

What's New?



Life Safety Code Surveyor Days - 2018

Hospitals – Each Physical Address = Min. 2 LSCS days **(NEW)**

Gross Building Square Footage

0 – 1,000,000	2 LSCS Days
1,000,000 – 1,500,000	3 LSCS Days (NEW)
>1,500,000	LSC FD Review

Non Hospital Life Safety Code Surveyor Days - 2018

Gross Building Square Footage

AHC / ASC	1 LSCS Day
Med Def	1 LSCS Day
SSU / OQPS	1 LSCS Day

Validation Process – Future State (in pilot now!)

- ▶ Simultaneous survey
- ▶ Consistent number of surveyors and survey days
- ▶ Emphasis on communication
- ▶ State Agency observing our survey team
 - Each surveyor observed directly by State counterpart
- ▶ Elimination of disparity rate
- ▶ Focus on Accrediting Organization performance

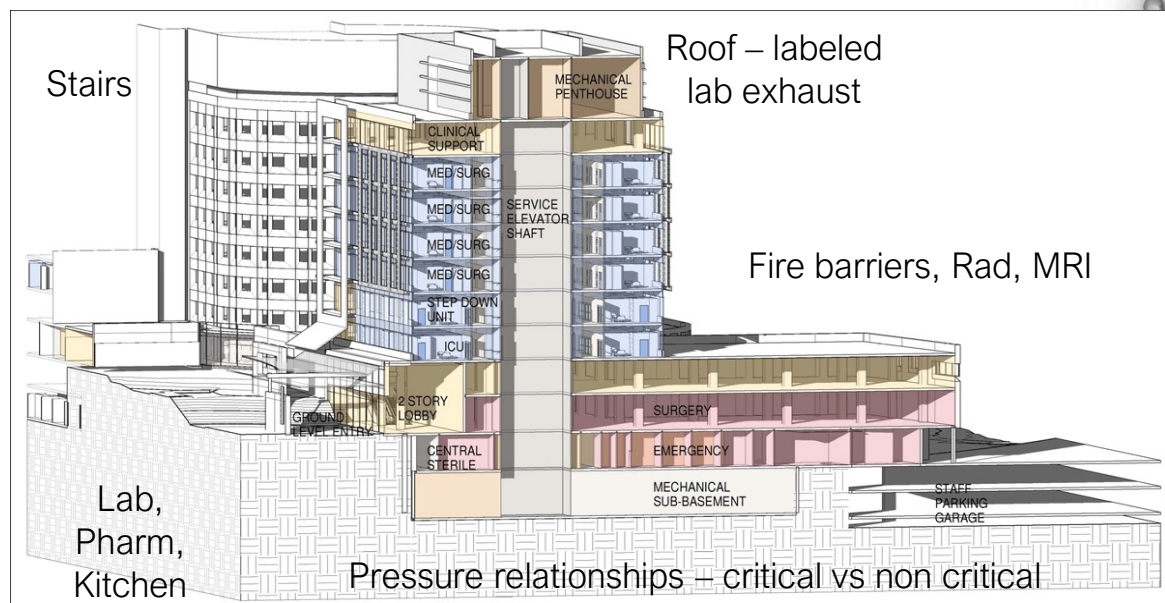


The building tour

- Applicability of our LS standards for business occupancies – (score in EC chapter).

LSC surveys extend to all areas of a hospital where patient care is provided or where systems support patient care, regardless of rated separation.

The Building Tour



Requirements Life Safety Code Surveyors want you to know about...

RPTs

- **Solution: Assure compliance with all requirements in NFPA 99-2012, 10.2.3.6**

10.2.3.6 Multiple Outlet Connection. Two or more power receptacles supplied by a flexible cord shall be permitted to be used to supply power to plug-connected components of a movable equipment assembly that is rack-, table-, pedestal-, or cart-mounted, provided that all of the following conditions are met:

- (1) The receptacles are permanently attached to the equipment assembly.
- (2)*The sum of the ampacity of all appliances connected to the outlets does not exceed 75 percent of the ampacity of the flexible cord supplying the outlets.
- (3) The ampacity of the flexible cord is in accordance with *NFPA 70, National Electrical Code*.
- (4)*The electrical and mechanical integrity of the assembly is regularly verified and documented.
- (5)*Means are employed to ensure that additional devices or nonmedical equipment cannot be connected to the multiple outlet extension cord after leakage currents have been verified as safe.

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Requirements Life Safety Code Surveyors want you to know about (cont.)

