

# ENVIRONMENT of CARE LEADER



Safety | Security | Emergency Management | Accreditation Success

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## *Accreditation, Compliance and the Recession*

### **Hospital saves \$938,000 after CMS grants equivalency**

*This article is part of an ongoing series helping hospitals face the financial challenges of complying with Joint Commission, CMS and other environment of care, life safety and emergency management requirements during the recession.*

Theda Clark Medical Center (260 beds), Neenah, Wis., just saved itself \$938,296. CMS on June 16 informed Theda Clark that it granted the hospital's equivalency request, releasing the hospital from having to raise some of its basement ceilings to the NFPA-required height of 7 feet, representatives of both Theda Clark and CMS tell *ECL*. Surveyors representing the agency in April found the ceilings 2 to 4 inches short (*ECL 5/17/10*). The hospital is now spared the choice of either vacating the space or spending the \$938,296 (up from an original estimate of \$925,000) to renovate.

*(see **Equivalency**, pg. 2)*

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### **Sleep tight ... don't let the bedbugs bite**

The tiny little bedbug, that seemingly innocuous creature your parents used to warn you about, has been popping up all over the country recently, making headlines and causing quite a stir. Bedbug sightings have also been popping up in many hospitals, drawing the kind of attention that health care facilities could do without.

The parasite forced Kings County Hospital (627 beds), New York City to shut down a triage room in order to fumigate the area as a precaution after a bedbug was found on a patient there. The sighting caused regional news agencies and even national news organizations like the *Wall Street Journal* to treat the sighting of one bug as if it were the second coming of the plague.

A bedbug outbreak is certainly not something you want to have in an environment that is supposed to be sterile. While the sightings of the tiny critters are hardly a major catastrophe, a recent paper published by the American Society for Healthcare Environmental Services (ASHES) ([www.healthcarepestcontrol.com/files/ashes-bedbug-white-paper.pdf](http://www.healthcarepestcontrol.com/files/ashes-bedbug-white-paper.pdf)) notes that "infestations are common and

*(see **Bedbugs**, pg. 3)*

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## Equivalency

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The equivalency represents a victory for a medical center against expensive, and possibly needless, regulatory costs in these financially strapped times. The lesson you should take from Theda Clark's experience is to not accept a citation from CMS, The Joint Commission or some other regulatory body at face value, but to see whether there are grounds for an appeal, an equivalency or some other kind of waiver. It might save your hospital a significant amount of money and staff time, as well as reduce disruption in patient care and hospital operations.

### Here's what happened

State surveyors representing CMS on Feb. 8 issued Theda Clark Medical Center a K 038 deficiency because some basement ceilings in a building constructed in 1948 were 2 to 4 inches below the NFPA-required height of 7 feet (**NFPA 101-2000, Life Safety Code 7.1.5, exception 1**). The basement section is primarily used for housing medical records.

The hospital applied for an equivalency on April 26 through the Wisconsin Dept. of Health Services, says Theda Clark Facilities Manager Ed Cosner. The hospital argued that the \$938,000 cost for renovating approximately 15,000 square feet (covering both the medical records area cited in the deficiency and an adjacent area not cited but also with low ceilings) would be prohibitive and a hardship in today's economy. It submitted a Fire Safety Evaluation System (FSES) form showing, through the use of equivalency options, that each of the 34 smoke compartments in the hospital was in compliance, says Cosner.

Was it easier to make a case for an equivalency to CMS during the Great Recession by arguing exorbitant costs? "I would think so, I would certainly hope so," says former Joint Commission Associate Director Dean Samet, who helped develop The Joint Commission's environment of care standards. "That's what the [equivalency] system was developed for, to help hospitals so they don't have to needlessly spend funds."

If CMS did not grant the equivalency, Theda Clark would have had to proceed with the \$938,000 renovation, Cosner says, adding that the hospital was concerned that "spending the estimated dollars on areas that do not house patients – or pose significant risks to the staff that work there – would take away funding from construction projects that do impact safe, quality patient care."

The CMS equivalency is good only until the next CMS survey, Michael Potjeau, the CMS region 5 health insurance specialist who handled the case, tells *ECL*. But given that CMS surveys can be very infrequent – the previous one at Theda Clark was 19 years ago – it may be decades before the hospital faces this problem again. The Joint Commission granted Theda Clark an equivalency for the ceilings in 1998, and that is good until such time that the building is renovated or upgraded.

### Make your best case

When you apply for a CMS equivalency, use everything you have that supports your request. Specifically:

**TIP: Complete the Fire Safety Evaluation System (FSES) form,** as Theda Clark did, showing, through the use of equivalency options, that your hospital is in compliance with life safety codes. The form's mathematical formula will demonstrate

whether each smoke compartment in your hospital has a score of zero or better, which is what is required for compliance. Theda Clark used its outside architecture firm, HGA Architects and Engineers, Milwaukee, Wis., to calculate smoke compartment square footages and note them on floor plans that the hospital submitted along with the FSES. Note: Even though ceiling height was an issue in only one part of the building, Theda Clark needed to have its entire building, all 34 smoke compartments, approved as compliant before the equivalency could be granted.

