



## RHQN NEWSLETTER

December 2009

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### ANNUAL DEPARTMENT OF HEALTH SURVEY SUMMARY

As is customary at the end of each year, it is a good idea to summarize the most common Department of Health (DOH) survey citations for the year. Let's start with reviewing some of this year's most common citations from the DOH Environment of Care side. There are five areas of the environment of care that have been a focus during the past year. They include:

1. Air Pressure Relationships,
2. Tamper Resistant Receptacles,
3. Plant Cross Contamination,
4. Safety, and
5. Nutrition – Food Services.

The most frequently cited environmental deficiency in hospitals is improper air pressure relationships. Commonly, operating rooms, catheterization-labs, sub-sterile cores, lithotripsy, and IV mixing rooms have negative pressure to adjacent areas rather than the required positive pressure. Conversely, decontamination areas, laboratories, nuclear hot labs, dark rooms, and soiled utility rooms have positive pressures to adjacent areas rather than the required negative pressure. Conditions that lead to these citations include improper dampering of air flow, closing or altering of doorways, and repairs to the ventilation system that have taken it out of balance.

A lack of 'tamper resistant' receptacles in patient rooms and waiting areas put patients and visitors at risk. Tamper resistant receptacles are required in pediatric areas, alcohol and substance abuse units, and all exam rooms and waiting areas. There are receptacles on the market that are sold as 'tamper resistant,' but do not meet the DOH standard. These receptacles are fitted with a slide plate that covers the receptacle slots, but does not afford the level of protection needed in healthcare settings. Age and mental condition define 'at risk' individuals as does the hospital unit in which they are located.

In order to assure that the potable water supply system is safe, hospitals are required to prevent improper or incorrect connections of equipment, piping, and materials. Whenever equipment is connected directly or indirectly to a potable water supply, a backflow prevention device needs to be installed when or if:

- The equipment contains or might contain a contaminated or contaminating water, liquid, gas, or mixture;
- The equipment has the potential to contaminate other equipment; and/or
- The equipment is connected to a non-potable water supply, sewer, or drain.

Hospital equipment that require back-flow valves include: beverage carbonators, chemical feeders, food preparation sinks, commercial laundry machines, ice machines, dish washers, ultra-sonic washers (scope washers), autoclaves, and fluid disposal docking unit.

In order to safeguard patients, staff, and visitors, hospitals need to maintain an environment of care that is free of hazards. Department of Health staff has frequently identified the following unsafe conditions:

- Unsecured gas cylinders or too many gas cylinders stored in a confined space;
- Electrical receptacles in wet areas that are not protected by ground fault circuit interrupters (GFCIs);
- Lighting over patient beds or in work areas that lack protective shields or shatterproof bulbs;
- Electrical panels in patient care areas (either inpatient or out-patient) that are left unlocked; and
- Plumbing and accessory fixtures installed in certain patient treatment areas that allow for self harm.

As we have discussed many times before, each facility should have a program in place to identify safety hazards that incorporates frequent "safety rounds." A team of individuals should regularly walk through the facility looking for obvious, common sense hazards. Increased success of a safety round program occurs when you vary or rotate personnel responsible for conducting safety rounds. This approach ensures that new "eyes" are available to see problems. Some problems go unnoticed if the same staff conduct all safety rounds and do not perceive a harmful or unsafe condition.

All RHQN members have adopted and implemented policies and procedures which assure that patient nutritional needs are met and that food borne illness is prevented. This is, in part, accomplished through compliance with the state's Food Service Code, [WAC 246-215](#). The most commonly identified citations of the Food Service Code found by the DOH include the following items, among others:

- Food preparation sinks lacking indirect drains,
- Potential cross-contamination of food products,
- Improper food holding temperatures (both hot and cold),
- Improper dishwashing and sanitizing temperatures,
- Failure to wear hoods, bonnets, or hair nets, and
- Food service workers wearing jewelry (rings and bracelets) that prevent getting hands clean.

To help prevent being cited for any of the above, many members have implemented a "Hazard Analysis Critical Control Point" (HACCP) program. HACCP is a safety system used in food services that is based on the identification and control of potential or actual threats to food products. It is a system that deals with all biological, chemical, or physical threats; and is employed from the point where food is delivered to the facility, during preparation and storage, and up to the time of being served or discarded.

## **ANNUAL DEPARTMENT OF HEALTH SURVEY SUMMARY: HUMAN RESOURCES – DOCUMENTATION OF QUALIFIED/COMPETENT STAFF**

I have to admit that documentation of staff competency is not one of the seven parts of the environment of care. But, it is so important to every aspect of hospital operations that I need to mention it (especially since so many facilities received a citation in this area). The assurance that critical access hospitals employ qualified and competent staff in every department is a foundation of quality care and customer satisfaction. *Staff* members are: paid employees, leased or contracted persons, students, and volunteers. *Qualified* means staff members have met the requirements for their position or task by: education or training, experience, licensure, law or regulation, registration, or certification consistent with the job description. Evidence of this would include:

- Ongoing knowledge and skill/competency assessment,
- Opportunities for education and development,
- Periodic (at least annual) performance evaluation review,

- Specialized training, education, and skill development for specific tasks or positions, and
- Orientation on general and department specific safety and infection control measures.

The most commonly found citations include:

- Failure to provide a complete general and job specific orientation within ninety days of hire,
- Failure to establish staff competency standards for specialized areas (e.g. nursing, engineering, coding, laboratory),
- Failure to ensure that licensed, certified, or registered staff practice only within their scope of practice, and
- Failure to provide and document staff knowledge and skills/competency assessments on an annual basis.

## HAPPY HOLIDAYS TO YOU!

On behalf of all of us at the Rural Healthcare Quality Network (Randy Benson, Bev McCullough, Lori Martinez, Myron Bloom and Bruce Stevenson), we would like to extend our warmest holiday greetings. Thank you for the opportunities you have given us to be of assistance this year. We look forward to growing our services on your behalf and helping you enhance the quality of your facility's patient care.



## UPCOMING MEMBER CONFERENCE CALLS

Bev McCullough, the RHQN Quality Improvement Manager, and I have decided to split the Members Conference Call topic list for 2010. I will be doing calls every other month, starting in January. If you have topic suggestions, please call or e-mail Randy Benson, RHQN Executive Director at (206) 577-1821 or [randyb@wsha.org](mailto:randyb@wsha.org).

- January 12, 10:30 a.m. - **“Applying Excellence: A Primer on Facilitating Change - Part I”** presented by Randy Benson, RHQN Executive Director
- February 9, 10:30 a.m. - **Clinical Best Practices and Lessons Learned**, facilitated by Bev McCullough, RHQN Quality Improvement Manager
- March 9, 10:30 a.m. - **“Applying Excellence: A Primer on Facilitating Change - Part II”** presented by Randy Benson, RHQN Executive Director
- April 13, 10:30 a.m. - **Clinical Best Practices and Lessons Learned**, facilitated by Bev McCullough, RHQN Quality Improvement Manager
- May 11, 10:30 a.m. - **“DOH Survey Update: What's New In the Environment of Care”** presented by Randy Benson, RHQN Executive Director

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If you have ideas, comments, questions, need additional resources or a consultation, contact Randy Benson, RHQN Executive Director, at (206) 577-1821 or [randyb@wsha.org](mailto:randyb@wsha.org)