2014

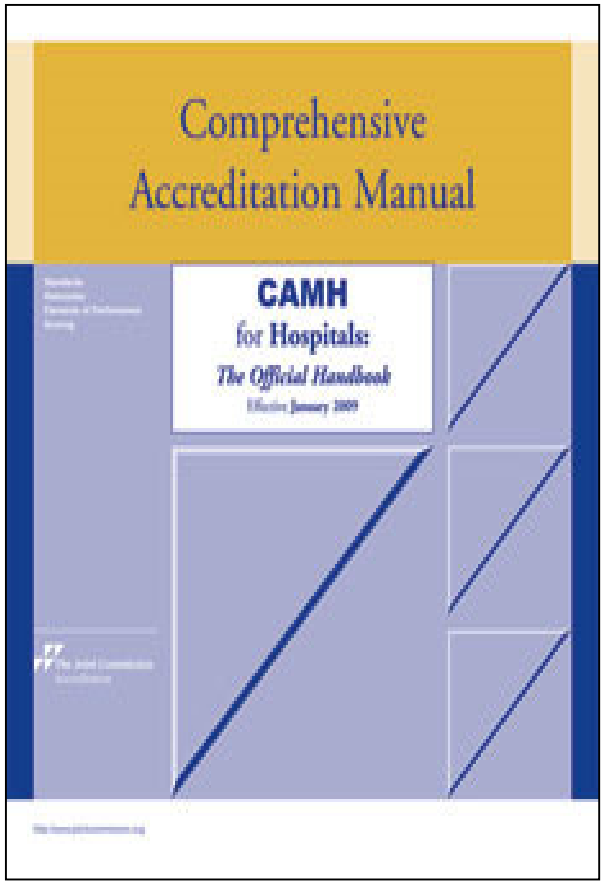
The Healthcare Environment

Anne M. Guglielmo, Engineer
Department of Engineering
The Joint Commission

The Joint Commission

2013/2014 CHALLENGING STANDARDS

THE TOP 20 ISSUES



Standard	2013 Non Compliance	2014 Non Compliance 1st 6 months
EC.02.05.01	47%	53% ⇧
LS.02.01.20	52%	52%
EC.02.06.01	39%	51% ⇧
EC.02.03.05	45%	50% ⇧
IC.02.02.01	46%	50% ⇧
LS.02.01.10	48%	49% ⇧
RC.01.01.01	52%	49% ⇩
LS.02.01.30	45%	46% ⇧
LS.02.01.35	36%	44% ⇧
EC.02.02.01	34%	36% ⇧

Standard	2013 Non-Compliance	2014 Non-Compliance 1st 6 months
MM.03.01.01	35%	32% ⇩
PC.01.03.01	27%	29% ⇧
EC.02.05.09	22%	27% ⇧
PC.02.01.03	22%	27% ⇧
MM.04.01.01	22%	24% ⇧
PC.03.01.03	20%	24% ⇧
LD.01.03.01	19%	23% ⇧
LD.04.01.05	14%	22% ⇧
EC.02.05.07	23%	21% ⇩
MM.05.01.01	16%	20% ⇧

Top 10 Cited EC/LS Standards: 2011 – 2014 (YTD)

Standard	2014	2013	2012	2011
EC.02.05.01: Utility Systems Risks	#1	#4	#10	#13
LS.02.01.20: Means of Egress	#2	#1	#2	#2
EC.02.06.01: Built Environment	#3	#8	#7	#11
EC.02.03.05: Fire Safety Systems	#4	#7	#5	#5
LS.02.01.10: General Bldg Req's	#6	#3	#3	#3
LS.02.01.30: Protection	#8	#6	#6	#4
LS.02.01.35: Extinguishment	#9	#9	#9	#10
EC.02.02.01: HazMat & Waste	#10	#11	#11	#15

What is your approach to ESC?

- Do you have a team approach or is one person responsible?
- Do you do what you need to do to “make it go away” or are the issues analyzed to determine why the non compliance is present?
- Do you use this standard ESC response: “We have re-educated the “Fill In The Blank”?”
- Have you looked at patient safety events and near misses/close calls in relation to non compliance identified during your survey?
- Have you considered what the short term and long term impact will be if you are unsuccessful in correcting the RFIs?

What is your approach to ESC?

- Do you develop generic ESC or are your ESC specific to the root causes of the RFIs?
- Does the safety culture in your organization encourage staff and medical staff to identify system and process problems so they can be addressed quickly or do you wait until something happens or a surveyor finds it?
- When you develop your ESC do you find a way to incorporate it into daily activities and processes or do you lay it on top of everything else staff have to do?
- Is the culture in your organization one that allows the importance of the ESC to fade after a few months or is patient safety and compliance embedded in your mission/vision?

What is your approach to ESC?

If you don't address the issues the first time you will be continually be doing rework and patient safety and quality suffer!

#1 EC.02.05.01 EP 6 53%

- Ventilation system is unable to provide appropriate pressure relationships, air-exchange rates and filtration efficiencies
  - Specific areas lack
    - negative or positive pressures in relationship to adjacent areas
      - i.e. Endoscopy Processing Room should be negative to the egress corridor
    - the correct number of air changes per hour
    - Improper filtration
      - MERV = minimum efficiency reporting value

What is Ventilation?

- Ventilation is moving air from one location to another
- Supply Air
  - Outside air is conditioned by cooling or heating as the air moves through a series of coils
    - To save energy in some systems the returned air is blended with outside air
  - Next the air is cleaned by filters and discharged into the occupied space
  - As the air moves through the building in ducts, the ducts pass through barriers (walls)
    - To protect the barrier dampers are in place

Ventilation

Exhaust System

- Removing the air from an occupied space is accomplished by the exhaust system
- Exhausted air is either removed from the building or re-conditioned and re-used
- As air is removed, it is replaced by supply air
  - This is how air exchanges occur
  - New air in, old air out

Screening

- Tissue test: only to be used as a pre-screening tool to evaluate if further investigation needs to occur
  - To perform the flutter test take a tissue and let it hang just off the floor near the bottom edge of a door
  - If the tissue indicates incorrect air flow, stabilize the area by closing doors and windows, wait a few minutes and re-test
  - If the organization presents a Testing & Balancing report the following questions should be asked
    - when was the balancing done (seasonal issues)
    - are any specific requirements (such as keeping a door closed) needed to achieve satisfactory results

Survey Process

EC.02.05.01 EP 6 will generate a CLD

- If the organization can repair the ***process*** that led to non-compliance the LSCS may review
- Following LSCS review, the LSCS may contact the Central Office to discuss the ***possibility*** of reducing the CLD to SLD, with no change to the finding
- Resolution should include the area affected by the equipment identified as non-compliant, not just the identified room/area
  - i.e. ensure zone is balanced
  - Is there an ongoing process to assess

#2 LS.02.01.20 EP 13 52%

- The hospital maintains the integrity of the means of egress
- Anything in the egress corridor more than 30 minutes is storage
- Dead end corridors may be used for storage
  - Less than or equal to 50sqft space
- Carts Allowed:
  - Crash Carts
  - Isolation Carts
  - Chemo Carts

"If the corridor looks cluttered…it probably is"

- Educate Staff
  - What is the Risk?
    - Patient movement
    - Staff movement
    - Additional Staff responding to emergency patient care

Suites

- Not identified on drawings
  - Boundaries
  - Dimensions
  - Exits

LS Drawing Information

- A legend that clearly identifies features of fire safety
- Areas of the building that are fully sprinklered (if the building is partially sprinklered)
- Locations of all hazardous storage areas
- Locations of all rated barriers
- Locations of all smoke barriers
- Suite boundaries, including the size of the identified suites—both sleeping (max 5,000 sq ft) and non-sleeping (max 10,000 sq ft)
- Locations of designated smoke compartments
- Locations of chutes and shafts
- Any approved equivalencies or waivers

#3 EC.02.06.01 EP 1 & 13 51%

- EP 1 Interior spaces meet the needs of the patient population and are safe and suitable to the care, treatment and services provided
  - The organization must provide a safe environment
    - Unsecured oxygen cylinders
    - Outdoor safety is scored at EC.02.01.01 EP 5

EC.02.06.01 EP 13

- EP 13 The organization maintains ventilation, temperature and humidity levels suitable for the care, treatment and services provided
  - Ventilation:
    - i.e. doors held open by air pressure; odors
  - Temperature:
    - Hot / Cold calls
  - Humidity
    - Primary concern is for areas >60%RH
      - Mold growth is possible
- EP 20 Patient care areas are clean and free of offensive odors

#4 EC.02.03.05 50%

- The hospital maintains fire safety equipment and fire safety building features.
  - Features of fire protection
    - Inventory required to ensure all devices are tested
    - Documentation of testing is required

Need for Inventory

EC.02.03.05 EP 1 – 20:

- Each device that is required to be tested must be documented in an inventory
  - If ***x*** devices were tested last year, and ***x-1*** were tested this year, which device was missed?
    - Each device must be on the inventory to identify which device was missed
    - Total number of devices (quantity) is not adequate
- Lack of an inventory (written, electronic or other) results in a finding at the EP
  - Findings solely for lack of inventory is **not** scored at EC.02.03.05 EP 25

EC.02.03.05

EPs 1 -20:

- Missing documentation: score the EP as non-compliant
  - Also write a finding at EP 25 for *documentation not being readily available to the AHJ*
    - If acceptable documentation appears, finding at EP 1 – 20 might be removed during survey
    - EP 25 remains

LD.04.01.05 EP 4: Staff held accountable

- If 3 or more findings at EC.02.03.05 EP 1 – 20

EC.02.03.05

- During survey specific documentation is reviewed
- If the documentation for a specific EP is not available a finding is written as non-compliant for that EP
  - The documentation should be readily available
- If the organization clarifies after survey:
  - Joint Commission Engineers will review and evaluate compliance
  - LD.04.01.05 EP 4 remains

#6 LS.02.01.10 EP 5 – 7 & 9 49%

- Building and fire protection features are designed and maintained to minimize the effects of fire, smoke, and heat.
  - EPs 5 – 7 Door issues
  - EP 9 Fire Barrier Penetrations
- Barrier Management

#8 LS.02.01.30 46%

The hospital provides and maintains building features to protect individuals from the hazards of fire and smoke.

