Transitions: Understanding the 2009 “EC”, “EM” and “LS” Joint Commission Changes

Presented by:
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Healthcare Engineering Consultants
Transitions in the Survey Planning Session

How Should I Prepare for the Survey Planning Session?
The Survey Planning Session

- Occurs on the morning of the first survey day
- Will be performed by the surveyors “alone”
- Will create strong first impressions ("Blink!")
- Will impact other vulnerabilities
- Will be document-based (documents should always be up-to-date and ready)
- Hospital must be prepared for this!
- Triggers the “Rapid Response Team”
The Survey Planning Session

Documents likely to be reviewed include:

- The six required management plans plus the “EOP”
- Safety committee minutes from the last 12 months
- Annual effectiveness evaluations from each “EC” area
- Statement of Condition documents (reviewed by the LSS)
- May request safety officer job description, signed appointment letter and intervention authority statement
The Survey Planning Session

What Should Be Included in the Management Plans?
The Survey Planning Session

The *Six Management Plans Should:

- Be a description, not a rewrite of the program!
- Be consistent in format, housed in a labeled, tabbed binder
- Include a list of applicable facilities
- Describe each of the “elements of performance”
- Describe responsibilities
- Include performance improvement and training information
- Reference applicable policies and procedures
- Be reviewed by the safety committee annually

*Note: Emergency Management now requires an Emergency Operations Plan (EOP), not a management plan
The Survey Planning Session

How Should the Safety Committee Minutes Be Organized?
The Survey Planning Session

The Safety Committee Minutes Should:

- Accurately reflect the meeting discussion and item resolution
- Be documented prior to the next meeting
- Use the “C-R-A-F” format
- Indicate attendance of standing members
- Be placed in a binder in chronological order
- Be re-read by the committee members prior to the survey
- Be signed by the committee chair and safety officer
- Suggested review by leadership
The Survey Planning Session

What Should the Annual Effectiveness Evaluations Look Like?
Annual Evaluations

Guidelines for the Annual Effectiveness Evaluations

- Has the program improved?
- Numerical data is essential!
- “Busyness” vs. “effectiveness”
- Required for each “EC” area
- Re-read the annual evaluations before the survey

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Annual Evaluations

The Annual Evaluation Must Include:

SCOPE - What has been measured?

OBJECTIVES - What are the numerical goals/benchmarks?

PERFORMANCE - What does the data show?

EFFECTIVENESS - How does the performance (data) compare to the objectives?

WHAT NEXT? - What objectives do we define for next year, based on this year’s performance?
Annual Evaluations

Each annual evaluation should include a review of:

✓ The management plan
✓ Regulatory compliance
✓ Performance improvement
✓ Other issues to take credit for
## Annual Effectiveness Evaluation Matrix

**“EC” Area:** ____________________

**Calendar year:** ________________

<table>
<thead>
<tr>
<th>Scope</th>
<th>Management Plan</th>
<th>Regulatory Compliance</th>
<th>Performance Improvement</th>
<th>Other Accomplishments</th>
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</thead>
<tbody>
<tr>
<td></td>
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<td>Objectives</td>
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</tr>
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<td>Effectiveness</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Objectives for Next Year</td>
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<td></td>
</tr>
</tbody>
</table>
How Should the *Statement of Conditions* (SOC) Document Be Completed?

(*Life Safety Specialist* Responsibility)
The Survey Planning Session

Safety Officer Appointment

✓ Still required by the Joint Commission (EC.01.01.01)
✓ Appointment should name a specific individual
✓ Letter should be signed by the hospital CEO
✓ Must include “intervention authority”
✓ Does not require updating unless individuals change
The Survey Planning Session

Questions?
Part 1: Transitions in the 2009 Survey Process

Understanding the Survey Process
The Survey Process in 2009

Typical Surveys Will Include:

- Two to five days “on-site”
- Two, three or more surveyors (usually nurses and physicians - includes a “Life Safety Specialist” for all hospitals in 2008; two LSS surveyor days for >750K sq ft, three for >1.3 million sq ft
- Review of documents (survey planning meeting)
- Life Safety Specialist review and facility tour
- “EC” interview with tabletop simulation
- Questions to staff based on tracer methodology
- Summary conference to present tentative findings

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The Unannounced Survey Challenge

Unannounced Surveys will Occur:

- Between 18 and 39 months from the date of the first unannounced survey (2009 forward)
- The timing of all surveys after the first unannounced survey will be based on *Priority Focus Process* (PFP) data - poor S3 scores (>220) may lead to earlier survey?

**Note 1:** All new applicants for the accreditation process as well as changes to a new classification (example: critical access designation) have unscheduled surveys

**Note 2:** Exceptions to unannounced surveys occur with the Bureau of Prisons or certain DOD facilities
The Unannounced Survey Challenge

Surveys Can Also Occur Due To:

- One year follow-up survey for newly accredited organizations that provide high risk or critical services
- Validation surveys to verify “evidence of standards compliance” (ESC) from previous survey
- Sentinel event follow-up
- Adverse media coverage of specific issue
- Complaint from the public
- Any other time that the JC decides it’s appropriate!

Note: Random off-cycle validation surveys were discontinued at end of 2008)
Meeting the Scoring Challenges

Understanding Scoring Decisions for 2009

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Scoring Changes for 2009

- Scoring in the new *Life Safety* chapter will be the same as the rest of the scoring (no longer any “X”, “Y” or “Z” scores)
- “A’s” and “C’s” remain, “B” scores have been eliminated
- Four new levels of scoring risk exist (surveyor discretion):
  1. **Immediate Threat to Health and Safety**: results in preliminary DOA until follow-up evidence of compliance
  2. **Situation Decision**: results in preliminary DOA or CA
  3. **Direct Impact Requirements**: immediate care impact; must submit ESC within 45 days
  4. **Indirect Impact**: no immediate risk; ESC submission within 60 days

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Immediate Threat to Health and Safety

1. Immediate *Preliminary Denial of Accreditation*
2. *Action* expected during survey
3. Upon resolution, status changes to *Conditional Accreditation* based on follow-up survey
4. Examples include:
   - Disconnected fire alarm system
   - Inoperable emergency power or medical gas
   - Serious, unresolved life safety issues
Explanation of New Scoring Levels

“Situational” Decision Rule

1. Immediate *Preliminary Denial of Accreditation* or *Conditional Accreditation* issued

2. ESC submission within 45 days

3. Follow-up survey occurs to validate corrective action

4. Examples include:
   - Failure to implement interim life safety measures
   - Failure to meet PFI timelines on SOC

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Explanation of New Scoring Levels

Direct Impact Requirements

1. If non-compliance is likely to have an impact on patient safety or quality of care

2. ESC submission required within 45 days

3. A single Direct Impact “EP” results in the entire standard being non-compliant

4. Examples include:
   - Failure to perform risk assessments
   - Improper disposal of hazardous medications
   - Insufficient PM on life support equipment
Explanation of New Scoring Levels

