

Joint Commission Update

2019



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The background features a dark blue gradient with several glowing blue lines and dots. Some lines are thicker and more prominent, while others are thin and faint. The dots are small and bright, scattered across the scene. The overall effect is a futuristic, data-driven aesthetic.

statistics

HOSPITAL TOP 10: FIRST HALF 2019

N=688

RANK	STANDARD	DESCRIPTION	%
1	LS.02.01.35	Extinguishing Systems	91
2	EC.02.05.01	Utilities Systems	80
3	EC.02.06.01	Safe, Comfortable Environment	78
4	LS.02.01.10	Design & Maintenance of Fire Protection Systems	73
5	EC.02.05.05	Utilities Inspection, Testing & Maintenance	71
6	LS.02.01.30	Fire & Smoke Protection	70
7	LS.02.01.20	Means of Egress	68
8	EC.02.05.9	Gas & Vacuum Systems	65
9	IC.02.02.01	Infections Associated with Medical Equipment & Supplies	65
10	IC.02.01.01	Infection Prevention Implementation	64

WHAT'S NEW?



ANNOUNCED FOR 1/1/20

- LS.01.01.01 EP 7: “The organization maintains current basic building information (BBI) within the Statement of Conditions (SOC).”
 - Hospital and Ambulatory Care
- BBI square footage is no longer based on a range of sizes
 - A close approximate square footage number will need to be entered

EC.02.03.01 EP 12

- Removal of solution-soaked (flammable germicides and antiseptics) materials from the OR prior to draping and use of surgical devices
- In conflict with AORN: nothing removed from OR prior to final counts
- Current status: Solution-soaked materials must be removed from the patient vicinity (six foot radius)

LIFE SAFETY CODE SURVEYS

- LSC surveys extend to all areas where patient care is provided or systems support patient care, regardless of barrier separation.
 - The occupancy follows the inpatient
 - Inpatients moved to a service in a business occupancy part of the building
 - Mechanical systems located in a business occupancy portion of a healthcare or ambulatory healthcare building



FIRE DOOR RATINGS

- Doors with fire ratings that are used in openings where fire doors are not required must have labels obscured to avoid having them surveyed as fire doors.

DOCUMENT REVIEW



LIFE SAFETY SURVEYOR DOCUMENTS

- Surveyors use document review tool found in July 2018 EC News (downloadable)
- Surveyors can ask for any document not on Survey Activity Guide listing
 - Focus on EPs with (D)
 - Substantiation of any activity
 - There are no document clarifications possible post-survey
 - All documents must be available when requested or scored as noncompliant



LIFE SAFETY SURVEYOR DOCUMENT REVIEW

- Surveyor goal: 90 minutes. Maximum 2 hours.
 - Organization is critical
- All documents must be readily available
 - Unavailable within reasonable time (to surveyor) will be scored
- No post-survey clarifications



HOSPITAL PRIORITIES FOR DOCUMENT REVIEW: FIRST 90 MINUTES

- EC.02.03.05
 - Features of fire protection
- EC.02.05.07
 - Emergency power
- EC.02.05.09
 - Medical Gas

HOSPITAL PRIORITIES FOR DOCUMENT REVIEW: LAST 30 MINUTES

- LS.01.01.01
 - LS building assessment, drawings
- LS.01.02.01
 - ILSM
- EC.02.03.01
 - Fire response plan
- EC.02.03.03
 - Fire drills
- 02.04.01
 - Medical equipment inventory
- 02.05.01
 - Utilities inventory
 - High risk, AEM
 - Waterborne pathogens
- EC.02.04.03
 - Medical equipment maintenance

SURVEY PITFALLS



FIRE RESPONSE PLAN

- Identify role of LIPs
- Copy must be located at operator/communications or security

FIRE DRILLS: EC.02.03.03

- Night shift drills
 - Can silence audible alarms ONLY
- Unexpected times and varying conditions
 - At least 1 hour apart
 - Not the same day of the week
 - Not anything predictable
- Critiques must show evidence of corrective action

FIRE DRILL MATRIX

- Joint Commission matrix is accessible at: https://www.jointcommission.org/topics/the_physical_environment.aspx
- OR use your matrix with similar drill summary information
 - Don't make surveyor fumble through all critiques to validate compliance
- Fire drill schedules:
 - One per shift per quarter +/- 10 days from previous drill
 - Drills scheduled at least 1 hour apart




