Puzzling Healthcare Environment

Architectural Review Group (ARG)

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Architect
September, 2013
Texas Department of State Health Services (DSHS)

- Division of Regulatory Services
- Health Care Quality Section
- Regulatory Licensing Unit
- Architectural Review Group

www.dshs.state.tx.us/facilities/
ARG - 2013

STAFF

- **Total FTE’s**
  - 8 Architects
  - 4 Engineers
  - 4 Admin Support
  - 16 Total FTE’s

- **Current**
  - 8 Architects
  - 2 Engineers
  - 4 Admin Support
  - 14 Total FTE’s

2 Vacant positions
Posting can be found at

https://jobshrportal.cpa.texas.gov
Administrative Staff

- Ginger Smith
  - Team Leader
  - Medicare Administration
- Veronica Cuellar
  - Posting of Inspections
  - Correspondence
- Robert Martin
  - Mail Intake
  - Generate Files
- Kerry Terry
  - Minor Projects
  - Fax Correspondence
ARG Jurisdiction

- Review and approve 6 types of Healthcare Facilities
  - End-Stage Renal Dialysis Centers 564
  - Freestanding Emergency Medical Care Facilities (FEC) ** 70
  - Hospitals – General/Special - 649
  - Private Psychiatric Hospitals & Crisis Stabilization Units 42
  - Ambulatory Surgical Centers 421
  - Special Care Facilities ** 14

Total Healthcare Facilities 1760
Texas Administrative Code - Title 25

- **Chapters**
  - Chapter 135 – Ambulatory Surgical Centers
  - Chapter 117 – End Stage Renal Disease Facilities
  - Chapter 133 - Hospital Licensing State Regulations
  - Chapter 134 – Private Psychiatric Hospitals and Crisis Stabilization Units
  - Chapter 131 – Freestanding Emergency Medical Care Facilities
  - Chapter 125 – Special Care Facilities

**"** indicates chapters that have been updated on June 8, 2017.
83rd Legislative Session

- Early bills proposed
  - Urgent Care
  - Birthing Facilities
  - Pediatric - Levels

- One new Rule set
  - House Bill (HB) 2, 83rd Legislature
    - Chapter 139 - Abortion Facility
    - To be equivalent to the ASC rules.
    - Effective September 1st, 2013
    - Currently - 33 that are not ASC’s
Texas in the Future

- Census Bureau Release 2012 State Population Estimate
  - July 2011 - July 2012
  - Texas population growth rate - 1.7%
- Projection of population growth
  - Currently – 25 million
  - Projection by 2040 - 45 million
Texas in the Future

2009 Statistical Brief  (DSHS – THCIC – CHS)

- Greater need of healthcare services
- Obesity and sicker elderly residents
- More physicians
- Cannot continue the cycle of pushing healthcare to the most expensive settings

What this means for Healthcare

- Changes to the delivery system and physical environment will evolve
- Smaller Healthcare facilities - but more of them
Healthcare Associated Infection (HAI)

- **Bio-film**
  - 85% of all illness in hospital comes from bio-film
  - Micro-organisms universally attach to surfaces and produce extracellular polysaccharides, resulting in the formation of a bio-film. Bio-films pose a serious problem for public health because of the increased resistance of bio-film associated organisms to antimicrobial agents. There is the potential for these organisms to cause infections in patients with indwelling medical devices.
Healthcare Associated Infection (HAI)

- HAIs, are infections that people acquire while they are receiving treatment for another condition in a healthcare setting

- HAIs can be acquired anywhere healthcare is delivered, including:
  - inpatient acute care hospitals
  - ambulatory surgical centers
  - end-stage renal disease facilities
  - long-term care facilities such as nursing homes and rehabilitation centers
Healthcare Associated Infection (HAI)

• HAIs can be acquired anywhere
  • HAIs may be caused by any infectious agent, including bacteria, fungi, and viruses, as well as other less common types of pathogens

• Infections are associated with a variety of risk factors
  • Use of indwelling medical devices such as central line catheters, IVs, endotracheal, and urinary catheters
  • Surgical procedures
  • Injections
  • Contamination of the healthcare environment
  • Transmission of communicable diseases between patients and healthcare workers
  • Overuse or improper use of antibiotics
Healthcare Associated Infection (HAI)

- [www.dshs.state.tx.us/idcu/health/infection control/HAI](www.dshs.state.tx.us/idcu/health/infection control/HAI)
- Facility infection rates are published at [HAI Data](HAI Data)
- Infection controls
  - Sink(s) are required wherever patients care is present and where cleanliness regiment is called for
  - Sinks in patient rooms and bathrooms
  - Open patient bays
    - 1 sink per 4 beds, gurneys, bassinets and physical treatment space
Healthcare Associated Infection (HAI)

**Hand Washing Study**

<table>
<thead>
<tr>
<th>Description</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>How many say they wash their hands</td>
<td>95 %</td>
</tr>
<tr>
<td>Actually do</td>
<td>67 %</td>
</tr>
<tr>
<td>Actually use soap</td>
<td>33 %</td>
</tr>
<tr>
<td>Actually wash long enough</td>
<td>16 %</td>
</tr>
</tbody>
</table>

57% of respondents estimate they wash their hands for just 5 to 15 seconds.

