WHEN TRUST MATTERS

Helpful Hints for a Successful Physical Environment Survey And The Top DNV PE findings

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About your speaker

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Kelly resides just south of Atlanta Georgia in in Macon.

Kelly has served in several roles with DNV-GL Healthcare since 2010. He Currently serves as the Director of Operations, where he is responsible for oversight of all surveyors as they perform hospital accreditation surveys and he oversees the general operations of DNV Healthcare. He also performs audits for hospitals in Europe, Asia and South America and conducts numerous education classes for DNV.

Kelly has expertise in the implementation of ISO 9001 and NIAHO requirements as well as DNV international requirements and NFPA.

Kelly has been in Healthcare engineering for over 30 years and before joining DNV served as Director of Support Services for 2 hospitals in Georgia.

Kelly holds a Master's degree in Mechanical Engineering and has earned his CHFM, CHSP and CHOP certifications. Kelly also holds the ISO 9001 and ISO 14001 Lead Auditor Certification, NIAHO Lead Auditor certification and numerous other certifications.

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What to expect from this presentation

This presentation will provide the attendee with information on how to avoid common mistakes made by hospitals during a physical environment accreditation survey. The attendee will receive helpful hints on the following:

- How to properly present a surveyor with physical environment documentation
- How to properly document and perform corrective action plans
- How to have a successful building tour with a PE surveyor
- The importance of meeting code requirements and standards

Additionally, this presentation will provide the attendee with the top 5 DNV physical environment findings.

When should you start worrying about your accreditation survey?

NEVER!!!

Staying prepared is the best way to have a stress-free survey.

It all starts with the opening meeting

The opening meeting is the time to inform the PE surveyor of all the things you have going including but not limited to the following:

Construction
Waivers
CAP’s that are not complete
Other A.O. Inspections and their outcomes
Any known non-compliance to standards
Any issues that may interfere with the survey

Construction

When the survey team conducts the opening meeting, be prepared to discuss any active construction projects that you may have.

Let the survey team know the stage of construction, the location and the expected completion date.

Always be transparent with the survey team about your construction project, most likely they will want to visit the construction site.

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Waivers

Let the Physical Environment surveyor know if you have any waivers and what they are for.

This is important for the survey team to know before the survey begins because waivers may direct how the survey flows and the surveyor may need to survey to different codes and standards according to what the waiver is for.

Additionally, the surveyor may need to verify information while on site to provide evidence to CMS that the waiver is actually needed and that the CAP for the waiver is effective.

Corrective Action Plans

Inform the survey team about the status of your corrective action pans from the previous survey and be able to explain any that are not complete.

Be open and honest about the status of your corrective action plans from previous surveys. If you had to change them because they were not working that's fine but be able to explain that.

If you have corrective action plans (CAP) that are not complete, that does not always mean there is a problem. Explain to the surveyor the challenges and the successes you have had completing your CAP. If your plan is still open, then explain when you expect it to be closed.

Note: The surveyor will most likely know by the end of the survey if you have not been transparent about the status of your CAP.

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P.E. Surveyors may ask for some of these items

- Previous Accreditation survey reports
- Previous Fire Marshall reports
- Previous State and/or Health Department reports
- Test and Inspection reports for the fire alarm, sprinkler system, medical gas system, boilers chillers, and other life safety and building components.
- Evidence of repairs to failures identified in test and inspection reports
- ICRA’s
- ALSM’s
- Fire Watch reports
- ETC.

What stands in your way?

Don’t be afraid to let the surveyor know where you are not compliant with a code. Typically, if you are aware and are working on it and if you have a CAP in place then the surveyor may not write it as an NC. This is not always the case because CMS requires that some things be written no matter what the status.

Explain to the surveyor what may prevent the survey from proceeding as planned. Things like construction, staff shortages, emergencies and even planned drills.

Document Review Session

Have your documents quickly accessible

During the document review session, have your documents readily available.

If you have trouble locating documents with a surveyor on site, that tells the surveyor you may not be keeping up with your documents as you are required to, and the surveyor may take a deeper look at them once you locate them.

Note: A failure to provide documents to a surveyor will in most cases lead to an NC.

Evidence of correction to a failure

When the surveyor is reviewing documents, such as the fire alarm test and inspection report, have evidence of correction/repair for any failure identified on the report.

Note: It's never a good idea to have to call the vendor with the surveyor on site to get clarity for information on your report.

The right people make a difference

Have the right people in the document review session, be organized and know where everything is.

Note: If you cannot locate evidence of something then the surveyor has to assume that it was not done and will most likely write an NC.

Are they competent?