Indirect Impact Requirements

1. Based on planning and care processes
2. If non-compliance is likely to have an increased risk to patient safety or quality of care
3. ESC submission required within 60 days
4. Examples include:
   - Incomplete management plan
   - Non-compliance to smoking policy
   - Insufficient fire drills critiqued
Joint Commission Scoring Decisions

- PDA and CA accreditation thresholds for 2009 have been eliminated!
- Accreditation determinations are now based on “screens” that result from the number of non-compliant “direct impact” standards found during the survey
- The screens are adjusted for differences in the size and complexity of the health care organization based on the “band” table
- “Outlier” scores (conditional or non-accreditation result!) are determined by the scores relative to the average peer group score

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Joint Commission Scoring Decisions

Hospital Accreditation

<table>
<thead>
<tr>
<th>Surveyor Days</th>
<th>“Band Level”</th>
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<tbody>
<tr>
<td>1 – 4</td>
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<tr>
<td>5 – 6</td>
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<tr>
<td>10 – 13</td>
<td>4</td>
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<td>&gt; 13</td>
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# Joint Commission Scoring Decisions

## Hospital Accreditation

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<thead>
<tr>
<th>“Band Level”</th>
<th>Non-Compliant “Direct Impact”</th>
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## Joint Commission Scoring Decisions

### “EC” Scoring Categories

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<th>Performance Category</th>
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### Joint Commission Scoring Decisions

#### “EM” Scoring Categories

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### Joint Commission Scoring Decisions

#### “LS” Scoring Categories

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## Joint Commission Scoring Decisions

### “EC”, “EM” and “LS” Scoring Categories

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</table>
### Joint Commission Standards Scoring

**“A” Scores: High priority, *One and Done!***

You either have the letter or you don’t – Compliant or non-compliant, no partial credit!

### Management Plan Scoring Sheet

<table>
<thead>
<tr>
<th>EC Standard</th>
<th>Element of Performance</th>
<th>Scoring Category</th>
<th>Documents Required?</th>
<th>Score Rule</th>
</tr>
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<td>01.01.01</td>
<td>Minimizing Risks in EC</td>
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<td>1</td>
<td>Safety leadership appointment</td>
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<td>2</td>
<td>Intervention authority</td>
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<td>3</td>
<td>Safety management plan</td>
<td>A D</td>
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<td>4</td>
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<td>4</td>
<td>Security management plan</td>
<td>A D</td>
<td></td>
<td>4</td>
</tr>
<tr>
<td>5</td>
<td>Hazardous materials plan</td>
<td>A D</td>
<td></td>
<td>4</td>
</tr>
<tr>
<td>6</td>
<td>Fire safety management plan</td>
<td>A D</td>
<td></td>
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<tr>
<td>7</td>
<td>Medical equipment plan</td>
<td>A D</td>
<td></td>
<td>4</td>
</tr>
<tr>
<td>8</td>
<td>Utility management plan</td>
<td>A D</td>
<td></td>
<td>4</td>
</tr>
</tbody>
</table>

Good News (sort of!) – This is only an “indirect” impact requirement!
“C” Scores: *Three strikes and you’re out!* 

Example: EC.02.03.05, EP 15

Portable fire extinguishers

Three missed monthly checks (aggregated) is an Indirect Impact Citation

<table>
<thead>
<tr>
<th>EC Standard</th>
<th>Element of Performance</th>
<th>Scoring Category</th>
<th>Documents Required?</th>
<th>Score Rule</th>
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<td>Fire Risk Management</td>
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<td>Proactive fire protection</td>
<td>C</td>
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<td></td>
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<tr>
<td>2</td>
<td>Reduce fire risk from smoking</td>
<td>A</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Unobstructed access to exits</td>
<td>C</td>
<td>3</td>
<td></td>
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<tr>
<td>9</td>
<td>Fire response plan</td>
<td>A</td>
<td>D</td>
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<tr>
<td>10</td>
<td>Staff response to fire</td>
<td>A</td>
<td>D</td>
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<td>02.03.03</td>
<td>Fire Drills</td>
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<td>1</td>
<td>Quarterly fire drills</td>
<td>A</td>
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<tr>
<td>2</td>
<td>Business occupancy drills</td>
<td>A</td>
<td>4</td>
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<td>3</td>
<td>50% unannounced drills</td>
<td>A</td>
<td>4</td>
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<td>Staff drill participation</td>
<td>C</td>
<td>D</td>
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<td>5</td>
<td>Fire drill critique</td>
<td>A</td>
<td>D</td>
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<td>02.03.05</td>
<td>Fire Component Tests</td>
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<td>Supervisory devices</td>
<td>C</td>
<td>D</td>
<td>4</td>
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<tr>
<td>2</td>
<td>Tamper switches/ water flow</td>
<td>C</td>
<td>D</td>
<td>4</td>
</tr>
<tr>
<td>3</td>
<td>Duct/ heat/ doors/ smoke/ pull</td>
<td>C</td>
<td>D</td>
<td>4</td>
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<td>4</td>
<td>Visual/ audible alarms</td>
<td>C</td>
<td>D</td>
<td>3</td>
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<td>5</td>
<td>Off-site responders</td>
<td>A</td>
<td>D</td>
<td>4</td>
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<td>6</td>
<td>Weekly fire pump test</td>
<td>C</td>
<td>D</td>
<td>4</td>
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<td>7</td>
<td>Water tank level alarms</td>
<td>C</td>
<td>D</td>
<td>4</td>
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<td>8</td>
<td>Water tank cold weather tests</td>
<td>C</td>
<td>D</td>
<td>4</td>
</tr>
<tr>
<td>9</td>
<td>Main drain tests</td>
<td>C</td>
<td>D</td>
<td>4</td>
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<td>10</td>
<td>Fire department connections</td>
<td>A</td>
<td>D</td>
<td>3</td>
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<tr>
<td>11</td>
<td>Annual fire pump test</td>
<td>A</td>
<td>D</td>
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<td>12</td>
<td>5-year standpipe test</td>
<td>C</td>
<td>D</td>
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<td>C</td>
<td>D</td>
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<td>18</td>
<td>Smoke/ fire damper tests</td>
<td>C</td>
<td>D</td>
<td>4</td>
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<td>19</td>
<td>Air handling shutdown</td>
<td>A</td>
<td>D</td>
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<tr>
<td>20</td>
<td>Vertical/ horizontal fire doors</td>
<td>C</td>
<td>D</td>
<td>4</td>
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</table>
Joint Commission Scoring Decisions

Timeframe Test Interval Expectations

- Annual requirement: 1 year +/- 30 days
- Every 6 months: 6 months +/- 20 days
- Quarterly: 4 times per year, each quarter
Challenges for 2009

Changes and Focus Areas in 2009

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“EC”-Related Patient Safety Goals for 2009

Ambulatory, Behavioral Health and Hospital Facilities

Goal #7: Reduce the risk of healthcare associated infections

Goal #9: Reduce the risk of patient harm resulting from falls

Goal #11: Reduce the risk of surgical fires (AHC only)

Goal #13: Encourage patient’s active involvement in their own care as a patient safety strategy

Goal #15: The organization identifies safety risks inherent in its patient population (identify suicide risk – relates to patients being treated for emotional and behavioral disorders)

Note: This applies to all areas of the hospital!

