



2011

THE HEALTHCARE ENVIRONMENT UPDATE

TOP 5 MOST CITED STANDARDS IN 2010




Hospitals

1. 62% RC.01.01.01
2. 50% LS.02.01.20
3. 44% LS.02.01.10
4. 38% EC.02.03.05
5. 37% LS.02.01.30

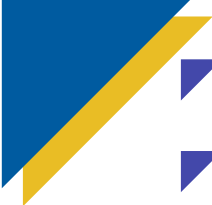
Critical Access Hospitals

1. 47% EC.02.03.05
2. 44% LS.02.01.10
3. 40% EC.02.05.07
4. 33% LS.02.01.20
5. 27% EC.02.06.01

#2: LS.02.01.20 (50%)

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- ▶ The hospital maintains the integrity of the means of egress.
 - ❑ EP 13 Corridor Clutter
 - ❑ EP 12 Projections
 - ❑ EPs 16 – 22 Suites issues
 - Equivalize > 5000 sq ft
 - ❑ EP 1 Doors locked in means of egress

CORRIDOR STORAGE


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- ▶ “If the corridor looks cluttered...it probably is”
 - ▶ Corridor clutter is not a PFI issue
 - ▶ Carts Allowed:
 - ❑ Crash Carts
 - ❑ Isolation Carts
 - ❑ Chemo Carts
 - ▶ Based on a HITF Interpretation (TJC, CMS & other AHJs) the following carts are not allowed:
 - ❑ Linen Hampers
 - ❑ Latex Carts
 - ▶ Anything in the egress corridor more than 30 minutes is storage

CORRIDOR STORAGE



- ▶ Dead end corridors may be used for storage
 - ❑ Less than or equal to 50sqft space
- ▶ Converting patient room:
 - ❑ Long term include door closure
- ▶ Surge issue: based on policy patients may be treated in the egress corridor during surge conditions

#3: LS.02.01.10 (44%)



Building and fire protection features are designed and maintained to minimize the effects of fire, smoke, and heat.


- ❑ EP 9 Penetrations
- ❑ EPs 5 – 7 Door issues
- ❑ EPs 1 & 2 Building Type issues
- ❑ EP 8 Duct issues

#4: EC.02.03.05 (38%)

- ▶ The hospital maintains fire safety equipment and fire safety building features.
 - Features of fire protection

NOTE: #1 for Critical Access Hospitals

#5: LS.02.01.30 (37%)



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

- ❑ EPs 16 – 23 Smoke Barriers & Doors
- ❑ EP 2 Hazardous Areas

LIFE SAFETY CODE SPECIALIST

May also survey

- ❑ LD.04.01.05 EP 4 Accountability
- ❑ LD.04.04.01 EP 2 Hi-Priority
- ❑ LD.01.03.01 EP 5 Resources


All HAP and CAH will be surveyed for a minimum of 2 days by a LSCS

- ❑ Greater than 1.5 million sq ft will be surveyed for a third day by the LSCS
- ❑ An additional day is added for every three buildings that are classified as healthcare

Example: for a HAP organization with 2 million square feet of healthcare occupancy and 5 buildings classified as healthcare occupancy:

the number of LSCS days would be 4


LD.04.01.05 EP 4: *WHAT TO DO WHEN THE DOCUMENTATION ISN'T THERE...*

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- ▶ During survey specific documentation is reviewed
 - ▶ If the documentation is not available write the observation as non-compliant
 - ❑ Also score LD.04.01.05 EP 4
 - ▶ If the documentation becomes available later in the survey to the survey team, the team can:
 - ❑ Consider removing the previous finding if documentation confirms the activity was completed as per the EP
 - LD.04.01.05 EP 4 may also be removed during survey
 - ❑ If the survey team would prefer not to evaluate the documentation the organization can submit clarification
 - ▶ If the organization clarifies after survey:
 - ❑ SIG Engineers will review and evaluate compliance
 - ❑ LD.04.01.05 EP 4 remains

WHAT TRIGGERS ITL (IMMEDIATE THREAT TO LIFE)

- ▶ Significantly compromised fire alarm system
- ▶ Significantly compromised sprinkler system
- ▶ Significantly compromised emergency power supply system
- ▶ Significantly compromised medical gas master panel
- ▶ Significantly compromised exits
- ▶ Other situations that place patients, staff or visitors at extreme danger

WHAT TRIGGERS AFS 13

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- ▶ AFS 13 is only related to previously accepted PFIs
 - ❑ Failure to make sufficient progress (LS.01.01.01 EP 2)
 - ❑ Failure to implement appropriate ILSMs (LS.01.02.01 EP 3)
 - ▶ Failure to manage previously accepted PFIs affects the Joint Commission
 - ❑ Both organizations are aware of deficiencies that have been managed using the PFI process

