



JOINT COMMISSION RECENT SURVEY'S AND WHAT THEY WERE LOOKING FOR DURING THE BUILDING TOUR AND DOCUMENT REVIEW

PANEL MEMBERS:

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LIFE SAFETY AND ENVIRONMENT OF CARE – DOCUMENT LIST AND REVIEW TOOL

- PRESENTER: James Toner



The Joint Commission

Revised: November 29, 2017

The following pages present documentation required by the Hospital Accreditation program Life Safety (LS), and selected Environment of Care (EC) standards. The Life Safety surveyor will begin review of these documents soon after arrival for the onsite survey.

Surveyors may request other EC and LS documents, as needed, throughout the survey.

Organizations may want to consider using this tool in their continuous compliance and survey readiness efforts.

Life Safety and Environment of Care – Document List and Review Tool

Revised: Nov 29, 2017

Legend: C=Compliant; NC=Not compliant; NA=Not applicable; IOU=Surveyor awaiting documentation

STANDARD - EPs						See Legend				Document / Requirement	Yes	No	
C	NC	NA	IOU										
LS.01.01.01						Buildings serving patients comply with NFPA 101 (2012 edition)							
EP 1						Individual assigned to assess Life Safety Code® compliance							
EP 2						Building Assessment to determine compliance with Life Safety Code®							
EP 3						Current and accurate drawings w/ fire safety features & related square footage a. Areas of building fully sprinklered (if building only partially sprinklered) b. Locations of all hazardous storage areas c. Locations of all fire-rated barriers d. Locations of all smoke-rated barriers e. Sleeping and non-sleeping suite boundaries, including size of identified suites f. Locations of designated smoke compartments g. Locations of chutes and shafts h. Any approved equivalencies or waivers							
EP 5						Deemed Hospitals: Documentation of inspections and approvals made by state or local AHJs							
COMMENTS:													

STANDARD - EPs	See Legend				Document / Requirement	Addressed in policy?		Implemented as required?	
	C	NC	NA	IOU		Yes	No	Yes	No
LS.01.02.01					Interim Life Safety Measures (ILSM)				
EP 1					ILSM policy identifying when and to what extent ILSM implemented				
EP 2					Alarms out of service 4 or more hours in 24 hours or sprinklers out of service more than 10 hours in 24 hours in an occupied building - Fire watch / Fire Dept. notification				
EP 3					Signs for alternate exits posted				
EP 4					Daily inspection of routes of egress (See also 19.7.9.2 RE: daily inspections)				
EP 5					Temporary but equivalent systems while system is impaired				
EP 6					Additional firefighting equipment provided				
EP 7					Smoke tight non-combustible temporary barriers				
EP 8					Increased surveillance implemented				
EP 9					Storage and debris removal				
EP 10					Additional training on firefighting equipment				
EP 11					Additional fire drill per shift per quarter				

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STANDARD - EPs	See Legend				Document / Requirement	Addressed in policy?		Implemented as required?	
	C	NC	NA	IOU		Yes	No	Yes	No
LS.01.02.01					Interim Life Safety Measures (ILSM)				
EP 12					Temporary systems tested and inspected monthly				
EP 13					Additional training on building deficiencies, construction hazards, temp measures				
EP 14					Training for impaired structural or impaired compartment fire safety features				
EP 15					Other ILSM's				
COMMENTS:									

STANDARD - EPs	See Legend				Document / Requirement	Yes	No
	C	NC	NA	IOU			
EC.02.03.01					Hospital Manages Fire Risk – Fire Response Plan		
EP 9					The written fire response plan describes the specific roles of staff and LIPs at and away from fire including		
					• When and how to sound and report fire alarms		
					• How to contain smoke and fire		
					• How to use a fire extinguisher		
					• How to assist and relocate patients		
					• How to evacuate to areas of refuge		
COMMENTS:							

STANDARD - EPs	See Legend				Document / Requirement	Frequency	Q 1	Q 2	Q 3	Q 4/ Annual
	C	NC	NA	IOU						
EC.02.03.03					Fire Drills					
EP 1					Fire drills once per shift per quarter: Health Care and Ambulatory Health Care (If available, please provide five quarters of fire drill data)	Quarterly				
EP 2					Fire drills every 12 months from date of last drill: Business Occupancies	Annually				
EP 3					When quarterly fire drills are required, <u>ALL are unannounced</u> <ul style="list-style-type: none"> • Drills held at unexpected times and under varying conditions • Drills include transmission of fire alarm signal and simulation of emergency fire conditions 	Quarterly				

