



WHEA – LSCS Update

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Learning Objectives



At the conclusion of this presentation, the participant will be able to:

- Identify the top compliance issues in LS, EC, and EM.
- Be able to describe security related standards and potential compliance challenges
- Be able to describe and implement “tips” for a successful survey with a focus on Security.
- Be able to discuss the new survey agenda and document checklist process and it’s impact on Security.

Successful Completion



▶ To receive continuing education credit for attending this session, the learner must:

- Attend the entire session
- Complete the evaluation for the session
- Participate in the learning activities

Trivia



Exist signs shall be visually inspected for operation of the illumination sources at intervals not to exceed:

- 30 days
- 60 days
- 90 days
- 180 days

Answer



▶ **30 days – NFPA 101 – 2000 7.10.9**

Trivia



What signs are required for the bulk oxygen storage tank?

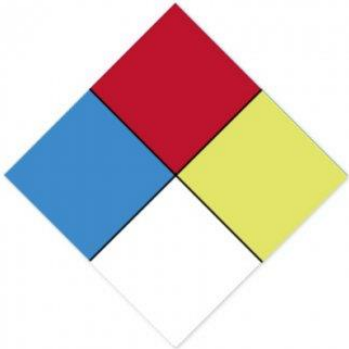
- NFPA 704
- ERG
- Based upon local AHJ requirements

Answer

■ NFPA 55 – 2003

- 8.4.1.2 Stationary Tanks. Stationary tanks shall be marked in accordance with **NFPA 704**, Standard System for the Identification of the Hazards of Materials for Emergency Response.
- 8.4.1.3 Identification Signs. Visible hazard identification signs shall be provided in accordance with **NFPA 704**, Standard System for the Identification of the Hazards of Materials for Emergency Response at entrances to buildings or areas in which cryogenic fluids are stored, handled, or used.
- 8.4.2 Identification of Contents. Stationary containers shall be placarded with the identity of their contents to indicate the name of the material contained.

*Please note – LSCS cannot use the 2003 edition as we are required to use NFPA 101-2000 and those standards related to this standard.



Trivia



According to NFPA – what is the leading cause of fires in healthcare?

- Smoking still leads the way
- Welding, cutting, burning
- Cooking
- Clothes dryers

Answer



Cooking was the leading cause of fires in health care occupancies.

- Cooking equipment was listed as the equipment involved in ignition in three out of five (61%) structure fires in these properties. While the leading cause in all categories of health care properties, the share of cooking fires varied by specific occupancy from a low of one-third (35%) in doctors' offices or clinics to a high of three-quarters (74%) in facilities providing 24-hour care for people with developmental disabilities, mental retardation, mental illness or substance abuse issues

■ Source: FIRES IN HEALTH CARE FACILITIES
Marty Ahrens November 2012 (Revised April 2013) - NFPA

Coming soon...



- ▶ New standards...Jan 2017

- ▶ Standard removal and consolidation
 - May Perspectives – 2016

Top Eight Cited Standards: 2012 – 2015



Standard	2015	2014	2013	2012
EC.02.06.01: Built Environment	#1	#1	#8	#7
EC.02.05.01: Utility Systems Risks	#3	#2	#4	#10
LS.02.01.20: Means of Egress	#4	#4	#1	#2
LS.02.01.30: Protection	#6	#8	#6	#6
LS.02.01.10: General Building Requirements	#7	#7	#3	#3
LS.02.01.35: Extinguishment	#8	#9	#9	#9
EC.02.03.05: Fire Safety Systems	#9	#6	#7	#5
EC.02.02.01: HazMat & Waste	#10	#10	#11	#11

Why?



Top compliance challenges & Security's role



EC.02.06.01 - #1

- #1 - **Medical Gas Storage – Cylinder - 934 findings** (30.0%) (EP 1)
- #2 – Safety Hazard - 506 findings (16.3%) (EP 1)
- #3 - Air Flow & HVAC Issues - 273 findings (8.8%%) (EP 13)
- #4 - OR Humidity - 238 findings (7.7%) (EP 13)
- #5 - Nurse Call – Pull Cord - 205 findings (6.6%) (EP 1)

Medical Gas Storage – Cylinder - 934 findings (30.0%) (EP 1)



#3- EC.02.05.01 – Top Findings

(Based on 1,111 findings)



- ▶ #1 - Inappropriate Room Pressurization - 469 findings (42.2%) (EP15)
- ▶ #2 – Failure to Label Electric Panel - 304 findings (27.4%) (EP 8)
- ▶ #3 – Lack of Emergency Lighting - 83 findings (7.5%) (EP 1)
- ▶ #4 – Failure to Label Utilities - 59 findings (5.3%) (EP 8)
- ▶ #5 – Inappropriate Electrical Issues - 47 findings (4.2%) (EP 1)

Inappropriate Room Pressurization – 469 findings (42.2%) (EP15)



#4 - LS.02.01.20 – Top Findings

(Based on 1,573 findings)



- #1 - Obstructions in Means of Egress - 507 findings (32.2%) (EP 13)
- #2 – Inappropriate Electromagnetic Lock Usage - 266 findings (16.9%) (EP 1)
- #3 – Inappropriate Locking Mechanisms - 174 findings (11.1%) (EP 1)
- #4 – Suite Issues - 164 findings (10.4%) (EP13)
- #5 – Storage in Stairways - 145 findings (9.2%) (EP 13)

