Joint Commission Update for the 2019 Healthcare Coalition Conference

September 17 - 19
Kentucky International Convention Center
Louisville, Kentucky
Jim Kendig, MS, CHSP, HEM, CHCM, LHRM

Field Director – Life Safety Code Surveyors
Tim Markijohn, MBA/MHA, CHFM, CHE
Field Director – Life Safety Code Surveyors
Herman A. McKenzie
MBA, CHSP
Director - SIG
ACO-DSSM-SIG – who does what at TJC?

ACO – Kendig / Markijohn

DSSM – Herman McKenzie

SIG-ENG – Herman McKenzie
Mission:

- To continuously **improve** health care...
- By **evaluating** health care organizations - meaningful assessment – by discovering unknown risks
- To provide **safe** and effective care
- **Inspiring** them to excel
Current and Emerging Patient Safety Risks– An Onsite Survey Focus

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

**Tip for success:** Dr Chassin sent each CEO a letter in April 2018: https://jointcommission.new-media-release.com/2018_411_part1/#hld
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
Hierarchical Approach to IC Standards

1. Rules and Regulations
2. CoPs and CfCs*
3. Manufacturers’ Instructions for Use
4. Evidence-Based Guidelines and National Standards
5. Consensus Documents
6. Organization's Infection Prevention and Control Policy

* For organizations that use Joint Commission accreditation for deemed status purposes or that are required by state regulation or directive, Conditions of Participation (CoPs) and/or Conditions for Coverage (CfCs) should be reviewed for applicable mandatory requirements.

Source: Perspectives April 2019
Regulations

https://www.fgiguide lines.org/guidelines/state-adopti on-fgi-guidelines/
More CMS Requirements

- Survey and Certification Letters
- Quality Safety & Oversight Memoranda
- Tip who in your organization is responsible for reviewing?

Evidence Based Guideline

- Key recommendations
  - infection-control impact of ventilation system
  - establishment of a multidisciplinary team to conduct infection-control risk assessment;
  - use of dust-control procedures and barriers during construction, repair, renovation, or demolition;
  - environmental infection-control measures
Legionella Bacteria Found in New York City Hospital: Officials

Published at 9:35 PM EDT on Jul 28, 2018 | Updated at 2:46 PM EDT on Jul 29, 2018

Inadequate disinfection' blamed in Legionnaires' outbreak

4 Cases of Legionnaires' Disease Investigated at Hospital

Health officials warn of possible Legionnaires’ exposure at Missouri cancer center

Vets’ Home Legionnaires’ Outbreaks Spur New Disease Notification Law

Legionella outbreak investigated by Hawaii Health Department
What’s the risk?

- More Legionella pneumophila in the environment
- More susceptible patient population
- Increased awareness and testing
- 1 in 4 patients who acquire their infection in healthcare facility will die

Other Waterborne Pathogens

- Hospitals water systems
- Showers
- Faucets
- Sinks
- Ice Machines
- Water baths
- Birthing tubs

How to Reduce Risk
Key Elements

Facility risk assessment
- CDC Toolkit provides step by step direction

Water management program
- Establish a water management team
- Describe the building’s current water system
- Identify where Legionella and other pathogens can grow
- Determine control measures and how to monitor (DOES NOT require cultures)
- Establish interventions when clinical limits are not met
- Make sure the program is functioning as designed and effective
- Document and communicate

Testing protocols and acceptable ranges for control measures
- Results of testing and corrective actions taken when control limits are not maintained
State Regulations

- New York Department of Health: *Protection Against Legionella* Effective date: 7/6/16
  - Cooling Tower: < 20 CFU/mL
  - Healthcare Facilities:
    - Sampling sites determined by environmental assessment
    - Water cultures every 90 days for first year or if water system serves hematopoietic stem cell transplant or solid organ transplant patients every 90 days
- New Jersey Senate Bill S1108, introduced January 25, 2018: Requires registration, inspection, testing, cleaning, and disinfection of cooling towers to control outbreaks of Legionnaire’s Disease
Survey and Certification S&C 17-30 Legionella

- Applies to
  - Hospitals
  - Critical Access Hospitals
  - Long-Term Care
- Implement plan that reduces
  - Legionella
  - Other opportunistic water pathogens
Manufacture Instructions

Tower Cleanliness
An unclean tower can be an amplifier of unhealthy biological agents…periodically inspect an operating cooling tower for good biological control. The inspection should include, at a minimum, visual evaluation of the condition of the water and the distribution basins. Good biological control is indicated by clean, clear water with no green or brown algae below the water line. Poor control is detected by…

Drift (Mist) Eliminators
Cleanliness and effectiveness of drift eliminators are critical in preventing the spread of *Legionella pneumophila* bacteria. Make sure that all air passages are clear of debris, and as clean as possible. Check that all components are properly installed. Check condition of seals to assure that water can’t bypass the eliminators through deteriorated or missing seals.

The Joint Commission Standards

Standard EC.01.01.01
- The hospital has a written plan for managing its utility system

Standard EC.02.01.01
- The organization manages safety and security risks.

Standard EC.02.05.01
- The organization manages risks associated with its utility systems

Standard EC.02.05.05
- The organization inspects, tests, and maintains utility systems

Standard IC.01.03.01
- The organization identifies risks for acquiring and transmitting infections

Standard IC.01.05.01
- The organization has an infection prevention and control plan

Standard IC.02.01.01
- The organization implements its infection prevention and control plan

Standard IC.03.01.01
- The organization evaluates the effectiveness of its infection prevention and control plan
EC.02.05.01 EP14: Examples

- No evidence of a plan to manage legionella and other waterborne pathogen risks associated with the water management processes, including testing protocols and acceptable ranges for control measures

- No evidence that a risk assessment was conducted for the infection control utilities system components associated with legionella and other waterborne pathogens

- The organization could not demonstrate how evidence-based control measures were incorporated into the water management program.
What’s the Risk (mold prevention)?