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Priority Focus Areas (PFA’s) in the Physical Environment for 2009

- Physical Design
- Construction and Redesign
- Maintenance and Testing
- Planning and Improvement
- Risk Prevention

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The 2009 Joint Commission Manual

✓ The entire Joint Commission manual has been rewritten for 2009

✓ The former 2008 Environment of Care chapter has been split into three chapters in 2009:
  1. Environment of Care (EC)
  2. Emergency Management (EM)
  3. Life Safety
What are the major EC changes?

- Mostly editorial changes
- Emergency management and life safety (not fire safety) have their own chapters
- Staff competency (including for clinical staff) has been returned to the EC chapter
- Safety and security has been combined into one standard (sort of!)
- An entirely new numbering system is in use
Numbering the Standards

Example: EC.01.XX.YY

- **P-D-C-A Prefix**
  - EC.01 = Plan
  - EC.02 = Do
  - EC.03 = Check
  - EC.04 = Act

- **Section:** Safety, Hazmat, etc.

- **EP:** Z
  - Element of Performance

- **Plan and Design Section**

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Numbering the EC Standards

- EC.01.01.01 – Management Plan Requirements
- EC.02.01.01 – Safety and Security
- EC.02.02.01 – Hazardous Materials and Wastes
- EC.02.03.01 – Fire Safety
- EC.02.04.01 – Medical Equipment
- EC.02.05.01 – Utilities Management
- EC.02.06.01 – Functional Environment
- EC.03.01.01 – Staff and LIP Training
- EC.04.01.01 – Monitoring and Improvement
Major Revisions to the Safety Standards

- The “at least every-three-year” safety policy review requirement (EC.1.10, EP 6) has been eliminated (define your own standard for review and follow it!)

- Some smoking policy requirements, such as the outpatient and youth prohibition of smoking, have been moved to the Provision of Care chapter

- A separate safety management plan is still required, even though the safety and security standards have been combined under EC.02.01.01 and EC.02.01.03
Major Revisions to the Security Standards

- The separate responsibility appointment for the security program has been combined with the safety officer appointment (EC.01.01.01)

- The VIP and media relations policies are no longer specifically required in the "EC" chapter, although it is recommended that the hospital continue to have these policies

- The emergency department vehicular access policy has been eliminated from the "EC" chapter, although portions now exist in EM.02.02.05
Major Revisions to Hazardous Materials

- Handling, storing and disposal of medical infectious waste has been transferred to the infection control chapter (IC.02.01.01, EP 6)
- New emphasis on use of personal protective equipment (PPE) – EC.02.02.01, EP 3
- Risk reduction required for use of hazardous energy (ionizing, non-ionizing and laser energy) – EC.02.02.01, EP 7 Direct Impact
- Procedures required for proper disposal of hazardous medications – EC.02.02.01, EP 8 Direct Impact
Major Revisions to Fire Safety

- The **annual** fire drill evaluation requirement has been eliminated (fire drill implementation and evaluation is **still** required!

- The 5-year standpipe test has been added to the 2009 standards (EC.02.03.05, EP 12, reference NFPA 25)

- Audible/visual alarms, fire department connections and air handling shutdown tests are all **Direct Impact** standards

- The *Statement of Conditions* and *Interim Life Safety* requirements have been moved to the new Life Safety chapter

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The evaluation for new equipment must include input from the users and maintainers (new language, EP.02.04.01, EP 1)

The following medical equipment standards are now scored as Direct Impact:

- Clinical intervention procedures
- Initial equipment tests
- PM tests for life support equipment
- Tests for sterilizers and dialysis equipment
Major Additions to Utility Management

1. Procedures for shutting off malfunctioning utility systems and notifying staff in affected areas
2. Clinical intervention procedures during utility disruptions
3. How to obtain repair services
4. Hospital response to utility outages and disruptions

**Note:** These additions are included in standard EC.02.05.01
Major Revisions to Utility Management

The following utility management standards are now scored as Direct Impact:

- Waterborne and airborne pathogens
- Hospital staff response to utility disruptions
- Emergency power loads and tests
- Tests for life support/ infection control equipment
- Medical gas and vacuum system tests

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Major Revisions to Battery Lights

- Battery lights that are used for egress in business occupancies that do not have emergency generators, must be functionally tested monthly for 30 seconds and annually for 1.5 hours.

**Note:** If all of the batteries are changed annually in lieu of performing the 1.5 hour discharge test, then only 10% of the batteries must be checked for 1.5 hours; if they fail, then all batteries must undergo the 1.5 hour discharge test.

- Battery lights that are used in anesthetizing locations and in emergency generator and transfer switch rooms are considered “task lights” and are only required to have the monthly 30 second test.
Major Revisions to the EC Standards

**EC.03.01.01** – *Staff and licensed independent practitioners are familiar with their roles and responsibilities relative to the environment of care*

1. Staff and licensed independent practitioners can describe or demonstrate methods for eliminating and minimizing physical risks in the environment of care

2. Staff and licensed independent practitioners can describe or demonstrate actions to take in the event of an environment of care incident

3. Staff and licensed independent practitioners can describe or demonstrate how to report environment of care risks

**Note:** This standard was moved from HR.2.20 for 2009

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Major Revisions to the EC Standards

EC.04.01.01 – The organization collects information to monitor conditions in the environment

Requires a process to monitor performance in managing EC risks and for investigating and reporting patient and staff injuries; property damage; security incidents; hazardous materials spills and exposures; fire safety problems, deficiencies and failures; medical equipment problems, failures and user errors, and; utility system problems, failures and user errors. Semi-annual environmental tours in patient areas and annual tours in non-patient areas are conducted and an annual evaluation (Direct Impact) of each EC management plan is documented.

Note: Requirement for specific PI measures for every EC area eliminated!