Most hospitals are good at verifying competencies for staff but fall short when verifying competencies for others such as contracted staff, volunteers, vendors and sub-contractors.

Failure to verify staff and contractor competencies will most likely lead to an NC.

The basics of a successful building tour

Have the right people on the building tour

Have a ladder and flashlight available

Have containment units if required

Have your Life Safety and MEP drawings available

Don’t try to guide your surveyor from areas they are requesting to see

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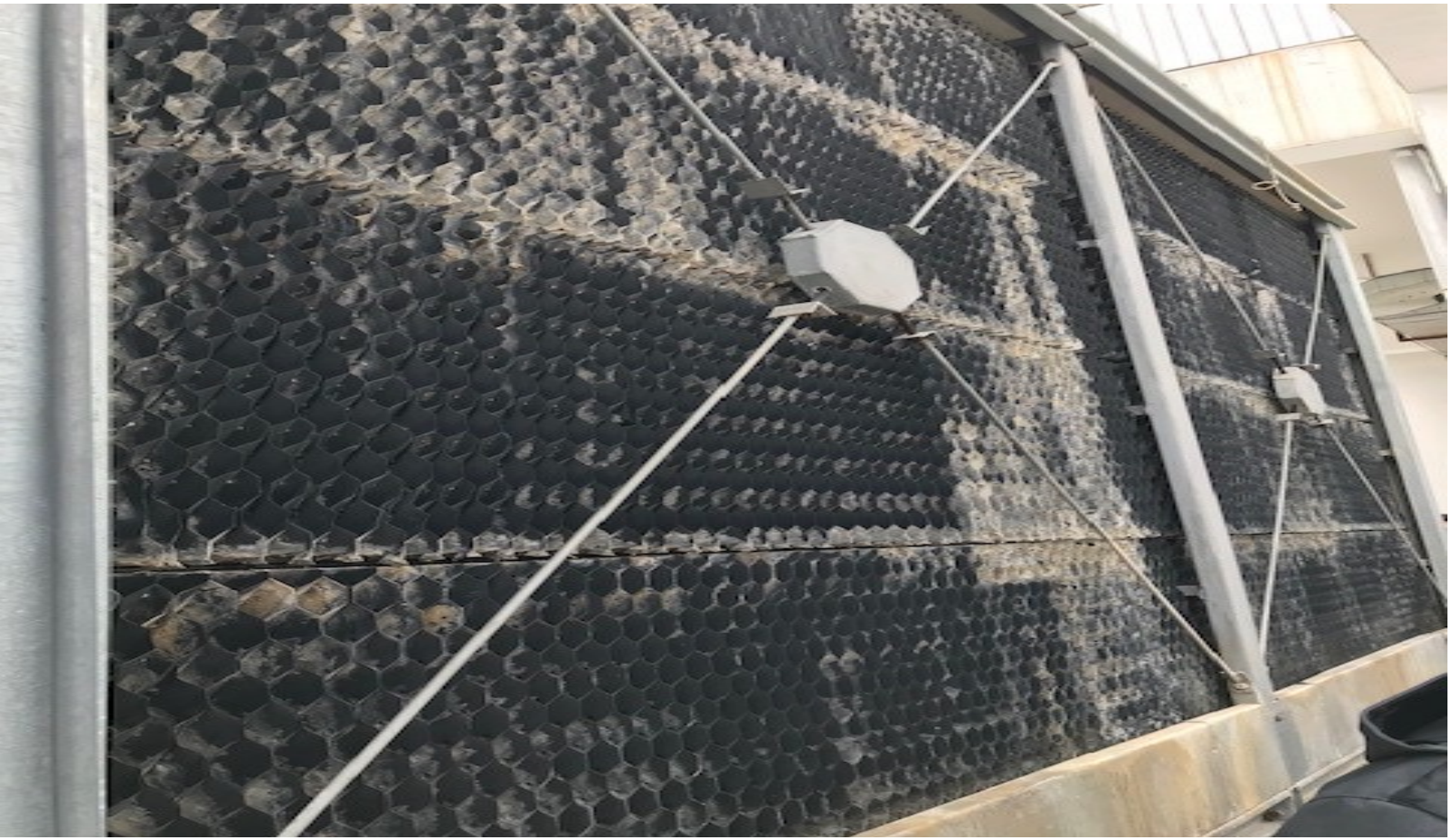
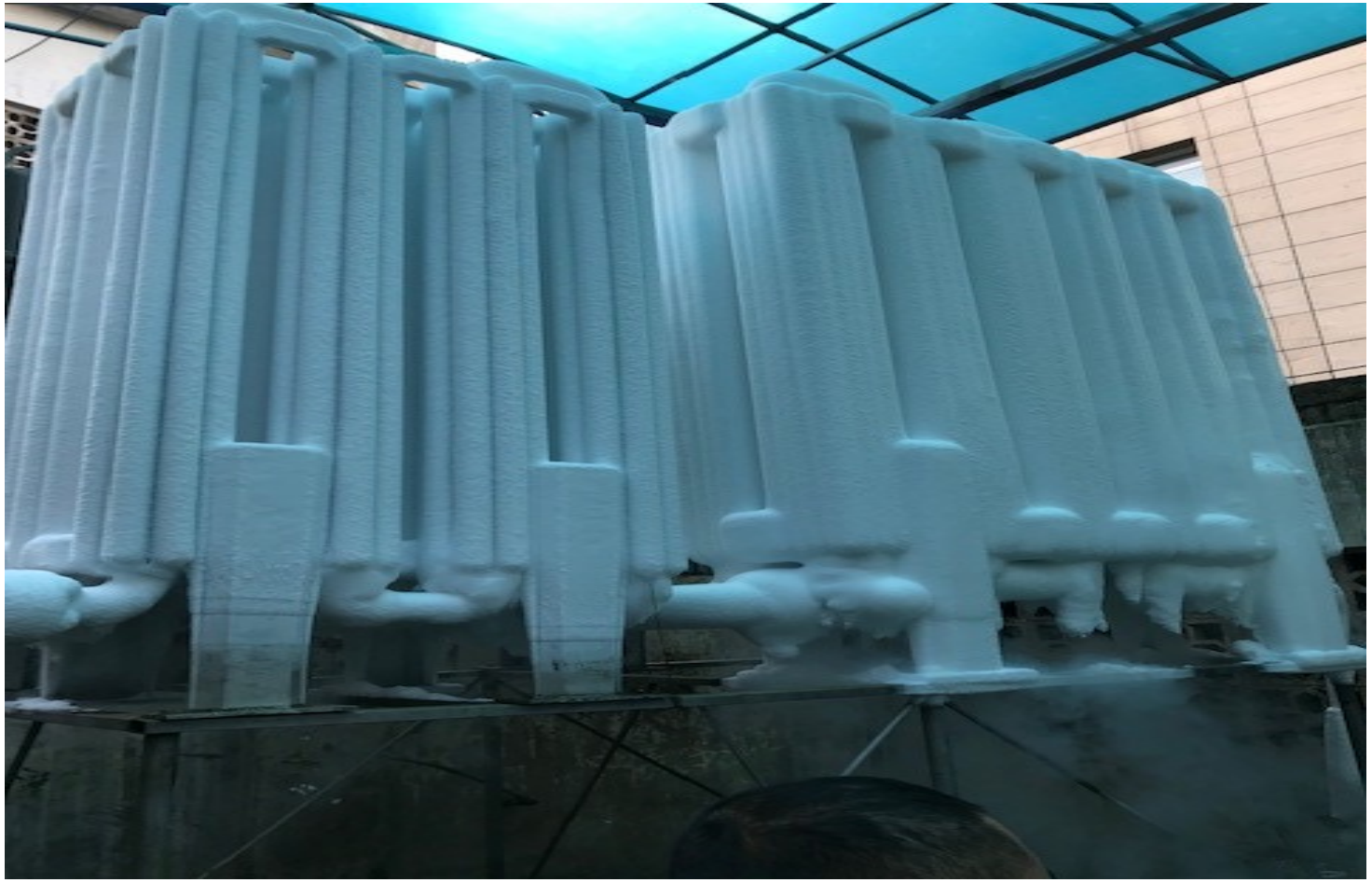
Keep the obvious taken care of