HAZARDOUS ENERGY

SOURCES: EC.02.02.01 EP 7

- Lead shields
 - Appropriate storage
 - Testing



NFPA 99 RISK ASSESSMENTS: EC.02.05.01 EP 2 (see also EPs 20, 21)

- Rationale (??)
 - Documented assessments
 - Categories 1-4
 - Gas
 - Vacuum
 - Electrical equipment
 - ORs as wet locations
 - Rationale (??)
 - Line isolation monitors
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WATERBORNE PATHOGENS: EC.02.05.01 EP 14

- Water Management Program per ASHRAE 188
 - ASHE Monograph
 - CDC Guidance



PRESSURE DIFFERENTIALS (HOSPITALS)

- Divided into 2 EPs
 - EC.02.05.01 EP 15: Critical areas
 - EC.02.05.01 EP 16: Non-critical areas
 - Clean and soiled utility
 - Lab
 - Pharmacy (to corridor)
 - Diagnostic and treatment areas
 - Food preparation areas
- Air exchange rates at least annually
- Pressure monitoring frequency?

CONTROLS FOR EMERGENCY SHUTDOWN: EC.02.05.01 EP 9

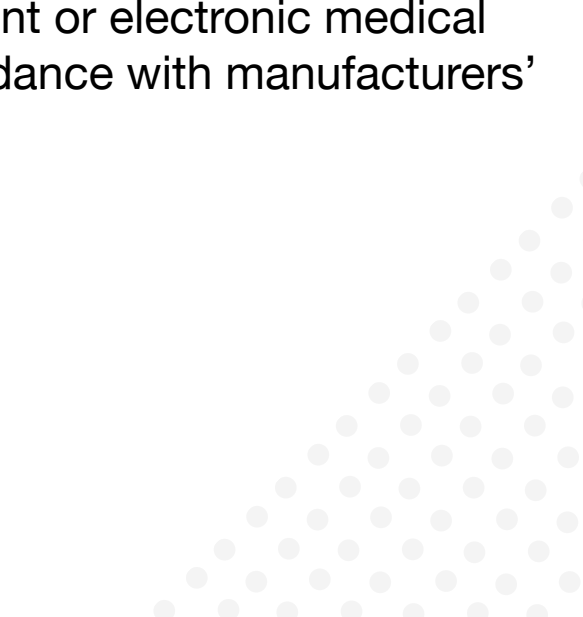
- Main fire alarm panel
 - Verify functioning
 - Any trouble signals must be explained
 - ILSM in place for any trouble signals
- Circuit breaker for main fire alarm panel
 - Knowledge of location (have notation at main panel)
 - Marked in red
 - Nothing but life safety equipment in this panel (EC.02.05.03 EP 1)

RELOCATABLE POWER TAPS: EC.02.05.01 EP 23

- Policy required
 - Acceptable ratings: UL 1363A or UL 60601-1
 - Not “equivalent”
 - When appropriate for use
 - How to request
 - How to use (and not to use)
 - Inventory
 - Not loaded to more than 75% of ampacity
 - Annual maintenance



SEPSS

- EC.02.05.03 EP 3 Note 1: “Non-SEPSS battery backup emergency power systems that the hospital has determined to be critical for operations during a power failure (for example, laboratory equipment or electronic medical records) should be properly maintained in accordance with manufacturers’ recommendations.”
 - Inventory
 - Review all manufacturers’ recommendations
 - Maintain as necessary
 - Documentation
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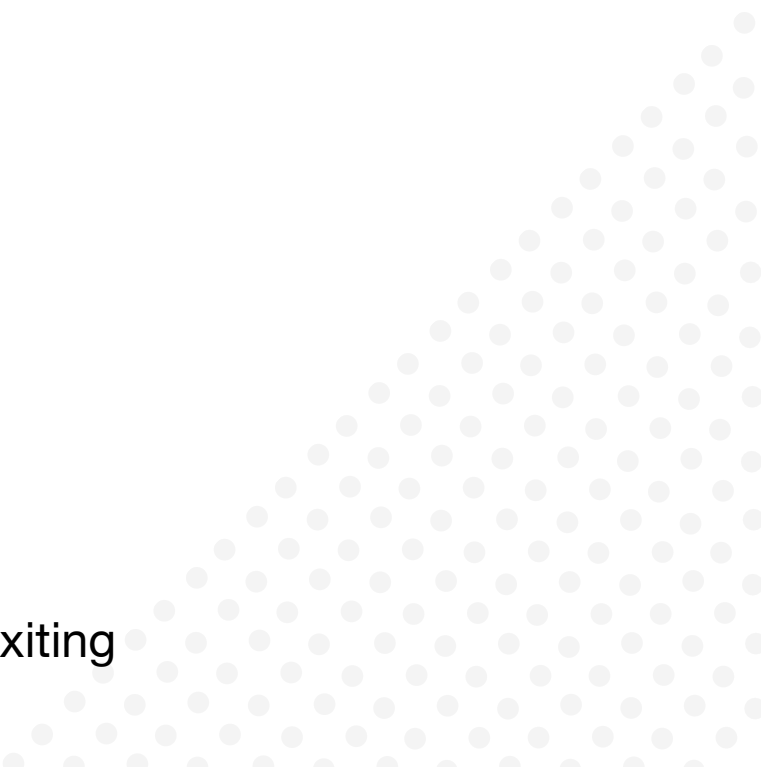
GENERATOR TESTING: EC.02.05.07

