

2024 Joint Commission Update

Revised 10/3/2024

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Director Technical Operations &
Engineering Support

Agenda

- Joint Commission & Congressional Oversight
- Joint Commission Workplace Violence
- Joint Commission Proposed and Pending Changes
- Survey Process Issues
- Often Cited Survey Findings
 - *Top 7 Environment of Care*
 - *Top 7 Life Safety Chapter*

Congressional Oversight: House Committee Probes all Accrediting Organizations (AO) & CMS

Republican members of the House Energy & Commerce launched an investigation into the hospital accreditation process following a Wall Street Journal (WSJ) article (9/8/2017 by Stephanie Armour)

- The Committee sent letters to CMS and 4 AO's requesting detailed information about accreditation process for hospitals and other facilities
 - The Committee wrote that they were “concerned about the adequacy of the CMS oversight of accreditation organizations” and the rigor of their survey process
 - The Committee also cited from the WSJ article that “The Joint Commission revoked the accreditation of less than 1% of the hospitals that were out of Medicare compliance in 2014.”
- The Joint Commission responded that this probe “is an opportunity to share more on the work we do to improve healthcare quality and patient safety by facilitating high reliability” said Kim McCullough, TJC.

CMS Validations Have Resumed, But...

Previously CMS contracted with State Agencies to perform “look back” Validation surveys of Accrediting Organizations (AO) within 60 days of AO survey ending

- CMS now contracts with two national organizations to conduct *Direct Observation Validation Surveys* (DOVS)
 - Intent is observe and evaluate the AO surveyor's ability to assess Medicare conditions, which eliminates the need for a second full survey
- DOVS perform surveys randomly selected by CMS and sent to the contractor
- DOVS Survey Observers are assigned on a 1:1 basis, matching the experience of the AO surveyor where possible
- DOVS Survey Observers will enter and leave the facility at the same time as the AO and will remain present while the AO surveyors perform their survey
- DOVS Survey Observers ARE NOT performing a separate survey of the facility
- The AO will lead and run the survey
 - The DOVS Survey Observers ARE directly observing and evaluating the AO ability to assess for Medicare conditions

HELP Agenda

OVERVIEW: TJC's HELP Agenda

	Why	When
H ealth Equity	- Social Responsibility & Patient Safety Issue - National Patient Safety Goal - Advanced Certification	7/1/2023
E nvironmental Sustainability	- Health, Equity & Patient Safety Issue - Sustainable Healthcare Certification	1/1/2024
L earning	- Responsible Use of Health Data Certification - Guide safe, effective, equitable AI & algorithms	1/1/2024
P erformance Integration & Improvement	- From “performative” to performance improvement - Eliminated obsolete standards - Introduced “directional” standard - Latitude to address complex issues	2023 & ongoing

Joint Commission Focus: Health Equity

Health Equity

a. **Standard LD.04.03.08** (Elevated to **NPSG 16.01.01** effective **7/1/2023**)

EP 1: Leadership

EP 2: Assess health related social needs of the patient

EP 3: Data analysis

EP 4: Action plan

EP 5: Improve the process

EP 6: Inform stakeholders

b. **Universal Design**

- Equitable Use
- Flexibility in Use
- Simple & Intuitive Use
- Perceptible Information
- Tolerance for Error
- Low Physical Effort
- Size & Space for Approach and Use

Universal Design:

First introduced by Ron Mace in 1985, Universal Design is defined by the AIA as:

“The design of products and environments to be usable by all people, to the greatest extent possible, without the need for adaptation or specialized design.”

Sustainable Healthcare Certification (effective 1/1/24)

- In 2022 Joint Commission signed the Department of Health and Human Services (HHS) Health Sector Climate Pledge to reduce carbon footprint by 50 percent by 2030 and to achieve net zero emissions by 2050
 - Joint Commission hired a Director of Sustainability, Kevin Zacharyasz
- Sustainable Healthcare Certification demonstrates organizations commitment to Sustainability and Decarbonization
 - Benefits include
 - Environmental Impact Reduction
 - Cost Savings
 - Improved Health Outcomes
 - Regulatory Compliance and Risk Mitigation
- There are several hospital systems currently engaged
 - Increased interest since the ASHE Innovation Conference

Workplace Violence Prevention

An **act or threat** occurring at the workplace involving staff, licensed practitioners, patients or visitor that can include any of the following:

- verbal
- nonverbal
- written
- physical aggression
- threatening
- intimidating
- harassing
- humiliating words or actions
- bullying
- sabotage
- sexual harassment
- physical assaults
- or other behaviors of concern

Workplace Violence Prevention

The Joint Commission expanded workplace violence requirements, effective 1/1/2022

EC.02.01.01 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.

Consider including:

- Multidisciplinary team
- Interior and Exterior
- Mitigation plan and execution

Resource:

OSHA.gov Guidelines for Preventing Workplace Violence for Healthcare and Social Service Workers

Workplace Violence Prevention

EC.04.01.01

- EP 1: the organization establishes a process(es) for continually monitoring, internally reporting, and investigating the following *[NOTE: Only the bullet point related to Workplace Violence included here]*
 - Safety and security incidents involving patients, staff, or others within its facilities, *including those related to workplace violence.*
- EP 6: Based on its process(es), the organization reports and investigates the following *[NOTE: Only the bullet point related to Workplace Violence included here]* :
 - Safety and security incidents involving patients, staff or others within its facilities, *including those related to workplace violence.*

Workplace Violence Prevention

HR.01.05.03 EP 29

As part of its workplace violence prevention program, the hospital provides training, education, and resources (**at time of hire, *annually*, and whenever changes occur regarding the workplace violence prevention program**) to leadership, staff, and licensed practitioners. The hospital determines what aspects of training are appropriate for individuals based on their roles and responsibilities. The training, education, and resources address prevention, recognition, response, and reporting of workplace violence as follows:

- What constitutes workplace violence
- Education on the roles and responsibilities of leadership, clinical staff, security personnel, and external law enforcement
- Training in de-escalation, nonphysical intervention skills, physical intervention techniques, and response to emergency incidents
- The reporting process for workplace violence incidents

Joint Commission General Update

Standards of the Future: Coming in 2025

- No more Environment of Care and Life Safety Code chapters
 - Replaced with **NEW** Physical Environment (**PE**) Standards
 - All Standards and Elements of Performance will be revised and reduced
- All **PE** EP's will be in alignment with the CMS Conditions of Participation (CoP)
 - CoPs that are in alignment with NFPA 99 & 101 will continue to align with 2012 editions

Standards of the Future: 2025

- Approximately 3 EP's for each Condition of Participation (CoP)
- In the new Physical Environment standards, the Joint Commission will keep some legacy standards that are not required by CMS, such as:
 - Workplace Violence Standards
 - Water Management Standards
- Some EP's are planned for deletion when not required by CMS
 - i.e. The Management Plans and Annual Assessment of the Management Plans will be removed