- “…Concentrations below 1cfu/m³ was enough to cause infection in high-risk patients. Virtually all outbreaks of nosocomial aspergillosis are attributed to airborne sources, usually construction…”

- Fatality rate was 57.6% in high risk patients and 39.4% in patients without severe immunodeficiency.

Background

Mold spores versus active mold replication

- Spores drift through the air all the time (think dust)
- To change into its replicative state spores require
  - Nutrients
  - Moisture
  - The right temperature

Other Implications of Mold

- Sensitive to molds
  - Stuffy nose
  - Wheezing
  - Red or itchy eyes/skin
- Allergic to molds/asthmatics
  - Fever
  - Shortness of breath
- Exposure to mold may lead to development of asthma

Source: https://www.cdc.gov/mold/faqs.htm#affect
Release of Mold Spores

- ANY work that generates dust
- Drilling through walls or ceilings
- Coring through floors, removing floor tile or carpet
- Air movement over the tops of ceiling tiles
- Anything that stays wet for >72 hours is a potential mold source (e.g., wet ceiling tiles)
- Disruption of air supply or incorrect pressurization
- Improper filter installation
- Open windows or doors (lack of airlocks)
- Cleaning air supply or exhaust grills and ducts
- Vacuum cleaners
- Plants or fresh flowers
How do we reduce risk?

- American Institute of Architects (now Facilities Guideline Institute - FGI) addressed the issue in 2001 last revision 2014
- Joint Commission followed with related EC standard in 2002
- CDC published Guidelines for Environmental Infection Control in Health-Care Facilities (2003) – Available at https://www.cdc.gov/infectioncontrol/guidelines/environmental/
Key Elements

Planning and Monitoring

- Involve Infection Preventionist from concept through commissioning
- Ensure all elements outlined in FGI 2014 are addressed
- Project specific protective measures including the responsibilities of each party (governing body, designer, contractor, and facility staff)
- Assigned responsibility for monitoring compliance
- Written procedures for suspension of work

Ventilation of Construction Zone

- Dedicated (isolated) ventilation/exhaust system for the construction area
- Barriers maintained at 0.03 inches of water with airflow from clean to dirty with visual display (FGI 2014)
- System cleaned prior to occupancy if existing building HVAC system used

Disaster Plans for Emergencies

- Written plans for HVAC shutdown, water outage or leaks, etc
Sylvia’s Tips (TJC ICP)

- Ensure your IP is knowledgeable and competent to perform risk assessment and develop mitigation strategies
- Use a blueprint as the starting point of your assessment and mitigation plan
- Train staff in the area to report problems and have 24 hour coverage to respond
- Consider contractual penalties for not complying with ICRA requirements
FGI 2014: Two Types of Risk Assessment Required

1. ICRA: Planning, Design, Construction and Commissioning
   - “...infection control risk assessment shall be part of the integrated facility planning, design, construction, and commissioning activities and shall be incorporated into the safety risk assessment.”

2. Infection Control Risk Mitigation
   - Plans that describes the specific methods by which transmission of contaminants will be avoided during maintenance, renovation, construction and commissioning
FGI: Planning Elements

- Number, location, type of airborne isolation or protective environment rooms
- Special HVAC needs
- Water/plumbing system
  - Minimum hand hygiene and first aid equipment
  - Water management program
- Selection of materials for surfaces and furnishings
- Testing and certification of installed systems
- Assessment of external and internal construction activities
- Location of known hazards
FGI: Infection Control Risk Mitigation

- **Written plan** that includes
  - Patient placement
  - Standards for barriers
  - Construction
    - Plumbing systems
    - Water related equipment (e.g., ice machines, sterilizers)
    - HVAC
  - Staff training
  - Bathrooms and breaks for construction staff
  - Commissioning and occupancy
Monitoring and Planning

- Written procedures for suspension of work
- Protective measures including the responsibilities and limitations of each party (governing body, designer, contractor, monitor)
- Governing body shall provide monitoring plans for effective application of ICRMRs, may place responsibility with (and/or)
  - Infection Preventionist
  - Epidemiologist
  - Construction Coordinators
  - Independent outside consultants

Be prepared to talk about the process
Disaster Plans for Emergencies

- **Written plan** for
  - HVAC shutdown
  - Water outage
    - Location of supplies
    - Who is responsible for what
    - Who will be notified
  - Water leak
Is there an ICRA posted but it is not being followed?
What does the ICRA say about pressurization and barriers?

- **FGI**: Barriers maintained at 0.03 inches of water with airflow from clean to dirty in high risk areas.

- **CDC**: Establish negative pressure.

*slide updated 8/6/2019 “high risk areas”*
FGI 2014: High Risk Areas

- Areas serving immunocompromised patients
- Critical Care Units
- Emergency Department
- Labor and Delivery
- Nurseries
- Surgery units and facilities
- Pediatrics
- Pharmacy
- Post-anesthesia care
- Burn Units
- Cardiac Catheterization
- Central sterile supply
- Airborne infection isolation rooms
- Protective environment rooms
- Oncology Units

*Slide of List of High Risk areas added 8/6/2019
What does the ICRA say about construction waste?

- FGI: ICRM must include impact of movement of debris, traffic flow, clean-up, elevator use for construction materials and workers, and construction worker routes.

- CDC: Mist debris and cover disposal carts before transport.
Have staff started to stock supplies and hang curtains before dust removed?

- FGI: ICRA must address commissioning
- CDC: Remove dust generated during construction
Do staff know what an ICRA is and the steps to take if it is not followed?