- EC.02.05.07:
- EP 4: Weekly inspection
 - All components
 - Batteries
 - ATS
- EP 8: Annual fuel quality test

CONSTRUCTION



NEW SURVEY FOCUS ON ICRA

- ICRA and mitigation plan must be posted
 - Barrier must be intact
 - Evidence of negative pressure
 - No dust outside barrier
 - Appropriate debris removal
 - Observation of construction workers entering and exiting
- 
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ICRA PROCESS

- Written ICRA process must match implementation
- Assessment will change over phases of a bigger project
- Surveyor will assess implementation as defined in ICRA
- Say what you do, do what you say



SURVEYING CONSTRUCTION SITES

- ICRA and mitigation plans posted
- Construction barrier intact
- Evidence of negative pressure
- No dust outside barrier
- Appropriate handling of debris removal



ICRA SCORING

- EC.02.06.05 EP.2
 - No posted ICRA and mitigation plan
 - IP not involved in planning and design for patient care areas
- EC.02.06.05 EP 3
 - Conditions of ICRA not being followed
 - Barrier must extend above dropped ceiling (inside and outside site)
 - HEPA filters must not exhaust into a return above the dropped ceiling
 - Staff know roles and responsibilities, but don't take action

ICRA SCORING

- IC.01.01.01 EP 2
 - Does IP sign the ICRA's?
 - With whom does the IP consult for additional information on construction issues?
- IC.01.02.01 EP 1
 - IP not notified of renovation, design, or construction project

ICRA SCORING

- IC.01.03.01 EP 1
 - Unsafe condition observed in construction area not addressed in ICRA
 - Stocking of supplies and equipment prior to terminal cleaning of construction site
- IC.01.0.01 EP 1
 - Use of national evidence-based guidelines

ICRA SCORING

- IC.01.05.01 EP 2
 - No written process for ICRA and mitigation
- IC.02.01.01 EP 7
 - Hospital didn't communicate responsibilities to hospital and construction staff for infection prevention during construction
 - Staff do not know their role
 - Walking past torn barrier
 - Incorrect pressure
 - Dust in corridor

ICRA SCORING

- LD.01.02.01 EP 4
 - Pattern of noncompliance with ICRA requirements

PHARMACY CLEAN ROOMS



PHARMACY CLEAN ROOM SCORING

- EC.02.02.01 EP 5
 - Secondary containment area must have limited access to only those with need to be in area

PHARMACY CLEAN ROOM SCORING

- EC.02.05.01 EP 15
 - Temperature and humidity monitoring
 - 30 ACH in room, with up to 15 from hood
 - Buffer area non-hazardous meds: +0.02 - +0.05" H₂O
 - Buffer area hazardous meds: -0.01" H₂O
 - Anteroom positive to unclassified space
 - Continuous air flow monitoring (document review)
 - BAS or alarm in continuously occupied room

PHARMACY CLEAN ROOM SCORING

- EC.02.06.01 EP 1
 - Buffer area ISO 7 or less
 - Anteroom ISO 8 or less
 - Secondary engineering control must be tested and certified semiannually
 - Floors solid and covered on corners to prevent 90° angles; no rips or tears; no ledges
 - Ceiling solid material or tiles caulked in place
 - Walls smooth with no cracks

PHARMACY CLEAN ROOM SCORING

- EC.02.04.01 EP 4
 - Primary engineering control must be tested and certified semiannually