Fire response plan, LIP, copy at operator or security

- **Solution: Identify role of LIP in fire plan (are you really using RACE and PASS?) and post plan at CBX/PBX or Security (EC.02.03.01 EP-9)**

Generator EPO remote/not on exterior enclosures

- **Solution: (EC.02.05.03 EP-11)**

5.6.5.6* All installations shall have a remote manual stop station of a type to prevent inadvertent or unintentional operation located outside the room housing the prime mover, where so installed, or elsewhere on the premises where the prime mover is located outside the building.

A.5.6.5.6 For systems located outdoors, the manual shut-down should be located external to the weatherproof enclosure and should be appropriately identified.

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Requirements Life Safety Code Surveyors want you to know about (cont.)

■ Ligature – more to come later...

■ Eyewash Stations (what about showers?)

□ **Solution: risk assessment!**



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Requirements Life Safety Code Surveyors want you to know about (cont.)

■ Alcohol soaked items in the OR – see NFPA 99-2010 – 15.13.3.4 (3) Any solution-soaked materials have been removed from the operating room prior to draping and use of electrosurgery, cautery, or a laser. TJC - remove from the vicinity of the patient.

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Requirements Life Safety Code Surveyors want you to know about (cont.)

Medical Gas

- **Solution: Assure compliance with labeling the medical gas distribution system per NFPA 99, 5.1.11 and get the sign(s) right (5.1.3.1.8/9)!**

5.1.11* **Labeling and Identification.** Color and pressure requirements shall be in accordance with Table 5.1.11.

5.1.11.1 Pipe Labeling.

5.1.11.1.1 Piping shall be labeled by stenciling or adhesive markers that identify the patient medical gas, the support gas, or the vacuum system and include the following:

- (1) Name of the gas or vacuum system or the chemical symbol per Table 5.1.11
- (2) Gas or vacuum system color code per Table 5.1.11
- (3) Where positive pressure gas piping systems operate at pressures other than the standard gauge pressure in Table 5.1.11, the operating pressure in addition to the name of the gas

5.1.3.1.8 Locations containing positive pressure gases other than oxygen and medical air shall have their door(s) labeled as follows:

Positive Pressure Gases
NO Smoking or Open Flame
Room May Have Insufficient Oxygen
Open Door and Allow Room to
Ventilate Before Entering

5.1.3.1.9 Locations containing central supply systems or cylinders containing only oxygen or medical air shall have their door(s) labeled as follows:

Medical Gases
NO Smoking or Open Flame

Requirements Life Safety Code Surveyors want you to know about (cont.)

Corridor/Suite Perimeter Doors

- **Solution: (LS.02.01.30 EP-13) Note 1: For hospitals that use Joint Commission accreditation for deemed status purposes: Powered corridor doors are equipped with positive latching hardware unless the organization can verify that this equipment is not an option provided by the door manufacturer. In instances where positive latching hardware is not an available option provided by the manufacturer, the device used must be capable of keeping the door fully closed when a force of 5 lbf is applied at the latch edge and in any direction to a sliding or folding door, whether or not power is applied in accordance with NFPA 101-2012: 19.3.6.3.7.**

Requirements Life Safety Code Surveyors want you to know about (cont.)

▀ GFCI Exceptions in Hospitals


- ▀ In the 2008 and 2011 NEC (NFPA 70) code; 210.8(B)(5), Exception No. 2 to (5) was inserted, stating that “**receptacles located in patient bed locations of general care or critical care areas** of health care facilities, [other than those in hospital bathrooms covered by 210.8(B)(1)] **shall not be required to be GFCI protected where within 6 feet of the basin.**”
- ▀ In addition, 517.21 states that **GFCI protection shall not be required for receptacles installed in critical-care areas where the toilet and basin are installed within the patient room.**
- ▀ The intent of this section is to ensure that a GFCI receptacle or a GFCI-protected receptacle is not installed in a general-care or critical-care patient-bed location where life support and other extremely important diagnostic and electrical support equipment could be inadvertently connected to the GFCI-protected circuit.

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Requirements Life Safety Code Surveyors want you to know about (cont.)

- ▀ Read the small print...NFPA 72-2010.

10.15* Protection of Fire Alarm System. In areas that are not continuously occupied, automatic smoke detection shall be provided at the location of each fire alarm control unit(s), notification appliance circuit power extenders, and supervising station transmitting equipment to provide notification of fire at that location.

Exception:  *Where ambient conditions prohibit installation of automatic smoke detection, automatic heat detection shall be permitted.*

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Perspective...

