Joint Commission EC, EM & LS Standards Revisions and CMS COP Updates.

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TJC - Major Revisions to EC and LS Standards.
TJC - No more PFI’S.
TJC - Major Revision in scoring methodology.

TJC and DNV – NFPA 101, Chapter 43 (Building Rehabilitation).
TJC and DNV- 2014 FGI Guidelines.
DNV – No major changes other than reference to 2012 Life safety Code.
Key Changes

- Isolation panel boards in anesthetizing locations.
- Separation of branches (critical, life safety, equipment).
- Annual door inspection program.
- NFPA 99 risk assessment by category.
- Documented inventories.
- Calculating exhaust quantities for medical gas storage / manifold rooms.
- Weekly inspections on generators and batteries.
- Policy for compressed gas cylinder management.
- Lighting in stairwells .2 FC.
- Bulk oxygen farms 10 foot rule.
Proposed Revisions to EC Standards (effective 11/1/16)

- EC.02.03.01 EP9 & 10 were combined into new EP9 which addresses the fire response plan.
- EC.02.02.03 EP1: added note 2.
- EC.02.03.03 EP3: Added notes 1 & 2 and requires fire drills to include evidence of transmission of fire alarm signal to the central station as well as conducting drills “at unexpected times and under varying conditions” meaning don’t hold all 3rd shift drills at 5:45AM, all 2nd shift at 7PM, etc. and alternate days of the week.
- EC.02.03.05 EP1: Added note 2 defining what supervisory signal devices are.
- EC.02.03.05 EP2: Revised frequency for water flow devices from quarterly to every 6 months, also revised code editions and added note 2.
- EC.02.03.05 EP3: removed electromechanical releasing devices (is now part of new EP25) and added “ON THE INVENTORY” which was also added to EP4, EP5 implying that you must have a complete inventory list.
Proposed Revisions to EC Standards (effective 11/1/16)

- EC.02.03.05 EP4: “on the inventory” was added – must have a complete detailed inventory list of all chimes, bells, gong, fire alarm speakers, fire lights and combination devices.
- EC.02.03.05 EP5: Reduced frequency of Off Premises Central transmission of fire alarm signal from quarterly to every 12 months.
- EC.02.03.05 EP6: Revised requirement to test all fire pumps weekly under no flow conditions to monthly for electric fire pumps and weekly for diesel fire pumps.
- EC.02.03.05 EP12: Added “Hydrostatic” to the requirement for 5 year standpipe water flow test, meaning you have to document flow pressures.
- EC.02.03.05 EP13: Now references NFPA 96 (2011) which makes reference to NFPA 17 & 17A which requires a monthly quick check for kitchen hood extinguishing systems.
- EC.02.03.05 EP16: Added to the 12 month maintenance for portable fire extinguishers “Including recharging. Individuals performing annual maintenance on extinguishers are certified” (obtain certification from vendor).
Proposed Revisions to EC Standards (effective 11/1/16)

- EC.02.03.05 EP19: Added the words “the results” are documented for fan shutdown on smoke detection activation.
- EC.02.03.05 EP20: Added “smoke barrier sliding or rolling doors; and corridor walls and partitions” to the requirement to test sliding and rolling fire doors for proper operation and full closure.
- EC.02.03.05 EP25: was moved to EP27 and added “inventory of devices, equipment or other items”.
- EC.02.03.05 EP25: This is a new EP – “The hospital has written documentation of annual inspection and testing of door assemblies by individuals who can demonstrate knowledge and understanding of the operating components of the door being tested. Testing begins with a pre-test visual inspection; testing includes both sides of the opening.
- EC.02.04.01 EP4: Added notes 2 and 3 which requires 100% PM completion rates for high risk medical equipment that is part of an AEM, 100% PM completion for OEM recommended PM’S must have 100% PM completion and medical equipment for non-high risk that is part of an AEM must have a 90% PM completion rate if it is address by policy and inventoried as Non-High risk AEM equipment.
Proposed Revisions to EC Standards (effective 11/1/16)

- **EC.02.04.03 EP2**: Further defined high risk medical equipment as equipment that has a risk for serious injury or death to patient or staff member should it fail. Also added the requirement for 100% PM completion rates.

- **EC.02.04.03 EP3**: Now addresses that non-high risk medical equipment in an AEM must have a 90% PM completion rate.

- **EC.02.04.03 EP14**: Now requires “Results” of annual nuclear med equipment testing, and calibration to be documented (must be on site).

- **EC.02.05.01 EP8**: Labeling of utility systems controls for a partial or complete emergency shutdown is now defined in notes 1 and 2; “source valves, utility systems main switches and valves, individual circuits in an electrical distribution panel, “fire alarm circuit is clearly labeled” and circuit breaker is marked in red, etc.