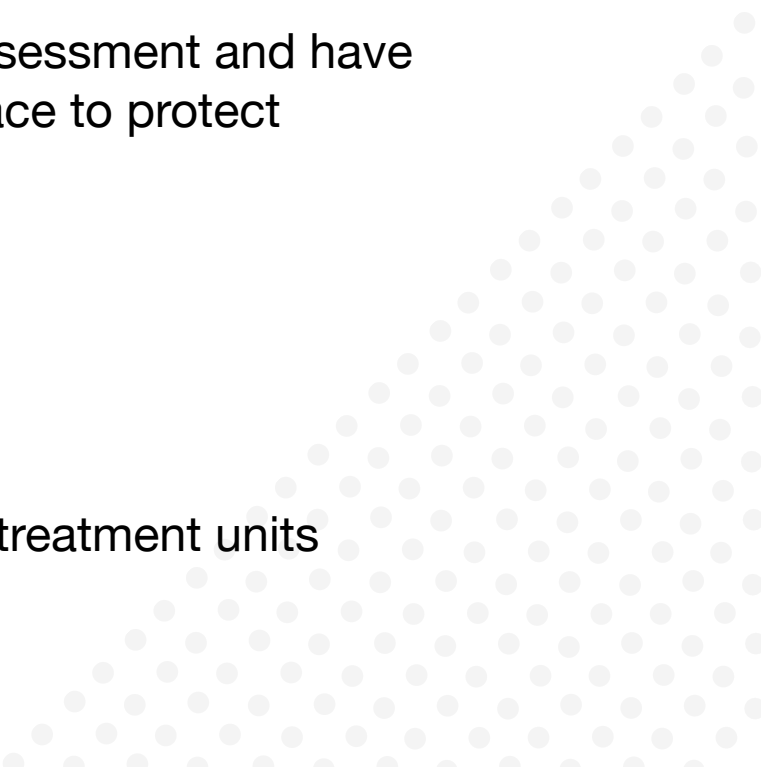
LIGATURE RISK ASSESSMENT




MUST BE LIGATURE RESISTANT

- Inpatient psychiatric units, in both psychiatric and general/acute care hospitals
- Dedicated spaces in Emergency Department

NOT REQUIRED TO BE LIGATURE RESISTANT

- BUT. . .must have a documented ES risk assessment and have steps, protocols, and safeguards, etc. in place to protect suicidal patients:
 - Emergency departments
 - General medical/surgical inpatient units
 - Residential, partial hospitalization, and day treatment units
 - Intensive outpatient programs
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ENVIRONMENTAL SUICIDE RISK ASSESSMENT

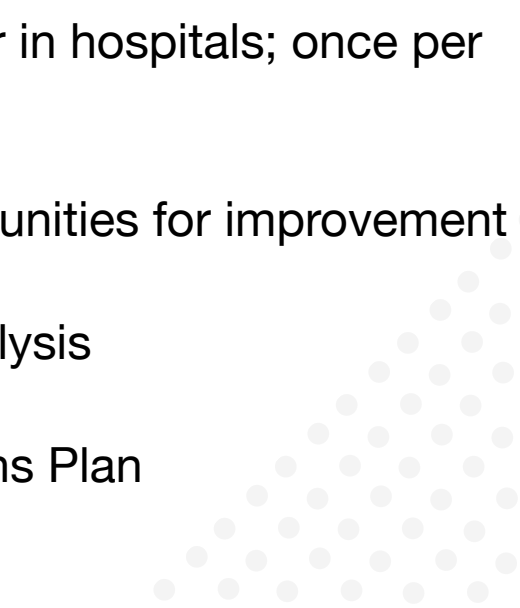
- Lack of an assessment scored at EC.
02.01.01 EP 3
 - Individual risks scored at NPSG.
15.01.01 EP 1
 - Very detailed assessment of possible risks in space
 - Mitigation
 - Remediation in all dedicated spaces
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EMERGENCY MANAGEMENT