- EP2 Hazardous Areas
  - Primarily door issues
- EPs 16 – 23 Smoke Barriers & Doors

#9 LS.02.01.35 44%

- EP 4: Piping for the AASS is not used to support any other item
- EP 5: Sprinkler heads are not damaged and are free from corrosion, foreign materials, and paint
- EP 14: Meets all other *Life Safety Code* automatic extinguishing requirements related to NFPA 101-2000

LS.02.01.35, EP 14

- Missing escutcheons
- Ceiling tiles misplaced in rooms
- Blocked access to fire extinguishers
- Missing signage required in NFPA 13-1999
- Quick response sprinklers mixed with other types in patient sleeping smoke compartments

#10 EC.02.02.01 EP 3 – 5 36%

- EPs 3 – 5: Personal Protective Equipment and the process to manage hazardous materials and waste handling and exposures
- EPs 6 – 7: Hazardous energy sources
  - Escorts to Hot Lab based on organization policy
    - Perspectives, July 2012
  - Lead aprons

Eye Wash Station
Federal Requirements: OSHA

- Score Eye Wash issues at EC.02.02.01 EP 5
- Risk assess location / application based on OSHA recommendation to
  - reduce the risk of injury from contact with caustic and corrosive materials in areas such as
    - Power Plant
    - Lab
  - Placed so that the eyewash is within 10 seconds or 55 feet from where the corrosive chemicals is used
- Weekly flush until clear is required
- Annual inspection to ensure the system is fully functional
- Mixing valve recommended to achieve tepid
  - Risk assess potential exposure to determine if cold water only would be acceptable

#13 EC.02.05.09 EP 3 27%

- Medical Gas Systems
  - EP 1: Inspection Testing and Maintaining
  - EP 2: Test when modified, installed or repaired
  - EP 3: Obstructions
  - EP 3: Labeling
    - Contents of piping
    - Areas served
      - Accuracy

MEDICAL GAS SAFETY

- Score EC.02.03.01 EP 1 …fire risk
  - 12 'E' cylinders (<300ft³) per smoke compartment (22,500ft²) may be open to the egress corridor in a rack or appropriate holders
  - Between 300 and 3000ft³ must be stored in a room that is limited construction with doors that can be locked
  - "In use" verses "in storage"
    - Properly secured to a gurney is considered "in use"
    - Properly racked is "in storage"
    - *Empty* are NOT considered part of the 12 *in storage*
    - *Empty* and *full* must be stored (racked) separately

MEDICAL GAS SAFETY

Score EC.02.06.01 EP 1 …unsafe condition

- **Unsecured cylinders**
  - Laying on top a gurney mattress; leaning against the wall
  - Free standing
  - Comingling of full and empty cylinders
- **Transfilling liquid oxygen**
  - Transfer of any gases from one cylinder to another in patient care areas of health care facilities is prohibited.
  - Transfilling of liquid oxygen only in an area that is:
    - mechanically ventilated
    - sprinklered
    - ceramic or concrete flooring
    - separated with at least 1 hour construction from any patient care areas

#18 LD.4.01.05 22%

- The hospital effectively manages its programs, services, sites, or departments
  - Problematic EP:
  - EP 4: Staff are held accountable for their responsibilities

R

  - Used when leadership has allowed non compliance to exist without correction
  - Sometimes used when situation is serious but does not warrant a “decision rule”

#19 EC.02.05.07 EP 6 21%

EPs 4 – 7

- Missed Generator & Automatic Transfer Switch (ATS) Tests
  - Exercise monthly
    - Each emergency generator must be tested with a load of at least 30% of nameplate
    - Each ATS must be tested
- Missed triennial 4 hour test

Equipment Management

Medical Equipment: EC.02.04.01, EC.02.04.03

Utility Systems: EC.02.05.01, EC.02.05.05

*APPLIES TO **HOSPITAL & CAH** PROGRAMS*

The Joint Commission

EC.02.05.01

Standard EC.02.05.01

The hospital manages risks associated with its utility systems.

EC.02.05.01 EP 1

The hospital designs and installs utility systems that meet patient care and operational needs. (See also EC.02.06.05, EP 1)

EC.02.05.01 EP 2

The hospital maintains a written inventory of all operating components of utility systems or maintains a written inventory of selected operating components of utility systems based on risks for infection, occupant needs, and systems critical to patient care (including all life-support systems). The hospital evaluates new types of utility components before initial use to determine whether they should be included in the inventory. **For hospitals that use Joint Commission accreditation for deemed status purposes:** The hospital maintains a written inventory of all operating components of utility systems. (See also EC.02.05.05, EPs 1, 3-5)

Utility Systems & Operating Components

- Utility Systems are those systems that support the use and function of the physical environment, such as the
  - heating system
  - the cooling system
  - water distribution system

Utility Systems & Operating Components

- Utility Systems are those systems that support the use and function of the physical environment, such as the
  - heating system
  - the cooling system
  - water distribution system
- Components on the inventory would include the equipment that is performance-related and delivers a measurable outcome.
  - For example, the heating system may have the following components:
    - boiler, DA tank (de-aeration tank), feed water pumps, distribution (including circulation pumps, piping, and condensate return).
  - Support parts to the components, such as belts, filters and steam traps, might not need to be individually listed, although they would likely be part of a preventive maintenance program.
    - Support parts of components such as pumps and motors might also be considered sub-components and may or may not be reflected on the inventory, depending on the maintenance strategies used.

EC.02.05.01 EP 3

The hospital identifies high-risk operating components of utility systems on the inventory for which there is a risk of serious injury or death to a patient or staff member should the component fail.

Note: High-risk utility system components include life-support equipment.

EC.02.05.01 EP 4

The hospital identifies the activities and associated frequencies, in writing, for inspecting, testing and maintaining all operating components of utility systems on the inventory. These activities and associated frequencies are in accordance with manufacturers' recommendations or with strategies of an alternative equipment maintenance (AEM) program.

Note 1: The strategies of an AEM program must not reduce the safety of equipment and must be based on accepted standards of practice.

- An example of guidelines for physical plant equipment maintenance is the American Society for Healthcare Engineering (ASHE) book *Maintenance Management for Health Care Facilities*.

Note 2: For guidance on maintenance and testing activities for Essential Electric Systems (Type I), see NFPA 99, 1999 edition (Section 3-4.4).

EC.02.05.01 EP 5

For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital's activities and frequencies for inspecting, testing, and maintaining the following items must be in accordance with manufacturers' recommendations:

- Equipment subject to federal or state law or Medicare Conditions of Participation in which inspecting, testing, and maintaining be in accordance with the manufacturers' recommendations, or otherwise establishes more stringent maintenance requirements
- New operating components with insufficient maintenance history to support the use of alternative maintenance strategies

EC.02.05.01 EP 5

- *Note: Maintenance history includes any of the following documented evidence:*
  - *Records provided by the hospital's contractors*
  - *Information made public by nationally recognized sources*
  - *Records of the hospital's experience over time*

*EC.02.**04**.01 EP 5*

For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital's activities and frequencies for inspecting, testing, and maintaining the following items must be ir accordance with manufacturers' recommendations:

- Equipment subject to federal or state law or Medicare Conditions of Participation in which inspecting, testing, and maintaining be in accordance with the manufacturers' recommendations, or otherwise establishes more stringent maintenance requirements
- Medical laser devices
- Imaging and radiologic equipment (whether used for diagnostic or therapeutic purposes)
- New medical equipment with insufficient maintenance history to support the use of alternative maintenance strategies

EC.02.05.01 EP 6

For hospitals that use Joint Commission accreditation for deemed status purposes: A qualified individual(s) uses written criteria to support the determination whether it is safe to permit operating components of utility systems to be maintained in an alternate manner that includes the following:

- How the equipment is used, including the seriousness and prevalence of harm during normal use
- Likely consequences of equipment failure or malfunction, including seriousness of and prevalence of harm
- Availability of alternative or back-up equipment in the event the equipment fails or malfunctions
- Incident history of identical or similar equipment
- Maintenance requirements of the equipment

For more information on defining staff qualifications, refer to Standard HR.01.02.01

EC.02.05.01 EP 7

For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital identifies operating components of utility systems on its inventory that is included in an alternative equipment maintenance program.

