Q2 ASHE Advocacy Liaison Webinar
21 June 2017
Housekeeping

• Please mute your line to reduce background noise.
• Do not put us on hold if you have background music on your hold line.
• We will unmute for the interactive discussions.
• This session will be recorded. The slides will be distributed after the meeting.
Chapter Attendance Poll

- Contact Avis Gordon agordon@aha.org or Lisa Walt lwalt@aha.org with updates or changes to your Chapter’s advocacy liaison appointment
Agenda

1. Joint Commission Triangle - ACO/DSSM/SIG – SAFER Matrix
2. NFPA Technical Meeting
3. Door Inspections
4. Energy and Water Survey
5. Local Advocacy Reports
The Joint Commission

Introduction – Who does what?
ACO/DSSM/SIG

- DSSM - Legislative
  - K. Monroe

- SIG ENG - Judicial
  - G. Mills

ACO - Executive
- J. Kendig/T. Markijohn
Contact Information

**ACO**
- Jim Kendig, Field Director
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**DSSM**
- Ken Monroe, Associate Project Director
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Survey Analysis for Evaluating Risk™

SAFER™
Survey Analysis for Evaluating Risk™ (SAFER™)

- A transformative approach for identifying and communicating risk levels associated with deficiencies cited during surveys
- Helps organizations prioritize and focus corrective actions
- Provides one, comprehensive visual representation of survey findings
- Replaces current scoring methodology
- Implementation: January 2017
<table>
<thead>
<tr>
<th>Likelihood to Harm a Patient/Staff/Visitor</th>
<th>Immediate Threat to Life</th>
<th>Scope</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIGH (harm could happen at any time)</td>
<td>All 1.70%</td>
<td>LIMITED (Unique occurrence that is not representative of routine/regular practice, and has the potential to impact only one or a very limited number of patients, visitors, staff)</td>
</tr>
<tr>
<td></td>
<td>EC 4.33%</td>
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<tr>
<td></td>
<td>LS 0.45%</td>
<td></td>
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<tr>
<td></td>
<td>All 1.64%</td>
<td>PATTERN (Multiple occurrences of the deficiency, or a single occurrence that has the potential to impact more than a limited number of patients, visitors, staff)</td>
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<tr>
<td></td>
<td>EC 2.54%</td>
<td></td>
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<tr>
<td></td>
<td>LS 1.36%</td>
<td></td>
</tr>
<tr>
<td>All 1.80%</td>
<td>EC 3.31%</td>
<td>WIDESPREAD (Deficiency is pervasive in the facility, or represents systemic failure, or has the potential to impact most/all patients, visitors, staff)</td>
</tr>
<tr>
<td></td>
<td>LS 0.45%</td>
<td></td>
</tr>
<tr>
<td>MODERATE (harm could happen occasionally)</td>
<td>All 15.31%</td>
<td></td>
</tr>
<tr>
<td>All 15.08%</td>
<td>EC 15.78%</td>
<td></td>
</tr>
<tr>
<td>All 17.19%</td>
<td>EC 17.56%</td>
<td></td>
</tr>
<tr>
<td>All 8.07%</td>
<td>EC 18.1%</td>
<td></td>
</tr>
<tr>
<td>All 8.65%</td>
<td>LS 17.19%</td>
<td></td>
</tr>
<tr>
<td>All 17.19%</td>
<td>LS 18.1%</td>
<td></td>
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<tr>
<td>All 5.88%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>LOW (harm could happen, but would be rare)</td>
<td>All 32.93%</td>
<td></td>
</tr>
<tr>
<td>All 15.12%</td>
<td>EC 21.37%</td>
<td></td>
</tr>
<tr>
<td>All 18.10%</td>
<td>EC 16.28%</td>
<td></td>
</tr>
<tr>
<td>All 7.60%</td>
<td>LS 29.86%</td>
<td></td>
</tr>
<tr>
<td>All 18.10%</td>
<td>LS 18.10%</td>
<td></td>
</tr>
<tr>
<td>All 8.60%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Most Frequently Cited EC Standards
For Full and Initial Hospital surveys from 1/1/17 through 6/13/17