In fact, the Centers for Disease Control and Prevention (CDC) recommends washing for at least 20 seconds and suggests singing “Happy Birthday” twice to allow enough time to remove and rinse off germs.
TX Licensing Req versus CMS – Medicare

• **Health and Safety Code – State Law**
  - License Healthcare Facilities
  - Patient rights and quality of care.
  - Basic requirements to operate a healthcare facility
  - NPFA 101

• **CMS – Federal Law**
  - Volunteer program
  - Patient rights and quality of care.
  - Reimbursement
  - NPFA 101
CMS

- **What are CMS - S & C Memorandums**
  - Instruments that provide guidance, clarification and instruction to state survey agencies
  - CMS interpretation and adoption of specific event, code, rules, etc.
  - Informational instruction to State surveyors how to look at a specific item(s) .. code, rules, regulations, etc.

- **Where to find these CMS - S & C Memos**
  - Google – CMS - S & C Memo
  - Click on - Policy & Memos to States and Regions
DATE: October 30, 2009

TO: State Survey Agency Directors
    State Fire Authorities

FROM: Director
      Survey and Certification Group

SUBJECT: Waiver to Allow Hospitals to Use the NFPA 6-Year Damper Testing Interval

Memorandum Summary

- **Option for Damper Testing Interval:** This memorandum permits hospitals to apply the NFPA 6-year testing interval for fire and smoke dampers in hospital heating and ventilating systems, so long as the hospital’s testing system conforms to the testing requirements under the 2007 edition of NFPA 80 and NFPA 105.

- **Categorical Waiver:** Hospitals may operate under the damper testing cycle of the NFPA 2007 edition without special application to CMS.

After due consideration of State survey agency findings and conclusions of the National Fire Protection Association (NFPA), we are issuing a categorical waiver pursuant to 42 CFR 482.41(b)(2) to permit a testing interval of 6 years rather than 4 years for the maintenance testing of fire and smoke dampers in hospital heating and ventilating systems, so long as the hospital’s testing system conforms to the requirements under 2007 edition of NFPA 80: Standard for Fire Doors and Other Opening Protective and the 2007 edition of NFPA 105: Standard for the Installation of Smoke Door Assemblies. The 6-year testing interval shall commence on the date of the last documented damper test.
CMS – S & C Memo’s

S & C - 08-08

- Provider-Based, Off-campus Emergency Department and Hospital that Specialize in the Provision of Emergency Services

- Meet the Condition of Participation (CoP)
  - Hospital single organized medical staff
  - Governing Body of Hospital be responsible of services and activities off-campus ED
  - Nursing personnel at the Off-Campus ED be part of the hospital's single organized nursing services
  - The medical records of patients seen at the off-Campus Ed must be part of the hospital’s single Medical record system
CMS – S & C Memo’s

S & C - 08-08 - cont.

- CMS is encountering increasing interest from providers who seek participation in Medicare as a hospital that specialize in emergency services.

- However “emergency services hospitals” is not a recognized separate category of Medicare – participating hospital. Such applicant must demonstrate that it satisfies the statutory definition of Hospital .... that the provider primarily engage in the provision of services to INPATIENTS.

- CMS pays particular attention to size of the ED compared to its inpatient capacity.
CMS interprets the statutory requirements that a hospital be primarily engaged in the provision of inpatient services to mean that the provider devotes 51% or more of the beds to inpatient care.

However, CMS considers the burden of proof (to demonstrate that inpatient care is the primary health care service) to reside with the applicant.
CMS – S & C Memo’s

S & C - 09-51

- Clarification of ASC Interpretive Guidelines
  - CMS is clarifying that ASC’s interpretive guidelines indicate that an ASC and an Independent Diagnostic Testing Facility (IDTF) may **NOT share space**, even when temporarily separated
  - Some facilities are equipped to perform both ambulatory surgeries and diagnostic imaging
CMS – S & C Memo’s

S & C - 09-51 – cont.