- **EC.02.05.01 EP15**: Deleted reference to FGI guidelines 2010 and inserted “The basis for design compliance is the guidelines for design and construction of healthcare facilities, based on the edition used at the time of design (if available)”; what that means is if your O.R. was designed for 15ACH and now 21ACH are required, you don’t have to modify the air exchange rate.
Proposed Revisions to EC Standards (effective 11/1/16)

- EC.02.05.01 EP15: Revised “In areas designed to control airborne contaminants” to: “In Critical Care Areas designed to control airborne contaminants”. What that could mean is T &H and relative air pressures in ICU, CCU, ER, PCU, NICU, Cath Labs, etc. Could be examined more closely.
- EC.02.05.01 EP16: This is a new EP; “In non-critical care areas the ventilation system provides required pressure relationship temperatures and humidity”.
- EC.02.05.01 EP16: Was renumbered to EP17.
- EC.02.05.01 EP18: New EP “Medical Gas storage rooms and transfer manifold rooms comply with NFPA 99-2012, 9.3.7 meaning; if natural ventilation is provided then the louver opening size has to be 24 square inches per 1000 cubic feet of gases but not less than 72 square inches and one of the registers has to be 12” off the floor. If Mechanical ventilation is provided then the fan has to be sized for 1CFM per 5 cubic feet and not less than 50 CFM and not more than 500 CFM space with registers 12” off the floor. Mechanical ventilation no longer required based on volume of gases but rather if the requirement for natural ventilation cannot be met.
Proposed Revisions to EC Standards (effective 11/1/16)

- EC.02.05.01 EP19: New EP requires emergency power supply system equipment and environment to be maintained according to manufacturers recommendations including a temperature of at least 40 degrees F.

- EC.02.05.03 EP1: New EP requires a facility that was constructed after 1983 or has had a change in occupancy type or has had an electrical system upgrade since 1983 have a type 1 or type 3 essential electrical system (EES). This EP also requires that the EES be divided into 3 branches (Life safety, Critical and Equipment) and their ATS’S transfer within 10 seconds.

- EC.02.05.03 EP1: Is now EP2 and requires the life safety branch to transfer within 10 seconds. (also applies to EP2, 3, 5 & 6 which are now EP3, 4, 5 & 6 respectively).

- EC.02.05.03 EP4: Is now EP11 and now states “the hospital provides emergency power for elevators selected to provide service to patients during interruption of normal service (at least one for non-ambulatory patients).
Proposed Revisions to EC Standards (effective 11/1/16)

- EC.02.05.03 EP10: New EP Requires emergency lighting at generator locations, a remote labeled manual stop station for the generators, an annunciator panel powered by storage battery located outside the generator room at a staffed location.
- EC.02.05.05 EP1: New EP requires “when performing repairs or maintenance activities the hospital has a process to manage risks associated with air quality, infection control, utility requirements, noise, odors, dust, vibration, and other hazards that affect patients, staff and visitors”.
- EC.02.05.05 EP1 and 3: Moved now they are EP2 and 4 respectively.
- EC.02.05.05 EP4: Now defines high risk utility systems as a risk that can cause serious injury or death to patients and staff should it fail. Note 2 & 3 was added which requires PM’S in accordance with manufacturers recommendation and at a 100% PM completion rate and also requires utility systems that are part of an AEM to have PM completion rates of 100%.
- EC.02.05.05 EP5: Requires Infection Control PM’S in accordance with manufacturers recommendation and at a 100% PM completion rate and also requires utility systems that are part of an AEM to have PM completion rates of 100%.
Proposed Revisions to EC Standards (effective 11/1/16)

- EC.02.05.05 EP6: Defines scheduled maintenance activities for non-high risk utilities that are part of an AEM to have a 90% PM completion rates providing the hospital has an inventory and policy.
- EC.02.05.07 EP5: Added “and a visual inspection of exit signs” monthly requirement in same EP as battery lights monthly testing.
- EC.02.05.07 EP2: Added “inventory” to the requirement for battery light testing and also requires test results to be documented.
- EC.02.05.07 EP3: Redefined SEPPS as level 1 and level 2. Level 1 requires monthly tests and level 2 quarterly tests for 5 minutes.
- EC.02.05.07 EP4: New EP requires that a weekly inspection be performed on emergency power supply systems including components and batteries.
- EC.02.05.07 EP5: This was EP4 and now requires that the generator cooldown period not be counted as part of the required monthly generator load test.
- EC.02.05.07 EP6: This EP was EP5 and now requires that if a generator does not meet the 30% monthly load test, use a supplemental load (a resistive or dynamic (building load) test be performed for 30 minutes at 50% of name plate followed by 60 minutes at 75% of name plate for a total of 1.5 hours (in lieu of 25/50/75 for 2 hours).
Proposed Revisions to EC Standards (effective 11/1/16)

- EC.02.05.07 EP7: Was EP6, now requires an inventory list of ATS’S.
- EC.02.05.07 EP8: New EP requires an annual fuel quality test.
- EC.02.05.09 EP1: Added to medical gas testing source equipment, distribution, inlets / outlets.
- EC.02.05.09 EP2: New EP requires above ground bulk oxygen systems to be in a locked enclosure such as a fence that is 10 feet away from vehicles, and sidewalks, and sign “Oxygen - No smoking – No Open Flames” be posted.
- EC.02.05.09 EP3: New EP requires that a hospitals emergency oxygen supply connection is installed in a manner that allows a temporary auxiliary source to connect to it.
- EC.02.05.09 EP6: New EP requires the hospital to have policy for all compressed gas cylinder storage, handling, transport, and segregation of full and empty as well as labeling empty cylinders and prohibiting transfilling in any smoke compartment that has patients care.
New CMS Emergency Preparedness Requirements

- COP 492.15 “Conditions of participation: Emergency preparedness” Goes into effect 11/16/16.
- Must have policies and procedures for subsistence (water, fuel, staff, medical & surgical supplies, food, pharmaceutical supplies).
- Must have P&P’S for alternate sources of energy for temperatures to protect patients health and safety and sanitary storage provisions.
- Alternate sources of power for sewage and waste disposal.
- Generator location in an “appropriate area” to minimize damage from disasters (storms, floods, earthquakes, tornadoes, hurricanes, vandalism, sabotage).
- Requires a policy and procedure for initial and annual emergency preparedness training for all new and existing staff; “maintain documentation of the training”.
- Training and testing program must be review at least annually.
- Annual 4 hour testing did not get into the final rule.
- On-site fuel storage for 96 hours did not get into the final rule.
- On-Site waste and sewage disposal did not get into the final rule.
What is the Safer Matrix?

