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# Environment of Care and Life Safety Code Update - WHEA

10/4/2024

The Joint Commission

# The Joint Commission Leaders

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# Understanding Joint Commission Accreditation

**We believe all people should experience safe, high quality, and consistently excellent healthcare.**

## Where do standards come from?

**The Centers for Medicare & Medicaid Services (CMS)**
Conditions of Participation (CoPs) are requirements developed by CMS that healthcare organizations must meet to participate in federally funded healthcare. In total, there are 23 CMS CoPs.

**OSHA Occupational Safety and Health Administration (OSHA)**
OSHA requirements and recommendations are designed to protect employee safety. They cover several serious safety and health hazards including bloodborne pathogens and biological hazards, potential chemical and drug exposures, and other work-related hazards.

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Joint Commission standards are patient centric and focus on organizational systems and processes essential to the delivery of safe, high-quality care. Standards are informed by evidence associated with structures and processes predictive of better care. They include patient rights and education, infection control, medication management, and preventing medical errors.

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## The Survey Experience*

We survey to all standards, including our own. Our survey time together includes both an objective evaluation of standards compliance along with strategies and structures for improvement. Surveys are generally conducted every three years.
Your survey includes:


**Your Survey Team**
Includes clinically and operationally experienced nursing leaders, physicians, facility managers and other professionals who understand your challenges and share your passion for safe, high quality patient care.

## Impact of Achieving Accreditation

- Strengthens process standardization
- Reduces variability
- Minimizes risk
- Improves patient outcomes
- Fosters a culture of quality and safety

**After your survey**
Most surveys have a positive outcome. An accreditation award means you can expect to see us again in three years, but know we continue to be available throughout those years to support your quality journey.

If you have a survey that finds areas for improvement, we are here to work with you to make those improvements as quickly and sustainably as possible.

* *This is not a complete list of focus areas we survey. For example, additional areas include:* Medical staff, credentialing & privileging, visiting off-site ambulatory sites/locations, emergency management and data sessions, etc.

# What's new...

# New – Facility Director/Manager Competency

- LSCS to complete
- Will work with HR representative
    - Evaluate job description vs. HR file

- No changes for ASCs or FSEDs or document review

# Survey Preparation

•Paper or electronic (or hybrid)…
- Your call BUT if electronic, need competent individual to ‘drive’

•Open Book Test
•Use resources
•Document review checklist
•Kitchen checklist
•Fire drill matrix

•Read the manual...including APR, ACC, and other chapters...

•More…

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# Facilities orientation…be ready!

# Facility Orientation

- Day 1 – has been in place for sometime…?
- 0800-0900
  - Fire Alarm Panel
  - Fire Pump
  - Generators
  - Bulk Oxygen
  - ILSM, LS drawings, fire response plan
- 3 questions and 3 resources?

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# CMS Observation surveys…

# Validation Surveys

42 direct observation validation events across all deemed programs conducted thus far:

6 Ambulatory Surgical Center
5 Critical Access Hospital
11 Hospital
7 Home Health
7 Hospice
6 Psychiatric Hospital

Observers have matched the TJC survey team complement and remained in their observation role

