





Why complete HVAs and assess risk?

- CMS
 - The ASC must take an all-hazards approach when developing its plan, <u>identifying hazards</u> that are specific to the operating environment of an ASC (in Disaster Preparedness)
 - The ASC must conduct monitoring activities throughout the entire facility in order to <u>identify infection risks</u>



...

Why complete HVAs and assess risk?

- AAAHC
 - Ch 3, J: A program is maintained to assess and, where necessary, reduce risks associated with physical hazards, such as ergonomic exposures, violence at the workplace, and external physical threats such as terrorism.
 - Ch 7, Subchapter II, A: A. Elements of an organization's written safety program address the environment of care and the safety of patients, staff, and others, and must meet or exceed local, state, or federal safety requirements.
 - Processes for the management of <u>identified hazards</u>, <u>potential threats</u>, near misses, and other safety concerns





HVA

- A process for identifying potential emergencies and the direct and indirect effects these emergencies may have on the organizations operations and the demand for its services
- A tool for evaluating vulnerability to potential risks
- Helps you identify risks that require more focus
- These identified risks will need a more in depth
 assessment and mitigation process



HVA

- No specific tool required
- Most HVA tools include an assessment of the following factors:
 - Probability that an event will occur
 - The risk of disruption to the organization associated with the event scored as high, moderate or low or a similar description.
 The level of preparedness
 - . .
- Three well known models are from
 - TJC
 - American Society of Healthcare Engineering (ASHE)Kaiser Foundation
 - Kaiser Foundation
- Models can be adjusted to fit the organization



A	В	С	D	E	F	G	н	1
		HAZAR		RELATED E	ASSESSMEN VENTS	T TOOL	8 .	KAISER
					NITUDE - MITIG			PERMANENTE.
EVENT	PROBABILITY	HUMAN IMPACT	PROPERTY IMPACT	BUSINESS IMPACT	PREPARED- NESS	INTERNAL RESPONSE	EXTERNAL RESPONSE	RISK
	Likelihood this will occur	Possibility of death or injury	Physical losses and damages	Interuption of services	Preplanning	Time, effectivness, resouces	Community' Mutual Aid staff and supplies	d Rolative threat"
SCORE	0 = NA / - Low 2 - Molecule 3 = Web	8 - 302 1 - Lew 2 - Moderate 3 - Moderate	0 = NA 1 = Low 2 = Moderate 3 = Mode	0 = NA A = Low 2 = Madente 3 = Made	0 = NX J = High 2 = Moderate J = Low		0 = NA I = High 2 = Moderate 3 =	0 - 100%
Mass Casualty Incident (trauma)								0%
Mass Casualty Incident (medical/infectious)								0%
Terrorism, Biological								0%
VIP Situation								0%
Infant Abduction								0%
Hostage Situation								0%
Civil Disturbance								0%
Labor Action								0%
Forensic Admission								0%
Bomb Threat								0%
AVERAGE	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0%
*Threat increases with p	osrcentage.	NEV - NO	BABILITY	NUT DITY				
		0.00	0.00	0.00				



A	В	С	D	E	F	G	н		J	К
			N	aturally Occu	rring Events					
			Consequence				Mitigation			
Event	Probability	Human Impact	Property Impact	Business Impact	Risk	Preparedness Planning	Internal Response and Recovery Capability	External Response and Recovery Capability	Risk Management	
	Likelihood of Occurrence	Possibility of Death or Injury	Physical Lasses and Damages	interruption of Services		Engineering, Policies, Plans, MOUs	Time, Effectiveness, Aesources	Community Mutual Aid Staff and Supplies		Action Required
Score	D = Very Low J = Low 2 = Moderate 3 = High 4 = Very High	1 = Low 2 = Moderate	1 = Low 2 = Moderate 3 = High 4	0 = Very Low 1 = Low 2 = Moderate 3 = High 4 = Very High	Probability x Consequence	1 = Low 2 = Moderate 3 = High 4	1 = Low 2 = Maderate 3 = High 4	0 = Very Low 1 = Low 2 = Moderate 3 = High 4 = Very High		
Hurricane					0.00				0.00	-
Tornado					0.00				0.00	-
Severe Thunderstorm					0.00				0.00	-
Snow Fall					0.00				0.00	-
Blizzard					0.00				0.00	-
ice Starm					0.00				0.00	-
Temperature Extremes					0.00				0.00	-
Drought					0.00				0.00	-
Landslide					0.00				0.00	-
Volcano					0.00				0.00	-
Earthquake					0.00				0.00	-
Flood, External					0.00				0.00	-
Tsunami					0.00				0.00	-
Wild Fire					0.00				0.00	-
Epidemic					0.00				0.00	-
	#DIV/0]	#DIV/01	#DIV/01	#D(V/0)	0.00	#DIV/01	#DIV/01	#DIV/01	0.00	



