

2023 Update

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Update

Joint Commission Focus: Health Equity; Environmental Sustainability; Workforce

1. Health Equity

a. New Standard (LD.04.03.08)

EP 1: Leadership

EP 2: Assess health related social needs of the patient

EP 3: Data analysis

EP 4: Action plan

EP 5: Improve the process

EP 6: Inform stakeholders

2. Environmental Sustainability

a. De-Carbonizing healthcare

1. Scope 1: stuff we do

2. Scope 2: stuff we consume

3. Scope 3: stuff we buy (i.e. “carbon label”)

3. Workforce

Update

Joint Commission Focus, continued

3. Workforce

- a. Response to organizational financial strain and healthcare welfare
 - 1. Concern for staff burnout
 - a. Make worker well-being part of the standards
 - 2. Reduce number of standards
 - a. “too many bureaucratic requirements take time from staff performing duties”
- b. New Initiative: **“Mega Review”**
 - 1. Review of “Above and Beyond” requirements of all standards
 - 2. Eliminate non-value standards
 - 3. Target is 14% reduction

4. Mega Review:

- a. Effectively address ongoing quality and safety issues
- b. Review for redundancy with other requirements
- c. Review for those that have not evolved with contemporary practice

Update

5. Mega Review, continued

d. Evaluate those that require more time & resources to comply with the requirement that the estimated benefit to patient care and outcomes

e. January 1, 2023 and subsequently every 6 months following

f. Process for the Mega Review

The review began with EP's that met all of the following:

- The EP does not support a CMS CoP or state regulation.
- The EP has been in effect for at least three years.
- The EP has been scored five times or less during full triennial surveys between 2017 and 2019 (the three years prior to the COVID-19 public health emergency)

g. Removed 54 Certifications, created 6 new programs

h. 56 Standards deleted and 4 standards were revised

i. Revised EM chapter is a model of new approach

HOWEVER:

j. Unable to modify CMS, OSHA or NFPA standards or requirements

Update

Herman McKenzie, MBA, CHSP, Director, Physical Environment Department, Joint Commission:

“Many of The Joint Commission’s physical environment standards are tied to the CMS CoP... as part of the standards review, Joint Commission President and CEO Jonathan B. Perlin, M.D., Ph.D, MSHA, MACP, FACMI, directed a review all Joint Commission requirements that go above and beyond CMS’s CoPs, in an effort to identify requirements, that may no longer be relevant, as well as those that may be redundant. Additionally, The Joint Commission evaluated whether the time and resources needed to comply with a requirement are commensurate with the estimated benefit to patient care and health outcomes.”

Update

Issued 12/22/2022 was a Pre-Pub document identifying 56 Elements of Performance that were deleted and four revised. These eliminations and revisions included LD, HR, IM, MM, NPSG, PC, PI, RI and WT chapters. Two physical environment standards were also included, one each in the Environment of Care (EC) and Life Safety (LS) chapters.

Standard EC.02.01.03. The hospital prohibits smoking except in specific circumstances.

EP 1: The hospital develops a written policy prohibiting smoking in all buildings. Exceptions for patients in specific circumstances are defined. Note: The scope of this EP is concerned with all smoking types — tobacco, electronic, or other.

Standard LS.02.01.40. The hospital provides and maintains special features to protect individuals from the hazards of fire and smoke.

EP 2: The hospital meets all other Life Safety Code automatic extinguishing requirements related to NFPA 101-2012: 18/19.4.2

Workplace Violence Prevention

Workplace Violence Prevention

The Joint Commission recently expanded workplace violence requirements, effective January 1, 2022:

New EPs:

- EC.02.01.01 EP 17

The hospital **conducts an annual worksite analysis** related to its workplace violence prevention program. The hospital takes actions to mitigate or resolve the workplace violence safety and security risks based upon findings from the analysis.

Note: A worksite analysis includes a proactive analysis of the worksite, an investigation of the hospital's workplace violence incidents, and an analysis of how the program's policies and procedures, training, education, and environmental design reflect best practices and conform to applicable laws and regulations.