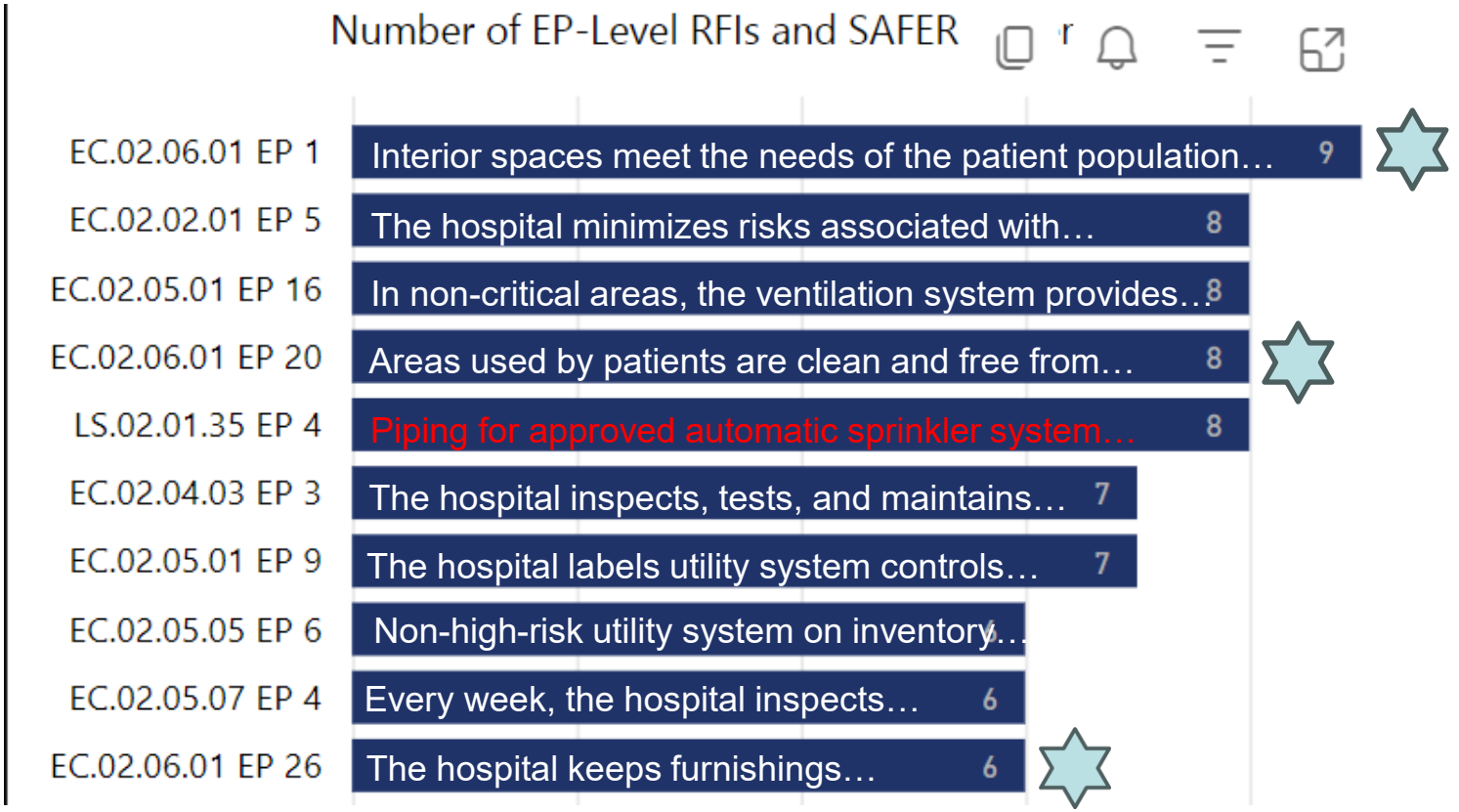
Feedback regarding the survey teams and the quality of the survey evaluation has been consistently positive

Observers have agreed with the level of deficiency cited in all observation worksheets provided thus far

Evaluation of feedback to determine any potential modifications to survey process is ongoing

# The data…

# Top 10 EC & LS – WI 1/1/2024 to 9/3/2024

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# Reminder – SAFER definition *(page ACC 40-41)*