EC.02.05.01 EP ~~5~~ 14

The hospital minimizes pathogenic biological agents in cooling towers, domestic hot-and cold-water systems, and other aerosolizing water systems.

EC.02.05.01 EP ~~6~~ 15

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

Note: Areas designed for control of airborne contaminants include spaces such as

- operating rooms
- special procedure rooms
- delivery rooms for patients diagnosed with or suspected of having airborne communicable diseases (for example, pulmonary or laryngeal tuberculosis)
- patients in "protective environment" rooms (for example, those receiving bone marrow transplants), laboratories, pharmacies, and sterile supply rooms

EC.02.05.05 EP 1

The hospital tests utility system components on the inventory before initial use and after major repairs or upgrades. The completion date of the tests is documented. (See also EC.02.05.01, EP 2)

EC.02.05.05 EP 3

The hospital inspects, tests, and maintains the following: ~~life-support~~ High-risk utility system components on the inventory. These activities are documented. (See also EC.02.05.01, EPs 2 and 4)

- Note: High-risk utility system components includes life-support utility system components.

EC.02.05.05 EP 4

- The hospital inspects, tests, and maintains the following: Infection control utility system components on the inventory. These activities are documented. (See also EC.02.05.01, EPs 2 and 4)

EC.02.05.05 EP 5

The hospital inspects, tests, and maintains the following: ~~Non–life-support~~ Non-high-risk utility system components on the inventory. These activities are documented. (See also EC.02.05.01, EPs 2 and 4)

Equipment Survey Process

Documentation is completed for High-risk, life support and non-life support devices on the inventory

- Accuracy of Inventory
  - All High-risk and Life Support equipment must be on the inventory and identified
  - Preventive maintenance frequencies must be clearly defined in writing
- Confirm work done as per scheduled activities
  - Ensure appropriate work is scheduled based on maintenance strategies
  - Evaluate equipment failure and scheduled actions

Evaluating Program Effectiveness

- The equipment management programs must have written policies & procedures
- Evaluating the program:
  - How is equipment evaluated to ensure no degradation of performance?
    - Consider mis-calibration of equipment
    - Consider test equipment calibration confirmation
  - How are equipment-related incidents investigated?
    - Could the malfunction have been avoided?
    - Did the alternative maintenance strategy contribute to the malfunction?
    - How to sequester equipment deemed unsafe?

Standards Language Changes

The Joint Commission

Changes to Elements of Performance

- Standard EC.02.02.01
  - EP11: For managing hazardous materials and waste, the hospital has the permits, licenses, manifests, and ~~**material**~~ safety data sheets required by law and regulation
- EC.02.05.07, EP 4
  - ~~Twelve times a year, at intervals of not less than 20 days and not more than 40 days,~~ **At least monthly**, the hospital tests each emergency generator **under load** for at least 30 continuous minutes. The completion dates of the tests are documented.
- EC.02.05.07, EP 6
  - ~~Twelve times a year, at intervals of not less than 20 days and not more than 40 days,~~ **At least monthly,** the hospital tests all automatic transfer switches. The completion date of the tests is documented.

Changes to Elements of Performance

EC.02.05.07, EP 5

- The ~~emergency generator~~ **monthly** tests for **diesel-powered emergency generators** are conducted with a dynamic load that is at least 30% of the nameplate rating of the generator or meets the manufacturer's recommended prime movers' exhaust gas temperature. If the hospital does not meet either the 30% of nameplate rating or the recommended exhaust gas temperature during any test in EC.02.05.07, EP 4, then it must test ~~each~~ the emergency generator once every 12 months using supplemental (dynamic or static) loads of 25% of nameplate rating for 30 minutes, followed by 50% of nameplate rating for 60 minutes, followed by 75% of nameplate rating for 60 minutes, for a total of 2 continuous hours.
- ***Note: For non diesel-powered generators tests need only to be conducted with available load.***

Changes to Elements of Performance

EC.02.05.07, EP 7

- At least once every 36 months, hospitals with a **diesel-powered** generator providing emergency power for the services listed in EC.02.05.03, EPs 5 and 6, test ~~each~~ **the** emergency generator for a minimum of 4 continuous hours. The completion date of the tests is documented.
- *Note: For additional guidance, see NFPA 110, 2005 edition, Standard for Emergency & Standby Power Systems.*

EC.02.05.07, EP 8

- The 36-month **diesel-powered** emergency generator test uses a dynamic or static load that is at least 30% of the nameplate rating of the generator or meets the manufacturer's recommended prime movers' exhaust gas temperature.
- ***Note: For non diesel-powered generators tests need only to be conducted with available load.***

Time RE-Defined

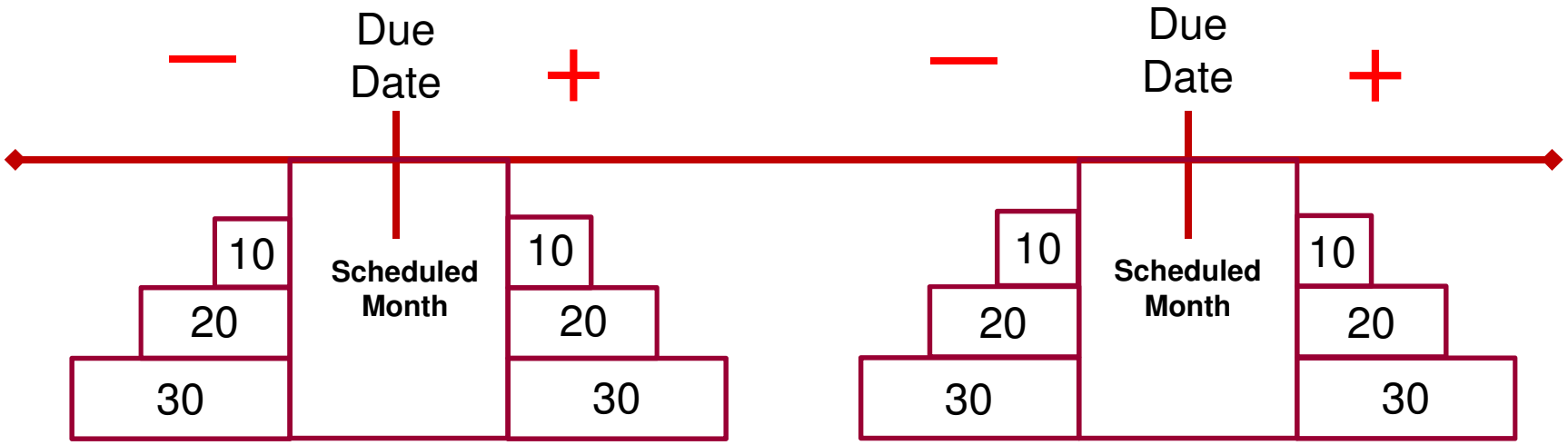
The Joint Commission EC chapter defines time as:

- Daily, weekly, monthly are calendar references
- Quarterly **will be** once every three months +/- 10 days **January 1, 2014**
- Semi-annual is 6 months from the last scheduled event month +/- 20 days
- Annual is 12 months from the last scheduled event month +/- 30 days
- 3 years is 36 months from the last scheduled event month +/- 45 days

NOTE 1: The above does not apply to required frequencies

NOTE 2: An alternative of developing either a unique, written policy or adopting NFPA definitions when available is acceptable

Quarterly: +/- 10 days
Semiannual: +/- 20 days
Annual: +/- 30 days



Quarterly	Jan	February	March	Apr
Semiannual	June	July	Aug	Sept	Oct	Nov	Dec
Annual	Jan	F	M	A	M	J	J	A	S	O	N	D	Jan

Frequencies required by Code may not be modified
(e.g. EC.02.05.07 EP 4 & 7)

Changes to Elements of Performance Effective 7/1/2014

EC.02.03.03, EP 4

Staff who work in buildings where patients are housed or treated participate in drills according to the hospital's fire response plan.

Note: When drills are conducted between 9:00 p.m. and 6:00 a.m., the hospital may use alternative methods to notify staff instead of activating **audible alarms.**

- Replaced: "…the buildings fire alarm system."

Changes to Elements of Performance Effective 7/1/2014

- **EC.02.03.03, EP 3**
- When quarterly fire drills are required, at least 50% are unannounced. **Fire drills are held at unexpected times and under varying conditions.**

- Added: “Fire drills are held at unexpected times and under varying conditions.”