Workplace Violence Prevention

The Joint Commission recently expanded workplace violence requirements, effective January 1, 2022:

New EPs:

- HR.01.05.03 EP 29

As part of its workplace violence prevention program, the hospital **provides training, education, and resources (at time of hire, annually, and whenever changes occur** regarding the workplace violence prevention program) to leadership, staff, and licensed practitioners. The hospital determines what aspects of training are appropriate for individuals based on their roles and responsibilities. The training, education, and resources address prevention, recognition, response, and reporting of workplace violence as follows:

- What constitutes workplace violence
- Education on the roles and responsibilities of leadership, clinical staff, security personnel, and external law enforcement
- Training in de-escalation, nonphysical intervention skills, physical intervention techniques, and response to emergency incidents
- The reporting process for workplace violence incidents

Workplace Violence Prevention

The Joint Commission recently expanded workplace violence requirements, effective January 1, 2022:

New EPs:

- LD.03.01.01 EP 9

The hospital has a workplace violence prevention program **led by a designated individual** and developed by a multidisciplinary team that includes the following:

- Policies and procedures to prevent and respond to workplace violence
- A process to report incidents in order to analyze incidents and trends
- A process for follow up and support to victims and witnesses affected by workplace violence, including trauma and psychological counseling, if necessary
- Reporting of workplace violence incidents to the governing body



*Achieve
Ambitions*

Life Safety in Business Occupancies

- *Increased Focus From The Joint Commission*

■ New Standards

- The Joint Commission applies LS.01.01.01, LS.01.02.01 and LS.05.01.xx for business occupancies in the Life Safety Chapter:

Life Safety Overview includes the footnote:

“The first two standards, LS.01.01.01 and LS.01.02.01 apply to all occupancy types.”

Existing Section – LS.01.01.01

LS.01.01.01 Administrative

LS.01.02.01 Occupant Protection [ILSM]

New Section – LS.05.01.xx

LS.05.01.xx Business Occupancies


■ New Standards

- The Joint Commission has created a new Standard section specifically for business occupancies in the Life Safety Chapter:

New Section – LS.05.01.XX

- LS.05.01.10 Building & Fire Protection Features**
- LS.05.01.20 Means of Egress**
- LS.05.01.30 Hazardous Areas & Protection**
- LS.05.01.34 Fire Alarm Systems**
- LS.05.01.35 Sprinkler Systems**

■ New Standards Infographic



New Standards


Business Occupancy Life Safety Code Requirements **LS.05.01.XX**

The Joint Commission has created a new Standard section specifically for business occupancies in the Life Safety Chapter.


**NOTE from the LS Chapter Overview: "The first two standards, LS.01.01.01 and LS.01.02.01 apply to all occupancy types." This includes accurate drawings (LS.01.01.01 EP 3) and Interim Life Safety Measures (LS.01.02.01).*

LS.05.01.10—Building & Fire Protection

Building and fire protection features are designed and maintained to minimize the effects of fire, smoke, and heat.



EP 1—Building rehabilitation meet Chapters 38, 39, and 43




EP 2—2-hour fire separation between business occupancy & parking structures




EP 3—Fire rating for openings in fire rated walls and barriers




EP 4—Fire rating for vertical openings in fire rated walls and barriers



EP 5—Wall penetration protection in rated walls and barriers




EP 6—Fire door free of decorations/coverings




EP 7—Must meet all other requirements in NFPA 101-2012: 38/39.1

LS.05.01.20—Means of Egress


The hospital maintains the integrity of the means of egress.




EP 1—Interior open stairways and ramps (if < one level below street floor)




EP 2—Corridor and exit passageway widths




EP 3—Dead-end corridors specified




EP 4—Travel distance to an exit




EP 5—Continuous illumination of the means of egress while occupied




EP 6—Emergency powered lighting—Existing business



EP 7—Emergency powered lighting—New business



EP 8—Door locks in the path of egress (such as delayed-egress and access-controlled systems)




EP 9—Must meet all other requirements in NFPA 101-2012: 38/39.2


New Standards: Business Occupancy Life Safety Code Requirements | 1

LS.05.01.30—Hazardous Areas & Protection


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




EP 1—Hazardous area fire protection



EP 2—Interior wall and ceiling finishes




EP 3—Alcohol-based hand rubs (ABHR) storage and handling




EP 4—Must meet all other requirements in NFPA 101-2012: 38/39.3

LS.05.01.34—Fire Alarm Systems


The hospital provides and maintains fire alarm systems.