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Revised: Nov 29, 2017

STANDARD - EPs	See Legend				Document / Requirement	Frequency	Q 1	Q 2	Q 3	Q 4/ Annual
	C	NC	NA	IOU						
EC.02.03.03					Fire Drills					
EP 4					Staff participate in the drills according to the hospital's fire response plan	YES	NO			
EP 5					Critiques include fire safety equipment and building features, and staff response	YES	NO			
COMMENTS:										

STANDARD - EPs	See Legend				Document / Requirement	Frequency	Q 1/ Semi	Q 2	Q 3/ Semi	Q 4/ Annual
	C	NC	NA	IOU						
EC.02.03.05					Fire Protection and Suppression Testing and Inspection					
EP 1					Supervisory Signals-including: Control valves; pressure supervisory; pressure tank, pressure supervisory for a dry pipe (both high and low conditions), steam pressure; water level supervisory signal initiating device; water temperature supervisory; and room temperature supervisory.	Quarterly				
EP 2					Water flow devices	Semiannually				
					Tamper switches	Semiannually				
EP 3					Duct, heat, smoke detectors, pull boxes	Annually				
EP 4					Notification devices (audible & visual), and door-releasing devices	Annually				
EP 5					Emergency services notification transmission equipment	Annually				
EP 6					Electric motor-driven fire pumps tested under no-flow conditions	Monthly				
					Diesel-engine-driven fire pumps tested under no-flow conditions	Weekly				
EP 7					Water storage tank high and low level alarms	Semiannually				
EP 8					Water storage tank low water temp alarms (cold weather only)	Monthly				
EP 9					Sprinkler systems main drain tests on all risers	Annually				
EP 10					Fire department connections inspected (Fire hose connections N/A)	Quarterly				
EP 11					Fire pump(s) tested – under flow	Annually				
EP 12					Standpipe flow test every 5 years	5 years				
EP 13					Kitchen suppression semi-annual testing	Semiannually				

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Revised: Nov 29, 2017

STANDARD - EPs	See Legend				Document / Requirement	Frequency	Q 1/ Semi	Q 2	Q 3/ Semi	Q 4/ Annual
	C	NC	NA	IOU						
EC.02.03.05					Fire Protection and Suppression Testing and Inspection					
EP 14					Gaseous extinguishing systems inspected (no discharge req.)	Annually				
EP 15					Portable fire extinguishers inspected monthly	Monthly				
EP 16					Portable fire extinguishers maintained annually	Annually				
EP 17					Fire hoses hydro tested 5 years after install; every 3 years thereafter	5 years / 3 years				
EP 18					Smoke and fire dampers tested to verify full closure	1 year after install				
						At least every 6 years thereafter				
EP 19					Smoke detection shutdown devices for HVAC tested	Annually				
EP 20					All horizontal and vertical roller and slider doors tested	Annually				
EP 25					Inspection and testing of door assemblies by qualified person	Annually				
EP 27					Documentation of maintenance testing and inspection activities for EPs 1-20 and 25 includes: activity name; date; inventory of devices, equipment or other items; frequency; contact info for person performing activity; NFPA standard; activity results					
COMMENTS:										

STANDARD - EPs	See Legend				Document / Requirement	Frequency	YES	NO / Missing Date
	C	NC	NA	IOU				
<u>EC.02.04.03</u>					<u>Medical equipment inspection, testing and maintenance</u>			
<u>EP 10</u>					<u>All occupancies containing hyperbaric facilities comply with construction, equipment, administration, and maintenance requirements of NFPA 99-2012; Chapter 14.</u>			
COMMENTS:								

STANDARD - EPs	See Legend				Document / Requirement	Frequency	YES	NO / Missing Date
	C	NC	NA	IOU				
<u>EC.02.05.01</u>					<u>Manages risks associated with utility systems</u>			
<u>EP 5</u>					<u>Identifies 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.</u>			