- The SAFER matrix is a **new scoring methodology** that The Joint Commission (TJC) will be utilizing to score findings during surveys.
- SAFER matrix is intended to better identify and communicate risk levels associated with deficiencies cited during accreditation surveys.
- Intended to simplify how hospitals identify areas of risk and establish priorities for improving the safety of care.
- The program will begin receiving this matrix in their reports after January 1, 2017 (except psych hospital which began 6/6/16).
What is the difference in the new scoring methodology?

- The safer matrix replaces the Joint Commission’s current scoring methodology by eliminating Category A and Category C findings, as well as direct and indirect impact Elements of Performance (EPs).

- Surveyors will use their experience and expertise to assign levels of risk in the matrix based on:
  - The likelihood that a deficiency will cause harm to patients, staff, or visitors.
  - The scope of the issue – how widespread the issue is within the organization.
TJC “Project Refresh”, “Safer Matrix” scoring goes into effect 1/1/17 (except Psych Hospitals; goes into effect 6/6/16).

- No more OFI’S for category C; now become RFI’S (effective 1/1/17).
- All ESC submissions change to 60 days (in lieu of 45 for direct and 60 for indirect.
- 131 EP’S are eliminated effective 7/1/16 (8 EC elements of performance).
- All building constructed or renovated after July 5, 2016 will be considered new healthcare occupancies. All building constructed prior to July 5, 2016 will be considered existing healthcare occupancies.
- No more Directs and Indirect findings scoring.
- Scoring in the matrix is left up to the surveyor on site.
Project Refresh - Safer Matrix

Survey Analysis for Evaluating Risk (SAFER) Matrix

- **IMMEDIATE THREAT TO LIFE**
- **HIGH**
- **MODERATE**
- **LOW**

- **LIMITED**
- **PATTERN**
- **WIDESPREAD**
Condition Level findings:

- Relative pressure Temp & humidity monitoring in O.R’S.
- Relative pressure, humidity & temperature monitoring in central sterile supply rooms.
- Relative pressure, humidity & temperature monitoring in sterile supply rooms.
- Relative pressure, humidity & temperature monitoring in PACU / Recovery rooms.
- Relative pressure, humidity & temperature monitoring in ICU’S.
- Relative pressure, humidity & temperature monitoring in other areas (ER, Cath Labs, etc.).
- Lack of backup fuel / resources for natural gas boilers and generators.
No More PFI’S

- Effective 8/1/16 the PFI process was eliminated by TJC.
- Surveyors will no longer review open PFI’S during surveys.
- All Life safety Code deficiencies identified during survey will become RFI’S that will need to be corrected within 60 days from end of survey.
- If you need more than 60 days to correct a deficiency, a Time Limited Waiver (TLW) may be requested from TJC.
- The PFI function of the eSOC will be available as an optional management tool for use by hospitals but surveyors will not review them.
- Any new deficiency discovered during survey will become an SPFI (Survey Related PFI) if the hospital can’t correct the deficiency within 60 days and requests a TLW.
- A TLW request must be submitted within 45 days of end of survey.
- TJC evaluates the TLW request then forwards it to CMS for approval.

Questions that arise from this process change:
- What happens to open PFI’S that were not completed?
- What happens to long term PFI’S (Dampers, Asbestos, etc.)?
- Will TJC look at the old PFI’S and generate tracers from the data?
Proposed Revisions to LS Standards (effective 11/1/16)

- **LS.01.01.01 EP3 (new):** Requires current and accurate life safety drawings.
- **LS.01.01.01 EP5:** Requires an SPFI to meet the 60 day time frame for corrective action for deficiencies.
- **LS.01.01.01 EP6 (new):** Prohibits the removal of a life safety feature for new construction and allows the removal of an existing life safety feature or maintaining it for existing construction.
- **LS.01.02.01 EP2:** Clarifies that when a sprinkler system is taken out of service for more than 10 hours in a 24 hour period (used to be 4 hours in 24 hours) a fire watch and notification to the fire dept. is implemented (fire alarm systems are still 4 hours in a 24 hour period).
- **LS.02.01.10 EP2 (new):** Requires compliance with NFPA 101, chapter 43 (“Building Rehabilitation”) when building rehabilitation occurs.
- **LS.02.01.10 EP5:** Used to be EP4, reworded it and added “labels on fire door assemblies must be maintained in legible conditions”.
- **LS.02.01.10 EP7:** Used to be EP5, reworded and added “blocking or wedging fire doors is prohibited”.
Proposed Revisions to LS Standards (effective 11/1/16)