EP 1—Fire alarm system requirements - Existing Business with criteria




EP 2—Fire alarm system requirements - New Business with criteria




EP 3—Must meet all other requirements in NFPA 101-2012: 38/39.3.4

LS.05.01.35—Sprinkler Systems


The hospital provides and maintains equipment for extinguishing fires.




EP 1—Emergency response notification - New Business




EP 2—Emergency response notification - Existing Business




EP 3—Fire extinguisher placement, distance, and signage



EP 4—Sprinkler condition and damage



EP 5—Sprinkler spray clearance (18" rule)



EP 6—Must meet all other requirements in NFPA 101-2012: 38/39.3.5

New Standards: Business Occupancy Life Safety Code Requirements | 2

■ Surveyable Spaces

Below are some examples of surveyable business occupancy spaces during a Joint Commission survey:

- An MOB that is attached to a hospital by a corridor but does not have a 2-hour fire-rated barrier separation
- A clinic that is separated from the hospital but is listed on the Joint Commission application as a services site
- Space within a hospital that is leased out to another entity without a 2-hour fire-rated barrier separation
 - This will typically be limited to Life Safety (LS) chapter observations.

Note: The condition of occupancy separation barriers is extremely important!

- If the barrier has deficiencies, it could result in surveyors going to areas that could otherwise be avoided.

Survey & Process Issues

Survey Process Issues

- Document review: see the Survey Activity Guide, which includes the “*Life Safety and Environment of Care—Document List and Review Tool*”
- Resource located at the Joint Commission website:

https://www.jointcommission.org/-/media/tjc/documents/resources/patient-safety-topics/physical-environment/hosp_critaccesshosp_life_safety_ec_documentlist_reviewtool.pdf

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 w/ NFPA 101 (2012)		
EP 1					Individual assigned to assess Life Safety Code® compliance		
EP 2					Building Assessment to determine compliance with Life Safety (LS) chapter (frequency of assessment is defined by the hospital)		
EP 3					Current and accurate drawings w/ fire safety features & related square footage <ul style="list-style-type: none"> 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 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
EP 5					Deemed Hospitals: Documentation of inspections and approvals made by state or local AHJs		
EP 7					The hospital maintains current Basic Building Information (BBI) within the Statement of Conditions (SOC).		
COMMENTS:							

Survey Process Issues: Documents Required During Survey

Documents required for Surveyor review during Survey include:

- Life Safety Drawings
- Written Fire Response Plan
- Documentation and Evaluations of Fire Drills for previous 12 months
- EC Data
- EC Management Plans and Annual Evaluations
- Previous 12 months EC Meeting Minutes
- ILSM Policy

Emergency Power Supply System (EPSS)

- Weekly Inspection issues:
 - Components include:
 - Prime mover
 - Fuel system
 - Lubrication system
 - Cooling system
 - Exhaust system
 - Electrical distribution system (including the ATS)
 - Battery system

Emergency Power Supply System (EPSS)

- Weekly Inspection issues
 - Batteries
 - Weekly
 - For sealed or valve-regulated lead-acid batteries and nickel-cadmium
 - Check battery voltage levels
 - Vented/flooded lead acid batteries
 - Either electrolyte levels or battery voltage
 - Nickel cadmium batteries
 - See manufacturers specifications

Emergency Power Supply System (EPSS)

- What if the in-phase control module in the ATS system prevents the organization from transferring within 10 seconds during testing
 - According to NFPA 99-2012 6.4.4.1.1.2 the ≤ 10 second criteria does not apply during monthly testing of an essential electrical system.
 - If the ≤ 10 second criteria cannot be verified the organization must set up an annual process to confirm that the power is restored to the life safety and critical branch circuits within 10 seconds of a power outage
 - See NFPA 99-2012 6.4.3.1

TJC Emergency Management Requirements

The Joint Commission has revamped the Emergency Management standards and elements of performance for Hospitals (HAP) and Critical Access Hospitals (CAH), effective July 1, 2022 (all other manuals will still use the current EM standards and EPs)

