The Joint Commission 2022 Record Keeping Readiness

(Hospital Environment of Care and Life Safety Focus)

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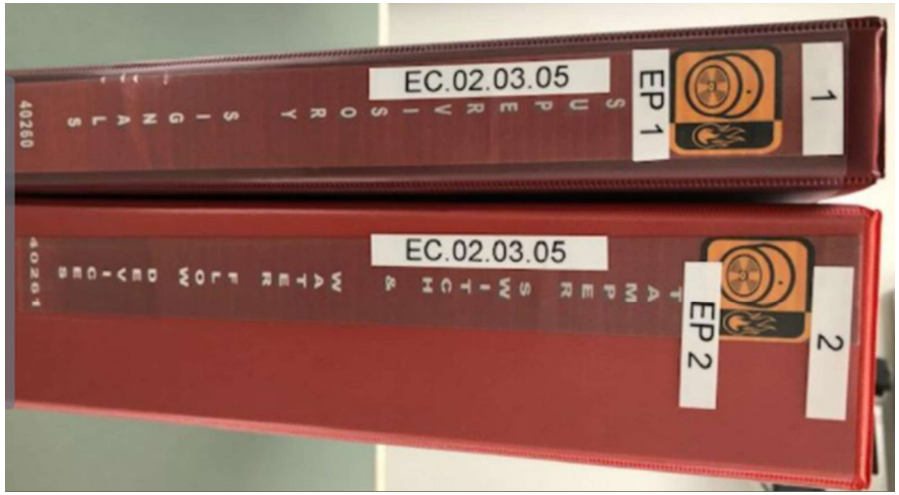
2/18/2022



Learning objectives:

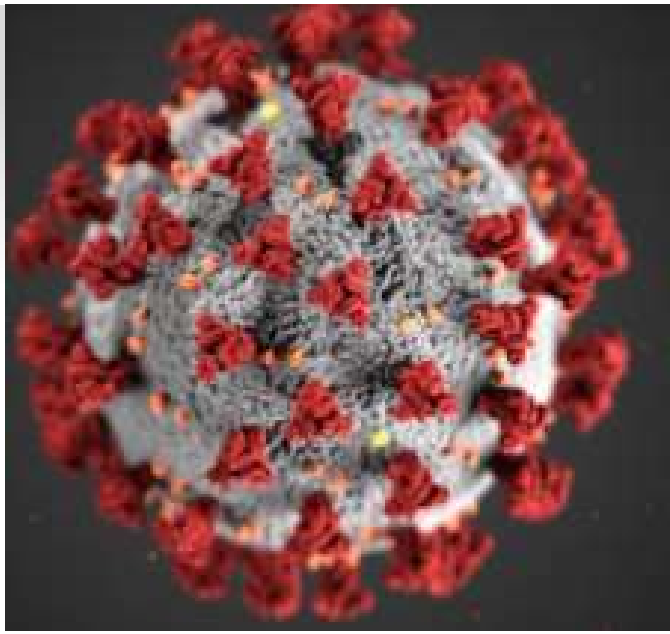
1. **Understand how covid is impacting** the 2022 Joint Commission survey schedule
2. **Learn about new Environment** of Care records/documents by The Joint Commission in 2022
3. **Learn how to create efficient record keeping** that reduces the risk of errors and receiving citations.
4. **Understand how to seek clarification** regarding The Joint Commission Environment of Care standards.

NOTE: This training is not intended to explain each Elements of Performance (EP's) within the Environment of Care Chapter.

Covid 19 impacts on Survey

Covid 19 impacts on Surveys

The Joint Commission is Catching up



In the hospital program alone, there was a backlog of 350 surveys for 2020, as of August 2021.

- 6 months before that the backlog for all accreditation and certification programs as of **August 2021 was 2,900.**

1. **There is no specific order to doing surveys—they are based on availability and resources—**which means 2021 surveys are being conducted along with those that were due in 2020.
2. **If a facility is surveyed in 2021 that was due in 2020**, the next triennial due date will be 2023, reverting to the original prepandemic due date. (JohnRosing@PattonHC.com)

3. "**If you are due in 2021**, you should certainly be ready; if you are due in 2022 you are likely going to be **better matched to your actual due date**," (JohnRosing@PattonHC.com)

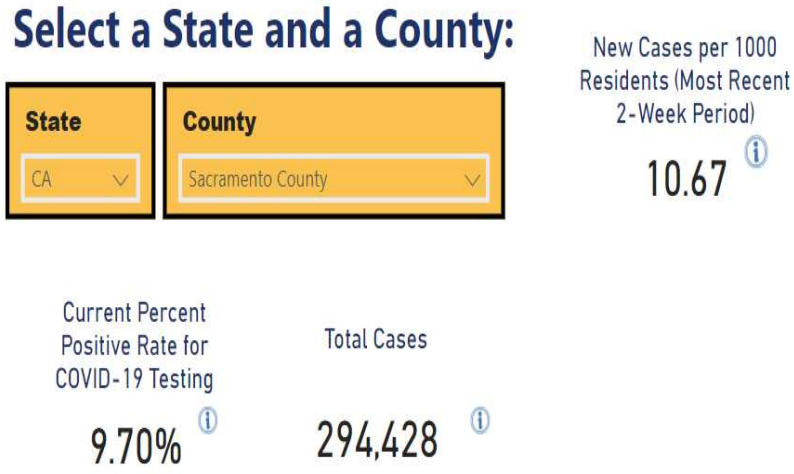
Covid 19 impacts on Surveys (Continued)

1. **The Joint Commission is no longer reaching out to facilities before surveys** like they did during the height of COVID-19.
   - Therefore, an organization experiencing a surge in COVID-19 cases should contact its account executive for consideration to delay its survey.

2. **As of September 2021**, the threshold for delaying a survey was **7.5 new COVID-19 cases per 1,000** in the county in which the hospital is located.
   - **March 2022 TJC changed the case rate to 16/1000**, and it's expected to go up into the 20 range (Irene Ching, AR&L, KP SJO).

   - Surveyors usually look at the numbers 1 week out to see what the threshold is by state and county, facilities can go to: https://app.powerbi.com/view?

The Joint Commission



What's new with The Joint Commission (TJC) 2022 effective January and July

Learning objective: Understand new environment of care changes in 2022

What's new with The Joint Commission (TJC) 2022 effective January

The Joint Commission

Life Safety & Environment of Care Document List and Review Tool

Effective: 1/1/2022

- **Violence in the workplace standard.**
- **Part of the Safety and Security Risks EC Standard (EC 02.01.01)**

STANDARD - EPs	See Legend C	NC	NA	IOU	Document / Requirement
EC.02.01.01					**The hospital manages safety and security risks.**
EP 17					The hospital conducts an annual worksite analysis related to its workplace violence prevention program. The hospital takes actions to mitigate or resolve the workplace violence safety and security risks based upon findings from the analysis. Note: A worksite analysis includes a proactive analysis of the worksite, an investigation of the hospital's workplace violence incidents, and an analysis of how the program's policies and procedures, training, education, and environmental design reflect best practices and conform to applicable laws and regulations.

What's new with The Joint Commission (TJC) 2022 effective January

- New utility standard for water management program.
- 2021 Water management was listed as 02.05.01 EP 14.