Blocked Egress



Storage in stair enclosure



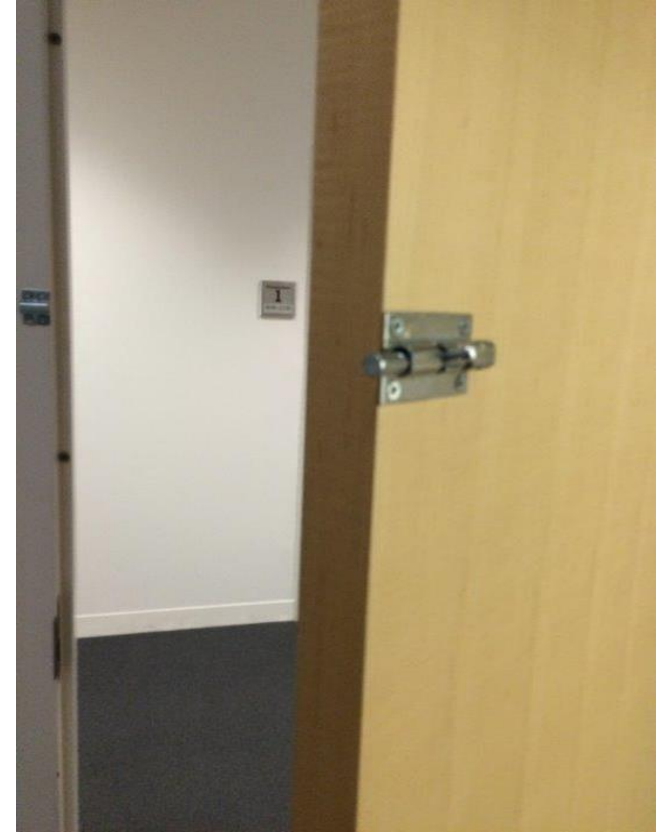
#6 - LS.02.01.30 – Top Findings

(Based on 2,488 findings)



- #1 - **Door Issues** - 966 findings (38.8%) (EP's 2 & 11)
- #2 - Penetrations - 548 findings (22.0%) (EP'S 2, 11 & 18)
- #3 - **Latch Failure** - 342 findings (13.7%) (EP'S 2 & 11)
- #4 – Smoke barriers - 209 findings (8.4%) (EP'S 2, 11 & 18)
- #5 - Suite Issues - 207 findings (8.3%) (EP 11)
- #6 – Separation of Hazardous Areas - 190 findings (7.6%) (EP'S 2 & 18)

Inappropriate Locking Mechanisms – 174 findings (11.1%) (EP 1)



#7 - LS.02.01.10 – Top Findings

(Based on 2,354 findings)

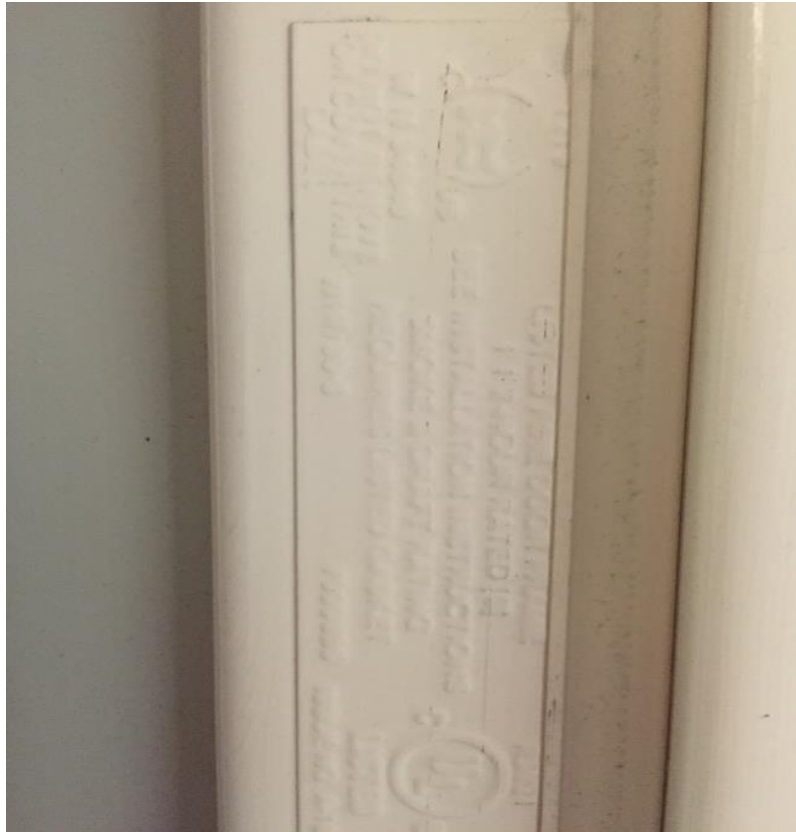


- #1 - Penetrations - 962 findings (40.9%) (EP's 4 & 9)
- #2 - Fire Door Failure - 709 findings (30.1%)
(EP's 4 & 5)
- #3 – Fire ratings - 176 findings (7.5%) (EP's 4, 5 & 9)
- #4 - Fire Door Hardware - 165 findings (7.0%)
(EP's 4 & 5)
- #5 - Fire Door Labels - 149 findings (6.3%)
(EP'S 4 & 5)

Fire Door Failure - 709 findings (30.1%) (EP's 4 & 5)



Fire Door Labels - 149 findings (6.3%) (EP'S 4 & 5)



#8 - LS.02.01.35 – Top Findings

(Based on 2,444 findings)



- #1 - Cables/Wiring - 479 findings (19.6%) (EP 4)
- #2 - Dust/Foreign Material - 443 findings (18.1%) (EP 5)
- #3 - Ceilings/Installation/Damage - 413 findings (16.9%) (EP 5 & EP 14)
- #4 - Storage/Signage - 338 findings (13.8%) (EP 6)
- #5 - Fixtures/Equipment - 320 findings (13.1%) (EP 4 & EP 6)
- #6 - Escutcheon/Obstructions - 286 findings (11.7%) (EP14)

Cables/Wiring - 479 findings (19.6%) (EP 4)



Dust/Foreign Material - 443 findings (18.1%) (EP 5)



Not considered ART!




Escutcheon/Obstructions - 286 findings (11.7%) (EP14)



#9 - EC.02.3.05 – Top Findings

(Based on 2,172 findings)

-  #1 - Lack of Inventory - 651 findings (30.0%)
(EP's 2, 3, 4, 19 & 25)
- #2 - Insufficient Documentation - 618 findings
(28.5%) (EP's 2, 3, 4, 5, 19 & 25)
- #3 - Standard not Listed - 446 findings (20.5%)
(EP 25)
- #4 - Incorrect Duration – 316 findings (14.5%)
(EP's 2, 3, 4, 5, & 19)
- #5 - Incorrect Test Method - 88 findings (4.1%)
(EP's 2, 3, 4, 5, 19 & 25)
- #6 – Repairs not Performed - 22 findings (1.0%)
(EP's 2, 3, 4, 19 & 25)


Lack of Inventory - 651 findings (30.0%) (EP's 2, 3, 4, 19 & 25)



