



Steven Hirsch & Associates

Accreditation News

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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.

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OUR VALUES

**CREDIBLE • ETHICAL
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Rodent Traps in Healthcare Settings

By Ashley Valentin, RN, RNC-OB, C-EFM, CIC

According to the Centers for Disease Control (CDC) rodents, including rats and mice, spread over 35 diseases worldwide.[1,2] Rats and mice are destructive pests that can spread disease, contaminate food, and destroy property. Rodent urine and dander also contain allergens that can cause allergic reactions or trigger asthma symptoms in sensitive persons and more than 9,000 persons are treated in emergency departments annually for rat or mouse bites.[3] Indications that rodents are present—aside from seeing either live or dead ones—are rodent droppings, runways, rub marks, and tracks. Other signs include burrows, nests, gnawings, food scraps, rat hair, urine spots, rodent noises, insects that are associated with rodents, or odors from urine.[1-5]

There are both chemical and non-chemical means to eliminating a rodent infestation.[4,6,7] In healthcare facilities, it is commonplace to see bait boxes filled with poison along the outside perimeter of the building.[4,5,8] Most rodenticides presently available for rat control are chronic anticoagulant formulas, which require several consecutive feedings to reach lethal levels, or newer acute anticoagulants which are usually lethal after a single feeding.[11,13] Some considerations must be taken when placing traps and poisons including pre-baiting, bait stations, and live traps.

Caution must be maintained particularly when placing rodent poisons since unprotected exposure to pesticides can result in severe acute effects (such as fatal poisoning) and chronic health effects in humans (such as birth defects, cancers, asthma, reproductive complications and neurological defects).[9] Therefore, the amount of monitoring needed to collect rodent carcasses and proper placement of such poisons and traps must be considered during the initial assessment and plan for eradicating a rodent infestation.

Because of these points, traps and bait boxes should not be placed within any patient care area or any area where items may come in contact with patients at some point (e.g.: kitchen, treatment areas, supply storage areas). Bait station selection is imperative during the process of elimination as well. Tamper-resistant bait stations are designed to prevent people and non-target animals from accessing bait. They are usually made of hard plastic or metal. They should be lockable and secured to the ground, a fence or a structure. Cable ties can be used, especially for attachment to fence lines. Stations also can be fastened to the ground with stakes or attached to patio blocks by bolting or gluing. The use of patio blocks is advantageous in elevating stations above ground level to mitigate exposure to moisture. The stations also should lock, usually by built-in lock and key mechanisms, and the bait blocks inside should be secured with wire or skewered on metal rods designed for that purpose.[10]

Bait stations should be numbered and labeled, and their locations mapped. A label on each station should warn of the rodenticide within and include the user's name and contact information. The station should also have a card or label on which technicians can record the date each station is checked.[10] This also helps Plant Operations and Facility directors in checking on the schedule of rodent elimination maintenance by pest control professionals.

Around larger facilities experiencing significant rodent activity, bait stations are often placed 75-feet apart around fence lines and spaced at 50-foot intervals against the building's

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Rodent Traps in Healthcare Settings

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exterior. Such spacing can be made smaller or larger, to match the level of rodent activity. If bait is consistently being taken only along one corner of a structure, it may be beneficial to move bait stations from other areas to that corner, or simply to add more stations to the area experiencing the greatest rodent activity.[10,11] Dead rodents and traps need to be properly discarded. Disinfect snap trapped rodents and any surfaces or materials contaminated with rodent droppings or urine by a professional within pest control.[1-4,8-9,13]

Conclusively, elimination of rodent infestations must be given proper attention and care to protect those in the immediate area. Bringing on pest control professionals who specialize in extra considerations needed within healthcare settings is most recommended to prevent unintentional harm. The onus is on each healthcare facility to ensure that all patients and staff are protected from the possible effects of misplacement of traps and poisons during the process of eradication.



Example of bait station, or bait box, placed outside a facility, along the exterior wall. Photo credit: University of Nebraska–Lincoln.

