


The Joint Commission Update:
ASHE

DATE: July 17, 2019



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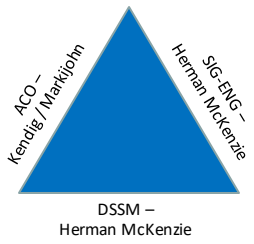


Herman A. McKenzie
MBA, CHSP
Acting Director - Engineering

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ACO-DSSM-SIG – who does what at TJC?



ACO –
Kendig / Markjohn


SIG-ENG –
Herman McKenzie

DSSM –
Herman McKenzie

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The LSCSs who are helping out...



John Hittle
Preceptor

Sean McGovern
Preceptor


Rick Urban
Preceptor

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Current and Emerging Patient Safety Risks– An Onsite Survey Focus

- Suicide Prevention
- High-Level Disinfection/Sterilization
- Sterile Compounding
- Hemodialysis




Tip for success: Dr Chassin sent each CEO a letter in April 2018 : https://jointcommission.new-media-release.com/2018_411_part1/#hd **4-1-1 on Survey Enhancements**


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HAI's – Hospital Acquired Infections

- Approximately 700,000 cases per year
- Approximately 60,000 deaths per year from HAI's
 - Equivalent to one 747-400 every 2.5 days



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Mission:

- To continuously **improve** health care...
- By **evaluating** health care organizations - **meaningful assessment – by discovering unknown risks**
- To provide **safe** and effective care
- **inspiring** them to excel

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What's New?



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Life Safety Code Surveyor Days - 2018

Hospitals – Each Physical Address = Min. 2 LSCS days (NEW)


Gross Building Square Footage

0 – 1,000,000	2 LSCS Days
1,000,000 – 1,500,000	3 LSCS Days (NEW)
>1,500,000	LSC FD Review

Non Hospital Life Safety Code Surveyor Days - 2018

Gross Building Square Footage


AHC / ASC	1 LSCS Day
Med Def	1 LSCS Day
SSU / OQPS	1 LSCS Day



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What's new?


- ▀ New kitchen checklist
- ▀ Validation process
- ▀ Focus on pre-construction risk assessment
- ▀ 2019 LSCS webinar series
- ▀ Surveying what space?
 - ...requires the LSC survey to extend to all inpatient locations and to locations where patients customarily go to receive patient care and would permit those locations to be classified as Health Care...
- ▀ During Survey SIG 'A & B' Calls – reminder
- ▀ BBI and NEW medical gas storage FAQ! (BBI July 2019 Perspectives)



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Updated Standards and Eps (Proposed)

- What we have done...
 - Cleaned up the standards and Eps
 - Added (D) where applicable
 - Addressed code language and assured Standard and/or EP reconciled

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Standard and EP Revisions Coming Soon (Proposed)

- Standard/EP: EC.02.03.01 EP 11 Applicable manuals: HAP, CAH, AHC, OBS
- Standard/EP: EC.02.03.03 EP 6 Applicable manuals: HAP, CAH, AHC
- Standard/EP: EC.02.03.05 EP 1 Applicable manuals: HAP, CAH, AHC, BHC, LAB, OME, OBS, NCC
- Standard/EP: EC.02.03.05 EP 14 Applicable manuals: HAP, CAH, AHC, BHC, OME

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Standard and EP Revisions Coming Soon (Proposed)

- Standard/EP: EC.02.04.01 EP 3 this replaces existing EP 2 & 3 Applicable manuals: AHC
- Standard/EP: EC.02.04.03 EP 2 Applicable manuals: AHC
- Standard/EP: EC.02.04.03 EP 3 Applicable manuals: A
- Standard/EP: EC.02.05.01 EP 2 Applicable manuals: HAP, CAH, AHC, BHC, LAB, OME, OBS, NCC
- Standard/EP: EC.02.05.01 EP 14 Applicable manuals: HAP & CAH

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Standard and EP Revisions Coming Soon (Proposed)

- Standard/EP: EC.02.05.07 EP 1 Applicable manuals: HAP, CAH, AHC, BHC, LAB, OME, OBS, NCC
- Standard/EP: EC.02.05.07 EP 8 Applicable manuals: HAP, CAH, AHC, LAB, OME, OBS, NCC
- Standard/EP: EC.02.05.07 EP 10 Applicable manuals: HAP, CAH, AHC, LAB, OME, OBS, NCC.
- Standard/EP: EC.02.05.09 EP 1 Applicable manuals: HAP, CAH, AHC, BHC, LAB, OME, OBS, NCC



