Hospital Accreditation- What Does the HFAP Process Look Like?

Presented by

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Welcome to the session!!

What will we talk about?

We’re going to go through the general points of the HFAP accreditation process.

We will also talk about typical life safety deficiencies found in hospitals.
Topics...

Today, we will touch on the following topics:

1. Define HFAP and CMS
2. HFAP five steps for the accreditation process
3. What happens on a survey
4. Top Ten Findings by Life Safety Surveyors
5. Techniques and suggestions for compliance
The Centers for Medicare & Medicaid Services, or CMS, is part of the federal Department of Health and Human Services (HHS.) CMS administers programs that include Medicare, Medicaid, the Children’s Health Insurance Program (CHIP), and the Health Insurance Marketplace.
In order for a healthcare facility to receive reimbursement for patient care, they must meet all of the federal guidelines; commonly referred to as the Conditions of Participation.
The accreditation process is a means to check the compliance of a hospital with the CMS regulations. An accreditation survey will cover all aspects of operation, HR, medical practice and the physical environment.
HFAP & CMS

Healthcare Facilities Accreditation Program (HFAP) is one of the voluntary accreditation organizations authorized by the Centers for Medicare and Medicaid Services (CMS) to survey acute care hospitals, critical access hospitals, and ambulatory surgical centers for compliance with the Medicare Conditions of Participation and Conditions for Coverage. HFAP also provides certification to primary stroke centers.
HFAP & CMS

Originally created in 1945 to conduct an objective review of services provided by osteopathic hospitals, HFAP has become a recognized accreditor for any hospital, with either DO or MD programs.

HFAP has maintained its deeming authority continuously since the inception of CMS in 1965 and meets or exceeds the standards required by CMS.
The basis for HFAP Standards include:

- Medicare Conditions of Participation
- Institute for Healthcare Improvement
- Agency for Healthcare Research & Quality (AHRQ)
- National Quality Forum
- Non-Medicare quality standards that include input from our accredited organizations
HFAP Accreditation Process

Basic steps in the accreditation process include:

• Application
• Survey
• Deficiency report (from the survey)
• Plan of corrections/Correct action response
• Accreditation action (accept/deny)
HFAP Accreditation Process

The process varies significantly based on facility size and survey results, but a minimum of 6 months is recommended when switching from another accreditation organization.

Let’s focus on the survey, deficiency report, and plan of corrections process...
Expectations...

The facility being surveyed is required to be compliant with the 2000 edition of the NFPA 101 *Life Safety Code.*  

[CMS CoP §482.41(b)/HFAP CH. 13]

UPDATE!! CMS has just announced that amended versions of the 2012 edition of NFPA 101 and NFPA 99 will be effective July 5, 2016.
The Life Safety Building Tour

During the survey, the life safety building tour is designed to determine how well your facility complies with the *Life Safety Code*.

*Here are two Key Facts:*

1. The surveyors will always find some life safety deficiencies; and

2. The surveyors may not always be correct
Top 10 Life Safety Findings

The following are the top-ten findings cited by HFAP LS surveyors during regular triennial surveys during 2015.
Top 10 – #1 Fire Alarm Install

HFAP 13.02.01  Fire Alarm System – Installation

The installation of the fire alarm system components were observed to have problems...

Smoke detectors must be mounted at least 36 inches away from HVAC air diffusers; supply and return.
Smoke detectors must be mounted at least 12 inches below the ceiling or deck.
Top 10 – #1 Fire Alarm Install

Access to the manual pull stations is obstructed.
Top 10 – #2 Signage

HFAP 13.01.05 Signage
This primarily involves ‘Exit’ signs…

There must be an inventory of every ‘Exit’ sign and they must be inspected monthly with a ‘Pass’ or ‘Fail’ notation (signature required).
Top 10 – #2 Signage

‘No Exit’ signs are required to have the word ‘No’ 2 inches tall, and the word ‘Exit’ 1 inch tall.
Top 10 – #3 Utilities

HFAP 13.05.09 Utility Systems

Deficiencies observed with utility systems will lead to findings; the most common involve the electrical system.

Surveyors will look above the ceiling at any fire barrier and smoke barrier locations… They will cite any junction-box without a cover.
Top 10 – #3 Utilities

Make sure access to all electrical equipment and panels is free and clear for 36 inches.
Top 10 – #4 FDR

HFAP 13.00.05 Facility Demographic Report

Common problems with the FDR involve unanswered questions, or answers that do not contain basic NFPA nomenclature
The construction type is not listed in NFPA 220 nomenclature, such as:

<table>
<thead>
<tr>
<th>Type I (443)</th>
<th>Type I (332)</th>
<th>Type II (222)</th>
<th>Type II (111)</th>
<th>Type II (000)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type III (211)</td>
<td>Type III (200)</td>
<td>Type IV (2HH)</td>
<td>Type V (111)</td>
<td>Type V (000)</td>
</tr>
</tbody>
</table>

Occupancy classification is not listed in NFPA nomenclature, such as:

- Healthcare occupancy
- Business occupancy
- Ambulatory healthcare occupancy
Top 10 – #4 FDR

HFAP does not accept IBC nomenclature in lieu of NFPA nomenclature.