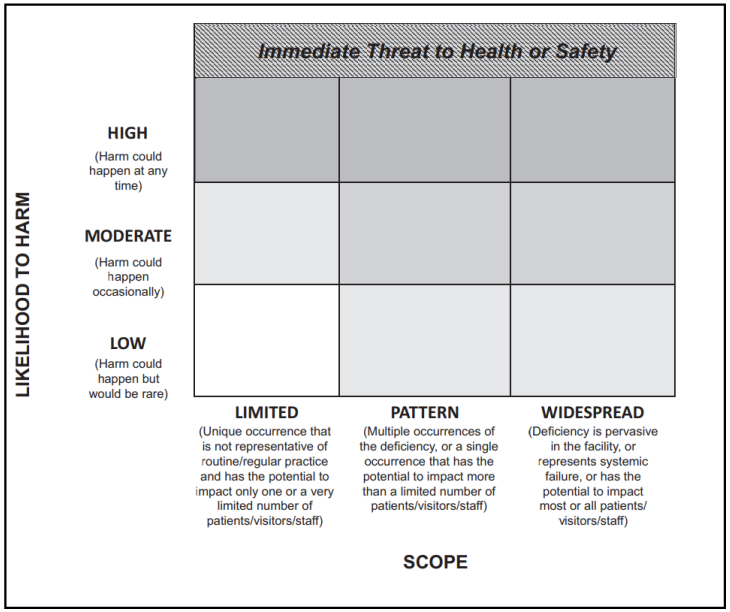
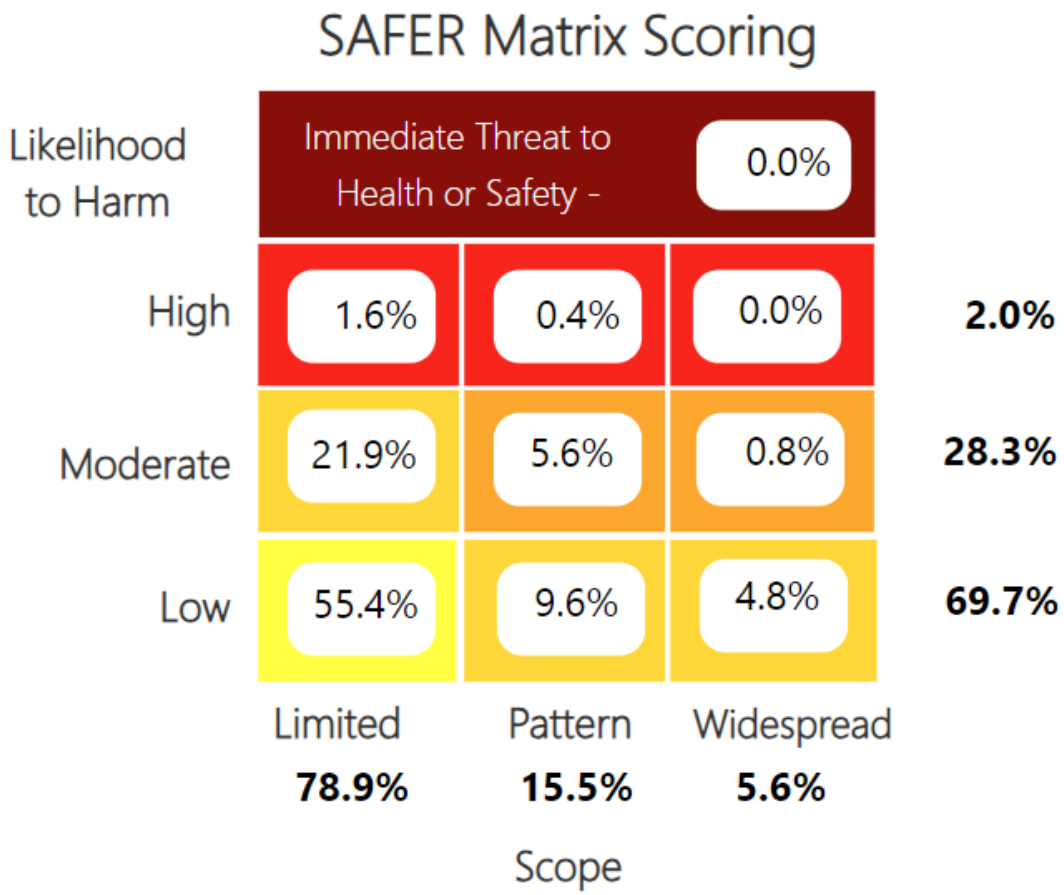



Figure 3. Survey Analysis for Evaluating Risk (SAFER) Matrix. The SAFER Matrix is only a visual representation of risk associated with survey findings. Placement of findings on the SAFER Matrix does not enter into the decision process.