EVENT		PROB	ABILIT	Ϋ́			RISK	PRE	TOTAL				
	HIGH	MED	LOW	NONE	LIFE THREAT	HEALTH/ SAFETY	HIGH DISRUP- TION	MOD DISRUP- TION	LOW DISRUP- TION	POOR	FAIR	GOOD	
SCORE	3	2	1	0	5	4	2	2	1	3	2	1	
TECHNICAL EVENTS													
Electrical Failure			1				2					1	2
Generator Failure			1		5							1	5
Transportation Failure				X									
Fuel Shortage				X									
Natural Gas Failure				X									
Water Failure			1			4						1	4
Sewer Failure			1			4						1	4
Steam Failure			1					2				1	2
Fire Alarm Failure			1		5							1	5
Communications Failure			1					2			2		4
Medical Gas Failure			1		5						2		<mark>10</mark>
Medical Vacuum Failure			1			4						1	4
HVAC Failure			1					2				1	2
Information Systems Failure			1					2			2		4
Fire, Internal			1		5						2		<mark>10</mark>
Flood, Internal			1				2					1	2
Hazmat Exposure, Internal			1						1			1	1
Unavailability of Supplies				X									
Structural Damage				X									



Risk Assessment

 Each hazard has risks and those risks should be focused on mitigation, preparedness, response and recovery to complete the process. The HVA serves as a needs assessment for the emergency management program.



Risk Assessment

 An assessment that examines a process in detail including sequencing of events, actual and potential risks, and failure or points of vulnerability and that prioritizes, through a logical process, areas for improvement based on the actual or potential impact of care, treatment or services provided.



From HVA to Risk Assessment

- Address your vulnerabilities in HVA
- Create a plan to address greatest risks
- Mitigate hazards
- Respond to events
- Recover from events



Fire: Internal

- Mitigation
 - Fire Alarm System
 - No smoking policy enforced
 - Automatic sprinklers in renovated areas
 - Smoke compartments, barrier doors
 - Preventative Maintenance on all systems
- Preparedness
- Clear and concise policies and procedures
- Fire extinguishers
- Code Red Procedures
- Staff training and quarterly fire drills



Fire: Internal

• Response

- Automatic activation of fire smoke detection/fire alarm system
- Implementation of Code Red Procedures
- Evacuation, if appropriateInitial damages/injuries assessment

Recovery

- Comprehensive Damage Assessment
- Identification of necessary repair/restoration
 Review response procedures
- Re-entry





Risk Assessment: Infection Contro

- CDC <u>https://www.cdc.gov/hai/prevent/infection-control-assessment-tools.html</u>
- <u>http://community.apic.org/sierra/resources/overview</u>

Infection Prevention and Control Assessment Tool for Outpatient Settings

This tool is intended to assist in the assessment of infection control programs and practices in outpatient settings. In order to complete the assessment, direct observation of infection control practices will be necessary. To facilitate the assessment, health departments are encouraged to share this tool with facilities in advance of their visit.

Overview

Section 1: Facility Demographics

Section 2: Infection Control Program and Infrastructure

Section 3: Direct Observation of Facility Practices

Section 4: Infection Control Guidelines and Other Resources

I. Infection Control Program and Infrastructure		
Elements to be assessed	Assessment	Notes/Areas for Improvement
A. Written infection prevention policies and procedures are available, current, and based on evidence-based guidelines (e.g., CDC/HICPAC), regulations, or standards.	O Yes O No	
Note: Policies and procedures should be appropriate for the services provided by the facility and should extend beyond OSHA bloodborne pathagen training		
B. Infection prevention policies and procedures are re-assessed at least annually or according to state or federal requirements, and updated if appropriate.	O Yes O No	
C. At least one individual trained in infection prevention is employed by or regularly available (e.g., by contract) to manage the facility's infection control program.	O Yes O No	
Note: Examples of training may include: Successful completion of initial and/or recertification exams developed by the Certification Board for Infection Control & Epidemiology; participation in infection control courses organized by the state or recognized professional societies (e.g., APIC, SHEA).		
D. Facility has system for early detection and management of potentially infectious persons at initial points of patient encounter.	O Yes O No	