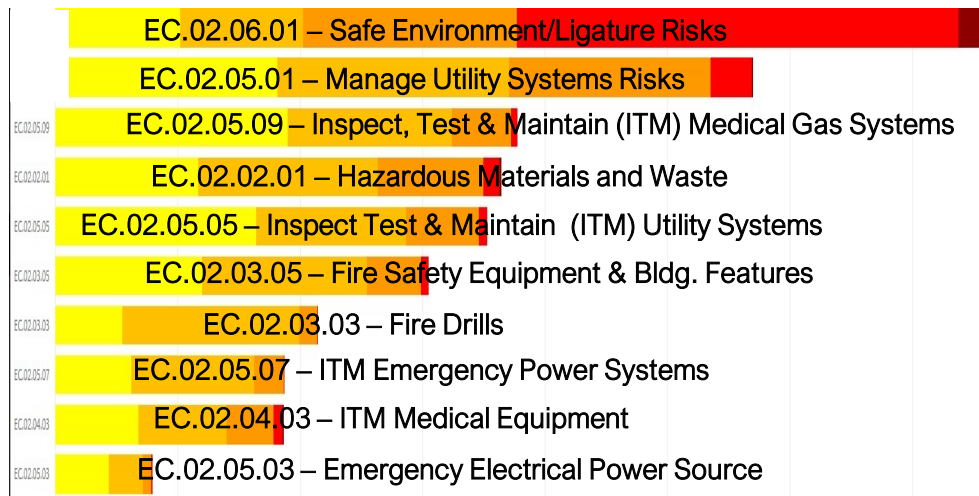
- ▀ You are being evaluated on (HAP)...
 - 156 Eps – EC
 - 193 Eps – LS
 - 112 Eps – EM

- ▀ So...using only EC and LS – you are being evaluated on 349 Eps....!
- ▀ Keep things in ‘perspective!’

Top 10 Findings: Most Challenging Standards Environment of Care (EC) and Life Safety (LS) Chapters

Challenges and Solutions for the Environment of Care (EC)

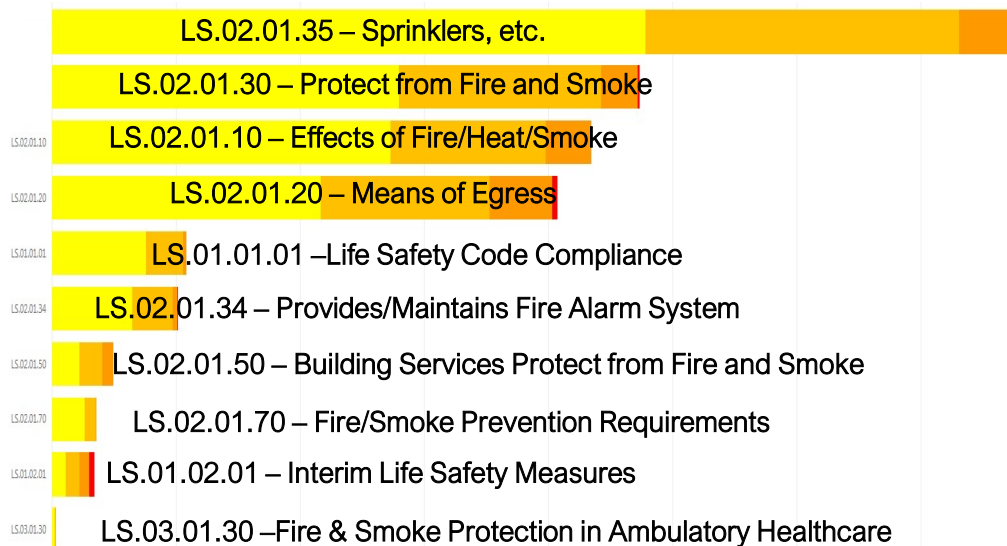
Most frequently cited EC standards – 98% of hospitals had a least 1 EC finding in the EC Chapter



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Challenges and Solutions for the Life Safety - LS

Most frequently cited LS Standards – 97% of hospital surveyed had at least 1 finding in the LS Chapter