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Standard and EP Revisions Coming Soon (Proposed)

- Standard/EP: EC.02.05.09 EP 12 Applicable manuals: HAP, CAH, AHC, OME, NCC
- Standard/EP: LS.01.02.01 EP 1 for AHC
- Standard/EP: LS.01.02.01 EP 7 for AHC, HAP, CAH
- Standard/EP: LS.02.01.30 EP 6 for HAP, CAH, BHC, OME
- Standard/EP: LS.02.01.30 EP 5 for AHC.
- Standard/EP: LS.02.01.35 EP 6 for HAP, CAH, NCC, BHC, OME
- Standard/EP: LS.03.01.35 EP 6 for AHC



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Standard and EP Revisions Coming Soon (Proposed)

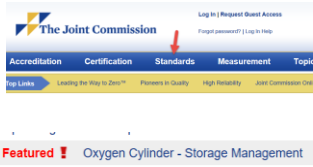
- Standard/EP: LS.02.01.50 EP 10 for HAP, CAH, NCC, BHC, OME
- Standard/EP: LS.03.01.10 EP 6 for AHC
- Standard/EP: LS.02.01.30 EP 12 for AHC
- Changes in "time defined" (Pages EC 2 & 3)
 - Not using NFPA 72!
- And more...



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How do I get to the FAQs?

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Validation Process – **Current State**

- ▀ Conducted within 60 days of our survey
- ▀ Larger State Agency survey team
- ▀ Longer in duration
- ▀ High likelihood of different records, staff, patients reviewed or observed
- ▀ Historical disparity rate calculation



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Validation Process – **Future State (in pilot now!)**

- ▀ Simultaneous survey
- ▀ Consistent number of surveyors and survey days
- ▀ Emphasis on communication
- ▀ State Agency observing our survey team
 - Each surveyor observed directly by State counterpart
- ▀ Elimination of disparity rate
- ▀ Focus on Accrediting Organization performance




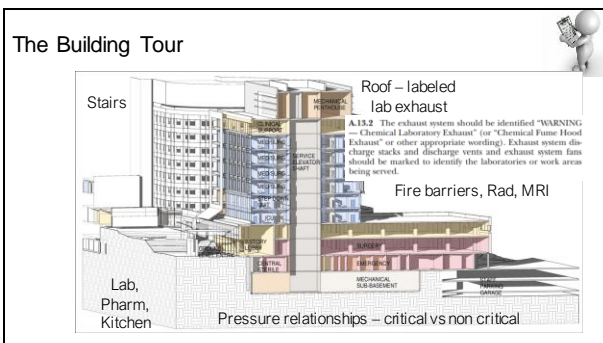
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How was IC involved in the planning and design of this project?

- First webinar for LSCs and HAP surveyors in 2019
- Focus during survey
- 1 ITL and 1 potential ITL thus far - 2019
- Assessments required prior to start of project and through life-cycle of project.





Requirements Life Safety Code Surveyors want you to know about...

▀ RPTs

▢ **Solution: Assure compliance with all requirements in NFPA 99-2012, 10.2.3.6**

10.2.3.6 Multiple Outlet Connection. Two or more power receptacles supplied by a flexible cord shall be permitted to be used to supply power to plug-connected components of a movable equipment assembly that is rack, table, portable, or cart-mounted, provided that all of the following conditions are met:

- (1) The receptacles are permanently attached to the equipment assembly.
- (2) The sum of the ampacity of all appliances connected to the outlets does not exceed 75 percent of the ampacity of the flexible cord supplying the outlets.
- (3) The ampacity of the flexible cord is in accordance with NFPA 70, *National Electrical Code*.
- (4) The electrical and mechanical integrity of the assembly is regularly verified and documented.
- (5) Means are employed to ensure that additional devices or nonmedical equipment cannot be connected to the multiple outlet extension cord after leakage currents have been verified as safe.

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Requirements Life Safety Code Surveyors want you to know about (cont.)