Are staff walking past a barrier that is not correct?
Are construction workers aware of the importance of adhering to infection control measures during the project?
Scoring EC.02.06.05

2018

<table>
<thead>
<tr>
<th>Likelihood to Harm a Patient/Staff/Visitor</th>
<th>Immediate Threat to Health and Safety</th>
<th>Scope</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIGH</td>
<td>1.72%</td>
<td>LIMITED</td>
</tr>
<tr>
<td></td>
<td>5.17%</td>
<td>PATTERN</td>
</tr>
<tr>
<td></td>
<td>6.90%</td>
<td>WIDESPREAD</td>
</tr>
<tr>
<td>MODERATE</td>
<td>27.59%</td>
<td>LIMITED</td>
</tr>
<tr>
<td></td>
<td>5.17%</td>
<td>PATTERN</td>
</tr>
<tr>
<td></td>
<td>0%</td>
<td>WIDESPREAD</td>
</tr>
<tr>
<td>LOW</td>
<td>43.10%</td>
<td>LIMITED</td>
</tr>
<tr>
<td></td>
<td>6.90%</td>
<td>PATTERN</td>
</tr>
<tr>
<td></td>
<td>3.45%</td>
<td>WIDESPREAD</td>
</tr>
</tbody>
</table>

Number of observations for first half of 2019 equal to all of calendar year 2018

2019

<table>
<thead>
<tr>
<th>Likelihood to Harm a Patient/Staff/Visitor</th>
<th>Immediate Threat to Health and Safety</th>
<th>Scope</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIGH</td>
<td>5.88%</td>
<td>LIMITED</td>
</tr>
<tr>
<td></td>
<td>3.92%</td>
<td>PATTERN</td>
</tr>
<tr>
<td></td>
<td>0%</td>
<td>WIDESPREAD</td>
</tr>
<tr>
<td>MODERATE</td>
<td>43.14%</td>
<td>LIMITED</td>
</tr>
<tr>
<td></td>
<td>17.76%</td>
<td>PATTERN</td>
</tr>
<tr>
<td></td>
<td>7.84%</td>
<td>WIDESPREAD</td>
</tr>
<tr>
<td>LOW</td>
<td>21.57%</td>
<td>LIMITED</td>
</tr>
<tr>
<td></td>
<td>0%</td>
<td>PATTERN</td>
</tr>
<tr>
<td></td>
<td>1.96%</td>
<td>WIDESPREAD</td>
</tr>
</tbody>
</table>

9.80% 62.75%

© Copyright, The Joint Commission
What’s new and what we are working on

- New kitchen checklist
- Focus on pre-construction risk assessment
- Surveying what space?
- …requires the LSC survey to extend to all inpatient locations and to locations where patients customarily go to receive patient care and would permit those locations to be classified as Health Care…
- Validation process
- 2019 LSCS webinar series
- During Survey SIG ‘A & B’ Calls – reminder
- BBI and NEW medical gas storage FAQ! (BBI July 2019 Perspectives)
- New EC and EM sessions
- EC 261 to NPSG 1511
Life Safety Code Surveyor Days - 2018

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

<table>
<thead>
<tr>
<th>Gross Building Square Footage</th>
<th>LSCS Days</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 – 1,000,000</td>
<td>2</td>
</tr>
<tr>
<td>1,000,000 – 1,500,000</td>
<td>3 (NEW)</td>
</tr>
<tr>
<td>&gt;1,500,000</td>
<td>LSC FD Review</td>
</tr>
</tbody>
</table>

Non Hospital Life Safety Code Surveyor Days - 2018

<table>
<thead>
<tr>
<th>Gross Building Square Footage</th>
<th>LSCS Days</th>
</tr>
</thead>
<tbody>
<tr>
<td>AHC / ASC</td>
<td>1</td>
</tr>
<tr>
<td>Med Def</td>
<td>1</td>
</tr>
<tr>
<td>SSU / OQPS</td>
<td>1</td>
</tr>
</tbody>
</table>
Updated Standards and Eps (Proposed)

What we have done...

- Cleaned up the standards and Eps
- Added (D) where applicable
- Addressed code language and assured Standard and/or EP reconciled
Standard and EP Revisions Coming Soon (Proposed)

- Standard/EP: EC.02.03.01 EP 11 Applicable manuals: HAP, CAH, AHC, OBS
- Standard/EP: EC.02.03.03 EP 6 Applicable manuals: HAP, CAH, AHC
- Standard/EP: EC.02.03.05 EP 1 Applicable manuals: HAP, CAH, AHC, BHC, LAB, OME, OBS, NCC
- Standard/EP: EC.02.03.05 EP 14 Applicable manuals: HAP, CAH, AHC, BHC, OME
Standard and EP Revisions Coming Soon (Proposed)

- Standard/EP: EC.02.04.01 EP 3 this replaces existing EP 2 & 3
  Applicable manuals: AHC


- Standard/EP: EC.02.04.03 EP 3 Applicable manuals: A

- Standard/EP: EC.02.05.01 EP 2 Applicable manuals: HAP, CAH, AHC, BHC, LAB, OME, OBS, NCC

- Standard/EP: EC.02.05.01 EP 14 Applicable manuals: HAP & CAH
Standard and EP Revisions Coming Soon (Proposed)

- Standard/EP: EC.02.05.07 EP 1 Applicable manuals: HAP, CAH, AHC, BHC, LAB, OME, OBS, NCC
- Standard/EP: EC.02.05.07 EP 8 Applicable manuals: HAP, CAH, AHC, LAB, OME, OBS, NCC
- Standard/EP: EC.02.05.07 EP 10 Applicable manuals: HAP, CAH, AHC, LAB, OME, OBS, NCC.
- Standard/EP: EC.02.05.09 EP 1 Applicable manuals: HAP, CAH, AHC, BHC, LAB, OME, OBS, NCC
Standard and EP Revisions Coming Soon (Proposed)

andard/EP: EC.02.05.09 EP 12 Applicable manuals: HAP, CAH, AHC, OME, NCC

Standard/EP: LS.01.02.01 EP 1 for AHC

Standard/EP: LS.01.02.01 EP 7 for AHC, HAP, CAH

Standard/EP: LS.02.01.30 EP 6 for HAP, CAH, BHC, OME

Standard/EP: LS.02.01.30 EP 5 for AHC.