- LS.02.01.10 EP9: Used to be EP8, added 3 hour fire damper required in a 3 hour fire rated wall.
- LS.02.01.20 EP1: Added to locking doors in means of egress “unless a compliant locking configuration is used such as delayed egress locking system or controlled access door assemblies”.
- LS.02.01.20 EP2: Revised to include that doors in an existing smoke barrier do not need to swing in the direction of egress.
- LS.02.01.20 EP4: Revised (used to be EP4) to indicate that doors in a horizontal exit must swing in opposite direction of one another (except in existing healthcare occupancies).
- LS.02.01.20 EP10 (new): states that an exit enclosure is not used for any purpose that has the potential to interfere with its use.
- LS.02.01.20 EP14: Used to be EP11, now requires corridors in new Psych buildings to be at least 6 feet wide.
- LS.02.01.20 EP11: Used to be EP13, added notes 1 and 2 indicating what wheeled equipment and furniture may be located in egress corridors.
- LS.02.01.20 EP21: Used to be EP16, added that non patient sleeping suites larger than 2500 square must have 2 remote exit access doors.
Proposed Revisions to LS Standards (effective 11/1/16)

- **LS.02.01.20 EP27**: Used to be EP18, clarifies that a patient sleeping suite may be increased to 7,500 square feet (from 5,000SF) if the existing building has total smoke detection coverage and 10,000 square feet if the existing building has total sprinkler coverage.

- **LS.02.01.20 EP22**: Allows doors to patient rooms to be locked when the clinical needs of the patient requires specialized security or where patients pose a security threat and staff can readily unlock the doors at all times.

- **LS.02.01.20 EP23** (New): Requires suites to be separated from the remainder of the building by corridor walls that limit the transfer of smoke.

- **LS.02.01.20 EP24** (New): Requires suits to be subdivided by means of non-combustible or limited combustible partitions.

- **LS.02.01.20 EP31**: Used to be EP24: Requires travel distance from any point in a suite to an exit access to be 150 feet (200 feet if fully sprinkled building).

- **LS.02.01.20 EP25** (New): Requires one of the exit access doors from a patient sleeping suite larger than 1,000 square feet to be directly into an egress corridor.

- **LS.02.01.20 EP26** (New): Requires non sleeping suites larger than 2,500 square feet to have two remote exit access doors one of which has to be directly into an egress corridor.
Proposed Revisions to LS Standards (effective 11/1/16)

- **LS.02.01.20 EP33**: Used to be EP28 requires minimum illumination levels in stairways, corridors and exit discharge arranged so that the failure of any light fixture or lamp does not leave the area in darkness and to have .2 foot candles or more.

- **LS.02.01.20 EP28 (New)**: Requires patient sleeping suites that are greater than 7,500 square feet but less than 10,000 square feet to have a smoke detector in every space and be under direct visual supervision from the nurse station.

- **LS.02.01.20 EP8**: Used to be EP29, requires stair signage to have tactile lettering (raised lettering).

- **LS.02.01.20 EP29 (New)**: States that non sleeping patient suites are limited to 10,000 square feet.

- **LS.02.01.30 EP3**: Used to be EP2, Added to list of hazardous areas “and trash collection rooms with containers exceeding 64 gallons”.

- **LS.02.01.30 EP4 (New)**: Where cooking for less than 31 people in a smoke compartment one kitchen may be open to the corridor.

- **LS.02.01.30 EP5 (New)**: Clarifies alcohol based hand rub.

- **LS.02.01.30 EP18**: Revised to include “Polyurethane expanding foam is not an acceptable material for sealing penetration”.

Proposed Revisions to LS Standards (effective 11/1/16)

- **LS.02.01.30 EP21**: Used to be EP20 states that smoke dampers in smoke barrier walls are not required in existing buildings if both sides of the smoke barrier are fully sprinkled and metal duct is used.
- **LS.02.01.30 EP23 (New)**: Requires every patient room to have an outside window or outside door except nurseries and rooms for less than 24 hour stays.
- **LS.02.01.30 EP24 (New)**: Requires window sill height in new buildings in patient sleeping room to be a maximum of 36” off the floor.
- **LS.02.01.34 EP3 (New)**: States that “the ceiling membrane is installed and maintained in a manner that permits smoke detection activation”.
- **LS.02.01.35 EP5**: Revised to include “and have necessary escutcheon plate installed”.
- **LS.02.01.35 EP7 (New)**: Requires storage of at least 6 spare sprinkler heads of each type in a cabinet.
- **LS.02.01.35 EP8 (New)**: states that sprinkler heads are not required in a clothing closet in a patient room when the closet is less than 6 square feet or less.
- **LS.02.01.35 EP10**: Used to be EP8: Requires “appropriate signage” for portable fire extinguishers, requires extinguishers that are 40 LBS or less to be installed at 60” off the floor to the top.
Proposed Revisions to LS Standards (effective 11/1/16)

- **LS.02.01.35 EP9 (New):** Requires quick response sprinkler heads in new buildings in smoke compartments with patient sleeping rooms.
- **LS.02.01.35 EP11:** Used to be EP9, Revised to require a type K fire extinguisher where cooking appliances use vegetable oil or fats.
- **LS.02.01.40 EP1:** Used to be EP2, requires high rise building to be fully sprinkled in 12 years from 7/5/16.
- **LS.02.01.50 EP5:** Used to be EP10, requires linen and trash chute doors to be rated the same as the chute rating.
- **LS.02.01.70 EP1 (New):** Require any room that has oxygen, combustible gases or flammable liquids to have a sign posted “No Smoking”.
- **LS.02.01.70 EP3:** Used to be EP1, revised to increase the volume of combustible decorations (photos, paintings, art, posters) to 20% of wall, ceiling or door surface in non-sprinkled smoke compartments and 30% in sprinkled smoke compartments and 50% inside patient sleeping rooms of less than 4 patients.
Proposed Revisions to LS Standards (effective 11/1/16)

- LS.02.01.70 EP2 (New): states that in areas where smoking is permitted, ashtrays are safely designed and made of non-combustible materials and metal containers into which the ashtrays can be emptied are readily available.