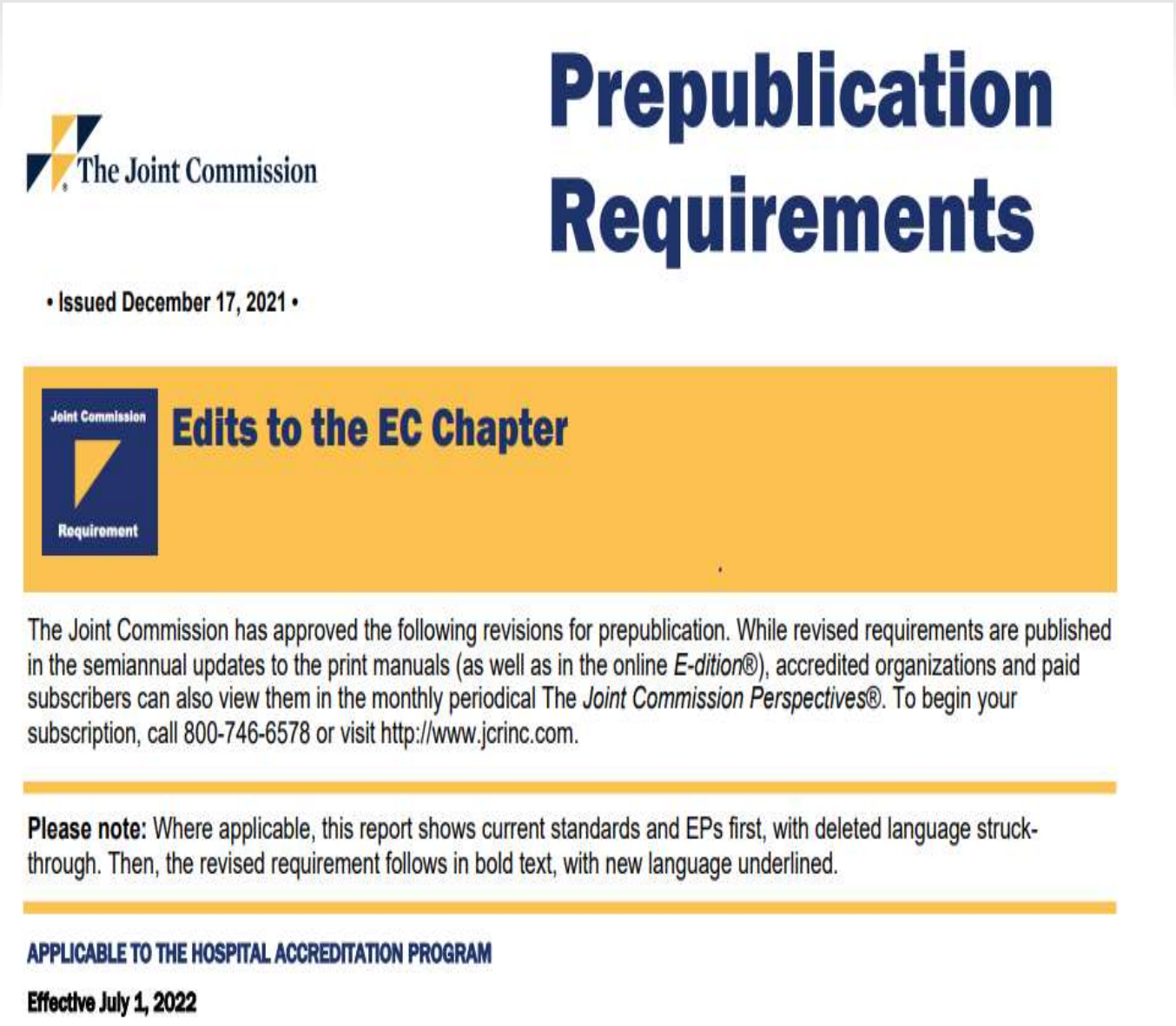
STANDARD - EPs	See Legend C	NC	NA	IOU	Document / Requirement
EC.02.05.02					**Manages risks associated with utility systems – Water Management Program**
EP 1					Verify individual or team responsible for oversight and implementation of the water management program
EP 2					Review water management program to verify the following components are included: • Diagram of water supply sources, treatment systems, processing steps, control measures, and end-use points • Water risk management plan identifies areas where potentially hazardous conditions may occur • Plan for addressing the use of water in areas of buildings where water may have been stagnant for a period of time • Evaluation of immunocompromised patients • Monitoring protocols and acceptable ranges for control measures
EP 3					Verify that the water management program includes documentation of the following: • Results of all monitoring activities • Corrective actions and procedures to follow if test results are outside of acceptable limits • Corrective actions taken when control limits are not maintained
EP 4					Verify water management program reviewed annually and when changes have been made to the water system that add risk, new equipment or at-risk systems have been added that could generate aerosols or be source for Legionella

What's new with The Joint Commission (TJC) 2022 effective January

- *You will now find actual NFPA references in the Fire Maintenance EP 1-25*

STANDARD - EPs	See Legend C	NC	NA	IOU	Document / Requirement	Frequency
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. NFPA 72-2010: Table 14.4.5	Quarterly
EP 2					Water flow devices NFPA 72-2010: Table 14.4.5 NFPA 25-2011: Table 5.1.1.2	Semiannual
					Tamper switches NFPA 72-2010: Table 14.4.5	Semiannual
EP 3					Duct, heat, smoke detectors, and manual fire alarm boxes NFPA 72-2010: Table 14.4.5; 17.14	Annually

What's new with The Joint Commission (TJC) 2022 effective July



The Joint Commission

Prepublication Requirements

• Issued December 17, 2021 •

Joint Commission Requirement

Edits to the EC Chapter

The Joint Commission has approved the following revisions for prepublication. While revised requirements are published in the semiannual updates to the print manuals (as well as in the online *E-dition*®), accredited organizations and paid subscribers can also view them in the monthly periodical The *Joint Commission Perspectives*®. To begin your subscription, call 800-746-6578 or visit http://www.jcrinc.com.

Please note: Where applicable, this report shows current standards and EPs first, with deleted language struck-through. Then, the revised requirement follows in bold text, with new language underlined.

APPLICABLE TO THE HOSPITAL ACCREDITATION PROGRAM

Effective July 1, 2022

What's new with The Joint Commission (TJC) 2022 effective July

- *Fire Drill alternative method other than using the alarm*

Environment of Care (EC) Chapter

EC.02.03.03

The hospital conducts fire drills.

Element(s) of Performance for EC.02.03.03

1. The hospital conducts fire drills once per shift per quarter in each building defined as a health care occupancy by the Life Safety Code. The hospital conducts quarterly fire drills in each building defined as an ambulatory health care occupancy by the Life Safety Code. R Ⓓ
   Note 1: Evacuation of patients during drills is not required.
   Note 2: When drills are conducted between 9:00 P.M. and 6:00 A.M., the hospital may use ~~alternative methods~~ to notify staff instead of activating audible alarms.
   Note 3: In leased or rented facilities, drills need be conducted only in areas of the building that the hospital occupies.
   (See also LS.01.02.01, EP 11)

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   Note 1: Evacuation of patients during drills is not required.
   Note 2: When drills are conducted between 9:00 P.M. and 6:00 A.M., the hospital may use a coded announcement to notify staff instead of activating audible alarms. For full text, refer to NFPA 101-2012: 18/19: 7.1.7.
   Note 3: In leased or rented facilities, drills need be conducted only in areas of the building that the hospital occupies.
   (See also LS.01.02.01, EP 11)

What's new with The Joint Commission (TJC) 2022 effective July

- ***More clarification regarding drills varying at least one hour***

3. When quarterly fire drills are required, they are unannounced and held at unexpected times and under varying conditions. Fire drills include transmission of fire alarm signal and simulation of emergency fire conditions.
   Note 1: When drills are conducted between 9:00 P.M. and 6:00 A.M., the hospital may use ~~alternative methods~~ to notify staff instead of activating audible alarms.
   Note ~~2~~: For full text, refer to NFPA 101-2012: 18/19: 7.1.7; 7.1; 7.2; 7.3.

3. **When quarterly fire drills are required, they are unannounced and held at unexpected times and under varying conditions. Fire drills include transmission of fire alarm signal and simulation of emergency fire conditions.**
   Note 1: When drills are conducted between 9:00 P.M. and 6:00 A.M., the hospital may use a coded announcement to notify staff instead of activating audible alarms.
   Note 2: Fire drills vary by at least one hour for each shift from quarter to quarter, through four consecutive quarters.
   Note 3: For full text, refer to NFPA 101-2012: 18/19: 7.1; 7.1.7; 7.2; 7.3.

What's new with The Joint Commission (TJC) 2022 effective July

Patient catches fire during operation at NYU Langone Medical Center | Metro News

- ***New: Fire drill new EP requiring stand alone drill involving surgical fire.***

7. For hospitals that use aerosol germicides or antiseptics or flammable liquids in conjunction with electrosurgery, cautery, lasers, or other ignition sources, the hospital performs an annual fire drill in anesthetizing locations. The drill may be announced or unannounced, The drill addresses extinguishment of the patient, drapery, clothing, and equipment. (For full text, refer to NFPA 99-2012: 15.13.3.9; 15.13.3.10)
Note 1: This drill involves applicable staff and licensed independent practitioners and focuses on prevention as well as simulated extinguishment and evacuation.
Note 2: An announced annual anesthetizing location fire drill cannot be used to meet one of the unannounced quarterly fire drills required by NFPA 101-2012: 18/19.7.1.6.