TIME DEFINED



The Joint Commission EC chapter defines time as:

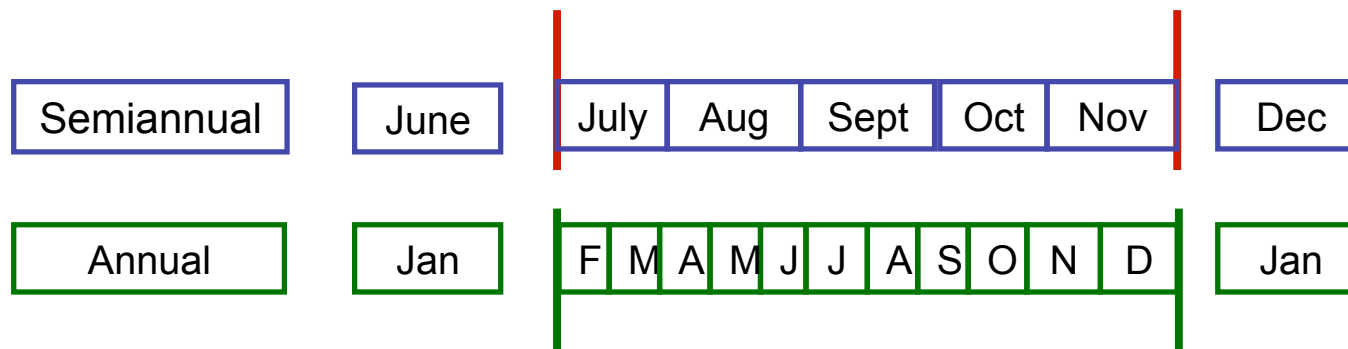
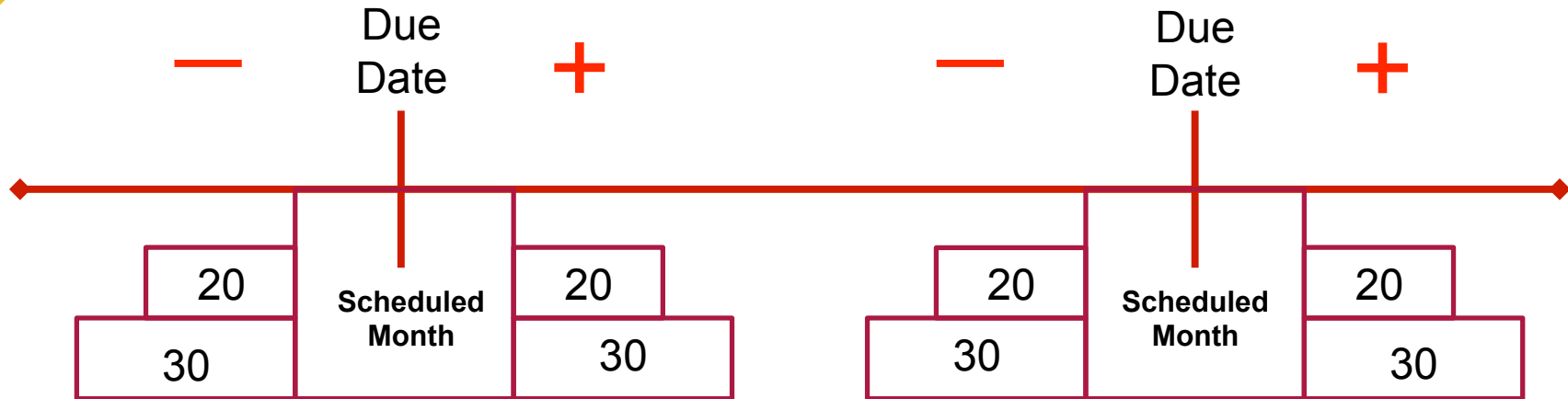
- ❑ Daily, weekly, monthly and quarterly are calendar references
- ❑ Semi-annual is 6 months from the last scheduled event +/- 20 days
- ❑ Annual is 12 months from the last scheduled event +/- 30 days
- ❑ 3 years is 36 months from the last scheduled event +/- 45 days

NOTE 1: The above does not apply to required frequencies such as emergency generator testing (see EC.02.05.07 EP 4 & 8)

NOTE 2: An alternative of developing either a unique, written policy or adopting NFPA definitions when available is acceptable


SEMIANNUAL: +/- 20 DAYS

ANNUAL: +/- 30 DAYS



Frequencies required by Code may not be modified
(i.e. EC.02.05.07 EP 4 & 8)


PRA EC.02.06.05 EPs 2 & 3




Preconstruction Risk Assessment (PRA)
Construction or renovation in occupied
healthcare facilities can result in
environmental problems such as:

- Noise
- Vibration
- Creation or spread of contaminants
- Disruption of essential services
- Emergency Procedures
- Air quality

EC.02.06.05 EP 1

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- ▶ Effective 1/1/2011 the Joint Commission will recognize the Facilities Guidelines Institute (FGI) *Guidelines for Design & Construction of Health Care Facilities*
 - ▶ *ASHRAE 170* has been attached to the Guidelines
 - ❑ Ventilation Table
 - ❑ 20 – 60 % RH requirement of relative humidity in seven affected areas of the Surgical Environment, and one in Diagnostic & Treatment.
 - **NOTE** CMS has not adopted this, but remains at 35 – 60%RH
 - ❑ The established 60% upper range however should be maintained for issues such as mold growth.