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Contents of the 2009 Life Safety Chapter

LS.01.01.01 – Completion of the *Statement of Conditions*
LS.01.02.01 – Implementation of interim life safety measures
LS.02.01.10 – Building fire protection features
LS.02.01.20 – Integrity of the means of egress
LS.02.01.30 – Building features are maintained
LS.02.01.34 – Maintenance of fire alarm systems
LS.02.01.35 – Maintenance of extinguishing systems
LS.02.01.40 – Special features for fire protection
LS.02.01.50 – Maintenance of building service systems
LS.02.01.70 – Operating features
LS.03.01.10 through LS.03.01.70 – Ambulatory health care

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Impact of the 2009 Life Safety Chapter

- Individual chapter focuses attention on Life Safety
- Notes include a PFI “trigger” of 45 days
- Parallels requirements in the 2000 Life Safety Code
- Standards can be used for the Life Safety Assessment
- Eliminates the “cap” on the Building Maintenance Program
- Permits some requirements in the 2006 edition of NFPA 101 (6” corridor wall protrusion)
- Also includes references to NFPA 10, 13, 18, 25, 72, 82, 96 and 99 and all other provisions of NFPA 101!
- Covers hospital, ambulatory and hotel/ dormitory (LS.04) occupancies
- Now requires compliance with all LSC requirements!

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Contents of the 2009 Emergency Management (EM) Chapter

EM.01.01.01 – Planning activities: HVA, M-P-R-R and ICS
EM.02.01.01 – Creation of the EOP
EM.02.02.01 – Emergency communications
EM.02.02.03 – Resource and asset management
EM.02.02.05 – Security and safety
EM.02.02.07 – Management of staff
EM.02.02.09 – Management of utilities
EM.02.02.11 – Patient management
EM.02.02.13 – Emergency privileges to LIP’s
EM.02.02.15 – Disaster responsibilities to volunteers
EM.03.01.01 – Evaluation of program effectiveness
EM.03.01.03 – EOP evaluation using drills

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Organizational Function Overview

- **Human Resources (HR)**
  - Staff training, competency and performance

- **Leadership (LD)**
  - Compliance, resources, patient safety, oversight of contracts/services

- **Performance Improvement (PI)**
  - Data collection, aggregation, analysis, action

- **Information Management (IM)**
  - Data collection, aggregation, security

- **Infection Control (IC)**
  - Measurement and reduction of infections

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Competition for the Joint Commission

✓ DNV (Det Norske Veritas) Healthcare has received CMS “Deemed Status”
✓ Headquarters; Oslo, Norway
✓ 9,000 employees, 300 offices, in 100 countries
✓ Integrates ISO 9001 standards with CMS Conditions of Participation in annual survey
✓ Averages three surveyors, including Life Safety
✓ Focus on processes to manage patient safety and quality practices
✓ Accredited or Not Accredited outcome
Organizational Function Overview

Questions?
Part 3: Transitions for the *Life Safety Specialist*

Preparing for the *Life Safety Specialist* Documentation Review and Facility Tour

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The **Life Safety Specialist** (LSS)

- It is likely that the LSS will arrive with the team on the first day, less likely on the second day – it is even possible that the LSS will arrive 1 to 2 weeks later!
- If the hospital BBI indicates more than 750,000 square feet of occupied space, the LSS will be scheduled for 2 days; > 1.3 million square feet – 3 or more days
- The LSS will spend 1 to 2 hours on dedicated documentation review and the rest of the time on the facility tour
- The other survey team members will also observe life safety issues, but not as detailed as the LSS – it is not likely that the nurse and physician will request a ladder and flashlight!
- If the LSS observes deficiencies outside of their defined responsibility (example: smoking in unauthorized areas), they will report it to the other team members
Life Safety Specialist (LSS) surveyor documentation responsibilities include:

LS.01.01.01: SOC and Life Safety Code
EC.02.03.05: Fire system tests
LS.01.02.01: Interim life safety measures
EC.02.05.07: Emergency power systems
EC.02.05.09: Medical gas and vacuum systems
The LSS Documentation Review

**LS.01.01.01: SOC and Life Safety Code**

- The SOC completion will be verified through the Joint Commission Connect site (BBI’s and PFI’s)
- Have the SOC notebook available for review
- The PFI documents from the previous survey may be reviewed to verify completion of deficiencies
- The compartmentation drawings will be reviewed to assist in planning the facility tour
- *Life Safety Code* compliance will be verified during the facility tour
The Statement of Conditions

How Should the *Statement of Conditions* (SOC) Document Be Completed?
The Statement of Conditions

What is the SOC?

The *Statement of Conditions* (SOC) is a document that is required to be completed by every healthcare facility that applies for accreditation by the Joint Commission. It references the 2000 edition of the *Life Safety Code* and consists of the following sections:

- Basic Building Information (BBI) Form – electronic on *Connect*
- Life Safety Assessment (LSA) Form – *not* electronic
- Plan for Improvement (PFI) Form – electronic on *Connect*
What Should be Included in the SOC?

- A SOC notebook is strongly recommended to contain “hard copies” of the SOC documents.
- The notebook should include:

  Section 1: The SOC policy
  Section 2: Current copies of the downloaded BBI forms
  Section 3: Accurate, color-coded compartmentation prints
  Section 4: The latest, completed LSA-type document
  Section 5: Current and previous, downloaded PFI forms
  Section 6: Any correspondence with the Joint Commission, including equivalencies, letters and emails

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The Statement of Conditions

Why Should I have an SOC Policy?

- The SOC policy answers questions about the Statement of Conditions forms and procedures for the hospital

What Should the SOC Policy Include?

- Who is responsible for completing and maintaining the SOC
- How often the SOC documents are reviewed
- Who reviews the SOC documents for timeliness
- PFI guidelines (when does a work order become a PFI?)
- Whether a BMP is implemented
- Whether an above-the-ceiling program is in place
- How the SOC documents are organized

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The current Statement of Conditions “hard copy” document is dated 5/2004 and can still be downloaded from JointCommission.org for the LSA form (not for the BBI or PFI)
Notes About the e-BBI Form

- Complete a BBI form for every occupancy that will be surveyed, even for business occupancies that are pre-loaded on the form (make sure that the BBI and survey list match!)

- Add any comments regarding mixed occupancies, equivalencies or special building features to the bottom of the form

- If multiple occupancies are entered, the greatest percentage defaults to the BBI form, so multiple BBI entries are required

- Be sure to download the electronic version of the BBI form before it is saved so that a “back-up” is available, and place a copy in the SOC Notebook

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Compartmentation Requirements

Mixed Occupancies: (LSC: 19.1.2.1)

Sections of health care facilities shall be permitted to be classified as other occupancies, provided that they meet the following conditions:

1) They are not intended to serve health care occupants for purposes of housing, treatment, or customary access by patients incapable of self-preservation

2) They are separated from the health care occupancy by a fire rating of at least 2 hours
Renovations and Alterations (LSC: 19.1.1.4.5)

When **major** renovations (two or more utility changes?) are made in a non-sprinklered facility, the smoke compartment under renovation shall be sprinklered.

When **minor** renovations (new wall or floor coverings, painting, etc.) are made in a non-sprinklered facility, the addition of sprinklers is not required, although the renovations that are made shall not reduce life safety below the level that previously existed.
Statement of Conditions Document

BBI Form – Buildings

Be sure to complete for all healthcare and ambulatory facilities

Optional for business occupancies

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Refer to instructions related to “stories” in the Life Safety Code.

