Challenges and Solutions for the Physical Environment

Kenneth A. Monroe, PE, MBA, CHC, PMP
Director – Engineering,
Standards Interpretation Group
The Joint Commission

The Joint Commission

The Joint Commission: 2018 Update

Who we are
Survey Process and Methods
Standards
Tips and Tools

The Joint Commission

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Director – Engineering

SIG (Standards Interpretation Group)

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Learning Objectives

- At the conclusion of this presentation, participants will be able to:
  - Discuss The Joint Commission mission & deemed status
  - Understand the survey process
  - Describe the SAFER Matrix
  - Understand which standards are scored most frequently in 2017
  - Discuss the process of Standards creation
  - Understand the new and revised EP's in the LS and EC chapters
    - We are **NOT** presenting a detailed EP discussion

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Big Shoes to Fill

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SIG - Department of Engineering

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Engineer

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Engineer

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SIG – Goals and Aspirations

- Get fully staffed
- New Directions
  - What's next?
    - Infection Control
    - Emergency Management
    - Capital Planning
    - Construction
- Enhancements
  - DSSM Function

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HAI's – Hospital Acquired Infections

- Approximately 700,000 cases per year
- Approximately 60,000 deaths per year from HAI's
  - Equivalent to one 747-400 every 2.5 days

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Owner / Designer / Contractor

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Mission:

- To continuously **improve** health care
- By **evaluating** health care organizations - meaningful assessment
- To provide **safe** and effective care
- **Inspiring** them to excel

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The Joint Commission: Deemed Status

- 1965
  - Congress: SS Amendments
  - IF accredited by JCAH, "deemed" to be in compliance with Medicare Conditions of Participation (CoP's)
- Loss of Deemed Status:
  - Approx. 2/3 to 3/4 of revenue from CMS
  - Spigot turned off
- Not all HCO's deemed by TJC
  - State AHJ's
  - Competitors
  - Not deemed at all

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The Joint Commission: Deemed Status

- Deemed Programs:
  - Hospitals
  - Behavior Hospitals
  - Home Care, Hospice
  - Ambulatory Healthcare, including Surgery Centers
  - Critical Access Hospitals
  - Labs
- Survey: Every 3 years (Labs: every 2 years)

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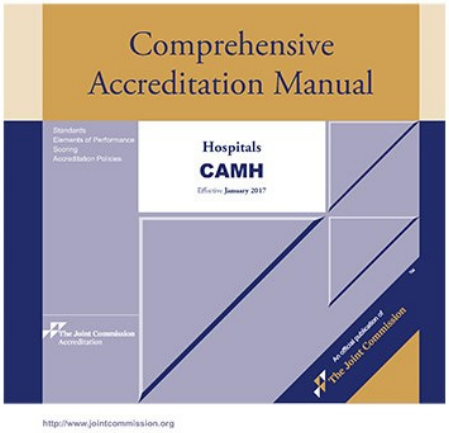
TJC – Standards and Elements of Performance (EP's)

- **Tell us what you are going to do**
- **Tell us how you did it.**
- Survey to 2012 editions of:
  - NFPA 101 – Life Safety Code
  - NFPA 99 – Healthcare Facilities Code



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LEADING THE WAY TO 0

Leading the Way to Zero™

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Current and Emerging Patient Safety Risks– An Onsite Survey Focus

- **Suicide Prevention**
- High-Level Disinfection/Sterilization
- Sterile Compounding
- Hemodialysis

4-1-1 on Survey Enhancements

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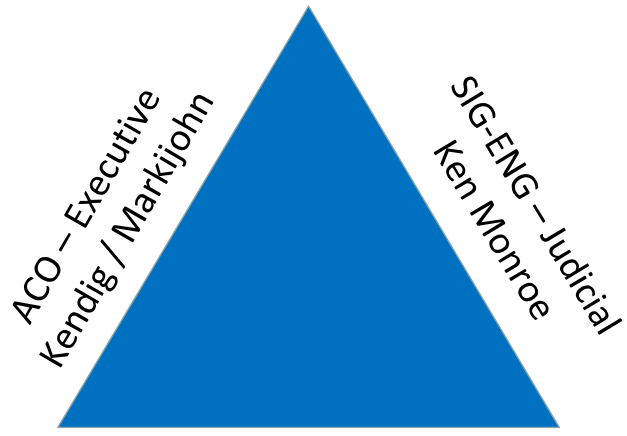
ACO-DSSM-SIG – Like the Government



DSSM – Legislative
Ken Monroe

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Life Safety Code Surveyors (LSCS)

Jim Kendig, MS, CHSP, CHCM, HEM, LHRM
Field Director, LSCS

Tim Markijohn, MBA\MHA, CHFM, CHE
Field Director, LSCS

- 78 Full/Part Time/Intermittent (hiring)
- Many currently work in healthcare facility management
- Minimum of bachelors degree, most have multiple masters & doctorate level
- Live across the country, survey the globe
- High performers

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ACO
Accreditation and Certification Operations

Understanding The Survey Process

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Survey Types

- Full U (Full Unannounced\Triennial)
- Med Def (Medicare Deficiency)
- SSU/OQPS (Special Survey Unit & Office of Quality and Patient Safety)
- ICM 2 or 3 (Intracycle Monitoring)
- Extension Survey (New building/services)
- Medicare Survey (CLD on Initial)

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Life Safety Code Surveyor Days - 2018

Hospitals – Each Physical Address = Min. 2 LSCS days (new)

Gross Building Square Footage

0 – 1,000,000	2 LSCS Days
1,000,000 – 1,500,000	3 LSCS Days
>1,500,000	LSC FD Review

Non Hospital Life Safety Code Surveyor Days - 2018

Gross Building Square Footage

AHC / ASC	1 LSCS Day
Med Def	1 LSCS Day
SSU / OQPS	1 LSCS Day

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The Hospital Survey Team

- Team Leader
  - Physician or Nurse
- Life Safety Code Surveyor (LSCS)
- Other clinical team members
- Based on physical size of the organization and the amount and types of programs (HAP, OME, AHC, BHC)

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LSCS Pre Survey Review

- SOC (BBI – E-app) PFI's not visible to LSCS
- Previous report and ESC's
- Public web site
- Surveyor Resources

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Survey Agenda: LSCS Arrives with Team

	Day 1
0800 - 0900	Facility Orientation
0900 – 0930	Opening Conference/Introductions Only
0930 – 1045ish	Document Review
1045 – 1200	Pressure Relationships (OR's/SPD)
1200 – 1230	Lunch
1230 – 1600	Building Tour (End of day Findings)

	Day 2
0800 - 0815	Day #1 Morning Briefing
0815 – 1200	Building Tour Cont'd
1200 – 1230	Lunch
1230 – 1430	EC/EM Sessions (Separate)
1430 – 1530	Enter day #2 Findings into report
1530 – 1600	Interim LSCS Exit/Team Exit

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Survey Agenda: Early Exit

- LSCS Pilot in 2016 & 2017
- 2018 and beyond
  - Only 5 day surveys
  - Changes to agenda
    - For example – hard stop vs. morning briefing
    - Starting earlier
- LSCS (or other surveyors such as BH, AHC) will not be on the last two days