Standard/EP: LS.02.01.35 EP 6 for HAP, CAH, NCC, BHC, OME

Standard/EP: LS.03.01.35 EP 6 for AHC
Standard and EP Revisions Coming Soon (Proposed)

• Standard/EP: LS.02.01.50 EP 10 for HAP, CAH, NCC, BHC, OME
• Standard/EP: LS.03.01.10 EP 6 for AHC
• Standard/EP: LS.02.01.30 EP 12 for AHC
• Changes in ‘time defined’ (Pages EC 2 & 3)
  - Not using NFPA 72!
• And more...
How do I get to the FAQs?

www.jointcommission.org
Validation Process – **Current State**

- Conducted within 60 days of our survey
- Larger State Agency survey team
- Longer in duration
- High likelihood of different records, staff, patients reviewed or observed
- Historical disparity rate calculation
Validation Process – **Future State (in pilot now!)**

- Simultaneous survey
- Consistent number of surveyors and survey days
- Emphasis on communication
- State Agency observing our survey team
  - Each surveyor observed directly by State counterpart
- Elimination of disparity rate
- Focus on Accrediting Organization performance
- On hold
IN CASE OF FIRE:
Please leave the building before posting it on social media.
How was IC involved in the planning and design of this project?

- First webinar for LSCSs and HAP surveyors in 2019
- Focus during survey
- 1 ITL and 1 potential ITL thus far - 2019
- Assessments required prior to start of project and through life-cycle of project.
The Building Tour

- Roof – labeled lab exhaust
- Fire barriers, Rad, MRI
- Pressure relationships – critical vs non-critical
Requirements Life Safety Code Surveyors want you to know about...

- RPTs

- Solution: Assure compliance with all requirements in NFPA 99-2012, 10.2.3.6

**10.2.3.6 Multiple Outlet Connection.** Two or more power receptacles supplied by a flexible cord shall be permitted to be used to supply power to plug-connected components of a movable equipment assembly that is rack, table, pedestal, or cart-mounted, provided that all of the following conditions are met:

1. The receptacles are permanently attached to the equipment assembly.
2. The sum of the ampacity of all appliances connected to the outlets does not exceed 75 percent of the ampacity of the flexible cord supplying the outlets.
3. The ampacity of the flexible cord is in accordance with NFPA 70, *National Electrical Code*.
4. The electrical and mechanical integrity of the assembly is regularly verified and documented.
5. Means are employed to ensure that additional devices or nonmedical equipment cannot be connected to the multiple outlet extension cord after leakage currents have been verified as safe.
Requirements Life Safety Code Surveyors want you to know about (cont.)

- Fire response plan, LIP, copy at operator or security
  - Solution: Identify role of LIP in fire plan (are you really using RACE and PASS?) and post plan at CBX/PBX or Security (EC.02.03.01 EP-9)

- Generator EPS remote/not on exterior enclosures
  - Solution: (EC.02.05.03 EP-11)
Requirements Life Safety Code Surveyors want you to know about (cont.)

- Alcohol soaked items in the OR – see NFPA 99-2010 – 15.13.3.4 (3) Any solution-soaked materials have been removed from the operating room prior to draping and use of electrosurgery, cautery, or a laser. **TJC - remove from the vicinity of the patient.**

- **Now supported by the (pending) 2021 NFPA 99!** ...solution-soaked materials be removed from the operating room prior to surgery have been revised to reflect **removal of the materials from the ‘patient care vicinity.’**

- ALSO - Applicator if used completely – surveyors will no longer consider it to be alcohol soaked.
Requirements Life Safety Code Surveyors want you to know about (cont.)

Medical Gas

- Solution: Assure compliance with labeling the medical gas distribution system per NFPA 99, 5.1.11 and get the sign(s) right (5.1.3.1.8/9 & 11.3.4.2)!

5.1.11.1 Labeling and Identification. Color and pressure requirements shall be in accordance with Table 5.1.11.

5.1.11.1.1 Pipe Labeling.

- Piping shall be labeled by stenciling or adhesive markers that identify the patient medical gas, the support gas, or the vacuum system and include the following:
  1. Name of the gas or vacuum system or the chemical symbol per Table 5.1.11
  2. Gas or vacuum system color code per Table 5.1.11
  3. Where positive pressure gas piping systems operate at pressures other than the standard gauge pressure in Table 5.1.11, the operating pressure in addition to the name of the gas

11.3.4.2 The sign shall include the following wording as a minimum:

CAUTION:
OXIDIZING GAS(ES) STORED WITHIN
NO SMOKING
Requirements Life Safety Code Surveyors want you to know about (cont.) NFPA 96 - 2011

- **9-1.2.3** All deep fat fryers shall be installed with at least a 16-in. space between the fryer and *surface flames* from adjacent cooking equipment.

- *Exception:* Where a steel or tempered glass baffle plate is installed at a minimum 8 in. in height between the fryer and surface flames of the adjacent appliance.
Requirements Life Safety Code Surveyors want you to know about (cont.) NFPA 96 - 2011

NFPA 96-2011, 12.1.2.3.1 states *for cooking equipment* "an approved method shall be provided that will ensure that the appliance is returned to an approved design location".....doesn’t specifically call for wheel chocks.
Requirements Life Safety Code Surveyors want you to know about (cont.)

- Corridor/Suite Perimeter Doors

  - Solution: (LS.02.01.30 EP-13) **Note 1:** For hospitals that use Joint Commission accreditation for deemed status purposes: 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 lbf 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.
Requirements Life Safety Code Surveyors want **you** to know about (cont.)

