

# COMPLIANCE *news*



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## THE POWER OF TRACERS By David Stymiest, PE, CHFM, CHSP, FASHE

The Joint Commission (TJC) discussed the use of a sample hazardous material and waste management environment of care (EOC) tracer in its March 2013 issue of EC News. The article provided specific examples for conducting the tracer to explore issues related to orientation and training, physical environment, and quality improvement priority focus areas.

EOC or system tracer methodology on a regular basis because of its power and flexibility. No two tracers are likely to be identical because they involve drilling down beneath the surface. Individuals conducting tracers should not use assumptions that the correct path is or is not being followed. Rather they should ask intuitive questions to identify potential gaps, evaluate compliance by exploring all steps, following a path and asking detailed questions based upon both observations and answers to previous questions. Answers should be evaluated on their own merits without assuming compliance with the organization's policies and procedures since misconceptions can highlight weaknesses in training or other EOC aspects.

Even Life Safety requirements lend themselves to tracer methodology. As an example, a tracer might start with any observed deficiency or any construction/renovation project. When life safety deficiencies are either discovered or anticipated, the tracer might visit the organization's ILSM Policy for thoroughness. Then the tracer might include record reviews, interviews with both internal staff and contractor personnel, and field observations for understanding and compliance. Tracer questions can address both the specific issue that generated the tracer or more generic topics such as reporting, mitigating, and responding to similar risks.



EC News articles also discussed the use of non-patient tracers in June 2011 (sterilizer maintenance) September 2012 (fire safety) and November 2012 (utilities systems). An earlier Joint Commission International publication also discussed the uses and benefits of a similar tracer methodology approach called System Tracers. In the writer's opinion, tracers of this nature have been proven to be extremely powerful in assessing not only compliance with individual TJC Standards and Elements of Performance but also in determining where opportunities for improving the EOC management processes exist within an organization. As TJC also stated in its November 2012 issue, "Performing mock tracers can help your organization evaluate the effectiveness of its policies, engage staff in looking for opportunities to improve processes, and identify compliance issues that need attention."

Tracers can start from regular internal EOC rounds or anytime during mock surveys. They can start from internally or externally conducted document reviews and building tours, or from any other EOC-related discussion. The entire EOC is fair game during a tracer. Organizations benefit when they make strong use of the

### THIS MONTH'S TOPICS:

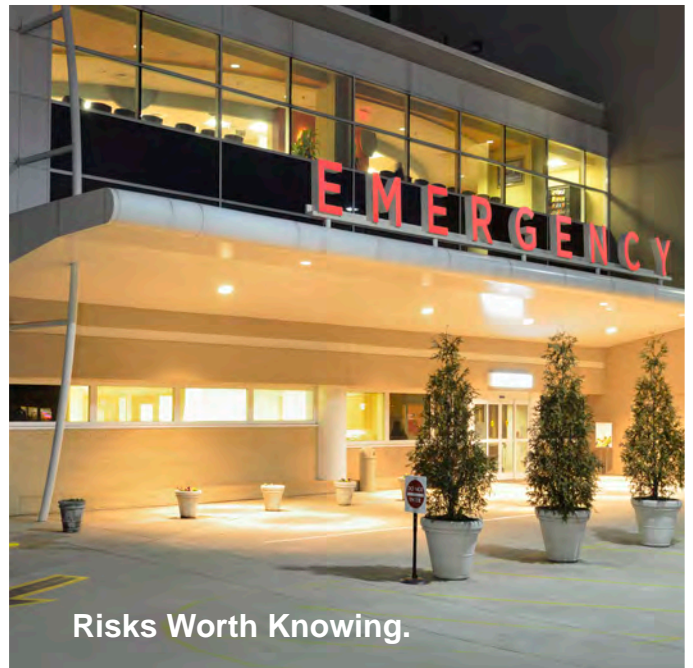
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Using EC or system tracers to find EC weaknesses.
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New TJC risk icons highlight identified high risk EPs.
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TJC continues to promote using risk assessments.

