Effective January 1, 2015: Revised equipment maintenance standards for CAHs align with CMS

Tips for meeting the revised equipment maintenance standards

IOM workshop on health literacy November 6

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Accreditation

Effective January 1, 2015: Revised equipment maintenance standards for CAHs align with CMS

The Joint Commission has revised several elements of performance for critical access hospitals (CAHs) – effective January 1, 2015 – to align with changes made by the Centers for Medicare & Medicaid Services (CMS). In August 2014, CMS issued a Survey and Certification letter (S&C 14-41-CAH) clarifying when critical access hospitals may implement an alternative equipment maintenance program, which adjusts maintenance, inspection, and testing activities for facility and medical equipment from what is recommended by the manufacturer. The revisions are available in the November 2014 issue of Joint Commission Perspectives and will be published in the fall E-dition® update and the 2014 Update 2 to the Comprehensive Accreditation Manual for Critical Access Hospitals. Any additional changes that may result from further CMS review will be communicated in future issues of Perspectives and Joint Commission Online. (Contact: John Fishbeck jfishbeck@jointcommission.org)

Tips for meeting the revised equipment maintenance standards

The Joint Commission has revised and expanded a number of elements of performance (EPs) in standards EC.02.04.01 and EC.02.04.03 (related to medical equipment), and EC.02.05.01 and EC.02.05.05 (related to utility systems) to align with the Centers for Medicare & Medicaid Services (CMS) requirements for hospitals with deemed status. Similar requirements will become effective for critical access hospitals on January 1, 2015 (see article above). This article provides tips to help hospitals with deemed status meet the new requirements. Note: The language of the elements of performance (EPs) has been summarized for the article and does not replace the EPs in the accreditation manual.

<table>
<thead>
<tr>
<th>Standards</th>
<th>Hospital</th>
<th>Changes</th>
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</thead>
<tbody>
<tr>
<td>EC.02.04.01, EP 2 and EC.02.05.01, EP 2</td>
<td>Deemed status</td>
<td>Inventories must now include ALL medical equipment and components of utility systems. This means that most hospitals will need to reevaluate their current equipment inventories. The inventories can be organized as the hospital sees fit – by system, equipment type, or level of risk.</td>
</tr>
<tr>
<td></td>
<td>Non-deemed status</td>
<td>Conduct a thorough risk analysis to decide which medical equipment or components of utility systems to include on the inventory.</td>
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<tr>
<td>EC.02.04.01, EP 3 and EC.02.05.01, EP 3</td>
<td>All hospitals</td>
<td>Requires all hospitals to identify “high-risk medical equipment” (equivalent to the CMS term “critical equipment”) and components of the utility systems on the inventory by using a unique identifier – for instance, a color or symbol. High-risk is a new concept in these EPs. Although the term includes all life support equipment, it applies more broadly, encompassing other items that are technically not necessary to support life, but would put the patient or staff at risk of serious injury or even death if they fail.</td>
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<tr>
<td>EC.02.04.01, EP 4 and EC.02.05.01, EP 4</td>
<td>All hospitals</td>
<td>Requires hospitals to identify, in writing, the activities and associated frequencies for maintaining, inspecting, and testing all medical equipment and components of utility systems.</td>
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<tr>
<td></td>
<td>Deemed status</td>
<td>ALL items on the inventory must include activities and frequencies. To determine activities and frequencies, hospitals must comply with manufacturers’ recommendations or with strategies of an alternative equipment maintenance (AEM) program, as long as the AEM program does not reduce safety and is based on accepted standards of practice.</td>
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<tr>
<td>EC.02.04.01, EP 5 and EC.02.05.01, EP 5</td>
<td>Deemed status</td>
<td>Identifies when a hospital must use manufacturer’s recommendations for maintenance activities. This equipment includes: Medical laser devices Imaging and radiologic equipment (whether used for diagnostic or therapeutic purposes) Medical equipment or components of utility systems subject to federal or state law or Medicare Conditions of Participation. In these cases, hospitals should follow manufacturer’s recommendations or an approach that establishes more stringent maintenance requirements.</td>
</tr>
</tbody>
</table>
• New medical equipment or components of utility systems that do not have sufficient maintenance history to support the use of AEM strategies. In this context, maintenance history includes records provided by the hospital’s contractors, information made public by nationally recognized sources, and records of the hospital’s experience over time.

EC.02.04.01, EPs 6, and 7, and EC.02.05.01, EPs 6 and 7

Deemed status

Evaluates how a hospital determines whether a piece of equipment or a system component can be maintained as part of an AEM program, including that:

• A qualified individual must make the decision to include an item in an AEM program. Consult Human Resources standard HR.01.02.01 to determine who is qualified.

• The individual making the assessment must use written criteria that takes into consideration: How the equipment or component is used; consequences of failure, including the seriousness and prevalence of harm; availability of an alternative or a backup in the event that the tool fails or malfunctions; incident history of identical or similar equipment; and maintenance requirements of the equipment.

Medical equipment or components of utility systems included in an AEM program must be identified on the inventory, as outlined in EP 7.

EC.02.04.03, EP 1 and EC.02.05.05, EP 1

Deemed status

Requires the performance of safety, operational, and functional checks before initial use “and after major repairs or upgrades” of medical equipment. Since repairs and upgrades can sometimes change performance, these checks ensure that the equipment is in working order and can support strong and safe patient care. For components of utility systems, the components must be tested before initial use and “after major repairs or upgrades.”

Non-deemed status

Safety, operational, and functional checks must be performed before initial use of medical equipment; for components of utility systems, the components must be tested before initial use.

EC.02.04.03, EPs 2 and 3, and EC.02.05.05, EPs 2 and 3

All hospitals

Reflects the use of the new term high-risk versus life support. All hospitals are required to test, inspect and maintain high-risk equipment or components of utility systems – including life support equipment – and to test, inspect, and maintain non-high-risk equipment or components of utility systems. Note: EP 2 is a Category A requirement, meaning The Joint Commission expects hospitals to comply at 100 percent; anything less would be considered insufficient compliance and will result in a Requirement for Improvement (RFI).

To read the entire article, including examples and definitions, see the September 2014 issue of Joint Commission Perspectives. (Contact: George Mills, gmills@jointcommission.org)

Patient safety

IOM workshop on health literacy November 6

The Institute of Medicine’s (IOM’s) Roundtable on Health Literacy will hold a workshop, Health Literacy: Past, Present and Future, on November 6, 2014, from 8:30 a.m. to 5:30 p.m. ET, in Washington, D.C. The workshop will examine the progress made in the field of health literacy in the 10 years since the IOM report Health Literacy: A Prescription to End Confusion. Paul M. Schyve, M.D., senior advisor, Healthcare Improvement, will represent The Joint Commission. Participants can attend in person or via webcast. Visit the IOM website to register and view the agenda.

Resources

New on the Web

• Joint Commission standards: Safely and effectively managing the infectious Ebola patient
• Candidate Systems List: Candidate ORYX® Vendors Supporting Core Paper-based Measures
• Blog posts:
  o @ Home with The Joint Commission: The seasons of our lives.

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