

A PRESENTATION FOR
Florida Healthcare Engineering Assn.
2010 Spring Seminar

Understanding TJC's Life Safety Chapter & Scoring 



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TJC's Life Safety Chapter



- **Learning objectives:**
- Understand the basis for the LS chapter and how it was developed from TJC's Statement of Conditions Part 3, Life Safety Assessment, and 2000 NFPA 101 Life Safety Code.

(Don't jeopardize your hospital's accreditation!)

Contents

- Life Safety Chapter
- NFPA 101 Life Safety Code® 2000 edition
- TJC Code Effective Date for LSC
- Life Safety Code® Occupancy Definitions
- Life Safety (LS) Chapter Outline
- "Criticality" Scoring & Decision Rules for 2010 Standards
- Being Prepared for Survey

Life Safety Chapter

- TJC is still referencing the 2000 edition of the NFPA 101 Life Safety Code® (LSC).
- The 2010 Life Safety (LS) chapter is a condensed self-assessment tool for Life Safety Code® compliance.
 - **Note: LSC still needed for full building assessment.**
- The LS chapter, introduced in 2009, is basically a re-write of the old hard copy Statement of Conditions™ Part 3: Life Safety Assessment (LSA).
- Previously listed SOC-LSA items are now individual LS chapter EPs.
 - All EPs will be scored individually – more challenging

Life Safety Chapter

The new LS chapter addresses [just like in LSC]:

- General life safety design and building construction
- The means of egress, including design of space, travel distances, egress illumination, and signage
- Protection provided by door features, fire windows, stairs, and other vertical openings; corridors; smoke barriers; and interior finishes
- Fire notification, including alarms
- Extinguishing fires, including sprinkler systems
- Building services, including elevators and chutes
- Decorations, furnishings, and portable heaters

Life Safety Chapter

Approximately
- **85** more EPs in **LS** chapter since 2008

Remember: **All EPs** are now scored!

TJC's Code Effective Date

- TJC's LS chapter addresses both existing and new occupancies.
- Buildings are considered **existing occupancies** if **final plans** for buildings, additions, renovations, or changes in occupancy were **approved** by the state or local authority having jurisdiction (AHJ) **prior to March 1, 2003**.
- Buildings with final plans approved **after March 1, 2003** are considered **new occupancies** and will be surveyed as such.

Life Safety Code® Occupancies
(Used by TJC)

- **Health Care** (Ch.18/19):
 - 1) Hospitals
 - 2) Nursing Homes
 - 3) Limited Care Facilities
- **Ambulatory Health Care** (Ch.20/21)
- **Residential** (Ch.26 or 28/29)
 - Lodging or Rooming Houses (Ch.26)
 - Hotels and Dormitories (Ch.28/29)

Health Care Occupancy Definition

- An occupancy used for purposes of medical or other treatment or care of **four or more persons** where such occupants are **mostly incapable of self-preservation** due to age, physical or mental disability, or because of security measures not under the occupant's control.

Hospital Definition

- A building or portion thereof used on a **24-hour basis** for the medical, psychiatric, obstetrical, or surgical care of **four or more inpatients**.

Ambulatory Health Care Occupancy Definition

- A building or portion thereof used to provide **services or treatment simultaneously** to **four or more patients** that:
- (1) provides, on an outpatient basis, treatment for patients that renders the patients incapable of taking action for self-preservation under emergency conditions **without the assistance of others**; or
- (2) provides, on an outpatient basis, **anesthesia** that renders the patients incapable of taking action for self-preservation under emergency conditions **without the assistance of others**.
- **Consider Pre-Op + Surgery + Recovery**

Life Safety Chapter Outline

- Administrative Activities (01)
- Healthcare Occupancy (02)
- Ambulatory Healthcare Occupancy (03)
- Residential Occupancy (04)

LS Chapter (**Administrative Activities**)

- **Occupancies (01):**
- LS.01.01.01: Statement of Conditions™
- LS.01.02.01: Interim Life Safety Measures

2009 Life Safety Chapter (**Healthcare**)

- **Healthcare Occupancies (02):**
- LS.02.01.10 General Building Requirements
- LS.02.01.20 Means of Egress Requirements
- LS.02.01.30 Protection
- LS.02.01.34 Fire Alarm
- LS.02.01.35 Extinguishment
- LS.02.01.40 Special Provisions
- LS.02.01.50 Building Services
- LS.02.01.70 Operating Features