ID PREFIX	MET	NOT MET	N/A	REMARKS																							
K133				Multiple Occupancies – Construction Type Where separated occupancies are in accordance with 18/19.1.3.2 or 18/19.1.3.4, the most stringent construction type is provided throughout the building, unless a two hour separation is provided in accordance with 8.2.1.3, in which case the construction type is determined as follows: - The construction type and supporting construction of the health care occupancy is based on the story in which it is located in the building in accordance with 18/19.1.6 and Tables 18/19.1.6.1. - The construction type of the areas of the building enclosing the other occupancies shall be based on the applicable occupancy chapters. 18.1.3.5, 19.1.3.5, 8.2.1.3																							
K161				Building Construction Type and Height 2012 EXISTING Building construction type and stories meets Table 19.1.6.1, unless otherwise permitted by 19.1.6.2 through 19.1.6.7 19.1.6.4, 19.1.6.5 <table border="1"> <thead> <tr> <th></th> <th>Construction Type</th> <th></th> </tr> </thead> <tbody> <tr> <td>1</td> <td>I (442), I (332), II (222)</td> <td>Any number of stories non-sprinklered or sprinklered</td> </tr> <tr> <td>2</td> <td>II (111)</td> <td>One story non-sprinklered Maximum 3 stories sprinklered</td> </tr> <tr> <td>3</td> <td>II (000)</td> <td rowspan="4">Not allowed non-sprinklered Maximum 2 stories sprinklered</td> </tr> <tr> <td>4</td> <td>III (211)</td> </tr> <tr> <td>5</td> <td>IV (2HH)</td> </tr> <tr> <td>6</td> <td>V (111)</td> </tr> <tr> <td>7</td> <td>III (200)</td> <td rowspan="2">Not allowed non-sprinklered Maximum 1 story sprinklered</td> </tr> <tr> <td>8</td> <td>V (000)</td> </tr> </tbody> </table> <i>Sprinklered stories must be sprinklered throughout by an approved, supervised automatic system in accordance with section 9.7. (See 19.3.5)</i> <i>Give a brief description, in REMARKS, of the construction, the number of stories, including basements, floors on which patients are located, location of smoke or fire barriers and dates of approval. Complete sketch or attach small floor plan of the building as appropriate.</i>		Construction Type		1	I (442), I (332), II (222)	Any number of stories non-sprinklered or sprinklered	2	II (111)	One story non-sprinklered Maximum 3 stories sprinklered	3	II (000)	Not allowed non-sprinklered Maximum 2 stories sprinklered	4	III (211)	5	IV (2HH)	6	V (111)	7	III (200)	Not allowed non-sprinklered Maximum 1 story sprinklered	8	V (000)
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8	V (000)																										

Plant Operations Staff Competency

- Evaluation of the Facilities Director / Manager (or equivalent) will be incorporated into the HR Review session
- The LSCS will review staff / vendors competency during document review session
 - Functional areas where staff competency is reviewed
 - Fire Alarm (i.e. NICET Certified)
 - Medical Gases
 - Fire Doors (although a license or certificate is not required, evidence of competency would be expected)
 - Others based on municipality
 - i.e. Boiler Operator License

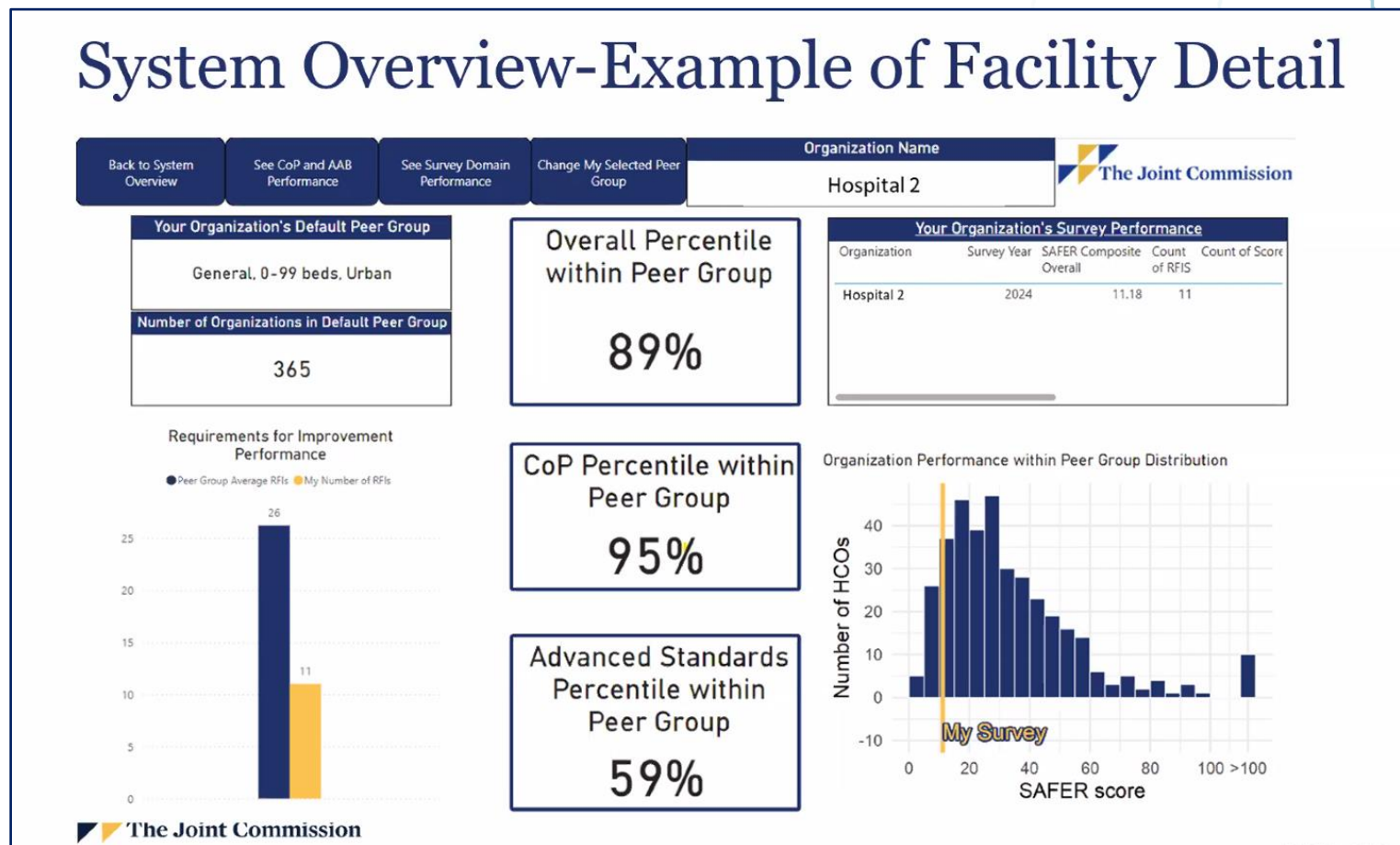
Revision to Final Report

The SAFER Matrix will be revised (effective 1/2025)