- Read the small print...NFPA 72-2010.

10.15* Protection of Fire Alarm System. In areas that are not continuously occupied, automatic smoke detection shall be provided at the location of each fire alarm control unit(s), notification appliance circuit power extenders, and supervising station transmitting equipment to provide notification of fire at that location.

*Exception:* Where ambient conditions prohibit installation of automatic smoke detection, automatic heat detection shall be permitted.
Requirements Life Safety Code Surveyors want you to know about (cont.) Sprinklers

6.2.9 Stock of Spare Sprinklers.

6.2.9.1* A supply of at least six spare sprinklers (never fewer than six) shall be maintained on the premises so that any sprinklers that have operated or been damaged in any way can be promptly replaced.

6.2.9.2 The sprinklers shall correspond to the types and temperature ratings of the sprinklers in the property.

6.2.9.3 The sprinklers shall be kept in a cabinet located where the temperature to which they are subjected will at no time exceed 100°F (38°C).

6.2.9.4 Where dry sprinklers of different lengths are installed, spare dry sprinklers shall not be required, provided that a means of returning the system to service is furnished.

6.2.9.5 The stock of spare sprinklers shall include all types and ratings installed and shall be as follows:

(1) For protected facilities having under 300 sprinklers — no fewer than six sprinklers
(2) For protected facilities having 300 to 1000 sprinklers — no fewer than 12 sprinklers
(3) For protected facilities having over 1000 sprinklers — no fewer than 24 sprinklers

6.2.9.6* One sprinkler wrench as specified by the sprinkler manufacturer shall be provided in the cabinet for each type of sprinkler installed to be used for the removal and installation of sprinklers in the system.

6.2.9.7 A list of the sprinklers installed in the property shall be posted in the sprinkler cabinet.

6.2.9.7.1* The list shall include the following:

(1) Sprinkler Identification Number (SIN) if equipped; or the manufacturer, model, orifice, deflector type, thermal sensitivity, and pressure rating
(2) General description
(3) Quantity of each type to be contained in the cabinet
(4) Issue or revision date of the list
Requirements Life Safety Code Surveyors want you to know about (cont.)

Let’s talk fire drills...

- Fire drill matrix – quickly illustrates days and times
- Solution - > 1 hour apart & smoke compartments
Let’s talk about security sensitive areas...
Let’s talk about security sensitive areas...

How do you identify and how do you control access to and from these areas?

Elements of Performance for EC.02.01.01

1. The hospital implements its process to identify safety and security risks associated with the environment of care that could affect patients, staff, and other people coming to the hospital’s facilities.

   Note: Risks are identified from internal sources such as ongoing monitoring of the environment, results of root cause analyses, results of proactive risk assessments of high-risk processes, and from credible external sources such as Sentinel Event Alerts.

3. The hospital takes action to minimize or eliminate identified safety and security risks in the physical environment.

5. The hospital maintains all grounds and equipment.

7. The hospital identifies individuals entering its facilities.

   Note: The hospital determines which of those individuals require identification and how to do so.

8. The hospital controls access to and from areas it identifies as security sensitive.

9. The hospital has written procedures to follow in the event of a security incident, including an infant or pediatric abduction.

10. When a security incident occurs, the hospital follows its identified procedures.
Requirements Life Safety Code Surveyors want you to know about (cont.)

What about wheeled carts in the corridor (LSC 101-2012 19.2.3.4)?

What about wheeled carts in the corridor (LSC 101-2012 19.2.3.4)?

with the requirements of 19.2.3 shall be permitted.

(4) Projections into the required width shall be permitted for wheeled equipment, provided that all of the following conditions are met:

(a) The wheeled equipment does not reduce the clear unobstructed corridor width to less than 60 in. (1525 mm).
(b) The health care occupancy fire safety plan and training program address the relocation of the wheeled equipment during a fire or similar emergency.
(c) The wheeled equipment is limited to the following:
   i. Equipment in use and carts in use
   ii. Medical emergency equipment not in use
   iii. Patient lift and transport equipment

A.19.2.3.4(4)(c) Wheeled equipment and carts in use include food service carts, housekeeping carts, medication carts, isolation carts, and similar items. Isolation carts should be permitted in the corridor only where patients require isolation precautions.

Unattended wheeled crash carts and other similar wheeled emergency equipment are permitted to be located in the corridor when “not in use,” because they need to be immediately accessible during a clinical emergency. Note that “not in use” is not the same as “in storage.” Storage is not permitted to be open to the corridor, unless it meets one of the provisions permitted in 19.3.6.1 and is not a hazardous area.

Wheeled portable patient lift or transport equipment needs to be readily available to clinical staff for moving, transferring, toileting, or relocating patients. These devices are used daily for safe handling of patients and to provide for worker safety. This equipment might not be defined as “in use” but needs to be convenient for the use of caregivers at all times.
Interim Life Safety Measures

- Policy Reviewed during document review,
  - LSCS to provide copy of ILSM Reference guide morning of day 1
- For LS findings, either corrected on site (<8 hours) OR
- 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 – be careful how you write the ILSM policy TJC will hold you to your policy!
ILSM changes on the report

What you see on the report if corrected on site while surveyor is still present

What the LSCS sees...

site. In 2 out of 2 fire barrier door checks, The two 90 minute fire rated doors that lead into the boiler room and the emergency generator room were secured in the open position by wooden wedges at the time of survey. This finding was observed during survey activity, but corrected onsite prior to the surveyor's departure. The corrective action taken needs to be included in the organization's Evidence of Standards Compliance submission.
ILSM changes on the report

What the LSCS sees…

What you see on the report

site. The fire alarm control panel room was in a 1 hour rated room, however the door to that room was not labeled to the required 45 minute fire rating at the time of survey. The surveyor discussed the Life Safety deficiency with the organization, and it was determined that the following ILSMs will be implemented until the deficiency has been resolved and according to the organization's ILSM policy: Increase surveillance (EP-8), Provide additional training on use of firefighting equipment (EP-10)
What is being scored?
Introduction

This report includes results from onsite surveys that were conducted between the timeframe of 01/01/2019 through 06/30/2019.

