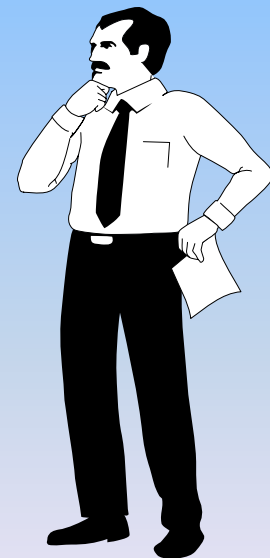


Transitions: Understanding the 2009 “EC”, “EM” and “LS” Joint Commission Changes

Joint Commission



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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*

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 Evaluations

Annual Effectiveness Evaluation Matrix

“EC” Area: _____

Calendar year: _____

	Management Plan	Regulatory Compliance	Performance Improvement	Other Accomplishments
Scope				
Objectives				
Performance				
Effectiveness				
Objectives for Next Year				

The Statement of Conditions

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*

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

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

Explanation of New Scoring Levels

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

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

Joint Commission Scoring Decisions

Hospital Accreditation

Surveyor Days	“Band Level”
1 – 4	1
5 – 6	2
7 – 9	3
10 – 13	4
> 13	5

Joint Commission Scoring Decisions

Hospital Accreditation

“Band Level”	Non-Compliant “Direct Impact”
1	7
2	8
3	9
4	11
5	13

Joint Commission Scoring Decisions

“EC” Scoring Categories

Performance Category	Number
Immediate Threat	0
Situation Decision	0
Direct Impact	40
Indirect Impact	104

Joint Commission Scoring Decisions

“EM” Scoring Categories

Performance Category	Number
Immediate Threat	0
Situation Decision	0
Direct Impact	3
Indirect Impact	110

Joint Commission Scoring Decisions

“LS” Scoring Categories

Performance Category	Number
Immediate Threat	0
Situation Decision	2
Direct Impact	21
Indirect Impact	96

Joint Commission Scoring Decisions

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

Performance Category	Number
Immediate Threat	0
Situation Decision	2
Direct Impact	64
Indirect Impact	310

Joint Commission Standards Scoring

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

Management Plan Scoring Sheet

Example: EC.01.01.01,
EP 1; Safety officer
appointment

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

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

Good News (sort of!) – This is only an
“indirect” impact requirement!

Joint Commission Standards Scoring

Fire Risks Scoring Sheet

“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

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

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

“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!



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

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

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*

The 2009 *EC* Chapter

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

EP: Z

P-D-C-A Prefix

EC.01 = Plan

EC.02 = Do

EC.03 = Check

EC.04 = Act

Section:

Safety,
Hazmat,
etc.

Plan and
Design
Section

Element of
Performance

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

Major Revisions to Medical Equipment

- ❑ 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

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

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!

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

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!

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



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

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

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

The LSS Documentation Review

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*

The Statement of Conditions

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

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

Statement of Conditions Document

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)



Statement of Conditions Document

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*

Statement of Conditions Document

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

Statement of Conditions Document

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

The screenshot displays the 'Connect' software interface for 'Basic Building Information for Care Center'. It shows a table of 'Sites and Buildings for this HCO'. The table has two main sections: one for 'Site' information and another for 'Building' details.

Site	SiteID	Address	City/State	Exp. # bldgs	Exp. Occup. Type	Manage e-SOC
Care Center		Bldg	OH	1	N/A	

Building	BuildingID	Primary Occup. Type	% Sqft. Renovated	Sqft. Range	Beds	Sprinkled	open PFI	Delete?
Roseary Care Center	27707	HAP LTC	100 <20%	100 250K	76	Y	0	

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Statement of Conditions Document

BBI Form - Healthcare

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

Building Information [Hospital] Page 1 of 4

The Joint Commission
Connect™ Basic Building Information for Hospital : 71

System

Patients

Total Licensed Beds

Total Monitored Critical Care beds (OR, ER, ICU, PACU, Telemetry)