*This does not mean that other regulations by other Authorities Having Jurisdiction (AHJs) do not apply!!*

AHJs are separate BUT equal. Problems with construction type and required structural ratings can be serious.
It appears that un-qualified people are completing the FDR. This should be completed by an engineer, architect, or someone with confirmed knowledge of the NFPA requirements.

Surveyors will use this document as a basis for the rest of the survey and it is important it is correct and complete.
HFAP 13.02.02  Fire Alarm System – Testing

HFAP requires testing of the fire alarm system to comply with the NFPA 72-1999 standard. This means all devices are tested in accordance with Table 7-3.2 in NFPA 72-1999.

Interface relays are often overlooked by the fire alarm testing contractor. They are usually mounted above the ceiling and are out of sight and therefore, out of mind. Their purpose is to connect other systems to the fire alarm system.
Every device on the fire alarm system (and any other feature of life safety) must be inventoried as to their location and whether or not the ‘Passed’ or ‘Failed’ their test.

The report must be signed by the service technician and must identify the NFPA standard and edition used during the test (hint: NFPA 72-1999)
Top 10 – #6 Fire Rated Doors

HFAP 13.04.07 Fire Rated Door Assemblies

Issues with doors that are required to be fire rated, do not qualify as such.

The labels on fire-rated doors cannot be covered by paint, hinges, or other means. Also, rated assembly doors or frames do not have a label at all.
The NFPA 110-1999, 6-4.1 requirement is weekly inspections of the generator will be conducted. Surveyors are finding that either the hospitals are not doing this weekly inspection, or they are not doing it correctly.
HFAP 13.01.01 Doors

- Doors are required to function properly. Surveyors are finding multiple issues with doors, concerning their ability to latch, fully open, and obstructions created by the door swing.
Top 10 – #8 Doors

Surveyors often find corridor doors that do not latch, due to staff disabling the latching mechanism.
Top 10 – #8 Doors

Often times, doors will be observed that do not open fully (at least 90 degrees)
Top 10 – #8 Doors

Surveyors will cite a door that obstructs more than \( \frac{1}{2} \) the width of the corridor / aisle / stairwell landing while the door is being opened.
Top 10 – #9 LS Drawings

HFAP 13.06.04 Life Safety Drawings

- Drawings of the facilities rated wall system are critical to proper maintenance. They are imperative to properly assessing the physical facility for compliance with the Life Safety Code.

- Incorrect or poor drawings will affect the outcome of an accreditation survey.
Top 10 – #9 LS Drawings

Surveyors often find that the Life Safety drawings do not include all of the required features:

– Rated walls and barriers;
– Smoke compartment boundaries and total area;
– Travel distances to smoke barriers and to exits;
– Suite boundaries and total area;
– Exits, exit enclosures, horizontal exits, exit discharges;
– Hazardous rooms;
– Smoke partitions, such as non-rated corridor walls and hazardous areas.
Life Safety drawings (such as this sample) need to include all of these requirements....
HFAP 13.01.02 Door Locks

- Doors in the path of egress are not permitted to be locked, with the following exceptions:
  - Clinical needs locks
  - Delayed egress locks
  - Access-control locks

- Surveyors will cite the organization if they do not comply with these exceptions
Top 10 – #10 Door Locks

Doors in the path of egress may be locked where the clinical needs of the patients require specialized security measures for their safety. This is interpreted for behavioral health units, such as psychiatric units and Alzheimer’s units.

These types of locks are not permitted for infant security, or any other purpose.
Top 10 – #10 Door Locks

Delayed egress locks are permitted, but only in buildings fully protected with sprinklers or fully protected with smoke detectors.

Common deficiencies cited by the surveyors are for delayed egress locks in buildings that are neither fully smoke detected or sprinklered.
Another frequent citing is a delayed egress lock without the proper signage with 1 inch tall lettering that says:

“PUSH UNTIL ALARM SOUNDS
DOOR CAN BE OPENED IN 15 SECONDS”
Top 10 – #10 Door Locks

Access-control locks are a misnomer… they are not locks in the path of egress. They are required to have a motion sensor on the egress side that detects a person approaching and automatically unlocks the door.
Top 10 – #10 Door Locks

They are also required to have a “Push to Exit” button mounted on the wall of the egress side, within 5 feet of the door, that unlocks the door when depressed.

Frequent findings by surveyors identify hospitals that do not have one or the other, or neither.
Top 10 – #10 Door Locks

So… it’s important to understand that doors in the path of egress cannot be locked, unless they meet the prior exceptions.