LOCATION	DEVICE TYPE	VISUAL CHECK	FUNCTIONAL TEST	PASS	FAIL
Nursing Unit 2 West	All strobes	X	X	X	
Nursing Unit 2 West	All horns	X	X	X	
Nursing Unit 2 East	All strobes	X	X	X	
Nursing Unit 2 East	All horns	X	X	X	
4th Floor West	All strobes	X	X	X	
4th Floor West	All horns	X	X	X	
4th Floor East	All strobes	X	X	X	
4th Floor East	All horns	X	X	X	
Surgery West	All strobes	X	X	X	
Surgery West	All horns	X	X	X	
Surgery East	All strobes	X	X	X	
Surgery East	All horns	X	X	X	

#10 - EC.02.02.01 – Top Findings

(Based on 1,150 findings)

-  #1 - Eye Wash None - 308 findings (26.7%)
(EP 5)
- #2 - Eye Wash Inspection - 192 findings
(16.7%) (EP 5)
- #3 - Eye Wash Temperature - 138 findings
(12.0%) (EP 5)
- #4 - Lead Apron Inspection - 101 findings
(8.9%) (EP 7)
- #5 - Lead Apron Storage - 54 findings (4.7%)
(EP 7)

Waivers cont.



Humidity Waiver still needed and in effect

- ▶ S&C 13-25 issued 8/19/13
- ▶ S&C 15-27 Clarification of equipment and supplies IFU's 2/20/15

- *S&C 13-25-LSC & ASC* permits hospitals and CAHs to use a LSC categorical waiver to establish an RH level <35% in anesthetizing locations. Before electing or continuing to use this categorical waiver, hospitals and CAHs are expected to ensure that the humidity levels in their ORs are compatible with the manufacturers' instructions for use (IFUs) for the supplies and equipment used in that setting.

What's wrong with this picture?



Cylinder Storage

NFPA 99-1999 4-3.1.1.2 Storage Requirements (Location, Construction, Arrangement)

- Combustible materials, such as paper, cardboard, plastics, and fabrics shall not be stored or kept near supply system cylinders or manifolds containing oxygen or nitrous oxide. Racks for cylinder storage shall be permitted to be of wooden construction.
Wrappers shall be removed prior to storage.
- So in the example above – five (5) of the tanks are in violation of this requirement and only one (1) tank is compliant. Scored at EC.02.03.01 – EP 1 as a fire hazard.

Top EM standards scored in 2014:



- In 1,278 surveys . . .
- 3.91% were out of compliance with EM.01.01.01-Developing the plan – who?
- 4.77% were out of compliance with EM.02.01.01-EOP
 - .78% were out of compliance with EM.02.02.01
 - .47% were out of compliance with EM.02.02.03
 - .08% were out of compliance with EM.02.02.05
 - .70% were out of compliance with EM.02.02.07
 - .23% were out of compliance with EM.02.02.09
 - 0% were out of compliance with EM.02.02.11
- 4.46% were out of compliance with EM.02.02.13-Credentialling practitioner
- 1.80% were out of compliance with EM.02.02.15
- 4.69% were out of compliance with EM.03.01.01-Annual Review
- 7.67% were out of compliance with EM.03.01.03-Evaluates drills



Standards Compliance for 1/1/2015 to 12/31/2015, run on 2/15/2016			
Program	Standard	% Standards Not Compliant	Net Applicable Surveys
HAP	EM.01.01.01	2.97%	1447
HAP	EM.02.01.01	3.59%	1447
HAP	EM.02.02.01	0.48%	1447
HAP	EM.02.02.03	0.76%	1447
HAP	EM.02.02.05	0.00%	1447
HAP	EM.02.02.07	0.28%	1447
HAP	EM.02.02.09	0.21%	1447
HAP	EM.02.02.11	0.07%	1447
HAP	EM.02.02.13	2.83%	1447
HAP	EM.02.02.15	0.76%	1447
HAP	EM.03.01.01	3.18%	1447
HAP	EM.03.01.03	4.77%	1447

EM (cont.)



Focus on IM.01.01.03

Leadership X 3

EM.03.01.03 - A15

EM.03.01.01 – A4

LD.04.04.01 – A25


New Agenda and Document Checklist



■ CMS Validation Surveys

- Health system / corporate hospital customer feedback
 - Customer needs for consistency
 - Survey efficiency
 - Voice of the customer (HSCL mtg input)
- Life Safety Surveyor feedback
- Effective July 4, 2015

New Agenda and checklist (cont.)

- 
- Revised agenda for Life Safety surveyor
 - Evaluation starts upon arrival
 - Specified Critical Pressure Relationship Survey time
 - A single document checklist and tracking tool for both customers and surveyors – located in your SAG!
 - Time allotted for primary surveyor responsibilities

Goals



- Increase thoroughness of Life Safety survey
- Promote consistency of Life Safety survey experience across surveyors
- Promote efficiency, allowing more time for building tour
- Encourage customer readiness
- Define mandatory Life Safety surveyor activities
- Establish guidelines for when Life Safety surveyor should conduct EC and EM sessions

Pilot



Pilot 1

- Description –209,881 sq. feet; 50-90% sprinkled; 81 beds; 5 ORs; 2 stories classified healthcare; 1 locked Psych unit
- Results: Performed building tour, conducted EC and EM sessions

■ Pilot 2

- Description –443,353 sq. feet; > 90% sprinkled; 333 beds; 10 ORs; >5 stories classified healthcare; 1 locked Psych unit
- Results: Performed building tour, EC session could have been conducted, but not EM session

■ Pilot 3

- Description- 202,385 sq. feet; 50-90% sprinkled; 180 beds; 12 ORs; >5 stories classified healthcare; 2 locked units- Peds and Psych units
- Results: Performed building tour, conducted EC and EM sessions

Goals



- Increase thoroughness of Life Safety survey
- Promote consistency of Life Safety survey experience across surveyors
- Promote efficiency, allowing more time for building tour
- Encourage customer readiness
- Define mandatory Life Safety surveyor activities
- Establish guidelines for when Life Safety surveyor should conduct EC and EM sessions


Improvements



On arrival the first day of survey:

- Request facilities representative escort to check fire alarm
- Review eSOC (building plan & PFIs), waivers and equivalencies (history and audit trail) with facilities representative; also read/review ILSM P&P, written fire response plan
- Join team for Opening (abbreviated attendance; ask to be excused)
- Skip team Surveyor Planning Session; conduct LS/EC focused Document Review
- Survey ORs for pressure relationships immediately after Document Review (provides HCO with max. time to correct)
- Conduct Building Tour (increase sample size)