Total OR Rooms

Building Size and Type

Total Stories or levels occupied by the organization that are classified for healthcare delivery

1 2 3 4 5 >5

Exits – Please indicate the number of stairs that serve upper floors that do not exit directly to the public way at grade (for example, interior stair discharge to interior exit passageway)

0 (or N/A) 1 2 3 4 >5

Building Construction Type – Is there more than one building construction type present in this building, or is the building construction one homogenous type throughout

One Building construction type throughout

More than one building construction type used in adjacent buildings or other years of construction

Building Age/Renovation

Original Construction – Construction date of oldest portion currently being used for healthcare

<1945 1945-1967

Statement of Conditions Document

BBI Form – page 2

1991 date significant due to sprinkler requirement

Emergency power fuel type important due to “wet stacking”

Building Information (Hospital) Page 2 of 4

1968-1990
 1991-2003
 >2003

Recent Renovation – Percentage either “new” or “major renovation” since 1991

<20%
 20-50%
 50-90%
 >90%

Suppression

Percentage of facility used for healthcare that is sprinkled (i.e. protected by an Approved Automatic Suppression System (AASS))

<20%
 20-50%
 50-90%
 >90%

Life Safety Features

Addressable Fire Alarm Devices No Partial All

Smoke Detection – Connection Throughout Sleeping Rooms Corridors Limited areas/function None

Emergency Power

Emergency Electrical Power Supply System Diesel Natural Gas Other None

Special Features

Dietary Facilities – Institutional

Statement of Conditions Document

BBI Form – page 3

“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

Building Information [Hospital] Page 3 of 4

cooking including grease producing devices or deep fat fryers Yes No

Locked (secured) units NNICU Peds Psych Forensic Alzheimer's Units

Laundry or Trash Chutes None Operational Laundry Operational Tr Present but no Operational

Previous Inspections

Indicate the number of CMS Validation Surveys, The Joint Commission monitoring visits, and/or LSC Focus surveys in the last 3 years. 0 1 2 3 4 5 or more

Indicate the number of Local or State Fire Marshall visits in the last 3 years. 0 1 2 3 4 5 or more

Indicate the number of Comprehensive Life Safety Code Inspections conducted by insurance, fire protection consultants, or any other non-government LSC inspectors in the last 3 years. 0 1 2 3 4 5 or more

Additional comments and notes:

Additional comments and notes, including location of life safety drawings, granted or requested equivalencies, eSOC preparer's name and qualifications, description of mix occupancy (if applicable), any other relevant historical information.

Statement of Conditions Document

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”)

Statement of Conditions
5/2004

PART 3: Life Safety Assessment (LSA)

1. Organization Name: _____

2. City, State: _____ 3. JCAHO I.D. Number: _____

INSTRUCTIONS

This assessment tool is provided as one means of evaluating and documenting your facilities for LSC compliance. If you decide to utilize this tool, please remember that this assessment represents only an abbreviated checklist of the LSC and should not be construed as a comprehensive listing of all LSC requirements. Each LSA question includes a reference, which correlates the applicable LSC (or other NFPA code) requirement paragraph to the question.

You have two options for completing the LSA. Option one is to photocopy and complete a separate LSA for each and every occurrence of an occupancy classification. Option two is to evaluate all occurrences of an occupancy classification on one LSA using the section applicable to that occupancy classification (see Figure 1).

Building A
with Existing Health Care & Business Occupancies

Building B
with New Health Care, Ambulatory Health Care, and Business Occupancies

Building C
with Existing Health Care & Ambulatory Health Care Occupancies

Figure 1. The assessment of the existing health care occupancies in buildings A & C could be combined onto a single copy of the LSA section 3A. Likewise, the Ambulatory Health Care Occupancies in buildings B & C could be assessed on one LSA section 3D. Alternatively, each occurrence of an occupancy within your facilities could be evaluated separately in the applicable section of the LSA.