2009 Life Safety Chapter (**Ambulatory**)

- **Ambulatory Healthcare Occupancies (03):**
- LS.03.01.10 General Building Requirements
- LS.03.01.20 Means of Egress Requirements
- LS.03.01.30 Protection
- LS.03.01.34 Fire Alarm
- LS.03.01.35 Extinguishment
- LS.03.01.40 Special Provisions
- LS.03.01.50 Building Services
- LS.03.01.70 Operating Features

Last 2 digits of LS.02.01.(10 – 70)
Correspond to 2000 LSC Ch Sections

- **The HAS Manual's LS Chapter is really user-friendly now:**
- LS...10: LSC Sections 18.1/19.1: General Bldg. Rqmts
- LS...20: LSC Sections 18.2/19.2: Means of Egress
- LS...30: LSC Sections 18.3/19.3: Protection
- LS...34: LSC Sections 18.3.4/19.3.4: Fire Alarm
- LS...35: LSC Sections 18.3.5/19.3.5: Extinguishment
- LS...40: LSC Sections 18.4/19.4: Special Provisions
- LS...50: LSC Sections 18.5/19.5: Building Services
- LS...70: LSC Sections 18.7/19.7: Operating Features

HAS example from LS.02.01.20

Life Safety

- **C** 21. Patient sleeping rooms open directly onto an exit access corridor. (For full text and any exceptions, refer to NFPA 101-2000: 18/19.2.5.1)
- **A** 22. Doors to patient sleeping rooms are not locked. (For full text and any exceptions, refer to NFPA 101-2000: 18/19.2.2.2.2) Δ
- **C** 23. The travel distance to a room door from any point in a patient sleeping room is 50 feet or less. (For full text and any exceptions, refer to NFPA 101-2000: 18/19.2.6.2.3)
- **C** 24. In existing buildings, the travel distance between any room door and an exit is 100 feet or less (or 150 feet or less when equipped with an approved automatic sprinkler system). In new buildings, the travel distance between any room door and an exit is 150 feet or less. (For full text and any exceptions, refer to NFPA 101-2000: 18/19.2.6.2.1)
- **C** 25. In existing buildings, the travel distance between any point in a room and an exit is 150 feet or less (or 200 feet or less when equipped with an approved automatic sprinkler system). In new buildings, the travel distance between any point in a room and an exit is 200 feet or less. (For full text and any exceptions, refer to NFPA 101-2000: 18/19.2.6.2.2)

LS survey issue?

TJC Scoring for 2010



Learning Objectives:

- Understand Criticality Scoring Model.
- Understand TJC's Symbols & Acronyms.
- Understand Scoring Categories.

(Don't jeopardize your hospital's accreditation!)

Scoring

- Scoring Symbols
- Scoring in General
- Defining RFIs; ESCs; MOSS
- Key to TJC's 2010 Scoring
- Criticality of Findings & Immediacy of Risks on Quality Care & Patient Safety
- Scoring Decision Methodology & Rules
- Being Prepared for Survey

Scoring Symbols

- A** Indicates Scoring Category A
- C** Indicates Scoring Category C
- 2** Indicates Situational Decision rules apply
- 3** Indicates Direct Impact requirements apply
- M** Indicates Measure of Success is needed
- D** Indicates that Documentation is required

New & Used Symbols & Acronyms				
A	EC	LS	EM	SEA
C	EP	RFI	ESC	MOS
▲ 2	ITL	SDR	DIR	IIR
△ 3	NPSG	CoP	PFI	SOC
Ⓜ	PDA	CA	ILSM	CON04

"A" Scoring Category
<ul style="list-style-type: none"> • Usually relates to structural requirements, e.g., policies or plans, that either exist (2) or do not exist (0) • ("A" Scored 2 or 0) • May also address an issue that must be fully compliant, e.g., National Patient Safety Goals • May also be related to a Medicare Condition of Participation that must always be fully compliant

"C" Scoring Category
<ul style="list-style-type: none"> • Frequency-based EPs that are scored based on the number of times an org. does not meet a particular EP • ("C" Scored 0, 1, or 2) • Scored 2 -if there are one or fewer occurrences of noncompliance; • Scored 1 -if there are two occurrences of noncompliance; • Scored 0 -if there are three or more occurrences of noncompliance.

Track Record Achievements

- Score 2: For 12 month satisfactory compliance
- Score 1: For 6-11 months compliance
- Score 0: For less than 6 months compliance
- From JCR EC News, 11/08 Vol.11 No.11

• Note: Any EP scored 1 results in a standard score of 0 in 2010.

- (In 2008, any EP scored 1 resulted in a standard score of 2.)

