

# Compliance in the Physical Environment

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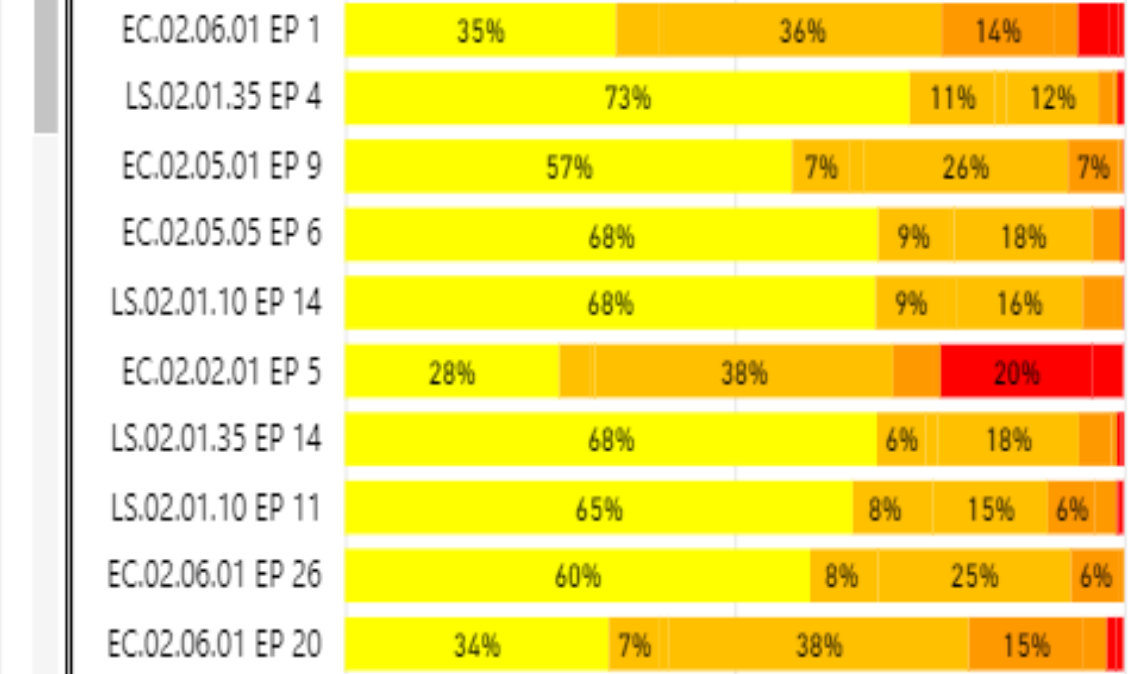
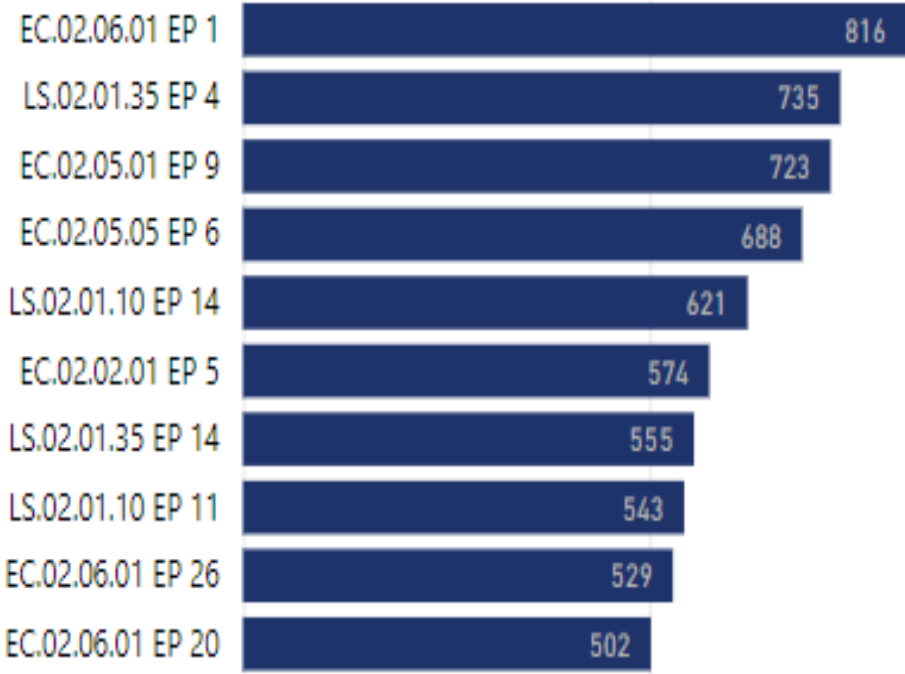
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# Topics / Learning Objectives