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11 requirements surveyors want you to know about

- Triennial 4 hours generator run applies to all HAP/AHC (EC.02.05.07 EP's 9&10)
- Written surgical fire risk assessment and plan (EC.02.03.01 EP-11)
- Exit sign testing with batteries (EC.02.05.07 EP-1)
- Elevator fire fighter operations monthly test (EC.02.03.05 EP-27)
- LIM's (EC.02.05.05 EP-7)

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11 requirements surveyors want you to know about page 2

- Fire response plan, LIP, copy at operator or security (EC.02.03.01 EP-9)
- Stairwell signage (floor information) tactile (LS.02.01.20 EP-10)
- Kitchen Hood Extinguishing (FA/Energy/Fans) (EC.02.03.05 EP-13)
- Succession plan and delegation of authority (EM.02.01.01 EP-12)
- Generator EPO remote/not on exterior enclosures (EC.02.05.03 EP-11)
- Corridor/Suite Perimeter Doors (LS.02.01.30 EP-13)

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Day One morning: Facility Orientation

Main Fire Panel - Upon arrival by the surveyor, an escort will be needed to take him/her to the main fire alarm panel to verify that it is functional- check breaker.

Tip for success: make sure you know location of electrical panel with the designated breaker for the fire alarm.

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Day One morning: Facility Orientation

Life Safety Plans - The surveyor will then meet with an organization staff member(s) to become oriented to the layout of the building.

- Areas Sprinklered (if not 100%)
- Hazardous Storage Rooms
- Fire Barriers
- Smoke Barriers
- Suites (both types), including size
- Smoke Compartments
- Chutes/shafts
- Approved Equivalencies or Waivers

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Day One morning: Facility Orientation New May 2017

- Visit generators
  - Obtain name plate info, look for EPO
- Visit fire pump room
  - Electric or diesel (Day tank at least 2/3 Full)
  - Spare Sprinkler Heads and Tools
- Prior to the start of the building tour – the 3 Q's

Tip for success: Know the number and types of sprinklers so you can determine the number of spares needed *per NFPA.*

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Day One morning: Document Review

- Paper or electronic, 90 minutes is the goal!
- Same checklist the Life Safety Code Surveyors (LSCS)/Hospital use
- Serves as Hospitals prep tool for survey – mock review
- Checklist has Standard, EP, Time frequency
- Open book test

Tip for success:

- **Organize testing document binder in same order as checklist**
- **Close all open issues and place work order right behind report**

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Day One morning: Document Review

- Policies and procedures for Interim Life Safety Measures (ILSMs)
- Written fire response plan
- Evaluations of fire drills conducted for the past 12 months – complete fire drill matrix
- Maintenance records for fire protection & suppression equipment
- Maintenance records for emergency power systems
- Maintenance records for piped medical gas and vacuum systems

Tip for success: LSCS will use IOU if not readily available

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Day One morning: Document List & Review Tool

STANDARD - EPs	See Legend C	NC	NA	IOU	Document / Requirement	Frequency	Q 1/ Semi	Q 2	Q 3/ Semi	Q 4/ Annual
EC.02.03.05					Fire Protection and Suppression Testing and Inspection					
EP 1					Supervisory Signals-including: Control valves; pressure supervisory; pressure tank, pressure supervisory for a dry pipe (both high and low conditions), steam pressure; water level supervisory signal initiating device; water temperature supervisory; and room temperature supervisory.	Quarterly				
EP 6					Diesel-engine-driven fire pumps tested under no-flow conditions	Weekly				
EP 7					Water storage tank high and low level alarms	Semiannually				
EP 8					Water storage tank low water temp alarms (cold weather only)	Monthly				
EP 9					Sprinkler systems main drain tests on all risers	Annually				
EP 10					Fire department connections inspected (Fire hose connections N/A)	Quarterly				
EP 11					Fire pump(s) tested – under flow	Annually				
EP 12					Standpipe flow test every 5 years	5 years				
EP 13					Kitchen suppression semi-annual testing	Semiannually				
EP 14					Gaseous extinguishing systems inspected (no discharge req.)	Annually				
EP 15					Portable fire extinguishers inspected monthly	Monthly				
EP 16					Portable fire extinguishers maintained annually	Annually				
EP 17					Fire hoses hydro tested 5 years after install; every 3 years thereafter	5 years / 3 years				
EP 18					Smoke and fire dampers tested to verify full closure	1 year after install / At least every 6 years thereafter				
EP 19					Smoke detection shutdown devices for HVAC tested	Annually				
EP 20					All horizontal and vertical roller and slider doors tested	Annually				
EP 25					Inspection and testing of door assemblies by qualified person	Annually				
EP 27					Documentation of maintenance testing and inspection activities for EPs 1-20 and 25 includes: activity name; date; inventory of devices, equipment or other items; frequency; contact info for person performing activity; NFPA standard; activity results					

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Day One morning: Documentation Clarification

- **Any document not available at time of survey cannot be clarified post survey**
- Documents readily available
- Reduce the volume of post-survey clarifications
- Less time and resources spent after the survey

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Day One morning: Fire Drill Matrix

Hospital Name:														Score at EC.02.03.03 EP3
Quarterly Hospital Fire Drills														
Day = M, Tu, W, Th, F, Sa, Su Time: 24 hour formatted			Q1			Q2			Q3			Q4		
			Jan.	Feb.	Mar.	Apr.	May	Jun.	Jul.	Aug.	Sep.	Oct.	Nov.	Dec.
1st Shift	Normal	Location/Building												
		Day												
		Date												
		Time												
	ILSM	Location/Building												
		Day												
		Date												
		Time												
2nd Shift	Normal	Location/Building												
		Day												
		Date												
		Time												
	ILSM	Location/Building												
		Day												
		Date												
		Time												
3rd Shift	Normal	Location/Building												
		Day												
		Date												
		Time												
	ILSM	Location/Building												
		Day												
		Date												
		Time												

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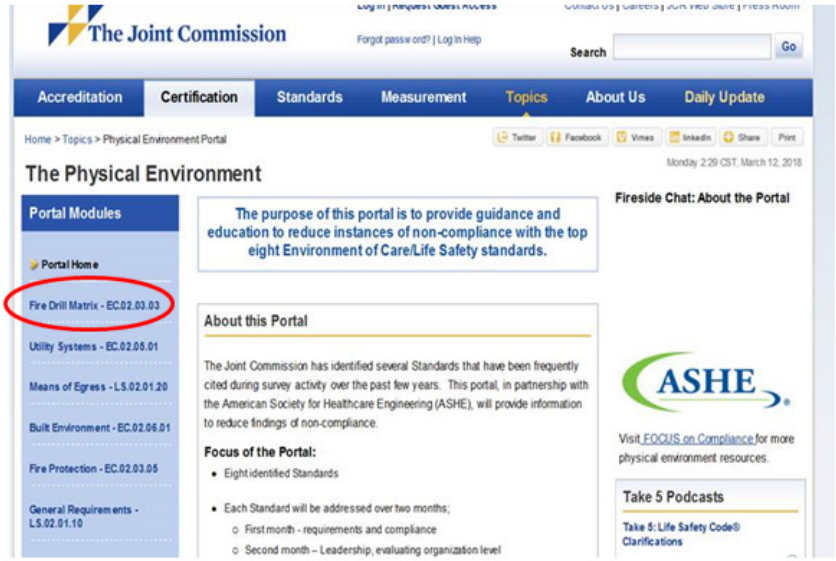

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Fire Drills - Tips

Tip for success:

- Reminder one drill per shift per quarter +/- 10 days
- > 1 hour between drills (Best Practice: Vary days)
- Number one location for fires in healthcare? Kitchen!
- Place central station and FDC checks on fire drill form – save time and money and eliminate missed annual and quarterly requirements.