We have a "great" water treatment program

Keep the obvious taken care of



This is a cool picture

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Keep the obvious taken care of

Seriously Mr. Surveyor, We don't allow smoking on our campus!

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Mechanical spaces, stairwells, and electrical closets should not be used as storage areas, keep them clean and organized.

Wednesdays are laundry day!

Don’t have too many people escorting the surveyor around. This causes a disruption with staff, visitors and most importantly disturbs patients.

Make sure you (or someone else on your team) has access to all closets and mechanical spaces. Delays waiting on keys or someone to come and open doors can be frustrating for everyone.

Don’t try to lead the surveyor to areas not requested. The surveyor usually has a plan of what he/she wants to see.

Don’t assume that because you fix a problem while the surveyor is there that he/she will not write a finding… there is more to it than that.

DNV’s Top PE Findings

PE.1 Facility

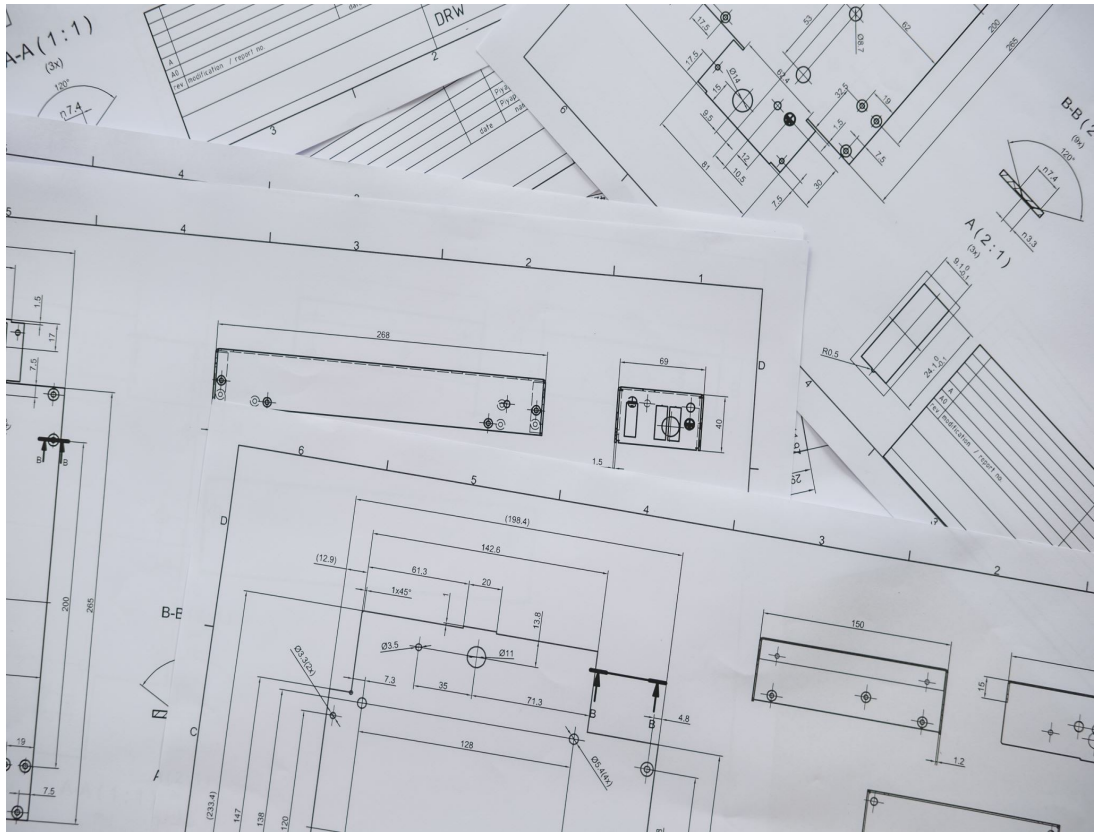
Ligature Risks in dedicated and designated Psychiatric areas–

- Exposed pipes
- Non-breakaway curtain rods and/or vents
- Ceiling grid
- Door and cabinet hinges
- Doors and door hardware
- Beds

PE.1 Facility

Physical Environment Management Plans

- Management plans not in place for one of the required areas (Life Safety Management, Safety Management, Security Management, Hazardous Materials Management, Emergency Management, Medical Equipment Management, and Utilities Management,
- No annual evaluation of one or more of the management plans
- Management plans that do not have measurable information
- Goals that do not match the evaluation



PE.2 Life Safety Management

Fire Barrier Penetrations

- Fire barrier penetrations not repaired
- Fire barrier penetrations not repaired properly
- Unapproved materials used for repair of fire barriers
- Life safety drawings do not match the building
- Doors in fire barriers that do not match the rating of the barrier

PE.2 Life Safety Management

Non-System components attached or resting on the fire sprinkler system and various fire sprinkler NC's

- Bundles of wire resting on sprinkler pipe
- Ceiling grid being supported by sprinkler pipe
- Escutcheon rings missing or not correct
- Loaded/dirty fire sprinkler heads
- Testing and inspection deficiencies

PE.3 Safety Management

Freon Detection System where chillers are located

- System completely missing
- Partial system
- Detection system not working properly
- Components not located properly
- Alarm does not sound outside of affected area

PE.3 Safety Management

Numerous NC’s concerning electrical panels

- Breakers are labeled wrong
- Legends are identified wrong
- Breakers marked as spare are in the on position
- Legends are missing completely
- Electrical panels missing covers
- Electrical panels not secured from access

PE.4 Security Management

Staff not trained in use of restraints

Organizations are failing to train security staff in the use of clinical restraints.