EC.02.02.01 EP 18
Effective July 2, 2014

- **For hospitals that use Joint Commission for deemed status purposes:** Radiation workers are checked periodically, by use of exposure meters or badge tests, for the amount of radiation exposure

EC.02.02.01 EP 19
Effective July 2, 2014

- **For hospitals that use Joint Commission for deemed status purposes:** The hospital has procedures for the proper routine storage and prompt disposal of trash.

EC.02.03.03 EP 3

- When quarterly fire drills are required, at least 50% are unannounced. **Fire drills are held at unexpected times and under varying conditions.**

- Added: “Fire drills are held at unexpected times and under varying conditions.”

EC.02.03.03 EP 4

EP 4 Staff who work in buildings where patients are housed or treated participate in drills according to the hospital's fire response plan.

Note: When drills are conducted between 9:00 p.m. and 6:00 a.m., the hospital may use alternative methods to notify staff instead of activating **audible alarms.**

- *Replaced "building's fire alarm system."*
- *See NFPA 101-2000, 19.7.1.2 "…a coded announcement shall be permitted to be used instead of audible alarms."*

REVISED REQUIREMENTS FOR DIAGNOSTIC IMAGING

Diagnostic Imaging

- Can be found on www.jointcommission.org prepublication standards section
- The new EPs can be found in the f chapters:
  - EC.02.6 .02.04.01;
  - .02.06.05;
  - .01.02.05; HR.01.05.03
  - MM.06.01.01
  - PC.01.02.15; PC.01.03.01
  - PI.01.01.01; PI.02.01.01

On Hold until July 2015

RELOCATABLE POWER TAPS

Relocatable Power Taps (RPTs)

- Healthcare Interpretation Task Force (12/2007) stated NFPA 70, NFPA 99 and NFPA 101 all have regulations that control the electrical components and equipment in a patient room. *It appears that it is the intent of these documents to restrict RPT use so that it is not used in conjunction with medical equipment*
- CMS 3/2014:
  - "RPT's are not to be used with medical equipment in patient care areas.
    - This includes critical areas such as operating rooms, recovery areas, intensive care areas, and non-critical patient care areas such as patient rooms, diagnostic areas, exam areas, etc."

Relocatable Power Taps

- RPTs may be used in anesthetizing locations ***if*** they are part of the equipment assembly. See NFPA 99-1999 7-5.1.2.5(2)
- Ceiling drops are acceptable. See NFPA 99-1999 7-5.1.2.5(3)
- RPTs **may** be used for non-patient care equipment such as computers/monitors/printers, and in areas such as waiting rooms, offices, nurse stations, support areas, corridors, etc.
- Precautions needed if RPT's are used include:
  - ensuring they are never "daisy-chained"
  - preventing cords from becoming tripping hazards
  - installing internal ground fault and over-current protection devices
  - using power strips that are adequate for the number and types of devices used

S&C: 14-46-LSC 9/26/2014

- CMS is permitting a categorical waiver to allow for the use of power strips in existing and new health care facility patient care areas, if you are in compliance with all applicable 2012 LSC power strip requirements and with all other 2000 LSC electrical system and equipment provisions.
- The organization must follow all requirements of the categorical waiver process
  - This includes identifying where they are located at the unit level

Categorical Waiver Process

If the organization decides to use this categorical waiver they must

1. Ensure full compliance with the appropriate code reference
2. Document the decision to adopt the categorical waiver
   - The Relocatable Power Tap is not a LSC issue but an Environment of Care issue
     - For Environment of Care items document by Minutes in discussion at the Environment of Care Committee (or equivalent)
3. Declare the decision at the beginning of any survey

See also November 2013 *Perspectives*

Definitions From NFPA 99-2012

- *Patient bed location* is defined in section 3.3.136 as the location of a patient sleeping bed, or the bed or procedure table of a critical care area.
- *Patient-care-related electrical equipment* is defined in section 3.3.137 as electrical equipment that is intended to be used for diagnostic, therapeutic, or monitoring purposes in the patient care vicinity;
- *Patient care room* is defined in section 3.3.138 as any room of a health care facility wherein patients are intended to be examined or treated. Note that this term replaces the term "patient care area" used in the 1999 NFPA 99, but the definition has not changed.
- *Patient care vicinity* is defined in section 3.3.139 as a space, within a location intended for the examination and treatment of patients (i.e., patient care room) extending 6 ft. beyond the normal location of the bed, chair, table, treadmill, or other device that supports the patient during examination and treatment and extends vertically 7 ft. 6 in. above the floor.

Requirements

Power strips may be used in a patient care vicinity to power rack-, table-, pedestal-or cart-mounted patient care-related electrical equipment assemblies, provided *all* of the following conditions are met, as required by section 10.2.3.6:

- The receptacles are permanently attached to the equipment assembly.
- The sum of the ampacity of all appliances connected to the receptacles shall not exceed 75 percent of the ampacity of the flexible cord supplying the receptacles.
- The ampacity of the flexible cord is suitable in accordance with the current edition of NFPA 70, National Electric Code.
- The electrical and mechanical integrity of the assembly is regularly verified and documented through an ongoing maintenance program.
- 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.

Requirements

- Patient bed locations in new health care facilities, or in existing facilities that undergo renovation or a change in occupancy, shall be provided with the minimum number of receptacles as required by section 6.3.2.2.6.2.
- Power strips providing power to rack-, table-, pedestal-, or cart-mounted patient care-related electrical equipment assemblies are **not** required to be an integral component of manufacturer tested equipment. Power strips may be permanently attached to mounted equipment assemblies by personnel who are qualified to ensure compliance with section 10.2.3.6.

Requirements

- Power strips may ***not*** be used in a patient care vicinity to power non-patient care-related electrical equipment (e.g., personal electronics).
- Power strips ***may*** be used outside of the patient care vicinity for both patient care-related electrical equipment & non-patient-care-related electrical equipment.
- Power strips providing power to patient care-related electrical equipment must be Special-Purpose Relocatable Power Taps (SPRPT) listed as UL 1363A or UL 60601-1.
- Power strips providing power to non- patient-care-related electrical equipment must be Relocatable Power Taps (RPT) listed as UL 1363.

Statement of Conditions™

- Plan For Improvement Modifications
- Equivalency Process Modifications

The Joint Commission

Background

- Organizations conduct routine building inspections
  - During inspections deficiencies are discovered
  - Resolution of deficiencies occurs either
    - Immediately
    - Scheduled activity (i.e. corrective maintenance)
    - Scheduled activity (i.e. Plan For Improvement)

Background

- In 1995 the Joint Commission introduced the Statement of Conditions™ (SOC) *[electronic in 2006 – 2007]*
  - Basic Building Information
  - Plan For Improvement
- Plan For Improvement (PFI) are the documented observation of a deficiency with a Projected Completion Date
- Interim Life Safety Measures (ILSM) are an important part of the PFI process
  - ILSM ensures the building remains safe for occupants as interim measures are implemented

PFI: A Proactive Process

- When a Life Safety Code deficiency is found during survey it results in a survey action:
  - If the organization has a PFI already identifying the deficiency, the finding (RFI) is not written
    - All open PFIs will be imported into the final survey report
    - No ESC required as the PFI has the Projected Completion Date already identified
  - If the organization does not have a PFI identifying the deficiency, then a finding is written as a RFI

Plan For Improvement

All PFIs may be edited by the organization until they are *accepted* during survey

- On the first day of survey by the LSCS they will review all open PFIs
- The Surveyor will evaluate each PFI for validity
- The Surveyor will "accept" the Open PFI which locks the PFI

NOTE: A PFI is associated with the Life Safety Code and the Life Safety Chapter

Plan For Improvement

- Once the Joint Commission accepts the PFI we are acknowledging the organization has identified deficiencies in the Plan For Improvement
  - The Joint Commission expects the organization to resolve the PFI no later than six months past the Projected Completion Date
  - Failure to resolve the deficiency more than six months past the Projected Completion Date may result in an adverse decision (AFS10)

Plan For Improvement

- A monitoring feature has been built into the PFI that is based on the Projected Completion Date (PCD) and actual calendar date
  - Once a PFI exceeds the PCD by more than 4 months the PFI turns yellow
  - Once a PFI exceeds the PCD by more than 6 months the PFI turns red
    - At this point a email is sent to the Central Office Department of Engineering

