

# Compliance In The Physical Environment

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# Topics / Learning Objectives



Top cited environment of care (EC) and life safety (LS) findings for 2022



Review of the “Safer Matrix”



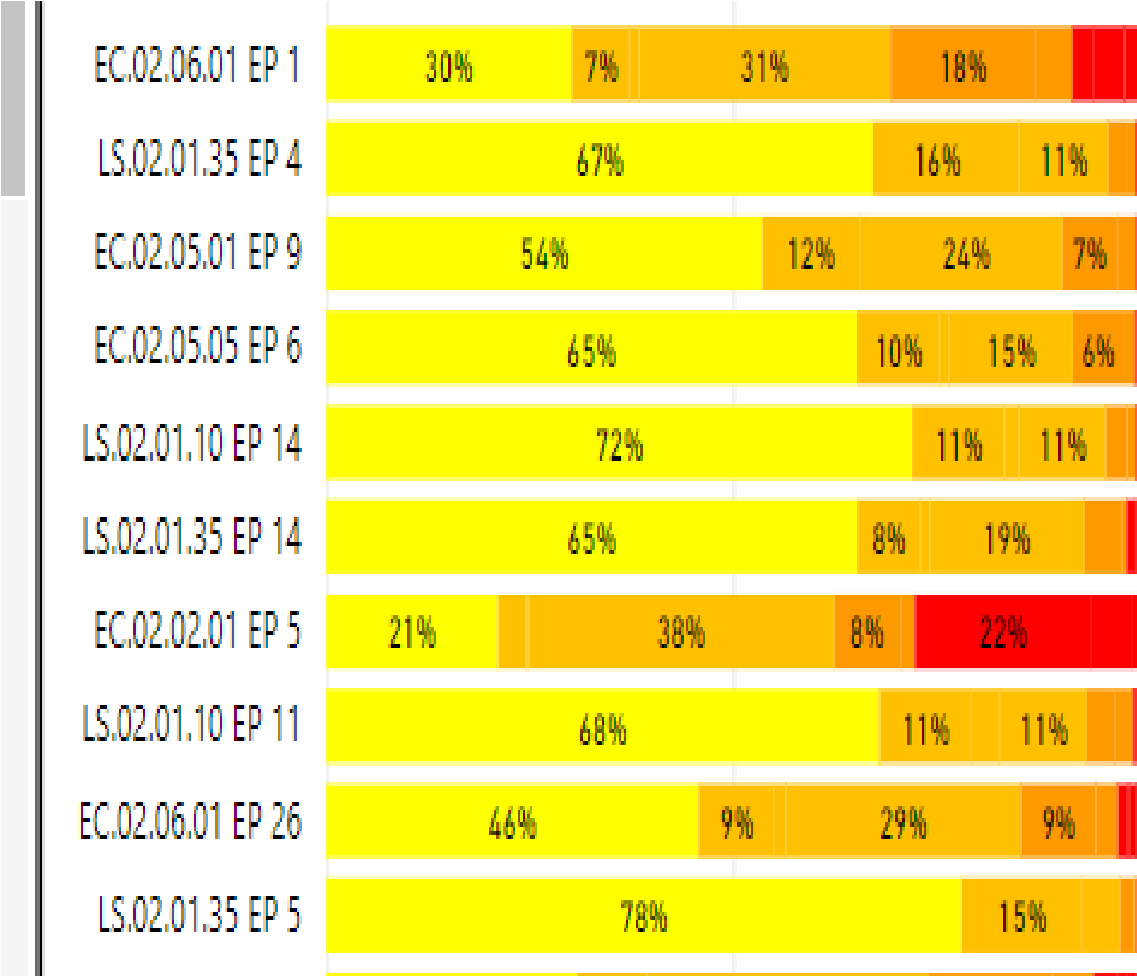
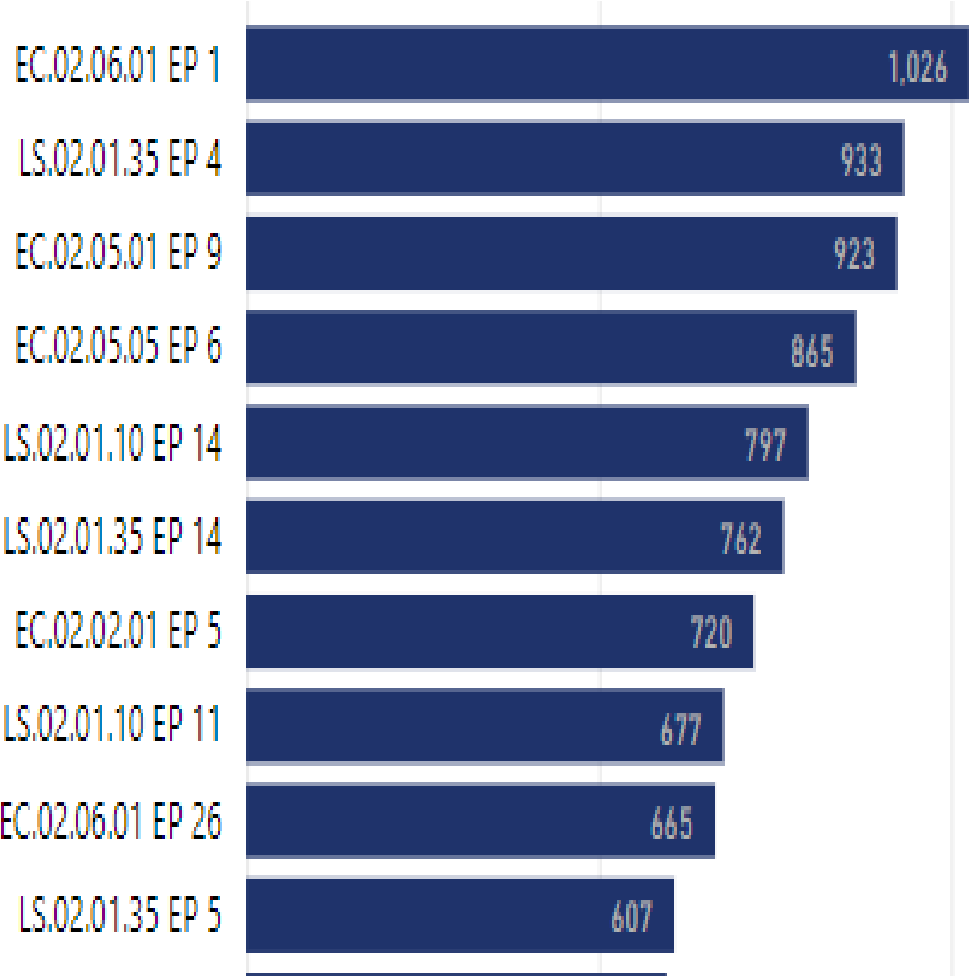
Survey Preparation and Documentation