- The standard will be replaced with simple common language
- Current report sorting does not highlight criticality of RFIs
- Change will make it easier to identify priorities with the restructure of the RFIs into the Final Report
 - Priority based SAFER Matrix placement rather than alphabetically by standard
 - Follow-up survey activity sections with associated findings to be reviewed
- The CoP's will be included in the Final Report
 - Condition Level Deficiency (CLD) will be identified

Proposed Overall Performance Displayed Within Default Peer Group

- Dashboard is not a Rating System, use for peer review after survey closes
- Dashboard is available when Final Report is published
- Dashboard can be set for system review or by like entity



System View

Benchmarking opportunity within a system with details

System Overview-Example System Detail



My System

Filter By Organization Type

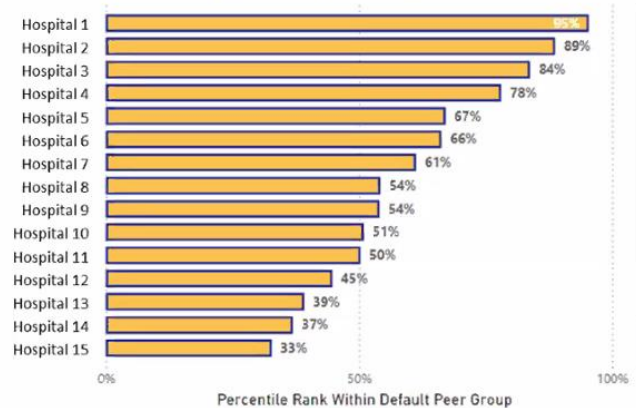
All

Go to Organization Selection

Your System's Survey Performance

Organization	HCO ID	Survey Year	Average of SAFER Composite Overall	Count of RFIS	Count of Scored CoPs	Count of Stem CLDs	Count of Scored Advanced Standards	SAFER Overall Peer Group Percentile	Default Peer Group	Number of Default Peers
Hospital 2		2024	11.18	11	6	0	1	89%	General, 0-99 beds, Urban	
Hospital 5		2024	33.17	26	8	0	9	67%	General, 100-299 beds, Rural	
Hospital 18		2024	75.10	52	10	4	9	9%	General, 100-299 beds, Urban	
Hospital 4		2024	19.60	19	9	1	2	78%	General, 0-99 beds, Rural	
Hospital 3		2024	20.98	32	6	0	5	84%	General, 100-299 beds, Urban	
Hospital 16		2024	96.08	73	15	3	14	8%	General, 300+ beds, Urban	

Your System's Individual Organization Rankings



How does my system rank when each organization is compared against its default peer group?



Joint Commission Update

- Blackout Dates:
 - If the organization has real, specific reasons to request a Blackout date, the organization may contact their account executive and discuss
- Survey Window Change:
 - The Joint Commission changed the Survey Window from the 18-month window to 6-months
- Immediate Threat to Health & Safety:
 - Air pressure relationships in critical spaces (i.e. Operating Rooms)
 - No Infection Control Risk Assessment (ICRA) during active construction
 - No Interim Life Safety Measures (ILSM) during active construction
 - Multiple penetrations in rated barriers (walls & ceilings)

Clarifications to the Environment of Care

EC.02.05.01 EP 23

Power strips in a patient care vicinity are only used for components of movable electrical equipment **assemblies** used for patient care. These power strips meet UL 1363A or UL 60601-1. Power strips used outside of a patient care vicinity, but within the patient care room, meet UL 1363. In non-patient care rooms, power strips meet other UL standards. (For full text, refer to NFPA 99-2012: 10.2.3.6; 10.2.4; NFPA 70-2011: 400-8; 590.3(D); Tentative Interim Amendment [TIA] 12-5)

- Note 1: The mounting of power strips to medical equipment assemblies or the reconfiguration of equipment powered by power strips in a medical equipment assembly must be performed by personnel who are qualified to make certain that this is done in accordance with NFPA 99-2012: 10.2.3.6(1 – 4) [not 5, see S&C TIA 12-5].

EC.02.05.01 EP 23



This is **not** deemed compliant because the thumb screw makes it not a fixed assembly, and the equipment it would support is not attached.



This **is deemed** compliant because the power strip is a permanently attached assembly, and the equipment it supports is attached.

NFPA 70-2011, Article 400: Extension cords are only for temporary use.

EC.02.05.01 OR Temp. Ranges Outside Established Ranges

- The Joint Commission references NFPA 99-2012 Ch 9, which requires the use of ASHRAE 170-2008 Ventilation Table 7-1
 - NOTE: the Joint Commission uses the edition of the FGI Guidelines the space was designed & built to, unless renovated (see NFPA 101-2012 Ch 42)
- ASHRAE table provides allowances to exceed minimum temperature ranges.
 - To use this exception, *follow established organization policy.*
 - This must be on a case-by-case basis and restored to normal ranges following the procedures.
 - Based on either surgeon, patient or procedure
 - **IT IS NOT ACCEPTABLE TO APPLY THIS EXCEPTION CONSISTENTLY**
 - **“THIS IS NOT A BLANKET WAIVER”**
- *Expectation is the Operating Room RH range is $\leq 60\%$*
 - *Operating Room Temperature range is 68°F – 75°F*

EC.02.05.01 OR Temp. Ranges Outside Established Ranges

For critical spaces, to include operating rooms, standard EC.02.05.01 EP 15 uses the 2008 ASHRAE 170, Ventilation Table 7-1.

- Note "l" has an allowance to deviate from the prescribed temperature ranges. It states, "lower or higher temperature shall be permitted when patients' comfort and/or medical conditions required those conditions."
- Note "o" states, "Surgeons or surgical procedures may require room temperatures, ventilation rates, humidity ranges, and/or air distribution methods that exceed the minimum indicated ranges".

These notes indicate that organizations may take allowances to meeting the range requirements however these are not blanket allowances but based on specific patient, surgeon and or procedure requirements.

- This is inferred by Note "o" as the guidance begins with "Surgeons or surgical procedures..."