# RISK ICONS CONSIDERED AS TJC FSA REPLACES PPR

By David Stymiest, PE, CHFM, CHSP, FASHE

Users of The Joint Commission's (TJC's) 2012 "Update 2" and 2013 accreditation manuals found a new RISK ICON "R" in selected elements of performance. According to TJC in its September 26, 2012 Joint Commission Online edition, This new icon is related to TJC's "Replacement of the Periodic Performance Review (PPR) with the Focused Standards Assessment (FSA)" and the "new risk icons denote elements of performance (EPs) assessed through the FSA process, applicable to all except the long term care program." A more comprehensive discussion occurred in TJC's October 2012 Perspectives.

According to TJC the risk icon identifies specific risks, as assessed by a system's proximity to patient, probability of harm, severity of harm, and number of patients at risk. The risk icons are also related to National Patient Safety Goals (NPSGs), selected Direct Impact Requirements (DIRs) and Indirect Impact Requirements (IIRs), and accreditation program-specific risk areas. Further risk categories identified by TJC may reflect current accreditation cycle survey events such as the last survey's Requirements for Improvement (RFIs) – those would not necessarily have a risk icon in the accreditation manual since they would be survey-specific.



Within the 3 chapters normally addressed by this publication there are 55 EPs with risk icons, which the TJC Perspectives article called the "critical few" EPs for those chapters. There appears to be no direct correlation within the Environment of Care (EC) Chapter between the risk icons and an EP's DIR/IIR classification or with the EP's scoring category. Within the EC Chapter, there are 27 DIR EPs and 13 IIR EPs with the risk icon. On the other hand within the Emergency Management (EM) Chapter only the 3 DIR EPs have risk icons. And finally within the Life Safety (LS) Chapter, only 1 Situational Decision Rule EP and 11 DIR EPs have risk icons. Readers should make a point to review the 2013 standards to be aware which EPs have identified risk icons since those EPs are likely to be more involved in the organization's FSA.

## UPCOMING SEMINARS

April 9

Texas Association for Healthcare Facilities Management (TAHFM) Interlink in Houston, TX, "Expanding the Concepts of EP Reliability"

April 10

Metropolitan Chicago Healthcare Council (MCHC) Hurricane Sandy Lessons Learned Conference in Chicago, IL, "After the Storm – Emergency Power Lessons Learned"

June 10-13

National Fire Protection Association (NFPA) 2013 Conference, Chicago, IL, "Emergency Power Standards for Health Care Under the 2012 Codes"

July 21-24

American Society for Healthcare Engineering (ASHE) 2013 Annual Conference, Atlanta, GA, "Managing Electrical Systems for Reliability"

October 23-25

Decision Health 17th Annual EC Summit in Las Vegas, NV "After the Storms-A New Paradigm in Emergency Power Reliability".



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# EOC RISK ASSESSMENTS By David Stymiest, PE, CHFM, CHSP, FASHE

In its March 2013 issues of both Perspectives and EC News The Joint Commission (TJC) continued to promote the use of risk assessments to evaluate whether to accept, mitigate or avoid environmental risks when there not definitive right or wrong answers. The articles by Joint Commission engineering director George Mills reiterated previous TJC guidance on 7-step risk assessments:

## Step 1

Identify the issue(s), being careful to deal with one issue per risk assessment. TJC recommends framing the issue as a yes/no question.

## Step 2

Develop arguments that support the proposed process or issue. These arguments might address the impact of the proposed issue on EOC elements such as patient care, safety, and security; or other topics such as the work environment or finances.

## Step 3

Develop arguments that disagree with the proposed process or issue, such as risks or negative impacts. Some of these arguments should be similar to the questions asked in Step 2.

## Step 4

Objectively evaluate both sets of arguments. Impartial participation by all stakeholders is important in this step.

## Step 5

Reach a conclusion. According to TJC, the conclusion would be “to accept the risk or take steps to mitigate or avoid the risk.” The submission to the Safety Committee for organizational review and consensus regarding the conclusion can also be part of this step.

## Step 6

Document the risk assessment process (and also develop or modify relevant policies or procedures.) The risk assessment documentation along with Safety Committee meeting minutes often serve as this record for many organizations.

## Step 7

Monitor the issue and reassess the conclusion to determine whether it had the intended results. This time frame for monitoring and then reassessing the conclusion should be predetermined. If changes are indicated then the issue should be submitted to the multidisciplinary committee. If changes are not indicated then the documentation of that confirmation should also identify whether further monitoring is indicated.