Document Checklist

- 
- Same document checklist for surveyor and HCO
 - ▀ Serves as HCO prep tool and tracking tool during survey
 - ▀ Identifies frequency requirements
 - ▀ Relates to standard/EP
 - ▀ Request reflects scope of survey
 - ▀ Lists CMS “wild card” issues (surveyor version only)

Improvements



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Improvements



Survey Process Clarifications for Life Safety and Environment of Care

As noted in “The Accreditation Process” (ACC) chapter of the program manuals for **hospitals** and **critical access hospitals**, “*A Life Safety Code*” Surveyor will be part of every survey.” The chapter adds that this surveyor “is responsible for evaluating specific environment of care and *Life Safety Code* accreditation criteria and educating the organization during the survey about related compliant and not compliant areas, opportunities for improvement, and remedial action that may be required.”


In response to customer feedback, The Joint Commission

recently clarified expectations regarding on-site evaluations of Life Safety and Environment of Care compliance. One major change is that staff must be available to assist the *Life Safety Code* Surveyor with document review immediately upon his or her arrival. To assist staff with preparing for document review, the *Survey Activity Guide* has been updated to include the “Life Safety and Environment of Care—Document List and Review Tool.” This new resource, which lists selected documents that will be reviewed by the *Life Safety Code* Surveyor, is located on The Joint Commission website at http://www.jointcommission.org/life_safety_code_information_resources/ as well as on the *Joint Commission Connect*™ extranet site.

* Life Safety Code® is a registered trademark of the National Fire Protection Association, Quincy, MA.

In addition, the “Life Safety Survey Agenda” has been revised to include more detail on the activities that will be conducted by the *Life Safety Code* Surveyor. Please note that the below sample agenda (with new language underlined) is based on a typical two-day survey. The number of days may

be different depending on an organization’s size; organizations will see a customized agenda on their extranet site.

Questions may be directed to Jim Kendig, Field Director, *Life Safety Code* Surveyors, at jkendig@jointcommission.org or 630-792-5819. 

Day 1: Sample Life Safety Survey Agenda

Time	If Day 1 Occurs on Day 1 of Hospital Survey	If Day 1 Occurs on Day 2, 3, or 4 of Hospital Survey
8:00–8:15 A.M.	<u>Facility Orientation</u>	Daily Briefing (introductions only)
8:15–9:00 A.M.	<ul style="list-style-type: none"> • <u>Visit main fire alarm panel</u> • <u>Review and discuss Statement of Conditions (SOC) (building plans and Plans for Improvement (PFIs))</u> • <u>Discuss waivers and equivalencies</u> • <u>Review Interim Life Safety Measures (ILSM) policy and procedures</u> • <u>Review written fire response plan</u> • <u>See “Life Safety and Environment of Care—Document List and Review Tool”</u> 	<u>Facility Orientation</u> <ul style="list-style-type: none"> • <u>Visit main fire alarm panel</u> • <u>Review and discuss SOC (building plans and PFIs)</u> • <u>Discuss waivers and equivalencies</u> • <u>Review ILSM policy and procedures</u> • <u>Review written fire response plan</u> • <u>See “Life Safety and Environment of Care—Document List and Review Tool”</u>
9:00–9:15 A.M.	Opening Conference (introductions only)	
9:15–10:30 A.M.	<u>Facility Orientation (continued)</u>	
10:30 A.M.–12:30 P.M.	<ul style="list-style-type: none"> • <u>Survey operating rooms to assess ventilation*</u> • <u>Begin Life Safety Code Building Assessment</u> 	<ul style="list-style-type: none"> • <u>Survey operating rooms to assess ventilation*</u> • <u>Begin Life Safety Code Building Assessment</u>
12:30–1:00 P.M.	Surveyor Lunch	Surveyor Lunch
1:00–4:00 P.M.	<u>Life Safety Code Building Assessment (continued)</u>	<u>Life Safety Code Building Assessment (continued)</u>
4:00–4:30 P.M.	Surveyor Team Meeting/Planning Session†	Surveyor Team Meeting/Planning Session†
* <u>Provides organization time to correct issues while surveyor is on site</u>		
† Time for required interaction with survey team		

Day 2: Sample Life Safety Survey Agenda

Time	If Day 2 Occurs on Day Other Than Last Day of Hospital Survey	If Day 2 Occurs on Last Day of Hospital Survey
8:00–8:30 A.M.	Daily Briefing	Daily Briefing
8:30 A.M.–12:00 P.M.	<u>Life Safety Code Building Assessment</u>	<u>Life Safety Code Building Assessment</u>
12:00–12:30 P.M.	Surveyor Lunch	Surveyor Lunch
12:30–2:30 P.M.	Three possibilities (depending on size of hospital): <ol style="list-style-type: none"> 1. <u>Life Safety Code Building Assessment continues; or</u> 2. <u>Assessment continues, one hour reserved for Environment of Care Session; or</u> 3. <u>One hour Environment of Care Session and one hour Emergency Management Session</u> 	Three possibilities (depending on size of hospital): <ol style="list-style-type: none"> 1. <u>Life Safety Code Building Assessment continues; or</u> 2. <u>Assessment continues, one hour reserved for Environment of Care Session; or</u> 3. <u>One hour Environment of Care Session and one hour Emergency Management Session</u>
2:30–3:30 P.M.	Document Findings	Document Findings
3:30–4:00 P.M.	Interim Exit Conference	CEO Exit Briefing and Organization Exit Conference
4:00–4:30 P.M.	Surveyor Team Meeting/Planning Session*	
* Time for required interaction with survey team		

Where do I find new checklist?

Life Safety and Environment of Care Survey Process Clarifications

In response to customer feedback, The Joint Commission has clarified expectations regarding on-site evaluations of Life Safety and Environment of Care standards compliance. These clarifications appear in the form of:

- Some added details to the [Life Safety Surveyor agenda](#)*
- [A Life Safety and Environment of Care Document List and Review Tool](#)

To take full advantage of the Life Safety surveyor's knowledge and expertise during the on-site survey, organizations are asked to have staff available to assist him or her upon arrival with Facility Orientation activity. As noted on the agenda, this will include a visit to the main fire alarm panel and initiating review of required documentation. The Life Safety and Environment of Care Document List and Review Tool identifies the documentation the surveyor needs to see and includes any frequency requirements as outlined in the standards. The surveyors will use this same tool removing any guesswork about what documents will be requested and when.