≥ 6 Months Past the Projected Completion Date

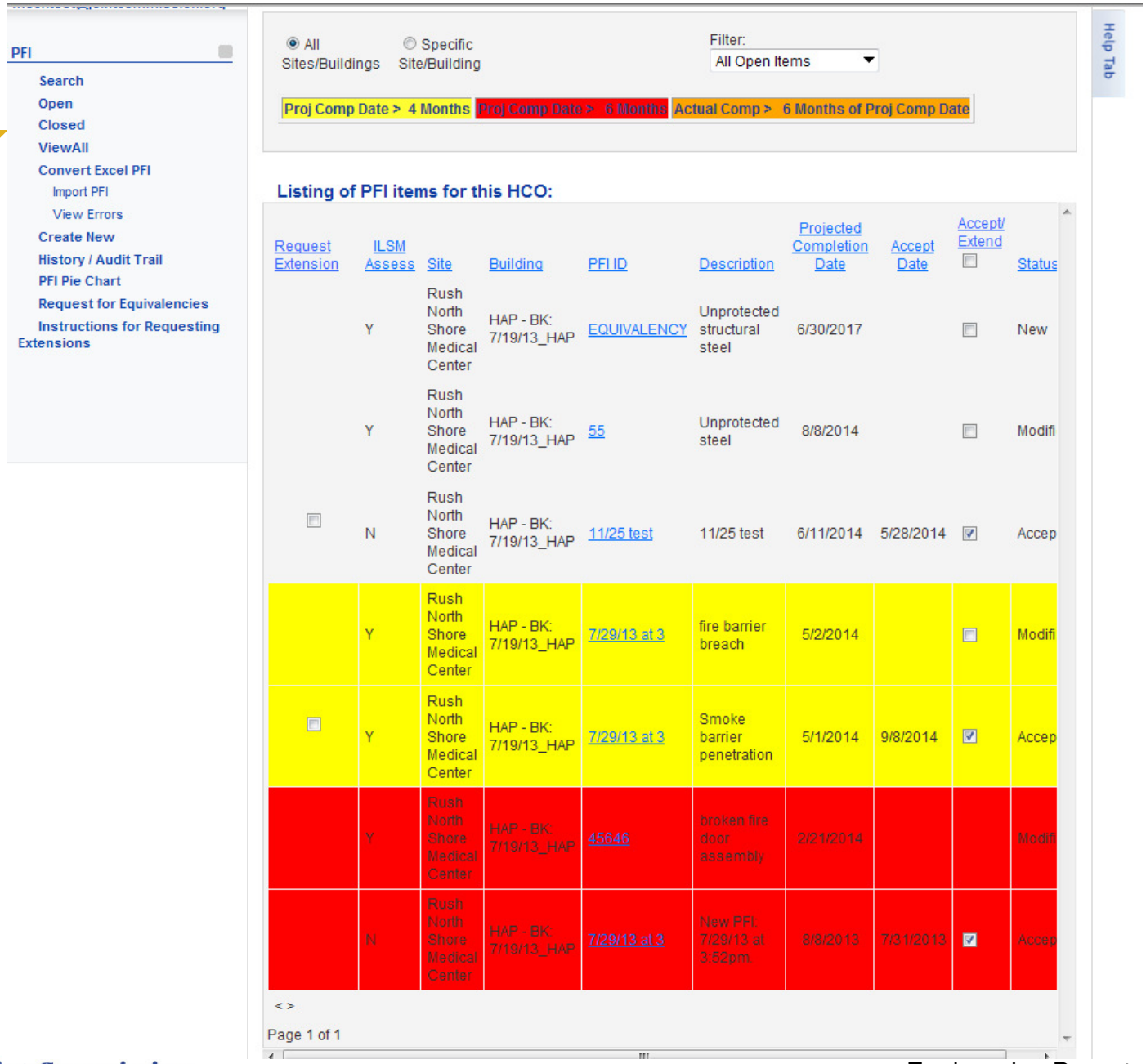
- First Time:
  - An engineer will contact the organization with a first time coaching call
    - The goal is to assist the organization in correcting the status of the PFI and provide education as needed
    - This action is documented in the History Audit Trail
- Second Time:
  - If a second PFI exceeds the PCD by more than 6 months an onsite survey may be scheduled
    - This could result in an adverse decision (AFS10)

PFI Screen Shots

- First PFI is a placeholder for an Equivalency Request
- Next two PFIs are not overdue:
  - First one is unaccepted: The organization has full edit capability
  - The second one was accepted: Not overdue, compliant
- Second set of two PFIs: ≥ 4 months past PCD [YELLOW]
  - First one is unaccepted: The organization has full edit capability
  - The second one was accepted, if the organization does not anticipate completion on time the need to submit extension request

PFI Screen Shots

- Third set of two PFIs: ≥ 6 months past PCD [RED]
  - The first one is unaccepted: the organization has full edit capability
    - The organization should evaluate process
  - Second one was accepted: the organization must either complete the PFI or request an extension from the Joint Commission Central Office Engineers



EXTENSIONS

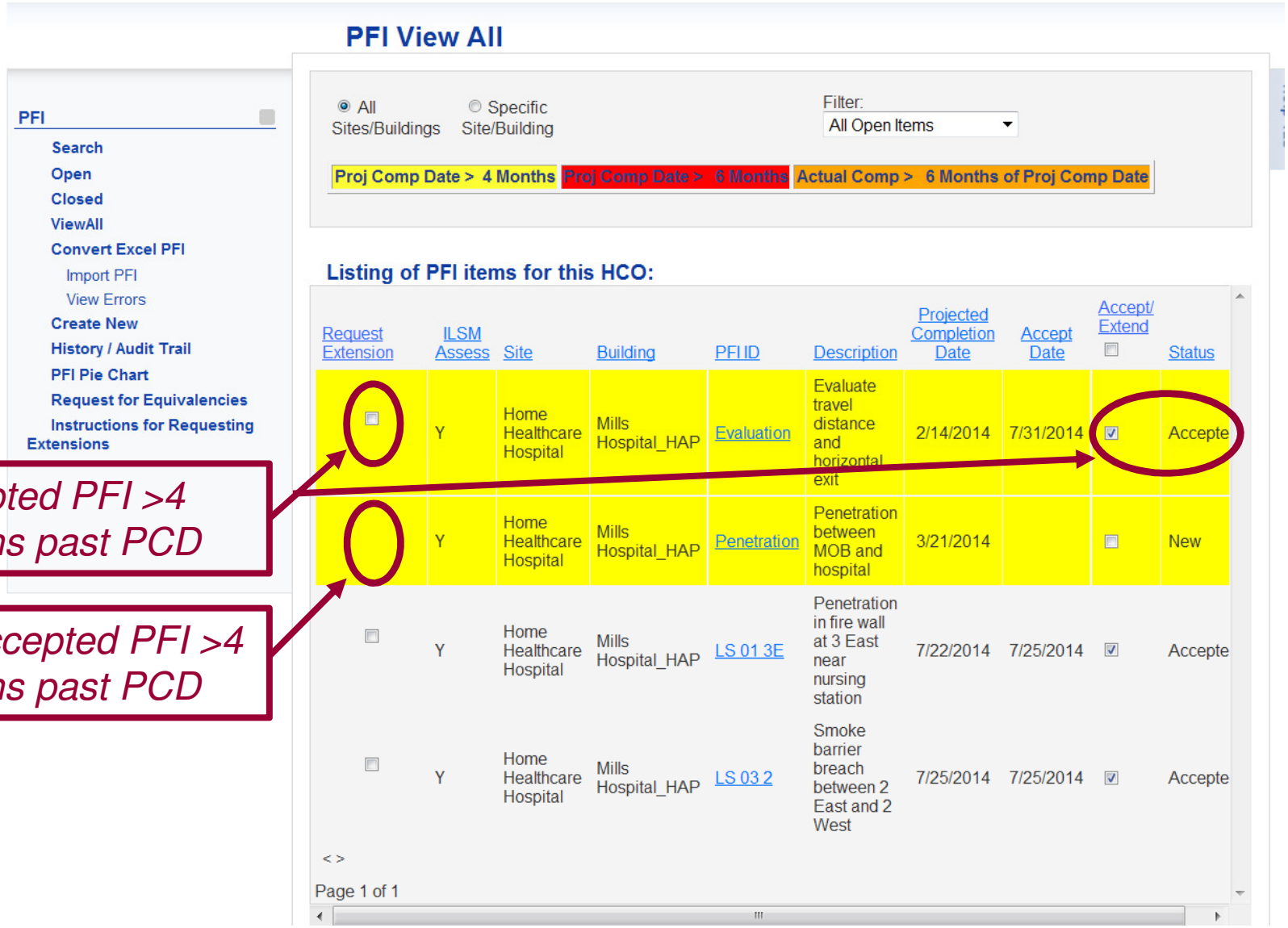
Extensions

- The organization has full editing rights for those PFIs that have ***not*** been evaluated and accepted during survey
  - Once "*accepted*" during survey, the organization does not have editing rights
- When an open PFI exceeds the Projected Completion Date by more than 4 months the View All screen indicates this by highlighting the PFI in yellow
  - the organization should ensure the PFI will be completed within the allowed time frame or request an extension

Extension Requests

- A new feature has been created in the SOC to assist in requesting extensions
  - Go into the View All screen
  - Select the affected PFI
    - Open the text box
    - Provide the reason for the extension
    - Provide the requested date

NOTE: the requested extension date is not eligible for the 6 month grace period past the Projected Completion Date



Accepted PFI >4 months past PCD

Un-accepted PFI >4 months past PCD

PFI View All

- Search
- Open
- Closed
- ViewAll
- Convert Excel PFI
  - Import PFI
  - View Errors
- Create New
- History / Audit Trail
- PFI Pie Chart
- Request for Equivalencies
- Instructions for Requesting Extensions