Survey & Process Issues

Survey Process Issues

*See it . . .
... Cite it*

Survey Process Issues

- Document review: see the Survey Activity Guide, which includes the

“Life Safety and Environment of Care-Document List and Review Tool”

- Resource located at the Joint Commission website:

https://www.jointcommission.org/-/media/tjc/documents/resources/patient-safety-topics/physical-environment/hosp_critaccesshosp_life_safety_ec_documentlist_reviewtool.pdf

Legend: C=Compliant; NC=Not compliant; NA=Not applicable; IOU=Surveyor awaiting documentation

STANDARD - EPs	See Legend				Document / Requirement	Yes	No	
	C	NC	NA	IOU				
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).			
COMMENTS:								

Survey Process Issues: Documentation

- Document review is 'limited' to 4 hours
 - Generally, takes between 90 and 120 minutes
- Electronic records are acceptable
 - Ensure the program or other data source works as expected
 - Ensure the program or other data source can sort high risk vs non-high risk
- Documents required for Surveyor review during Survey include:
 - Life Safety Drawings
 - Written Fire Response Plan
 - Documentation and Evaluations of Fire Drills for previous 12 months
 - EC Data
 - EC Management Plans and Annual Evaluations
 - Previous 12 months EC Meeting Minutes
 - ILSM Policy
- Cover Sheet may not be acceptable if it is not integrated into the test results

Survey Process Issues

Fire Drill Matrix

<https://www.jointcommission.org/resources/patient-safety-topics/the-physical-environment/>

Hospital Name: _____													Score at EC.02.03.03 EP3			
Quarterly Hospital Fire Drills (NFPA 101-2012 16.7.1)																
Day - M, Tu, W, Th, F, Sa, Su		Q1			Q2			Q3			Q4					
Time: 24 hour formatted		Jan.	Feb.	Mar.	Apr.	May	Jun.	Jul.	Aug.	Sep.	Oct.	Nov.	Dec.			
1st Shift	Normal	Location/Building														
		Day														
		Date														
	ILSM	Location/Building														
		Day														
		Date														
2nd Shift	Normal	Location/Building														
		Day														
		Date														
	ILSM	Location/Building														
		Day														
		Date														
3rd Shift	Normal	Location/Building														
		Day														
		Date														
	ILSM	Location/Building														
		Day														
		Date														
Required Annual Fire Drills (NFPA 99-2012 15.13.3.10.3 & 14.3.1.4.5 and 14.2.4.5.4/14.2.4.5.4.1 - if applicable)																
Location/Building	Previous	Current	Location/Building	Previous	Current	Time?										
OR		Hyperbaric														
Day			Day													
Date			Date													
Time			Time													
Quarterly Ambulatory Fire Drills																
1st Shift	Q1				Q2				Q3				Q4			
	Location/Building				Location/Building				Location/Building				Location/Building			
	Day				Day				Day				Day			
	Date				Date				Date				Date			
	Time				Time				Time				Time			
	Annual Business Occupancy Fire Drills (2 Years of drills)															
Previous		Current		Previous		Current		Previous		Current		Previous		Current		
Building		Medical Office Building		Building		Building		Building		Building		Building		Building		
Day		Day		Day		Day		Day		Day		Day		Day		
Date		Date		Date		Date		Date		Date		Date		Date		
Time		Time		Time		Time		Time		Time		Time		Time		
DEFINITIONS OF SHIFTS: PROVIDER TIME FRAME FOR SHIFTS Hours below (e.g. 1st shift: 0700-1600, 2nd shift: 1600-2400, 3rd shift: 2400-0700)																
1st																
2nd																
3rd																
		NA Not applicable for night shift, building, location or ILSM.														
		NC Not completed or mixed														

Survey Process Issues: Infection Control

Joint Commission, CMS, and State AHJs are putting a lot of focus on Infection Control, often scored at EC.02.05.05 EP 5 :

- Ice machine dirty or build up
- Dirty/dusty HVAC vents
- Non-cleanable counter and wall surfaces
- Mixed clean and soiled storage
- Dirty filters
- Dish machine temperatures
- ICRA

Clinical Issues related to Infection Control:

- Intracavity probe disinfection
- HLD issues (temperature too low)
- Dental equipment

Survey Process Issues: GFCI Outlets

Joint Commission has been scoring the lack of GFCIs on equipment that they haven't scored in the past:

- Soda Dispensers
- Coffee Machines
- Water/Ice Machines
- Ice Bin (Kitchen)
- Vending Machines
- Water Fountains
- Bottled Water Dispensers

Survey Process Issues: Kitchen

Kitchens have been identified as an issue:

- Dish machine temps low or log incomplete
- Dirty floors, ceiling, and HVAC vents
- Rusty sprinklers and HVAC vents
- Dirty ice machines
- Dry storage room door blocked open
- Eyewash station blocked
- K-type fire extinguisher blocked or too far away
- Ansul system nozzles not lined up
- Exhaust hood filters dirty and gaps
- Expired or undated food

See the Joint Commission Kitchen Checklist

The Joint Commission Top 10 EC/LS Findings

January - August 2024

Most Frequently Scored EC/LS EP's

EC.02.06.01 EP 1	66.7%	Safety catch all (odors in geriatrics)
EC.02.05.01 EP 9	61.4	Utility controls labeling (FA Circuit)
LS.02.01.35 EP 4	55.1	Items on sprinkler piping
EC.02.05.05 EP 6	54.7	Non-HR Utility components ITM
EC.02.02.01 EP 5	49.4	Haz Chem: selecting, storing, handling
LS.02.01.10 EP 14	48.7	Barrier Penetrations
EC.02.06.01 EP 20	48.1	Clean Environment
LS.02.01.35 EP 14	47.4	Extinguishing Requirements
LS.02.01.10 EP 11	46.1	Fire door latching, gaps, propping
EC.02.06.01 EP 26	42.5	Furnishings & Equipment condition

18.7%

Rough percentage of hospitals with at least 1 Requirement for Improvement in EC & LS

54.4%

Rough percentage of hospitals with at least 1 Condition Level Deficiency (CLD) in first ½ of 2024

- 17% EC High Risk RFI
- 9% LS High Risk RFI
- 33% PE CLD

Top 7 Survey Findings: EC

Rank	Standard	EP	Description	Examples	%
1	EC.02.06.01	1	Interior space meets the needs of the patient population	Stained or wrong type of ceiling tiles; defective flooring; wall stains; peeling paint, chip in drywall	66.7
2	EC.02.05.01	9	The hospital labels utility system controls for partial or complete emergency shutdown	Identify fire alarm circuit; Spare circuit breaker in off position	61.4
3	EC.02.05.05	6	Hospital ITM non-high risk utility system components on the inventory, with doc. date and activity results	Open J boxes; exceeding ITM schedules	54.7
4	EC.02.02.01	5	Minimizes risks associated with selecting, handling, storing, transporting, using, and disposing of hazardous chemicals	Eye Wash stations weekly testing (AN358.1); 2 liquid cleaners with pH 1 and bleach (pH 11.9) without eyewash station in the clinic; Manifests & DOT;	49.4
5	EC.02.06.01	26	Furnishings and equipment are safe and in good repair	Damaged equipment/furniture	48.1
6	EC.02.06.01	20	Clean and free from odors	Dirty environment; Geriatric odors; dust on ventilation grill in OR	42.5
7	EC.02.05.01	15	Critical areas ventilation (pressure relationships, temperature and humidity)	Rooms out of balance; Rooms out of range for temperature and RH	40.0

#1 EC.02.06.01 EP 1

66.7%

Stained Ceiling Tiles, Peeling Paint & Damaged Flooring



Observed in Building Tour. It was observed in the sterile storage area that the suspended ceiling tile were acoustical and not washable.