Some organizations will not see the new agenda posted to their extranet site, especially those who are anticipating a survey yet in 2015 or early 2016. However, you can plan and prepare to follow this new agenda. Surveyors will inform you about the new Life Safety Survey agenda when they arrive and will offer an organization the option of following the new agenda or the agenda that was originally posted by their account executive. Let the surveyor know your preference and they will proceed accordingly.

If you have any questions about the agenda or the document list, please talk with your Account Executive.

*The sample agenda is based on a typical two-day survey. The number of days may be different depending on an organization's size.

Physical Environment Portal



Release in July 2014 at ASHE Conf in Boston

■ Purpose

- Support compliance with the top EC and LS findings
- Partner with ASHE

PE Portal



Solutions to top cited standards:

- The portal topics, in order of release, are:
 - Introduction – July 14-31, 2015
 - Utility Systems - EC.02.05.01 August/September 2015
 - Means of Egress - LS.02.01.20 October/November 2015
 - Built Environment - EC.02.06.01 December/January 2016
 - Fire Protection - EC.02.03.05 February/March 2016
 - General Requirements - LS.02.01.10 April/May 2016
 - LS Protection - LS.02.01.30 June/July 2016
 - Automated Suppression Systems - August/September 2016
 - Haz Mat/Waste Management - EC.02.02.01 October/November 2016

▶ http://www.jointcommission.org/topics/the_physical_environment.aspx

Interacting with surveyors



Introduction.

- Questions?
- Problem resolution (special issue resolution)?
- Role of Team Leader?
- When should I consider asking for CO input (SIG ENG/SIG Clinical)?
- Contacting Field Director on Call
- Interim Exit

Focus on doors



The reason...




Doors (cont.)



Top findings for doors

- Removed bottom strikes
- Removed bottom receiving units
- Removed closers
- Unable to read label
- Wall, doors and life plans do not match

Problem Areas in the Field

- 
- EC.02.03.05 EP 5 – quarterly testing of fire alarm system equipment for notifying off-site fire responders
- Not a “ping”
 - Not required to illustrate the “math” but this is best practice
 - Fire drill form – central station received signal within 90 seconds – yes ____ no ____ NFPA 72-1999)

Problem Areas in the Field



A 5. ⑤ Every quarter, the hospital tests fire alarm equipment for notifying off-site fire responders. The completion date of the tests is documented.

Note: For additional guidance on performing tests, see NFPA 72, 1999 edition (Table 7-3.2).

Initiating device shall be actuated. Receipt of the correct initiating device signal at the supervising station within 90 seconds shall be verified. Upon completion of the test, the system shall be restored to its functional operating condition.

Problem Areas in the Field - GONE!



Forensic Patient Management

- HR.01.04.01 EP 7
- “C” Finding
- Policy cover all four (4) elements?
 - How to interact with patients
 - Procedures for responding to unusual clinical events and incidents
 - The hospital’s channels of clinical, security, and administrative communication
 - Distinctions between administrative and clinical seclusion and restraint

Problem Areas in the Field - GONE

Forensic Patient Management Cont.

- ▶ Often missed - “responding to unusual clinical events and incidents!”
- ▶ Best practice – FHA...John Wilgis

Problem Areas in the Field



ILSM

- Survey to your org's policy
- Extra Fire Drills?
 - What criteria
- Fire watch?
 - See NFPA 4.6.10 Construction, Repair, and Improvement Operations.
 - A.4.6.10.1 Fatal fires have occurred when, for example, a
 - required stair has been closed for repairs or removed for rebuilding, or when a required automatic sprinkler system has been shut off to change piping.
 - A.4.6.10.2 See also NFPA 241, Standard for Safeguarding Construction, Alteration, and Demolition Operations.
- July 2009 EC News – page 10
 - Planned vs unplanned

Problem Areas in the Field



Emergency Showers and Eyewash Stations

- What resource are you using – ANSI? What year (2004, 2009, 2014)?
- Risk Assessment?
 - See OSHA's letters of interpretation
 - 29CFR1910.151© and 1048 (i)(II)(i)(III)
 - Placement and distance requirements?
 - EC.02.02.01 EP 5
 - pH/SDS
 - ANSI released their 2014 guidelines on January 8, 2015

Problem Areas in the Field



Legionella

- Ice Machines – maintaining?

■ Plywood

■ Gift Shop

- H cylinders
- 18” violation

■ PFI's & Location

■ Maintenance Free Batteries for Genset

■ Furniture purchase policy

Security Focus (cont.)



- 8. The hospital controls **access to and from** areas it identifies as security sensitive.
- 9. The hospital has written procedures to follow in the event of a security incident, including an infant or pediatric abduction.
- 10. When a security incident occurs, the hospital follows its identified procedures.

Security Focus (cont.)



- Standard EC.02.01.03

- The hospital prohibits smoking except in specific circumstances...

- Primary source verification – contract security – licensed. (HR.01.02.05)

Resources



▀ Resources:

- Joint Commissions' Leading Practice Library
- IAHSS
- ASIS

Project Refresh...



- There are multiple different “tagging's” that The Joint Commission uses for our Elements of Performance (EPs).
- For example, we tag EPs as “Direct” versus “Indirect”, “A” category vs. “C” category, Measure of Success (MOS) required or not, Risk Icon or not, etc.
- These multiple tagging's were identified by different groups of staff, at different points in time, and are used for different reasons (ESC timeframe, decision rules, ICM, etc.).

Solution



- ▶ A new model that recognizes that the potential for an EP to be related to a risk/safety issue depends on the context of the situation during a given survey and not pre-determined based on the EP itself

How is Risk Determined?