All Sites/Buildings Specific Site/Building

Filter: All Open Items

Proj Comp Date > 4 Months | Proj Comp Date > 6 Months | Actual Comp > 6 Months of Proj Comp Date

Listing of PFI items for this HCO:

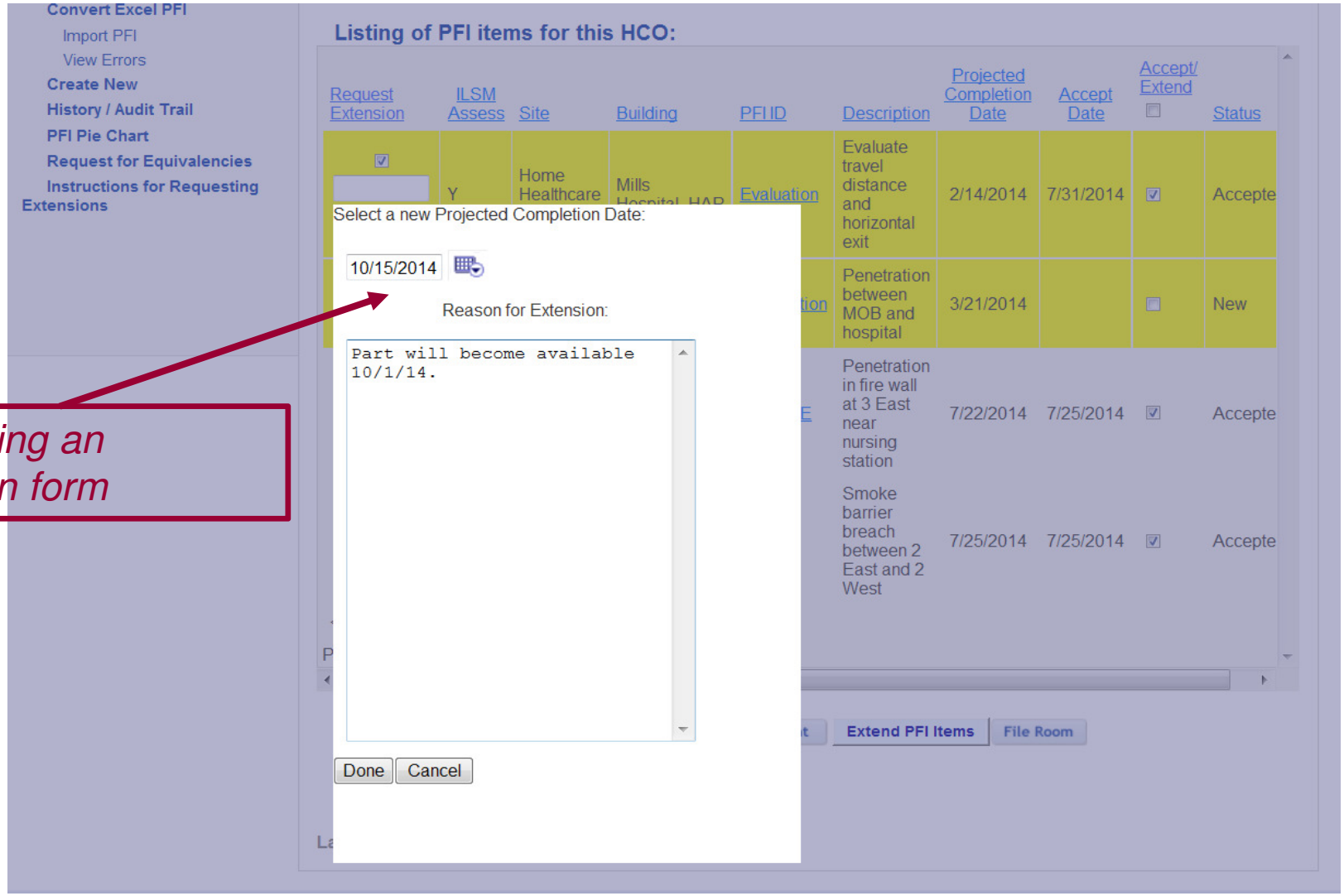
Request Extension	ILSM Assess	Site	Building	PFI ID	Description	Projected Completion Date	Accept Date	Accept/ Extend	Status
☑ Reason for Extn.	Y	Home Healthcare Hospital	Mills Hospital_HAP	Evaluation	Evaluate travel distance and horizontal exit	2/14/2014	7/31/2014	☑	Accepte
	Y	Home Healthcare Hospital	Mills Hospital_HAP	Penetration	Penetration between MOB and hospital	3/21/2014		☐	New
☐	Y	Home Healthcare Hospital	Mills Hospital_HAP	LS 01 3E	Penetration in fire wall at 3 East near nursing station	7/22/2014	7/25/2014	☑	Accepte
☐	Y	Home Healthcare Hospital	Mills Hospital_HAP	LS 03 2	Smoke barrier breach between 2 East and 2 West	7/25/2014	7/25/2014	☑	Accepte

< >

Page 1 of 1

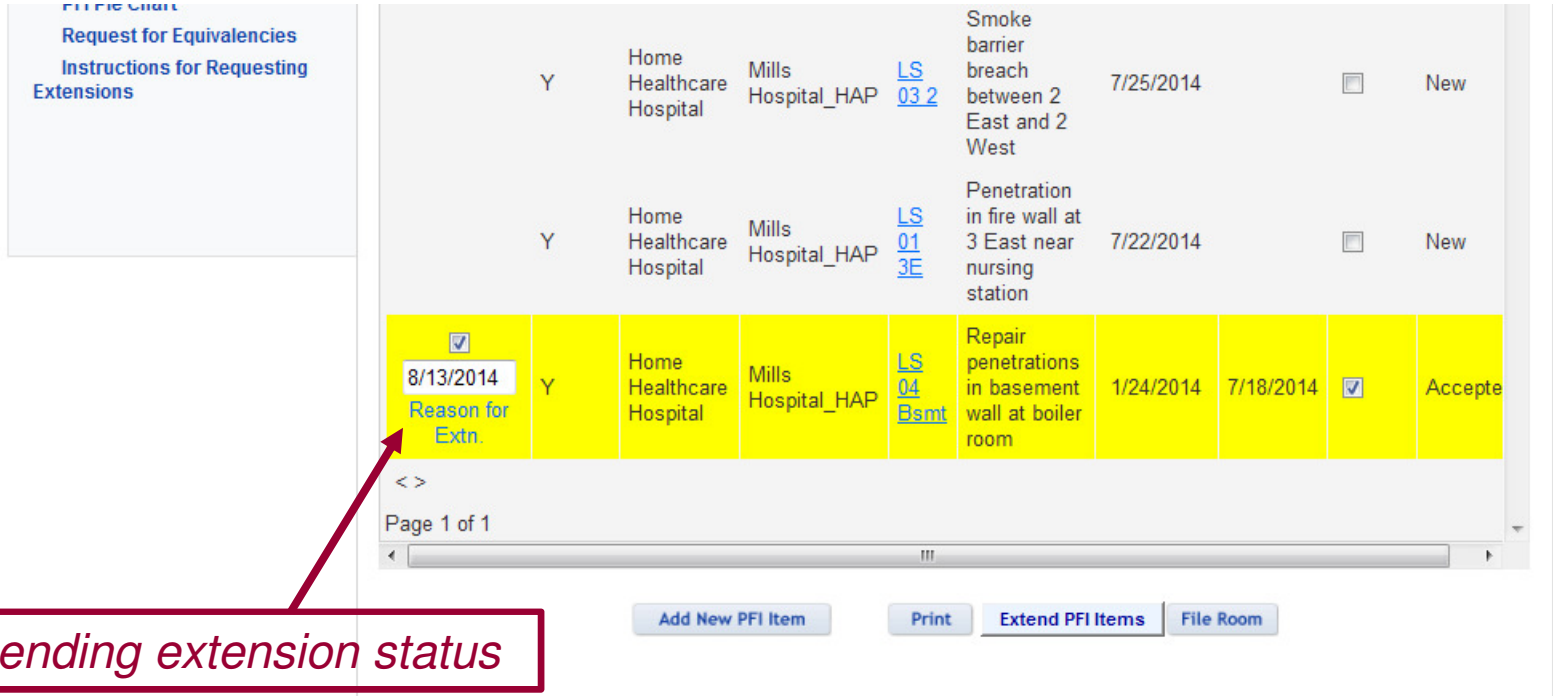
Accepted PFI >4 months past requesting an extension

Extension Request Reason Why…



Requesting an extension form

Pending Department of Engineering Review



Pending extension status

EQUIVALENCIES

Equivalencies

- CMS grants waivers, which are when Life Safety Code (LSC) non-compliance is identified and have corrective actions that would pose a hardship but the deficiency does not present a risk to patient or staff safety
- The Joint Commission manages equivalencies, which are based on the LSC (NFPA 101-2000, 1.5)
  - An equivalency is when alternative methods, systems or devices off set the risk associated with the LSC non-compliance condition
  - An equivalency is not required to be associated with a survey event
    - Proactive requests will continue to be evaluated

