2016 Joint Commission Update

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August 12, 2016
11:30am-12:30pm
<table>
<thead>
<tr>
<th>Standard</th>
<th>2015 % Noncompliance</th>
<th>2016 % Noncompliance</th>
<th>2016 Rank</th>
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<tr>
<td>EC.02.06.01</td>
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<td>IC.02.02.01</td>
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<td>EC.02.05.01</td>
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<td>LS.02.01.20</td>
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<td>EC.02.02.01</td>
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(1) EC.02.06.01-EP 1 62%

EP 1-Interior spaces meet the needs of the patient population and are safe and suitable to the care, treatment, and services provided.

- The organization must provide a safe environment
  - Unsecured oxygen cylinders
  - Segregation of oxygen cylinders
  - Ligature/self harm risks
(1) EC.02.06.01-EP 1

62%
EP 13-The hospital maintains ventilation, temperature, and humidity levels suitable for the care, treatment, and services provided.

- **Ventilation**
  - Doors held open by pressure
  - Odors

- **Temperature**
  - Hot/cold calls

- **Humidity**
  - Primary concern is for areas > 60%RH
  - Possibility of mold growth
EP 15-The hospital ventilation system is unable to provide appropriate pressure relationships, air exchange rates and filtration efficiencies.

- Negative/positive pressure relationships to adjacent areas
  - Soiled utility room negative to corridor
- Correct number of air exchanges per hour
- Improper filtration
  - MERV=minimum efficiency reporting value
Tissue or flutter test

- Only to be used as a pre-screening tool to determine if further investigation needs to occur
  - To conduct a flutter test take a tissue and let it hang just off the floor near the bottom edge of the door
  - If the tissue indicates an incorrect airflow, let the area stabilize by closing doors and windows, wait several minutes and re-test
  - If a test & balance report is provided by the organization the following questions should be asked
    - When was the balancing done (seasonality)
    - Are there specific requirements such as keeping doors closed to achieve the required results
(3) EC.02.05.01-EP 15  58%
EP 1-Doors in the means of egress shall not be equipped with a latch or lock that requires the use of a tool or key from the egress side unless permitted by one of the following:

- NFPA 101-2012: 18/19.2.2.2.4
  - Exception 1: locking based on the clinical needs of the patient
    - Staff must be able to readily unlock these doors
    - A total smoke detection system is provided throughout the locked space
    - The building is protected by an approved, supervised automatic sprinkler system
    - The locks are electrical locks that fail safe
    - The locks release by independent activation of the smoke detection system or automatic sprinkler system
  - Exception 2: Delayed egress locks
  - Exception 3: Access controlled egress doors
(4) LS.02.01.20-EP 1

AMBULANCE ENTRANCE
ONLY

51%
EP 13- Exits, exit accesses, and exit discharges are clear of obstructions or impediments to the public way, such as clutter (for example: equipment, carts, furniture, construction material, snow and ice).

Anything in the egress corridor more than 30 minutes is considered storage.

Dead end corridors may be used for storage
- Less than or equal to 50 sf

Carts allowed
- Crash carts
- Isolation carts
- Chemo carts
(4) LS.02.01.20-EP 13 51%
The hospital provides and maintains building features to protect individuals from the hazards of fire and smoke.

EP 2-All hazardous areas shall be safeguarded by a fire barrier have a 1-hour fire resistance rating or shall be provided with an approved automatic extinguishing system accordance with NFPA 101-2012:18/19.3.2.1.

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

EP 11-Corridor doors are fitted with positive latching hardware, are arranged to restrict the movement of smoke, and are hinged so that they swing. The gap between meeting edges of door pairs is no wider than 1/8 inch and undercuts are no larger than 1 inch. Roller latches are not acceptable.
(5) LS.02.01.30-EP 2 & 11 50%
Building and fire protection features are designed and maintained to minimize the effects of fire, heat, and smoke.

- EP 5-doors required to be fire rated have functioning hardware, including positive latching devices and self-closing or automatic closing devices. Gaps between meeting edges of door pairs are no more than 1/8 inch wide and undercuts are no larger than ¾ inch.
(7) LS.02.01.10-EP 5 46%
Building and fire protection features are designed and maintained to minimize the effects of fire, heat, and smoke.

- EP 9-The surface around pipes, conduits, bus ducts, cables, wires, air ducts, or pneumatic tubes that penetrate fire-rated walls and floors are protected with an approved fire-rated material.
  - Fire barrier penetrations
(7) LS.02.01.10-EP 9

46%
(8) LS.02.01.35-EP 4 & 5  40%

- The hospital provides and maintains equipment for extinguishing fires.
- EP 4-Piping for approved automatic sprinkler systems is not used to support any other item.
- EP 5-Sprinkler heads are not damaged and are free from corrosion, foreign materials, and paint.
(8) LS.02.01.35-EP 4 & 5 40%
The hospital manages risks related to hazardous materials and wastes.