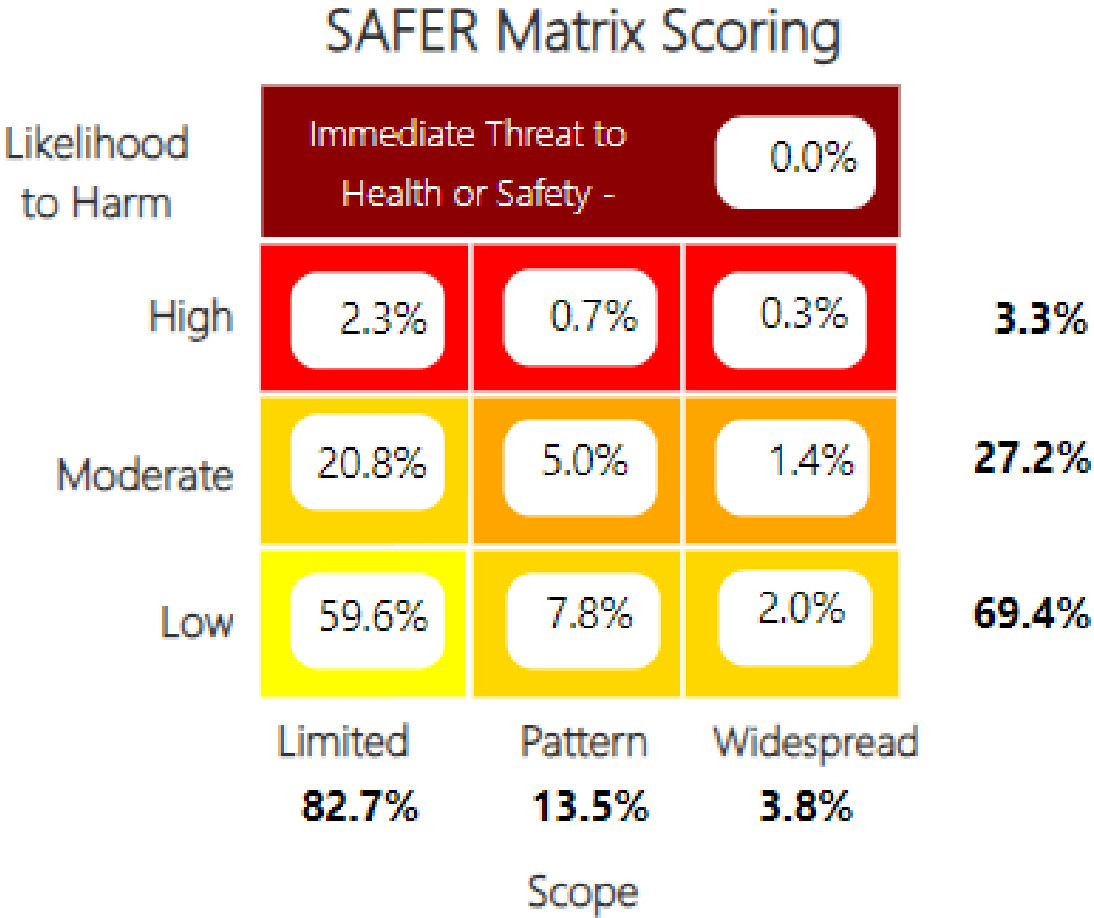
- Top Scored Deficiencies
- Joint Commission Survey Process Updates
- Survey of the Future

