

“Go With the Flow” - A Guide to Surviving Survey

“Go With the Flow” seemed like a silly title for this month’s Members Conference Call about DOH Survey readiness. But, there was a valuable connection to the safety of patient care:

- ❖ Surveyors look at ‘back flow valves’ to prevent improper, contaminated water flow into the potable water system;
- ❖ The Fire Marshal looks for posted hospital fire evacuation routes to see that there is proper patient, family, staff, and visitor flow out of the building during fire emergencies; and
- ❖ The DOH surveyors are relentless about checking proper air flow in OR’s and procedure rooms, isolation rooms, and dirty utility rooms in order to prevent the spread of infection.

First, let’s review some of the most common items the Fire Marshal is looking for during survey. The biggest and easiest infraction for which the Fire Marshal can cite a facility is equipment blocking a fire evacuation route. Whether the route is through a nursing unit or any other location in the facility, if the corridor is designated as a fire evacuation route, the corridor has to be totally free of obstructions. Since the DOH looks primarily at nursing units, their concern is that there are no linen carts, food carts, wheelchairs, IV pumps, laptop computers on wheels (the infamous COWs), or other equipment being stored or recharged in the hallway. We all know that there are two major exceptions to this rule. Isolation carts and code carts may be parked in the corridor (fire evacuation route).

Recently, the Fire Marshal’s office has taken a keen interest in how facilities conduct fire drills. They are finding that there is incomplete documentation of when and how fire drills are conducted, how they were evaluated, and what education was delivered as a result of a failed fire drill. There are several very important issues that must be considered in order to accomplish a successful fire drill. First, you must conduct drills that test the ability of employees to respond to the presence of fire. In other words, a drill must provide the opportunity for employees to do R - A - C - E. You must have an object that represents fire. It can be placed where an employee will find it and respond. Conducting fire drills by having an engineer pull a fire alarm and then watching what staff does is not a proper drill. It does not allow the employees to practice the ‘R’ and ‘A’ of R - A - C - E.

The second thing required of a proper and successful drill is a full evaluation. Fire drill evaluations must include time frames for successfully performing each step of R - A - C - E. If it takes an employee three minutes to pull the fire alarm and rescue anyone in the immediate area of the fire (fire drill object), the drill is a failure, no matter how well the remaining parts were done. A successful drill requires that the person finding the fire object pull the fire alarm within 30-45 seconds. “Flashover,” the time in which a fire becomes so large that it is uncontrollable, is two minutes. If an employee goes longer than two minutes before they pull the alarm, they have cost lives.

The third important aspect of proper fire drill process is provision of education, if the drill failed to demonstrate staff competence. The education should be immediate and a re-drill completed within a reasonable period of time (as defined by your policies), usually 7-10 working days (so that the education can be reinforced). There is a question tied to this entire process that also needs to be addressed. How many drills is enough? It should be stated up front, no matter how many real fire alarms you may have in any quarter, you still need to conduct drills. Two drills in a quarter is the minimum, but three or four are better. I used to conduct four drills per quarter, one for each of the three shifts and one for the weekends; but you decide what is best for your facility and then put it into your policy.

I would like to briefly discuss one of the more commonly cited environment of care standards. Over the past six months, we have seen a couple of facilities cited because staff failed to demonstrate competence in responding to a disaster. Specifically, staff could not tell the surveyor their role and responsibility during the disaster. Staff was not able to state what they would do if they were called to return to work because of a disaster, what door they would enter, where they would report when they entered the facility, and what their department specific disaster plan says. This is one of the department specific safety issues that must be reviewed annually.

Each facility, through its Safety Committee, must annually identify the set of department specific safety issues that must be addressed and then gather documentation that proves they were discussed and trained for. Department specific annual safety training must include: fire safety, body mechanics and ergonomics, worker right to know (hazardous chemical ID, location, and spill kit use), bomb threats, response to potential or actual violence in the work site, and disaster response.

Let's now shift our attention to that part of the DOH survey which addresses infection prevention issues. There have been numerous recent citations handed out for failure to document the continuing professional education of your infection preventionist (IP). Several computer based learning module certificates of completion will not satisfy the standard for demonstrating competence of your IP. The infection preventionist must belong to a professional association (e.g. APIC), must attend their meetings on a regular basis, and participate in their continuing education activities. I have seen hospitals threatened with an appearance before an administrative law judge or even closure for failing to have a competent IP on staff.

The second major infection prevention and control issue the surveyors check for is proper response to isolation signage. Since we are all using the state standardized isolation signage, surveyors want to confirm that we 'practice what we preach.' Be sure that staff knows the proper responses to posted isolation signage, that the signage is posted on the wall outside the patient's room, not on the door, and that all necessary supplies are on the isolation carts.

The last of the major infection prevention and control standards that I would like to mention is, to be rather blunt, "everything associated with the facility kitchen." Surveyors will look for compliance with the infection control standards associated with where meats are cut up versus where vegetable are cut up, staff wearing jewelry, staff not wearing hair nets or caps, and staff not properly labeling individual portion foods (expiration dates, opened juice containers, etc.). Surveyors are also very diligent about checking food temperatures for both storage and during serving (especially if they are doing your CMS survey).

I would invite you to listen to the audio of our May Members Conference Call by going to the following link: <http://www.rhqn.org/resources/presentations.htm>. The RHQN has a large number of tools to help you with preparation for DOH survey. We would like to help you assess your readiness for survey by offering pre survey safety rounds at no cost. Please contact me at randyb@wsha.org or (206) 577-1821.

Upcoming Member Conference Calls

Bev McCullough (RHQN QI Manager) and I have split the Members Conference Call topic list for 2010. We will be alternating the monthly calls. If you have a topic suggestion, please call or e-mail Randy Benson (RHQN Executive Director) at randyb@wsha.org or at (206) 577-1821.

- June 8, 10:30 a.m. - **Clinical Best Practices and Lessons Learned**, facilitated by Bev McCullough, RHQN Quality Improvement Manager
- July 13, 10:30 a.m. – **Developing and Strengthening Staff Competency: From Age Specific Competencies to Workplace Violence Training, How Are You Doing?** presented by Randy Benson, RHQN Executive Director

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