To complete the assessment of a given building you should answer all questions in the applicable LSA section. Some questions may not be applicable to a given building. These questions should be answered “N/A.” Other questions have LSC allowed exceptions and are marked by a “→.” A question answered “NO” may not truly indicate a LSC deficiency if an allowed exception to the question is met. The reference included with each LSA question can be used to determine the requirements of the exception. You should note in the “Location/Comments” column that an exception for this requirement has been met.

Table of Contents		Page
Health Care Occupancies		3-2
3A. Existing		3-3
3B. New		3-16
Outpatient Occupancies		3-29
3C. Business		3-30
3D. Ambulatory Health Care		3-35
Residential Occupancies		3-45
3E. Lodging or Rooming Houses		3-46
3F. Hotels and Dormitories		3-49

Abbreviations used in this document:	
AASS	- Approved Automatic Sprinkler System
FRR	- Fire Resistance Rated
FRRA	- Fire Resistance Rated Assembly
FRRS	- Fire Resistance Rated Separation
hr	- hour(s)
min	- minute(s)
ft	- foot (feet)
in	- inch(es)
sq	- square
>	- greater than
≥	- greater than or equal to
<	- less than
≤	- less than or equal to
→	- Consult the NFPA codes for possible exceptions or additional information

PART 3 - Life Safety Assessment

Statement of Conditions Document

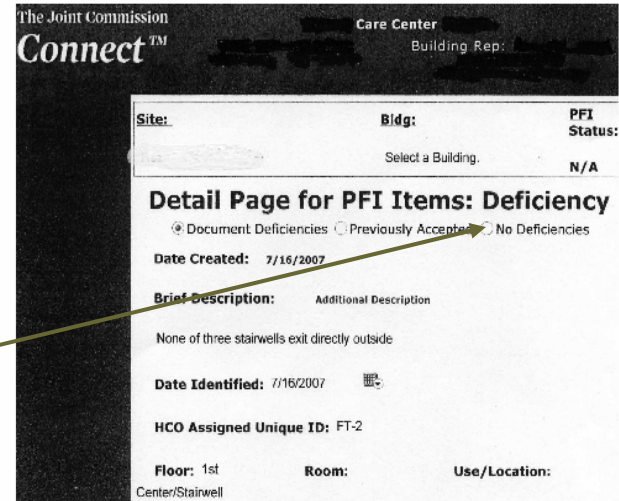
Notes About the PFI Forms

- ❖ 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

Statement of Conditions Document

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 screenshot shows a web interface for 'The Joint Commission Connect' with a dark header. The main content area is white and contains the following fields and options:

- Site:** [Redacted]
- Bldg:** Select a Building.
- PFI Status:** N/A
- Detail Page for PFI Items: Deficiency**
- Radio buttons: Document Deficiencies, Previously Accepted, No Deficiencies
- Date Created:** 7/16/2007
- Brief Description:** None of three stairwells exit directly outside
- Additional Description:** [Empty text area]
- Date Identified:** 7/16/2007
- HCO Assigned Unique ID:** FT-2
- Floor:** 1st
- Room:** Center/Stairwell
- Use/Location:** [Empty text area]

A red arrow points from the text 'Notice that a “No Deficiencies” option is available' to the 'No Deficiencies' radio button.

Statement of Conditions Document

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!

PFI Detail Page 1 of 1

The Joint Commission Care Center
Connect Building Rep:

Site:	Bldg:	PFI Status:
Care Center	Care Center_HAP	N/A

Detail Page for PFI Items: Resolution

Proposed Action: Additional Description
Seeking an equivalency through completion of Fire Safety Equivalency System eval

Source of Funds: Operating Budget **Projected Cost:** 3,000 *

Funds Committed? Yes No Other Funds Notes

Projected Start Date: 7/10/2007

Projected Completion Date: 3/17/08 Projected Completion Comments

Actual Completion Date:

Completion Reason Code:

Completed as Planned Changed use Other Equivalency

Additional Completion Comments: Yes No

* A Currency Value must be entered for Projected Cost to save this PFI. (i.e. 1,000.50/no \$ allowed)

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Statement of Conditions Document

The listing document simply provides a summary of all of the deficiencies that have been recorded on the PFI form for tracking purposes

PFI Listing Page 1 of 1

The Joint Commission
ConnectTM

Care Center
Building Rep:

Listing of PFI Items for this HCO:

Site	Building	PFI ID	Floor	Use / Location	Description	Cost(k)	Proj. Comp. Date	Actual Comp. Date	Accept. Date	Status
view: Care Center	Care Center_HAP	FF-2	1st	Corridor/Stairwell	None of three stairwells exit directly outside	3	03/17/08			New

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

The LSS Documentation Review

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

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

The LSS Documentation Review

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

Interim Measure / Deficiency	Ensuring Egress	Notify Fire Dept	Operational LS	Barriers	Fire equipment	Reduce combust.	Prohibit smoking	Fire drills	Fire watch	Staff training	Surveillance	Other
Compromise egress	X		X				X	X		X	X	
Breach compartmentation	X		X		X	X	X	X	X	X	X	
Impair fire detection, alarm, suppression		X	X		X		X	X	X	X	X	
Hot work					X		X					
Large quantities of combustibles			X	X	X	X	X	X	X		X	

The LSS Documentation Review

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

The LSS Documentation Review

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.

The LSS Documentation Review

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

The LSS Documentation Review

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)

The LSS Documentation Review

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:

Parameter	Limit Value
Pressure dew point	39 degrees F
Carbon monoxide	10 ppm
Carbon dioxide	500 ppm
Gaseous hydrocarbons	25 ppm (as methane)
Halogenated hydrocarbons	2 ppm

The LSS Documentation Review

Medical Gas and Vacuum System PM Recommendations

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

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

The LSS Facility Tour Checklist

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”

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

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

Healthcare Engineering Consultants

The LSS Facility Tour Checklist

Typical Tour Sequence

1. Start on the roof, penthouse, mechanical equipment rooms
2. Take the “most traveled stairwell” from the top to the bottom
3. Take the elevator back up to the top patient floor
4. Check smoke/ fire doors and compartmentation features
5. Inspect chutes, storage areas, utility chases, hazardous areas
6. Continue down to the lower and basement levels to specific areas, such as the kitchen, loading dock, fire pump, emergency generators, fire annunciator panel, compressed gas and infectious waste storage
7. Complete checklist, or until problems are found!

The LSS Facility Tour Checklist

**“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

Exit Access in:	Minimum Clear Width
New hospitals and nursing homes	8 feet
New limited care facilities and psychiatric hospitals	6 feet
Patient Areas in Existing Facilities	48 inches
Non-Patient Areas (new and existing)	44 inches