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STANDARD - EPs	See Legend				Document / Requirement	Frequency	YES	NO / Missing Date
	C	NC	NA	IOU				
<u>EC.02.05.01</u>					<u>Manages risks associated with utility systems</u>			
					<p><u>Note 1: The strategies of an AEM program must not reduce the safety of equipment and must be based on accepted standards of practice. *</u></p> <p><u>Note 2: For guidance on maintenance and testing activities for Essential Electric Systems (Type I), see NFPA 99-2012: 6.4.4.</u></p> <p><u>Footnote *: An example of guidelines for physical plant equipment maintenance is the American Society for Healthcare Engineering (ASHE) book Maintenance Management for Health Care Facilities.</u></p>			
<u>EP 14</u>					<p><u>Minimizes pathogenic biological agents in cooling towers, domestic hot- and cold-water systems, and other aerosolizing water systems</u></p> <p><u>For hospitals that use Joint Commission accreditation for deemed status purposes the following policies, procedures and reports will be reviewed:</u></p> <ul style="list-style-type: none"> <u>Facility risk assessment to identify where Legionella and other opportunistic waterborne pathogens could grow and spread in the facility water system</u> <u>Water management program that considers the ASHRAE industry standard and the CDC toolkit</u> <u>Testing protocols and acceptable ranges for control measures</u> <ul style="list-style-type: none"> <u>Documented results of testing</u> <u>Corrective actions taken when control limits are not maintained</u> 			
<u>EP 15</u>					<p><u>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.</u> <u>(form of and frequency of assessment per hospital policy)</u></p> <p><u>Note: For more information about areas designed for control of airborne contaminants, the basis for design compliance is the Guidelines for Design and Construction of Health Care Facilities, based on the edition used at the time of design (if available).</u></p>			

COMMENTS:

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STANDARD - EPs	See Legend				Document / Requirement	THIS MAY BE SCORED AS CONDITIONAL OR STANDARD		
	C	NC	NA	IOU			YES	NO
EC.02.05.09					Medical Gas and Vacuum Systems are Inspected and Tested			
EP 1					Test, inspect and maintain critical components of piped medical gas systems: Source, distribution, master panels, area alarms, automatic pressure switches, shut-off valves, flexible connectors and outlets No prescribed frequency; recommend risk assessment if < annual	Per policy		
EP 2					Location of and signage for bulk oxygen systems	On Bldg. Tour		
EP 3					Emergency oxygen supply connection	On Bldg. Tour		
EP 4					Review medical gas installation/modification/breech certification results for cross connection, purity, correct gas, and pressure	As applicable		
EP 5					Medical gas supply and zone valves are accessible and clearly labeled	On Bldg. Tour		
EP 6					Handling, transfer, storage, labeling, transfilling of cylinders	Per policy		
COMMENTS:								

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JOINT COMMISSION RECENT SURVEYS

PRESENTER: GARY GIOVINAZZO

- Major focus items
- Top standards being cited
- New and revised standards
- Changes effective 3/11/18
- Questions from the members

MAJOR FOCUS ITEMS

- Behavioral Health Ligature risk assessment
- CMS S&C Memo 18-06 Dated December 8, 2017
“Clarification on Ligature Risk Policy”

MOST COMMON STANDARDS BEING CITED FOR LIGATURE RISK ASSESSMENT DEFICIENCIES

- EC.02.01.01 EP1: The hospital implements its process to identify safety and security risks associated with the environment of care that could affect patients, staff, and other people coming to the hospital's facilities. Note: Risks are identified from internal sources such as ongoing monitoring of the environment, results of root cause analyses, results of proactive risk assessments of high-risk processes, and from credible external sources such as Sentinel Event Alerts
- Comments: Assess the environment where patients with potentially suicide tendencies could receive care, treatment, or services for physical and clinical risks

MOST COMMON STANDARDS BEING CITED FOR LIGATURE RISK ASSESSMENT DEFICIENCIES

- EC.02.01.01 EP3: The hospital implements its process to identify safety and security risks associated with the environment of care that could affect patients, staff, and other people coming to the hospital's facilities. Note: Risks are identified from internal sources such as ongoing monitoring of the environment, results of root cause analyses, results of proactive risk assessments of high-risk processes, and from credible external sources such as Sentinel Event Alerts
- Comments: Mitigate or eliminate risks identified in the assessment

MOST COMMON STANDARDS BEING CITED FOR LIGATURE RISK ASSESSMENT DEFICIENCIES

- EC.02.06.01. EP1: Interior spaces meet the needs of the patient population and are safe and suitable to the care, treatment, and services provided.
- Comments: "Identify risks during environmental rounds or inspections, and review incident reports to take corrective actions. Implement interim patient safety measures until the risk is mitigated or eliminated."