- Based on the context of the finding
- Surveyor experience and expertise will provide the support to determine the “scope” and “likelihood to harm” for the finding
- Discussion amongst the survey team

Research and Development

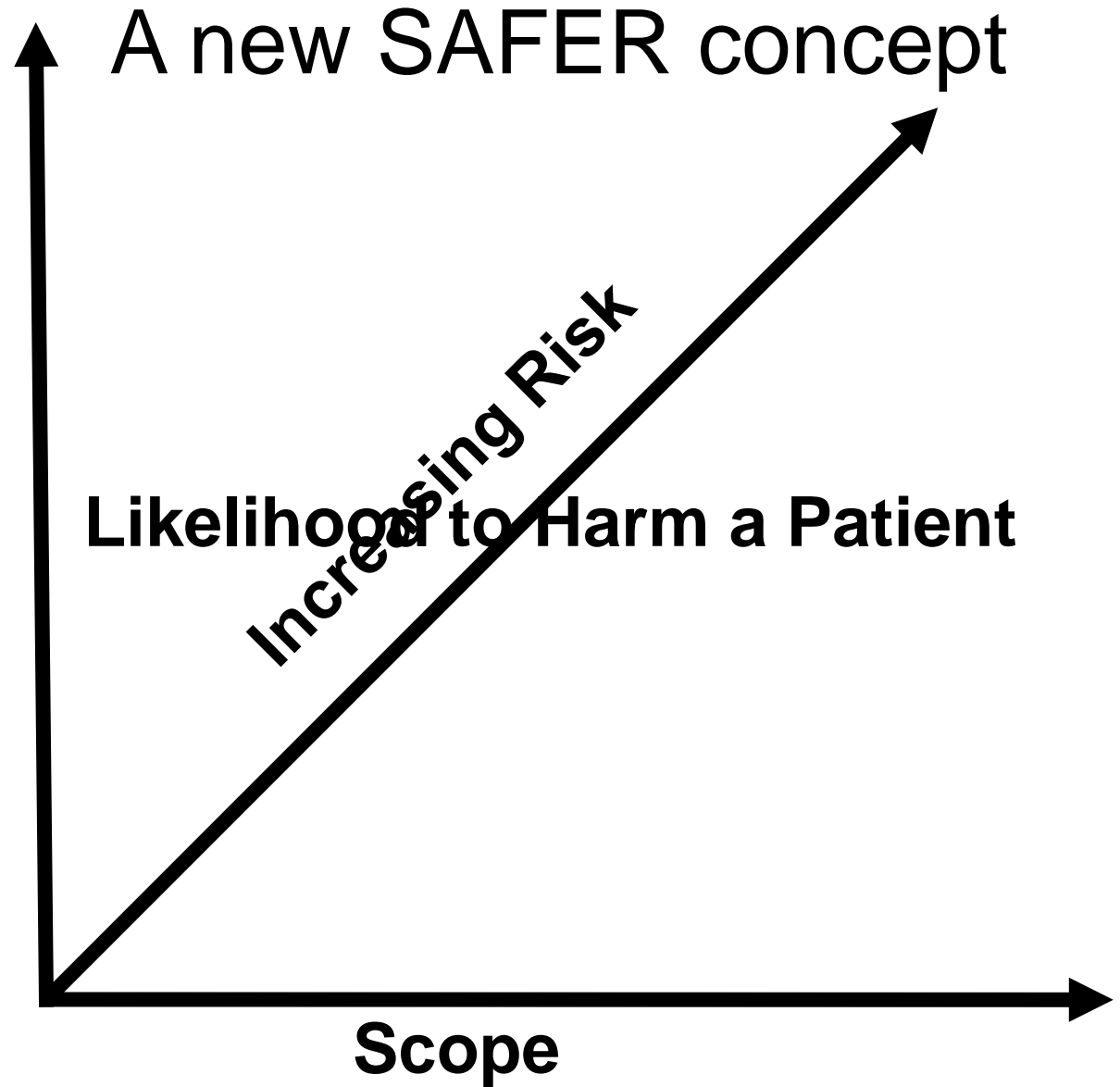


■ Voice of Customer

- Providing valuable information to our customers at an organizational level
- Simplifying the cumbersome post survey process

■ Analyzing industry standards and risk analysis

■ Reevaluating current TJC processes and identifying opportunities for efficiency



A New SAFER Matrix



Likelihood to Harm a Patient/Staff/Visitor

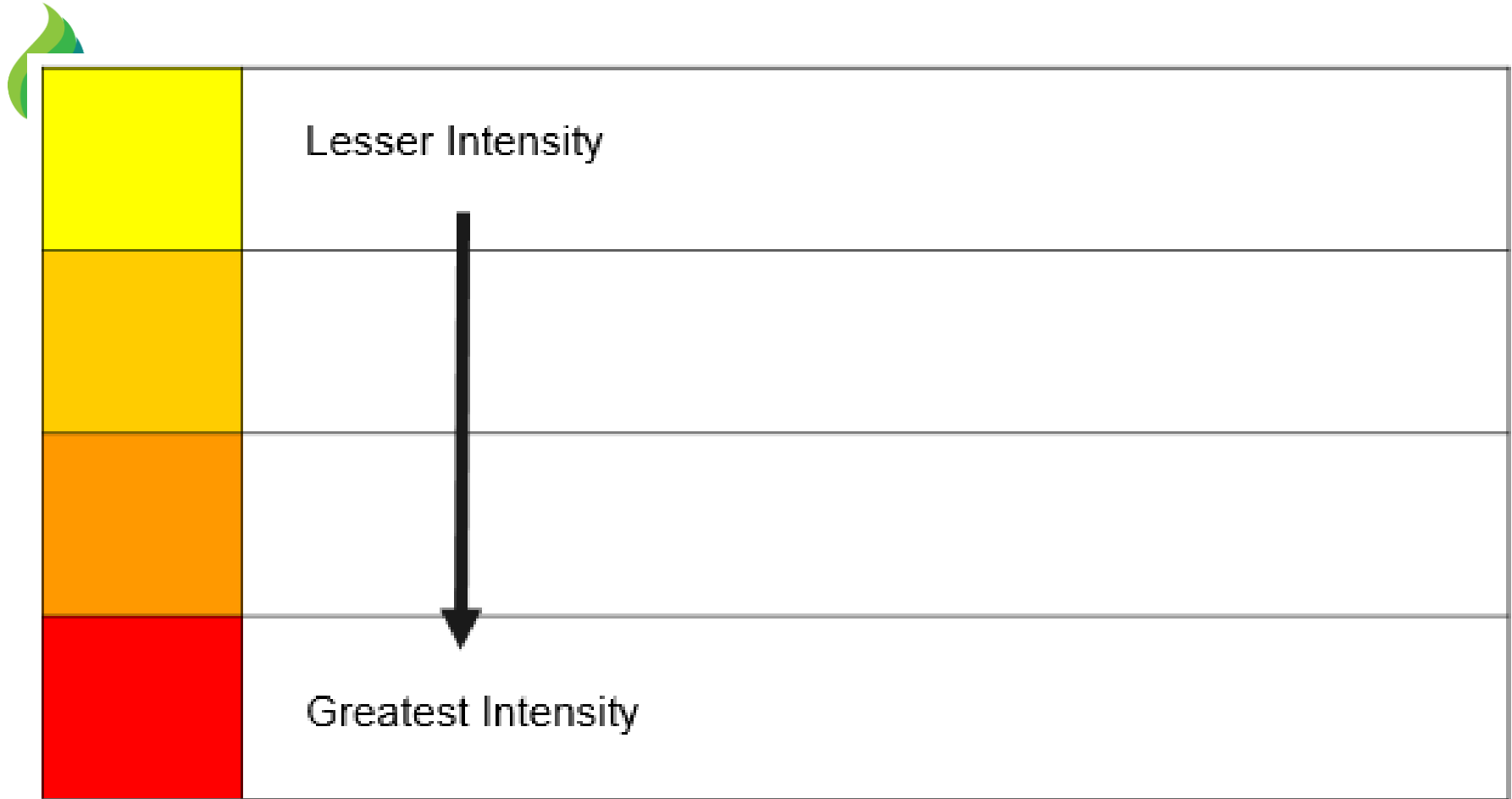
HIGH (harm could happen at any time)