EP 5-The hospital minimizes risks associated with selecting, handling, storing, transporting, using, and disposing of hazardous chemicals.
(10) EC.02.02.01-EP 5

39%
The Joint Commission Survey Change

As of July 15th, 2015

- Upon arrival at your facility the Life Safety Code surveyor will proceed directly to your master fire alarm panel to verify that it is functional
- They may also opt to go to surgery to review airflows after the master fire panel inspection
- The surveyor will then meet with your team to become oriented to the facility. (You must have your LS drawings available at this time.)
- Other documents required for this session:
  - Policies and procedures for Interim Life Safety Measures
  - Written fire response plans
  - Evaluations of fire drills conducted for the past 12 months
  - Maintenance records for fire protection and suppression equipment
  - Maintenance records for emergency power systems
  - Maintenance records for piped medical gas and vacuum systems
The Joint Commission Survey Change

As of July 15th, 2015

- Declare any equivalencies granted by the Joint Commission
- Review the Statement of Conditions (eSOC)
- Surveyors have been instructed to reduce the amount of time spent on data review and spend more time in the field
  - More survey time in the field may equal more findings

About the surveyor

- Will no longer review and accept PFI’s
- They will be provided with a link that will extract the following:
  - Statement of Conditions Home Page
  - Basic Building Information (BBI)
  - History Audit Trail
The Joint Commission Survey Change

Elimination of the PFI process

- The PFI process is now an optional management program that is available to TJC accredited organizations.
- PFI’s are no longer reviewed as part of the survey process
- Open PFI’s are no longer considered when a Life Safety chapter deficiency is discovered
- The open PFI’s will no longer be imported into the final survey report
- If surveyors see a deficiency, they will cite it….there is no advantage for having the optional PFI program or a Building Maintenance Program (BMP)
The Joint Commission Survey Change

Survey Related Deficiencies

- All survey-related deficiencies are to be cited as SPFIs
  - Effective August 1, 2016
- All survey-related deficiencies are to be corrected within 60-days from the end of survey
- If additional time is required the organization must submit a Time Limited Waiver
Requesting a Time-Limited Waiver

Survey Ends
- Life Safety Code SPFI issued to organization

45 days
- SPFI and TLW Request due to TJC

60 days
- Waiver request reviewed and submitted to CMS regional office

CMS RO response
- Received by Organization and TJC

Completion Due
- Organization achieves compliance
Time Limited Waiver (TLW)

- A Time Limited Waiver is a process to provide additional time to complete Life Safety Chapter corrections.

- Organizations that use Joint Commission will do the following:
  - Create a Survey-related Plan for Improvement (SPFI) within the SOC
  - Enter the requested date in the Scheduled Completion Date field
  - When prompted, complete the Time Limited Waiver form
  - Submit to The Joint Commission

- The Joint Commission will review and forward the request to the regional CMS Office for final decision.

- Once the CMS Regional Office has made the decision, The Joint Commission Department of Engineering enters the organization SPFI and accepts the new date.

- After the Department of Engineering modifies the SPFI, they will annotate the History Audit Trail.
Equivalencies

- Only survey related equivalencies will be processed
- Survey related equivalencies will be submitted to The Joint Commission offices
- TJC Engineering staff will work with organizations until the request is acceptable
- Once the equivalency is considered acceptable TJC will forward the request to the CMS Regional Office for a final decision
- CMS will send a response to the organization and The Joint Commission
  - If approved the History Audit Trail will be updated
  - If denied, the organization will need to either correct the deficiency or re-submit a corrected equivalency
Future Vision

Develop one single, comprehensive method of categorizing the risk associated with standards

Survey Analysis For Evaluating Risk (SAFER) Matrix
SAFER Model

Limited: Observed as a single occurrence

Pattern: Observed multiple times, potential to impact few/some patients

Widespread: Observed multiple times, potential to impact many/all patients

Immediate Threat to Life
## Prioritized Follow-up Action

<table>
<thead>
<tr>
<th>Evidence of Standards Compliance (ESC) 60</th>
<th>Low/Limited</th>
<th>Moderate/Limited Low/Pattern Low/Widespread</th>
<th>Moderate/Pattern Moderate/Widespread</th>
<th>High/Limited High/Pattern High/Widespread</th>
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<tbody>
<tr>
<td>Evidence of Standards Compliance (ESC) 60 Plus Additional fields for leadership involvement and preventive analysis description</td>
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</tr>
<tr>
<td>Pull into surveyor technology for potential review during subsequent surveys</td>
<td>✔️</td>
<td>✔️</td>
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Determining Risk

- Surveyor experience and expertise will provide the support to determine the scope and likelihood to harm
- Based on the context of the finding
- Operational definitions
- Discussion among the survey team
SAFER Matrix Benefits

- Focus on Patient Safety
- Critical thinking-potential for harm
- Visual representation of the survey
  - More clearly identifies the greatest risks
  - Aggregate data for standards refinement, improving consistency
Applicability

- Deemed psychiatric hospitals
  - June 6, 2016

- All other programs
  - January 1, 2017
Impact to Customers

- No more Direct and Indirect EP designations
- All ESC is now 60 day timeframe
- No more Measures of Success (MOS)
- No more Opportunities for Improvement (OFI)
- No more A or C categories
- No more PFI’s
- No more extensions
- If the surveyor sees it...they will cite it
Survey Strategy

- Read and understand The Joint Commission standards changes
  - Review all codes and standards referenced...make sure you are utilizing the correct edition NFPA 101-2012 and NFPA 99-2012
- Conduct regular document reviews and mock surveys with your leadership team
- Engage in ongoing facility inspections; above and below the ceiling
- Attend training
  - TAHFM, ASHE, TJC, or other
Disclaimer

- These slides are current as of August 3, 2016.
- These slides are only meant to be cue points and are not meant to be comprehensive statements of standards interpretation. Care should be exercised in interpreting these requirements based solely on the content of these slides.