MOST COMMON STANDARDS BEING CITED FOR LIGATURE RISK ASSESSMENT DEFICIENCIES

- EC.04.01.03. EP2: The hospital uses the results of data analysis to identify opportunities to resolve environmental safety issues.
- Comments: Committee reviews assessments and events to identify corrective actions

MOST COMMON STANDARDS BEING CITED FOR LIGATURE RISK ASSESSMENT DEFICIENCIES

- EC.04.01.05. EP1: The hospital takes action on the identified opportunities to resolve environmental safety issues.
- Comments: Committee takes action to mitigate or eliminate identified risks and reviews interim patient safety measures.

TOP ENVIRONMENT OF CARE & LIFE SAFETY STANDARDS BEING CITED FOR THE PAST YEAR

- EC.02.06.01 ep 1 Maintain a safe, functional environment
- EC.02.06.01 ep13 maintain Ventilation, Temperature and Humidity
- EC.02.05.01 ep15 critical area proper ventilation, and pressure differential relationships.
- LS.02.01.20 ep1 Manage the means of egress, including door locking features and corridor clutter

TOP ENVIRONMENT OF CARE & LIFE SAFETY STANDARDS BEING CITED (CONTINUED)

- LS.02.01.35 ep4 Manage systems for extinguishing fires (nothing supported on sprinkler lines, missing escutcheons, etc.)
- LS.02.01.35 ep14 misplaced ceiling tiles, misplaced K-type extinguisher signage, blocked access to fire extinguishers.
- LS.02.01.10 ep 7&8 Building and fire protection general requirements: Fire rated door
- LS.02.01.10 ep 9&10 Building and fire protection general requirements: Barrier penetrations
- LS.02.01.30 ep2 Building and fire protection features: Hazardous area doors
- LS.02.01.30 ep11 Building and fire protection features: Corridor doors, doors to Suites

NEW AND REVISED STANDARDS

- EC.02.03.05 ep27: Elevators with Firefighter's emergency operations are tested monthly and documented. (phase I and Phase II)
- EC.02.05.01 ep2 : NFPA 99 risk assessment for chapter 4 for the four categories related to; gas, vacuum, electrical, and electrical equipment.

NEW AND REVISED STANDARDS

- EC.02.05.01 ep20: Operating Rooms are considered wet locations, unless otherwise determined by risk assessment authorized by the governing body of the hospital. Operating rooms defined as wet locations are protected by isolated power (LIM) or Ground Fault Circuit Interrupter (GGFCI)
- EC.02.05.01 ep21: Electrical distribution in the hospital is separated into three categories; Category 1 Critical care served by type I EES, Category II general care rooms served by Type 1 or type 2 EES, and Category III Basic care rooms where electrical failure is not likely to cause injury or harm to patients.

NEW AND REVISED STANDARDS

- EC.02.05.01 ep22 : Hospital grade receptacles at bed locations, and where deep anesthesia is administered are tested after initial installation, replacement, or servicing. (policy driven)
- EC.02.05.01 ep23: Power strips in patient care vicinity are only used for components of movable electrical equipment used for patient care that have been assembled by qualified personnel
(see S&C memo 14-46 LSC 9/26/18)

NEW AND REVISED STANDARDS

- EC.02.05.05 ep7: Line Isolation Monitors are tested at least monthly by actuating the LIM test switch, which activates both visual and audible alarms. For LIMs with automated self-testing a manual test is performed at least annually. (records are maintained of required test and associated repairs or modifications, containing date, room or area tested, and results)

JOINT COMMISSION STANDARD REVISION CHANGES EFFECTIVE MARCH 11, 2018

- EC.02.03.05 ep 25: annual door testing (see full detail TJC revisions to HAP)
- EC.02.05.01 ep27:Areas designed for the administration of general anesthesia and using medical gas, and vacuum systems follow ASHRAE 170. Review equipment manufactures instructions before lowering humidity levels in these areas.
- LS.02.01.30 ep 13 : In existing Building all corridor doors are constructed of 1 3/4" thick solid bonded wood core or constructed to resist fire for not less than 20 minutes. In addition see changes to power actuated doors non latching hardware that when closed require a 5lbs or greater force to open. (roller latches are prohibited see full detail and exceptions in TJC revisions to HAP)

The background is a blue gradient. In the corners, there are white line-art illustrations of circuit boards or neural networks, with lines and small circles representing nodes.

ANY QUESTIONS FROM THE GROUP ?