Note instructions related to building construction type (occupancy).

Building age is important due to significant code changes.
1991 date significant due to sprinkler requirement

Emergency power fuel type important due to "wet stacking"
“Previous inspections” data provides great information to the survey team!

Be sure to list local or regional requirements (example: limited generator testing due to high pollution days) in the “Comments” section at the bottom of the form.

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LSA Form:

- Is a voluntary assessment tool, although some assessment is required at least annually
- Is not required for “Business Occupancies”
- The JCAHO surveyor normally expects some type of form, document or evaluation to be completed
- Is not electronic!
- Is still available from the Joint Commission website (search “SOC”)
Notes About the PFI Forms

- The forms should not be used for “operational deficiencies”, such as exit lights burned out, doors out of minor adjustment or small penetrations that can be easily filled – these should be completed using the routine work order system.

- The normal “trigger time” for a PFI is 45 days in 2009.

- Document the “PFI’s” on a continuing basis – be sure that the PFI log is up-to-date and ready to be reviewed by the surveyor.

- Don’t forget to enter the projected start and completion dates and the actual completion date.

- Failure to meet the completion dates without a delay approval results in *Conditional Accreditation* 6 months after the projected completion date has passed!

- If applicable, keep the original, signed PFI copies available.
The first page for the electronic PFI forms is used to list the deficiencies.

Notice that a “No Deficiencies” option is available (and should be completed, if applicable).
The second page for the electronic PFI forms is used to indicate the deficiency resolutions. Don’t forget to complete all of the requested information, including the proposed action, source of funds and the projected start and completion dates. The projected completion dates can be altered until they are “frozen” before or during the actual survey!
The listing document simply provides a summary of all of the deficiencies that have been recorded on the PFI form for tracking purposes.
The *Life Safety Specialist* Documentation Review

Should I Implement and Document a Building Maintenance Program (BMP)?
The Building Maintenance Program (BMP)

- Is voluntary; no longer “caps scores” in 2009
- No longer requires a measure of effectiveness
- Measurement system can use random samples
- Results should be used to determine revisions to initial test frequencies
- Reports should be provided to the hospital safety committee
- Is basically a PM program for the buildings
EC.02.03.05: Fire System Tests

**Points to Remember**

- Clearly define supervisory devices
- Inventory all doors on magnetic releasing devices and document test results
- Document tests results for each individual heat and smoke detector, pull box and audible and visual device
- Document receipt time of fire alarm signal to local fire department or receiving station
- Document static and residual pressure readings for main drain tests and time back to static pressure
- Visually inspect fire department connections
- The 5-year standpipe test is a new requirement for 2009
- Indicate the day and month of portable fire extinguisher checks
- Place inaccessible dampers on the PFI
- Document that duct detectors trip AHU’s

---

**Fire System Component Test Schedule**

<table>
<thead>
<tr>
<th>Standard</th>
<th>Element of Performance</th>
<th>Scoring Category</th>
<th>Test Interval</th>
<th>NFPA Reference</th>
</tr>
</thead>
<tbody>
<tr>
<td>EC.02.03.05</td>
<td>Fire Component Tests</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Supervisory switches</td>
<td>C</td>
<td>Q</td>
<td>NFPA 72</td>
</tr>
<tr>
<td>2</td>
<td>Tamper switches, flow devices</td>
<td>C</td>
<td>S/A</td>
<td>NFPA 72</td>
</tr>
<tr>
<td>3</td>
<td>Duct detectors, door releasing devices</td>
<td>C</td>
<td>A</td>
<td>NFPA 72</td>
</tr>
<tr>
<td>4</td>
<td>Smoke and heat detectors, pull boxes</td>
<td>C</td>
<td>A</td>
<td>NFPA 72</td>
</tr>
<tr>
<td>5</td>
<td>Audible and visual alarms</td>
<td>C</td>
<td>A</td>
<td>NFPA 72</td>
</tr>
<tr>
<td>6</td>
<td>Off-premises transmission equipment</td>
<td>A</td>
<td>Q</td>
<td>NFPA 72</td>
</tr>
<tr>
<td>7</td>
<td>Fire pump churn test</td>
<td>C</td>
<td>W</td>
<td>NFPA 25</td>
</tr>
<tr>
<td>8</td>
<td>Water tank level alarms</td>
<td>C</td>
<td>S/A</td>
<td>NFPA 25</td>
</tr>
<tr>
<td>9</td>
<td>Water tank level alarms (cold weather only)</td>
<td>C</td>
<td>M</td>
<td>NFPA 25</td>
</tr>
<tr>
<td>10</td>
<td>Main drain tests on system risers</td>
<td>C</td>
<td>A</td>
<td>NFPA 25</td>
</tr>
<tr>
<td>11</td>
<td>Fire department connections</td>
<td>A</td>
<td>Q</td>
<td>NFPA 25</td>
</tr>
<tr>
<td>12</td>
<td>Fire pumps (flow test)</td>
<td>A</td>
<td>A</td>
<td>NFPA 25</td>
</tr>
<tr>
<td>13</td>
<td>Standpipe test</td>
<td>C</td>
<td>5 yr</td>
<td>NFPA 25</td>
</tr>
<tr>
<td>14</td>
<td>Kitchen extinguishing systems</td>
<td>A</td>
<td>S/A</td>
<td>NFPA 96</td>
</tr>
<tr>
<td>15</td>
<td>Carbon dioxide/ gaseous extinguishing systems</td>
<td>A</td>
<td>A</td>
<td>NFPA 2001</td>
</tr>
<tr>
<td>16</td>
<td>Portable fire extinguishers (visual check)</td>
<td>C</td>
<td>M</td>
<td>NFPA 10</td>
</tr>
<tr>
<td>17</td>
<td>Portable fire extinguishers (preventive maintenance)</td>
<td>C</td>
<td>A</td>
<td>NFPA 10</td>
</tr>
<tr>
<td>18</td>
<td>Occupant hoses</td>
<td>C</td>
<td>3 yr–hydro 5 yr–new</td>
<td>NFPA 25, 1962</td>
</tr>
<tr>
<td>19</td>
<td>Smoke/ fire dampers</td>
<td>C</td>
<td>6 years</td>
<td>NFPA 80, 105</td>
</tr>
<tr>
<td>20</td>
<td>HVAC smoke detectors w/ shutdown</td>
<td>A</td>
<td>A</td>
<td>NFPA 90A</td>
</tr>
<tr>
<td></td>
<td>Horizontal/ vertical fire doors</td>
<td>C</td>
<td>A</td>
<td>NFPA 80</td>
</tr>
</tbody>
</table>
LS.01.02.01: Interim Life Safety Measures

- Make sure that the interim life safety policy includes:
  - A form to determine whether ILSM is necessary, with exceptions that may exist, such as for work orders or superficial projects
  - An ILSM “applicability matrix” or applicability definitions
  - A checklist to verify that interim measures are in place

- Determine ILSM applicability for construction projects or whenever life safety is compromised, including for PFI’s!