▀ Fire response plan, LIP, copy at operator or security

▢ **Solution: Identify role of LIP in fire plan (are you really using RACE and PASS?) and post plan at CBX/PBX or Security (EC.02.03.01 EP-9)**

▀ Generator EPO remote/not on exterior enclosures

▢ **Solution: (EC.02.05.03 EP-11)**

5.6.5.6^a All installations shall have a remote manual stop station of a type to prevent inadvertent or unintentional operation located outside the room housing the prime mover, where so installed, or elsewhere on the premises where the prime mover is located outside the building.

A.5.6.5.6 For systems located outdoors, the manual shut-down should be located external to the weatherproof enclosure and should be appropriately identified.

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Requirements Life Safety Code Surveyors want you to know about (cont.)

▀ Alcohol soaked items in the OR – see NFPA99-2010 – 15.13.3.4 (3) Any solution-soaked materials have been removed from the operating room prior to draping and use of electrosurgery, cautery, or a laser. **TJC - remove from the vicinity of the patient.**

▀ **Now supported by the (pending) 2021 NFPA 99!** ...solution-soaked materials be removed from the operating room prior to surgery have been revised to reflect **removal of the materials from the "patient care vicinity."**

ALSO - Applicator if used completely – surveyors will no longer consider it to be alcohol soaked.

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Requirements Life Safety Code Surveyors want you to know about (cont.)

Medical Gas

- **Solution: Assure compliance with labeling the medical gas distribution system per NFPA 99, 5.1.11 and get the sign(s) right (5.1.3.1.8/9 & 11.3.4.2)!**

5.1.11* Labeling and Identification. Color and pressure requirements shall be in accordance with Table 5.1.11.

5.1.11.1 Pipe Labeling.

5.1.11.1.1 Piping shall be labeled by stenciling or adhesive markers that identify the patient medical gas, the support gas, or the vacuum system and include the following:

- (1) Name of the gas or vacuum system or the chemical symbol per Table 5.1.11.
- (2) Gas or vacuum system color code per Table 5.1.11.
- (3) Where positive pressure gas piping systems operate at pressures other than the standard gauge pressure in Table 5.1.11, the operating pressure in addition to the name of the gas.

11.3.4.2 The sign shall include the following wording as a minimum:

CAUTION:
OXIDIZING GASES STORED WITHIN
NO SMOKING

5.1.11.8 Locations containing positive pressure gas other than oxygen and medical air shall have their doors labeled as follows:

Positive Pressure Gases
NO Smoking or Open Flame
Bump Into This Insignificant Oxygen
Open Door and Allow Room to Ventilate Before Entering

5.1.11.9 Locations containing central supply vacuum or oil traps containing such traps or needed air shall have their doors labeled as follows:

Medical Gases
NO Smoking or Open Flame



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Requirements Life Safety Code Surveyors want you to know about (cont.) NFPA 96

- **9-1.2.3 All deep fat fryers shall be installed with at least a 16-in. space between the fryer and surface flames from adjacent cooking equipment.**
- **Exception: Where a steel or tempered glass baffle plate is installed at a minimum 8 in. in height between the fryer and surface flames of the adjacent appliance.**



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Requirements Life Safety Code Surveyors want you to know about (cont.) NFPA 96

NFPA 96-2011, 12.1.2.3.1 states for cooking equipment "an approved method shall be provided that will ensure that the appliance is returned to an approved design location".....doesn't specifically call for wheel chocks.



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Requirements Life Safety Code Surveyors want you to know about (cont.)

Corridor/Suite Perimeter Doors

- **Solution:** (LS.02.01.30 EP-13) **Note 1:** For hospitals that use Joint Commission accreditation for deemed status purposes: Powered corridor doors are equipped with positive latching hardware unless the organization can verify that this equipment is not an option provided by the door manufacturer. In instances where positive latching hardware is not an available option provided by the manufacturer, the device used must be capable of keeping the door fully closed when a force of 5 lbf is applied at the latch edge and in any direction to sliding or folding door, whether or not power is applied in accordance with NFPA 101-2012: 19.3.6.3.7.



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Requirements Life Safety Code Surveyors want you to know about (cont.)

Read the small print...NFPA 72-2010.

10.15* Protection of Fire Alarm System. In areas that are not continuously occupied, automatic smoke detection shall be provided at the location of each fire alarm control unit(s), notification appliance circuit power extenders, and supervising station transmitting equipment to provide notification of fire at that location.