**TIP: Buttress your application with letter(s) from your local or state fire marshal** testifying that they consider the section of your hospital in question to meet fire safety requirements, suggests Samet. Theda Clark did not do this, choosing instead to rely on the FSES, which Cosner says “clearly showed that we meet the intent of the Life Safety Code.”

**TIP: Add photos**, if they are helpful, providing visual evidence of safety, Samet says. ♦

*Editor’s note: Find out how to satisfy regulators with foolproof PFIs and*

*equivalency options at the 14th annual EC Summit ([www.ECSummit.com](http://www.ECSummit.com)), Oct. 4-6 in Las Vegas.*

## Bedbugs

*(continued from pg. 1)*

becoming more so in health care settings, and when they occur, they evoke – right or wrong – the impression that infested facilities are unsanitary and of low quality.”

Bedbug infestations have been on the rise over the last decade. “We started seeing the calls for emergency services really pick up about four years ago,” says Jennifer Erdogan, director of bed bug division, Bell Environmental Services (BES), Parsippany, N.J., a pest-control company that contracts with health care facilities in the New York region and throughout the country.

Erdogan told ECL that the infestations really spiked in the last six months. “It is to the point where we receive five emergency calls a day” from hospitals for us to come out and eliminate a bedbug problem, she says.

## RFI vulnerability

Hospitals with bedbugs could be cited by Joint Commission surveyors under **EC.02.01.01, EP 5** (the hospital maintains all grounds and equipment), says former Joint Commission Executive Director of Accreditation Services Kurt Patton. Another potential RFI is **EC.04.01.05, EP 1** (the hospital takes action on the identified opportunities to resolve environmental safety issues). “It is always possible that a patient brings the pest into the hospital with their personal belongings,” Patton, now president, Patton Healthcare Consulting, Glendale, Az., says, “but the actions taken by the hospital to prevent the spread of the pest would be key.”

Resolving the problem also carries RFI risks. If you use chemical pesticides to eradicate bedbugs or any other type of pest such as cockroaches, lice, or scabies, make sure you are diligent about the handling of the toxic chemicals or it could cost you an RFI under **EC.02.02.01** (the hospital manages risks related to hazardous materials and waste) or **EC.02.06.01** (the hospital estab-

*(continued on pg. 5)*

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## PEST CONTROL CHECKLIST

Use this checklist to ensure you stay in compliance with Environment of Care Standard **EC.02.02.01** (The hospital manages risks related to hazardous materials and waste) when dealing with any pest-management issues.

### Hazardous Materials and Hazardous Waste Management Plan

Create and maintain an inventory that identifies hazardous materials and waste used, stored or generated using criteria consistent with applicable law and regulation.

#### EVIDENCE OF COMPLIANCE

Facility has plans on file, readily accessible by appropriate staff, for pesticide:

#### Application:

- Selecting chemicals used in grounds keeping
- Ensuring restricted or prohibited pesticides not used
- Ensuring pesticide applicators appropriately trained, licensed
- Posting warning signs when pesticides applied

#### Disposal:

- Managing waste pesticides as hazardous waste
- Triple rinsing pesticide containers
- Managing rinsate as hazardous waste if not used
- Managing disinfectants and sterilants as pesticides

#### EVIDENCE OF PERFORMANCE IMPROVEMENT

Facility has plans on file, readily accessible by appropriate staff, for:

- Implementing an Integrated Pest Management (IPM) program

### Implementation of Hazardous Material and Hazardous Waste Program

Establish and implement processes for selecting, handling, storing, transporting, using and disposing of hazardous materials and wastes from receipt or generation through use and/or final disposal, including managing the following: chemicals, chemotherapeutic materials, pharmaceuticals, radioactive materials and infectious and regulated medical waste including sharps.

#### EVIDENCE OF COMPLIANCE

- Pesticides classified for restricted use applied only by licensed applicators
- Pesticide containers triple rinsed
- Rinsate managed as hazardous waste if not used
- Hazardous waste determination made, documented for pesticides being discarded
- Warning signs posted, staff notified when pesticides applied

#### EVIDENCE OF PERFORMANCE IMPROVEMENT

- Restricted pesticides not used
- Facility has instituted Integrated Pest Management program with following elements:
  - Pesticide application used only as last resort
  - Only least toxic pesticides used
  - Primary focus of program: pest identification, monitoring
  - Non-chemical methods used for pest control (e.g. traps, barriers)
  - Staff training component, e.g. actions that help prevent pests on premises
  - Pesticide applicators licensed, trained by appropriate authorities
  - Communication to staff, patients, visitors when pesticide applied

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## PEST CONTROL CHECKLIST (cont.)