What is The Joint Commission looking for in a Business Continuity Plan?

# Top Cited EC/LS Observations

# Top EC/LS Findings and Safer Placement



## LS 02.03.10 EP 14

- The space around pipes, conduits, bus ducts, cables, wires, air ducts, or pneumatic tubes penetrating the walls or floors are protected with an approved fire-rated material.
- Note: Polyurethane expanding foam is not an accepted fire-rated material for this purpose. (For full text, refer to NFPA 101-2012: 8.3.5)

# LS 02.03.10 EP 14 - Deficiency

## Observation

- The 2-hour fire wall at 1 west had an unsealed penetration. This was confirmed by the facilities staff. The surveyor discussed the Life Safety deficiency with the organization, and it was determined that the following ILSMs will be implemented until the deficiency has been resolved and according to the organization's policy

## EC 02.05.05 EP 6

- The hospital inspects, tests, and maintains the following:  
Non-high-risk utility system components on the inventory.  
The completion date and the results of the activities are documented.
- Note: Scheduled maintenance activities for non-high-risk utility systems components in an alternative equipment maintenance (AEM) program inventory must have a 100% completion rate. AEM frequency is determined by the hospital AEM program.

# EC 02.05.05 EP 6 - Deficiency

## Observation

- In 4 of 4 above ceiling checks Observed in Building Tour. In 4 of 4 above ceiling checks, It was observed during above ceiling inspection there was an open electrical junction boxes with live exposed wiring in the following area: 1) Main hallway by Sub Waiting, 2) Main Hallway outside exam room 1, 3) Main hallway outside EVS closet, 4) Main hallway outside the Lab. This was verified by the Facilities Manager.



## EC 02.05.01 EP 9

- The hospital labels utility system controls to facilitate partial or complete emergency shutdowns.
- Note 1: Examples of utility system controls that should be labeled are utility source valves, utility system main switches and valves, and individual circuits in an electrical distribution panel.