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Day One morning: Pressure Relationships

- OR's - Positive to adjacent
- SPD - Decontam - Negative to adjacent
- SPD - Prep/Pack, Sterilizing, Sterile storage – Positive to adjacent
- AIIR's – Negative to corridor, .01" W.C.
- Soiled Utility – Negative to Corridor

Tip for success: When you announce TJC in house – someone please check the critical pressure relationships

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Day One afternoon: The Building Tour

- Start at the top
  - Roof – Lab exhausts (Not AIIR's)
  - Walk stair enclosures
  - Mechanical Rooms, central plant (exit signs visible)
  - Lab, Pharmacy, Kitchen
  - Patients units
  - Radiology, ED, Medical Records
  - Fire/smoke Barriers

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Day One afternoon: The Building Tour

- FD's (Label, Gap, Close, Latch, Plates) SD's (Close, Gaps)
- Corridor doors, latching hardware, no more 5lb exception
- Above Ceiling (Sprinkler pipes, Barriers, J-Boxes, Med Pipe)
- Entire building for EC, Hospital and Ambulatory for LS

Tip for success: Above ceiling permit system in place?

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Interim Life Safety Measures

- Policy Reviewed during document review, ILSM Reference guide given
- Mostly for LS findings, either corrected on site or not ≤8 hours
- Surveyor required to document in report what ILSM is put in place until corrected

Tip for success: Know your ILSM policy – education can be limited to specific staff such as plant ops and security

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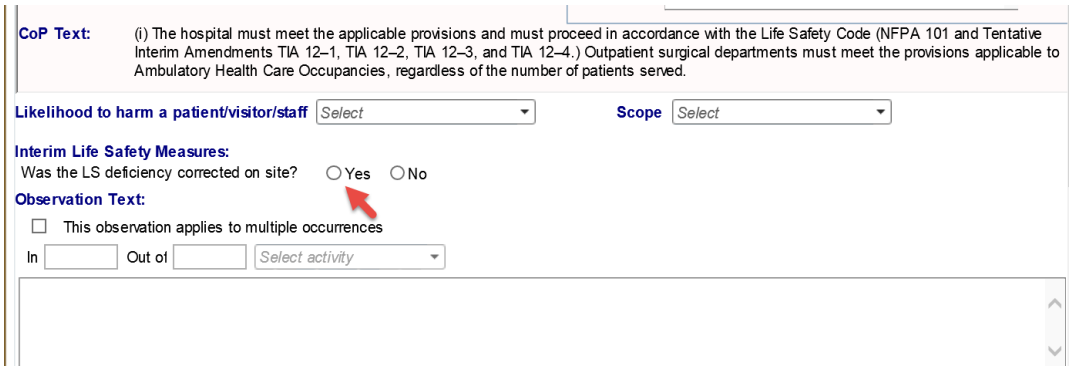
ILSM changes on the report



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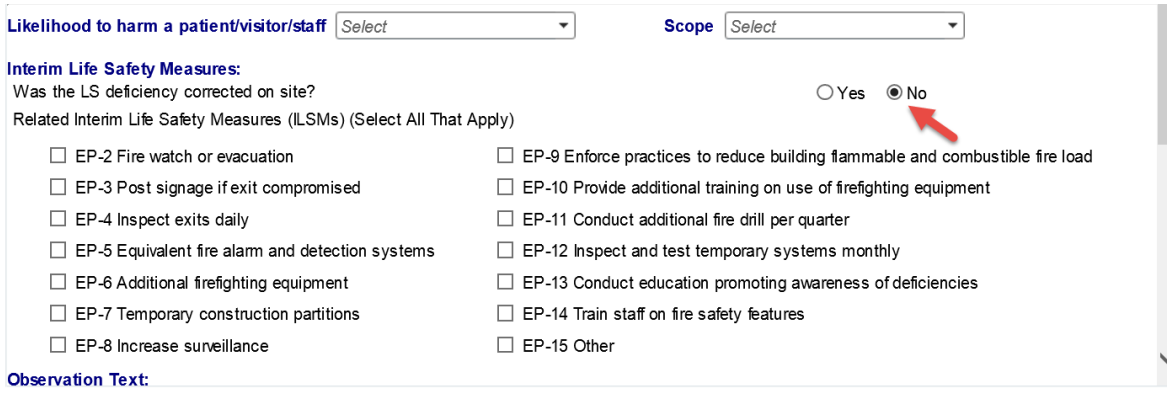
ILSM changes on the report



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Perspective…

- You are being evaluated on (HAP)…
  - 156 Eps – EC
  - 193 Eps – LS
  - 112 Eps – EM
- So…using only EC and LS – you are being evaluated on 349 Eps….!
- Keep things in 'perspective!'

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SAFER Matrix

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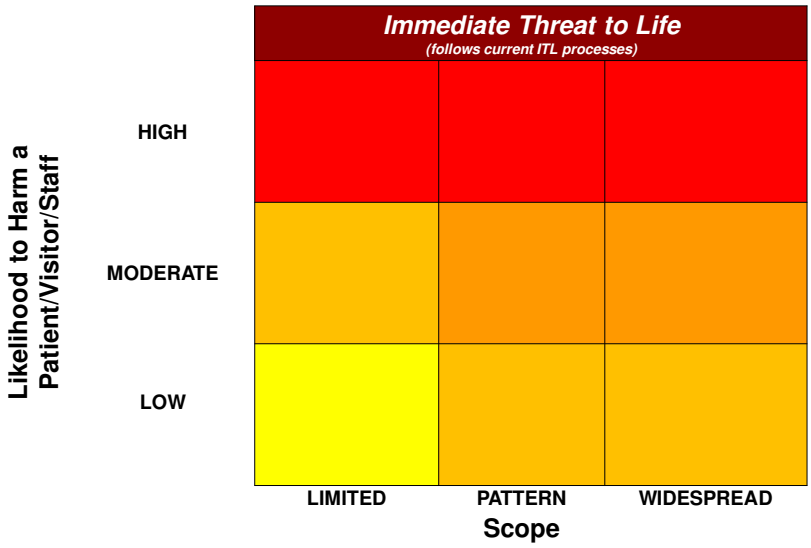
Survey Analysis For Evaluating Risk (SAFER) Matrix