What's new with The Joint Commission (TJC) 2022 effective July

- ***New: Fire drill new EP requiring stand alone drill involving hyperbaric facilities***

8. **For hospitals that have hyperbaric facilities, emergency procedures and fire training drills are conducted annually. (For full text, refer to NFPA 99-2012: 14.2.4.5.4; 14.3.1.4.5)**
Note 1: This drill includes recording the time to evacuate all persons from the area, involves applicable staff and licensed independent practitioners, and focuses on prevention as well as simulated extinguishment and evacuation. Response procedures for fires within and outside the hyperbaric chamber address the role of the inside observer, the chamber operator, medical personnel, and other personnel, as applicable. For additional guidance, refer to NFPA 99-2012: B.14.2 and B.14.3.
Note 2: If the hospital conducts an unannounced drill, it may serve as one of the required fire drills.

What's new with The Joint Commission (TJC) 2022 effective July

- ***EC 02.05.03 Fire Protection and Suppression Testing and Inspection (multiple revisions)***
- ***EP 1-Supervisory devices type clarification***

1. At least quarterly, the hospital tests supervisory signal devices on the inventory (except valve tamper switches). The results and completion dates are documented.
Note 1: For additional guidance on performing tests, see NFPA 72-2010: Table 14.4.5.
Note 2: Supervisory signals include the following: ~~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.~~

1. **At least quarterly, the hospital tests supervisory signal devices on the inventory (except valve tamper switches). The results and completion dates are documented.**
Note 1: For additional guidance on performing tests, see NFPA 72-2010: Table 14.4.5.
Note 2: Supervisory signal devices include the following: pressure supervisory indicating devices (including both high- and low-air pressure switches), water level supervisory indicating devices, water temperature supervisory indicating devices, room temperature supervisory indicating devices, valve supervisory switches, and other supervisory initiating devices.

What's new with The Joint Commission (TJC) 2022 effective July

- ***EC 02.05.03 Fire Protection and Suppression Testing and Inspection (multiple revisions)***
- ***Eliminating EP 7 and 8 related to water storage tanks***

~~7. For automatic sprinkler systems: Every six months, the hospital tests water-storage tank high- and low-water level alarms. The results and completion dates are documented.~~
~~Note: For additional guidance on performing tests, see NFPA 25-2011: 9.3; Table 9.1.1.2.~~

~~8. For automatic sprinkler systems: Every month during cold weather, the hospital tests water-storage tank temperature alarms. The results and completion dates are documented.~~
~~Note: For additional guidance on performing tests, see NFPA 25-2011: 9.2.4; Table 9.1.1.2.~~

What's new with The Joint Commission (TJC) 2022 effective July

- ***EC 02.05.03 Fire Protection and Suppression Testing and Inspection (multiple revisions)***
- ***EP 11 Annual fire pump includes supervisory signaling testing for run state and power loss.***

11. For automatic sprinkler systems: Every 12 months, the hospital tests fire pumps under flow. The results and completion dates are documented.
Note: For additional guidance on performing tests, see NFPA 25-2011: 8.3.3.

11. **For automatic sprinkler systems: Every 12 months, the hospital tests fire pumps under flow. Fire pump supervisory signals for "pump running" and "pump power loss" are tested annually. The *results and completion dates are documented.***
Note: For additional guidance on performing tests, see NFPA 25-2011: 8.3.3; 8.3.3.4.

What's new with The Joint Commission (TJC) 2022 effective July

- ***EC 02.05.03 Fire Protection and Suppression Testing and Inspection (multiple revisions)***
- ***EP 14 updated to reflect frequency variation of testing gaseous systems.***

14. ~~Every 12 months, t~~he hospital tests ~~carbon dioxide and other gaseous~~ automatic fire-extinguishing systems. The results and completion dates are documented.
Note 1: Discharge of the fire-extinguishing systems is not required.
Note 2: For full text, refer to NFPA 12-2011: ~~4.8.3 and NFPA 12A-2009: Chapter 6.~~

14. **The hospital tests automatic fire-extinguishing systems as follows:**
- Carbon dioxide systems every 12 months
- Halon systems every 6 months
- Other special systems per National Fire Protection Association standards and manufacturers' recommendations.
The results and completion dates are documented.
Note 1: Discharge of the fire-extinguishing systems is not required.
Note 2: For full text, refer to NFPA 12-2011: 4.8.3.2 (for carbon dioxide systems) and NFPA 12A-2009: 6.1 (for halon systems).
Note 3: For full text, refer to NFPA 11-2010; NFPA 16-2011; NFPA 17-2009; NFPA 17A-2009 for other extinguishing systems.

What's new with The Joint Commission (TJC) 2022 effective July

- ***EC 02.05.01 Managing risk with its Utility System***
- ***EP 27 regarding <u>smoke evacuation</u> systems in surgical spaces***

27. ~~Areas designated for administration of general anesthesia (specifically, inhaled anesthetics) using medical gases or vacuum have the following characteristics:~~
~~- Existing smoke control systems automatically vent smoke, prevent the recirculation of smoke originating within the surgical suite, and prevent the circulation of smoke entering the system intake without interfering with exhaust function. New occupancies have no smoke control requirement.~~
~~- For hospitals that use Joint Commission accreditation for deemed status purposes: Existing smoke control systems are maintained according to the edition of NFPA 101 adopted by the Centers for Medicare & Medicaid Services at the time of installation.~~
~~(For full text, refer to NFPA 101-2012: 18/19.3.2.3; NFPA 99-2012: 9.3.1)~~
~~Note: Smoke evacuation by smoke control systems refers to by-products of combustion from a fire; it does not refer to medical plume caused by thermal destruction of tissue, which is addressed in EC.02.02.01, EP 9.~~

27. **<u>Newly engineered smoke control systems are designed, installed, maintained, and tested per NFPA 92-2012. Existing smoke control systems are tested and maintained to established engineering principles unless specifically exempted by the authority having jurisdiction. Systems not meeting the performance requirements of the testing specified in NFPA 101-2012: 19.7.7.1 can be continued in operation only with the specific approval of the authority having jurisdiction. (For full text, refer to NFPA 101-2012: 18/19: 7.7; NFPA 92-2012)</u>**
<u>Note: The smoke plume created by the thermal destruction of tissue by cauterizing equipment and lasers is addressed at Standard EC.02.02.01, EP 9.</u>

What's new with The Joint Commission (TJC) 2022

- Learning Summary: Environment of Care Changes
  - January changes:
    1. Violence in the workplace new standard
    2. Water Management Program new standard
    3. NFPA references added to all of the Fire Maintenance Testing requirements
  - July 1st Changes
    1. Fire Drills (Administrative changes and added new EP's)
    2. Fire Maintenance Testing changes to EP1, 7, 8, 11, 14
    3. Smoke evacuation systems EP 27 Utility Standard

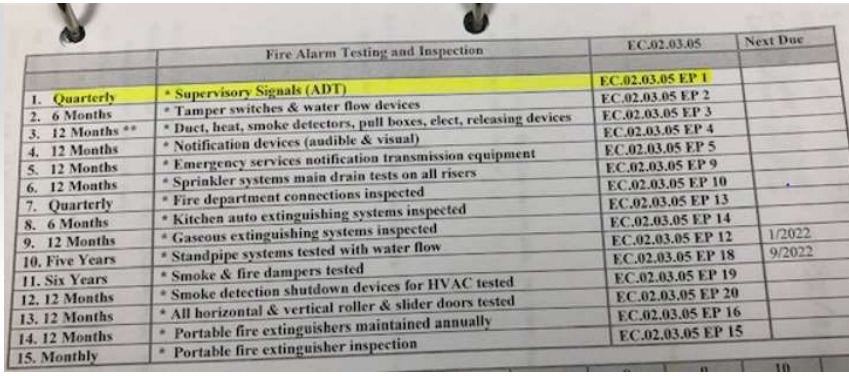
Record Keeping (part 1 of 2)

Choice Architecture (influencing behavior outcomes)

Choice Architecture (influencing behavior outcomes)