These results include initial and re-accreditation surveys and exclude any mid-cycle surveys such as extension, CMS follow-up, and/or complaint surveys.

This report focuses on the most frequently cited Standards and Elements of Performance (EPs) for the Hospital accreditation program. This report also includes SAFER™ distributions.
2018 Hospital SAFER™ Data

98% of surveyed hospitals had at least 1 finding in the EC chapter.

Immediate Threat to Health and Safety

- **HIGH** (0.31%) 0.39%
  - 0.76% (0.90%)
  - 1.27% (1.06%)
  - 2.33% (2.29%)

- **MODERATE** (1.27%) 0.90%
  - 11.85% (12.68%)
  - 9.36% (8.25%)
  - 4.12% (4.00%)

- **LOW** (3.39%) 2.29%
  - 46.71% (48.23%)
  - 17.10% (16.65%)
  - 6.19% (5.54%)

Scope:
- **LIMITED** 59.31%
- **PATTERN** 27.73%
- **WIDESPREAD** 12.64%

2019 data 1/1/19 – 6/30/19
(2018 data)
Most Frequently Cited Environment of Care (EC) and Life Safety (LS) Code* EPs

For Full and Initial Hospital surveys from 01/01/2018 to 12/31/2018 (n=1465)

*Distribution of Safer Scores by Standard

*The Environment of Care and Life Safety Code chapters address general life safety design, building construction, and the physical environment.
Most Five Frequently Cited Immediate Threat to Health or Safety* (ITHS)

For Full and Initial Hospital surveys from 01/01/2018 to 12/17/2018 (n=1368)

While ITHS findings are situational and dependent on a combination of factors, some examples include:

- Widespread ligature risks, incomplete environmental risk assessment, and lack of mitigation plan to address ligature risks
- National and/or Evidence based guidelines for high level disinfection & sterilization are not adopted
- Not following manufacture guidelines for instruction for use
- Failure to conduct or incomplete suicide risk assessments
- Lack of staff training, education and competency assessment related to high level disinfection and sterilization

*Immediate Threat to Health or Safety (ITHS) is “a threat that represents immediate risk and has or may potentially have serious adverse effects on the health or safety of the patient, resident, or individual served.” Such a situation may occur anywhere in an organization.

**During the onsite survey, surveyors record observations detailing the issue(s) of non compliance. One or more observation rolls-up to a Requirement for Improvement at the Element of Performance level.
I think they meant the date...
Ok let’s get to it...solutions!

EC.02.06.01 EP 1 – Ligature (NPSG 15.01.01 EP 1 CoP 482.13)

- Risk Assessment
- You can find all the updated information at the below (also FGI, ASHE, VA, Design Guidelines, NY, etc.)
Solutions...

- LS.02.01.35 EP 4
  - Effective above the ceiling work permit system
  - See April 2019 EC News for an example of above the ceiling work permit
  - Continuous observations when working in the interstitial space
  - PI project

4. Piping for approved automatic sprinkler systems is not used to support any other item. (For full text, refer to NFPA §5-2011: 5.2.2.2)
Solutions...

EC.02.05.05 – EP 6

- Inventory of non-high risk utility systems
  - See note 100% AEM complete - required

6. Non-high-risk utility system components on the inventory. The completion date and the results of the activities are documented.

**Note:** Scheduled maintenance activities for non-high-risk utility systems components in an alternative equipment maintenance (AEM) program inventory must have a 100% completion rate. AEM frequency is determined by the hospital AEM program.
Assure labels and signs are in good repair and readable!

9. The hospital labels utility system controls to facilitate partial or complete emergency shutdowns.

**Note 1:** Examples of utility system controls that should be labeled are utility source valves, utility system main switches and valves, and individual circuits in an electrical distribution panel.

**Note 2:** For example, the fire alarm system’s circuit is clearly labeled as Fire Alarm Circuit; the disconnect method (that is, the circuit breaker) is marked in red; and access is restricted to authorized personnel. Information regarding the dedicated branch circuit for the fire alarm panel is located in the control unit. For additional guidance, see NFPA 101-2012: 18/19.3.4.1; 9.6.1.3; NFPA 72-2010: 10.5.5.2.
Solutions...

LS.02.01.35 EP 5

- Annual PM
- Check area between serving line and kitchen & outdoor areas

5. Sprinkler heads are not damaged. They are also free from corrosion, foreign materials, and paint and have necessary escutcheon plates installed. (For full text, refer to NFPA 101-2012: 18.3.5.1; 19.3.5.3; 9.7.5; NFPA 25-2011: 5.2.1.1.1; 5.2.1.1.2; NFPA 13-2010: 6.2.6.2.2; 6.2.7.1)
We've got solutions...

EC.02.02.01 – EP5

- Risk Assessment to include:
- OSHA 151© & 1048(i)(2)(i)(3)
- SDS
- pH (<2.5 or > 11)
- PPE

- What version of ANSI are you using?
  5. The hospital minimizes risks associated with selecting, handling, storing, transporting, using, and disposing of hazardous chemicals.
Solutions...

LS.02.01.35 EP 14

- Mounting of fire extinguishers
- Blocked
- Visible
- Signage (coming to EC News NFPA 10-2010)

Solutions...

- LS.02.01.10 EP14
  - Above ceiling work permit
  - See Example in *EC News* – April 2019

14. The space around pipes, conduits, bus ducts, cables, wires, air ducts, or pneumatic tubes penetrating the walls or floors are protected with an approved fire-rated material.