“Semi-restricted and restricted area ceilings must be scrubbable.” FGI Guidelines



#2 EP.02.05.01 EP 9 Utility Labeling

61.4%

This EP covers labels on all utility system valves or controls. This is typically scored for:

- Medical gas source/main shutoff valves
- Kitchen gas shutoff valves
- Electrical breaker schedule accuracy
- Medical gas isolation valves
- Sprinkler system valves



#2 EC.02.05.01 EP 9 Utility Labeling: Fire Alarm Panel 61.4%

Fire Alarm Panel

- Identify where the fire alarm panel is being supplied power from
- At the electrical panel, clearly identify the fire alarm circuit [RED]
- Ensure the fire alarm panel is either in a protected environment that is continuously occupied **or** has a smoke detector
 - Protected environment: 1 hour fire rated walls with $\frac{3}{4}$ hour rated door and continuously occupied

#3 EC.02.05.05 EP 6 Inspection Testing & Maintaining (ITM) 54.7%

Incomplete maintenance

- >100% completion rates for **NON-High Risk** Equipment on the inventory

#4 EC.02.02.01 Haz Mat

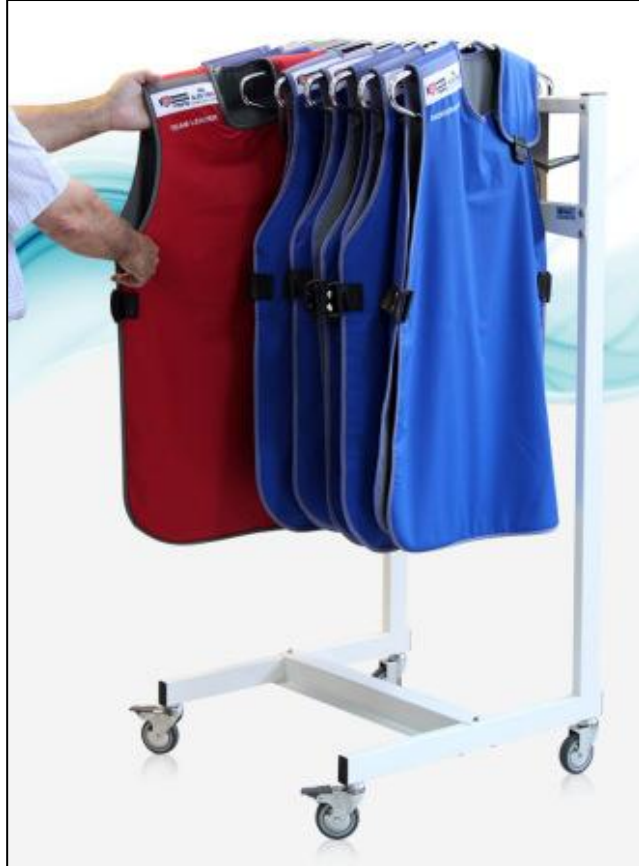
- Provide Safety Glasses, Hearing Protection for Maintenance & EVS
- Ensure Eye Wash & Showers are tested weekly as per ANSI Z358.1



49.4%



Personal Protective Equipment Testing



Lead Aprons



DOSIMETRY
BADGES

- Accurate inventory
- Testing frequencies (based on policy)
- Training for PPE users

#5 EC.02.06.01 EP 20 Clean and free of odors

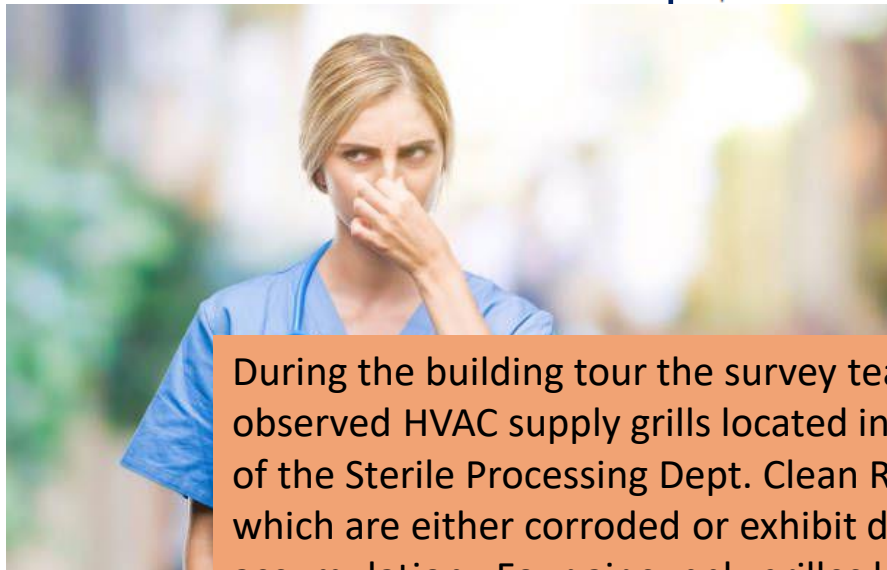
The Nose of A Nurse: Dealing with Bad Smells in the Hospital

In the clinical setting, nurses come across all manner of sights, sounds, and yes, smells. While the obvious ones that people complain about (which I never understand...you were getting into, right?), certain smells can tell you a thing or two about your patient. In this post we've compiled a list of a few disease states that come with a specific smell. So, while bad smells in the hospital probably aren't your favorite part of your

How to handle bad smells in the hospital

Which brings us to the next obvious question...how do you handle intense odors with grace and compassion? The first step is to recognize that one of your jobs as a nurse is to care for people who are vulnerable. [bctt tweet="By maintaining grace in an ungraceful situation, you help that patient retain his/her dignity at a very difficult time." username="StraightANurse"] NEVER let your patient know that you are affected by any unpleasant odors...if you have to leave the room for a minute, make up excuse and leave the room...but don't let it show. Please.

Below are a few tips that might help your encounter with rough odors a not-so-traumatizing experience:



During the building tour the survey team observed HVAC supply grilles located in the ceiling of the Sterile Processing Dept. Clean Room which are either corroded or exhibit debris accumulation. Four air supply grilles located in the ceiling near the autolaves.