CURRENT
13 Standards
126 EPs

EM.01.01.01 EM.02.02.11
EM.02.01.01 EM.02.02.13
EM.02.02.01 EM.02.02.15
EM.02.02.03 EM.03.01.01
EM.02.02.05 EM.03.01.03
EM.02.02.07 EM.04.01.01
EM.02.02.09

See January 2022
edition of
Perspectives for
additional information

NEW
15 Standards
60 EPs

EM.09.01.01 EM.12.02.09
EM.10.01.01 EM.12.02.11
EM.11.01.01 EM.13.01.01
EM.12.01.01 EM.14.01.01
EM.12.02.01 EM.15.01.01
EM.12.02.03 EM.16.01.01
EM.12.02.05 EM.17.01.01
EM.12.02.07

TJC Emergency Management Requirements

The Joint Commission provided a guide to crosswalk the new standards with the old

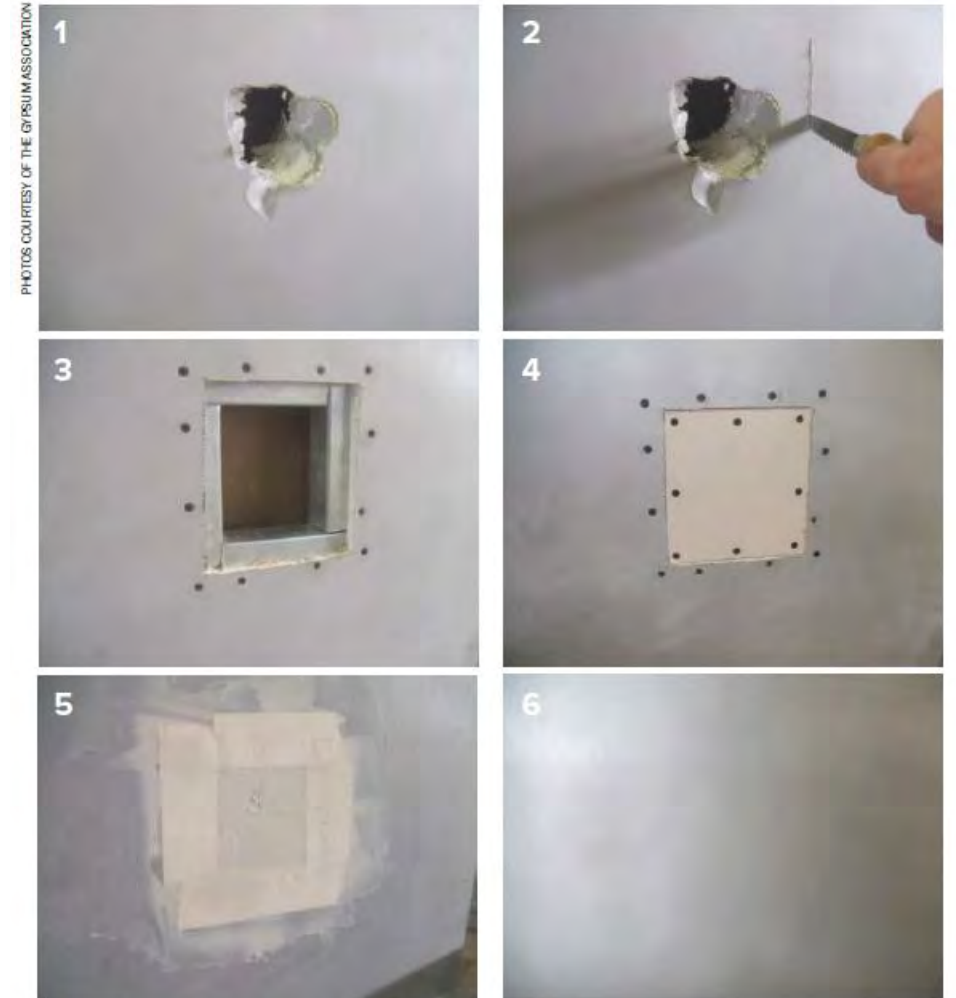
It is available at:

<https://www.jointcommission.org/-/media/tjc/documents/resources/emergency-management/hospital--new-em-chapter-reference-guide.pdf>