- Remember, failure to implement or document interim life safety measures results in Conditional Accreditation!
## Interim Life Safety Measures (ILSM)

### Applicability Grid Example for Interim Life Safety Measures

<table>
<thead>
<tr>
<th>Deficiency</th>
<th>Ensuring Egress</th>
<th>Notify Fire Dept</th>
<th>Operational LS</th>
<th>Barriers</th>
<th>Fire equipment</th>
<th>Reduce combust.</th>
<th>Prohibit smoking</th>
<th>Fire drills</th>
<th>Fire watch</th>
<th>Staff training</th>
<th>Surveillance</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Compromise egress</td>
<td>X</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Breach compartmental</td>
<td>X</td>
<td></td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Impair fire detection, alarm, suppression</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hot work</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Large quantities of combustibles</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
<td></td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

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EC.02.05.07: Emergency Generators

- Perform and document weekly generator visual checks (NFPA 110)
- Perform and document monthly generator tests between 20 and 40 days and with at least 30% of the rated load for 30 minutes
- Document that all automatic transfer switches are exercised monthly
- Conduct annual load bank tests if the 30% load is not achieved and manifold temperatures are not sufficient
- Test fuel oil quality annually, unless fuel is consumed from the entire tank (NFPA 110)
- Document the static or dynamic 4-hour triennial test for all generators

Note: Refer to NFPA 99 and 110 for more information
EC.02.05.07: Emergency Battery Lights

- Required in all anesthetizing locations (NFPA 70: 517.63)
  
  “administration of nonflammable inhalation anesthetic agents
  in the course of examination or treatment”

  **Note:** Grandfathering usually permitted in existing OR’s

- Required in “Level 1 or Level 2 EPS equipment locations” (NFPA 110: 7.3.1)

- Required in business occupancies for egress lighting where emergency power is not required or available (NFPA 101: 7.9.1.1)

- Monthly push-to-test required for all battery installations

- Differentiate between “task lighting” and “egress” lighting

- Annual battery replacement in lieu of 90-minute discharge test

  **Note:** Effective 1/1/09, 10% of lights must be tested for 90 minutes annually, even if the batteries are changed.
EC.02.05.07: Stored Emergency Power Supply Systems (SEPSS)

- Standard applies to Level 1 systems (NFPA 111: 4.5.1)
  
  **Level 1:** “failure of the equipment to perform could result in loss of human life or serious injuries”

- Testing requires:
  1. Quarterly functional test (5 minutes or class specification)
  2. Annual full-load test for 60% of SEPSS class duration

**Note 1:** NFPA 111 requires a monthly inspection, quarterly functional test and annual full load test for full class duration for Level 1 systems

**Note 2:** The Joint Commission references exit lighting, life support ventilation, fire detection and alarm systems, and public communications systems as Level 1 systems
EC.02.05.09: Medical Gas and Vacuum Systems

- Medical gas and vacuum system preventive maintenance program is required (health facility must define PM) and must include:
  - Master signal panels and area alarms
  - Automatic pressure switches and shutoff valves
  - Flexible connectors and outlets

- Testing per NFPA 99 is required for new installation, modification or repair (cross-connections, purity, pressure)

- Main supply valves and area shut-off valves must be accessible and clearly labeled

**Note:** Possible changes to NFPA 99 could significantly alter PM requirements for medical gas and vacuum systems (vote in June, 2009)
EC.02.05.09: Medical Gas and Vacuum Systems

✓ Certification of installers and verifiers per ASSE 6000 series is required

✓ Medical air quality must meet NFPA 99 requirements below:

<table>
<thead>
<tr>
<th>Parameter</th>
<th>Limit Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pressure dew point</td>
<td>39 degrees F</td>
</tr>
<tr>
<td>Carbon monoxide</td>
<td>10 ppm</td>
</tr>
<tr>
<td>Carbon dioxide</td>
<td>500 ppm</td>
</tr>
<tr>
<td>Gaseous hydrocarbons</td>
<td>25 ppm (as methane)</td>
</tr>
<tr>
<td>Halogenated hydrocarbons</td>
<td>2 ppm</td>
</tr>
</tbody>
</table>
# Medical Gas and Vacuum System PM Recommendations

<table>
<thead>
<tr>
<th>Component Description</th>
<th>Recommended Test Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gas cylinder manifold pressure</td>
<td>Daily</td>
</tr>
<tr>
<td>Gas cylinder manifold changeover signal</td>
<td>Daily</td>
</tr>
<tr>
<td>Liquid cylinder manifold pressure</td>
<td>Daily</td>
</tr>
<tr>
<td>Liquid cylinder manifold changeover signal</td>
<td>Daily</td>
</tr>
<tr>
<td>Liquid cylinder reserve/ in-use signal</td>
<td>Annually</td>
</tr>
<tr>
<td>Bulk liquid system contents gauge</td>
<td>Daily</td>
</tr>
<tr>
<td>Bulk system pressure gauges</td>
<td>“Regularly” (weekly)</td>
</tr>
<tr>
<td>Bulk system master signal</td>
<td>“Periodically” (monthly)</td>
</tr>
<tr>
<td>Main line vacuum system gauge</td>
<td>Daily</td>
</tr>
<tr>
<td>Medical air intake location</td>
<td>Quarterly</td>
</tr>
<tr>
<td>Medical air pressure gauge</td>
<td>Annually</td>
</tr>
<tr>
<td>Medical air high level water sensor</td>
<td>Annually</td>
</tr>
<tr>
<td>Medical air receiver drain</td>
<td>Daily</td>
</tr>
<tr>
<td>Medical compressed air alarms</td>
<td>Annually</td>
</tr>
<tr>
<td>Medical air compressors/ vacuum pumps</td>
<td>Per manufacturer specifications</td>
</tr>
<tr>
<td>Dew point sensor/ CO monitor</td>
<td>Annually</td>
</tr>
<tr>
<td>Warning system components</td>
<td>Annually</td>
</tr>
<tr>
<td>Audible/ visual alarms</td>
<td>Monthly</td>
</tr>
<tr>
<td>Shut-off valve leak test</td>
<td>“Periodically” (annually)</td>
</tr>
<tr>
<td>Outlet leakage and flow</td>
<td>“Periodically” (annually)</td>
</tr>
<tr>
<td>Medical air purity</td>
<td>As determined by facility</td>
</tr>
</tbody>
</table>

**Note:** The recommendations provided in the chart to the right are from NFPA 99, the 2005 edition, Appendix C, section 5.2. Tests that are required due to new system installations, renovations or repair are listed in chapter 5 of NFPA 99.
Checklist for the Hospital Building Tour

- **Smoke and fire doors**
  - **Check:** Closure, label rating, gaps, undercuts, warpage