Place a bag inside a face mask and smell the scent of lemon or mint instead
Add a few drops of essential oil inside a face mask (peppermint is good one!)
Keep a bottle of Vicks Vapor Rub under your nose
Use a menthol cough drop before you head into the room
Keep a small container of coffee beans in your work bag; as soon as you leave the room, use the whiff of the coffee beans to clear any residual unpleasant odors out of your

After cleaning, immediately place a washcloth or hand towel over the area as you finish cleaning and caring for the patient. Ventilation is the key. Immediately cover the stool on the absorbent pad (or fold the one you are using over) or a towel. Use

#6 EC.02.01.06 EP 26 Furnishings in good repair 42.5%



After

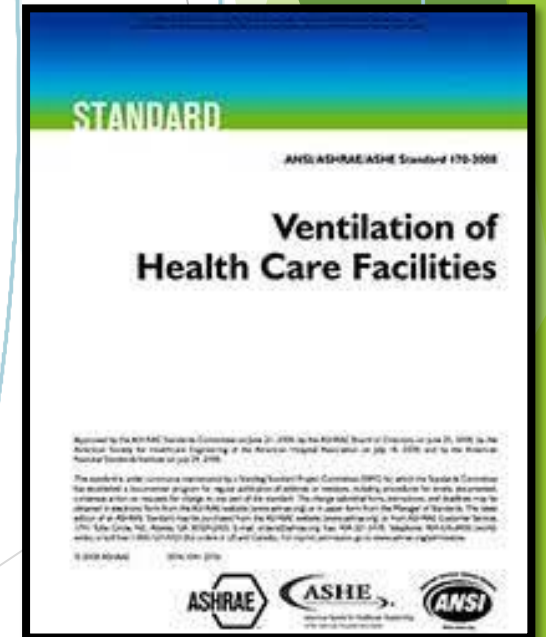


#7 EC.02.05.01 EP 15 Air Pressure Relationships

Contributed to Immediate Threat to Health & Safety

Improper air-pressure relationships in critical spaces are frequently **scored at elevated risk levels and as a CLD!**

- There are many ways to verify air movement, but the surveyors will all use a Vaneometer™
 - Some hospitals give vaneometers to clinical staff so they can check before cases
- Frequency of testing can vary based on each hospital's needs and equipment
 - ASHRAE 170 has many spaces defined, so focus efforts on critical spaces
 - Ensure your inventory matches ASHRAE 170

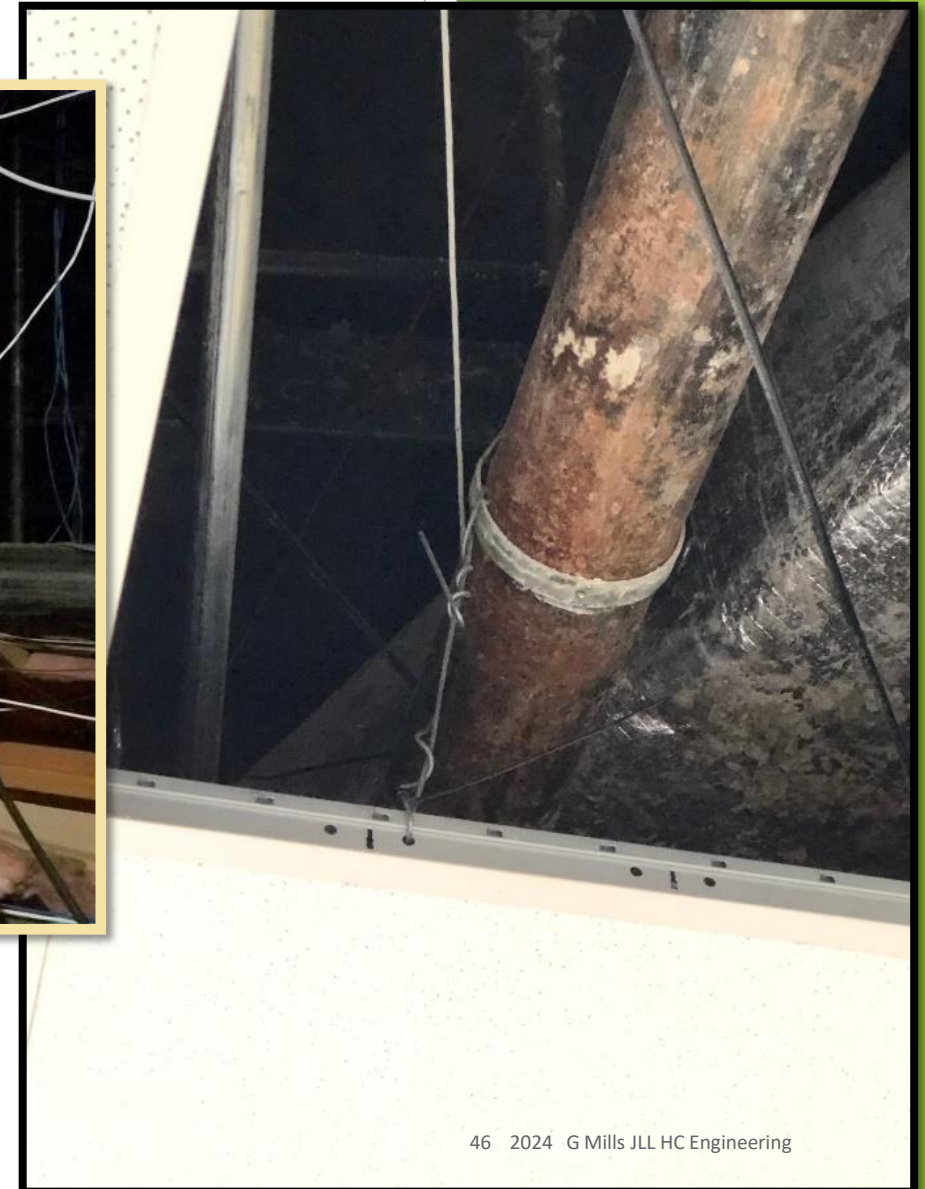


Top 7 Survey Findings: LS

Rank	Standard	EP	Description	Examples	%
1	LS.02.01.35	4	Piping for Approved Automatic Sprinkler Systems (AASS) is not to be used to support any item other than the AASS	Wires on piping	55.1
2	LS.02.01.10	14	Space around pipes, conduits, bus ducts, cables, wires, air ducts, or pneumatic tubes penetrating rated walls or floors are protected with approved fire-rated material	Holes, gaps or improperly repaired barriers	48.7
3	LS.02.01.35	14	The hospital meets all other Life Safety Code automatic extinguishing requirements related to NFPA 101-2012	Stained ceiling tiles; kitchen: Ansul system not identified properly	47.4
4	LS.02.01.10	11	Fire door non-compliance	Fire door issues	46.1
5	LS.02.01.35	5	Sprinklers are not damaged and have escutcheons missing	Escutcheon plates missing, foreign materials on heads	42.5
6	LS.01.02.01	ALL	Ongoing construction without proper signage or containment strategies	Failure to assess and implement ILSM	41.2
7	LS.02.01.35	6	18" clearance below sprinkler	Compromised space	38.6

#1 LS.02.01.35 EP 4 Items on Sprinkler Piping

55.1%



Items on Sprinkler Piping

LS.02.01.35 EP 4

Observations typically scored:

- IT cables draped over sprinkler piping
- Electrical conduit on sprinkler piping
- HVAC ducting on sprinkler piping
- Cables zip-tied to piping or treaded supports
- Exterior piping has debris or bird nests
- Signs hanging from sprinkler piping
- Ceiling grid supported by sprinkler piping