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Scope

Label	Definition
WIDESPREAD	Deficiency is pervasive in the facility, or represents systemic failure, or has the potential to impact most/all patients, visitors, staff (5 or more)
PATTERN	Multiple occurrences of the deficiency, or a single occurrence that has the potential to impact more than a limited number of patients, visitors, staff (3 or 4)
LIMITED	Unique occurrence that is not representative of routine/regular practice, and has the potential to impact only one or a very limited number of patients, visitors, staff (1 or 2)

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Likelihood to Harm

Label	Definition
HIGH	Harm could happen at any time
MODERATE	Harm could happen occasionally
LOW	Harm could happen, but would be rare

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Survey Analysis for Evaluating Risk (SAFER) Matrix™ - Aggregate HOSPITAL Results for Entire 2017

Likelihood to Harm a Patient/Staff/Visitor	*Immediate Threat to Life* All Standards 0.37% EC 0.22% LS 0.00%		
	LIMITED	PATTERN	WIDESPREAD
HIGH	All 1.54% EC 1.04% LS 0.21%	All 1.65% EC 1.57% LS 0.23%	All 1.56% EC 2.49% LS 0.13%
MODERATE	All 16.53% EC 14.10% LS 7.87%	All 12.88% EC 12.32% LS 5.78%	All 4.37% EC 3.89% LS 1.10%
LOW	All 42.05% EC 40.94% LS 65.72%	All 15.17% EC 18.42% LS 16.83%	All 3.87% EC 5.00% LS 2.14%

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Survey changes due to SAFER

- No more Direct and Indirect EP designations
  - Consolidated ESC into one 60-day timeframe
- No more A or C categories
  - No more Opportunities for Improvement (OFIs)
  - *No more Measures of Success (MOS)
- **See it / Cite it Survey Methodology**

**Note: This does not apply to Sentinel Events where a MOS is required. At this time, the submittal of a MOS for Sentinel Events is still required.*

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First Half of 2017

Average RFIs Scored per Full/Initial Surveys By Program for Calendar Year 2016 and YTD 2017
(As of 7/27/2017)

	2016		2017 YTD	
Program	Surveys	Average RFIs/Survey	Surveys	Average RFIs/Survey
Ambulatory Care	640	14.6	410	17.4
Hospital	1,442	20.5	820	30.3
Nursing Care Center	292	6.1	141	9.3
Behavioral Health Care	922	8.0	657	10.1
Home Care	1,962	8.7	1,098	9.8
Laboratory	736	8.5	429	9.5
Office Based Surgery	87	9.4	55	9.7
Critical Access Hospital	90	15.1	65	22.3
Disease-Specific Care Certification	1,816	1.4	966	2.1
Health Care Staffing Services Certification	193	0.5	121	0.9

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Top 10 Findings: Most Challenging Standards Environment of Care (EC) and Life Safety (LS) Chapters

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Standard	2017	2016	2015
LS.02.01.35	86%	51%	46%
EC.02.05.01	73%	57%	58%
IC.02.02.01	72%	60%	59%
LS.02.01.30	72%	50%	50%
EC.02.06.01	70%	68%	62%
LS.02.01.10	66%	48%	45%
EC.02.02.01	63%	47%	39%
EC.02.05.05	62%	18%	12%
LS.02.01.20	62%	49%	51%
EC.02.05.09	59%	29%	30%

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Challenges and Solutions for the Environment of Care (EC)

- 98% of surveyed hospitals had at least 1 finding in the EC chapter.
- SAFER™ Matrix - Survey Analysis for Evaluating Risk distribution of Requirements for Improvement (RFIs) from EC standards.

Likelihood to Harm a Patient/Staff/Visitor	LIMITED	PATTERN	WIDESPREAD	
			Immediate Threat to Health and Safety 0.21%	
HIGH	0.83%	1.48%	2.80%	5.11%
MODERATE	13.43%	10.37%	4.09%	27.89%
LOW	43.56%	17.62%	5.61%	66.79%
	57.82%	29.47%	12.50%	

Scope

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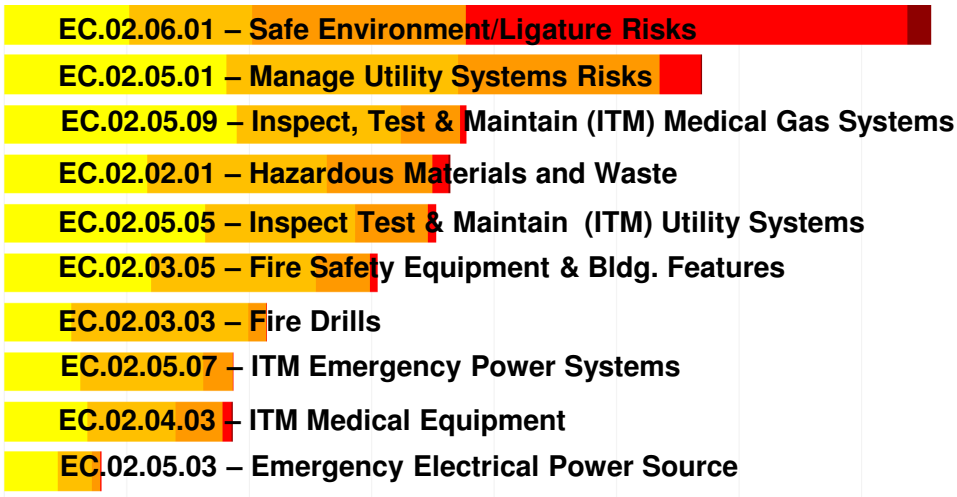
Challenges and Solutions for the Environment of Care (EC)

Most frequently cited EC standards



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Challenges and Solutions for the Environment of Care (EC)

What do you think is the most cited EP finding for the High Likelihood To Harm Category?

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Challenges and Solutions for the Environment of Care (EC)

What do you think is the second most frequently cited EP finding for the High Likelihood To Harm Category?

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Challenges and Solutions for the Environment of Care (EC)

EC.02.06.01

- Is this art or a problem?
  1. Art
  2. Problem
- Why do you think this is a problem?

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Challenges and Solutions for the Environment of Care (EC)

EC.02.05.09 –
EP 05 Medical Gas Zone valves accessible

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Life Safety (LS) Standards

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Challenges and Solutions for the Life Safety - LS

- 97% of surveyed hospitals had at least 1 finding in the Life Safety chapter.
- SAFER™ Matrix - Survey Analysis for Evaluating Risk distribution of Requirements for Improvement (RFIs) from LS standards

Likelihood to Harm a Patient/Staff/Visitor	LIMITED	PATTERN	WIDESPREAD	
	Immediate Threat to Health & Safety 0.00%			
HIGH	0.21%	0.23%	0.12%	0.56%
MODERATE	6.25%	4.08%	0.95%	11.28%
LOW	67.66%	17.97%	2.53%	88.16%
	74.12%	22.28%	3.61%	