**Note:** Polyurethane expanding foam is not an accepted fire-rated material for this purpose. *(For full text, refer to NFPA 101-2012: 8.3.5)*
Solutions...

**LS02.01.10 EP11**

- Annual inspection – see EC News April 2019
- NFPA 80-2010 ‘Qualified Person’
  - 3.3.95

11. Fire-rated doors within walls and floors have functioning hardware, including positive latching devices and self-closing or automatic-closing devices (either kept closed or activated by release device complying with NFPA 101-2012: 7.2.1.8.2). Gaps between meeting edges of door pairs are no more than ⅛ of an inch wide, and undercuts are no larger than ¼ of an inch. Fire-rated doors within walls do not have unapproved protective plates greater than 16 inches from the bottom of the door. Blocking or wedging open fire-rated doors is prohibited. (For full text, refer to NFPA 101-2012: 8.3.3.1; 7.2.1.8.2; NFPA 80-2010: 4.8.4.1; 5.2.13.3; 6.3.1.7; 6.4.5)

However, if you are using a fire-rated door where it’s not needed, we want you to obscure the rating label on that door. You don’t need to paint over the label or try to scrape it off because you then would deface the door. At some point in the future—during a remodeling project perhaps—your facility might want to relocate that door to a barrier wall where it is needed. Fortunately, vendors actually make stickers specifically for covering fire-rating labels, which leave the original labels intact.

So, if you cover the label on an unnecessary fire door, The Joint Commission will not cite your facility for not inspecting that door.
EC.02.05.01 – EP 15 (Ref: S&C: 15-27-Hospital, CAH & ASC)

- ‘Critical areas’ addressing appropriate (1) pressure relationships, (2) air exchange rates, (3) filtration efficiencies, (4) temperature and humidity...

  - Humidity
    - Requires a risk assessment ≤ 35%
    - ...hospitals and CAHs are expected to ensure that the humidity levels in their ORs are compatible with the manufacturers’ instructions for use (IFUs) for the supplies and equipment used in that setting...
Follow up surveys...

- Follow up surveys

- Who does what...
  
  - Assignment of follow up surveys – (meddef, PDA, AFS)
    
    - LSCS FD (Jim) and Clinical FD review CAH (Theresa), PSYCH (Nina), and HAP (Patsy)
    
    - LSCS FD (Tim) and Clinical FD (Dana) review AHC
### Condition-Level Deficiency Data

% of *Psychiatric* Hospitals with at least one Conditional-Level Deficiency (CLD)

<table>
<thead>
<tr>
<th>Timeframe</th>
<th>Number of deemed Orgs with CLDs</th>
<th>Average CLD per Hospital</th>
<th>% of Hospitals with at least one CLD</th>
</tr>
</thead>
<tbody>
<tr>
<td>01/01/2018 – 12/31/2018</td>
<td>185</td>
<td>1.77</td>
<td>61.62%</td>
</tr>
<tr>
<td>01/01/2017 – 12/31/2017</td>
<td>180</td>
<td>1.77</td>
<td>77.08%</td>
</tr>
<tr>
<td>01/01/2016 – 12/31/2016</td>
<td>200</td>
<td>2.08</td>
<td>65.60%</td>
</tr>
</tbody>
</table>
# Condition-Level Deficiency Data

% of **Hospitals** with at least one Conditional-Level Deficiency (CLD)
(excluding Psychiatric Hospitals)

<table>
<thead>
<tr>
<th>Timeframe</th>
<th>Number of deemed Orgs with CLDs</th>
<th>Average CLD per Hospital</th>
<th>% of Hospitals with at least one CLD</th>
</tr>
</thead>
<tbody>
<tr>
<td>01/01/2018 – 12/31/2018</td>
<td>1186</td>
<td>1.29</td>
<td>49.66%</td>
</tr>
<tr>
<td>01/01/2017 – 12/31/2017</td>
<td>1190</td>
<td>1.33</td>
<td>52.02%</td>
</tr>
<tr>
<td>01/01/2016 – 12/31/2016</td>
<td>1142</td>
<td>1.04</td>
<td>34.15%</td>
</tr>
</tbody>
</table>
## Life Safety Code Surveyors Average RFI’s per Survey

### Full Hospital Surveys

<table>
<thead>
<tr>
<th>Year</th>
<th>N</th>
<th>Average RFI's</th>
</tr>
</thead>
<tbody>
<tr>
<td>2018</td>
<td>1359</td>
<td>16.42</td>
</tr>
<tr>
<td>2017</td>
<td>1360</td>
<td>13.68</td>
</tr>
<tr>
<td>2016</td>
<td>1282</td>
<td>11.37</td>
</tr>
<tr>
<td>2015</td>
<td>1132</td>
<td>10.86</td>
</tr>
<tr>
<td>2014</td>
<td>1062</td>
<td>10.46</td>
</tr>
</tbody>
</table>

**SAFER**

"See it / Cite it"

**“C” Category OFI’s**
Follow Up Surveys – Hospital Program (exc. Psych)

<table>
<thead>
<tr>
<th>Year</th>
<th>N</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>2018</td>
<td>N = 1186</td>
<td>49.66%</td>
</tr>
<tr>
<td>2017</td>
<td>N = 1190</td>
<td>52.02%</td>
</tr>
<tr>
<td>2016</td>
<td>N = 1186</td>
<td>34.15%</td>
</tr>
</tbody>
</table>
The Classics...
EC.02.06.01 EP 1 – Stained ceiling tile
Some Emergency Management Updates

Where I live...what could possibly go wrong?
“A SpaceX commercial crew capsule suffered a dramatic "Super Draco" abort engine test failure at the Cape Canaveral Air Force Station Saturday, sending billowing clouds of reddish-orange smoke wafting into sky and out to sea. No injuries were reported.”