# Top Observations

# Top Ten EC/LS Deficiencies Jan – Dec 2023



# Safer Matrix Distribution



# Top Observations – Risk #5

## LS 02.01.35 EP 14

- Observed in Building Tour. The Ansul fire suppression system in the kitchen was not covering the open flame grill near the steam kettles. 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.

# Top Observations – Risk #4

## LS. 02.01.10 EP 11

- Observed in Building Tour. Located on the 3rd floor in the Surgical Department, it was observed that the 2-hour rated fire door from PACU to the PACU secondary area did not self-latch. The fire door is part of a 2-hour fire rated building separation between the healthcare occupancy and the business occupancy. This was verified by the Facilities Director. **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.



# Top Observations – Risk #3

## EC 02.06.01 EP 20

- Observed in Building Tour. In OR #2 on the floor there was a green stain of the floor. Just above this stain was a large junction box that had an accumulation of a green powdery substance (looked like oxidized copper). This was confirmed by the Hospital Emergency Manager.
- Observed in Individual Tracer. In Operating Room #4 an accumulation of dust was observed on both ventilation grills. This was confirmed by the manager of perioperative services.

# Top Observations – Risk #2

## EC 02.06.01 EP 1

- Observed in Individual Tracer. In review of the sterile compounding room there was a chip in the drywall leaving a small hole with unfinished drywall exposed.
- Observed in Building Tour. There were two ceiling tiles in the sterile processing department that were not of the cleanable type. This was confirmed by the Director of Facilities. This was observed to be corrected on site prior to the surveyor's departure.

# Top Observations – Risk #1

## EC 02.02.01 EP 5

- Observed in Tracer Activities. At the North clinic, there were two liquid cleaners with a pH of 1 as well as liquid bleach with a pH of 11.9 that were being used by the cleaning staff but there is no eyewash station available in the clinic. This was confirmed with clinic staff.

# TJC Process Updates

# Resumption of Validation Surveys

- CMS has begun to conduct 1:1 validation surveys
- Observation Team reviews TJC process and thoroughness
- Life Safety Code Surveyors have scored > 90%

# No Blackout Dates

- Previously organizations could exclude certain dates however this can no longer occur.
- Reminder...Surveys must occur triennially; however, the survey window opens 18 months after previous triennial survey event.

# No prior notice, even the day of survey

- Prior practice was to send notice the day of survey @ 7:30 CST. This will no longer occur.
- The team will show up the morning of the survey event
- Split team surveys (clinical | life safety code surveyor) have concluded. Survey activity has been caught up

# Survey of the Future



# Survey of the Future

- TJC needed to ensure our accreditation standards and elements of performance match the CoP language.
- This was a part of the proposed rule for oversight of accrediting organizations.
- TJC felt that although the rule is not final, it makes sense .

# Survey of the Future

- This does not change our approach in the survey process to meet the expectations of surveying to the CoPs and our collaborative approach with HCO's
- Will keep some legacy standards/elements of performance to provide details where the CoPs do not
  - Workplace violence standard
  - Water Management Program

# Be In The Know

# Sustainability Certification

- New Certification program started in 2024
- Optional, demonstrates organizations commitment to decarbonization/sustainability
- Virtual evaluation

# Plant Operations Staff Competency

- Evaluation of the manager/director incorporated in HR review
- Life Safety Code Surveyor will review staff/vendors competency in document review session
- Functional areas where staff competency is reviewed
  - Fire alarm | medical gas | fire doors | other based on municipality

# Compliance Tips

- 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

# Questions?