

COMPLIANCE NEWS



... reduce patient risk from both internal and external power failures.

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JCAHO Issues Sentinel Event Alert #37 on Emergency Power System Failures

by David Stymiest, PE, CHFM, SASHE - DStymiest@ssr-inc.com

JCAHO's recently-issued Sentinel Event Alert # 37 (SEA-37), following shortly after the release of new EP-5, EP-6 and EP-7 for EC.7.40 (see the July-August issue of this newsletter), indicates JCAHO's continued strong interest in improving the reliability of healthcare facility emergency power (EP) systems.

SEA-37 goes beyond minimum NFPA standards and recommends that organizations take steps in a number of areas to reduce patient risk from both internal and external power failures. These steps include the following, which we will address more comprehensively in future issues:

- ✦ Conducting thorough EP System vulnerability analyses.
- ✦ Assessing utility power reliability in conjunction with the electrical utility.
- ✦ Looking at brownouts and blackouts as potentially symptomatic of more generic issues.
- ✦ Fully testing the entire emergency power supply system (which by definition starts with the generator and stops at the ATS load terminals) per NFPA 110. Organizations would need to determine if they are going to invoke the NFPA 110 36-month Load Test or the more rigorous NFPA 110 Initial Acceptance Test.
- ✦ Conducting EP system infrastructure master planning.
- ✦ Assessing the use and application of portable truck-mounted generator sets.
- ✦ Reviewing monthly test results for more than just generator set data.
- ✦ Performing a gap analysis on the equipment connected to the EP system to identify additional needs that may apply during extended disaster-related outages.
- ✦ Expanding EP system documentation, operator/maintainer competency training, and communication about EP system limitations between engineering, management and clinical leaders.
- ✦ Expanding fuel oil management processes.
- ✦ Expanding clinical contingency planning and training for EP system failures.

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Risk Assessments: Proactive Process for Managing Safety Risks

by Dean Samet, CHSP - DSamet@ssr-inc.com

The Joint Commission has recently published an article entitled “Seven Step Risk Assessments” in their July 2006 Joint Commission Perspectives on Patient Safety™. The idea of performing risk assessments to identify safety issues associated with the various services provided and the physical environment in which these services occur is not a new requirement. However, what is new is that some definitive criterion has finally been provided by the Joint Commission.

JCAHO Environment of Care Standard EC.1.10, Element of Performance No. 4 states, “The hospital conducts comprehensive, proactive risk assessments that evaluate the potential adverse impact of buildings, grounds, equipment, occupants, and internal physical systems on the safety and health of patients, staff, and other people coming to the hospital’s facilities.”

EP-4 pretty much covers the entire spectrum of safety-related issues within and outside of the hospital and is the standard that the surveyors use when there are safety matters not covered by the other EC standards. Therefore, it is imperative that you be proactive and address these safety matters and consider using the Joint Commission Seven-Step Risk Assessments process, as follows:

- 1) Identify the issue(s).
- 2) Develop arguments in support of an issue.
- 3) Develop arguments against that issue.
- 4) Objectively evaluate both arguments.
- 5) Reach a conclusion.
- 6) Document the process.
- 7) Monitor and reassess the conclusion to ensure that it is the best decision.



It is further recommended to: avoid combining issues; create a list of questions for both advantages and disadvantages regarding patient care delivery, staff, visitors/volunteers, work environment, public safety, financial considerations, building and grounds, equipment, and internal physical systems, etc.; conduct an impartial comparison of advantages and disadvantages; submit conclusion to safety, risk or environment of care committee; document the process; incorporate a monitoring strategy within the risk assessment document including dates for reassessing the conclusions; and, perform reassessments and procedure if necessary. **SSR**

JCAHO Issues Sentinel Event Alert #37

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Although the Alert referenced the 2003 ASHE Management Monograph, I recommend that those interested in this topic obtain the new expanded version, a 2006 update entitled “Managing Hospital Emergency Power Systems – Testing, Operation and Maintenance” that is available from ASHE’s website (www.ashe.org) and is a more comprehensive treatment of the above issues. **SSR**

NFPA Disclaimer: Although the author is Chair of the NFPA Technical Committee on Emergency Power Supplies, which is responsible for NFPA 110 and 111, the views and opinions expressed in this message are purely those of the author and shall not be considered the official position of NFPA or any of its Technical Committees and shall not be considered to be, nor be relied upon as, a Formal Interpretation. Readers are encouraged to refer to the entire text of all referenced documents. NFPA members can obtain NFPA staff interpretations at www.nfpa.org.

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Two Methods for Conducting Safety Risk Assessments: Area & Element Based

by Dean H. Samet, CHSP - DSamet@ssr-inc.com

The Environment of Care Standard’s seven management plans include requirements for managing risks associated with safety, security, hazardous materials and waste, emergency management, fire safety, medical equipment and utility systems. There are two primary methods for conducting risk assessments, “area-based assessments” and “element-based assessments.”

Area-based assessments are performed by looking at the building in general or a particular floor, wing, nursing unit or specific room. Element-based assessments look at issues such as exposures to sharps, chemicals, blood and body fluids, X-Rays, or other diverse issues, such as lifting mechanics and ergonomics, falls, wet locations, burns, fire, etc.

The following matrices are examples of both types of assessments where every potential event in each of the three categories of Probability, Risk and Preparedness can be evaluated. Events may be potential hazards or risk categories that may have a negative effect on the safe and effective operations of a healthcare facility and on patient, staff and visitor safety.