Resources:

1. Centers for Disease Control and Prevention. (2010). Rodents. Centers for Disease Control and Prevention. <https://www.cdc.gov/rodents/>
2. Environmental Protection Agency. (2021). Rodent Control Pesticide Safety Review. EPA. <https://www.epa.gov/rodenticides/rodent-control-pesticide-safety-review>
3. Centers for Disease Control and Prevention. (2012, November 8). Rodent Control|Natural disasters and severe weather. Centers for Disease Control and Prevention. <https://www.cdc.gov/disasters/rodents.html>.
4. Common Pests and Rodents That Affect Healthcare Facilities: Terminix. Terminix.com. (2021). <https://www.terminix.com/blog/commercial/healthcare-pest-and-rodent-control/>
5. Environmental Protection Agency. (2019). Identify and Prevent Rodent Infestations. EPA. <https://www.epa.gov/rodenticides/identify-and-prevent-rodent-infestations>
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8. Brown, L. M., & Laco, J. (2015). Rodent Control and Public Health: A Description of Local Rodent Control Programs. Centers for Disease Control. <https://www.cdc.gov/nceh/ehs/docs/jeh/2015/nov-rodent-control.pdf>
9. Roomaney, R., Ehrlich, R., & Rother, H.-A. (2012). The acceptability of rat Trap use over pesticides for rodent control in two poor urban communities in South Africa. Environmental health : a global access science source. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3508837>
10. Municipal rodent Management fact sheet. (n.d.). http://www.idph.state.il.us/envhealth/pcmunicipal_rodents.htm.
11. Control & Preventions of rodents. Control & Preventions of Rodents - City of Berkeley, CA. (n.d.). https://www.cityofberkeley.info/Health_Human_Services/Environmental_Health/Control___Preventions_of_Rodents.aspx.
12. Environmental Protection Agency. (n.d.). EPA. <https://www.epa.gov/rodenticides/restrictions-rodenticide-products>.
13. Los Angeles County Department of Public Health. (n.d.). Rats/mice. Rats/Mice | Los Angeles County Department of Public Health—Environmental Health. <http://www.publichealth.lacounty.gov/eh/safety/rats.htm>.

It is imperative, with the myriad of changes in the Centers for Medicare & Medicaid Services (CMS) standards for Infection Prevention and Control, that your organization have a well-functioning Infection Prevention and Control Program. And, with the scarcity of trained infection control professionals, it can easily happen that this area does not get the attention it needs.

We can help you meet your critical needs!

If you would like to learn more about how Steven Hirsch & Associates can help you meet or exceed the CMS and accreditation and licensing standards, please contact us at (800) 624-3750.

You may also access additional information about our organization online at www.shassociates.com.

The Joint Commission 2022 Performance Improvement Standards

By Linda Paternie, RN, BS, MHA, CJCP

The Joint Commission has published two new Elements of Performance for the Standard PI.02.01.01: “The hospital has a performance improvement plan.” The revised Standard and two Elements of Performance (EP’s) become effective January 1, 2022. EP’s for several other Performance Improvement (PI) Standards have been moved, consolidated, but not changed for 2022. Organizations should carefully review the entire Hospital Accreditation Program Performance Improvement chapter in the 2022 Accreditation Manual.

New Elements of Performance:

PI.02.01.01 EP1 “Performance improvement priorities established by hospital leaders are described in a written plan that includes the following”

- The defined process(es) needing improvement, along with any stakeholders (for example, patient, staff, regulatory) requirements, project goals, and improvement activities
- Method(s) for measuring performance of the process(es) identified for improvement
- Analysis method(s) for identifying causes of variation and poor performance in the process(es)
- Methods implemented to address process deficiencies and improve performance
- Methods for monitoring and sustaining the improved process(es)

(Also see **LD.03.07.01, EP2**)

To be in compliance with this EP, hospital leaders are to define and prioritize the hospital’s performance improvement activities/processes in the written Performance Improvement Plan.