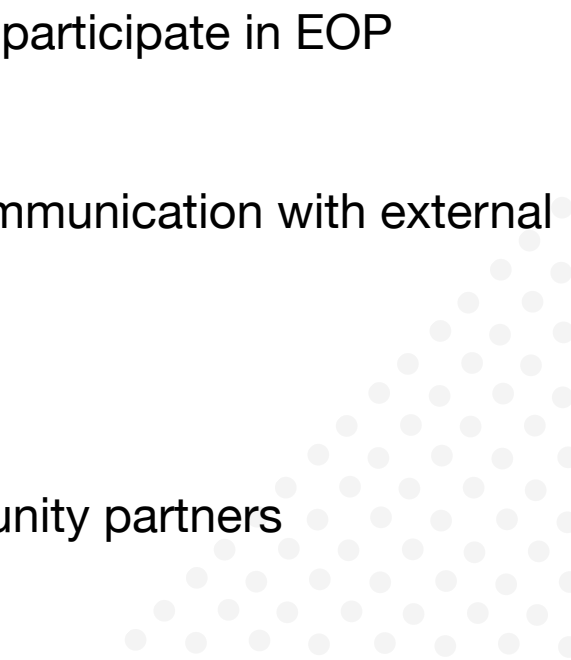
TOP 10 EM EPs CITED

April 2019

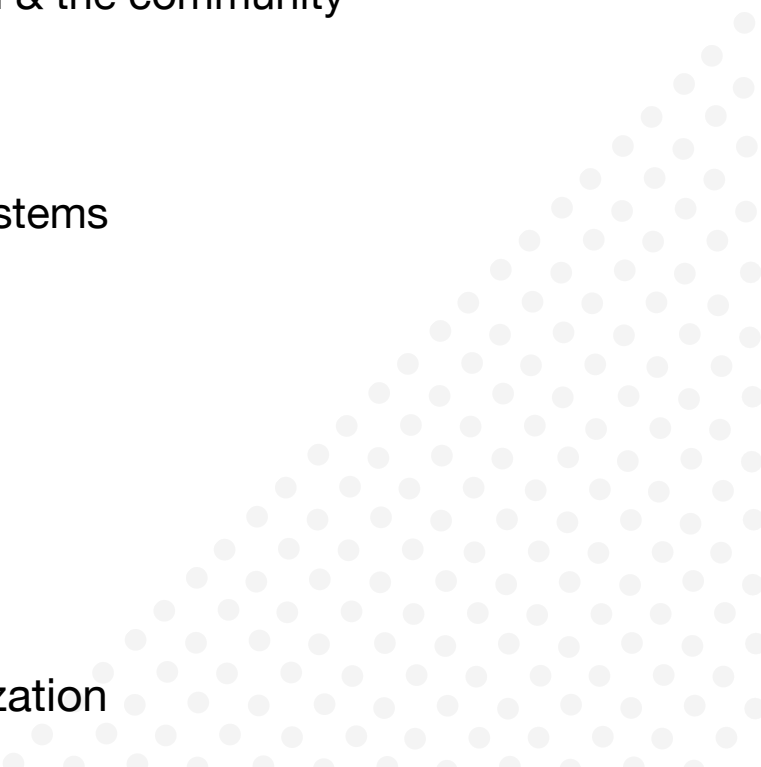
1. EM.03.01.01 EP 1: Exercises twice per year in hospitals; once per year in business occupancies
 2. EM.03.01.03 EP 14: Identification of opportunities for improvement
 3. EM.01.01.01 EP 2: Hazard vulnerability analysis
 4. EM.02.01.01 EP 12: Continuity of Operations Plan
 5. EM.02.01.01 EP 14: 1135 waiver
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TOP 10 EM EPs CITED


April 2019

6. EM.02.01.01 EP 1: Leaders, including medical staff participate in EOP development
 7. EM.02.02.01 EP 3 & 4: Notification and ongoing communication with external authorities
 8. EM.02.01.01 EP 4: Recovery strategies
 9. EM.01.01.01 EP 3: Prioritization of HVA with community partners
 10. EM.02.01.01 EP 3: 96 hour sustainability
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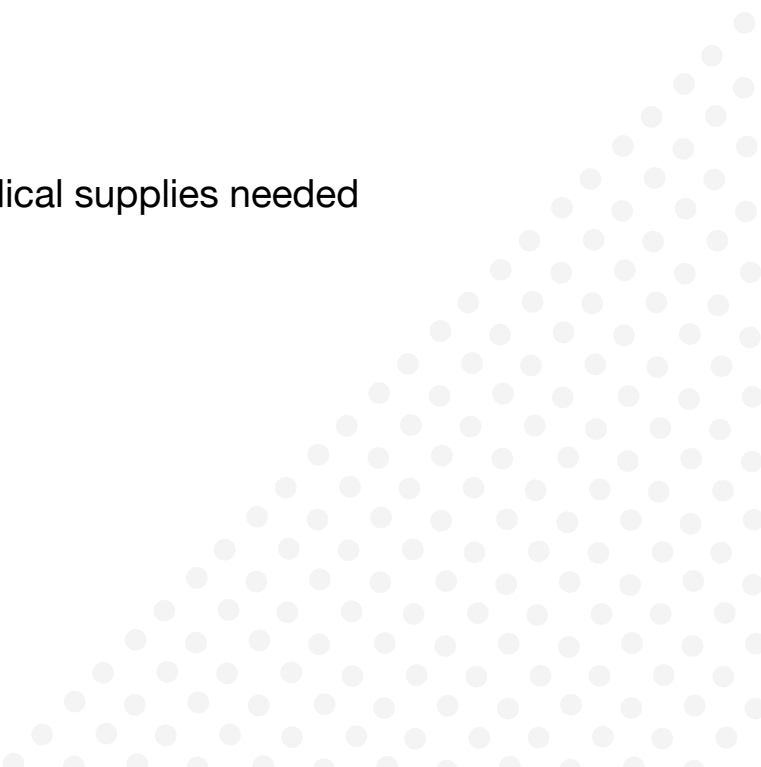
TJC CHANGES IN RESPONSE TO CMS COPs

