Herman A. McKenzie
MBA, CHSP
Acting Director - Engineering

ACO-DSSM-SIG – who does what at TJC?

The LSCs who are helping out…

John Hittle
Preceptor

Sean McGovern
Preceptor

Rick Urban
Preceptor
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.newsmediarelease.com/2018_411_part1/#hld

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

The Joint Commission

Mission:
- To continuously improve health care...
- By evaluating health care organizations – by discovering unknown risks
- To provide safe and effective care
- Inspiring them to excel
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)

Life Safety Code Surveyor Days - 2018

<table>
<thead>
<tr>
<th>Gross Building Square Footage</th>
<th>Hospitals – Each Physical Address</th>
<th>Min. 2 LSCS Days (NEW)</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 – 1,000,000</td>
<td>2 LSCS Days</td>
<td></td>
</tr>
<tr>
<td>1,000,001 – 1,500,000</td>
<td>3 LSCS Days (NEW)</td>
<td></td>
</tr>
<tr>
<td>&gt;1,500,000</td>
<td>LSC FD Review</td>
<td></td>
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<table>
<thead>
<tr>
<th>Non Hospital Life Safety Code Surveyor Days - 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gross Building Square Footage</td>
</tr>
<tr>
<td>AHC / ASC</td>
</tr>
<tr>
<td>Med Def</td>
</tr>
<tr>
<td>SSU / OQPS</td>
</tr>
<tr>
<td>1 LSCS Day</td>
</tr>
<tr>
<td>1 LSCS Day</td>
</tr>
<tr>
<td>1 LSCS Day</td>
</tr>
</tbody>
</table>
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

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

Standard and EP Revisions Coming Soon (Proposed)

- 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
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

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

Standard and EP Revisions Coming Soon (Proposed)

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

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

- First webinar for LSCSs 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.

The Building Tour

- Roof – labeled lab exhaust
- Stars
- Lab, Pharm, Kitchen
- Pressure relationships – critical vs non critical
- Fire barriers, Rad, MRI
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

- **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)

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

- **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)

- **Alcohol soaked items in the OR – see NFPA 99-2010 – 15.13.3.4 (3)**

  Any solution-soaked materials have been removed from the operating room prior to surgery and use of electrosurgery, cautery, or laser. The introduction of the sterile unit into the operating room has been completed prior to surgery.

  Also supported by the upcoming 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 - Apparatus if used completely - surveyors will no longer consider it to be alcohol soaked.
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)!

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.
Corridor/Suite Perimeter Doors

Solution: [LS.02.01.30 EP-13] Note 1: For hospitals that use Joint Commission accreditation for skilled nursing facilities, 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 lb is applied at the latch edge and in any direction to a sliding or folding door, whether or not power is applied in accordance with NFPA 101-2012. 19.3.6.3.7.

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.
Interim Life Safety Measures

Policy reviewed during document review.
LSCS to provide copy of ILSM Reference Guide morning of day 1.
Surveyor required to document in report what ILSM is put in place.
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 TJC will hold you to your policy.

ILSM changes on the report

What you see on the report if correction on site is prior to surveyor being present:
- The item checked is marked with a red X.
- The item checked is marked with a yellow X.
- The item checked is marked with a green X.
- The item checked is marked with a black X.
- The item checked is marked with a white X.
- The item checked is marked with a purple X.
- The item checked is marked with a blue X.
- The item checked is marked with a red square.
- The item checked is marked with a yellow square.
- The item checked is marked with a green square.
- The item checked is marked with a black square.
- The item checked is marked with a white square.
- The item checked is marked with a purple square.
- The item checked is marked with a blue square.
- The item checked is marked with a red circle.
- The item checked is marked with a yellow circle.
- The item checked is marked with a green circle.
- The item checked is marked with a black circle.
- The item checked is marked with a white circle.
- The item checked is marked with a purple circle.
- The item checked is marked with a blue circle.
- The item checked is marked with a red triangle.
- The item checked is marked with a yellow triangle.
- The item checked is marked with a green triangle.
- The item checked is marked with a black triangle.
- The item checked is marked with a white triangle.
- The item checked is marked with a purple triangle.
- The item checked is marked with a blue triangle.
- The item checked is marked with a red star.
- The item checked is marked with a yellow star.
- The item checked is marked with a green star.
- The item checked is marked with a black star.
- The item checked is marked with a white star.
- The item checked is marked with a purple star.
- The item checked is marked with a blue star.
- The item checked is marked with a red cross.
- The item checked is marked with a yellow cross.
- The item checked is marked with a green cross.
- The item checked is marked with a black cross.
- The item checked is marked with a white cross.
- The item checked is marked with a purple cross.
- The item checked is marked with a blue cross.
- The item checked is marked with a red heart.
- The item checked is marked with a yellow heart.
- The item checked is marked with a green heart.
- The item checked is marked with a black heart.
- The item checked is marked with a white heart.
- The item checked is marked with a purple heart.
- The item checked is marked with a blue heart.
- The item checked is marked with a red flower.
- The item checked is marked with a yellow flower.
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- The item checked is marked with a white arrow.
- The item checked is marked with a purple arrow.
- The item checked is marked with a blue arrow.
- The item checked is marked with a red question mark.
- The item checked is marked with a yellow question mark.
- The item checked is marked with a green question mark.
- The item checked is marked with a black question mark.
- The item checked is marked with a white question mark.
- The item checked is marked with a purple question mark.
- The item checked is marked with a blue question mark.
- The item checked is marked with a red exclamation mark.
- The item checked is marked with a yellow exclamation mark.
- The item checked is marked with a green exclamation mark.
- The item checked is marked with a black exclamation mark.
- The item checked is marked with a white exclamation mark.
- The item checked is marked with a purple exclamation mark.
- The item checked is marked with a blue exclamation mark.
- The item checked is marked with a red check mark.
- The item checked is marked with a yellow check mark.
- The item checked is marked with a green check mark.
- The item checked is marked with a black check mark.
- The item checked is marked with a white check mark.
- The item checked is marked with a purple check mark.
- The item checked is marked with a blue check mark.
- The item checked is marked with a red x.
- The item checked is marked with a yellow x.
- The item checked is marked with a green x.
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- The item checked is marked with a white x.
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- The item checked is marked with a purple cross.
- The item checked is marked with a blue cross.
What is being scored?