#2 LS.02.01.10 EP 14 Space Around Pipes

48.7%



#3 LS.02.01.35 EP 14 Stained Ceiling Tiles

47.4%



#4 LS.02.01.10 EP 11 Doors

46.1%

FIRE DOORS

Must not be blocked
Must self-close
Must self-latch



SMOKE DOORS

Must not be blocked
Must self-close



CORRIDOR DOORS

Must not be blocked
Must self-latch



#5 LS.02.01.25 EP 5

Sprinkler Damaged

36.2%

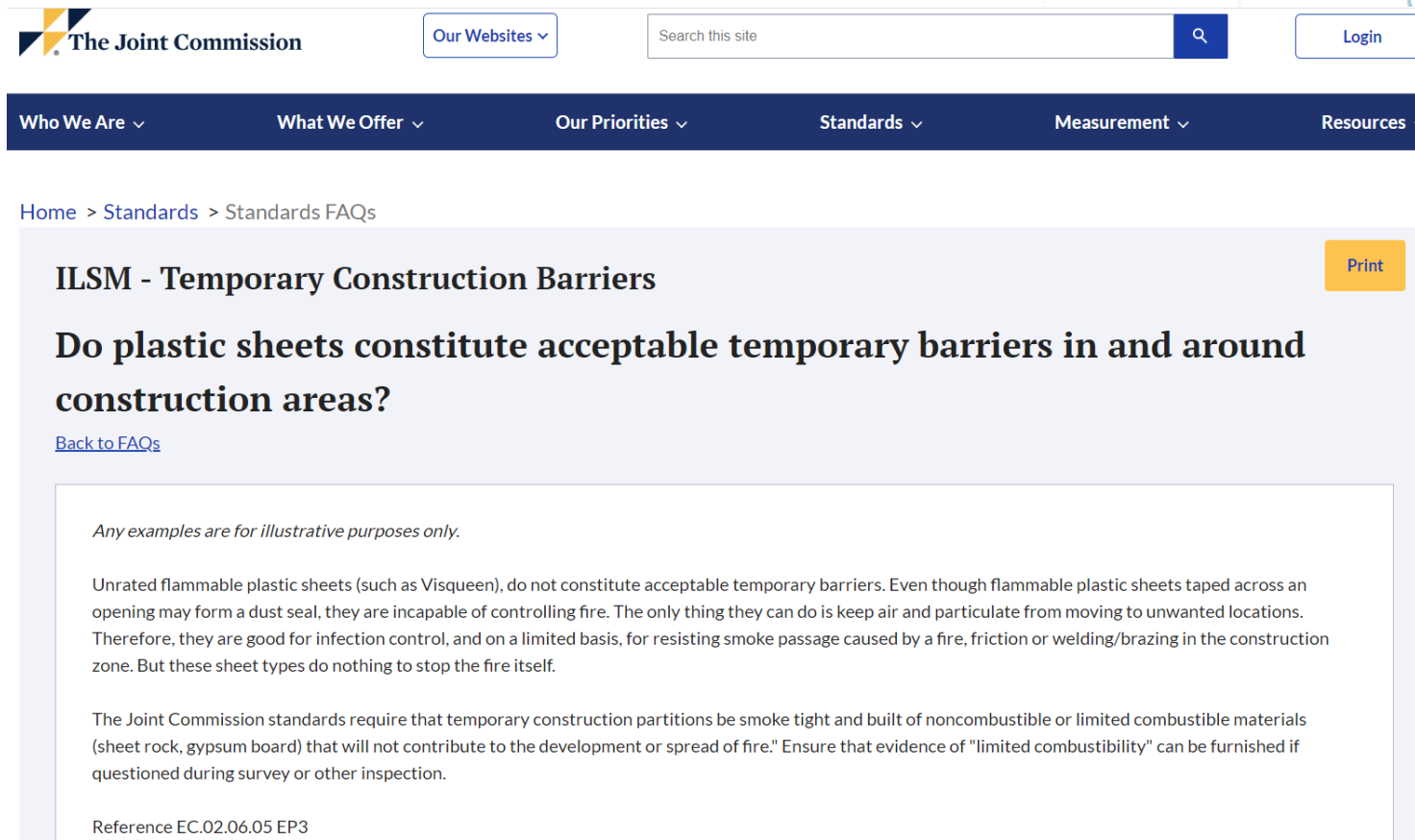


"Loaded" SSP fire sprinkler head. Dust/dirt will act like thermal insulating layer and possible operation. Replace per NFPA 25



#6 LS.01.02.01 ALL EP'S Interim Life Safety Measures 27.2%

- Ongoing construction without proper signage or containment strategies
- Failure to implement Interim Life Safety Measures (ILSM)