CMS & Equivalencies

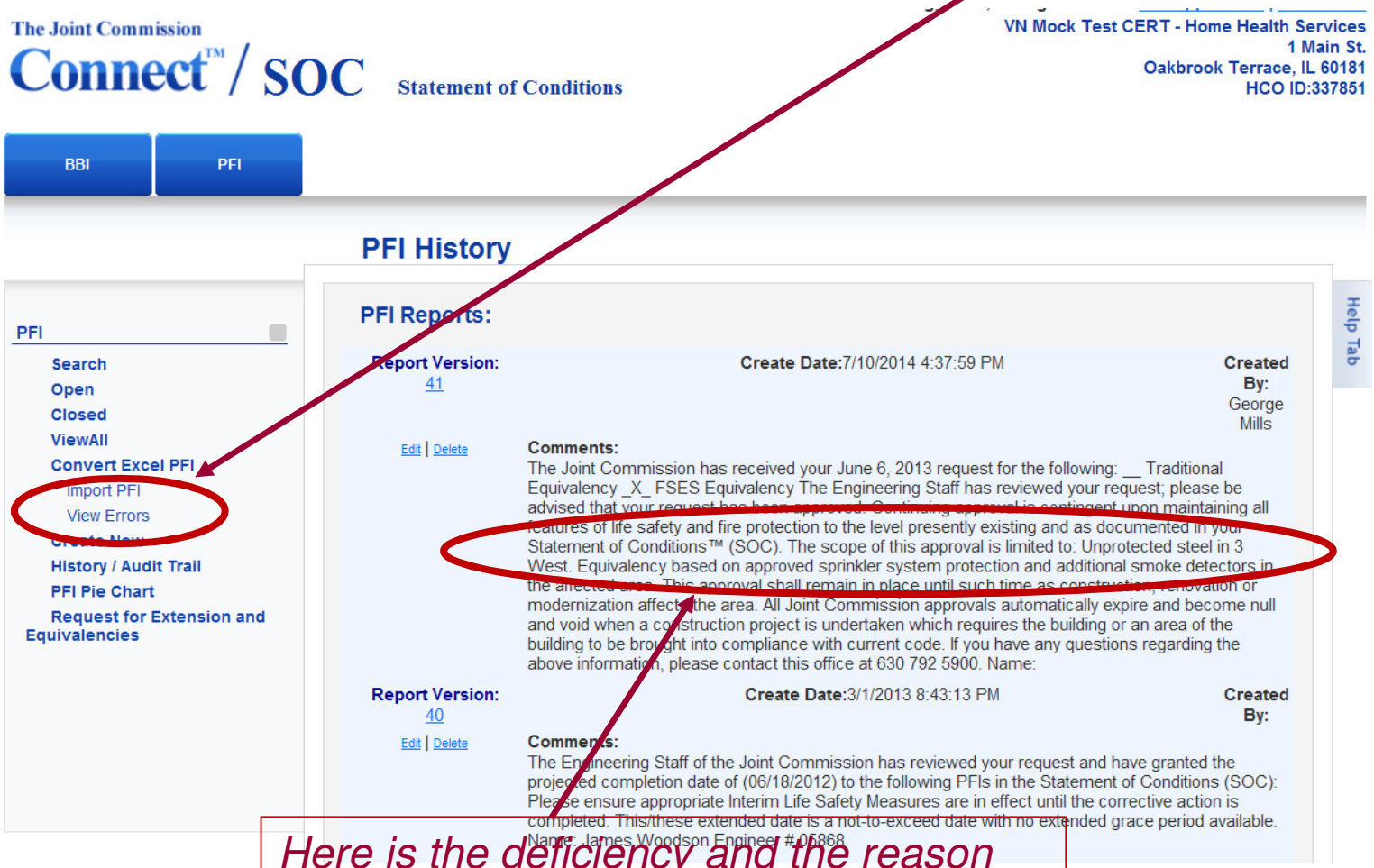
Organizations that use Joint Commission accreditation for deemed status purposes equivalencies will continue to be submitted to our offices

- The Engineering staff will work with the organizations until the request is acceptable
- Once the equivalency is considered acceptable the Joint Commission will forward the entire request to the CMS Regional Office (RO) for final decision
- The CMS RO will send a response to both the organization and Joint Commission
  - If approved the History Audit Trail will be updated
  - If denied, the organization will need to either correct the deficiency or re-submit a corrected equivalency

Equivalencies

- When Joint Commission granted an equivalency they entered a summary in the Statement of Conditions™ Plan For Improvement under the History Audit Trail Section
- Effective 7/1/2014 surveyors will be reviewing the History Audit Trail for evidence of equivalencies that have been granted
  - During building tour the surveyor will field verify the conditions align with the information sent during the request process

Equivalency Review: Starts in the History Audit Trail



Here is the deficiency and the reason the equivalency was granted. The Surveyor will need to field verify these conditions exist as described.

PLAN FOR IMPROVEMENT

IMPORTED INTO THE FULL SURVEY REPORT

The Joint Commission

Exit Final Report
Equivalency & PFI Summary Page

Equivalencies/Plan for Improvement - Summary

Equivalencies are only granted if the identified Life Safety Code deficiency is off-set by alternative "systems, methods, or devices or equivalent or superior quality, strength, fire resistance, effectiveness, durability, and safety" over those prescribed by Life Safety Code (LSC). If an equivalency has been granted, the surveyor will incorporate a review of the equivalency conditions into the building tour.

During survey your existing approved Equivalencies were evaluated and found to be non-compliant. An RFI was created and your organization will need to either correct the deficiency or re-submit an updated Equivalency to the Joint Commission Central Office.

The following Plan For Improvement (PFI) items were extracted from the organizations Statement of Conditions™ (SOC) and represent all open PFIs during this survey. The number of open PFIs does not impact the organizations accreditation status, and is fully in sync with the self-assessment process of the SOC. The implementation of Interim Life Safety Measures (ILSM) must have been assessed for each PFI. The Projected Completion Date within each PFI replaces the need for an individual ESC (Evidence of Standards Compliance) so the corrective action must be achieved within six months of the Projected Completion Date. Future surveys will review the completed history of these PFIs.

Number of PFIs: 2

A full description of your organization's locked PFIs can be found within the Statement of Conditions on your organization's Joint Commission Connect Extranet and will be included in the final report which will be posted to your organization's extranet site.

Onsite Report: Equivalency / PFI Summary

- If the equivalency is acceptable, the Onsite Report will state:

The Joint Commission

Equivalencies/Plan for Improvement - Summary

Equivalencies are only granted if the identified Life Safety Code deficiency is off-set by alternative "systems, methods, or devices of equivalent or superior quality, strength, fire resistance, effectiveness, durability, and safety" over those prescribed by Life Safety Code (LSC). If an equivalency has been granted, the surveyor will incorporate a review of the equivalency conditions into the building tour.

During survey your existing, approved Equivalencies were evaluated and affirmed consistent with what was submitted previously. It was confirmed that corrective actions may present an ongoing hardship but conditions remain safe for patients, staff and visitors.

The Plan for Improvement (PFI) items were extracted from your Statement of Conditions™ (SOC) and represent all open and accepted PFIs during this survey. The number of open and accepted PFIs does not impact your accreditation status, and is fully in sync with the self-assessment process of the SOC. The implementation of Interim Life Safety Measures (ILSM) must have been assessed for each PFI. The Projected Completion Date within each PFI replaces the need for an individual ESC (Evidence of Standards Compliance) so the corrective action must be achieved within six months of the Projected Completion Date. Future surveys will review the completed history of these PFIs.

Number of PFIs: 1

Onsite Report: Equivalency / PFI Summary

- If the equivalency is not acceptable, the Onsite Report will state:

The Joint Commission

Equivalencies/Plan for Improvement - Summary

Equivalencies are only granted if the identified Life Safety Code deficiency is off-set by alternative "systems, methods, or devices of equivalent or superior quality, strength, fire resistance, effectiveness, durability, and safety" over those prescribed by Life Safety Code (LSC). If an equivalency has been granted, the surveyor will incorporate a review of the equivalency conditions into the building tour.

During survey your existing approved Equivalencies were evaluated and found to be non-compliant. An observation(s) was documented and is contained within this report.

The Plan for Improvement (PFI) items were extracted from your Statement of Conditions ™ (SOC) and represent all open and accepted PFIs during this survey. The number of open and accepted PFIs does not impact your accreditation status, and is fully in sync with the self-assessment process of the SOC. The implementation of Interim Life Safety Measures (ILSM) must have been assessed for each PFI. The Projected Completion Date within each PFI replaces the need for an individual ESC (Evidence of Standards Compliance) so the corrective action must be achieved within six months of the Projected Completion Date. Future surveys will review the completed history of these PFIs.