MODERATE (harm could happen occasionally)

LOW (harm could happen, but would be rare)

<i>Immediate Threat to Life</i> (a threat that represents immediate risk or may potentially have serious adverse effects on the health of the patient, resident, or individual served)		
LIMITED (unique occurrence that is not representative of routine/regular practice)	PATTERN (multiple occurrences with potential to impact few/some patients, visitors, staff and/or settings)	WIDESPREAD (multiple occurrences with potential to impact most/all patients, visitors, staff and/or settings)

Follow-up Actions



Prioritized Follow-up Action


Placement of RFI on SAFER Matrix and Follow-Up Activity

	<u>LOW / LIMITED</u>	<u>MODERATE / LIMITED LOW / PATTERN LOW / WIDESPREAD</u>	<u>MODERATE/PATTERN MODERATE/WIDESPREAD</u>	<u>HIGH/LIMITED HIGH/PATTERN HIGH/WIDESPREAD</u>
Evidence of Standards Compliance (ESC) 60		✓	✓	✓
Evidence of Standards Compliance (ESC) 60 - Plus - Additional fields for sustainment plan				✓
Pull into surveyor technology for potential review during subsequent surveys				✓



IC.02.02.01 - The hospital implements infection prevention and control activities when doing the following:

IC.02.02.01, EP 4 - Storing medical equipment, devices, and supplies.

<div>  <div> <div>Likelihood to Harm a Patient/Visitor/Staff</div> <div>High</div> <div>Moderate</div> <div>Low</div> </div> </div>			
	<p>"A colonoscope used for the operating room was stored in an operating room cabinet with the tip of the colonoscope touching supplies stored in the bottom of the cabinet."</p>	<p>"During an upper endoscopy procedure, a GI technician entered the endoscopy suite from the adjoining endoscope reprocessing room in order to place a processed endoscope into storage. This practice posed an unacceptable risk of cross-contamination. During an endoscopy procedure, the GI technician opened the endoscope storage closet to retrieve a CLOtest kit. This action had the potential to expose the stored endoscopes to aerosolized particles in the endoscopy suite."</p>	<p>"During a tour of the Endoscopy Department, note was made of the endoscope storage cabinets with the doors wide open with scopes stored in the cabinets. Staff explained that it was the practice in the department to leave the doors open during the work day. This resulted in an opportunity for air borne contaminants to deposit on the cleaned/stored scopes."</p>
	<p>In the supply room was an opened and partially used bottle of 0.9% normal saline used for dental irrigation. The bottle was not labeled with the open date, and the instructions on the bottle stated 'discard unused portion'.</p>	<p>"During the building tour in the pediatric area, the intake room and two examination rooms were observed. Located under the sinks in all three areas were multiple boxes of gloves at risk of damage from water."</p>	<p>"During the building tour it was noted that in the radiology area there were several cardboard boxes on the floor that appeared to be water logged. In addition, throughout this entire facility there were other cardboard boxes stored directly on the floor at risk for water damage."</p>
	Limited	PATTERN	WIDESPREAD
	Scope		

Pilot Examples of the SAFER matrix



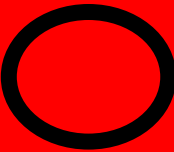
Likelihood to Harm a Patient/Staff/Visitor		<i>Immediate Threat to Life</i>			
		High			
		Moderate			
		Low			
			LIMITED	PATTERN	WIDESPREAD

It was observed that there was an entry in the record which had not been authenticated and/or dated and timed. The Intake assessment had been signed by the author but the entry was not dated and timed.

Pilot Examples of the SAFER matrix



Likelihood to Harm a
Patient/Staff/Visitor

	<i>Immediate Threat to Life</i>		
High			
Moderate			
Low			
	LIMITED	PATTERN	WIDESPREAD

During tracer activity on a surgical patient, noted all members of the surgical team did not suspend all their activities to focus on correct patient, procedure, and site. Also, noted in second tracer activity in the OR on a surgical patient, the entire surgical team did not suspend all their activities to focus on correct patient, procedure, and site.

Customer Impacts:



- ▶ No more Direct and Indirect EP designations
- ▶ No more A or C categories
- ▶ No more MOS's
- ▶ No more OFIs
- ▶ The 45 day ESC is being removed (will be consolidated into 60 ESC)
- ▶ Visual grids will be included within the report
- ▶ See May 2016 Perspectives for standards deleted, etc.

