## PLAN FOR IMPROVEMENT (PFI) TROUBLE? CONSIDER A BMP

**Could JCAHO's New Pathways be leading toward a Building Maintenance Program?** An effective Building Maintenance Program (BMP) is one of the fundamental building blocks for a successful Life Safety program. This formal, documented maintenance program for components of the Life Safety features in a building has always been, and will continue to be, a key to providing a fire safe environment for patients, staff and the community. In the past, BMPs have been implemented in one form or another, but the importance of a formal and documented BMP may deserve a second look as we head into the JCAHO Shared Visions-New Pathways era.

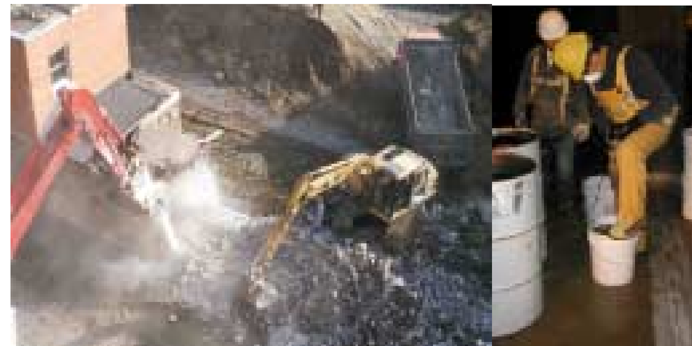
There are two specific areas where a formal BMP program will leverage the management ability of your organization:

1. Priority Focus Process (PFP) and Tracer Methodology
2. Continuous Compliance

In the past, administrators of organizations have orchestrated the building tour allowing special attention given to elements of the Life Safety features of the building that are likely to be encountered during the tour. Using the PFP and Tracer Methodology, multiple surveyors will be moving throughout the building and inspecting the Life Safety elements as they go. A compliant BMP will eliminate the risk of recommendations resulting from non-compliant items encountered by JCAHO surveyors.

Continuous compliance is the goal of the Shared Visions-New Pathways plan. A compliant Building Maintenance Program is a decisive demonstration of "Execution vs. Potential." Surveyors will continue to rely even more on the SOC/PFI to determine the Life Safety features of a facility. A well-managed BMP will minimize the number of items that must be listed on the PFI, thus reducing the opportunities for confusion or even worse, a "Busted" plan. Of course to capitalize on either of these opportunities, you must have a formal, documented Building Maintenance Program that demonstrates a history of 95% compliance.

Larry Barlow
lbarlow@ssr-inc.com



### Infection Control Issues Could Thwart Your Construction *(Continued from page 1)*

assessments have been in effect since 2002. To ensure that all construction projects are properly assessed, a process is critical.

- Have we performed an ICRA for this project? Why? Every construction project, regardless of size, should have an ICRA.
- Have we documented the ICRA? Why? Documentation is critical so that specific infection control measures can be effectively communicated to the contractor and healthcare staff. Documentation is also necessary to demonstrate compliance.
- What specific steps need to be taken to protect our patients during the construction project? Why? A key goal of the ICRA is to protect patients from potentially harmful infectious agents. Infection control measures for each construction project should be appropriate for the type of work being performed.

By asking these questions, expecting answers and ensuring compliance, hospital administrators and executives demonstrate their commitment to the overall health and safety of the patients in their institutions.

Leo Old, PE, CIH
lold@ssr-inc.com

2995 Sidco Drive
Nashville, Tennessee 37204

*For additional information, contact:*

**DELANOR MANSON, RN, BSN, CNA, MA, CPHQ**
800-545-6732
facilityservices@ssr-inc.com
www.ssr-inc.com

# Compliance News

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*A Newsletter for Healthcare Executives and Facility Managers on Issues Related to Accreditation and Regulatory Compliance*

**CMS Will Award Bonuses to the Top Performing Hospitals**

## CMS FUNDS QUALITY PATIENT CARE

The February 3, 2004 news release from the Centers for Medicare and Medicaid Services (CMS) announced that hospitals that refuse to submit performance data for the 10 quality measures will receive 0.4% lower reimbursement from CMS for FY 2005 than those hospitals that submit data.

CMS introduced the CMS Hospital Quality Initiative in 2003 to stimulate and support significant improvements in the quality of care provided in hospitals. The root of this initiative is to improve healthcare by first expanding the quality information available and secondly, by providing direct incentive awards to those who deliver superior care. *(Continued on Page 3)*

## INFECTION CONTROL ISSUES COULD THWART YOUR CONSTRUCTION

With the recent adoption of the new national patient safety goal to reduce the risk of healthcare-acquired infections, healthcare personnel should expect JCAHO surveyors to ask detailed questions about institution-specific infection control practices. Healthcare institutions should be performing regular risk assessments as part of their infection control program for all demolition, renovation and construction projects. The JCAHO Environment of Care (EOC) standards and the *2001 Guidelines for Design and Construction of Hospital and Healthcare Facilities* published by the American Institute of Architects (AIA Guidelines) require hospitals to perform such risk assessments. These risk assessments should address issues related to infection control, air quality, construction barriers and negative pressurization of the construction zone, among other issues. The AIA Guidelines refer to these risk assessments as "infection control risk assessments" (ICRA).