- **Smoke and fire compartments**
  - **Check:** Penetrations, proper sealant

- **Exit stairwells**
  - **Check:** Door rating, closure, signage, exit discharge

- **Linen/ trash chutes and receiving rooms**
  - **Check:** Door rating, closure, fusible link, chute blockage

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The LSS Facility Tour Checklist

Checklist for the Hospital Building Tour (cont’d)

✓ Hazardous areas
  
  **Check:** Storage of flammables, room rating

✓ Fire pump
  
  **Check:** Controls turned “on”, valves open, tampers OK

✓ Fire annunciator panel
  
  **Check:** System in bypass or trouble light on

✓ Soiled linen rooms
  
  **Check:** Proper storage, separated from “clean”

Healthcare Engineering Consultants
The LSS Facility Tour Checklist

Checklist for the Hospital Building Tour (cont’d)

✓ Medical waste storage
   
   **Check:** Locked area, secure, sharps not accessible

✓ Loading dock
   
   **Check:** Evidence of smoking, improper storage

✓ Kitchen area
   
   **Check:** Cleanliness, storage, CO2 tanks, refrigerator temps

✓ PFI verification
   
   **Check:** Previous PFI’s have been resolved as listed

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The LSS Facility Tour Checklist

Checklist for the Hospital Building Tour (cont’d)

✓ ILSM verification
  
  **Check:** Construction areas for ILSM implementation

✓ Mechanical equipment rooms
  
  **Check:** Storage, unlabeled containers, cigarettes, labeling

✓ Emergency generators
  
  **Check:** In “auto” mode, batteries/ charger, fuel leaks

✓ Medical gas systems
  
  **Check:** Manifolds, compressed gases, medical air, vacuum

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5. Inspect chutes, storage areas, utility chases, hazardous areas
“Operational” Deficiencies that are Likely to be Found During the Facility Tour
Operational Deficiencies

What’s wrong with this seal?

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Operational Deficiencies

Minimum Corridor Aisle and Ramp Width

<table>
<thead>
<tr>
<th>Exit Access in:</th>
<th>Minimum Clear Width</th>
</tr>
</thead>
<tbody>
<tr>
<td>New hospitals and nursing homes</td>
<td>8 feet</td>
</tr>
<tr>
<td>New limited care facilities and psychiatric hospitals</td>
<td>6 feet</td>
</tr>
<tr>
<td>Patient Areas in Existing Facilities</td>
<td>48 inches</td>
</tr>
<tr>
<td>Non-Patient Areas (new and existing)</td>
<td>44 inches</td>
</tr>
</tbody>
</table>

**Note:** 3.5 inch projections at and below handrail height is permitted on each side

**Additional Note:** Joint Commission now accepts up to 6 inch projections above 40 inches from the floor

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Operational Deficiencies

Does this look familiar?

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Operational Deficiencies

Corridor Interpretations

**Life Safety Code:** Means of egress shall be continuously maintained free of all obstructions or impediments to full instant use in the case of fire or other emergency (7.1.10.1)

**CMS and Joint Commission:** An 8-foot clear corridor width must be maintained . . . CMS permits items to be in the corridor for temporary use of one half-hour or less . . . Both agencies agreed that computers on wheels (COW’s) may not be plugged in to recharge while in a corridor (Mills, Zimmerman)

**Joint Commission:** Carts on wheels permitted in the corridor when in use; COW’s permitted when charting being performed; otherwise store in clean utility rooms or patient rooms (EC News, 2/07)
Operational Deficiencies

Additional Joint Commission Interpretations

1. Egress corridors greater than 8 feet in width may be partitioned to provide alcove storage for computers, equipment

2. Small (less than 50 square feet) dead-end corridors beyond the exit stairwell doorway may be used to store equipment

3. Where only offices exist in an egress corridor beyond an exit stairwell door, only 44 inches of clearance is required to be maintained in the corridor!

Important Note: Although these interpretations were provided by George Mills (Joint Commission Senior Engineer) at the 2008 ASHE Annual Conference, local AHJ’s may not permit these exceptions! Be careful!!
Operational Deficiencies

Joint Commission Corridor Interpretations

- 8' Width Egress Corridor
- Staff Office
- Permitted Storage Space (if <50 sq ft)
- Exit
- Stair

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Operational Deficiencies

Joint Commission Corridor Interpretations

- Staff Office
- 44”
- Permitted Storage Space (if <50 sq ft)
- 8’ Width Egress Corridor
- Exit
- Stair

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Operating Features

- A clear space >18 inches below sprinkler heads to the top of storage must be maintained

  Exception: Perimeter wall shelving, unless below the sprinkler

- Portable space heating devices must be prohibited in patient treatment and sleeping rooms, although an exception is provide in non-patient, non-sleeping areas (19.7.8)

- Combustible decorations are prohibited, unless flame retardant (19.7.5.4)
Operational Deficiencies

Operating Features

✓ Holiday decoration policy and implementation
✓ Candles used in the chapel
✓ Furnishings, decorations or other objects may not obstruct access, egress or block the visibility of exits (7.1.10.2.1)
✓ Exit doors must be free of mirrors, draperies or hangings that may conceal, obscure or confuse the direction of exit (7.5.2.2)
Part 3: Transitions for the *Life Safety Specialist*

**Questions?**
Part 4: Transitions in the *EC Interview*

The EC Interview
Session

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## Assigning Responsibilities

### “EC” Interview Responsibility Grid

<table>
<thead>
<tr>
<th>“EC” Area</th>
<th>Primary Spokesperson</th>
<th>Secondary Spokesperson</th>
<th>Back-up Spokesperson</th>
<th>Comments</th>
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<tbody>
<tr>
<td>Safety Management</td>
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<td>Medical Equipment</td>
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<td>Utilities Management</td>
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<td>Appropriate Environment</td>
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Healthcare Engineering Consultants
# Understanding the “Risk Cycle” Grid

## Joint Commission “EC” Risk Management Cycle

<table>
<thead>
<tr>
<th></th>
<th>Plan</th>
<th>Teach</th>
<th>Implement</th>
<th>Monitor</th>
<th>Respond</th>
<th>Improve</th>
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Notes:

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Preparing for the EC Interview

Facts About the EC Interview Session

✓ Is usually scheduled during the morning of the last survey day for 2 to 3 hours
✓ Is conducted by the nurse or physician surveyor, not the Life Safety Specialist
✓ Is “discussion-oriented” – not much document review
✓ Hospital representatives from each of the seven “EC” areas should be present, and selected others such as infection control, patient safety and administration
✓ The session normally includes an emergency management tabletop simulation
✓ Hospital staff should review the safety committee minutes and the annual evaluations prior to the interview, since some questions will be from these documents

Healthcare Engineering Consultants
Preparing for the *EC Interview*

Prepare Answers to the Following Questions:

What is the biggest problem that you have for ________________ ? (fill in EC area)

What is your greatest success regarding ________________ ? (fill in EC area)