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

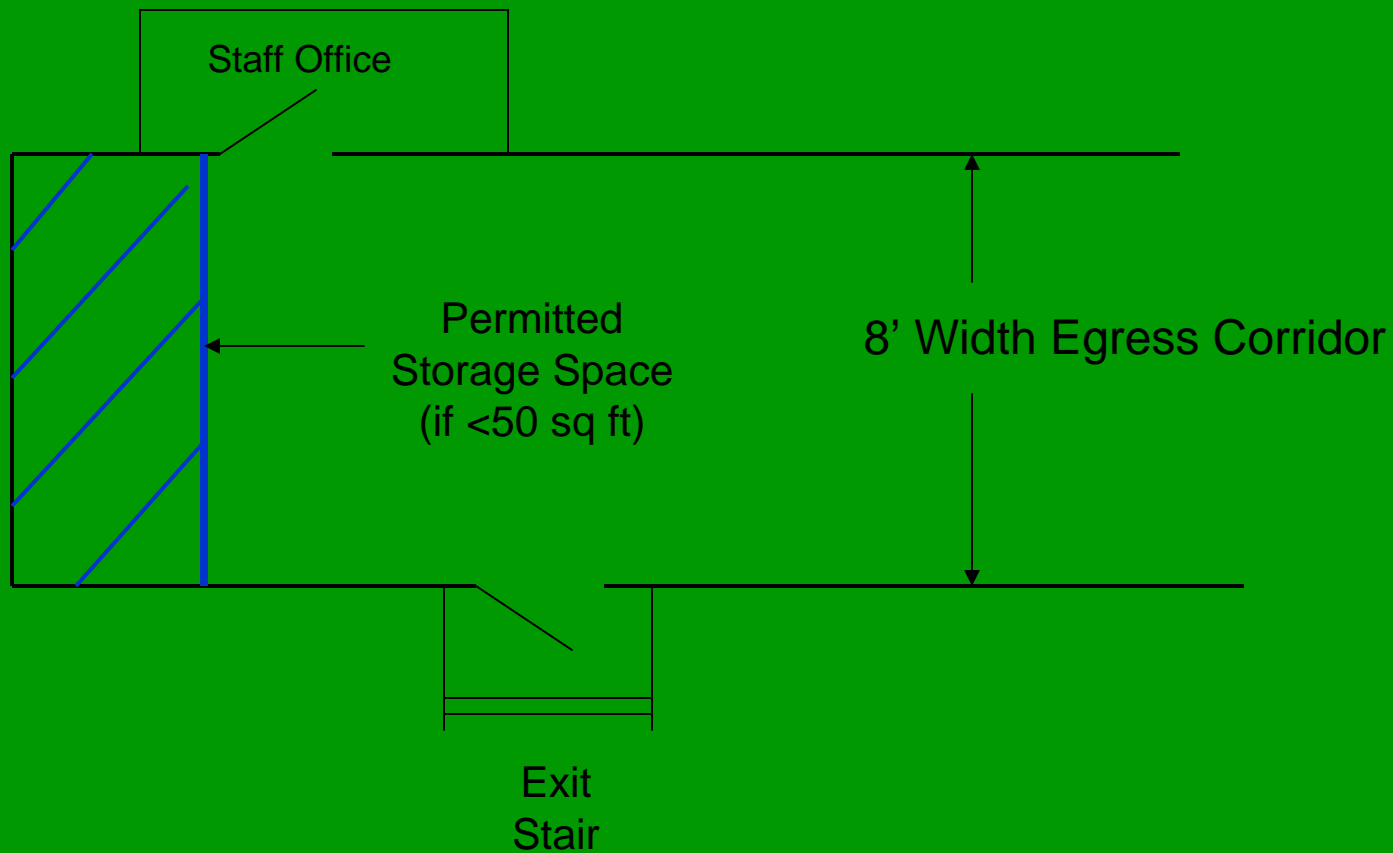
Additional Joint Commission Interpretations