• CMS requires an ASC to operate exclusively for the purpose of providing surgical services

• CMS prohibits IDFF’s that are not hospital-based or mobile from sharing a practice location with another Medicare-enrolled individual or organization
CMS – S & C Memo’s

S & C - 10-20

• Ambulatory Surgical Center (ASC) Waiting Area Separation Requirements

• ASC regulations require these facilities to be distinct entities, solely providing surgical services, containing separate waiting areas, and shall meet the LSC requirements for Ambulatory Health care occupancies
CMS clarifies ASC Waiting areas, including the prohibition on the sharing waiting areas with other entities.

Definition of an ASC – a distinct entity that operates exclusively for the provision of surgical services.

As a result an ASC may not share space with another entity when the ASC is open.
According to NFPA 101, 20.3.7.1 and 21.3.7.1 an ambulatory health care facility shall be separated from other tenants and occupancies by walls having not less that an 1-hour fire resistance rating.

- Floor to deck above
- Doors 1 ¾ inch thick solid-bonded wood core or equivalent
- Positive latching
- Doors shall be self-closing and shall be kept in the closed position
This requirement applies whether or not an ASC is “temporary” distinct, i.e. it shares its space with another occupancy(ies) but does not have concurrent or overlapping hours of operations.

Existing ASCs
- CMS may waive, for periods deemed appropriate
- Signage must be posted that clearly identifies the distinct separate ASC waiting area
CMS – S & C Memo’s

S & C: 13-25-LSC & ASC

- Relative Humidity (RH): waiver of LSC Anesthetizing Location Requirements; Discussion of ASC Operating Room Requirements

- RH of 20 ≥ Percent Permitted in Anesthetizing Locations: CMS is issuing a categorical LSC waiver permitting new and existing ventilation systems supplying hospitals, ASC, etc. Anesthetizing locations to operate with RH of 20 ≥ percent, instead of 35 ≥ percent.
**CMS – S & C Memo’s**


- **Categorical Waiver:**
  - Facilities are expected to have written documentation that they have elected to use the waiver.
  - At the entrance conference for any survey assessing LSC compliance, a facility that elected to use the waiver must notify the survey team.
Categorical Waiver does not apply:

- When more stringent RH control levels are required by State or local laws and regulations
- Where reduction in RH would negatively affect ventilation system performance
CMS – S & C Memo’s


• **Ongoing Requirements**

  • Facilities **must monitor** RH levels in anesthetizing locations
  
  • **Provide evidence** that the RH levels are maintained at or above 20%
  
  • When internal moisture not sufficient - humidification must be provided
  
  • Provide evidence that timely corrective actions are performed successfully in instances when internal monitoring determines RH levels are below the permitted range
CMS – S & C Memo’s

S & C: 13-58-LSC


• Several Categorical LSC Waivers Permitted

  • CMS has identified several areas of the 2000 edition of the LSC and 199 NFPA 99 that may result in unreasonable hardship on a large number of healthcare facilities and for which there are alternative approaches that provide equal level of protection (2013 NFPA 101 ?)
CMS – S & C Memo’s


• Healthcare facilities must elect to use the categorical waivers
  
  • Individual waivers applications are not required, but health facilities are expected to have written documentation that they have elected to use a waiver and must notify the survey team at the entrance conference for any survey assessing LSC compliance.
Categorical Waivers Available:

- Medical Gas Master Alarm
- Openings in Exit Enclosures
- Emergency Generators and Standby Power System
- Doors
- Suites
- Extinguishing Requirements
- Clean Waste & patient Record Recycling Containers
TX Licensing Req versus CMS – Medicare

- The Dilemma
- CMS - S & C versus State Licensing Requirement
- CMS - Healthcare Facilities to participate in provider base services, the facility is required to be licensed within that State and the facility shall meet the requirements of that State
- How is ARG going to resolve the differences?
- We are not 😊
10 Most repeated infractions at Insp

10 Nurse call and Medical gas alarms not connected to proper emergency electrical panels

9 In-patient care area - the electrical panels not grounded between normal and emergency panels

8 Renovation project - electrical panel and ATS not labeled correctly

7 Critical electrical receptacles not marked/labeled

6 Generator Set - no battery powered light on life safety receptacle at generator
10 Most repeated infractions at Insp

5 Medical Gas Storage room - ☀ switch (5’), proper racking /stored, not a rated door, not ventilated properly

4 Clean rooms over > 100 sq. ft. - considered storage (equipment, shell space, etc)

3 Supply and return every room - air change requirement

2 Air pressure relationships between rooms

1 Penetrations in Fire/smoke partitions, walls, between floors not sealed