Reference Guide: Emergency Management Standards						
<i>Effective July 1, 2022, for Hospitals (HAP) & Critical Access Hospitals (CAH) Only</i>						
New EM Standards	EP	Area	Emergency Management Topic	Apply		Prior EM Standards
				CAH	HAP	
EM.09.01.01	1	EM Program	Written EM Program w/all-hazards approach	X	X	N/A
EM.09.01.01	2	EM Program	Separately certified Hospitals (unified/integrated EM Program)	X	X	04.01.01/1,2,3
EM.09.01.01	3	EM Program	Complies with laws and regulations	X	X	N/A
EM.09.01.01	4	EM Program	Transplant program (inclusion in the EM Program)	n/a	X	02.01.01/13
EM.10.01.01	1	EM Leadership	Senior leaders provide oversight & support	X	X	01.01.01/1; 02.01.01/1
EM.10.01.01	2	EM Leadership	Qualified individual to lead the EM Program	X	X	N/A
EM.10.01.01	3	EM Leadership	Multidisciplinary committee oversees EM Program	X	X	N/A
EM.10.01.01	4	EM Leadership	Multidisciplinary committee provides input	X	X	N/A
EM.11.01.01	1	HVA	Facility based HVA	X	X	01.01.01/2
EM.11.01.01	2	HVA	HVA: natural, human, tech, hazmat, infectious disease	X	X	N/A
EM.11.01.01	3	HVA	Prioritizes findings of HVA	X	X	01.01.01/3
EM.11.01.01	4	HVA	Uses HVA for mitigation & preparedness actions	X	X	

Scab / Blowout Patches in Fire-rated Barriers

- “Scab/Blowout Patches” are being scored now in fire-rated barriers
 - Not acceptable to place a large piece of sheetrock over a hole
 - Has never been acceptable but has been ignored by surveyors in the past
 - Proper repair steps:
<https://gypsum.bnibooks.com/product/ga-225-15-repair-of-fire-rated-gypsum-panel-product-systems>
 - Need to evaluate existing patches



The above images show the correct way to patch a gypsum board penetration.

Common Code References

Interior Finish – Rated Plywood

■ Issue:

- Does the plywood in my data closets have to be rated?

■ Code References (NFPA 101):

- 19.3.3.2 – Existing interior finish meets 10.2 and can be Class A or B
- 10.2 – General interior finish requirements
- 10.2.8.1 – Sprinkler allowance

■ Conclusion:

- if sprinkled – Class C is allowed, including non-rated plywood
- If not sprinkled – Class B is minimum
- Existing means installed before July 5, 2016

10.2.8.1 Other than as required in 10.2.4, where an approved automatic sprinkler system is installed in accordance with Section 9.7, Class C interior wall and ceiling finish materials shall be permitted in any location where Class B is required, and Class B interior wall and ceiling finish materials shall be permitted in any location where Class A is required.

Painted Medical Gas Piping

- **Issue:**
 - Do I have to replace my painted medical gas piping?
- **Code References (NFPA 99):**
 - 5.1.11.1.3 – Piping shall not be painted
 - 5.1.1.5 – Applies only to new or altered piping
- **Conclusion:**
 - This was first introduced in the 2005 edition of NFPA 99, which was not adopted by CMS/TJC. **(Adopted by local authority?)**
 - The requirement became scorable when the 2012 edition was adopted on July 5, 2016
 - **Any pipes painted prior to that date (and not altered since) can remain painted**

5.1.1.5 Subsection 5.1.2 through 5.1.12.3.14.5 and 5.1.14.4.2 shall apply to new health care facilities or facilities making changes that alter the piping.

NO EXIT vs Not An Exit

■ Issue:

- Do I have to change my signs?

■ Code References (NFPA 101):

- 7.10.8.3.1 – Where the signs are required
- 7.10.8.3.2 – Very specific signage requirements

■ Conclusion:

- Replace any sign that doesn't meet these requirements
- Ensure the sign is actually needed at all
- If letters are on glass, ensure there is a colored background to make it stand out.

7.10.8.3.1 Any door, passage, or stairway that is neither an exit nor a way of exit access and that is located or arranged so *that it is likely to be mistaken for an exit* shall be identified by a sign that reads as follows:

**NO
EXIT**

7.10.8.3.2 The NO EXIT sign shall have the word NO in letters 2 in. (51 mm) high, with a stroke width of 3/8 in. (9.5 mm), and the word EXIT in letters 1 in. (25 mm) high, with the word EXIT below the word NO, unless such sign is an approved existing sign.