RH% TREATMENT AREAS

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- ▶ Class A Operating/Procedure room
 - ▶ Class B and C operating rooms
 - ▶ Operating/surgical cystoscopic rooms
 - ▶ Delivery room (Caesarean)
 - ▶ Treatment rooms
 - ▶ Trauma room (crisis or shock)
 - ▶ Laser eye room
 - ▶ Diagnostic & Treatment: Gastrointestinal Endoscopy Procedure Room

CHANGES TO EC.02.03.05 EP 2



Existing:

- Every six months the hospital tests valve tamper switches and water-flow devices. The completion date of the tests is documented.

NOTE: for additional guidance on performing tests see NFPA 72-1999 (Table 7-3.2)

CHANGES TO EC.02.03.05 EP 2




Revised:

- EP2 For hospitals that use Joint Commission accreditation for deemed status purposes: At least quarterly the hospital tests water-flow devices. Every 6 months the hospital tests valve tamper switches. The completion date is documented.

NOTE: For additional guidance on performing tests see NFPA 25-1998 (Section 2-1.3 & 2.3.3) and NPFA 72-1999 (Table 7-3.2 and Section 7-5.2).


LS.02.01.34 EP 2 MASTER ALARM PANEL



The master fire alarm control panel is located in a protected environment (an area enclosed with 1-hour fire-rated walls and $\frac{3}{4}$ hour fire rated doors) that is continuously occupied **OR** in an area with a smoke detector.

- NFPA 72-1999 1-5.6 & 3-8.4.1.3.3.2

FIRE EXTINGUISHER: DATING



Month, day year and initials of inspector as per NFPA 10-1998
EC.02.03.05 EP 15

4-3.4 Inspection Recordkeeping.

4-3.4.1 Personnel making inspections shall keep records of all fire extinguishers inspected, including those found to require corrective action.

4-3.4.2 **At least monthly, the date the inspection was performed and the initials of the person performing the inspection shall be recorded.**

4-3.4.3 Records shall be kept on a tag or label attached to the fire extinguisher, on an inspection checklist maintained on file, or in an electronic system (e.g., bar coding) that provides a permanent record.

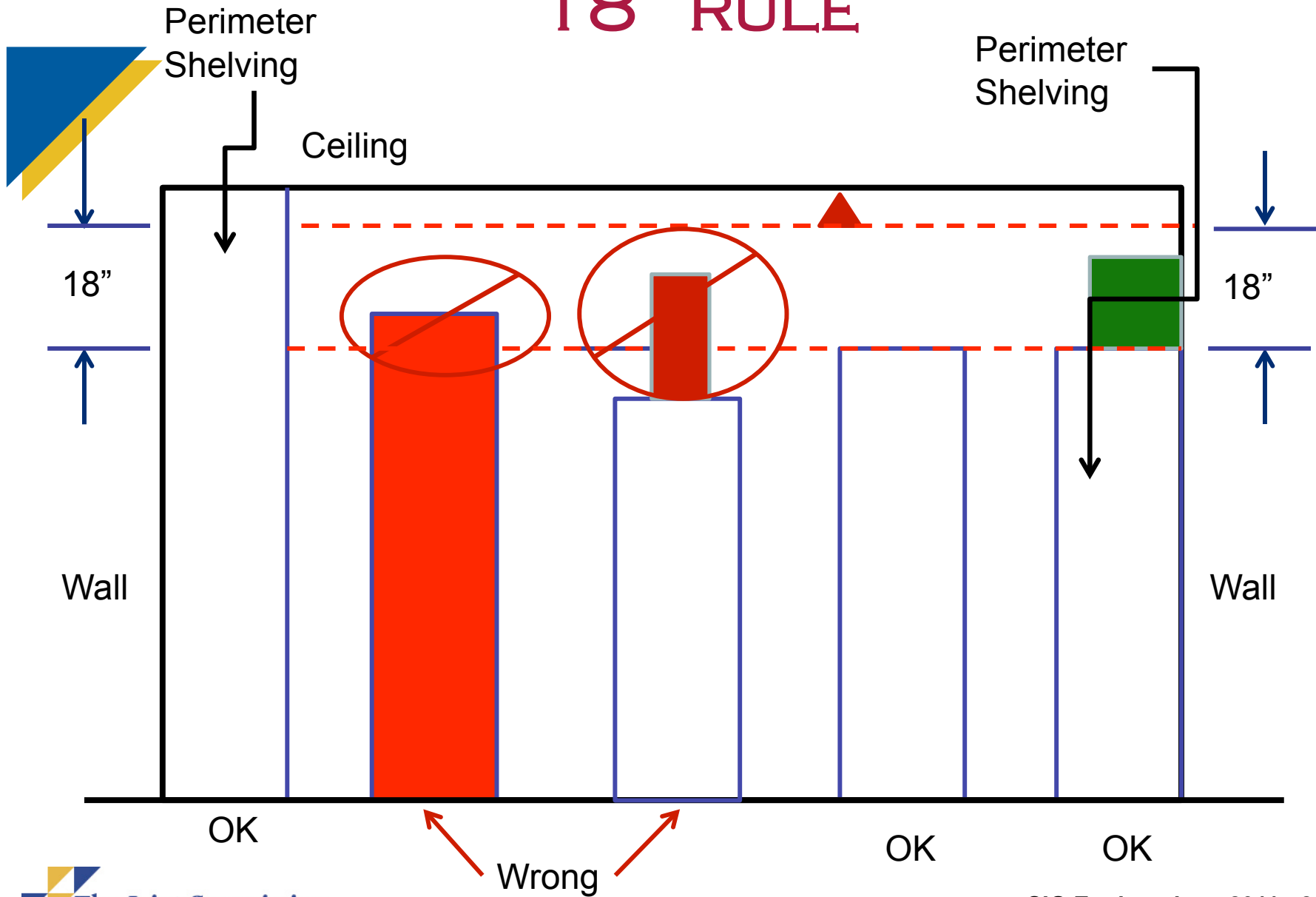
DO NOT COUNT DAYS, BUT ENSURE MONTHLY INSPECTION