- **Choice Architecture presents options** in a way to influences others to achieve certain outcomes.
- **Choice architecture first emerged with Richard Thaler** (2017 Nobel Prize for Economics for his contributions regarding nudge theory) **and Cass Sunstein's** 2008 book, *Nudge: Improving Decisions about Health, Wealth, and Happiness.*[2]
  - **Thaler coined the term choice architecture to describe how insights from behavioral economics could be used** to influence choices.
- **In the context of *Nudges,*** choice architecture was said to minimize biases that result from **bounded rationality** (normal human defaults)
  - Bounded Rationality:
  1. Limitations such as cognitive capabilities,
  2. the difficulty of the problem,
  3. and the time available to make a decision
     - Nudges: Bound rationality could be overcome **if choice architects nudge humans toward beneficial choices.**

Choice Architecture (influencing behavior outcomes)



	Fire Alarm Testing and Inspection	EC.02.03.05	Next Due
1. Quarterly	* Supervisory Signals (ADT)	EC.02.03.05 EP 1	
2. 6 Months	* Tamper switches & water flow devices	EC.02.03.05 EP 2	
3. 12 Months **	* Duct, heat, smoke detectors, pull boxes, elect, releasing devices	EC.02.03.05 EP 3	
4. 12 Months	* Notification devices (audible & visual)	EC.02.03.05 EP 4	
5. 12 Months	* Emergency services notification transmission equipment	EC.02.03.05 EP 5	
6. 12 Months	* Sprinkler systems main drain tests on all risers	EC.02.03.05 EP 9	
7. Quarterly	* Fire department connections inspected	EC.02.03.05 EP 10	
8. 6 Months	* Kitchen auto extinguishing systems inspected	EC.02.03.05 EP 13	
9. 12 Months	* Gaseous extinguishing systems inspected	EC.02.03.05 EP 14	
10. Five Years	* Standpipe systems tested with water flow	EC.02.03.05 EP 12	1/2022
11. Six Years	* Smoke & fire dampers tested	EC.02.03.05 EP 18	9/2022
12. 12 Months	* Smoke detection shutdown devices for HVAC tested	EC.02.03.05 EP 19	
13. 12 Months	* All horizontal & vertical roller & slider doors tested	EC.02.03.05 EP 20	
14. 12 Months	* Portable fire extinguishers maintained annually	EC.02.03.05 EP 16	
15. Monthly	* Portable fire extinguisher inspection	EC.02.03.05 EP 15	

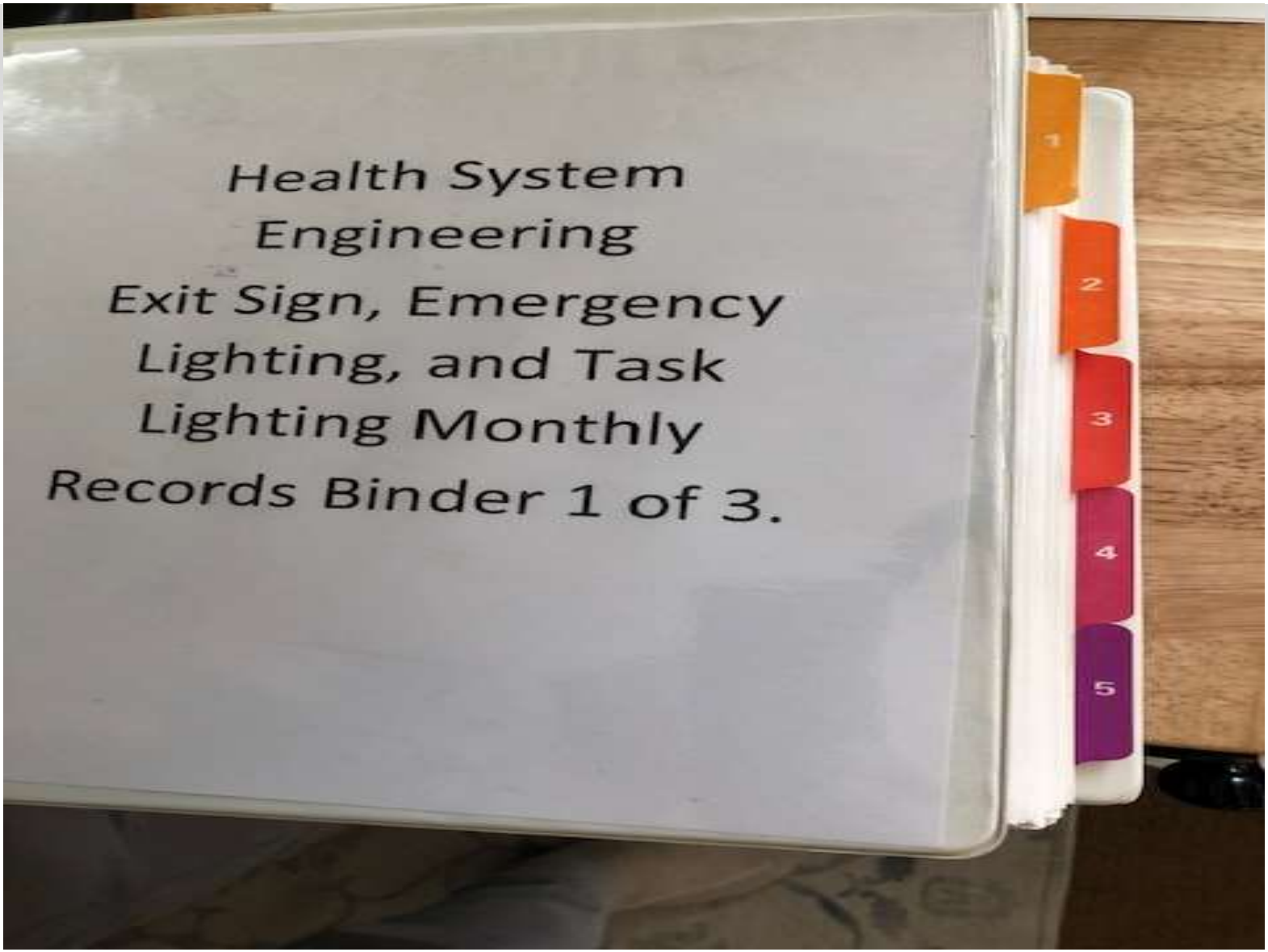
- **Record keeping!**
- **Hospital choice architecture: Your goal is** to create an environment that can influence the best outcomes for your organization.

1. **Understanding human defaults**; Complex display of information is naturally received as difficult.
   a. Questions?
      1. When conducting record reviews do you have trouble with finding the information, or do you see patterns of data points omitted.?
      2. **Will the surveyor need to surf** or navigate through multiple **pieces of information just to find basic information** (date test completed, results, etc.)?
2. **Understanding mapping**; this refers to exploring the different ways that the presentation of information can influence.
   - **Complex choices**: choice architects should be cognizant about how they structure complex choices, **since people are more likely to work with simplified information.**

Choice Architecture (influencing behavior outcomes)

Learning Summary:

- **Richard Thaler and Cass Sunstein (2008 Nudge)**
  - **Understanding natural human defaults as suggested by Choice Architecture** will help you design how you present your Survey Ready information to influence positive choices.
    1. Reduce complexity
    2. Simplify (this tends to make your record retention easier and reduces staff omissions and clutter)
    3. Mapping provides consistency



This organization had three binders of this size to show how they met **EC 02.05.07 EP1** Monthly testing.

- **Each tab represented a floor in the Hospital**. The monthly inspectable documents for each floor in all three binders needed to be sorted through to determine if they met the requirements.

[redacted]

Dry Standpipe Inspection

[redacted]

Fire Sprinkler System Inspection 1/3/2022
NFPA 25 California Title 19

Check for missing caps & remove any obstructions in connections. X – Pass

Location	Color ID	Caps in place & operating	Visible Damage	Fire Fighter Signage in place	Obstruction in connection
Stairwell 1	Red	X	X	X	X
Stairwell 1A	Grey	X	X	X	X
Stairwell 2	Red	X	X	X	X
Stairwell 3	Green	X	X	X	X
Stairwell 4	Brown	X	X	X	X
Stairwell 5	Yellow	X	X	X	X
Stairwell 6	Orange	X	X	X	X
Stairwell 7	Blue	X	X	X	X
St. Joseph's	Red	X	X	X	X
O'Farrell Street	Green/Brown	X	X	X	X
O'Farrell Street	Orange	X	X	X	X
Lyon Street	Blue	X	X	X	X
Geary Blvd.	Yellow	X	X	X	X

13/13 Standpipes Passed

COMMENTS: Standpipes and Hosevalves Pass Title 19 Standards

DATE: 1/3/2022

NAME: [redacted]

Signature: [redacted]

EC 02.03.05 EP10 Quarterly FDC testing

Inspection, Testing, and Maintenance Cover Sheet
NFPA25 as amended by CCR, Title 19

Property Information:

Name:		Occupancy/Use:	
Address:		Construction Type:	
City:		No. Stories:	
ZIP:		Year Constructed:	
Contact:			
Telephone:			

EC 02.03.05 (AES template form covers fire testing systems 79 pages)

Contractor Information:

Name:	
Address:	
City:	
State:	
Telephone:	
CA License#:	
Job #:	
Performed by:	

Number of System Risers

Copy sent to:

☐ Owner	Date:
☐ Fire AHJ	Date:
☐ Contractor	Date:

NOTES:
1) For specific inspection, testing, and maintenance requirements and information, see NFPA 25, 2011 edition as amended by California Code of Regulations, Title 19, §901 to §906.