■ Hazardous Area Requirements

■ Issue:

- What wall rating does my hazardous area require?

■ Code References (NFPA 101):

- 19.3.2.1 1 hour rated or sprinkled
- 19.3.2.1.2 If sprinkled option, smoke partitions only
- 19.3.2.1.3 Door must self-close either way
- 19.3.2.1.5 List of hazardous areas examples
- 43.7.1.2 Change in use up to 250 sq. ft. storage room

■ Conclusion:

- Ensure attention is given to existing wall ratings
- CMS/TJC require all doors to hazardous areas latch

43.7.1.2 A change of use that does not involve a change of occupancy classification but that creates a hazardous area shall comply with one of the following:

(1)...

(2) For existing health care occupancies protected throughout by an approved, supervised automatic sprinkler system in accordance with 9.7.1.1(1), where a change in use of a room or space not exceeding 250 ft² (23.2 m²) results in a room or space that is described by 19.3.2.1.5(7), the requirements for new construction shall not apply, provided that the enclosure meets the requirements of 19.3.2.1.2 through 19.3.2.1.4.

Medical Gas Shutoff Valve Labels

■ Issue:

- What verbiage is required on my shutoff valve labels?

■ Code References (NFPA 99):

- 5.1.11.2.1 – General requirements
- 5.1.11.2.3 – Source valve requirements
- 5.1.11.2.4 – Main line valve requirements
- 5.1.11.2.5 – Riser valve requirements
- 5.1.11.2.6 – Service valve requirements

■ Conclusion:

- Ensure the right information is listed. Very small differences but can be scored.

5.1.11.2.1 Shutoff valves shall be identified with the following:

- (1) Name or chemical symbol for the specific medical gas or vacuum system
- (2) Room or areas served
- (3) Caution to not close or open the valve except in emergency

5.1.11.2.2 Where positive pressure gas piping systems operate at pressures other than the standard gauge pressure of 345 kPa to 380 kPa (50 psi to 55 psi) or a gauge pressure of 1100 kPa to 1275 kPa (160 psi to 185 psi) for nitrogen or instrument air, the valve identification shall also include the nonstandard operating pressure.

Medical Gas Signage

- **Issue:**
 - What sign verbiage goes where?
- **Code References (NFPA 99):**
 - 5.1.3.1 – Central supply locations
 - 11.3.4.2 – Cylinder storage locations
 - (NFPA 55) 9.4.4 – Bulk Tank locations

9.4.4 Signage. The bulk oxygen storage location shall be permanently placarded to read as follows:

**OXYGEN
NO SMOKING — NO OPEN FLAMES**

5.1.3.1.8 Locations containing positive pressure gases other than oxygen and medical air shall have their door(s) labeled as follows:

**Positive Pressure Gases
NO Smoking or Open Flame
Room May Have Insufficient Oxygen
Open Door and Allow Room to
Ventilate Before Entering**

5.1.3.1.9 Locations containing central supply systems or cylinders containing only oxygen or medical air shall have their door(s) labeled as follows:

**Medical Gases
NO Smoking or Open Flame**

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

**CAUTION:
OXIDIZING GAS(ES) STORED WITHIN
NO SMOKING**

Spare Sprinkler Inventory

- **Issue:**
 - Do I need a sprinkler inventory?
- **Code References (NFPA 13):**
 - 6.2.9.7 – Sprinkler inventory
 - 6.2.9.7.1 – Inventory details

6.2.9.7 A list of the required spare sprinklers in the cabinet shall be posted *in the sprinkler cabinet*.

6.2.9.7.1* The list shall include the following:

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

A.6.2.9.7.1 The minimum information in the list contained in the spare sprinkler cabinet should be marked with the sprinkler identification described in 6.2.1; a general description of the sprinkler, including upright, pendent, residential, ESFR, etc.; and the quantity of sprinklers that is to be maintained in the spare sprinkler cabinet. An example of the list is shown in Figure A.6.2.9.7.1.