Scoring can be accomplished by multiplying the ratings for each event in the areas of Probability, Risk and Preparedness. Then, the total values in descending order will represent those events most in need of remedial action. Since acceptance of risk is at the discretion of the organization, they should determine a value below which no action is necessary. In the below examples, a score above 10 warranted regular monitoring and/or action.

Example: EC RISK ASSESSMENT SAFETY MANAGEMENT (Element-based)

Key: 0-2. **Very Low Risk.** No extraordinary actions required. Monitor
 3-4. **Low Risk.** Educate. Enforce existing policies. Emphasize during EOC Surveys. Monitor
 5-9. **Moderate Risk.** Educate. Enforce existing policies. Emphasize during EOC Surveys. Monitor.
 10+ **High Risk.** Educate. Enforce/Develop effective policies. Emphasize during EOC Surveys. Monitor.

EVENT	PROBABILITY				RISK					PREPAREDNESS			TOTAL
	HIGH	MED	LOW	NONE	LIFE THREAT	HEALTH/ SAFETY	HIGH DISRUP-TION	MOD DISRUP-TION	LOW DISRUP-TION	POOR	FAIR	GOOD	
SCORE	3	2	1	0	5	4	3	2	1	3	2	1	
Sharps/Needles Exposures			x			x					x		8
TB Exposures			x			x					x		8
Chemical Exposures			x			x						x	4
Lasers in Use			x			x						x	4
Blood and Body Fluid Exposure		x				x					x		16
X-Ray Exposure			x			x						x	4
Lifting Mechanics (Patients and Material)		x					x				x		12
Elopement Potential			x				x					x	3
Falls		x					x					x	6
Ergonomics		x					x					x	6
Burns			x			x						x	4
Fire		x			x							x	10
ADA Violations			x					x				x	2
GFI Receptacles in Wet Locations			x					x				x	2
Call Systems in Public Restrooms and Unstaffed Locations			x					x			x		4

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Two Methods for Conducting Safety Risk Assessments

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Example: EC RISK ASSESSMENT SAFETY MANAGEMENT (Area-Based)

UNIT/AREA	Sharps / Needles Exposure	TB Exposure	Chemical Exposure	Lasers in Use	Blood / Body Fluid Exposure	X Ray Exposure	Lifting Mechanics Patients and Materials	Elopement Potential	Falls	Ergonomics	Burns	Fire	ADA Violations
Dialysis	2	2	2	1	2	1	2	1	2	2	1	2	1
5 North	2	2	2	1	2	1	2	1	2	2	1	2	1
5 South	2	2	2	1	2	1	2	1	2	2	1	2	1
6 North	2	2	2	1	2	1	2	1	2	2	1	2	1
6 South	2	2	2	1	2	1	2	1	2	2	1	2	1
7 Tower	2	2	2	1	2	1	2	1	2	2	1	2	1
Bariatric Clinic	2	2	2	1	2	1	2	1	2	2	1	2	1
Cafeteria/Dietary	N/A	N/A	N/A	N/A	N/A	N/A	2	N/A	2	2	2	2	1
Cardiac Cath Lab	2	2	2	3	2	1	2	1	2	2	3	3	1

Risk Factor for Hazards: 1- Virtually No Risk, 2- Minimal Risk, 3- Moderate Risk, 4- High Risk, 5- Severe Risk with history at facility

Protective Measures Provided / to be Provided in each area: C- Change in process required, T- Training Required, P- Policy and Procedure Required, E-PPE / Safety Equipment Required. X= Condition exists in area, NA= Condition not applicable to this area, E



Publications & Seminars

Look for these articles in publication

"Position of Power," *Health Facilities Management*, July 2006

"Managing Hospital Emergency Power Systems" (2006 Edition, now available on ASHE's website, www.ashe.org)

Upcoming seminars in 2006

- October 4 New England Healthcare Engineers' Society Fall Conference, Westport, MA, "Managing Hospital Emergency Power Systems"
- October 11 Informa Healthcare Safety Conference, Chicago, IL, "Environment of Care: Hot Topics and Critical Issues"
- October 18-20 Decision Health 2006 EC Summit, Orlando, FL, "Unannounced Surveys and New EC Targets" and "Infection Control's Impact on the Environment of Care"
- October 20 Arkansas Association for Healthcare Engineering, Alvarado, AR, "A-Z of BMP"
- October 24-26 Healthcare Design Symposium, Chicago, IL, "Post Occupancy Evaluations for Healthcare Facilities"
- October 25-26 Tennessee Hospital Association Technical and Educational Exposition, Nashville, TN, "JCAHO Environment of Care Update," "Emergency Power System Management - Testing, Operation and Maintenance," "Documenting Your EC" and "A-Z of BMP"
- October 26 Alabama Society of Healthcare Engineers Conference, "JCAHO EOC Update and Critical Issues" and "A-Z of BMP"
- November 1-2 South Carolina Society of Hospital Engineers Fall Educational Program, Columbia, SC, "Electronic SOC & EC Standard on Utilities" and "EC Standards on Life Safety and Medical Equipment"
- November 2-3 Midwest Healthcare Engineering Conference, Indianapolis, IN, "Unannounced Surveys: Ready or Not" and "Facility Electrical Maintenance"



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