Scope

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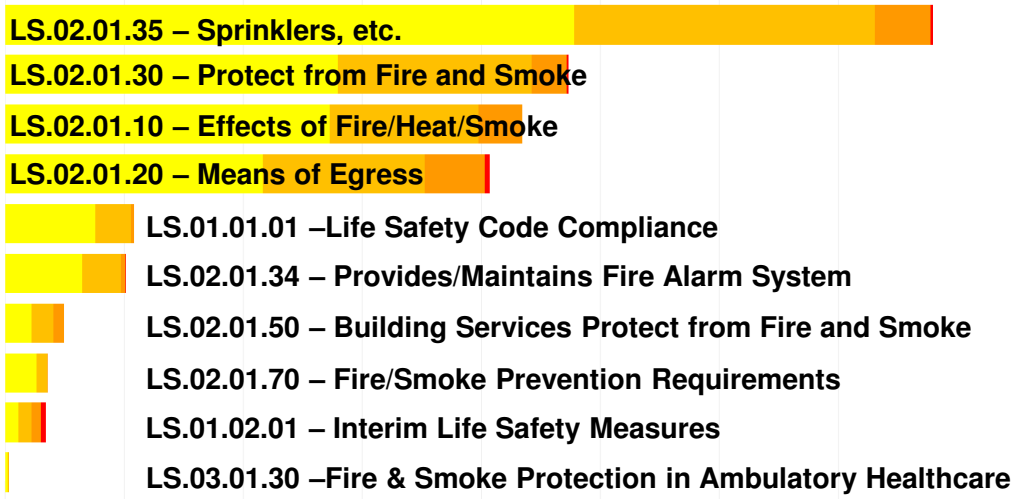
Challenges and Solutions for Life Safety - LS

Most frequently cited LS Standards



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Challenges and Solutions for Life Safety - LS

Most frequently cited high likelihood to cause harm Life Safety EPs

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What's Wrong Here? Why is it Wrong?

LS.02.01.35 – EP 4

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What's Wrong Here? Why is it Wrong?

LS.02.01.35 – EP 4

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What's Wrong Here? Why is it Wrong?

LS.02.01.35 – EP 4

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What's Wrong Here? Why is it Wrong?

LS.02.01.35 – EP 5

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What's Wrong Here? Why is it Wrong?

LS.02.01.10 – EP 11

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What's Wrong Here? Why is it Wrong?

LS.02.01.10 – EP 11

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What's Wrong Here? Why is it Wrong?

LS.02.01.35

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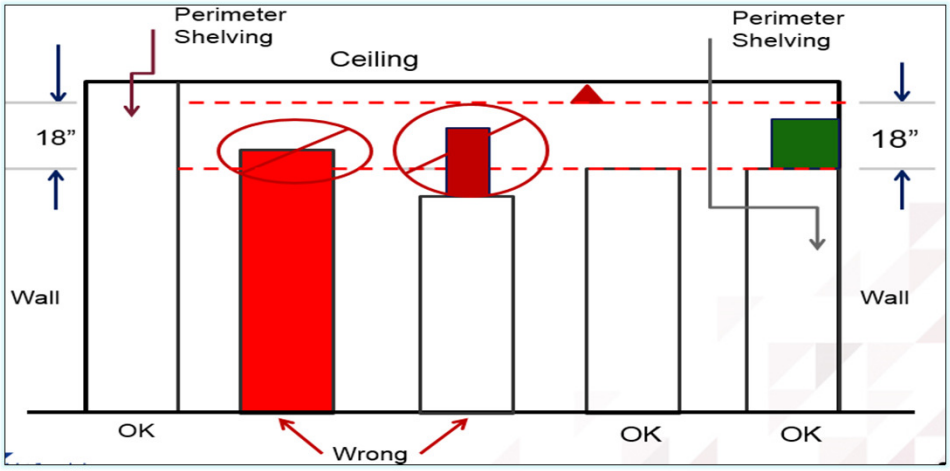
Challenges and Solutions for the Life Safety - LS

LS.02.01.35: 18" Sprinkler Clearance



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What's Wrong Here? Why is it Wrong?

LS.02.01.10

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What's Wrong Here? Why is it Wrong?

LS.02.01.10

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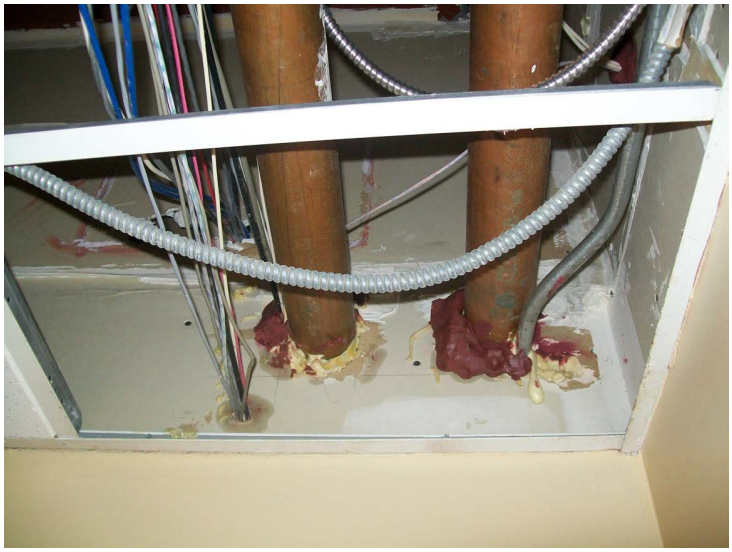
LS.02.01.10 – EP-14 – Barrier Penetrations



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LS.02.01.10 – EP-14 – Barrier Penetrations

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What's Wrong Here? Why is it Wrong?

LS.02.01.20

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LS.02.01.20 EP 11 Corridor Clutter

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What's Wrong Here? Why is it Wrong?

LS.02.01.20

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What's Wrong Here? Why is it Wrong?

LS.02.01.20 & LS.02.01.10

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Challenges and Solutions for the Life Safety - LS

LS.02.01.30

This is not an exit! PLEASE DO NOT OPEN

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Challenges and Solutions for Life Safety - LS

LS.02.01.20 EP 12

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LS.02.01.10 EP 7, now EP 11 Undercuts Rated Door: (≤3/4")

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CMS Top 10

- Top 10 Disparate LSC Categories for all Program Types and AO's
  - **Fire / Smoke Barriers**
  - **Sprinklers**
  - **Hazardous Areas**
  - **Electrical**
  - Doors
  - Fire Plan
  - Emergency Lights
  - Construction
  - Fire Drill
  - HVAC

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Risk Assessment

- Conducting a Risk Assessment takes a proactive approach to problem resolution, evaluating issues before an event happens
- A proactive risk assessment evaluates a process to identify the "weak link" and adjust to improve reliability

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When to Conduct a Risk Assessment

- Use to evaluate any issue that lacks a clear decision
- Educated guess that drives your assumptions
- Clearly document the process
- Determine when to re-assess the issue
- Problem solving approach to determine appropriate response
- Preventive strategies to address potential issues

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Conducting a Risk Assessment: Seven Steps

1. Identify the issue
2. Develop arguments in support of the issue
3. Develop arguments against the issue
4. Objectively evaluate both arguments
5. Reach a conclusion
6. Document the process
7. Monitor and reassess the conclusion to ensure it is right conclusion

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Evidence of Standards Compliance (ESC)

When responding to a finding the ESC must:

- Indicate the issue that is being corrected is in accordance with the finding
- Indicate that this issue has been corrected
- Demonstrate how compliance will be maintained
- If the finding was about a periodic task that has not been completed, show that the task has been completed. For example, if fire extinguishers were found not inspected the month prior to survey. Show that the inspection period has been restarted since survey with 100 compliance. Many orgs state that they "will" ensure that the inspections are completed but not that they have occurred.