Healthcare Engineering Consultants
Preparing for the *EC Interview*

Have the Following Documents Available:

- Risk assessments for safety, security, behavioral health, PCRA and ICRA
- Manifest forms for hazardous waste and results of waste gas personnel surveys
- Emergency operations plan (EOP), HVA, ICS org chart, job action sheets, 96-hour utility and consumable timeline, evaluations from emergency drills
- Fire drill reports and interim life safety documents
- PM data for medical equipment
- Waterborne and airborne policies and PM data for utility systems
- “EC” reports to executive management/ governing body

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Preparing for the *EC Interview*

Likely Tabletop Simulation Procedure

Step 1: HVA review
Step 2: Selection of simulation based on HVA results
Step 3: Initial response activation
Step 4: Call list activation
Step 5: Incident command center activation
Step 6: ICS implementation
Step 7: Job action sheet review
Step 8: Responsibilities for the six critical core areas
Step 9: Patient movement/ evacuation
Step 10: Recovery procedures

*Note: Refer to the tabletop simulation summary document*

Healthcare Engineering Consultants
Preparing for the *EC Interview*

Other Items to Remember about the EC Interview

- If the surveyor wants to be consultative, let them teach while you listen!
- Don’t hesitate to explain “areas of excellence” about your program, if the timing is appropriate
- Always let the “primary spokesperson” answer the question first – never argue or disagree with each other in front of the surveyor!
- Don’t volunteer information that isn’t requested, unless it’s guaranteed to provide positive information about your program
- Remember, *you’re* the expert – you know more about your program then the surveyor ever will – but you must effectively communicate
- Be confident, but not arrogant
- If the surveyor decides to end the session early, say “thank you” – don’t try to over-explain or extend the session!
Preparing for the EC Interview

Questions?

Healthcare Engineering Consultants
Part 5: Transitions in the “EC Tracers”

How Should I Prepare for the “EC Tracer” Part of the Survey?
Joint Commission Tracer Methodology

- Focuses on real issues, actual patients
- Uses PFP to identify patients of interest
- Will follow patients through treatment
- Will review patient records, interview staff and evaluate policies and procedures
- 2-3 hours per tracer, 11-12 total patient record reviews
- Performed by nurse and physician surveyors, not the Life Safety Specialist

Healthcare Engineering Consultants
Likely “EC Tracer” Topics

1. Medical waste stream
2. Chemical spills/ PPE
3. Infant and child security
4. Safety in behavioral health
5. Medical equipment issues
6. Utility alarm and failure response
7. Emergency decontamination
8. Fire safety training (OR focus)
9. Interim life safety and PCRA
10. Other possible topics?
Medical Waste Stream Tracer

Likely Questions:

1. How do you determine what is medical waste?
2. How do you dispose of the medical waste?
3. Where do you temporarily store the “red bags”?
4. Do you cover the medical waste containers?
5. Who transports the “red bags”?
6. Do you know how the red bag waste is processed?
7. How and when do you dispose of the needle boxes?
Chemical Spill/ PPE tracer

Likely Questions:

1. What toxic chemicals do you use in this area?
2. Have you been trained to use this chemical?
3. How do you clean up and dispose of mercury (or other chemical) if it spills?
4. How would you clean up a chemotherapy spill and what PPE would you use during IV set-up?
5. Can you locate and explain the MSD sheets for mercury (or other chemical) or for your alcohol-based hand rub (ABHR)?
6. Are you ever exposed to hazardous vapors?
7. Have you been monitored for exposure to the vapors?
Likely Questions:

1. Do you have infant abduction policies and procedures for this area? Explain.

2. What special precautions have you implemented?

3. Do you conduct infant abduction drills in this area?

4. What have you learned from the drills?

5. What is your procedure if you determine that an infant may have been abducted?

6. Has any special equipment been installed to prevent infant abductions?

7. Does activation of the fire alarm system release the locked doors?
Likely Questions:

1. Has a risk assessment been performed and documented related to the safety of patients and staff in this area?

2. What changes or special precautions have you implemented as a result of the risk assessment?

3. Have you had any patient sentinel events or “close calls” in this area?

4. What is your method to contact help in an emergency?

5. Are “means of force” permitted in this unit?

6. Has the staff had “assaultive behavior” training for disruptive patients?
Medical Equipment Tracer

Likely Questions:

1. Who tests the medical equipment that you use?
2. How do you know if the equipment has been tested and when?
3. When is it due to be tested again?
4. How often should you check the equipment?
5. Who do you contact for emergency repair services? What about after normal business hours?
6. Have you had training related to the use of this equipment?
7. What are the procedures for patient-owned or loaner or rental equipment?
8. Can the infusion pumps you use “free flow”? Explain.
9. Can you hear all of the critical clinical alarms in this area?

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Utility-Related Tracer

Likely Questions:

1. Which electrical receptacles are connected to the emergency generator?
2. What is your procedure if the emergency power fails?
3. What is the purpose of the GFCI, isolated power, redundant grounds and special bed receptacles?
4. Where is the medical gas zone valve for this area and who is responsible for turning it off in an emergency?
5. Where is the medical gas alarm panel located and what does the alarm sound like?
6. How can you tell if the negative pressure room is operating properly and what is an acceptable pressure in “inches of water”?
7. Can you show me the written clinical intervention procedures in the event of utility failures?
Emergency Decontamination

Likely Questions:
1. What actions do you take if a contaminated patient self-presents to the emergency room?
2. How do you prevent further contamination of the area?
3. What protective equipment would you wear while treating the patient?
4. Explain the treatment path of the patient throughout the ED.
5. Do you have dedicated decontamination facilities? Can you show them to me?
6. How would you treat a large number of contaminated patients?
Likely Questions:

1. Do you use heat-producing devices (laser, cautery, electrosurgical unit, etc.) in this unit?

2. Have you had training regarding the use of these devices in oxygen-enriched atmospheres and with anesthetized patients?

3. Have you had training concerning fire prevention and suppression? When?

4. Do you have a laser safety officer? Who is it?

5. What is your procedure if a fire occurs in the OR?
Interim Life Safety and PCRA

Likely Questions:

1. Do you have any ongoing construction projects in the building?
2. Did you perform and document a PCRA prior to construction?
3. Can you show me the results of the assessment?
4. Are interim life safety measures in place now? Which ones?
5. Are staff in the affected area aware of the interim measures that have been implemented?
6. What special procedures affect you as a result of the construction, especially if evacuation is required?
Other Possible Tracer Topics

- Staff responsibility for smoking compliance
- Staff role in surveillance rounds
- Last “EC” training received
- Training related to security-sensitive areas
- Safety practices for hazardous energy
- Proper hazardous medication disposal
- Disaster drill or actual event participation
- Fire drill procedures and participation
- Procedures to maintain clear egress hallways
- Smoke and fire compartmentation for evacuation
- Other topics?
Likely “EC Tracer” Topics

Questions?