- LS.02.01.70 EP4: Used to be EP2 states that 96 gallon containers intended for recycling clean waste is permitted in an unprotected area as long as the container is listed and labeled with an FM6921 label or equal and containers larger than 96 gallons have to be stored in a fire rated room.

- LS.02.01.70 EP5: Used to be EP3, allows for the use of space heaters in non sleeping rooms as long as they are occupied by staff and are separated from corridors and the heating elements don’t exceed 212 degrees F.
Evidence of continuous monitoring, not just snap shots.
Alignment with the CMS S&C Letter of 12-20-13 (S&C 14-07-Hospital) relative to Alternative Equipment Maintenance (AEM) CMS Survey-Cert Letter Hospital Equipment Maintenance Requirements.pdf
Alignment with CMS directive on Relocatable Power Taps (RPT) CMS Survey-and-Cert-Letter-14-46 RPTs.pdf
CMS Adaptation of 2012 LSC – Effective 7/1/16 will not score until 11/1/16
TJC migration from 2008 to 2015 ISO 9001.
ASHRAE 188P (control of water borne pathogens).
Revised ASHARE 170 (FGI Guidelines 2014).
Exit signs must be inspected monthly (NFPA 101, 7.10.9.1)
The 2016 EC /EM / LS & PE Chapter: What is Being Cited (most unusual) in 2016?

- Life safety drawings up to date. ([JCAHO EC News](EC_News.pdf) EC News 2012 February 2012 EC News.pdf)
- Globally Harmonized System (GHS) of Classification and Labeling Chemicals; First deadline due 12/1/13 - Train employees on the new label elements and SDS format.
- SDS’S (Safety Data Sheets; formerly MSDS’S); available to employees in their work areas on all shifts (if SDS on line; must have computer at work site available to employees).
- Smoke detector placement. ([Fire Safety P&P](Fire_Safety_P&P.pdf) 2012 Fire safety\NFPA 72 Smoke detectors.docx)
- Back up data / communication systems – EMR a concern.
- Temperature Monitoring in Fire Pump rooms (Diesel; Above 40 Degrees F).
- Mixing sprinkler head types in same space.
- 4 feet minimum spacing between Sprinkler heads & 4” from walls.
- Emergency management exercise not being conducted at each offsite.
- Effective 7/1/15 all hospice facilities must meet the requirement of NFPA 101, Chapter 18 / 19; now deemed a healthcare occupancy as opposed to prior deeming as a rooming and lodging occupancy under chapter 26.
The 2016 EC /EM / LS & PE Chapter: What is Being Cited (most unusual) in 2016?

- Battery lights in anesthetizing locations.
- Dedicated zone valves and area alarm panels.
- 50% Discharge rule for stairs.
- Travel distances on level of discharge to outside doors.
- New LSCS Bible.
- Fire pump ATS testing (monthly and annually under generator load).
- Adequate egress lighting (corridor life safety branch).
- Smoke / Fire wall Penetration management Plan.
- MSDS’S for chemicals used by vendors.
- Monitoring Temperatures and Humidity levels in sterile supply rooms / areas.
- Lack of a Documented Business Continuity Plan.
- Lack of documentation for senior leadership participation in EM planning and participation.
The 2016 EC /EM / LS & PE Chapter: What is Being Cited (most unusual) in 2016?

- Staff knowledge O2 shutoff.
- SEA #50; Alarm Fatigue.
- CMS Occupancy definition. [CMS\CMS 2011\CMSoccupanciesrevised 2-18-11.pdf]
- 2010 FGI Guidelines.
- CMS 12/2/11 S&C letter re; equipment. [CMS\CMS 2012\CMS hospital_equipment[1].pdf]
- Safety issues in Pediatric Care locations.
- CMS Operating rooms Humidity Waiver declaration (in management plan or policy and procedures) as well as during initial conference with surveyors.
- Emergency illumination circuit on the life safety branch must be provided within 5 feet of delayed egress doors (NFPA 101, 7.9.1.1 (4)).
- Ice formation at main shutoff valve at oxygen farm.
- CMS S & C Letter of 2/20/15: Humidity of less than 30% in O.R.’S may be detrimental to equipment and sterile supplies. [EOC 2015\CMC_Humidity.pdf]
- TJC Instructions for declaration of Categorical Waivers (in eBBI notes section).
- Imaging Revisions 7/1/15; 26 new EP’S
The 2016 EC /EM / LS Chapters: What is about to be Cited(most unusual) 2016?