Exception: Where ambient conditions prohibit installation of automatic smoke detection, automatic heat detection shall be permitted.



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Requirements Life Safety Code Surveyors want you to know about (cont.) Sprinklers

6.2.9 Stock of Spare Sprinklers.

6.2.9.1* A supply of at least six spare sprinklers (never fewer than six) shall be maintained on the premises so that any sprinklers that have operated or been damaged in any way can be promptly replaced.

6.2.9.2 The sprinklers shall correspond to the types and temperature ratings of the sprinklers in the property.

6.2.9.3 The sprinklers shall be kept in a cabinet located where the temperature to which they are subjected will at no time exceed 100°F (38°C).

6.2.9.4 Where dry sprinklers of different lengths are installed, spare dry sprinklers shall not be required, provided that a means of returning the system service is furnished.

6.2.9.5 The stock of spare sprinklers shall include all types and ratings installed and shall be as follows:

- (1) For protected facilities having under 300 sprinklers — no fewer than six sprinklers
- (2) For protected facilities having 300 to 1000 sprinklers — no fewer than 12 sprinklers
- (3) For protected facilities having over 1000 sprinklers — no fewer than 24 sprinklers

6.2.9.6* One sprinkler wrench as specified by the sprinkler manufacturer shall be provided in the cabinet for each type of sprinkler installed to be used for the removal and installation of sprinklers in the system.

6.2.9.7 A list of the sprinklers installed in the property shall be posted in the sprinkler cabinet.

6.2.9.7.1* The list shall include the following:

- (1) Sprinkler Identification Number (SIN) if equipped; or the manufacturer, model, orifice, deflector type, thermal sensitivity, and pressure rating
- (2) General description
- (3) Quantity of each type to be contained in the cabinet
- (4) Issue or revision date of the list



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Interim Life Safety Measures

- Policy Reviewed during document review,
 - LSCS to provide copy of ILSM Reference guide morning of day 1
- For LS findings, either corrected on site (<8 hours)
 - OR**
 - Surveyor required to document in report what ILSM is put in place until corrected

Tip for success: Know your ILSM policy – education can be limited to specific staff such as plant ops and security – be careful how you write the ILSM policy TIC will hold you to your policy!

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ILSM changes on the report

What the LSCS sees...

What you see on the report if corrected on site while surveyor is still present

site. In 2 out of 2 fire barrier door checks, The two 90 minute fire rated doors that lead into the boiler room and the emergency generator room were secured in the open position by wooden wedges at the time of survey. This finding was observed during survey activity, but corrected onsite prior to the surveyor's departure. The corrective action taken needs to be included in the organization's Evidence of Standards Compliance submission.

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ILSM changes on the report

What the LSCS sees...

What you see on the report

site. The fire alarm control panel room was in a 1 hour rated room, however the door to that room was not labeled to the required 45 minute fire rating at the time of survey. The surveyor discussed the Life Safety deficiency with the organization, and it was determined that the following ILSMs will be implemented until the deficiency has been resolved and according to the organization's ILSM policy: Increase surveillance(EP-8), Provide additional training on use of firefighting equipment(EP-10)

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What is being scored?




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Introduction

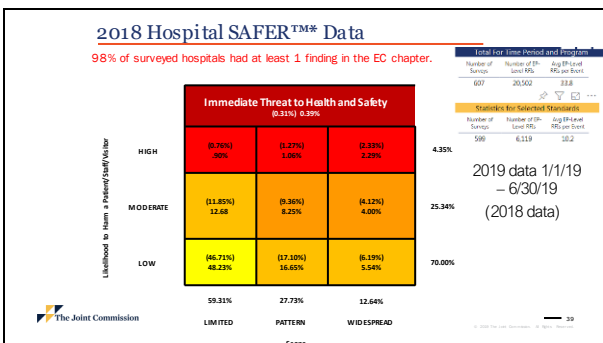
This report includes results from on-site surveys that were conducted between the timeframe of 01/01/2019 through 06/30/2019.

These results include initial and re-accreditation surveys and exclude any mid-cycle surveys such as extension, CMS follow-up, and/or complaint surveys.

This report focuses on the most frequently cited Standards and Elements of Performance (EPs) for the Hospital accreditation program. This report also includes SAFER™ distributions.