Goals and improvement activities are to be included in the written Plan. Be aware of any regulatory, patient-related, staff or stakeholder requirements and include them when formulating the strategies and activities specified in the Plan.

Include the methods to be used when measuring improvements made as well as analysis of any causes for variation or results that did not meet expectations. Once methods have been implemented to address any deficiencies, be sure to document methods employed to monitor and to sustain the expected improvement.

PI.02.01.01 EP2 “Leadership reviews the Plan for addressing performance improvement priorities at least annually and updates it to reflect any changes in strategic priorities and in response to changes in the internal or external environment.”

Leaders are to review the Plan at least annually and ensure that the Plan reflects any changes in strategic priorities as well as the organization’s responses to any changes that have occurred in the external or internal environment of the organization.

The following requirements have not changed in 2022 Performance Improvement Standards:

- Data analysis
- Use of statistical tools and techniques
- Comparison of data over time
- Focus on high volume, high risk or problem prone areas
- Analysis of organ procurement conversion rates as provided by the Organ Procurement Organization used by the hospital
- Analysis when incidents related to radiation dose index, dose length or size specific parameters have been found to exceed expected ranges in CT exams
- Review of radiation exposure thresholds that exceeded the expected range
- Identification of patterns, trends, variations in safety or quality of care
- Awareness of the impact of adequacy of staffing on safety and quality
- Data on pain assessment and management

Additionally, be sure to provide data and current Performance Improvement data related to performance improvement monitoring and outcomes to providers and staff members in the clinical areas. The hospital is expected to provide incidence data to key stakeholders, leaders, licensed independent practitioners, nursing staff and other clinicians. A common mock survey finding, as conducted by Steven Hirsch & Associates is the lack of information available to staff at the clinical unit level. Staff members are sometimes not well able to speak to performance improvement projects and processes in the hospital. Several organizations have opted to display current improvement data for staff reference in an area accessible to staff.

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- 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)

Need to Maintain Regulatory Compliance

By Steven Hirsch, MPA, FACHE

The regulatory environment for healthcare facilities is in flux as a result of the continuing Public Health Emergency precipitated by COVID-19. With the spread of the Delta variant and potentially other emerging strains, no-one can predict when the regulatory agencies will fully resume their onsite survey activities.

DNV announced that they will conduct only virtual surveys of their accredited healthcare organizations through the end of 2021. The Joint Commission has a backlog of surveys from 2020 and 2021 that they are working to schedule, and due to COVID-19 are day-to-day on scheduling onsite reviews, based on a county by county running 7.5 new cases per 1000 residents over the previous 2 weeks. HFAP and CIHQ similarly have implemented measures to adjust onsite survey activities to protect their surveyors, and to not interfere with patient care activities in facilities impacted by COVID-19 patient surges.

With this in mind, accredited healthcare organizations are obligated to maintain their compliance with their state licensing regulations, CMS Conditions of Participation, and their respective accreditation standards. Federal and State waivers that have been issued all will expire at some point, so it is imperative that the healthcare organization monitor the CMS and state licensing agencies for guidelines related to compliance with established codes and regulations. The organization must have a plan to monitor its compliance internally, to hold staff accountable, and to assure the provision of safe patient care that is consistent with regulatory requirements. The licensing and certification agencies will expect evidence of compliance as soon as the Public Health Emergency is curtailed or based on other guidelines that may not have yet been published.

Accreditation agencies vary in their approach to ongoing adherence to their standards during the Public Health Emergency. Some have said that they will not evaluate compliance for the period of the Public Health Emergency, and/or activation of their Emergency Operations Plans due to patient surge. However, it remains incumbent upon the accredited healthcare organizations to maintain compliance with applicable accreditation standards and regulatory requirements.

The time to evaluate your organization's current status related to compliance with applicable licensing, Medicare certification, and accreditation requirements is now. Given the limited staffing available, assistance from external resources may need to be considered to restore compliance with expectations of accrediting and regulatory agencies. If we can assist your organization in any way, please do not hesitate to contact us.

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.