- HVA includes emergencies in the organization & the community
 - Single HVA or multiple for remote sites
 - Recovery strategies: restoration of critical systems
 - Continuity of Operations Plan (COOP)
 - Succession planning
 - Delegation of authority
 - Requirements for transplant centers
 - Representation on EM Committee
 - Protocols with organ procurement organization
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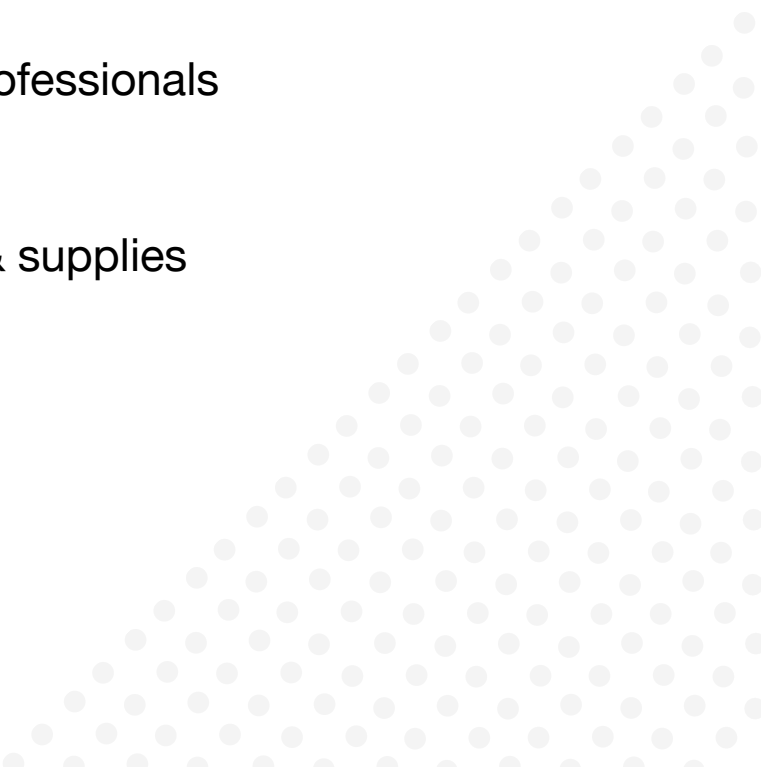
TJC CHANGES IN RESPONSE TO CMS COPs

- 1135 Waiver process
 - Shelter in place process
 - Emergency policies and implementation procedures
 - Annual evaluation
 - Communication plan
 - Names and contact information
 - Staff, physicians, volunteers
 - Other hospitals
 - Contracted entities
 - Emergency preparedness staff at various levels of government
 - Other sources of assistance
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TJC CHANGES IN RESPONSE TO CMS COPs

- Communication of patient information
 - Community integration with documentation
 - Addition of food and bedding to the listing of nonmedical supplies needed
 - Roles of staff for evacuation
 - Tracking of on-duty staff during an emergency
 - Training
 - Initial and ongoing training
 - Documented
 - Updated annually and when roles change
- 

TJC CHANGES IN RESPONSE TO CMS COPs

- Use of volunteers
 - Emergency staffing strategies
 - Integration of state or federal healthcare professionals
 - Alternate source of electricity and lighting
 - Maintenance of temperatures for patients & supplies
 - Generator (new) located per NFPA 99 and 110
 - Tracking patient locations
 - Receiving facilities defined in documents
 - Integrated healthcare system option
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QUESTIONS?

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