GENERAL LIFE SAFETY INTERPRETATIONS

- ▶ Perimeter shelving and sprinkler provision:
 - ❑ Are perimeter wall shelving that extends to the ceiling required to be fastened to the wall?
 - ❑ NO
 - Shelving is not required for storage
 - There is no correlation between
 - Shelving
 - Clearance
 - The need to secure any shelving


18" RULE



GENERAL LIFE SAFETY INTERPRETATIONS

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- ▶ Rated doors must have legible labels on the door and jambs
 - ❑ Jambs prior to 1966 may not have a rating label
 - ❑ Are ILSM in place where non-compliant door assemblies are found?

GENERAL LIFE SAFETY INTERPRETATIONS

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- ▶ Expanding foam used for insulation purposes is **NOT** an acceptable firestop in any fire or smoke barrier
 - This product does have a UL label: for insulation properties
 - Easily ignited
 - Toxic gases may occur when burned


NOTE: There are several acceptable fire stop products that expand when installed

NON FLAMMABLE MEDICAL GAS VOLUME & STORAGE: SCORING



- ▶ Score EC.02.03.01 EP 1 ...fire risk
 - ❑ 12 'E' cylinders (<math>< 300\text{ft}^3</math>) per smoke compartment (22,500ft²) may be open to the egress corridor in a rack or appropriate holders
 - ❑ Between 300 and 3000ft³ must be stored in a room that is limited construction with doors that can be locked
 - ❑ "In use" verses "in storage"
 - Properly secured to a gurney is considered "in use"
 - Properly racked is "in storage"
 - *Empty* are NOT considered part of the 12 *in storage*
 - *Empty* and *full* must be stored (racked) separately

EC.02.05.01 EP 3




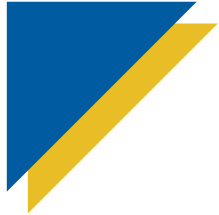
The hospital identifies, in writing, inspection and maintenance activities for all operating components of utility systems on the inventory.

(See also EC.02.05.05, EPs 3 - 5; EC.02.05.09, EP 1)

Note: Hospitals may use different approaches to maintenance. For example, activities such as predictive maintenance, reliability-centered maintenance, interval-based maintenance, corrective maintenance, or metered maintenance may be selected to ensure dependable performance.

MAINTAINING EQUIPMENT: STRATEGIES

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- ▶ Written strategies identify the activities for
 - ❑ Maintaining
 - ❑ Inspection
 - ❑ Testing
 - ▶ Strategies may include
 - ❑ Predictive maintenance
 - ❑ Reliability-centered maintenance
 - ❑ Interval based maintenance
 - ❑ Corrective maintenance
 - ❑ Metered maintenance
 - ❑ Other recognized strategy
 - Manufacture's recommendations



QUESTIONS?

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