance data
- Building characteristics (e.g., size, age, complexity, patient populations served)
- Sites of possible exposure to aerosolized water
- Available resources and supplies to support testing

It should be noted that the accrediting agencies generally do not include guidelines for the necessity or frequency of Legionella testing. The determination to test should be based on the facility's individual Water Infection Control Risk Assessment (WICRA). This WICRA is based on the environmental assessment and data supporting the overall performance of the Water Management Program. When the team has identified the frequency of recommended testing and incorporated the testing into the Program the accrediting agency will assess for compliance with the frequency of testing determined by the Program.

EC.02.05.02—EP3:

The individual or team responsible for the water management program manages the following:

- Documenting results of all monitoring activities
- Corrective actions and procedures to follow if a test result outside of acceptable limits is obtained, including when a probable or confirmed waterborne pathogen(s) indicates action is necessary
- Documenting corrective actions taken when control limits are not maintained

Note: See EC.04.01.01, EP 1 for the process of monitoring, reporting and investigating utility system issues.

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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

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EC.02.05.02—EP4:

The individual or team responsible for the water management program reviews the program annually and when the following occurs:

- Changes have been made to the water system that would add additional risk.
- New equipment or an at-risk water system(s) has been added that could generate aerosols or be a potential source for *Legionella*. This includes the commissioning of a new wing or building.

Note 1: *The Joint Commission and the Centers for Medicine & Medicaid Services (CMS) do not require culturing for Legionella or other waterborne pathogens. Testing protocols are at the discretion of the hospital unless required by law or regulation.*

Note 2: *Refer to ASHRAE Standard 188-2018 “Legionellosis: Risk Management for Building Water Systems” and the Centers for Disease Control and Prevention Toolkit “Developing a Water Management Program to Reduce Legionella Growth and Spread in Buildings” for additional guidance on creating a water management plan. For additional guidance, consult ANSI/ASHRAE Guideline 12-2020 “Managing the Risk of Legionellosis Associated with Building Water Systems.”*

Tools:

Centers for Disease Control and Prevention “Water Infection Control Risk Assessment (WICRA) for Healthcare Settings” tool at

<https://www.cdc.gov/hai/pdfs/prevent/water-assessment-tool-508.pdf>

Centers for Disease Control and Prevention Toolkit “Developing a Water Management Program to Reduce Legionella Growth and Spread in Buildings” for additional guidance on creating a water management plan at

<https://www.cdc.gov/legionella/wmp/toolkit/index.html>

ASHRAE Standard 188-2018 “Legionellosis: Risk Management for Building Water Systems” Guidelines for Environmental Infection Control in Health-Care Facilities Recommendations of CDC and the Healthcare Infection Control Practices Advisory Committee (HICPAC) at

<https://www.cdc.gov/infectioncontrol/pdf/guidelines/environmental-guidelines-P.pdf>

The Joint Commission R3 Report, r3-report-water-management-final_nov1.pdf at

https://www.jointcommission.org/-/media/tjc/documents/standards/r3-reports/r3-report-water-management-final_nov1.pdf

For more information on how we can assist you with your facility's
Water Management Program

call **Steven Hirsch & Associates** at (800) 624-3750

or email Steven Hirsch, MPA, FACHE

at stevenhirsch@shassociates.com

Be Prepared for Computer System Failures

By Joann Saporito, RN, MBA, HACCP

There can be any number of causes that can result in a computer system failure. Temperature extremes that cause power outages, overheated computer servers, floods, fires, cyberattacks, and even a multi-vehicle accident that takes out a transformer. These are just a number of calamities that can be the culprit. Regardless of the cause, hospitals are expected to establish policies to continue operations if their systems fail. The hope is that the interruption will be time-limited, but hospitals have experienced Information Systems interruptions that have lasted several hours or even days! Unfortunately, testing of the “downtime” processes by more than the Information Services/Technology personnel is often not achieved.

For example, is your facility ensuring that clinical staff have education related to “downtime,” when the electronic health record is inaccessible? Do they know when to switch to paper charting? Are the “downtime” forms that are available to staff current? Do they have packets prepared in advance for a particular type of encounter, such as an “admission” or “clinic visit” or “surgery” packet that includes all of the necessary forms? How will consults for Respiratory Therapy, Physical Therapy, Discharge Planning, and other interdisciplinary departments be communicated? How will Pharmacy be notified of orders that are STAT versus regularly scheduled medications? More importantly, have staff practiced the use of these “downtime” forms so that they are both confident and competent in their medical records documentation and communication with other departments?

Hospitals and health systems would be wise to provide education to their Providers on “downtime” procedures as well. Do they have access to paperwork, including current Standard Order Sets? What about various consults and reports? Health care facilities may need to consider temporarily increasing staff to transcribe dictated reports to avoid delays in patient care. If the computer systems are not operational, how will the Providers assure availability of discharge prescriptions for their patients?

As hospitals and health care systems have moved more and more to an electronic health record, healthcare workers are “out of practice” with manual documentation. As such, surveyors may find hand-written documentation to be missing key elements. Remember that all regulatory entities (for example, CMS, Joint Commission, HFAP, and DNV) require a complete medical record that includes documentation that supports the treatment(s) provided, and entries that are both legible and authenticated (signed, dated, and timed) as per hospital policies.

Hospitals and healthcare systems should confirm that all personnel have effective procedures to follow should their electronic health record (EHR) or other necessary software systems become unavailable for a period of time. It is recommended that a designated staff member be tasked with keeping “downtime” forms current and readily available. Furthermore, the facility should practice its “downtime” processes and procedures on a regular basis. This should be included in new-hire orientation. Additionally, “downtime” procedures should be incorporated into the organization’s Emergency Management Plan. In so doing, the facility will have staff and Providers who are better prepared to continue provision of safe, quality care with little to no interruption while the cause of the “downtime” is eliminated.

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 our website at www.shassociates.com.