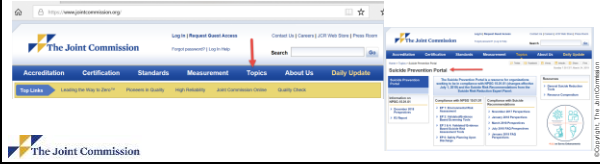
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Ok let's get to it...solutions!

EC.02.06.01 EP 1 - Ligature

- Risk Assessment
- You can find all the updated information at the below (also FGI, ASHE, VA, Design Guidelines, NY, etc.)



Solutions...

LS.02.01.35 EP 4

- Effective above the ceiling work permit system
- See April 2019 EC News for an example of above the ceiling work permit
- Continuous observations when working in the interstitial space
- PI project



4. Piping for approved automatic sprinkler systems is not used to support any other item. (For full text, refer to NFPA 13-2011: 5.2.2.2)



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Solutions...

EC.02.05.05 – EP 6

- Inventory of non-high risk utility systems
 - See note 100% AEM complete - required

6. Ⓢ Non-high-risk utility system components on the inventory. The completion date and the results of the activities are documented.

Notes: Scheduled maintenance activities for non-high-risk utility system components in an alternative equipment maintenance (AEM) program inventory must have a 100% completion rate. AEM frequency is determined by the hospital AEM program.



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Solutions...

EC.02.05.01 EP9

- Assure labels and signs are in good repair and readable!

9. The hospital labels utility system controls to facilitate partial or complete emergency shutdowns.

Note 1: Examples of utility system controls that should be labeled are utility source valves, utility system main switches and valves, and individual circuits in an electrical distribution panel.

Note 2: For example, the fire alarm system's circuit is clearly labeled as Fire Alarm Circuit; the disconnect method (that is, the circuit breaker) is marked in red, and access is restricted to authorized personnel. Information regarding the dedicated branch circuit for the fire alarm panel is located in the control unit. For additional guidance, see NFPA 101-2012: 1819.3.4.1; 9.6.1.3; NFPA 72-2010: 10.5.5.2.


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Solutions...

LS.02.01.35 EP 5

- Annual PM
- Check area between serving line and kitchen & outdoor areas

5. Sprinkler heads are not damaged. They are also free from corrosion, foreign materials, and paint and have necessary escutcheon plates installed. (For full text, refer to NFPA 101-2012: 18.3.5.1; 19.3.5.3; 9.7.5; NFPA 25-2011: 5.2.1.1.1; 5.2.1.1.2; NFPA 13-2010: 6.2.6.2.2; 6.2.7.1)

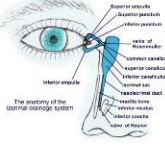


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We've got solutions...

EC.02.02.01 – EP5

- Risk Assessment to include:
 - OSHA 151© & 1048(i)(2)(i)(3)
 - SDS
 - pH (<2.5 or > 11)
 - PPE
 - What version of ANSI are you using?

5. The hospital minimizes risks associated with selecting, handling, storing, transporting, using, and disposing of hazardous chemicals. 

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Solutions...

- LS.02.01.35 EP 14
 - Mounting of fire extinguishers
 - Blocked
 - Visible

14. The hospital meets all other *Life Safety Code* automatic extinguishing requirements related to NFPA 101-2012: 18/19.3.5.

6.1.3.2.1 Installation Height.
 6.1.3.2.1.1 Fire extinguishers having a gross weight not exceeding 40 lbs (18.1 kg) shall be installed so that the top of the fire extinguisher is not more than 5 ft (1.52 m) above the floor.
 6.1.3.2.1.2 Fire extinguishers having a gross weight greater than 40 lbs (18.1 kg) (except wheeled types) shall be installed so that the top of the fire extinguisher is not more than 3 ft 6 in (1.07 m) above the floor.
 6.1.3.2.2 In no case shall the clearance between the bottom of the hand portable fire extinguisher and the floor be less than 4 in. (102 mm).

The Joint Commission logo is in the bottom left corner.

Solutions...

- LS.02.01.10 EP14
 - Above ceiling work permit
 - See Example in *EC News* – April 2019

14. The space around pipes, conduits, bus ducts, cables, wires, air ducts, or pneumatic tubes penetrating the walls or floors are protected with an approved fire-rated material.