The Scoring Process The performance expectations for determining if a standard is in compliance are included in its EPs. If an EP is determined to be out of compliance, then it will be cited as an RFI. Each RFI is placed in the SAFER Matrix according to how likely it is that the RFI will harm a patient(s), staff, and/or visitor (low, moderate, high) and the scope, or prevalence, at which the RFI was cited (limited, pattern, widespread). As the risk level of a finding or an observation increases, the placement of the standard and EP moves from the bottom left corner (lowest risk level) to the upper right corner (highest risk level). Figure 3 is a representation of the SAFER Matrix

# SAFER

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# REMINDER — Hospital within a hospital...

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# Hospital within a hospital…

- If host is accredited by TJC…
  - Will include in building tour

- If host not accredited by TJC…
  - Will send LSCS for survey

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# Water Management & plywood…

# Water management and plywood…

- No change to EC.02.05.02 requirements…
  - CDC and ASHRAE 188-2018

- Plywood - See updated Q&A June 28, 2024

https://www.jointcommission.org/standards/standard-faqs/hospital-and-hospital-clinics/life-safety-ls/000001329/#:~:text=Class%20A%20requires%20a%20flame%20spread%20index%20of,or%20a%20coating%20of%20intumescent%20paint%20is%20required

*Any examples are for illustrative purposes only.*

The requirements for interior finish in Health Care Occupancies may be found in NFPA 101 (2012 edition) *Life Safety Code* at Section 18/19.3.3 and are amended by Section 10.2.8.1 for sprinkled facilities.

In non-sprinkled Health Care facilities, the requirement for ASTM E 84 Class A or B wall finishes applies:

- Existing Health Care Occupancy may be either Class A or Class B
- Facilities are classified as "existing" if final plans for construction, additions, renovations, or changes in occupancy were approved by the local authority having jurisdiction before July 5, 2016
- New Health Care Occupancy requires Class A with two exceptions:

    - In individual rooms with a capacity up to 4 people, Class A or B is permitted
    - Corridor wall finish up to a height of 48" above the floor may be either Class A or B

Class A requires a flame spread index of 0-25, Class B 26-75. For plywood applied to the walls (such as in IT closets or electrical rooms), either a visible "fire-treated" stamp or a coating of intumescent paint is required. If the intumescent paint option is used, then keep on record specifications that show the flame spread rating of the product. Untreated or unpainted (intumescent paint) plywood is considered a Class C finish.

For sprinkled Health Care facilities, Section 10.2.8.1 allows Class C in any location where Class B is required as described above, or Class B in any location where Class A is required as described above.

For Ambulatory Health Care occupancies, the code points to Chapters 38 & 39 (Business Occupancy) for interior finish requirements. Both existing and New Ambulatory Health Care occupancies require Class A or B wall finishes in exits and exit access corridors and Class A, B, or C everywhere else. Similar to Health Care occupancy, the requirements are amended for sprinkled facilities by Section 10.2.8.1.

# Kitchen Tracer….

# Tethers and chocking…

- While it is fairly common practice to discard the restraining device rather than installing it on a new/replacement appliance, the device is actually code required. See LS 02.01.50 EP 1

- **NFPA 54-2012, 9.6.1.2 Restraint**. Movement of appliances with casters shall be limited by a restraining device installed in accordance with the connector and appliance manufacturer's installation instructions.

- **CHOCKING WHEELS** - NFPA 96-2011, 12.1.2.2 notes that when appliances are relocated or moved for purposes other than maintenance and cleaning. A reevaluation of the positioning relative to the extinguishing equipment is required by the installer or servicing agent. Other than the circumstances just described an "approved" method should be used to reestablish the positioning, the code does not indicate what method can be considered "approved".

- The annex provides additional guidance A12.1.2.2 containing the verbiage, " Channels, markings, or other approved methods assist in ensuring proper placement." this is also not prescriptive but suggestive. As a result, the code does not require organizations to chock kitchen appliance caster wheels but certainly best practice.