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Emergency Management Update (EM)

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EM: Conclusions from Emergencies

- Major Issues Began to Surface:
  - Problems with Communication
  - Inadequate emergency generator backup
  - Faulty Incident Command Systems
  - Lack of Involvement with Emergency Operations Center (EOC)
  - The extent of an organization's planning is dictated by the impact of their worst recent disaster
- TJC creates EM Chapter
- CMS creates Final Rule, 2016

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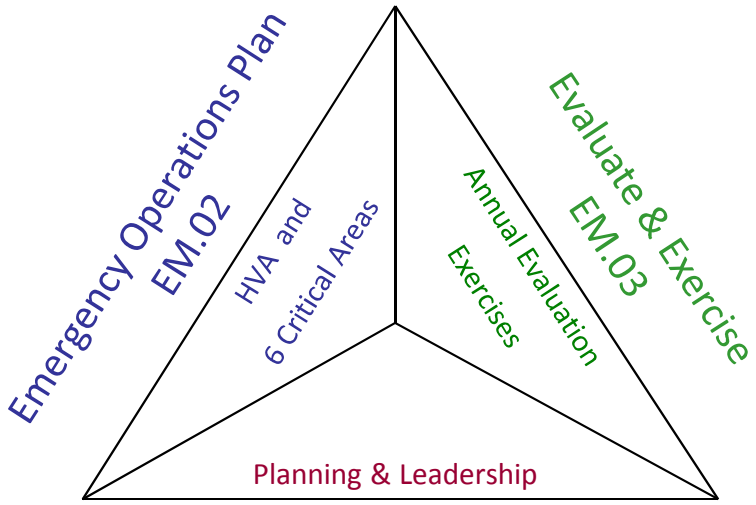
Emergency Management



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Chapter Outline

- Foundation for the Emergency Operations Plan [EM.01.01.01]
- The Emergency Operations Plan (EOP)
  - General Requirements [EM.02.01.01]
  - Specific Requirements
  - Six Critical Areas [EM.02.02.01-EM.02.02.11]
  - Disaster Volunteers [EM.02.02.13-EM.02.02.15]
- Evaluation
  - Evaluating the planning activities [EM.03.01.01]
  - Evaluating the Emergency Operations Plan through exercises [EM.03.03.03]

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Six Critical Areas

1. Communication [EM.02.02.01]
2. Resources & Assets [EM.02.02.03]
3. Safety & Security [EM.02.02.05]
4. Staff Responsibilities [EM.02.02.07]
5. Utilities Management [EM.02.02.09]
6. Patient, Clinical & Support Activities [EM.02.02.11]

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EM.01.01.01

- Hazard vulnerability analysis (HVA)
  - Documented
- Identify potential emergencies
  - Within the organization and community
  - Affect on demand for services
  - Ability to provide services
  - Likelihood of occurring
  - Consequences
  - Site specific: one or many

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EM.01.01.01

- Hazard Vulnerability Analysis (HVA)
  - Documented inventory of resources & assets, not limited to the following:
    - Fuel
    - Personal Protective Equipment (PPE)
    - Water
    - Medical/surgical supplies
    - Medication
    - Other

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EM.01.01.01 - Community Engagement

- Determine which community partners are critical to helping define priorities in its HVA
  - Community partners ***may include***
    - Other health care organizations
    - The public health department
    - Vendors
    - Community organizations
    - Public safety officials
    - Public works officials
    - Representatives of local municipalities
    - Other government agencies
    - Insurance company requirements for claims

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EM.02.01.01

- The hospital's Emergency Operations Plan (EOP) is designed to coordinate six functional areas during an emergency
- See Standards EM.02.02.01 - EM.02.02.11:
  - Communications
  - Resources and assets
  - Safety and security
  - Staff responsibilities
  - Utilities
  - Patient clinical and support activities

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EM.03 - Planning Evaluation

- Conduct annual reviews
  - Hazard vulnerability analysis (HVA)
  - Objectives and scope of the EOP
  - Inventory of resources and assets
  - Each documented

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EM.03 - Exercises

- For each site that offers emergency services or is a community designated disaster receiving station
  - At least one of the two includes an influx of simulated patients
  - Tabletops not permitted
  - Can be conducted with escalating events and community-wide exercises
  - Real emergency can count as an exercise.
    - Must implement plan and do review

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New – EM.04.01.01

- **Deemed status purposes only**
- Optional for all settings
- Applies to organizations that choose to be members of their systems' integrated EM program.
- New standard with 3 EPs

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January and March, 2018
Elements of Performance Revisions and Modifications

Alignment with CMS K-tags
Based on NFPA 101-2012 and NFPA 99-2012

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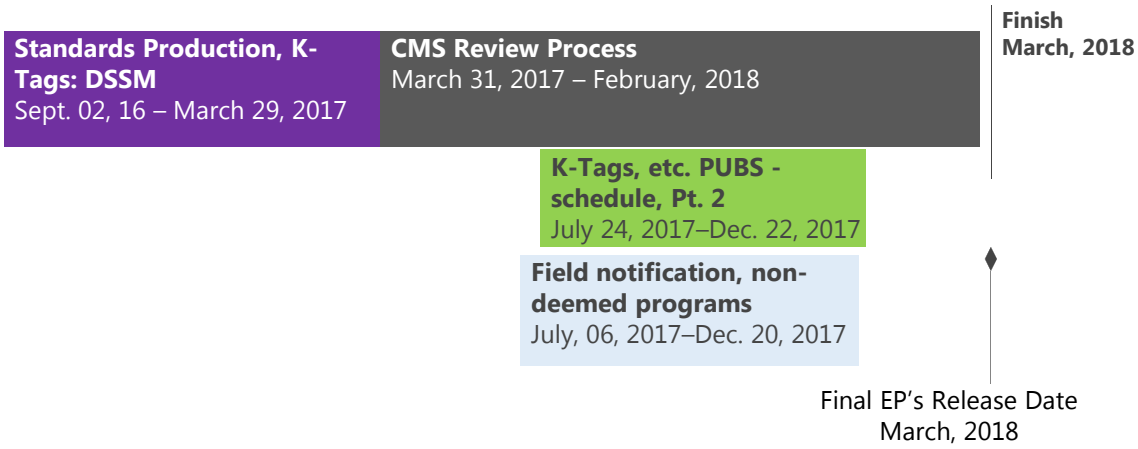
Standards and EP Production for CMS LS / EC - K-Tags



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How Many EPs were touched

Chapter	NEW	MOVED	REVISED	REVISED & MOVED	DELETED
EC	29	31	22	8	0
LS	49	86	15	39	4
TOTALS	78	117	37	47	4
TOTAL EP's Touched					283

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LS.02.01.30 EP-12 (was EP-11)

- **In new buildings**, all corridor doors are constructed to resist the passage of smoke, ….
- **Positive latching hardware is required.** Roller latches are prohibited.
- NFPA 101-2012: 18.3.6.3.1; 18.3.6.3.5; 18.3.6.4; 18.3.6.5; 18.3.6.3.10; 18.3.6.3.11)