Measure of Success (MOS)

- Typically, if an org was given a “Requirement for Improvement” (RFI) at the time of survey, and that EP has an **M** next to it, then org is required to submit an MOS report within **four months** of submitting an acceptable Evidence of Standards Compliance (ESC) report.
- MOS is a numeric or quantifiable measure, usually related to an audit, that determines whether an action is effective and sustained
 - See HAS pgs ACC-89, ACC-90 for more info.

Key to TJC Scoring for 2010

- In 2009 TJC moved away from their 2008 “**threshold-based**” decision process and instead **focus on** an accreditation decision process for **timely compliance** with specific groups of standards.
- All EPs are now scored, same as in 2009

 Key to TJC Scoring for 2010 (cont.)

- **Timeline** for completing the Evidence of Standards Compliance (ESC) submission will depend on:
 - **“Criticality”** of the survey findings; and
 - **“Immediacy”** of the risk

 Scoring for 2009 Based on “Criticality”

- **“Criticality”** is the immediacy of the **impact of noncompliance on quality care and patient safety**- rather than the number of noncompliant standards and EPs.

Scoring Categories:

- Tier 1) Immediate Threat to Life (ITL)
- Tier 2) Situational Decision Rules (SDR) 
- Tier 3) Direct Impact Requirements (DIR) 
- Tier 4) Indirect Impact Requirements (IIR)

  Immediate Threat to Life (ITL)

- **Definition:** Situations identified at survey that **have or may potentially have a serious adverse effect on patient health and safety.**

Examples:

- 1) **Inoperable fire alarm or pump w/o fire watch or ILSM;**
- 2) **Emergency generator down for extended period w/o backup;**
- 3) **Lack of master alarms for med gas systems**

 **Immediate Threat to Life (ITL)**

- Result: TJC President issues an expedited **Preliminary Denial of Accreditation*** decision that remains in effect until implementation of corrective action is validated thru an **on-site survey**.
- Once resolved, org. status would change to **Conditional Accreditation** until a **follow-up survey** is conducted in **4 to 6 mo.** to assess org's sustained implementation of appropriate corrective actions.

* Governmental / licensure agencies are notified.

 **Situational Decision Rules (SDR)**

- Definition: Situations in which an **accreditation decision** of **PDA** or **Conditional Accreditation** is **recommended** to TJC Accreditation Committee.
- Examples:
 - 1) Failure to **implement corrective action** in response to identified **Life Safety deficiencies**;
 - 2) Lack of **written Interim Life Safety Measure (ILSM) policy**.
 - 3) Failure to **make sufficient progress** toward the **corrective actions** described in a **previously accepted SOC/PFI**.

 **Situational Decision Rules (SDR)**

- Result if you get a PDA or CA as a result of SDR: The org. must demonstrate resolution through the Evidence of Standards Compliance (**ESC**) **process within 45 days** followed by an **on-site survey** conducted to validate implementation of corrective action.

SDR EP Example w/ Symbols: LS. 01.01.01

- **A** 3. When the hospital plans to resolve a deficiency through a Plan for Improvement (PFI), the hospital meets the time frames identified in the PFI accepted by TJC. (See also LS.01.02.01, EPs 1-14 for Interim Life Safety Measures) **2**

HAS Example from LS.01.02.01

- A** 2. The hospital posts signage identifying the location of alternate exits to everyone affected. (See also LS.01.01.01, EP 3) **3**
- A** 3. **3** The hospital has a written interim life safety measure (ILSM) policy that covers situations when *Life Safety Code* deficiencies cannot be immediately corrected or during periods of construction. The policy includes criteria for evaluating when and to what extent the hospital follows special measures to compensate for increased life safety risk. (See also LS.01.01.01, EP 3) **A**

When the hospital identifies *Life Safety Code* deficiencies that cannot be immediately corrected or during periods of construction, the hospital does the following (EPs 4–12):

- C** **3** 4. Inspects exits in affected areas on a daily basis. The need for these inspections is based on criteria in the hospital's interim life safety measure (ILSM) policy. (See also LS.01.01.01, EP 3) **3**
- A** 5. Provides temporary but equivalent fire alarm and detection systems for use when a fire system is impaired. The need for equivalent systems is based on criteria in the hospital's interim life safety measure (ILSM) policy. (See also LS.01.01.01, EP 3) **3**

3 Direct Impact Requirements (**DIR**)

- Definition: “**Implementation**”-Based requirements. Requirements where non-compliance is **likely** to create an “**immediate risk**” to patient safety or quality of care.
- Examples (refer to the HAS):
 - 1) **Many Life Safety Chapter EPs**
 - 2) **Many Environment of Care Chap. EPs**
 - 3) **Some Emergency Management Chap. EPs**

 **3** Direct Impact Requirements (DIR)

- Result: All non-compliant EPs must be addressed through the ESC process within 45 days. The org's accreditation decision is pending submission of ESC within the 45 day timeframe. Failure to resolve non-compliance would lead to progressively more adverse accreditation decisions.