## EC 02.05.01 EP 9, continued

- Note 2: For example, the fire alarm system's circuit is clearly labeled as Fire Alarm Circuit; the disconnect method (that is, the circuit breaker) is marked in red; and access is restricted to authorized personnel. Information regarding the dedicated branch circuit for the fire alarm panel is located in the control unit. For additional guidance, see NFPA 101-2012: 18/19.3.4.1; 9.6.1.3; NFPA 72-2010: 10.5.5.2.

# EC 02.05.01 EP 9 - Deficiency

## Observation

- In electrical panel ELS (critical branch) circuit breakers 23, 26, and 30-42 (even) were labeled as "?" as to what they controlled. This was confirmed by facilities management.

## LS 02.01.35 EP 4

- Piping for approved automatic sprinkler systems is not used to support any other item. (For full text, refer to NFPA 25-2011: 5.2.2.2)

# LS 02.01.35 EP 4 Deficiency

## Observation

- G bldg., 3rd floor near elevator A-1, Flex electrical wiring and IT cable were observed supported by the sprinkler pipe. This observation was confirmed by the Director, Facilities Management. This finding was observed during survey activity but corrected onsite prior to the surveyor's departure. The corrective action taken needs to be included in the organization's Evidence of Standards Compliance submission.

## EC 02.06.01 EP 1

- Interior spaces meet the needs of the patient population and are safe and suitable to the care, treatment, and services provided.

# EC 02.06.01 EP 1 - Deficiency

## Observed

- It was observed in the Pavilion 5 Nurses Station that a ceiling tile was damaged and needs to be replaced. The observation was confirmed by the Chief Engineer.

# Safer Matrix



# SAFER Matrix

**The Survey Analysis for Evaluating Risk® (SAFER™) Matrix** gives a visual representation of the risk level of each Requirement for Improvement (RFI). Each observation reported by a surveyor is plotted on the SAFER Matrix according to the risk level of the finding. The risk level is determined according to two factors: (1) the likelihood of the finding to cause harm to patients, staff, and/or visitors, and (2) the scope at which the finding was observed.

# Scoring Statistics – Safer Statistics

## Total For Time Period and Program

Surveys	Average RFIs Per Survey	Number of RFIs
1,641	31.71	52,041

## Statistics for Selected Standards

Surveys	Average RFIs Per Survey	Number of RFIs
1,627	17.53	28,529

## SAFER Matrix Scoring

Likelihood to Harm	Immediate Threat to Health or Safety - 0.0%			
	Limited	Pattern	Widespread	
High	2.1%	0.9%	0.6%	3.7%
Moderate	19.9%	5.9%	2.1%	27.9%
Low	56.1%	9.7%	2.6%	68.4%
Scope				
78.2%				
16.5%				
5.3%				

# Survey Preparation and Documentation

# Survey Preparation and Documentation

Get

Get Organized!

Complete

Complete Documentation,  
don't give a surveyor a  
reason to ask a  
question!

Understand

Understand the  
Standards and  
EPs

# Document Review Checklist

**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				
<b>LS.01.01.01</b>					<b>Buildings serving patients comply w/ NFPA 101 (2012)</b>			
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"> <li>a. Areas of building fully sprinklered (if building only partially sprinklered)</li> <li>b. Locations of all hazardous storage areas</li> <li>c. Locations of all fire-rated barriers</li> <li>d. Locations of all smoke-rated barriers</li> <li>e. Sleeping and non-sleeping suite boundaries, including size of identified suites</li> <li>f. Locations of designated smoke compartments</li> <li>g. Locations of chutes and shafts</li> <li>h. Any approved equivalencies or waivers</li> </ul>	<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"/> <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).			
<b>COMMENTS:</b>								

STANDARD - EPs	See Legend				Document / Requirement	Frequency	Yes	No / Missing Date
	C	NC	NA	IOU				
<b>EC.02.01.01</b>					<b>The hospital manages safety and security risks.</b>			
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.			
<b>COMMENTS:</b>								