Multiple ligature risks on inpatient psych unit with inadequate mitigation plans

Other ligature risk issues

Stained ceiling tiles, tears/holes in seamless floors
Most Frequently Cited LS Standards
For Full and Initial Hospital surveys from 1/1/17 through 6/13/17

In the Neonatal Intensive Care Unit it was observed that there was no fire alarm activation pull box located in the entire department.

Fire extinguishers in locked cabinets

Sprinkler missing escutcheon plate,
Sprinkler heads covered in dust/debris,
Shelving unit encroached clearance requirement for sprinkler
Anchors
In the laboratory storage room G111 was greater than fifty square feet in size and it contained combustible materials. The door serving this store room was not equipped with a door closure device. During the survey engineers installed a door closure device on this door.
Rationale

**Likelihood (MODOERATE):**
- Policies require rooms storing combustible materials to have secure closure device.
- The room contained potentially dangerous materials that could cause harm directly, but would be more likely to cause harm as a contributing factor in the presence of other circumstances or additional failures; therefore, "Moderate" likelihood to harm.

**Scope (LIMITED):**
- The door closure device for 1 storage room did not comply.
- This appears to be a unique occurrence, not representative of routine or regular practice thus “Limited” in scope.
In 4 of 4 oxygen storage areas within the Emergency Department, Medical and Surgical Units the majority of the O2 cylinders located in a storage rack labeled as full were in fact empty.
Rationale

**Likelihood (MODERATE):**

Because these cylinders are used in the transport of patients requiring oxygen, an empty cylinder in a location where full cylinders should be stored could cause direct harm to a patient if the cylinder is determined to be empty once the patient is in transit (between two locations with piped oxygen).

For this reason, Likelihood to cause harm is “Moderate”

**Scope (WIDESPREAD):**

Across multiple units/departments empty oxygen cylinders were found, representing a “Widespread” scope issue across the organization.
It was noted during the building tour of the children’s mental health facility that none of the restrooms observed across the facility (5 out of 5) had keys that could be used to unlock them in an emergency. The surveyor asked four staff members and an administrator how a locked restroom could be accessed. They stated that they would not be able to access them because there were no keys.
Rationale

**Likelihood (HIGH):**
- The program serves youth with behavioral health & substance abuse issues, so locked & inaccessible restroom doors pose a high risk of harm to individuals who may be emotionally unstable & could cause harm to themselves or others in a space where they were not accessible by staff or emergency personnel.
- For these reasons, likelihood to harm is “High”

**Scope (WIDESPREAD):**
- None of the restrooms in the program were accessible from the outside if locked.
- This issue was found throughout the children’s mental health facility as shown by the 5 of 5 instances noted across the organization, making it a pervasive problem and “Widespread” in scope.
Resources
Survey Analysis for Evaluating Risk™ (SAFER™) Matrix Resources

The Survey Analysis for Evaluating Risk™ (SAFER™) is a transformative approach for identifying and communicating risk levels associated with deficiencies cited during surveys. The additional information related to risk provided by the SAFER™ Matrix helps organizations prioritize and focus corrective actions.