United States Pharmacopeia (USP); Revised 797 and New 800
- Has not been adopted yet by CMS / TJC as a standards requirement.
- Low Volume Hazardous Drugs (HD) allowance in 797 was eliminated; now requires Biological Safety Cabinets (BSC) to be placed in negative pressure rooms. HD’S: Can’t store, unpack, compound or manipulate in a non negative pressure room.
- Training, policies, safe work practices, proper use of PPE’S.
- Policy of HD waste segregation.
- HD’S must be stored separately from non-HD’S unless they are in final dosage form and are not manipulated (other than counting and dispensing).
- Restrictive access storage rooms required and must be under negative air pressure.
- Refrigerated HD’S must be stored in dedicated refrigerator.
- Compounding must be performed in a dedicated room, in a Containment Primary Engineering Control (C-PEC) that has restricted access, under a minimum of .010” of H2O negative pressure with a minimum of 12 ACH and is externally ventilated (this applies to Sterile and Non-Sterile HD compounding).
- C-PEC’S include: Containment ventilated enclosures (Powder hoods), class I biological safety cabinets (BSC), class II BSC for non-sterile compounding.
The 2016 EC /EM / LS & PE Chapter: What is Being Cited (most unusual) in 2016?

- Can’t have delayed egress locks when building is not fully sprinkled or has full smoke detection system.
- Hazardous waste containers in operating rooms need to have a lid that prevents insertion hand when used disposal of drugs.
- Shipping cartons from the outside are not permitted to be stored at a point of use.
- Kitchen hood extinguishing systems need to be inspected monthly ("quick Check") in accordance with NFPA 17 / 17A.
- NFPA 10, 4.4.1 (2007) requires all fire extinguishers Manufactured prior to October 1984 to be removed from service during next 6 year maintenance interval.
- All Operating rooms are considered wet locations (2012 edition NFPA 99) requiring an isolated power system unless a documented risk assessment is conducted.
- Isolated power receptacles can’t be used in patient rooms.
The 2016 EC /EM / LS & PE Chapter: What is Being Cited (most unusual) in 2016?

- ECMO’S are considered life support equipment; must be included in Life Support medical equipment inventory.
- ICRMR (infection Control Risk Mitigation Recommendation; FGI 2010 guidelines) prepared for the ICRA should address the following:
  - Patient placement and relocation
  - Standards for barriers and other protective measures required to protect adjacent areas and susceptible patients from airborne contaminants
  - Temporary provisions or phasing for construction or modification of heating, ventilating, air conditioning, and water supply systems
  - Protection from demolition
  - Measures to be taken to train hospital staff, visitors, and construction personnel
    - Employee badging for 10% buffered Formalin use locations.
    - Testing and inspection of fire safety systems components must include an inventory list of each device location & pass / fail (e.g.; every visual & audible device must be included in an inventory list with a pass / fail next to each device).
    - Fire extinguishers without gauges (CO2, BC, etc.) need to be weighed monthly and the weight documented.
    - Anesthetizing locations (outside of operating rooms: MRI, Endo, Cath Lab’s, etc.) need to be equipped with battery lights.
The 2016 EC /EM / LS & PE Chapter: What is Being Cited (most unusual) in 2016?

- CMS does not honor TJC Equivalencies; must ask CMS for waiver after being cited.
- CMS allows (based on 2012 LSC) patient lifts and transport equipment to be stored in egress corridor provided 5 feet clearance is maintained, fire plan addresses storage management including defining equipment “in use”.
- CMS allows (based on 2012 LSC) fixed seating in corridor provided corridor width is maintained at 6 feet, seats are in area of <50 SF with 10 feet between groupings & grouping must be on same side of corridor.
- CMS allows (based on 2012 LSC) combustible decorations on walls, doors & ceiling (NFPA 101, 2012 edition, 19.7.5.6 & 19.7.5.).
- CMS allows (based on 2012 LSC) fire places and corridor cooking (conditions apply).
- Compressed gas cylinder issues will now be scored under EC.02.06.01 EP1 (category C); unsecured cylinders, comingling of empty and full.
- Lack of a PM to inspect under sink cabinets for leaks.
- Generator batteries should be replaced every 24 – 30 months (NFPA 110, A.5.6.5.4.1).
- Battery lights monthly; can go 3 weeks minimum, 5 weeks maximum (2012 edition NFPA 101, 7.9.3.1.1 (1)).
Central Sterile / Endoscopic Processing:
- Physically separated soiled and clean work rooms.
- Self closing door between clean and soiled work rooms.
- Soiled work room not to have direct contact with O.R.’S.
- Endo processing room; may be one room dedicated to endo equipment processing – work flow from soiled to clean; clean should not be exposed to soiled, 3 feet minimum clearance between clean and soiled, negative air pressure to surrounding area when combined.
- Endo scope storage; may be a cabinet in the processing room (not recommended but acceptable; recommend storing in separate room), cabinet must have doors, 3 feet from potential droplet contamination, route to cabinet from washer should not cross soiled, route from cabinet to Endo room should not cross soiled.
- 2014 FGI guidelines no longer requires positive air pressure for endo rooms (there is no requirement for + / - / = air pressures; now states N/R).
- Risk assessment for supplies and equipment if declaring categorical waiver for 20% humidity in O.R.’S.
The 2016 EC /EM / LS & PE Chapter: What is Being Cited (most unusual) in 2016?