2) Inspection items may be performed by the owner in accordance with California Code of Regulations, Title 19, §904.1(a)

Check box for each system inspected and enter the number of forms used for inspection.
Check boxes (Fail or Pass) to indicate status of inspected system at end of inspection.

Forms Included with this Report	NFPA 25 Chapter	Number of Forms	N/A	Fail*	Pass
☐ Automatic Sprinkler System	5	0	☐	☐	☐
☐ Standpipe and Hose System	6	0	☐	☐	☐
☐ Private Water Supply System	7	0	☐	☐	☐
☐ Fire Pump	8	0	☐	☐	☐
☐ Water Storage Tank	9	0	☐	☐	☐
☐ Water Spray System	10	0	☐	☐	☐
☐ Foam Water Sprinkler System	11	0	☐	☐	☐
☐ Water Mist System	12	0	☐	☐	☐
☐ Concerns that are Not Deficiencies (i.e. Non-Sprinklered Areas)				☐ Yes	☐ No

*See "Deficiencies and Comments" section at end of each respective form.


EC 02.03.05 EP4 Audio/Strobes Annual Test document

Record keeping
Part 2 of 2
sets the tone

Learning objective: how to create efficient record keeping to reduce your risk of receiving citations

1. Structure
2. Methodology
3. Mapping & Cover page
4. Clutter
5. Practice

Record keeping sets the tone

Basic rules for record retention for The Joint Commission Survey

1. **Structure** your records to follow the current Life Safety & Environment of Care Document List and Review Tool provided by TJC.
2. **Methodology:** Have an established mapping with a consistent methodology that is the basis for displaying your information.
   - **Binder system with tabs and a cover page** for each EP.
3. **Understand** what the standard is looking for
   - Is the information formatted to display the perspective requirements.

Policy Driven Documents (example)	Frequency based Documents (example)
• EC 02.03.01 EP 9 (Fire Response Plan),or • EC 02.05.05 EP 4 (High Risk utility system components on the inventory)	• EC 02.03.05 EP1-25, 27 Fire Maint • EC 02.05.07 EP1-10 Emergency Power systems

Record keeping sets the tone (continued)

The Joint Commission

1. **Structure** your records:
   - **Follow/mapping that is aligned** with the Life Safety & Environment of Care Document List and Review Tool provided by TJC (each page 1-16 January 2022 ed).
2. **Binder one LS 01.01.01 EP 1-7**
   - **Includes tabs for each EP.**
   1. Statement of Conditions
      - Copies of waivers or equivalences, and risk assessments if applicable, ILSM
   2. Life Safety Maps
   3. AHJ recent inspection

Life Safety & Environment of Care Document List and Review Tool

Effective: 1/1/2022

STANDARD - EPs	See Legend C	NC	NA	IOU	Document / Requirement
LS.01.01.01					Buildings serving patients comply w/ NFPA 101 (2012)
EP 1					Individual assigned to assess Life Safety Code® compliance
EP 2					Building Assessment to determine compliance with Life Safety (LS) chapter *(frequency of assessment is defined by the hospital)*
EP 3					Current and accurate drawings w/ fire safety features & related square footage a. Areas of building fully sprinklered (if building only partially sprinklered) b. Locations of all hazardous storage areas c. Locations of all fire-rated barriers d. Locations of all smoke-rated barriers e. Sleeping and non-sleeping suite boundaries, including size of identified suites f. Locations of designated smoke compartments g. Locations of chutes and shafts h. Any approved equivalencies or waivers
EP 5					Deemed Hospitals: Documentation of inspections and approvals made by state or local AHJs
EP 7					The hospital maintains current Basic Building Information (BBI) within the Statement of Conditions (SOC).

Record keeping sets the tone (Continued)

Methodology (Choice Architecture-mapping):

1. **Methodology:** Have an established and consistent methodology that is the basis for displaying information.
   - Set up your structure to follow the TJC checklist
   - But then we add a **cover page** to all EP survey documents:
     - Those **produced by internal resources and those contracted out**.
2. **The cover page is intended to reduce complexity**
   - This enables y**our organization to ensure consistent information is provided** and sets up a mapping method that makes it easy to reconcile.

Record keeping sets the tone (cover page continued)

Cover page method for Fire Maintenance Records EC 02.03.05

- **EP 28 indicates that EP 1-20, and 25 must include the following**:

1. Activity name
2. Date of inspection
3. Inventory of Devices
4. Equipment
5. Frequency
6. Contact Info of person performing the activity
7. NFPA Standard
8. Activity Results

Record keeping sets the tone (cover page continued)

Cover Page example EP 3-Duct, heat, smoke, and manual pull stations

STANDARD - EPs	See Legend C	NC	NA	IOU	Document / Requirement	Frequency
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. NFPA 72-2010: Table 14.4.5	Quarterly
EP 2					Water flow devices NFPA 72-2010: Table 14.4.5 NFPA 25-2011: Table 5.1.1.2	Semiannual
					Tamper switches NFPA 72-2010: Table 14.4.5	Semiannual
EP 3					Duct, heat, smoke detectors, and manual fire alarm boxes NFPA 72-2010: Table 14.4.5; 17.14	Annually

Record keeping sets the tone (cover page continued)

Engineering Record (The Joint Commission) revised: 12/4/21

Standard: EC 02.03.05 Fire Protection and Suppression Testing

EP: 3 Duct, heat, smoke detectors, and manual fire alarm boxes

1. **Frequency**: Annual
2. **Organization who completed the testing**: DT Services, 01 north St, Grass Valley, CA 530 550-0000
3. **Person performing activity**: Tom Jones, Jet Black, Fred Son
4. **Device Inventory and results**:

Device Type	Inventory	Results/Passed-Failed
Duct Detector (DD)	58	58 Passed
Heat Detector (HD)	18	18 Passed
Smoke Detector (SD)	580	*578 Passed
Manual Fire Alarm (MP)	24	24 Passed

5. **Test/inspection completed**: 10/18/2021-11/18/21
6. **Reference:** NFPA 72-2010: Table 14.4.5: 17.14

Notes: See field copy enclosed for individual device testing.

7. ***Maintenance:** Items failed during testing: See notes on field copy for repair verification.

Record keeping sets the tone (cover page continued)

EP 5,6,7,8,9: Emergency Generator Testing

EP 5					Emergency generators tested monthly for 30 continuous minutes under load (plus cool-down) NFPA 99-2012: 6.4.4.1	Monthly
EP 6					Monthly load test for diesel-powered emergency generators conducted with dynamic load at least 30% of nameplate rating or meets mfr. recommended prime movers' exhaust gas temperature; **OR**	Monthly
					Emergency generators tested once every 12 months using supplemental loads of 50% of nameplate rating for 30 minutes, followed by 75% of nameplate rating for 60 minutes for total of 1 ½ continuous hours NFPA 99-2012: 6.4.4.1	Annually
EP 7					All automatic and manual transfer switches monthly/12 times per year with results and completion dates documented NFPA 99-2012: 6.4.4.1	Monthly
EP 8					Fuel quality test to ASTM standards NFPA 110-2010: 8.3.8	Annually
EP 9					Generator load test once every 36 months for 4 hours NFPA 110-2010, Chapter 8	36 Months

Engineering Record (The Joint Commission) revised: 12/4/21

Standard: EC 02.05.07 Emergency Power Supply Systems

EP: 5, 6, 7, 8, 9: Generators tested to meet run time, load/exhaust gas temp, transfer switches, fuel quantity, and 36-month load.