Survey Analysis for Evaluating Risk™ (SAFER™) Matrix Extranet Tool Video Demo

Webinar Replays

- Webinar Replay and Slides: SAFER™ Matrix
- Webinar Replay and Slides: SAFER™ Matrix in Behavioral Health Care

Blogs

- Ambulatory Buzz:
Extranet – Available to Accredited Customers
Extranet – Available to Accredited Customers

SAFER Tool Home Page:

- March 2017 Webinar: Survey Analysis for Evaluating Risk™ The SAFER Matrix™
- SAFER Tool Video Demo: Survey Analysis for Evaluating Risk™ (SAFER™) Matrix Extranet Tool Video Demo
NFPA Technical Meeting

- Nearly 100 ASHE members attended
- Supported 7 Proposals
- Opposed 6 Proposals
NFPA Technical Meeting – NFPA 99

• Supported
  – Testing criteria for furnishings & mattresses
  – Provisions for OR Extinguishers
    • Water Mist
    • CO2
    • Clean Agent

• Opposed
  – Risk assessment to exempt audible/visuals
NFPA Technical Meeting – NFPA 101

• Supported
  – Integrated Fire Alarm
  – Add’l storage in rated Mech/Elec Rooms

• Opposed
  – 40k SF Smoke Compartments
Door Inspections

Issue: Door Inspections – What’s required and When do I need to have it completed?

2012 LSC:

• **7.2.1.15.2** Fire-rated door assemblies shall be inspected and tested in accordance with NFPA 80

• **7.2.1.15.1** Where required by Chapters 11 through 43, the following door assemblies shall be inspected and tested not less than annually

• 18/19.2.2.2.1 - Doors complying with 7.2.1 shall be permitted.
Door Inspections

**Issue:** Door Inspections – Application of 7.2.1.15.1

- Reviewed by NFPA Healthcare Interpretation Task Force (HITF)
- Under re-evaluation and consideration by CMS
Door Inspections

So What do I do for now?

• Must Inventory and Inspect all Fire-rated doors per NFPA 80 before 7/5
• Recommend all doors in barriers indicated on LS Plans be included
• Continue to Inventory and Inspect all doors in 7.2.1.15.1

  • Door leaves equipped with panic hardware or fire exit hardware
  • Door assemblies in exit enclosures
  • Electrically controlled egress doors
  • Door assemblies with special locking arrangements
ASHE + ENERGY STAR
a strong partnership for over 20 years!
The 1-100 ENERGY STAR Score

ENERGY STAR Certified Buildings

- More efficient than 75% of similar buildings
- Uses 35% less energy (on average)
- One simple number understood by ALL stakeholders
ASHE Energy and Water Survey

Why Should I Complete the 2016 ASHE Energy and Water Survey?

- This survey was designed by the EPA – and its major purpose is to gather the data that will be used to create the ENERGY STAR® Benchmark.
  - The EPA has asked ASHE members to help provide up to date data for health care facilities.
  - ASHE is encouraging members to participate because getting as many survey responses as possible will ensure that ENERGY STAR Benchmark accurately reflects the true picture of energy use in our field; and it may provide the necessary data to recertify Medical Office Buildings (MOBs) in the future.
  - Please do not think that your data is less useful if your facility is not currently performing at the level of energy efficiency you would like. Your individual facility’s data will not be shared publicly. In fact, without a true representation of facilities from all levels of efficiency, we run the risk of sending the EPA a skewed picture of our current energy efficiency status and challenges (which could make it harder to achieve this ENERGY STAR Status later).
- In addition to helping establish the current ENERGY STAR Benchmarks – members that participate in the Energy and Water Survey also:
  - Earn up to 10 contact hours in CEU’s
  - Can win a $250 Amazon Gift Card (Each region will have one winner, selected by random drawing).

How Do I Complete the 2016 ASHE Energy and Water Survey?

- The first step is to determine the amount of accessible data in current energy tracking systems. Once you determine your status in those systems, ASHE can walk you through the entire survey process, step-by-step.
- Is your facility currently enrolled in the Energy to Care Program, OR does your facility have an ENERGY STAR Portfolio Manager account with data that was current for the calendar year 2015? If so, please select the button below on the left, labelled “My Facility has a Portfolio Manager Account.”
- All other facility managers, please select the button below on the right, labelled “My Facility does not have a Portfolio Manager Account.”

- My Facility has a Portfolio Manager Account
- My Facility does not have a Portfolio Manager Account