Note: Polyurethane expanding foam is not an accepted fire-rated material for this purpose. (For full text, refer to NFPA 101-2012: 8.3.5)

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Solutions...

- LS02.01.10 EP11
 - Annual inspection – see EC News April 2019
 - NFPA 80-2010 ‘Qualified Person’
 - 3.3.95

11. Fire-rated doors within walls and floors have functioning hardware, including positive latching devices and self-closing or automatic-closing devices (either kept closed or activated by release device complying with NFPA 101-2012.7.2.1.8.2). Gaps between meeting edges of door pairs are no more than 1/8 of an inch wide, and undercuts are no larger than 1/4 of an inch. Fire-rated doors within walls do not have unapproved protective plates greater than 16 inches from the bottom of the door. Blocking or wedging open fire-rated doors is prohibited. (For full text, refer to NFPA 101-2012: 8.3.3.1; 7.2.1.8.2; NFPA 80-2010: 4.8.4.1; 5.2.13.3; 6.3.1.7; 6.4.5)

However, if you are using a fire-rated door where it's not needed, we want you to obscure the rating label on that door. You don't need to paint over the label or try to scrape it off because you then would deface the door. At some point in the future—during a remodeling project perhaps—your facility might want to relocate that door to a barrier wall where it is needed. Fortunately, vendors actually make stickers specifically for covering fire-rating labels, which leave the original labels intact.

So, if you cover the label on an unnecessary fire door, The Joint Commission will not cite your facility for not inspecting that door.

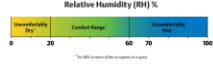


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We've got solutions..

- EC.02.05.01 – EP 15 (Ref: S&C: 15-27-Hospital, CAH & ASC)
 - ‘Critical areas’ addressing appropriate (1) pressure relationships, (2) air exchange rates, (3) filtration efficiencies, (4) temperature and humidity..’
 - Humidity
 - Requires a risk assessment \leq 35%
 - ...hospitals and CAHs are expected to ensure that the humidity levels in their ORs are compatible with the manufacturers instructions for use (IFUs) for the supplies and equipment used in that setting..

15.17 In critical care areas designed to control airborne contaminants (such as biological agents, gases, fumes, dust), the ventilation system provides appropriate pressure relationships, air-exchange rates, filtration efficiencies, temperature and humidity. □

Relative Humidity (RH) %


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Follow up surveys...

- ▀ Follow up surveys
- ▀ Who does what...
 - Assignment of follow up surveys – (meddef, PDA, AFS)
 - LSCS FD (Jim) and Clinical FD review CAH (Theresa), PSYCH (Nina), and HAP (Patsy)
 - LSCS FD (Tim) and Clinical FD (Dana) review AHC

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Condition-Level Deficiency Data
 % of **Psychiatric** Hospitals with at least one Conditional-Level Deficiency (CLD)

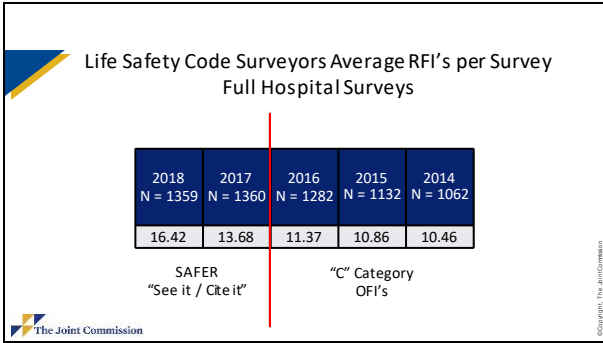
Timeframe	Number of deemed Orgs with CLDs	Average CLD per Hospital	% of Hospitals with at least one CLD
01/01/2018 – 12/31/2018	185	1.77	61.62%
01/01/2017 – 12/31/2017	180	1.77	77.08%
01/01/2016 – 12/31/2016	200	2.08	65.60%