1. **Frequency**: Monthly
2. **Organization who completed the testing**: Facility Engineering and CAT of Sacramento Fred Switch 530 557-0000
3. **Person performing activity**: Tom Jones and Scott Riley Staff Engineers.
4. **Device Inventory Results (EP 5,6, and 7): 3 Generators rated at 1000 KW. 30% = 300 KW load requirement.**

Month Generators Tested	30 Minute minimum run time requirement met	30% load achieved	ATS Transferred monthly (7)	Transfer Time 10 Sec or <
1/15/21	Yes	No	Yes	Yes
2/15/21	Yes	No	Yes	Yes
3/20/21	Yes	No	Yes	Yes
3/28/21 Annual Load Test				
4/15/21	Yes	No	Yes	Yes
5/15/21	Yes	No	Yes	Yes
*6/15/21	Yes for 1 and 2.	No	Yes	Yes
6/28/21 Re-test	Yes	No	Yes	Yes
7/15/21	Yes	No	Yes	Yes
8/15/21	Yes	No	Yes	Yes
9/15/21	Yes	No	Yes	Yes
10/15/21	Yes	No	Yes	Yes
11/15/21	Yes	No	Yes	Yes
12/15/21	Yes	No	Yes	Yes

- **Annual load test completed March 28, 2021,** by CAT of Sacramento, Fred Switch and Scott Riley. Passed testing requirements.
- **EP 8 Annual Fuel Quality Test completed** 8/10/21 by Bell shire, Jon Sam. Passed. Record enclosed.
- **EP 9 Generator Load Test o**nce every36 months **12/5/2020**. CAT of Sacramento Fred Switch. Passed testing requirements.

5. **Test/inspection completed**: **see above**
6. **Reference:** **NFPA 99-2012: 6.4.4.1: NFPA 110-2010, Chapter 8**

Notes: See field copy enclosed for individual device testing.

***Maintenance:** Items failed during testing: See notes on field copy for repair verification. **June Generator 3** would not start. Resolved and re-tested 6/28/21. See documentation enclosed.

HOSPITAL NORTH TOWER EMERGENCY GENERATOR TEST/RUN

Notify PBX,Nurs.Supv,Sec(35800)Fire Dept boards #365,#366,#367

Date: 2-3-22

Lead Generator #N1 or #N2 N2

Engr. JP

30 minute test

	TIME	Generator N1 30%=300 KW					Generator N2 30%=300 KW									
		Oil press	Water temp.	Fuel Press	KW	Amps	Oil press	Water temp.	Fuel Press	KW	Amps	HZ	Volts	Amps	KW	PF
#1	6:05	75	165	86	137	182	78	142	81	135	203	60	485	203	135	.909
#2	6:15	69	179	79	154	201	69	172	81	160	214	60	486	193	152	.956
#3	6:25	69	179	79	188	232	69	172	80	160	221	60	486	260	188	.995
	6:35	68	179	79	193	274	69	170	79	191	241	60	484	264	188	.995
	6:45	68	174	78	184	247	69	169	79	170	227	60	486	234	170	.995
	6:55	67	178	79	0	0	5	169	80	0	0	0	0	0	0	30

TCV Start= 9585

TCV End= 9531

Diesel gal.used: 34

Run start time: 6:00

Run end time: 6:55

ATS which initiated the test: # LSG

PRE-OPERATION INSPECTION (check)

	N1	N2
PBX Office Light	✓	✓
Eng Office Light	✓	✓
Lube oil level	✓	✓
Coolant level	✓	✓
Coolant temp.	111°F	126°F
Air filter	✓	✓
Belts/hoses	✓	✓
Louvers	✓	✓
Lead Gen.		✓
Lead ATS		LSG
Day tank	✓	✓

ATS status N = Normal / E = Emergency

POST-OPERATION INSPECTION

	N1	N2
Run time meter start	277.5	278.8
Run time meter end	278.4	279.7
Lube oil level	✓	✓
Coolant level	✓	✓
Day tank level	✓	✓
Secondary containment	✓	✓
Batteries volts	29.2 V	29.4 V
Batteries amps	7.2 A	4.9 A

Main fuel tank level. Notify Assist. Chief Eng. when fuel level reaches 11,000 to sched. delivery

CAUSE OF OPERATION (check one)

Full load test	✓
No load test	
Power failure	
Maintenance	
Other	

Transfer&Assume load Must be within (0-10sec) 3 s.

Monthly emergency task lighting check for 30 Sec.
All OK ✓ YES or NO

Annual emergency task lighting check for 90 min.
All OK _____ YES or NO (May)

Lights are fed from breaker #2 Panel LSG

BI CUP	S	C	E	LSG	A	B		
E	E	E	E	E	E	E		
Plant	Hospital			GenRm	SSB	SSB		

Monthly Exit Sign Check
54,55, 56 Pass ✓ Fail _____

(Add all comments on back)

Revised 8-2021

Record keeping sets the tone (cover page continued)

EP 1, 2, 3, 4-Water Management program

EC.02.05.02					**Manages risks associated with utility systems – Water Management Program**
EP 1					Verify individual or team responsible for oversight and implementation of the water management program
EP 2					Review water management program to verify the following components are included: • Diagram of water supply sources, treatment systems, processing steps, control measures, and end-use points • Water risk management plan identifies areas where potentially hazardous conditions may occur • Plan for addressing the use of water in areas of buildings where water may have been stagnant for a period of time • Evaluation of immunocompromised patients • Monitoring protocols and acceptable ranges for control measures
EP 3					Verify that the water management program includes documentation of the following: • Results of all monitoring activities • Corrective actions and procedures to follow if test results are outside of acceptable limits • Corrective actions taken when control limits are not maintained
EP 4					Verify water management program reviewed annually and when changes have been made to the water system that add risk, new equipment or at-risk systems have been added that could generate aerosols or be source for Legionella
COMMENTS:					

Engineering Record (The Joint Commission) revised: 12/4/21

Standard: EC 02.05.02 Manages Risk with Utility System Water Management Program

EP: 1, 2, 3, 4: addresses oversight, overview of water system and components, monitoring and annual review.

1. **Frequency**: Annually-could be sooner if changes are needed
2. **Organization who completed the testing**: Facility Engineering in partnership with Incept Water Safety Management, Sacramento, CA,
3. **Person performing activity**: Tom Jones Chief Engineer and Infection Control Committee oversee the program.
4. **Program overview:** **Written Water Safety Program see below**

EP	Description	Page
1	Team assigned oversight	3
2	Diagram of water sources and treatment systems, etc	5-10
3	Documentation of monitoring, corrective actions, etc.	11-12
4	Program annually reviewed and changes made if necessary	2

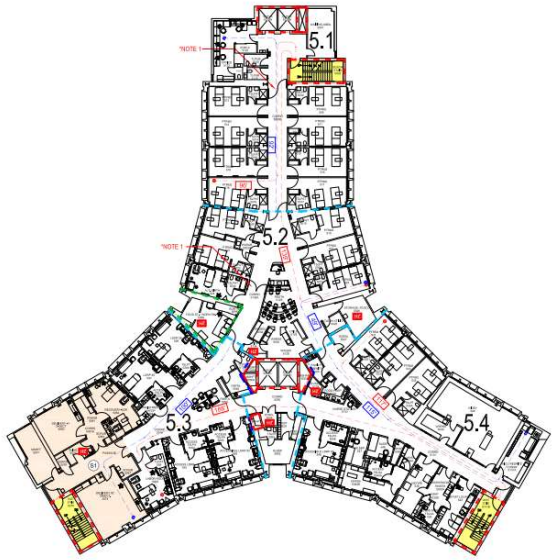
- **Annual verification occurred 11/15/21- Tom Jones submitted to Infection Control Committee**

5. **Test/inspection completed**: **see page 11-12**
6. **Reference:** **ASHRAE Standard 188-2018**

Notes:

***Maintenance:**

Record keeping sets the tone (continued)



TSIG

Mapping and cover page organization:

Pro's:

1. Very efficient organization of information
2. Less errors by staff
3. Enables faster document review
4. Demonstrates excellent knowledge of the standards

Con's:

1. Could provide more time for the Surveyor to look and inquire deeper into your program
2. Highlights items missed

Record keeping sets the tone (continued)

Record Keeping final notes:

Clutter is not beneficial:

1. Clutter is removed from your documents to prevent distracting inquiries and the "Rabbit hole".
2. Attachments not related to meeting the standard.
    - Staff notes on reviewable documents

Closing the Loop-must close the loop with discrepancies noted.