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LS.02.01.30 EP-13 (was EP-12) r – March, 2018

- In existing buildings, all corridor doors are constructed to resist the passage of smoke and …. (No Change)
- **Note:** For existing doors, it is acceptable to use a device that keeps the door closed when a force of five pounds is applied to the edge of the door.
- **Powered** corridor doors are equipped with **positive latching** hardware unless the organization can verify that this equipment is not an option provided by the **door manufacturer**. In instances where positive latching hardware is not an available option provided by the manufacturer, the device used must be capable of keeping the door fully closed when a **force of 5 pounds** is applied at the latch edge and in any direction to a sliding or folding door, whether or not power is applied in accordance with NFPA 101-2012: 19.3.6.3.7.
- **(continued…)**

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LS.02.01.30 EP-13 (was EP-12) r –March, 2018 page 2

- **Note 2:** For hospitals that use Joint Commission accreditation for deemed status purposes: **Doors to** toilet rooms, bathrooms, shower rooms, sink closets, and similar **auxiliary spaces** (except pantries) that do not contain flammable or combustible materials are not required to have a device capable of keeping the door fully closed if a force of 5 pounds is applied at the latch edge. In these cases, **roller latches on these doors that keep a door closed when a force of 5 pounds is applied are permissible.**

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Physical Environment as a Priority

- The needs of the organization cannot be met if the physical environment fails
- Facilities staff must understand the current physical environment requirements, which may be difficult to achieve with the current building technologies
- Facilities must partner with Leadership in managing the infrastructure

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Legionella – quickly….

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Legionella

- Ref: S&C 17-30-Hospitals/CAHs/NHs
- June 02, 2017
- Training: September 22, 2017
- Article in EC News – Sept 2017 – starting on page 6
- EC.02.05.01
  - EP 14: The hospital minimizes pathogenic biological agents in cooling towers, domestic hot- and cold-water systems, and other aerosolizing water systems.
  - NOTE: No documentation requirement (D) but Risk Icon [R]

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Survey Expectations…

CMS S&C *Legionella* Memo

Expectations for Healthcare Facilities and Surveyors

Review policies and procedures and reports documenting water management implementation results to verify that the facility has:

- Conducted **risk assessment** for potential areas of growth and spread.
- Implemented a **water management program** that considers the ASHRAE industry standard and CDC toolkit and that includes control measures (e.g., physical controls, temperature management, disinfectant level control, visual inspections, and environmental testing).
- Specified **testing protocols** and acceptable ranges for control measures and documented the results of testing and corrective actions taken when control limits are not maintained.

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LIGATURE UPDATE

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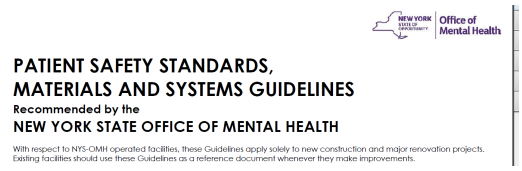
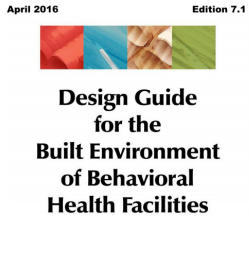
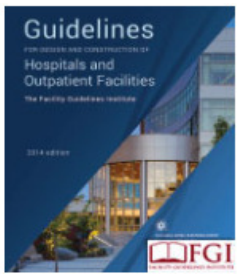
Ligature Update

- Assure risk assessment conducted
- Action to implement plan
- Cite all ligature risks
- ***Guidance*** documents….
- See also 2014 FGI Guidelines
  - Referenced at EC.02.06.05 EP 1
- No such thing as "Ligature-free"







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Ligature Risks – Other Reading

- CMS S&C letter 18-06, December 08, 2017
- *The Joint Commission Perspectives*
  - From the Expert Panel Meetings:
  - November, 2017
  - January, 2018
  - February, 2018
  - March, 2018
  - July, 2018 – Q & A; FAQ's

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Ligature Issue Corrections

- If Ligature issued discovered on survey
  - Scored at EC.02.06.01 EP-01
  - Have 60 days to correct
  - If not possible to correct, contact Account Executive (AE) for next steps in Corrective Action.

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Ligature Facility Extension Request (LFER)

- Ligature / Self-Harm Risks that result with a Condition Level for Deemed Status organizations will receive a Medicare Deficiency Follow-up Survey (CLD01 – MedDef)
- If not cleared at time of MedDef a Secondary MedDef will be scheduled (AFS08)
  - Removed (permanent solution)
  - Replaced
  - Risk Assessed and Mitigated – where permitted only
- Non-deemed may result in a Accreditation with Follow-up Survey (AFS)

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Ligature Facility Extension Request - LFER

- Submitted to HCO's Account Executive (AE)
  - Routed to SIG-Clinical and Engineering for review and approval
- If rejected, a conference call might be coordinated to determine an acceptable Plan of Correction/Mitigation
- Evidence of Standards Compliance (ESC) will be accepted based on a Joint Commission "Recommended for Approval" LFER for Deemed and a Joint Commission Accepted SPFI/TLW for Non-Deemed.

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Ligature Facility Extension Request – Introducing:

PHASE 1

PHASE 1 – COMING LATE 2018

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Statement of Conditions - Update

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Statement of Conditions (SOC) - Terms

- BBI: Basic Building Information
  - Sites are populated by eApp (electronic application)
- ~~PFI: Plan For Improvement~~
- ~~Extensions~~
- SPFI: Survey-Related Plan For Improvement
- TLW: Time Limited Waiver
- Equivalency:
  - Traditional or FSES (Fire Safety Evaluation System)
- Ligature Facility Extension Request (LFER)

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Statement of Conditions

- All RFIs will have a 60 day ESC from the last day of survey.
- If a National Fire Protection Association (NFPA) Code, physical environment deficiency that is scored under **EC or LS** cannot be resolved within the 60 day ESC, no later than **30 days** from the last day of survey the organization must submit for a SPFI and a TLW.
  - If the organization is planning on submitting an Equivalency, the SPFI and TLW may be submitted prior to the submission of the Equivalency. The organization's SPFI and TLW request should consider the time to develop and approve an equivalency.
  - Once the Joint Commission approves an equivalency it will be documented in the organization's History/Audit Trail and then sent to CMS for approval (if applicable).

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Statement of Conditions

- The organization does not need to have an approved SPFI or TLW for the ESC submission. They just need to be submitted.
- Follow-up surveys need to either show:
  - The RFI has been corrected
  - A submitted SPFI and TLW
- TLWs and Equivalencies are only sent to CMS for deemed status HCOs

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Time Limited Waiver (TLW)

- A Time Limited Waiver is a process to provide additional time to complete Life Safety Chapter corrective actions
- Organizations that use Joint Commission accreditation for deemed status purposes are to follow this process:
  - Create a Survey-related Plan For Improvement (SPFI)
  - Enter the requested date in the Scheduled Completion Date field
  - When prompted, complete the Time Limited Waiver form
  - Submit to the Joint Commission
- The Joint Commission will review and forward the request to the Regional Office for final decision
- Non-deemed organizations: process same, stops at TJC

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CMS & Equivalencies

- Organizations that ***use*** Joint Commission accreditation for deemed status purposes: *Survey-related* equivalencies will continue to be submitted to our offices
  - The Engineering staff will work with the organizations until the request is acceptable by both TJC and CMS RO
  - CMS requires that an existing equivalency be recited and resubmitted at the triennial survey.