Beginning January 1, 2017



■ For all accreditation and certification programs

- The SAFER matrix will be generated and embedded within the survey process and the final report
- Matrix data will be shared with the customer
- Updated post-survey process

■ Start June 6 for Psych

Numerator/Denominator

Effective 01/01/2016



LSC:

- In 3 of 3 observations, Escutcheon plates were missing from two sprinkler heads in the kitchen area.
- In 2 of 5 OR corridors, there were over 10 pieces of equipment improperly stored (reduced corridor width to less than seven feet) in the OR egress corridor.
- In 2 of 5 exit routes observed in OR, the cross corridor doors by the doctor's lounge, lacked EXIT signs above both sides. This is required due to the fact that when the doors close upon activation of the fire alarm it would obscure the other corridor EXIT signs. This was corrected on-site.
- In 1 of 16 above ceiling checks, the fire-proofing insulation had fallen off of approximately two hundred square inches of an approximately twelve-foot structural I-beam in the OR elevator lobby. The beam was observed to have been properly encased prior to the end of survey the next day.
- In 4 of 7 floors surveyed, sprinklers were observed with excessive deposits of dust at lint. There were one in the OR corridor, one in front of the fourth floor nurse's station, one by Room 407, two by Rooms 315 and 311, and two by Rooms 215 and 211.

CMS – Adoption of 2012 Code



▀ DSSM working on standards

▀ July 5...

- Buildings constructed before July 5, 2016 can meet Existing Occupancy requirements.
- CMS will begin surveying facilities for compliance with the 2012 edition of the LSC and HCFC on November 1, 2016.

CMS cont.



- Surveyors will continue to use the current process, tags and forms until November 1, 2016. In instances where the survey process identified deficiencies that would be compliant under the 2012 LSC, a facility may verify compliance with the 2012 LSC as an acceptable plan of correction and the deficiency would not be cited.
- Ref: S&C: 16-29-LSC

Clarification



- ▶ 50% of hospital request post survey clarification

- ▶ Clarification themes
 - Lack of documentation
 - Incorrect findings
 - Survey process issue

- ▶ 51% of clarifications are in the EC/LS chapters!

Clarification



■ Lack of documentation

- Hospital cannot produce upon request of LSCS
- Documentation available after LSCS leaves
- Clinical surveyors unable to review

Clarification



► Analyze

- Findings cited at wrong Standard/EP – surveyors now using CITE!
- Misinterpretation of standard (corridor clutter in suite)
- Limited opportunity to follow up with surveyor.

Improve documentation



- NFPA requires that information be readily available
- Documentation must be readily available
NFPA 25-1998 (1.8, 1.8.1, 1.8.2)
- Similar requirements in NFPA 72-1999 7-5.2
- Required documents not available – will generate FRI that cannot be clarified
 - Checklist prior to survey
 - Also during ICM (off survey years)

Improve



- ▀ What can we clarify?
- ▀ Need is still apparent
- ▀ Not document related but you believe in error can be clarified

Tips



- ▶ Who receives Perspectives in your org
– is it circulated?
- ▶ Subscribe to EC News?

Tips



- Who can turn off the zone medical gas valve (NFPA 99 Appendix C) – med/surg vs. OR areas – the same?
- How can staff differentiate between a smoke and fire door and a convenience door?

Tips



- Written fire response plan...
 - LIP role?
 - Typically same as staff – Really!
 - **Volunteers, Students, Contractors?** (best practice)
 - Forensic patients
 - Restrained patients
- Stacking diagram
- How to illustrate a room has been evacuated?
 - Pillow in front of the door?
- MRI Fire Drill
- Monthly generator run – graph?

Tips



- The 10th edition for healthcare professionals has been published and is available (8/5/14).
- Also available on the web site:
 - Drill Critique Form * fillable
 - Self Assessment * fillable
 - Nursing Checklist * fillable
 - Profile of the Typical Offender
 - What Parents Need to Know * English
 - What Parents Need to Know * Spanish

Tips



■ Cameras in stair enclosures?

— **7.1.3.2 Exits. (page 101-43 – 2000 LSC)**

- (e) Penetrations into and openings through an exit enclosure assembly shall be prohibited except for the following:
- (1) Electrical conduit serving the stairway
 - (2) Required exit doors
 - (3) Ductwork and equipment necessary for independent stair pressurization
 - (4) Water or steam piping necessary for the heating or cooling of the exit enclosure
 - (5) Sprinkler piping

Tips



- When drills are conducted between 9:00 p.m. (2100 hours) and 6:00 a.m. (0600 hours), a coded announcement shall be permitted to be used instead of audible alarms. NFPA 101 - 19.7.1.2*

Tips



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

New FD matrix



- Developed to address disparity
- Upon completing – self-evident!
- Provided on day 1 with completion end of day
- Published in *EC News* – August 2016

Hospital Name:

Score at EC.02.03.03 EP3

Quarterly Hospital Fire Drills														
Day = M, Tu, W, Th, F, Sa, Su			Q1			Q2			Q3			Q4		
			Jan.	Feb.	Mar.	Apr.	May	Jun.	Jul.	Aug.	Sep.	Oct.	Nov.	Dec.
1st Shift	Normal	Location/Building												
		Day												
		Date												
		Time												
	ILSM	Location/Building												
		Day												
		Date												
		Time												
2nd Shift	Normal	Location/Building												
		Day												
		Date												
		Time												
	ILSM	Location/Building												
		Day												
		Date												
		Time												
3rd Shift	Normal	Location/Building												
		Day												
		Date												
		Time												
	ILSM	Location/Building												
		Day												
		Date												
		Time												
Last Kitchen Fire Drill Date:					Last OR Fire Drill Date:					Last MRI Fire Drill Date:				
						Last Cath Lab/EP Lap:								
Quarterly Ambulatory Fire Drills														
Building					Building					Building				
Day					Day					Day				
Date					Date					Date				
Time					Time					Time				
Annual Business Occupancy Fire Drills (2 Years)														
Building					Building					Building				
Day					Day					Day				
Date					Date					Date				
Time					Time					Time				

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Updates to eSOC/PFIs



■ Aug 1 –

- PFI's
- No PFIs in report
- See one – Cite one
- 60 days ESC for all findings
- Time limited waiver

■ LSCS

- Still have access to BBI, History & Audit Trail...NOT PFIs!

New for 2016 and beyond...



- EC session update (2016)

- EM session update (2017)

- Psych SIG review

- Project Refresh

 - Posting documents pre-survey

LSCS Leadership



- ▶ Jim Kendig, MS, CHSP, CHCM, HEM, LHRM
Field Director, LSCS
- ▶ Tim Markijohn, MBA\MHA, CHFM, CHE
Field Director, LSCS

Together Jim and Tim Lead all Life Safety Code Surveyors reporting to ACO senior leadership (not SIG)

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