April 20, 2019
My home town port...Port Canaveral

July 18, 2006 – expect ‘1,500 patients’ –cruise ship extreme tilt

What can go wrong with a cruise?

1996 - Shigella event - > 500 patients...and then there was the 2nd wave...

CDC Centers for Disease Control and Prevention
CDC 24/7: Saving Lives, Protecting People™
From Bill Gates – Emerging IC

‘The next deadly disease that will cause a global pandemic is coming, Bill Gates said on Friday at a discussion of epidemics. We're not ready. An illness like the pandemic 1918 influenza could kill 30 million people within six months, Gates said, adding that the next disease might not even be a flu, but something we've never seen. The world should prepare as it does for war, Gates said.’
NEW CMS S&C

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop C2 21-16
Baltimore, Maryland 21244-1850

Center for Clinical Standards and Quality/Quality, Safety & Oversight Group

DATE: February 1, 2019

TO: State Survey Agency Directors

FROM: Director
Quality, Safety & Oversight Group

SUBJECT: Emergency Preparedness- Updates to Appendix Z of the State Operations Manual (SOM)

CMS is adding “emerging infectious diseases” to the current definition of all-hazards approach. After review, CMS determined it was critical for facilities to include planning for infectious diseases within their emergency preparedness program. In light of events such as the Ebola Virus and Zika, we believe that facilities should consider preparedness and infection prevention within their all-hazards approach, which covers both natural and man-made disasters.
Standard EM.01.01.01

The hospital engages in planning activities prior to developing its written Emergency Operations Plan. Note: An emergency is an unexpected or sudden event that significantly disrupts the organization’s ability to provide care, or the environment of care itself, or that results in a sudden, significantly changed or increased demand for the organization’s services. Emergencies can be either human-made (for example, an electrical system failure or cyberattack) or natural (for example, a tornado or an infectious disease outbreak such as Ebola, Zika, influenza), or a combination of both, and they exist on a continuum of severity. A disaster is a type of emergency that, due to its complexity, scope, or duration, threatens the organization’s capabilities and requires outside assistance to sustain patient care, safety, or security functions.
Who is practicing evacuation drills?

Evacuated 8 times – developed the first web based evacuation tool for hospitals in the U.S.

Merritt Island and Mainland

Atlantic Ocean & Cocoa Beach
Did I mention active shooter & MCI?
Help from Disaster Medical Assistance Team (DMAT)
Environment of Care® News

This monthly publication provides up-to-date, practical, and accurate advice on Joint Commission environment of care, emergency management, and life safety standards. Stay on top of information from the Centers for Medicare & Medicaid Services (CMS), National Fire Protection Association (NFPA), and other regulating bodies that affect Joint Commission standards—and your compliance activities in your health care organization.

Visit [www.jcrinc.com](http://www.jcrinc.com) for more information.
Who subscribes to *EC News* – March 2019 Edition Topics

2 From TJC Department of Engineering—Demystifying Eyewash Stations: Often misunderstood, eyewash stations are required in health care facilities where staff members handle caustic or corrosive chemicals. It is vital to conduct a thorough risk analysis before determining placement and to ensure each station is accessible within 10 seconds to those who need it.

4 Introducing New EC News Customer Advisory Board: With expertise in the environment of care (EC), life safety (LS), emergency management (EM), and security, the Board members represent different types and sizes of health care facilities and various regions of the country.

6 Getting Precise with the Device: Health care organizations need to give renewed priority to medical equipment inspection, testing, and maintenance, while taking note of The Joint Commission’s new and revised fluoroscopic and computed tomography (CT) Elements of Performance (EPs). Included in the article, the “Medical Equipment Documentation” checklist can assist with maintenance scheduling.

15 Fire Drill Essentials: Hospitals and other accredited health care facilities must vary the day, shift, and conditions when conducting quarterly fire drills. Organizations need to have a detailed, written evacuation and relocation plan in place per the 2012 edition of the National Fire Protection Association (NFPA) *Life Safety Code* (NFPA 101-2012), which The Joint Commission references.

18 Toolbox—Fire Drill Matrix: Developed by The Joint Commission, this tool helps health facilities comply with quarterly fire drill requirements.
Sign up for free news and alerts @ www.jointcommission.org (bottom of web page)!

Joint Commission Vision
All people always experience the safest, highest quality, best-value health care across all settings.
JCR EC/LS Online Education

- 4-part webinar series:
  - Post Survey Process: Time Limited Waivers, SPFI, Equivalencies, Evidence
  - Ligature and the Ligature Facility Extension Request
  - Critical Pressure Relationships
  - Emergency Management
- Live Q&A, 24 x 7 access

-For more information:
  

Sue Murray 630-792-5444, smurray@jcrinc.com
Review and Conclusion
Questions?

**Jim Kendig**, MS, CHSP, CHCM, HEM, LHRM  
Field Director  
jkendig@jointcommission.org  
(630) 792-5819

**Tim Markijohn**, MBA\MHA, CHFM, CHE  
Field Director  
tmarkijohn@jointcommission.org  
(630) 792-5148

**Herman A. McKenzie**, MBA, CHSP  
Director - Engineering  
hmckenzie@jointcommission.org  
(630) 792-5758
These slides are current as of **06/28/2019**. The Joint Commission and the original presenters reserve the right to change the content of the information, as appropriate.

These will only be available until **02/20/2020**. At that point The Joint Commission reserves the right to review and retire content that is not current, has been made redundant, or has technical issues.

*These slides are only meant to be cue points, which were expounded upon verbally by the original presenter and are not meant to be comprehensive statements of standards interpretation or represent all the content of the presentation.* Thus, care should be exercised in interpreting Joint Commission requirements based solely on the content of these slides.

These slides are copyrighted and may not be further used, shared or distributed without permission of the original presenter and The Joint Commission.