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!!**

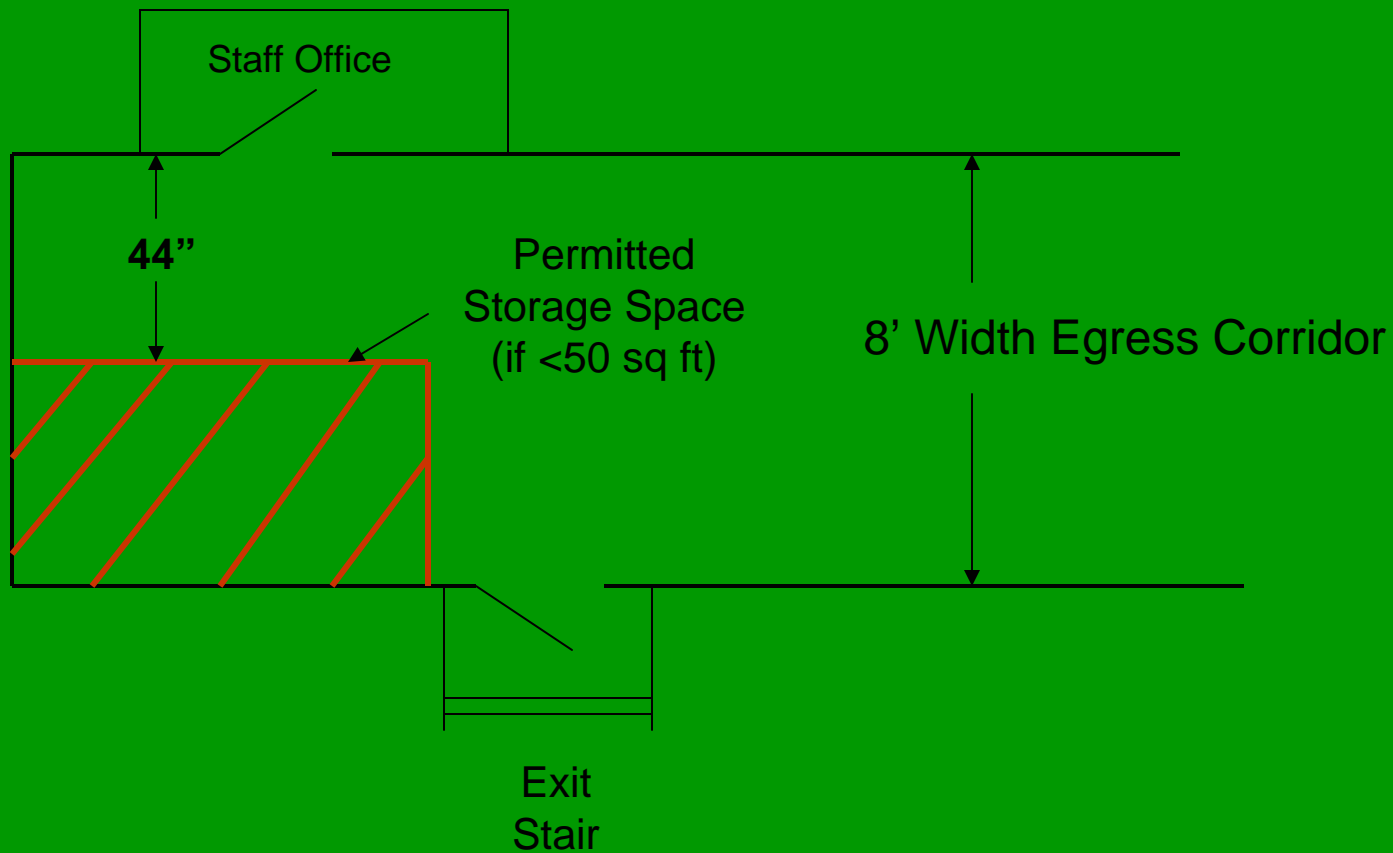
Operational Deficiencies

Joint Commission Corridor Interpretations



Operational Deficiencies

Joint Commission Corridor Interpretations



Operational Deficiencies

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

Assigning Responsibilities

“EC” Interview Responsibility Grid

“EC” Area	Primary Spokesperson	Secondary Spokesperson	Back-up Spokesperson	Comments
Safety Management				
Security Management				
Hazardous Materials				
Emergency Management				
Fire Prevention				
Medical Equipment				
Utilities Management				
Appropriate Environment				

Understanding the “Risk Cycle” Grid

Joint Commission “EC” Risk Management Cycle

	Plan	Teach	Implement	Monitor	Respond	Improve
Safety Management						
Security Management						
Hazardous Materials						
Emergency Management						
Fire Prevention						
Medical Equipment						
Utilities Management						

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



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)**

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

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**

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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 than 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?

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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*



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?



Infant and Child Security Tracer

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?



Behavioral Health Tracer

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?



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?



Fire Safety Training in the OR

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?