# Fire drills…

# Fire drill matrix

| Hospital Name: | | | | | | | | | | | | | | Score at EC.02.03.03 EP3 | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Quarterly Hospital Fire Drills (NFPA 101-2012 18/19 19.7.1)** | | | | | | | | | | | | | | | | |
| **Day = M, Tu, W, Th, F, Sa, Su**<br>**Time: 24 hour formatted** | | | Q1 | | | Q2 | | | Q3 | | | Q4 | | | | |
| | | | Jan. | Feb. | Mar. | Apr. | May | Jun. | Jul. | Aug. | Sep. | Oct. | Nov. | Dec. | | |
| 1st Shift | Normal | **Location/Building** | flr/Main | | | | | | | | | | | | | |
| | | 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 | | | | | | | | | | | | | | |
| **Required Annual Fire Drills (NFPA 99-2012 [illegible] 3.10.3 & 14.3.1.4.5 - if applicable)** | | | | | | | | | | | | | | | | |
| **Location:** | **Previous** | **Current** | **Location:** | **Previous** | **Current** | | | | | | | | | | | |
| **OR** | | | **Hyperbaric** | | | | | | | | | | | | | |
| Day | | | Day | | | | | | | | | | | | | |
| Date | | | Date | | | | | | | | | | | | | |
| Time | | | Time | | | | | | | | | | | | | |
| **Quarterly Ambulat[illegible]re Drills** | | | | | | | | | | | | | | | | |
| | | | Q1 | Q2 | Q3 | Q4 | | | Q1 | Q2 | Q3 | Q4 | | | | |
| 1st Shift | | **Location/Building** | | | | | **Location/Building** | | | | | | | | | |
| | | Day | | | | | Day | | | | | | | | | |
| | | Date | | | | | Date | | | | | | | | | |
| | | Time | | | | | Time | | | | | | | | | |
| **Annual Business Occupancy Fire Drills (2 Years of drills)** | | | | | | | | | | | | | | | | |
| | **Previous** | **Current** | | **Previous** | **Current** | | **Previous** | **Current** | | **Previous** | **Current** | | **Previous** | **Current** | | |
| **Building** | **Medical Office Building** | | **Building** | | | **Building** | | | **Building** | | | **Building** | | | | |
| Day | | | Day | | | Day | | | Day | | | Day | | | | |
| Date | | | Date | | | Date | | | Date | | | Date | | | | |
| Time | | | Time | | | Time | | | Time | | | Time | | | | |

**Definitions of Shifts: Provide timeframes for shift hours below (e.g. 1st shift: 0700-1600, 2nd shift: 1600-2400, 3rd shift: 2400-0700)**

| | |
|---|---|
| 1st | |
| 2nd | |
| 3rd | |

| | |
|---|---|
| **NA** | Not applicable for no shift, building, location or ILSM. |
| **NC** | Not completed or missed |

OR – annual

HBO – annual and timed

Ambulatory – ‘staff’ & quarterly

Business – annually

>1 hour apart over 4 quarters

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# Finishing up…

# Tips for success

- Read entire manual – yes – even the ACC and APR and other chapters…overlapping content
- What's your HCO #?
- Document review – practice!
- Have changes in numbers/inventory – reconcile with past years and why numbers have changed?
- Implement ILSM!
- Is *everyday* 7 days a week or 5 days a week?
- LSCSs is there to make you successful!
- Open book test…
- Agenda has stayed the same!