- 32 gallon trash container rule; can go up to 96 gallons under 2012 LSC when containers are used solely for clean waste and patient records awaiting destruction – need CMS waiver.
- Elevator Recall tested monthly.
- Backup system / fuel for natural gas powered boilers and generators.
- Smoke detector sensitivity tests 1 year after installation.
- Bed side rails must meet requirements of UL1069 for nurse call. \.
- COP alignment – Alcohol skin prep time out. \.
- Open Junction boxes.
- Cables resting on sprinkler pipes.
- Dust or paint on sprinkler heads.
- New term “High Risk” utilities and medical equipment – need to be identified and documented.
- Improper application of categorical waiver.
- RPT’S; Must be in Inventory, Tracked, and entered as a PM.
• Emergency Dept. staff could not articulate what to do if a contaminated person came up to the front desk needing treatment. Their answers were not good.
• Any approvals granted by local fire marshal must be submitted to DNV for approval and declared in opening conference.
• Building classified as ambulatory healthcare occupancies need to have separate fire drills conducted in the ambulatory healthcare occupancy even when the ambulatory healthcare occupancy is attached to a healthcare occupancy and utilizes the healthcare occupancy fire alarm system.
• Bio Hazardous rooms need to be labeled and locked.
• During Vendor (or in-house) testing of fire safety system, a reported failure should have evidence of corrective action taken.
• If you are comingling fire caulking; have literature from manufacturer indicating it is OK.
• 1” ABHR rule does not apply yet.
The 2016 EC / EM / LS & PE Chapter: What is Being Cited (most unusual) in 2016?

- Fire extinguishers do not meet the requirements of NFPA 10 (1998 edition); 1.6.7 "Portable fire extinguishers other than wheeled types shall be securely installed on the hanger or in the bracket supplied or placed in cabinets or wall recesses. The hanger or bracket shall be securely and properly anchored to the mounting surface in accordance with the manufacturer’s instructions".
- FTE’S who package hazardous materials and waste (“generator”) must have evidence of EPA / DOT training. “The hospital did not have individuals trained (every three years) to manage and sign hazardous waste manifests as required by the USDOT (49 CFR 172.704)”.
- Vendor access to hot labs.
- Nuclear Med Camera / procedure rooms being left open and attended with access to nuclear material. Room where Xenon is used must have negative air pressure.
- Verification that life safety branch lighting is operational.
- Lack of a safety or security risk assessment.
- UV lighting protective measures.
- Documented assessment to support use of maglocks.
- Lack of documentation to indicate that leadership has reviewed, approved, and supports PI initiatives (emergency operations).
The 2016 EC /EM / LS & PE Chapter: What is Being Cited (most unusual) in 2016?

Calibration:
- Calibration certificate from medical gas testing vendor indicating that all instrumentation utilized to test medical gases are calibrated.
- Calibration certificate from medical equipment testing vendor indicating that all instrumentation utilized to test medical equipment is calibrated.
- DaVinci Calibration.
- Bed Scales.
- Mechanical / electronic scales.
- Thermometers for refrigerators, Blanket warmers.
- Test and Balance equipment.
- Patient lifts.
- Isolation rooms pressure monitors.
- Temperature / humidity sensors / guns.
- Ice Machines & Magnahelic gauges.
- Sprinkler / standpipe gauges (every 5 years).
- Min. / Max, Wi-Fi thermometers.
- Stair lighting occupancy sensors.
Compressed medical gas cylinder storage and management (redefined by the Joint Commission):

- Only full cylinders should be stored on full racks.
- Partially filled cylinders should be stored in empty racks or if planning to re-use then store on rack labeled “partially filled”.
- Partially filled cylinders should be labeled “partially filled” (tag on each individual cylinder).
- You should have a policy titled compressed medical gases storage and use management which articulates processes for re-use of oxygen cylinders (separate rack storage, labeling, disinfecting prior to re-use, etc.).
- All racks should be painted with distinct colors (green for full, red for empty, yellow for partially filled) and should have a sign attached denoting full, empty or partially filled.
- The Joint Commission defines an empty cylinder as any cylinder once the valve has been opened (could have used 50 PSI and have 1,950 PSI remaining – would be considered empty).
- All cylinders need to be individually secured in stands, racks or by chains.
Decontamination shower tested weekly (ANSI 113).
Exposed fluorescent lamps.
Sharps containers mounted too high.
Inability to locate test logs, temperature logs, etc. (eyewash stations, defibrillators, refrigerator temperatures, etc.)
Rest rooms in public areas of patient wings not locked, lack nurse call, lack signage (staff only, not for patient use, etc.).
Lack of thermometers in blanket warmers.
Utilizing bottled eyewash.
Writing combinations to combination locks on doors to medication rooms, clean utility rooms, soiled utility rooms especially in pediatric units.
CO2 Fire extinguishers in O.R. area within 75 feet of each O.R.
Not documenting water temperatures for eyewash stations when only connected to cold water source.
Lack of articulating in fire response plan how ER evacuation plan will work during surge capacity or ER overcrowding.
Medical Gas zone shutoff valves area served labels on mounted on removable covers.
The 2016 EC /EM / LS & PE Chapter: What is Being Cited (most unusual) in 2016?