1. Any of your records which indicate a failure or non passing result must include a timely repair to **close the loop**.

How to prepare (Practice)
Record keeping sets the tone (continued)

- The Joint Commission Environment of Care & Life Safety Document is **16 pages in 2022 with more than 64 EP's** requiring documentation.
  - **Practice and prepare**
  - **12 Months before your triennial service date**
    - start your internal record readiness reviews as a minimum.
  - **Then quarterly leading up to your survey date**
    - Use the most current TJC Environment of Care & Life Safety Guideline (checklist)

Dave Hill Consulting:
Re-Engineer Your Communication Strategies – How to Persuade and Look Smart | Dave Hill Speaks

2022 Facility Performance Review

Site Visit Itinerary

Time	Purpose/Section	Notes	Participants	Reviewer
1 Day Review 8:00	Introduction and schedule confirmation	Identify all surveyable spaces (Hospital and Ambulatory).	Facility Team	Tom Jones
0900-12:00	**Record review See common documents reflected below.**	eSOC/Life Safety Maps. Look at suites and Hazardous Area/storage rooms.	**The Joint Commission Life Safety Checklist**	
12-12:30	Lunch			
12:30-4:00	**Record review continue**	**Survey Guide print 1-16**		

Documents/Processes to review:

1. **Relative Humidity Waiver and Medical Center Risk Assessment** (CMS requires risk assessment for 20-60% range)
2. **Relative Humidity report for Surgical Areas** to include sterile storage. 60-90 days log review. ASHREA 2008
3. **Risk Assessment as an opportunity to demonstrate alternative methods** (Discussion)
4. **Operating room wet assessments** to include Ambulatory Settings (Line Isolation or GFCI part of the design?) NFPA 99, 2012, 6.3.2.2.8
5. **Operating room conditioning (Pressure Relationship).** EC Standard, NFPA 99 2012, ASHRAE 2008 or California BC
    a. **Air Balancing report high risk areas**.
6. **Infection Control-Isolation Room Management** to include temporary room/space configuration. ASHRAE 170 2008
7. ***Fire Maintenance Records** and *Fire Drills, EC Standard
8. ***Electronic Statement of Conditions** (eSOC), LS Standard
9. ***High Risk Equipment Inventory** and PM Schedule NFPA 99, 4.2 (Nuvolo or update old list/spreadsheet) (EC Standard)
10. ***Automatic Transfer Switch Maintenance** Record (EC Standard)-NFPA 110, 2010, NFPA 99, 6.4.3.1
11. ***Emergency Generator maintenance** EC Standard, NFPA 110, chapter 8.
12. **Emergency Generator Battery** (Maintenance free or vented monthly PM)
13. *Weekly EPSS inspections. EC Standard, NFPA 110, chapter 8.
14. ***Monthly fire pump (10 minutes) and Emergency Generator** Runs 30 minutes. EC Standard
15. ***Exit signs and emergency lighting monthly/Annual Inspections** (PM) EC Standard and NFPA 101, 2012
16. **Relocatable Power Taps-Surge Protectors** Local Program NFPA 99 2012. 10.2.3.6; 10.2.4;
17. ***Medical Gas Inspection Program (Daily, Annual report**). EC Standard, NFPA 99, 20212, 5.1.14.4, 5.1.11.1, 5.3.6.20.1
18. ***Water Quality Safety Program (local).** EC Standard
19. ***Utility Components/Infection Control High Risk Inventory** and PM Schedule (**Clin Tech)** EC Standard.
20. ***Violence in the workplace annual review** (new EC standard 2022)

NOTE: * indicates that the item is asked for during the standard record review by The Joint Commission.

Go to The Joint Commission Standards to review FAQs, submit clarification questions, get publications. Standards FAQs | The Joint Commission

Record keeping sets the tone (continued)

What we learned

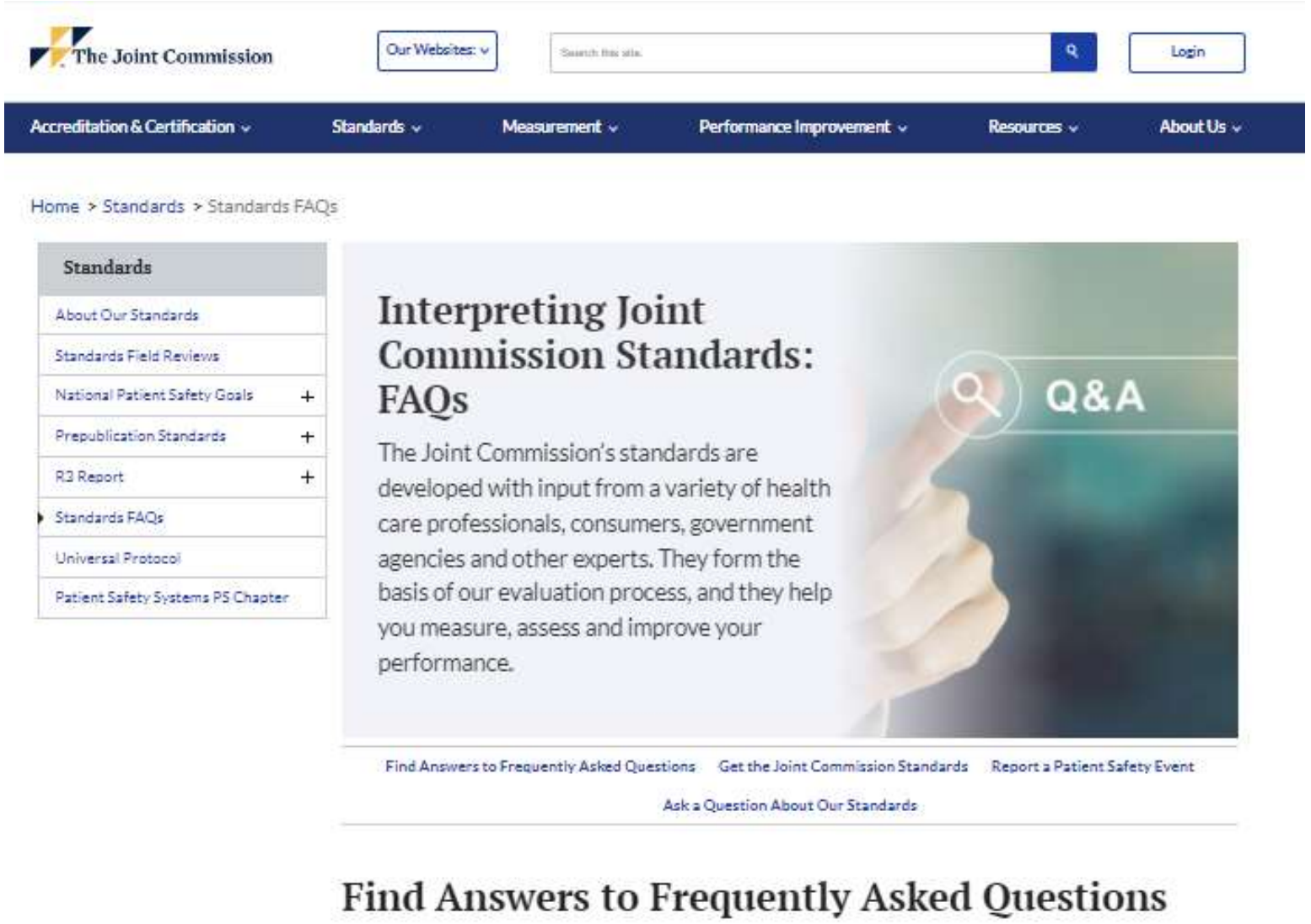
1. **Human behavior supports simplified** rather than complex (choice architecture)
2. **Reduce record keeping complexity** to improve staff and surveyor outcomes
3. **Structure your information aligned** with The Joint Commission document review checklist.
4. **Establish a consistent methodology and mapping** of how you show your information
5. **Cover page approach t**o capture key information concisely and reduce complexity
6. **Remove clutter**
7. **Close the loop with discrepancies**
8. **Practice with your team starting 12 months out before survey date, then quarterly.**