# Document Review Checklist

STANDARD - EPs	See Legend				Document / Requirement	Yes	No	
	C	NC	NA	IOU				
EC.02.03.01					<b>Hospital Manages Fire Risk – Fire Response Plan</b>			
EP 9					<p>The written fire response plan describes the specific roles of staff and LIPs at and away from fire including:</p> <ul style="list-style-type: none"> <li>• When and how to sound and report fire alarms</li> <li>• How to contain smoke and fire</li> <li>• How to use a fire extinguisher</li> <li>• How to assist and relocate patients</li> <li>• How to evacuate to areas of refuge</li> </ul> <p>Staff and LIPs periodically instructed on/kept informed of duties under plan</p> <p>Copy of plan readily available with telephone operator or security</p> <p><u>NFPA 101-2012: 18/19.7.1; 7.2</u></p>	<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"/>	
COMMENTS:								

STANDARD - EPs	See Legend				Document / Requirement	Frequency	Q1 Semi	Q2	Q3 Semi	Q4 Annual
	C	NC	NA	IOU						
EC.02.03.05					<b>Fire Protection and Suppression Testing and Inspection</b>					
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. <u>NFPA 72-2010: Table 14.4.5</u>	Quarterly				
EP 2					Water flow devices <u>NFPA 72-2010: Table 14.4.5</u> <u>NFPA 25-2011: Table 5.1.1.2</u>	Semiannual				
					Tamper switches <u>NFPA 72-2010: Table 14.4.5</u>	Semiannual				
EP 3					Duct, heat, smoke detectors, and manual fire alarm boxes <u>NFPA 72-2010: Table 14.4.5: 17.14</u>	Annually				

# Documentation

- Documentation of maintenance, testing, and inspection activities for Standard **EC.02.03.05, EPs 1–20, 25** (including fire alarm and fire protection systems) includes the following:
  - Name of the activity
  - Date of the activity
  - Inventory of devices, equipment, or other items
  - Required frequency of the activity
  - Name and contact information, including affiliation, of the person who performed the activity
  - NFPA standard(s) referenced for the activity
  - Results of the activity

Note: For additional guidance on documenting activities, see NFPA 25-2011: 4.3; 4.4; NFPA 72-2010: 14.2.1; 14.2.2; 14.2.3; 14.2.4.

# Organizations within Survey Window

- Review documentation review checklist
- Obtain any outstanding reports from vendors
- Make sure staff has knowledge of what is required and how to access
- Improper/poor documentation
  - Values not recorded | Missing dates | NFPA references



# Documentation Review

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A surveyor may issue an “IOU” for documentation that is not ready at the time requested however you will be required to produce by the deadline established.

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We often receive clarifications based on late submissions of paperwork....these cannot be accepted

# **Evidence of Standards Compliance (ESC)**

# Evidence of Standards Compliance

- When responding to a finding the ESC must:
  - Indicate the issue that is being corrected is in accordance with the finding
  - Indicate that this issue has been corrected
  - Demonstrate how compliance will be maintained
  - If the finding was about a **periodic task** that has not been completed, show that the task has been completed

# Evidence of Standards Compliance

- **For example**, if a medical device(s) were found not inspected the month prior to survey. Show that the inspection period has been restarted since survey with 100 compliance. Many orgs state that they “will” ensure that the inspections are completed but not that they have occurred.

# Continuity of Operations Plan (COOP)

# Continuity of Operations Plan (COOP)

## Definition

- An uninterrupted ability of a health care organization to continue to provide essential or critical services and support, while maintaining organizational viability, before, during, and after an emergency or disaster incident.

# COOP, continued

- Requirements for a Continuity of Operations Plan (COOP) are defined in EM.13.01.01.
- It is your emergency operations plan after the initial response to an incident.
- Outlines how the organization will continue to provide services until full operations are restored.

# COOP, continued

## EOP COOP Differences

- Emergency Operations Plan (EOP): how the organization will function during the mitigation, preparedness, response and recovery phases of a given emergency, or the emergency response to an event/incident.
- COOP: all the procedures that define how the organization will continue to operate within the emergency and/or recover the minimum essential functions



# COOP, continued

- The focus of a COOP is often protecting the physical plant, information technology systems, business and financial operations, and other infrastructure from direct disruption or damage so that the organization can continue to function through or shortly after an emergency.

# COOP, continued

- To evaluate effectiveness, the survey process will entail review of the emergency operations plan, the continuity of operations and recovery plans, interview staff and review exercise evaluations.

# Emergency Management Resources

## TJC Frequently Asked Questions FAQs

- <https://www.jointcommission.org/standards/standard-faqs/hospital-and-hospital-clinics/emergency-management-em/000002416/>
- <https://www.jointcommission.org/standards/standard-faqs/hospital-and-hospital-clinics/emergency-management-em/000002426/>

# Questions ?

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