 Indirect Impact Requirements (IIR)

- Definition: “Planning” and “Evaluation”-Based requirements. Requirements where failure to resolve compliance issues “increases risk” to patient safety or quality of care over time.
- Examples:
- 1) Majority of Standard’s Chapter EPs

 Indirect Impact Requirements (IIR)

- Result: All non-compliant EPs must be addressed through the ESC process within 60 days. The orgs accreditation decision is pending submission of ESC within the 60 day timeframe. Failure to resolve non-compliance would lead to progressively more adverse accreditation decisions.

Thresholds To Serve As Screens

- Per Dec. 2008 *TJC Perspectives*, in 2009[+] "...thresholds should serve only as 'screens' for identifying orgs. whose **survey findings** should be **subject to a more intense review** by TJC central office staff ... rather than serve as 'automatic' determinants of CA and PDA decisions."
 - **Note:** Prior to 2009, thresholds were quantities of specific survey findings that previously triggered specific TJC actions.

CA & PDA Decision "Screens"

- Conditional Accreditation (CA) and Preliminary Denial of Accreditation (PDA) now determined via "**screens**" or "informational benchmarks" in lieu of automatic "thresholds" previously used.
- Screens based on number of non-compliant **Direct Impact Standards & "surveyor days"**
- **Note:** A recommendation for CA or PDA may also occur due to '**egregious**' noncompliance or for an Immediate Threat to Life (ITL).

CA & PDA Decision Screens

Screens depend on:

- Size of hospital being surveyed
- Length of Survey (**Surveyor Days***)
 - *Surveyor Days = No. of Surveyors x Duration of the Survey
 - Example: 3 surveyors for 3 days = 9 "surveyor days"
 - **Note:** Don't forget to add in LSC Specialist surveyor days.

RFIs per Hospital Surveyor Day

<u>No. of Surveyor Days</u>	-	<u>No. of Direct Impact RFIs</u>
Band 1: 1 to 4	-	meet or exceed $\geq 7^*$
Band 2: 5 to 6	-	meet or exceed $\geq 8^*$
Band 3: 7 to 9	-	meet or exceed $\geq 9^*$
Band 4: 10 to 13	-	meet or exceed $\geq 11^*$
Band 5: ≥ 14	-	meet or exceed $\geq 13^*$

* Survey findings are subject to more intensive review by TJC central office staff rather than serving as "automatic" determinants of CA & PDA

Conditional Accreditation CON04

- Warning!** Failure to make **sufficient progress** toward the corrective actions described in a previously accepted Statement of Conditions™ Part 4: **Plan for Improvement**, or failure to **implement or enforce** applicable **ILSM** per LS.01.01.01, EP 3 and LS.01.02.01, EP3 could result in a recommendation of **Conditional Accreditation** per TJC Conditional Accreditation rule **CON04**.

10-Day Clarification Time Frame

- Effective Jan.1,2009 orgs. receiving any RFIs after an onsite survey can clarify their findings for each standard within **10 business days after final decision report has been published to org's extranet site**.
- This is for orgs that can **demonstrate evidence previously not available to surveyors reflecting full compliance at time of survey**. After TJC's review, if any or all of the orgs findings continue to remain valid, org must submit ESC to detail actions it took to bring itself into full compliance with the standard.

Typical TJC Survey Findings

- LSC Building Maintenance Issues (Also by CMS)
- Lack of Sufficient Progress on SOC/PFI
- Failure to Implement ILSM
- Not Complying with EC/LS/EM Standards/EPs
- Not Complying w/ Your Own P&Ps
- Not Documenting Your Compliance Efforts

Being Prepared for Survey

- Obtain most current TJC accreditation manual
- Review chapters you are responsible for
- Highlight Situational Decision Rule EPs 
- (Also Direct Impact Requirement EPs) 
- Ensure policies & procedures are in place
- Ensure management plans are in place
- Ensure P&Ps and mgt. plans are implemented and enforced
- Ensure applicable staff training is provided

Being Prepared for Survey

Be prepared to prove that you do what you say you do via:

- Accurate Meeting Minutes
- Documented Risk Assessments
- Records, Logs, Manifests
- Performance Indicators/Measures

Any questions?

Thank You!
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