Seeking clarification regarding the Joint Commission Standards

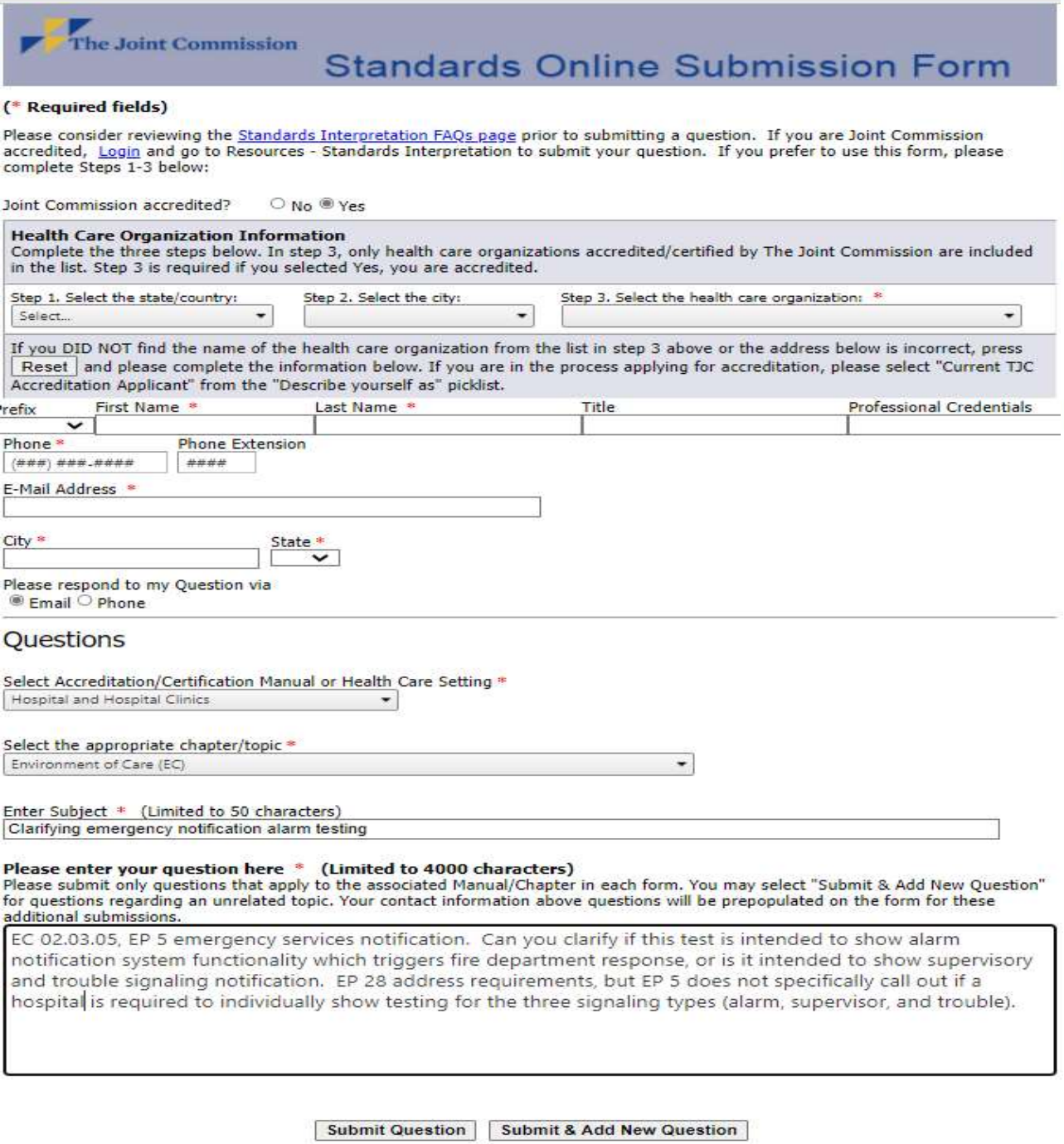
Learning objective: Learn how seek help with The Joint Commission

Seeking clarification regarding the Joint Commission Standards

- ***Standards FAQs | The Joint Commission*** *Link*
- *Hundreds of interpretations/explanations to EC, LS, EM, IC, etc.*



Seeking clarification regarding the Joint Commission Standards (continued)



The Joint Commission

Standards Online Submission Form

(* Required fields)

Please consider reviewing the Standards Interpretation FAQs page prior to submitting a question. If you are Joint Commission accredited, Login and go to Resources - Standards Interpretation to submit your question. If you prefer to use this form, please complete Steps 1-3 below:

Joint Commission accredited? ○ No ◉ Yes

Health Care Organization Information
Complete the three steps below. In step 3, only health care organizations accredited/certified by The Joint Commission are included in the list. Step 3 is required if you selected Yes, you are accredited.

Step 1. Select the state/country: Select... | Step 2. Select the city: | Step 3. Select the health care organization: *

If you DID NOT find the name of the health care organization from the list in step 3 above or the address below is incorrect, press Reset and please complete the information below. If you are in the process applying for accreditation, please select "Current TJC Accreditation Applicant" from the "Describe yourself as" picklist.

Prefix | First Name * | Last Name * | Title | Professional Credentials

Phone * (###) ###-#### | Phone Extension ####

E-Mail Address *

City * | State *

Please respond to my Question via
◉ Email ○ Phone

Questions

Select Accreditation/Certification Manual or Health Care Setting *
Hospital and Hospital Clinics

Select the appropriate chapter/topic *
Environment of Care (EC)

Enter Subject * (Limited to 50 characters)
Clarifying emergency notification alarm testing

Please enter your question here * (Limited to 4000 characters)
Please submit only questions that apply to the associated Manual/Chapter in each form. You may select "Submit & Add New Question" for questions regarding an unrelated topic. Your contact information above questions will be prepopulated on the form for these additional submissions.

EC 02.03.05, EP 5 emergency services notification. Can you clarify if this test is intended to show alarm notification system functionality which triggers fire department response, or is it intended to show supervisory and trouble signaling notification. EP 28 address requirements, but EP 5 does not specifically call out if a hospital is required to individually show testing for the three signaling types (alarm, supervisor, and trouble).

Submit Question | Submit & Add New Question

Can't Find What You're Looking For?

If you do not find an answer to your question, please contact the Standards Interpretation Group (SIG).

Ask a standards interpretation question

Note: To provide adequate support to those organizations that are either accredited/certified or seeking accreditation/certification, we will only answer those questions submitted by those organizations seeking accreditation/certification or currently accredited/certified by the Joint Commission. The Joint Commission no longer answers questions submitted by students or vendors. Thank you for your understanding.

Seeking clarification regarding the Joint Commission Standards

Post Survey

- **Use the 10-day clarification** to present your case to overturn a finding.

- This is a great system and allows someone else other than your surveyor to validate the finding.


Time to address questions

- Covid Impacts on Surveys
- TJC EC updates for 2022
- Record Keeping Part 1 and 2
- Seeking TJC Standards clarification

Thank you,

Tom Jones, MA, LEED GA
DT Services
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www.linkedin.com/in/tjonesdtsvcs

Resources and References

1. ***The Joint Commission EC changes 2022: Revisions to the Environment care chapter July 1, 2022*** *Revisions to the Environment of Care Chapter | The Joint Commission*
2. ***Choice Architecture:*** *https://thedecisionlab.com/reference-guide/psychology/choice-architecture/#section-1*
3. ***The Joint Commission 2022 Standards****: https://www.jointcommission.org/accreditation-and-certification/health-care-settings/hospital/prepare/snapshot-of-survey-day/*
4. ***The Joint Commission Interpretations (FAQs)*** *Standards FAQs | The Joint Commission*
5. ***The Joint Commission Standards Online Submission form:*** *Joint Commission - Standards Online Submission Form*
6. ***After the survey includes SAFER Matrix:*** *Prepare for Hospital Accreditation | The Joint Commission*
7. ***Provides guidance on what to expect during a survey to include access to checklists:*** *Snapshot of Survey Day for Hospital Accreditation | The Joint Commission*
8. ***Joint Commission "getting caught up"****. John R. Rosing, MHA, FACHE, Executive Vice President and Principal, Patton Healthcare Consulting, https://pattonhc.com*
9. ***TSIG Map, Dave Menapace | Director The Greeley Company,*** *www.greeley.com*