Number of PFIs: 0

OPPORTUNITIES FOR IMPROVEMENT (OFI)

New Report Contents

Report Contents

Executive Summary

Requirements for Improvement

Observations noted within the Requirements for Improvement (RFI) section require follow up through the Evidence of Standards Compliance (ESC) process. The timeframe assigned for completion is due in either 45 or 60 days, depending upon whether the observation was noted within a direct or indirect impact standard. The identified timeframes of submission for each observation are found within the Summary of Findings portion of the final onsite survey report. If a follow-up survey is required, the unannounced visit will focus on the requirements for improvement although other areas, if observed, could still become findings. The time frame for performing the unannounced follow-up visit is dependent on the scope and severity of the issues identified within the Requirements for Improvement.

Opportunities for Improvement

Observations noted within the Opportunities for Improvement (OFI) section of the report represent single instances of non-compliance noted under a C category Element of Performance. Although these observations do not require official follow up through the Evidence of Standards Compliance (ESC) process, they are included to provide your organization with a robust analysis of all instances of non-compliance noted during survey.

Equivalencies/Plan for Improvement

Equivalencies are only granted if the identified Life Safety Code deficiency is off-set by alternative "systems, methods, or devices or equivalent or superior quality, strength, fire resistance, effectiveness, durability, and safety" over those prescribed by Life Safety Code (LSC). If an equivalency has been granted, the surveyor will incorporate a review of the equivalency conditions into the building tour.

The Plan For Improvement (PFI) items were extracted from the organizations Statement of Conditions™ (SOC) and represent all open PFIs during this survey. The number of open PFIs does not impact the organizations accreditation status, and is fully in sync with the self-assessment process of the SOC. The implementation of Interim Life Safety Measures (ILSM) must have been assessed for each PFI. The Projected Completion Date within each PFI replaces the need for an individual ESC (Evidence of Standards Compliance) so the corrective action must be achieved within six months of the Projected Completion Date. Future surveys will review the completed history of these PFIs.

New page describing the 3 sections of the report

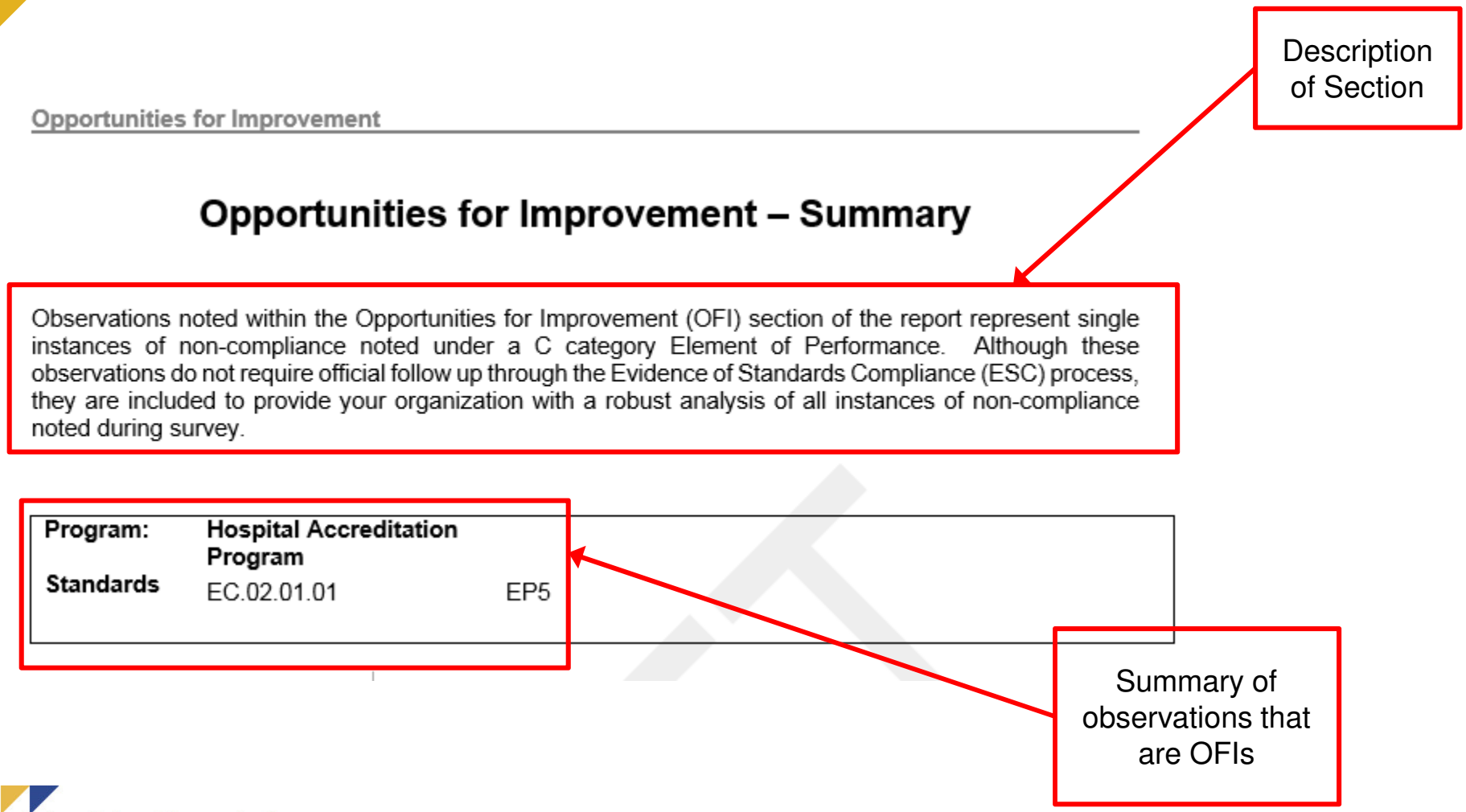
Opportunities for Improvement

- Description for this new section:
  - Observations noted within the Opportunities for Improvement (OFI) section of the report represent single instances of non-compliance noted under a C category Element of Performance. Although these observations do not require official follow up through the Evidence of Standards Compliance (ESC) process, they are included to provide your organization with a robust analysis of all instances of non-compliance noted during survey.

New Report Contents

- Single observations at C category EPs will be included in a separate section of the accreditation report
- The new section will be titled “Opportunities for Improvement” (OFIs)
- OFIs will not require an Evidence of Standards Compliance (ESC).
- Organizations will not be able to use the clarification process on OFIs.

Report Screenshots



Report Screenshots

Opportunities for Improvement – Detail

Chapter:	Environment of Care
Program:	Hospital Accreditation
Standard:	EC.02.01.01
Standard Text:	The hospital manages safety and security risks.
Primary Priority Focus Area:	Physical Environment

Element(s) of Performance:

5. The hospital maintains all grounds and equipment

Scoring Category : C

Observation:

Observed in Tracer Activities at Demo Healthcare Provider (1 Renaissance Blvd, Oakbrook, IL) site for the Hospital deemed service.
The key was left in the trash compactor while unattended.

OFI Standard

OFI EP

OFI Observation

**Please note: Corresponding CoPs will not be displayed in the "Opportunities for Improvement" section since the observation does not require follow-up

One more change:
Bolding the Observation Text

Chapter: Environment of Care

Program: Hospital Accreditation

Standard: EC.02.02.01

ESC 45 days

Standard Text: The hospital manages risks related to hazardous materials and waste.

Element(s) of Performance:

6. The hospital minimizes risks associated with selecting, handling, storing, transporting, using, and disposing of radioactive materials.

3

Scoring
Category : A
Score : Insufficient Compliance

Observation(s):

EP 6
§482.53(b) - (A-1035) - §482.53(b) Standard: Delivery of Service

Radioactive materials must be prepared, labeled, used, transported, stored, and disposed of in accordance with acceptable standards of practice.
This Standard is NOT MET as evidenced by:

Observed in Tracer Activities at Demo Healthcare Provider (1 Renaissance Blvd, Oakbrook, IL) site for the Hospital deemed service.
During a tour of the Radiation Therapy department of the Cancer Center, the Hot Lab door was found unsecured. The Hot Lab was identified in the Hospital Security Plan as a risk area.

Based on feedback from organizations we are now bolding the observation text to make this text easier to find during closing conferences

Questions?

Department of Engineering
630 792 5900

George Mills, MBA, FASHE, CEM, CHFM, CHSP, Green Belt

Director

Anne Guglielmo, CFPS, CHFM, CHSP LEED, A.P.

Engineer

John Maurer, CHFM, CHSP, SASHE

Engineer

Kathy Tolomeo, CHEM

Engineer

James Woodson, P.E., CHFM

Engineer

The Joint Commission Disclaimer

- These slides are current as of 10/01/14. The Joint Commission reserves the right to change the content of the information, as appropriate.
- These slides are only meant to be cue points, which were expounded upon verbally by the original presenter and are not meant to be comprehensive statements of standards interpretation or represent all the content of the presentation. Thus, care should be exercised in interpreting Joint Commission requirements based solely on the content of these slides.
- These slides are copyrighted and may not be further used, shared or distributed without permission of the original presenter or The Joint Commission.