Sprinkler Identification, SIN	General Description	Temperature Rating, °F	Sprinkler Quantity Maintained
TY9128	Extended Coverage, K-25, upright	155	6
VK425	Concealed pendent residential	145	6

Issued: 10/3/05 Revised:

FIGURE A.6.2.9.7.1 Sample List.

Often Cited Survey Findings

The Joint Commission Top 10 Findings

Most Frequently Scored EC/LS EPs 2021

EC.02.06.01 EP 1	63.6%	Safety catch all (clinical as well)
LS.02.01.35 EP 4	53.8%	Items on sprinkler piping
EC.02.05.05 EP 6	52.6%	Non-HR Utility components ITM
EC.02.05.01 EP 9	52.3%	Shutoff controls labeling (FA Circuit)
LS.02.01.35 EP 14	46.4%	Sprinkler catch all (ceiling gaps)
EC.02.02.01 EP 5	46.4%	Haz Chemicals (manifests/DOT)
LS.02.01.10 EP 14	42.9%	Fire wall penetrations, “scab patches”
LS.02.01.10 EP 11	42.2%	Fire door latching, gaps, propping
LS.02.01.35 EP 5	38.5%	Sprinkler escutcheons, painted, dusty
EC.02.05.09 EP 12	36.3%	O2 cylinder storage, signage, policy

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Rough average number of EC & LS
RFIs hospitals received during full
surveys last year

36%

Rough percentage of hospitals with at
least 1 Condition Level Deficiency
(CLD) last year

Top 7 Survey Findings: EC

Rank	Standard	EP	Description	Examples	% of Surveys Scored
1	EC.02.06.01	1 & 26	Interior space meets the needs of the patient population / Furnishings in good repair	Stained ceiling tiles; defective flooring /damaged furniture	63
2	EC.02.05.01	9	The hospital labels utility system controls for partial or complete emergency shutdown	Identify fire alarm circuit; Spare circuit breaker in off position	58
3	EC.02.05.05	6	Hospital ITM non-high risk utility system components on the inventory, with documented date and activity results	Open J boxes; Exceeding ITM schedules	53
4	EC.02.02.01	5	Minimizes risks associated with selecting, handling, storing, transporting, using, and disposing of hazardous chemicals	Eye Wash stations testing (AN358.1 recommended weekly flush); Manifests & DOT	46
5	EC.02.05.09	12	Oxygen Cylinder management	Storage, signage and policy	35
6	EC.02.05.01	15	Critical care areas ventilation (pressure relationships, air- exchange rates, filtration efficiencies, temperature and humidity	Unbalanced areas	33
6	EC.02.05.07	4	Weekly Emergency Power Supply System (EPSS) inspection and documentation	Component inspection	33
7	EC.02.05.01	16	NON-critical areas ventilation (pressure relationships, temperature, and humidity	Unbalanced areas	31

Top 7 Survey Findings: LS

Rank	Standard	EP	Description	Examples	% of Surveys Scored
1	LS.02.01.35	4	Piping for Approved Automatic Sprinkler Systems (AASS) is not to be used to support any item other than the AASS	Wires on piping	55
2	LS.02.01.35	14	The hospital meets all other Life Safety Code automatic extinguishing requirements related to NFPA 101-2012	Stained ceiling tiles	47
3	LS.02.01.10	14	Space around pipes, conduits, bus ducts, cables, wires, air ducts, or pneumatic tubes penetrating rated walls or floors are protected with approved fire-rated material	Holes, gaps or improperly repaired barriers	46
4	LS.02.01.10	11	Fire door non-compliance	Fire door issues	42
5	LS.02.01.35	5	Sprinklers are not damaged and have escutcheons	Escutcheon plates missing, foreign materials on heads	39
6	LS.02.01.35	6	18" clearance below sprinkler	Compromised space	31
6	LS.02.01.34	9	Ceiling membrane maintained	Gaps in ceiling tiles	31
7	LS.02.01.30	3	Hazardous area doors and barriers	Hazardous areas door compromised	29
7	LS.02.01.20	14	Means of Egress (Exit Access, Exit, and Exit Discharge) clear of obstructions	Means of Egress are compromised	29
7	LS.02.01.30	19	Smoke barriers are penetration free	Holes, gaps or improperly repaired barriers	29



*Achieve
Ambitions*

Any Questions?

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