- Rooms containing excessive combustibles (kitchens, pharmacies, Laboratories, etc. need to be designated hazardous areas.
- Aggregation rule – 10 or more findings in a single PE / LS chapter standard can roll over from an NC-2 to NC-1 and a COP Condition Level Finding.
- Accurate Inventory of fire safety systems devices that indicates that each was tested and each passed or failed with corrective action.
- Inventory of exit signs and monthly inspection report indicating P/ F.
- Individual chain supports for each compressed gas cylinder.
- Sheds / enclosures next to Helipads containing fire extinguishers need to have sign “fire extinguisher located inside” and key access needs to be readily available if locked.
- Key control for medication storage boxes when employee leaves or is discharged.
- Documented Contractor registration and orientation.
- Cigarette butts in hospital parking garages or patients smoking directly outside hospital property.
- Boiler room water testing station; expired reagents and solutions.
- Policy on low humidity / temp. out of range follow-up actions (response).
- Pyxis Refrigerator temperature monitoring, A/V signal and response.
Automatic door operator push plate does not count as a substitute for the required manual release button required within 5 feet of Access Controlled Egress Doors.

Delayed egress doors must have sign posted on door “push door, alarm will sound, door will release in 15 seconds.

Documented annual sprinkler conditions from floor level (NFPA 25, 2-2.1.1, 1998).

Exit passageways can’t have anything that does not serve the exit passageway located in the exit passageway (paintings, artwork, mirrors, WI-FI, signage, (etc.).

Bar code data base for fire extinguishers must have the inspectors initials.

Medication storage in materials management storage room / warehouse.

Sterile supplies storage in materials management storage room / warehouse.

PD Scales calibrations.

Tools and equipment used in calibration must have calibration certificates.

Lack of policy on personal refrigerators.

Room / space not utilized for intended / designed purpose.

Articulating process for Ready bath or Sage warmers.

Storage in shelled spaces (unfinished space).

PM for cleaning isolation rooms pressure transducers.
Exterior bulk O2 systems require emergency backup O2 connection at building in tamperproof enclosure with sign “Emergency low pressure gaseous oxygen inlet”.

Medical gas and vacuum system piping in the building must be labeled every 20 feet and once in or above every room that has medical gases and on both sides of partitions within 5 feet of partitions.

If labs are greater than 1,000 square feet; two exit access doors are required.

Exterior exit lights on roofs in path leading to stairs.

300 – 3000 cubic feet of compressed gases require 1 hour fire rated room with combustibles kept 5 feet away from O2 and N2O.

> 3000 cubic feet of compressed gases require 1 hour fire rated room with combustibles kept 5 feet away from O2 and N2O and mechanical ventilation or opening to the outside that is 72 square inches and electrical receptacles and light switches above 5 feet.

Labs classified as severe hazard due to amount of flammables must be in a 1 hour fire rated room.
• **LS.02.01.20:** Means of Egress; 2009=45% RFI, 2010=45% RFI, 2011=56% RFI, 2012=52% RFI, 2013=54% RFI, 2014=55%, **2015 through 7/1/15=59%**.
• **LS.02.01.10:** Fire protection features; 2009=10% RFI, 2010=18% RFI, 2011=52% RFI, 2012=47% RFI, 2013=46% RFI, 2014=45%, **2015 through 7/1/15=46%**.
• **EC.02.03.05:** Maintaining fire safety systems; 2009=26% RFI, 2010=38% RFI, 2011=40% RFI, 2012=40% RFI, 2013=44% RFI, 2014=46%, **2015 through 7/1/15=52%**.
• **EC.02.05.07:** Maintaining Emergency Power Systems; 2009=13% RFI, 2010=26% RFI, 2011=26% RFI, 2012=23% RFI, 2013=23% RFI, 2014=24%, **2015 through 7/1/15=27%**.
• **EC.02.06.01:** Maintaining a safe functional environment; 2009=3% RFI, 2010=20% RFI, 2011=29% RFI, 2012=32% RFI, 2013=36% RFI, 2014=36%, **2015 through 7/1/15=37%**.
• **EC.02.05.09:** Maintaining Medical Gases; 2009=16% RFI, 2010=20% RFI, 2011=22% RFI, 2012=24% RFI, 2013=22% RFI, 2014=21%, **2015 through 7/1/15=24%**.
• **EC.02.01.01:** Managing a Safe and Secure Environment; 2009=3% RFI, 2010=15% RFI, 2011=16% RFI, 2012=30%, 2013=33% RFI, 2014=35%, **2015 through 7/1/15=35%**.
• **EC.02.05.01:** Managing Utility Systems; 2009=11% RFI, 2010=12% RFI, 2011=25% RFI, 2012=28% RFI, 2013=46% RFI, 2014=48%, **2015 through 7/1/15=49%**.
TJC Challenging Standards 2016 
(No DNV Data compiled)

- **LS.02.01.30**: Maintaining Building Features; 2011 = 45% RFI, 
  2012 = 36% RFI, 2013 = 43% RFI, 2014 = 44%, 2015 through 7/1/15 = 
  47%.
- **LS.02.01.35**: Maintaining Systems for Extinguishing Fires; 2011 = 31% 
  RFI, 2012 = 35% RFI, 2013 = 38% RFI, 2014 = 37%, 2015 through 7/1/15 = 
  37%.
- **EC.02.02.01**: Managing Hazmat & Waste; 2011 RFI = 23%, 2012 = 29% 
  RFI, 2013 = 33% RFI, 2014 = 33%, 2015 through 7/1/15 = 34%.
- **EM Chapter**: 2015 through 7/1/15 = 9%.

So far in 2016, the EC & LS (as well as PE) Chapters accounted 
for 6 out of the top 10 items cited