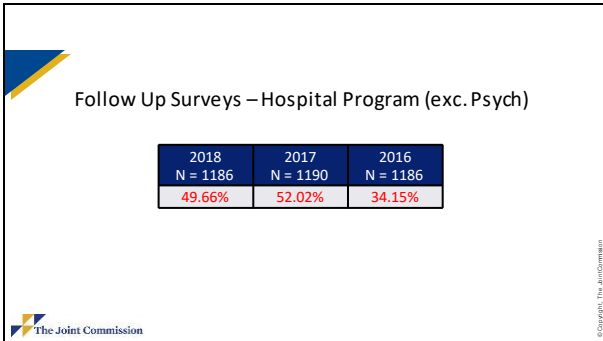
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Condition-Level Deficiency Data
 % of **Hospitals** with at least one Conditional-Level Deficiency (CLD) (excluding Psychiatric Hospitals)

Timeframe	Number of deemed Orgs with CLDs	Average CLD per Hospital	% of Hospitals with at least one CLD
01/01/2018 – 12/31/2018	1186	1.29	49.66%
01/01/2017 – 12/31/2017	1190	1.33	52.02%
01/01/2016 – 12/31/2016	1142	1.04	34.15%

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The Classics...



EC.02.06.01 EP 1 – Stained ceiling tile



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LS.02.01.20 EP 22



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Some Emergency Management Updates

- Where I live...what could possibly go wrong?



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Kennedy Space Center



"A SpaceX commercial crew capsule suffered a dramatic "Super Draco" abort engine test failure at the Cape Canaveral Air Force Station Saturday, sending billowing clouds of reddish-orange smoke wafting into sky and out to sea. No injuries were reported."

April
20,2019



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My home town port...Port Canaveral



July 18, 2006 – expect '1300 patients' –cruise ship extreme tilt

What can go wrong with a cruise?

CDC Centers for Disease Control and Prevention
CDC 24/7: Saving Lives. Protecting People.SM
1996 - Shigella event - > 500 patients...and then there was the 2nd wave...



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From Bill Gates – Emerging IC



'The next deadly disease that will cause a global pandemic is coming, Bill Gates said on Friday at a discussion of epidemics. We're not ready. An illness like the pandemic 1918 influenza could kill 30 million people within six months, Gates said, adding that the next disease might not even be a flu, but something we've never seen. The world should prepare as it does for war, Gates said.'



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NEW CMS S&C

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DEPARTMENT OF HEALTH & HUMAN SERVICES
 Centers for Medicare & Medicaid Services
 7500 Security Boulevard, Mail Stop C2-21-34
 Baltimore, Maryland, 21244-0001

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

Center for Clinical Standards and Quality/Quality, Safety & Oversight Group

DATE: February 1, 2019 **Ref:** QSO19-06-ALL

TO: State Survey Agency Directors

FROM: Director
Quality, Safety & Oversight Group

SUBJECT: Emergency Preparedness- Updates to Appendix Z of the State Operations Manual (SOM)

CMS is adding "emerging infectious diseases" to the current definition of all-hazards approach. After review, CMS determined it was critical for facilities to include planning for infectious diseases within their emergency preparedness program. In light of events such as the Ebola Virus and Zika, we believe that facilities should consider preparedness and infection prevention within their all-hazards approach, which covers both natural and man-made disasters.

Update to EM standard/ep

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Standard EM.01.01.01

The hospital engages in planning activities prior to developing its written Emergency Operations Plan.

Note: An emergency is an unexpected or sudden event that significantly disrupts the organization's ability to provide care, or the environment of care itself, or that results in a sudden, significantly changed or increased demand for the organization's services. Emergencies can be either human-made or natural (such as an electrical system failure, **emerging infectious diseases (such as Ebola, Zika, influenza)**, or a tornado), or a combination of both, and they exist on a continuum of severity. A disaster is a type of emergency that, due to its complexity, scope, or duration, threatens the organization's capabilities and requires outside assistance to sustain patient care, safety, or security functions.

Who is practicing evacuation drills?

The Joint Commission



Evacuated 8 times – developed the first web based evacuation tool for hospitals in the U.S.

Did I mention active shooter & MCI?



Help from Disaster Medical Assistance Team (DMAT)





Environment of Care® News

This monthly publication provides up-to-date, practical, and accurate advice on Joint Commission environment of care, emergency management, and life safety standards. Stay on top of information from the Centers for Medicare & Medicaid Services (CMS), National Fire Protection Association (NFPA), and other regulating bodies that affect Joint Commission standards—and your compliance activities in your health care organization.

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Review and Conclusion

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