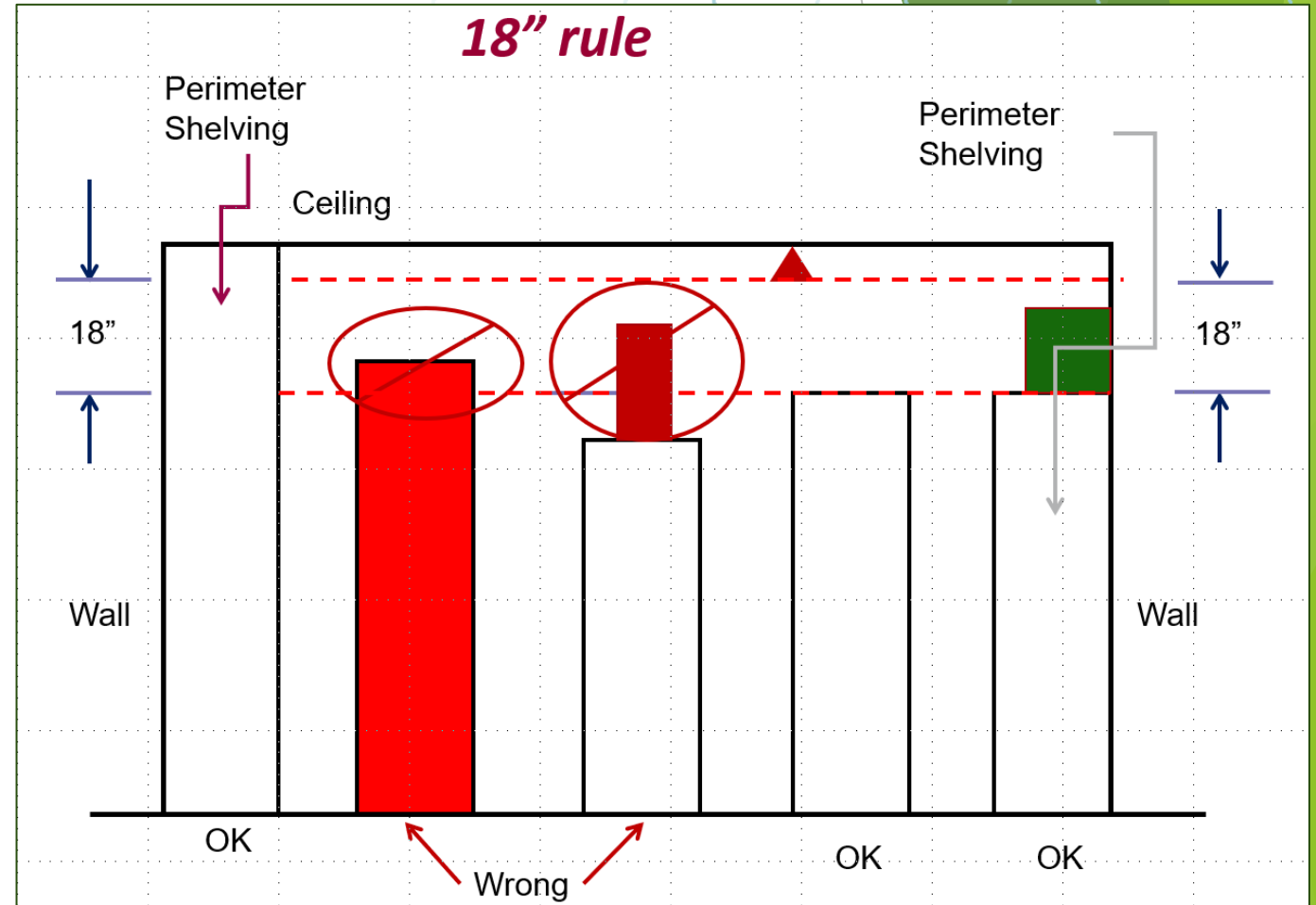


The screenshot shows the The Joint Commission website. The header includes the logo, "Our Websites" dropdown, a search bar, and a "Login" button. The navigation bar lists: Who We Are, What We Offer, Our Priorities, Standards, Measurement, and Resources. The breadcrumb trail is: Home > Standards > Standards FAQs. The main heading is "ILSM - Temporary Construction Barriers" with a "Print" button. The subheading is "Do plastic sheets constitute acceptable temporary barriers in and around construction areas?". A link "Back to FAQs" is provided. The content states: "Any examples are for illustrative purposes only." "Unrated flammable plastic sheets (such as Visqueen), do not constitute acceptable temporary barriers. Even though flammable plastic sheets taped across an opening may form a dust seal, they are incapable of controlling fire. The only thing they can do is keep air and particulate from moving to unwanted locations. Therefore, they are good for infection control, and on a limited basis, for resisting smoke passage caused by a fire, friction or welding/brazing in the construction zone. But these sheet types do nothing to stop the fire itself." "The Joint Commission standards require that temporary construction partitions be smoke tight and built of noncombustible or limited combustible materials (sheet rock, gypsum board) that will not contribute to the development or spread of fire." Ensure that evidence of "limited combustibility" can be furnished if questioned during survey or other inspection. Reference EC.02.06.05 EP3.

#7 LS.02.01.35 EP 6

18" Clearance

26.4%



Questions?

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New Code Changes in

- *NFPA 101*
- *NFPA 99*

NOTE:

CMS must adopt a more current edition of the LSC for these changes to take effect.

Self-Latching Doors

Self-closing or automatic closing door leaves, which become self-latching upon operation of approved smoke detectors, shall be considered as meeting all the self-latching provisions.

Added #3 in NFPA 101-2021, 18.3.6.3.7

Powered doors that comply with the requirements of 7.2.1.9 shall not be required to meet the latching requirements of 18.3.6.3.5, provided that **all** of the following are met:

- 1) The door is equipped with a means of keeping the door closed that is acceptable to the AHJ
- 2) The device used is capable of keeping the door fully closed if a force of 5lbf is applied at the latch edge of the swinging door and applied in any direction to a sliding or folding door, whether or not power is applied
- 3) **Where door leaves are operated by power by any automatic mechanism, the automatic opening of the doors shall cease to function upon operations of approved smoke detectors installed in accordance with the provisions of NFPA 72 for door release service.**

Smoke Compartment Size Increase

Changed in 2018 & again in 2021

- Smoke compartments may be increased in size to:
 - 40,000 sf for smoke zones with all patient sleeping rooms configured for only one patient and suites in accordance with 18.2.5.7
 - 40,000 sf for smoke zones with no patient sleeping rooms
 - 22,500 sf in nursing homes and unlimited care facilities
- Looking at impacts to other code sections (i.e. ABHR)

NON-Sleeping Suite Size Increase

Changed in 2015 & again in 2018

- Currently: shall not exceed 10,000 sqft
- In 2018: Shall not exceed 12,500 sqft 101-2021
18.2.5.7(A)
 - May be increased to 15,000 sqft with automatic smoke detection 101-2021 18.2.5.7.3.2(B)

Exit Sign Inspections

Changed in 2021

- 7.10.9 sends the user to 7.9.3
- 7.9.3 provides four options for testing
- 7.9.1.3 eliminated the requirement for exit signs to have visual inspections for operation of the illumination sources every 30 days



Temporary Construction Separation

Changed in 2021 & again in 2024

- 101-2021 18.7.9.3:
 - Added that flame resistant plastic barriers used during construction on rehabilitation activities shall be permitted for not more than 30 days
- NFPA 241-2024
 - Flame resistant plastic barriers shall be permitted during rehabilitation projects

Responsible Facility Authority

NFPA 99-2021 5.1.14.1 Requirement that a “Responsible Facility Authority” is designated to oversee the medical gas and vacuum system

- Advising on the risk assessment
- Writing and upkeep of portions of the emergency plan that might affect piped gas
- Ensuring the emergency plan addresses unusual requirements necessary for patient and staff safety during design and construction
- Develop permit to work rules
- Evaluation and acceptance of test reports
- Maintenance of facility records for piped gas
- 5.1.14.1.2.2

New Chapter for Dental Medical Gas & Vacuum

- New requirements for medical gas & vacuum systems used in dental facilities added in 2015
 - NFPA 99-2015 5.3.3.6 Dental Air Supply Systems
 - NFPA 99-2015 5.3.3.6.2 Dental Air Cylinder Supply Systems
 - NFPA 99-2015 5.3.3.4 Medical-Surgical Vacuum
 - NFPA 99-2015 5.3.12.2 Category 3 Dental Vacuum Supply Systems
- Moved to new Chapter 15 in NFPA 99-2018



Fire Protection Feature: OR Solution-Soaked Materials

Changed in NFPA 99-2021 16.14.3.4

- Solution-soaked materials are no longer required to be removed from the operating room prior to draping or using electro surgery, lasers, or cautery
- Now it is only required to be removed from the patient care vicinity

Fire Protection Feature: OR Extinguishers

Changed in NFPA 99-2018 16.9.1.3

- Clean Agent-type or Water Mist-type extinguishers shall be provided in operating rooms



Questions?

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