August 2016 Perspectives

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Challenges and Solutions for the Physical Environment Staff

Identified causes

- Short staffed: too short?
- Lack of knowledge
- Lack of attention to detail
- Lack of support / authority to handle

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Tools & Resources

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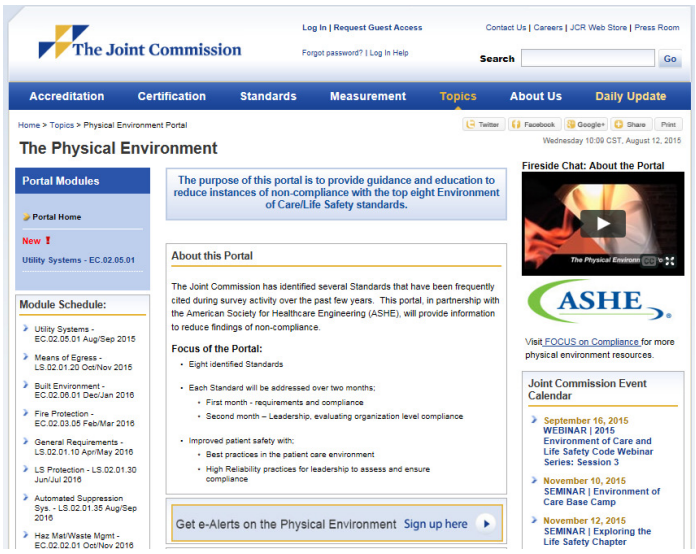
Joint Commission Physical Environment Portal



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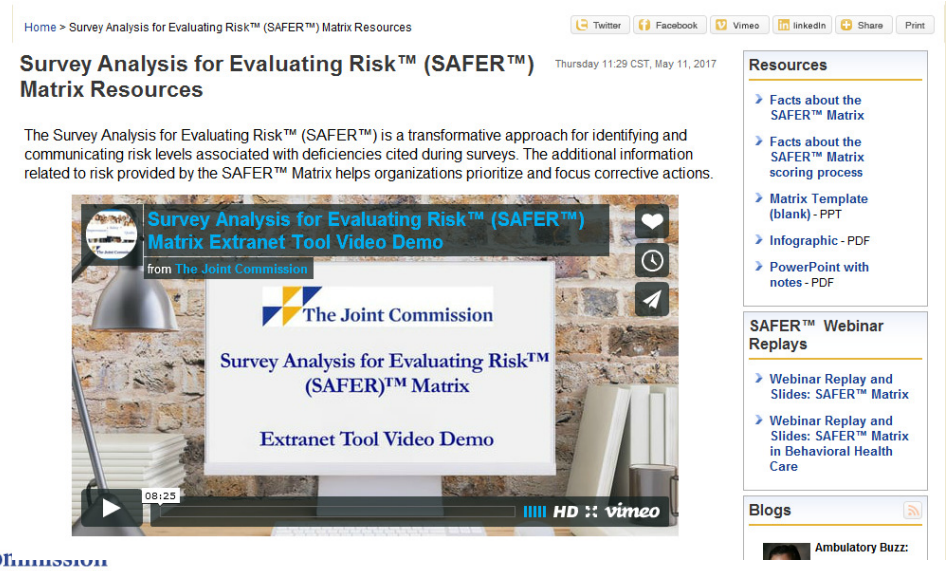
www.jointcommission.org/safer



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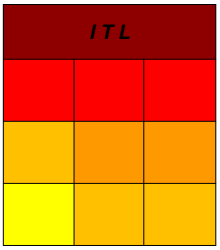
Review and Conclusion

LEADING THE WAY TO 0



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Most Cited Standards, 2017 - # 1

Standard	2017 Rank	% Non-compliant	EP	Summary
LS.02.01.35 The Hospital provides equipment for extinguishing fires	**1**	59%	4	Manage systems for extinguishing fires including the integrity (nothing supported by sprinkler piping, missing escutcheons)
		41%	5	Sprinkler heads are not damaged. They are free of corrosion, foreign materials, paint, and have necessary escutcheon plates installed
		34%	14	Other issues, including: blocked access to fire extinguishers (Wildcard)

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Most Cited Standards - # 2

Standard	2017 Rank	% Non-compliant	EP	Summary
EC.02.05.01 The Hospital manages risks associated with its utility systems	**2**	45%	8	Labels utility system controls to facilitate partial or complete emergency shutdowns
		40%	15	In critical areas the organization manages risk associated with Utility Systems, including Pressure relationships, Filtration, Air Exchanges (ach), and Temperature and Humidity
		25%	16	In non-critical areas the organization manages risk associated with Utility Systems, including Pressure relationships, Temperature and Humidity

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Most Cited Standards, 2017 - # 4

Standard	2017 Rank	% Non-compliant	EP	Summary
LS.02.01.30 The Hospital provides and maintains building features to protect individuals from the hazards of fire and smoke	**4**	38%	3	Building and fire protection features: Existing Hazardous Areas
		32%	18	Smoke Barrier integrity
		30%	11	Corridor doors
		20%	19	Smoke barrier doors

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Most Cited Standards, 2017 - # 5 & # 6

Standard	2017 Rank	% Non-compliant	EP	Summary
EC.02.06.01 The hospital establishes and maintains a safe and functional environment	**5**	66%	1	Safe environment, including ligature risks, stained ceiling tiles, mismanaged pull cords
		13%	26	Furniture and equipment
LS.02.01.10 Building and fire protection features are designed and maintained to minimize the effects of fire, smoke and heat.	**6**	39%	7	Building and fire protection general requirements: Fire-rated door
		38%	10 (now 14)	Building and fire protection general requirements: Barrier Penetrations

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Most Cited Standards, 2017 - # 7 & # 8

Standard	2017 Rank	% Non-compliant	EP	Summary
EC.02.02.01 The Hospital manages risks related to hazardous materials and waste	**7**	42%	5	Minimize risks with hazardous chemicals
		26%	12	Hazardous materials and waste labeling
EC.02.05.05 The Hospital inspects, tests and maintains (ITM) utility systems	**8**	52%	6	ITM of non-high risk utility equipment
		12%	5	ITM of infection control utility equipment

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Most Cited Standards, 2017 - # 9 & # 10

Standard	2017 Rank	% Non-compliant	EP	Summary
LS.02.01.20 The Hospital maintains the integrity of the means of egress	**9**	32%	11	Means of egress clear and unobstructed
		18%	1	Locking arrangements
EC.02.05.09 The Hospital inspects, tests and maintains medical gas and vacuum systems.	**10**	37%	6	Medical gas cylinder management
		25%	5	Medical gas shut off valves labeled and accessible

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