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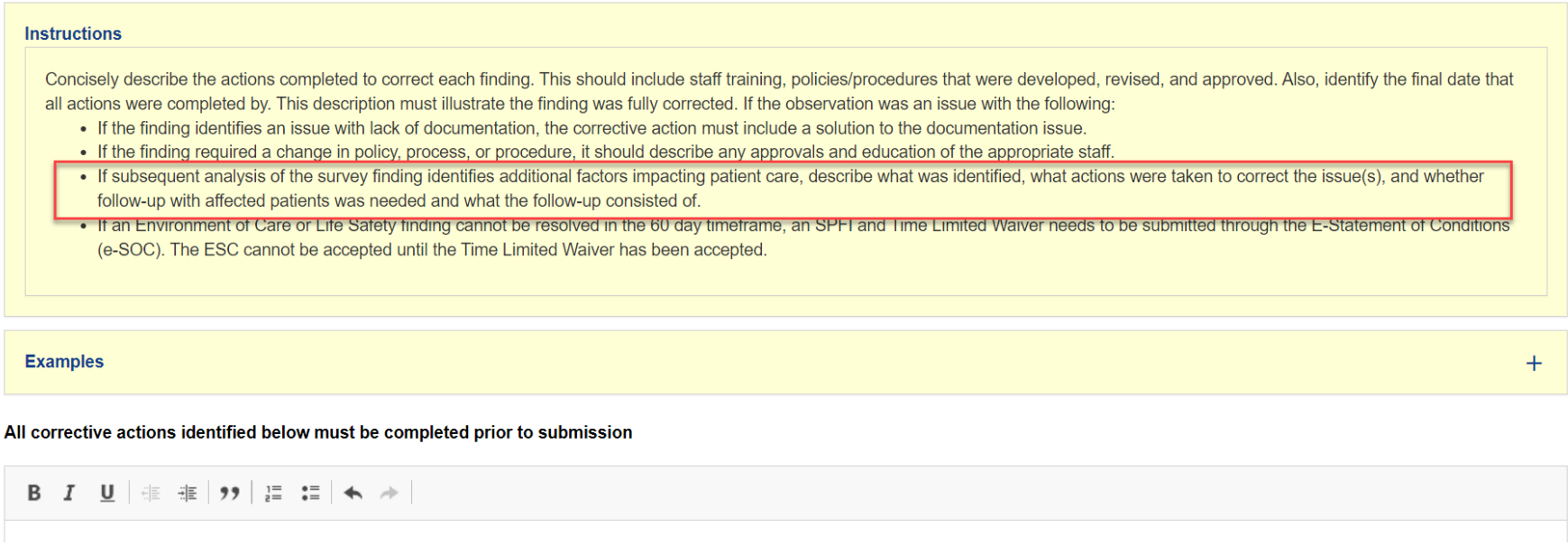
# Heads up - Updated ESC




Result of CMS redeeming
Impacts all programs & direct patient care
Not related to EC, LS, EM
Questions – call AE or submit online SIG CLIN question

# What happened to the AEM?

- Organizations may still utilize an alternate equipment maintenance strategy (AEM)
- Removed from the standards
  - August 23 – Critical Access Hospital Program
  - January 24 – Hospital Program
- AEMs were never code based but through S&C Letter

# AEM continued…moved to SAG appendix

## Appendix GG – Guidance on Use of Alternate Maintenance Activities and/or Schedules

Although AEM references have been removed from the standards/EPs, organizations can continue to use AEM activities and/or schedules if they choose to do so. If AEM strategies are used, organizations need to comply with the following requirements. If any issues are identified, score the issue at the appropriate EPs located at EC.02.04.01, EC.02.04.03, EC.02.05.01, or EC.02.05.05.

In order to ensure all essential mechanical, electrical and patient-care equipment is maintained in safe operating condition, the hospital must identify the essential equipment required to meet its patients' needs for both day-to-day operations and in a likely emergency/disaster situation, such as mass casualty events resulting from natural disasters, mass trauma, disease outbreaks, internal disasters, etc. In addition, the hospital must make adequate provisions to ensure the availability and reliability of equipment needed for its operations and services. Equipment includes both facility equipment, which supports the physical environment of the hospital (e.g., elevators, generators, air handlers, medical gas systems, air compressors and vacuum systems, electrical systems, etc.) and medical equipment, which are devices intended to be used for diagnostic, therapeutic or monitoring care provided to a patient by the hospital (e.g., IV infusion equipment, ventilators, laboratory equipment, surgical devices, etc.).

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# Be in the know…

- Accredited organizations can schedule a phone conference with the Standards Interpretation Group (SIG) outside a survey event
- Issue resolution calls can be scheduled during survey event
- Clarifications must be submitted within 10 days of receiving final survey report
- Time Limited Waivers and Equivalencies should be submitted within 30 days of receiving final report
- Include all information requested to ensure a thorough evaluation and timely submission for final approval.
- TJC has > 90% approval rate for Time Limited Waivers

# Survey Prep!

Don’t forget

- Read monthly *Perspectives*…

- Keep current on CMS S&C and QSO memos

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