Additionally, hospitals are failing to provide security staff training in de-escalation practices and in some cases are failing to provide training in the use of handcuffs and weapons.

Hazardous Materials Management System

Staff not trained on handling and transporting hazardous materials

Organizations are failing to provide training for those who handle and transport hazardous materials.

Training shall include anyone, including EVS and maintenance workers who may move hazardous materials from patient rooms to storage areas, from off sites to the main campus or from one location within the hospital to another…. This includes chemicals that may be used/stored in the lab.

Emergency Management System

Failure to have an HVA for ALL hospital locations including the off-site locations

Organizations fail to include locations in the Hazard Vulnerability Assessment.

All locations must be included, this does not have to be a separate document, but different risks need to be identified if one document is used. The HVA should be updated when risks change but at a minimum at least annually.

No Annual evaluation of the Emergency Management Plan

Some organizations are failing to evaluate the emergency management plan annually. In some cases, they are performing a review but forgetting to do the evaluation.

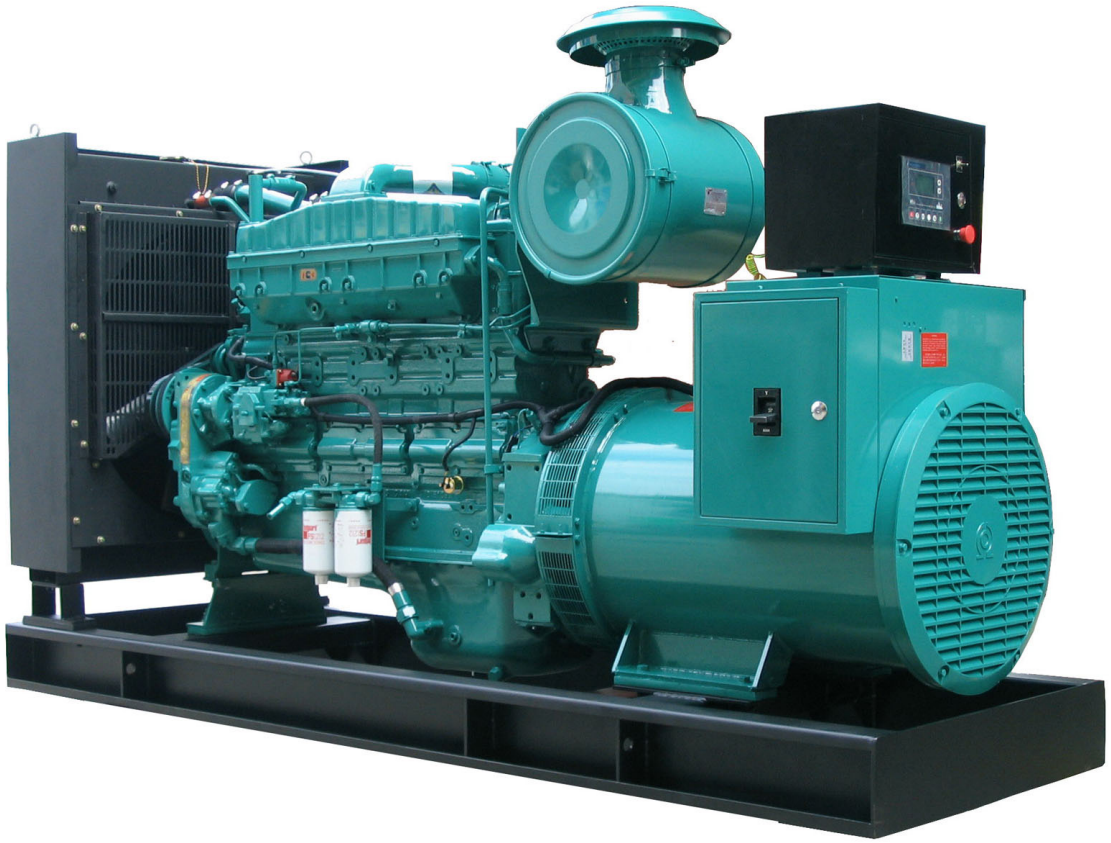
Medical Equipment Management System

Failure to calibrate equipment

Organizations are failing to calibrate equipment that the manufacturer or policy requires to be calibrated. Medical scales and infant scales are most common.

Organizations are putting equipment on the Alternative Equipment Maintenance (AEM) program without proper justification. In some cases, equipment that is not allowed in the AEM is being added to the program.

Utilities Management System



Hospitals failing to meet emergency generator requirements

Failure to have 2 sets of manuals on hand

Failure to have high mortality parts on hand

Failure to retest after a failure