For each demolition, renovation or new construction project, hospital executives and administrators should be asking their construction project managers the following questions:

- Do we have a process in place for performing ICRAs? Why? JCAHO EOC standards regarding pre-construction risk *(Continued on Page 4)*

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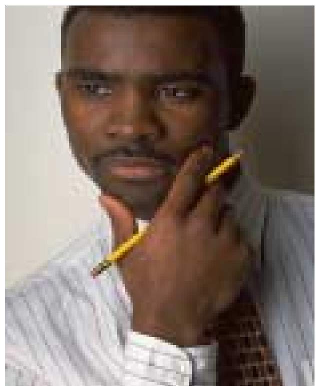

By every indication the "new" set of JCAHO 2004 scoring guidelines accompanying the *Shared Vision-New Pathways* process has been successful in responding to the healthcare community's demand for a tougher survey. The scoring compliance "rules" have changed in response to the content modifications made with the actual standards. Each standard has **Elements of Performance** (EPs) scored on a 3-point scale: 0 for insufficient compliance; 1 for partial compliance and 2 for satisfactory compliance.

Although not a new requirement, compliance with the track record for each EP is also assessed in addition to compliance with the actual content of each EP. For all EPs being assessed during a full survey, the track record score requirements are as follows: 0 for fewer than 6 months; 1 for 6-11 months; and 2 for 12 months or greater.

Before one can determine compliance with a particular standard, compliance with each EP must first be determined. Scoring compliance is affected by the criteria assigned to each EP scoring category. The JCAHO has assigned a category (A, B or C) to each EP, and this designator is identified immediately preceding the scoring scale. EPs in **Category A** relate to structural requirements and are usually scored as a 2 or as a 0. They are items such as plans or policies that either exist or don't exist. However, if the content meets the score of a 2, but the EP only has a track record of a 1, the actual score for that EP will be 1.

Some EPs have multiple components that are designated in the actual CAMH. In these cases, in order to receive a score of 2, all of the components must be present. If none of the components are addressed, a score of 0 is received. If at least one of the components is met, a score of 1 is received.

**Category B** EPs may be process or structural requirements but they also have a qualitative component. These are usually scored as a 2 or a 0, unless the quality or comprehensiveness is not self-evident. The same guidelines apply for EP components found in Category B as those in Category A. If the surveyor has concerns about the quality of the process, and all the Category B criteria are met, a second step is implemented. In such a case, the process is further reviewed utilizing the JCAHO published "*principles of good process design.*"

**Category C** EPs are scored based on the number of times an organization meets a particular EP. Based on an average sample size of 10, a score of 0 is received if 3 or more instances of noncompliance are found. If there are two instances of noncompliance, a score of 1 is received, and a score of 2 is awarded if one or no instances of noncompliance are identified. The scoring of components in Category C EPs differs from Category A and B. If there are fewer than 2 findings across all the components, then a score of 2 is received. If there are 3 or more findings across all components, a score of 0 is received. Any and all other combinations of findings will result in a score of 1 for that EP.

Based on the scoring of the EPs, the standard is judged "compliant" or "not compliant." If any one of the EPs is scored "0", the entire standard is judged not compliant. If more than 65% of the EPs are scored "2", the standard is compliant. If less that 65% of the EPs are scored "2", the standard is judged not compliant.

## WHAT DO CELL PHONES, PATIENT SAFETY & PRIVACY HAVE IN COMMON?

Technology in the world and especially in healthcare has steadily advanced. Existing technology and future advancements in medical treatment and diagnostics significantly impact patient safety and privacy. Healthcare facilities must commit to staying in tune with the advancements and the current and potential impact. Two-way radios, cell phones and other technology, such as digital television, challenge hospital safety and privacy. Policies that address equipment frequencies and use of electronic items must be developed based on the organization's needs. Hospital staff must be charged with the difficult job of following policies and procedures that ensure that the required restrictions are addressed. Most hospitals have standard policies and continuously adjust those policies to fit the needs of their facility while still trying to promote customer satisfaction with visitors and patients at their facilities. Ensuring that the policies are followed is key.

Privacy is another issue related to these devices. With the advent of the new "photo" taking digital phones a new issue has been created for healthcare facilities to address. These phones could easily be used to take pictures of the facility, patients, and/or staff without their knowledge. Here are a few questions to ask:

- Does the organization have policies that address the use of photo phones in the facility?
- Are there restrictions to protect the privacy of all patients, staff, and visitors from the use of photo phones?
- Does your security management plan address photo phones as a consideration in anti-terrorist planning?
- Does the marketing/media plan address authority to take pictures within the organization?

These are just a few of the questions to think about. Technology will continue to expand and move forward, and the healthcare industry needs to be constantly on alert for new issues that impact safety and privacy.

Ken Gregory
kgregory@ssr-inc.com

### *CMS Funds Quality Patient Care*

*(Continued from page 1)*

The National Voluntary Hospital Reporting Initiative was the first phase, and now 1 in 3 hospitals voluntarily submit data for at least one of the 10 established quality measures. Efforts continue to develop a single, standard quality measure set for hospital reporting through standardization of hospital data, its transmission and the definition of performance measures. The ultimate goal is to have all private and public healthcare purchasers, oversight and accrediting entities, as well as payers and providers of healthcare, using the same measures in their public reporting activities.

CMS will award bonuses to the top performing hospitals based on performance evidence quality measures for inpatients with heart attack, heart failure, pneumonia, coronary artery bypass graft, or hip and knee replacements. The cost to Medicare for the hospital incentive bonuses is an estimated $7 million a year.

Hospitals must sign up prior to June 1, 2004 to initiate the process of performance data submittal to QNet Exchange, www.qnetexchange.org. The discharge data for all 10 measures must be submitted through QNet Exchange by July 1, 2004.

Jennifer Lundberg, RN, MSN, CNAA
jlundberg@ssr-inc.com

### *DOES YOUR ICS EMERGENCY RESPONSE PROGRAM NEED HELP?*

Check out the new "eTools" offered by OSHA at www.osha.gov, Compliance Assistance, Incident Command System