If cited, it will be an automatic Condition Level Deficiency (aka known as a CoP out), and if the door is an actual exit (i.e. a door to the exterior or a door to a stairwell) it will likely be an Immediate Jeopardy decision.
Top 10 – #10 Door Locks

There is a CMS categorical waiver (see S&C memo 13-58) that allows hospitals to use section 19.2.2.2.5.2 of the 2012 Life Safety Code, for special locking arrangements to lock doors for infant security (and ICU and ER doors as well) provided they meet the requirements:

- Building must be fully sprinklered
- The locked area must be fully smoke detected
- Staff must be able to unlock the doors at all times.
Categorical Waivers, Equivalencies & Waivers...OH MY!

Equivalencies and waivers are only approved by CMS, and CMS says they are only valid until the next triennial survey. They are a short-term solution.

Requests for equivalencies, as well as waivers, can only be made after a particular life safety deficiency is cited during a survey. HFAP will review but does not approve equivalencies or waivers – They must be forwarded to the CMS regional office for approval.

Categorical waivers can apply to any facility as long as they follow an adoption process and meet the regulatory requirements.
Categorical Waivers, Equivalencies & Waivers...OH MY!

Approved waivers or equivalencies are required to be maintained along with other life safety documents.

An equivalency is a type of acceptance for conditions not directly compliant with a code requirement. It’s an engineering document used that analyzes all of the fire safety features of the building and determines an acceptable or “equivalent” level of safety without having to resolve the deficiency.
Important!!!

By the way…
Acceptance of a waiver, equivalency or other means of relieving a facility from compliance by any AHJ other than HFAP does not provide compliance with HFAP standards.

Now let’s transition to a few notes about the document review session…. 
Document Review Session

The document review session will examine the fire safety features for proper testing and inspection procedures and frequencies.

The HFAP surveyors will start with the Facility Demographic Report (FDR) and the Life Safety Drawings.
Testing Documents

Popular issues arise from the responsible facility staff NOT reviewing the testing or inspection report as soon as the activity is complete so that any deficiencies are acted upon, by repair or ALSM.
The Most Common Problems With the Document Review Session

General Documentation Issues:

- Not all of the required testing is performed
- The testing company does not provide a list of locations for all items tested, and whether or not they passed or failed their test
- The hospital frequently does not read the test report and therefore does not act on deficiencies identified in the report
The Most Common Problems With the Document Review Session

The most common problems with the required Alternative Life Safety Measures (ALSM) policy:

• The policy is based on old standards and is not kept up to date. It must apply to all times that a life safety deficiency exists, not just during construction.

• The policy does not contain written criteria for evaluating when and to what extent the hospital follows special measures to compensate for increased risk to life safety.
The Most Common Problems With the Document Review Session

A comment about fire dampers:

You are required to test all dampers, regardless if they are accessible or inaccessible. If they are inaccessible, then they must be made accessible and retested.

There is no NFPA code or standard that allows inaccessible dampers to remain inaccessible and not be tested.
Transition...

A few notes about survey expectations....
Expectations...

LS surveyors can attest that many hospital facility staff assume all persons affecting Life Safety Code compliance understand the code and assess conditions for compliance.

Hospital staff assume the required tests and inspections are performed, and that their technicians know what actions are required.

Sometimes this is not true…
Key Vulnerabilities

Facility managers typically are not reviewing the test and inspection reports, including those conducted by in-house staff, to see if the test is being performed correctly, or if the information provided meets the codes and standard.

The results of every test and inspection performed needs to be verified that it meets the intent and the requirements of the code or standard, regardless who performed the test.
Key Vulnerabilities

The vulnerabilities to a compliant Life Safety program that each hospital (regardless of size and strength) has, can be reduced to three basic issues:

1. Poor effort
2. Lack of knowledge
3. Lack of verification

Every hospital has (or had) problems with at least one if not all three of these vulnerabilities at one time or another.
Key Vulnerabilities

The typical facility director/manager is responsible for more issues.

There is a general lack of knowledge on how to comply with the *Life Safety Code*. This is not due to a change in the Life Safety Code.

CMS and HFAP have been on the 2000 edition of the LSC since 2003.
Key Vulnerabilities

There are multiple low-cost training aids available to individuals responsible for life safety compliance:

– National and regional ASHE conferences
– NFPA seminars
– Online educational sessions
– Self-study books
– HFAP Life Safety Boot Camp series
FCIA role in Compliance

While not a top 10 finding, issues with rated assembly management are frequently a problem.

In healthcare, your relationship with the facility staff is one of the best weapons that a hospital has against non-compliance.

You have specific knowledge that general maintenance staff is not aware exists…SHARE.
FCIA role in Compliance

Help provide successful processes:

• Above ceiling or penetration permits done in-house by the facility that note locations and tested assemblies
• Lists of typical penetrations for multiple rated assemblies that are used as standards, including dampers
• Manufacturers’ in-house training for facility staff on testing and use of specific systems
QUESTIONS & DISCUSSION
Questions?

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