(continued from pg. 4)

### Hazardous Materials and Hazardous Waste Inventory

Create and maintain an inventory that identifies hazardous materials and waste used, using criteria consistent with applicable law and regulation.

#### EVIDENCE OF COMPLIANCE

- Hazardous materials inventory contains accurate list of pesticides

#### EVIDENCE OF PERFORMANCE IMPROVEMENT

- Quantity of hazardous materials (including pesticides) used over successive time periods tracked and documented
- Size of hazardous materials inventory reduced

### Hazardous Material and Hazardous Waste Documentation

Maintain documentation, including permits, licenses, and adherence to other regulations.

#### EVIDENCE OF COMPLIANCE

- Records indicate appropriate training for staff using disinfectants, cold sterilants, pesticides
- Pesticide applicator licenses maintained or in pest management contract
- Documentation maintained to ensure exposure monitoring, no restricted pesticides
- For federal facility, documentation that Integrated Pest Management program in place

#### EVIDENCE OF PERFORMANCE IMPROVEMENT

- Integrated Pest Management program in place
- Pesticide applicator licenses no longer needed due to no pesticides being applied at facility

Source: Adapted with permission from *Hospitals for a Healthy Environment*; [www.healthcarepestcontrol.com](http://www.healthcarepestcontrol.com)

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lishes and maintains a safe, functional environment). (See the work tool provided on page 4 for a pest control checklist.)

### New advances mean less risk

A bedbug sighting doesn't necessarily mean that you need to bother with toxic chemicals or even need to shut down areas of your facility for extended amounts of time. Companies like BES, which specialize in pest control for hospitals and other large institutions, have developed chemical-free alternatives that are less invasive than previous means of pest control.

"We use a special method of carbon-dioxide freezing," Erdogan says. It kills the bedbugs and their eggs and doesn't require you to shut down a wing or even close down a room for an extended period of time. "This type of treatment doesn't require any type of evacuation of the facility," Erdogan says. "Even the rooms that are treated can be re-occupied right away."

### Anatomy of a bloodsucker

The common bedbug *Cimex lectularius* is a tiny, reddish-brown insect, typically one-quarter-inch long and partial to human blood as its main source of nourishment.

Unlike other bloodsucking insects such as ticks and mosquitoes, the bedbug is not known to transfer communicable diseases from one host to the next and so poses little health risk to humans.

However, the insects, which typically nest in mattresses and blankets or clothing and mainly come out at night to feed, can cause skin irritation, particularly if the victim receives multiple bites. And while some victims might not show any visible signs of bedbug bites, others can exhibit itchy, red, swollen marks, similar to those left by mosquitoes or fleas.

## A good offense is your best defense

There is no way to keep bedbugs completely out of a facility, Erdogan says. So, preventative care and monitoring is the best strategy. Here are some tactics from ASHES and Erdogan:

**TIP: Inspect mattresses and incoming furniture.** Do bed bug checks on any bedding brought into the hospital. But don't stop there. Couches, chairs and other furniture can be infested.

**TIP: Place synthetic coverings around mattresses.** These are inexpensive, ASHES states, adding that "for pests that have already found harborage, the encasement prevents their escape and access to food sources."

**TIP: Watch for telltale signs of the insect.** "Many of our facilities have requested in-service training by our staff on what to look for," Erdogan says. The easiest thing to train staff to look for is the bug itself on any clothing or bedding. In facilities like hospitals, where patients are constantly coming and going, a bedbug can hitch a ride on the clothing or belongings of a new patient. So, even an area that might have been free from bedbugs one day, might have some unwanted new occupants the next.

**TIP: Regular monitoring.** Hospitals have higher turnover than long-term care facilities, so base your monitoring schedule off this ASHES long-term care facility schedule: Weekly checking for bed sheets, mattress covers and mattress edges;

monthly checking for box springs; quarterly thorough inspections of other potential locations – behind pictures, behind headboard, and in other furniture.

**TIP: Lure the suckers out with technology.** "Equipment that uses CO<sub>2</sub>, heat and a kairomene can attract bedbugs out of hiding within two hours," ASHES says. Purchase of the technology may currently prove expensive, but some pest management professionals have it.

**TIP: Unleash the hounds.** BES actually uses three dogs, each trained in sniffing out bedbugs and other pests. "We can bring the dogs into the facility after hours or when areas are unoccupied," Erdogan says. "The dogs can actually locate any areas with bedbugs and our staff will then immediately treat the area." ♦

## WHAT'S WRONG WITH THIS PICTURE?



### Environment-of-Care Forensics: How many RFIs can you identify?

Are you smarter than an EC surveyor? Put your skills to the test by examining our latest photo for any NFPA, Joint Commission, CMS or other violations. Send your answers to *ECL* Executive Editor Robert Sperber at [bsperber@decisionhealth.com](mailto:bsperber@decisionhealth.com). We'll print the answer in the upcoming issue of *ECL*. If you have a photo you would like to share, please send it to us and we will run it in an upcoming issue.



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