Introduction

This report includes results from onsite 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.

2018 Hospital SAFER™ Data

98% of surveyed hospitals had at least 1 finding in the EC chapter.

Immediate Threat to Health and Safety (In High Risk)

- 0.31% (0.39%)
- 0.76% (0.90%)
- 1.27% (1.06%)
- 2.33% (2.29%)
- 4.35%
- 4.00%
- 8.25%
- 9.36% (11.85%)
- 25.34%
- 48.23%
- 16.65%
- 17.10%
- 5.54%

Scope

2019 data 1/1/19 – 6/30/19 (2018 data)
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 120-2013, 5.2.2.2)

Solutions...

EC.02.05.05 – EP 6

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

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

Note: 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.
Assure labels and signs are in good repair and readable!

- EC.02.05.01 EP9

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

- OSFA 151 © & 304K(X2)(I)(J)

- SDS

- pH (<2.5 or >11)

- PPE

- What version of ANSI are you using?

- Risk Assessment to include:

- OSHA 151 © & 304K(X2)(I)(J)

- SDS

- pH (<2.5 or >11)

- PPE

- What version of ANSI are you using?
Solutions...

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


Solutions...

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

15. The space around pipes, conduits, bus ducts, cables, wires, etc., where, when exposed, would be protected by a fire stopping installed in accordance with the approved fire stopping material.

Note: Automatic sprinkler systems are not an accepted fireproof material for this purpose. See NFPA 101:2012. 4.5.3.
LS02.01.10 EP11
- Annual inspection – see EC News April 2019
- NFPA 80-2010 "Qualified Person"
  - 3.3.95

- 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 < 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.
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

<table>
<thead>
<tr>
<th>Condition-Level Deficiency Data</th>
<th>% of Psychiatric Hospitals with at least one Conditional-Level Deficiency (CLD)</th>
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<tbody>
<tr>
<td></td>
<td>% of Hospitals with at least one CLD (excluding Psychiatric Hospitals)</td>
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<tr>
<td>Timeframe</td>
<td>Number of deemed Orgs with CLDs</td>
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<tr>
<td>01/01/2018 – 12/31/2018</td>
<td>185</td>
</tr>
<tr>
<td>01/01/2017 – 12/31/2017</td>
<td>180</td>
</tr>
<tr>
<td>01/01/2016 – 12/31/2016</td>
<td>200</td>
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</tbody>
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<table>
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<tr>
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<th>% of Hospitals with at least one Conditional-Level Deficiency (CLD)</th>
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<tr>
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<tr>
<td>Timeframe</td>
<td>Number of deemed Orgs with CLDs</td>
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<td>01/01/2017 – 12/31/2017</td>
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<tr>
<td>01/01/2016 – 12/31/2016</td>
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**Life Safety Code Surveyors Average RFI’s per Survey**

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<th>Year</th>
<th>N</th>
<th>2018</th>
<th>2017</th>
<th>2016</th>
<th>2015</th>
<th>2014</th>
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<tr>
<td></td>
<td></td>
<td>16.42</td>
<td>13.68</td>
<td>11.37</td>
<td>10.86</td>
<td>10.46</td>
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</table>

SAFER

“See it / Cite it”

“C” Category

OFF’s

**Follow Up Surveys – Hospital Program (exc. Psych)**

<table>
<thead>
<tr>
<th>Year</th>
<th>N</th>
<th>2018</th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>49.66%</td>
<td>52.02%</td>
<td>34.15%</td>
</tr>
</tbody>
</table>

**The Classics...**
Some Emergency Management Updates

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

My home town port...Port Canaveral

What can go wrong with a cruise?

July 18, 2006 – erupts USD patients – cruise ship environment

1996: Shigella event > 500 patients, and then there was the 2nd wave...

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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Update to EM standard/ep

Standard EM.01.01.01

The hospital engages in planning activities prior to developing its written Emergency Operations Plan. Note: An emergency is an unplanned 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-induced or natural (such as electrical patient shocks, emerging infectious diseases such as Ebola, the influenza or a variant, or a combination of both, and other medical or community health disasters). 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?

Evacuated time – 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
Who subscribes to *EC News* – March 2019 Edition Topics

- From JCAH Commission on Accreditation: special topics on various healthcare facilities
- Introducing New *EC News* Customer Advisory Board: with expertise in the transformation of care 2012, the safety cycle, emergency management (CEM), and security, the Board members discussed different types and states of healthcare facilities and issues of the month.
- **Post Survey Process: Time Limited Waivers, SPFI, Equivalencies, Evidence**
- Ligature and the Ligature Facility Extension Request
- Critical Pressure Relationships
- Emergency Management
- Live Q&A, 24 x 7 access

For more information:
Sue Murray 630-792-5444, smurray@jcrinc.com

Sign up for free news and alerts @
www.jointcommission.org (bottom of web page)!

JCR EC/LS Online Education

- 4-part webinar series:
  - Post Survey Process: Time Limited Waivers, SPFI, Equivalencies, Evidence
  - Ligature and the Ligature Facility Extension Request
  - Critical Pressure Relationships
  - Emergency Management
  - Live Q&A, 24 x 7 access