Infection Control Surveillance 2006	Rates					Benchmark Data	In	adii		Tria	eity*		Comments
PS4 845 -	_	_	_	_				_	_	_	_	-	
Aspergillus sp.													
Aux R45 =													
Serratia marcescens												_	
Sematia RAS =			_	_						_	_	_	
MDRO Team Focus:													
Surgical Site	QI	Q2	63	04	Yr End	Benchmark Data	Me	Belew	Abere	Lo			Comments
Infections Post							2	1	3	1	2	3	
Procedure Infections Total Knee													
Total Knee TK R45 =					1							1	
TA K43 = Total Hip			_							_	-	-	
TH RAS =												L	
TH RAS = Report SSI rates quarter													
ABC: Chest	<u>v</u>	-	-	_	-	1	_	_	_	<u> </u>	-	-	
Sternam R45 =	-	-	-	-	-		_	-	-	-	-	-	
Review SSI cases and re	net rates	eserirriz											
Lap Chol.	1	1 10	-	-	-		_	-		<u> </u>	-	—	
Lee Chol RAS =	-	-	-	-				-	-	-	-	-	
Review SSI cases and re	port rates	escription											
Bernia	-	<u> </u>	T	T						<u> </u>	1	1	
Hernia RAS =										-		-	
Review SSI cases and re	port rates	gearterly											
EP Lab: pacemaker			T									Г	
Pecenaker RAS =				-						-	-	-	
Review SSI cases and re	port rates	quarterly											
Departmental Servelli	ance New	Services	_	_	_		_	_	_	-	_	-	_
Location	Assa	d Inspect	an Outh	reaks-Ch	isters			Below	Abere	Lo			Comments
							2	1	3	1	2	3	
Nalysis	_	_	_	_	_			_		<u> </u>	_	Τ.	
hin Care Center													
leen Center													



Α		c	D	1	1	G	1	1
				PERTY - NAC	NUMBER OF TAXABLE		-	
DIM	ROUGHT	BURAN DRIVET	NOPERTY	RUNUS DINCT	REPARTNER	INTERNAL BEIPENSE	EXTERNAL BENFUNE	ЮK
	JAthof Revel	Product data	Arrestone of	hampton/	Poplanting d Provention	Inc. dictores.	(meanly Mode Adopt adoption	Address of the
	1-00				0.50	1-10	0-5x	
lear	2-Matrix	1-34m	3-184m	2-84mm 2-84	- 24	2-24	2-26	4.385
Perior minist labelue		1-30				1.00	1.00	
System AnnoenOcterion								
String fuls: Tenerous Strings in Animal Densing								
- Shot								
NRSA.								
Secolar Mick								n
- Hot Surgired Stationalized								n
								2
299. Dearson								
Contract Information								
Anisota Anisot Department Module to Anisot Department								0
Sodora Nation.								
- Vanhere: Annei Sonn Sheba : Interior Jaconson								5
- 200 Sector Propositions								n
Sente								· · · ·
-Joo								
Onsciention								2
NY. Stermonented								
								2
Other are used by above Comparison Built								
. Lebro de la Barroier. Nacione Provensido Comes Dis								
The second dubes								
Net interint								
Contraction A Strengton, CORRECTOR Defense And April 2016								
Other and an and a state of the second secon								
	1	1	1			· · · · · · · · · · · · · · · · · · ·		- 15
Introl strendersk.								
								5
ATTACK SHE			al () - E () E					
		REK - PROBA	AUNYSVIR	in .			Tecnology 8	-
Infection Con								



Resources	
• CMS	
• TJC	
• AAAHC	
• ASHE	
Kaiser HVA <u>http://cchealth.org/ems/pdf/Kaiser-HVA-Tool-and- Instructions.pdf</u>	
 Hazard Vulnerability Analysis/OSHA Training Institute Region IX 	
• CDC	

Questions?

- eSupport Members post your questions to the Forum
- Email us at info@pss4asc.com

Still not an eSupport member?

Join the community...request your free web demo today!

- Visit <u>www.progressivesurgicalsolutions.com/esupport</u>
- Email us at info@pss4asc.com
- Or call us! (855) 777-4272