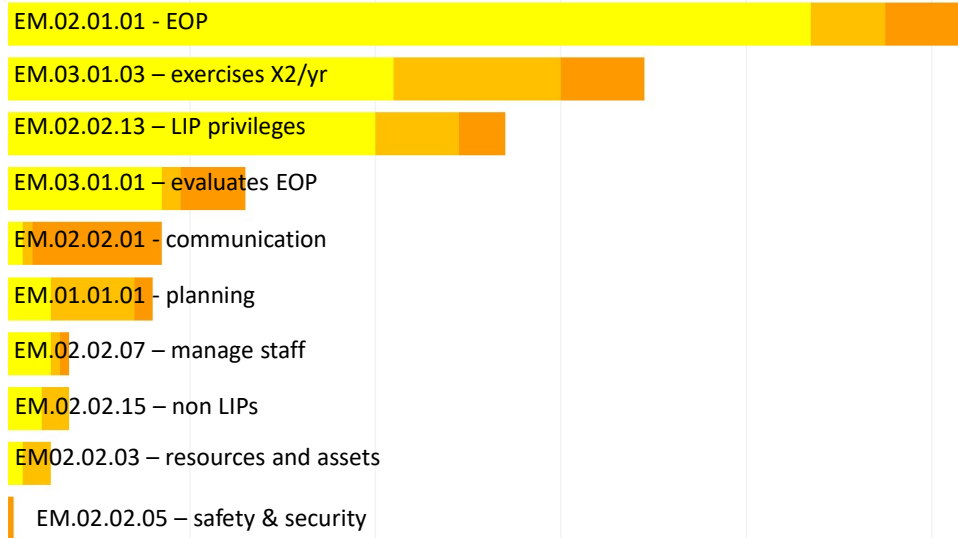


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Most Frequently Cited EM Standards



10% of surveyed hospitals had at least 1 EM finding



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Condition-Level Deficiency Data

% of **Psychiatric** Hospitals with at least one Conditional-Level Deficiency (CLD)

Timeframe	Number of deemed Orgs with CLDs	Average CLD per Hospital	% of Hospitals with at least one CLD
01/01/2018 – 12/31/2018	185	1.77	61.62%
01/01/2017 – 12/31/2017	180	1.77	77.08%
01/01/2016 – 12/31/2016	200	2.08	65.60%

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Condition-Level Deficiency Data

% of **Hospitals** with at least one Conditional-Level Deficiency (CLD)
(excluding Psychiatric Hospitals)

Timeframe	Number of deemed Orgs with CLDs	Average CLD per Hospital	% of Hospitals with at least one CLD
01/01/2018 – 12/31/2018	1186	1.29	49.66%
01/01/2017 – 12/31/2017	1190	1.33	52.02%
01/01/2016 – 12/31/2016	1142	1.04	34.15%

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Life Safety Code Surveyors Average RFI's per Survey Full Hospital Surveys

2018 N = 1359	2017 N = 1360	2016 N = 1282	2015 N = 1132	2014 N = 1062
16.42	13.68	11.37	10.86	10.46

SAFER
"See it / Cite it"

"C" Category
OFI's

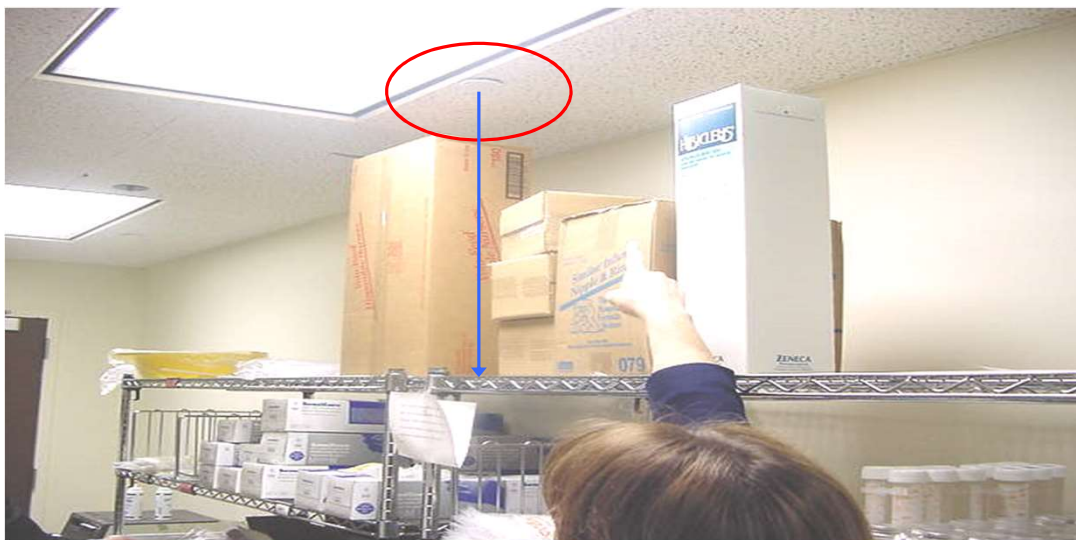
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Follow Up Surveys – Hospital Program (exc. Psych)

2018 N = 1186	2017 N = 1190	2016 N = 1186
49.66%	52.02%	34.15%

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LS.02.01.35 EP 05 Nothing stored 18" below sprinkler head



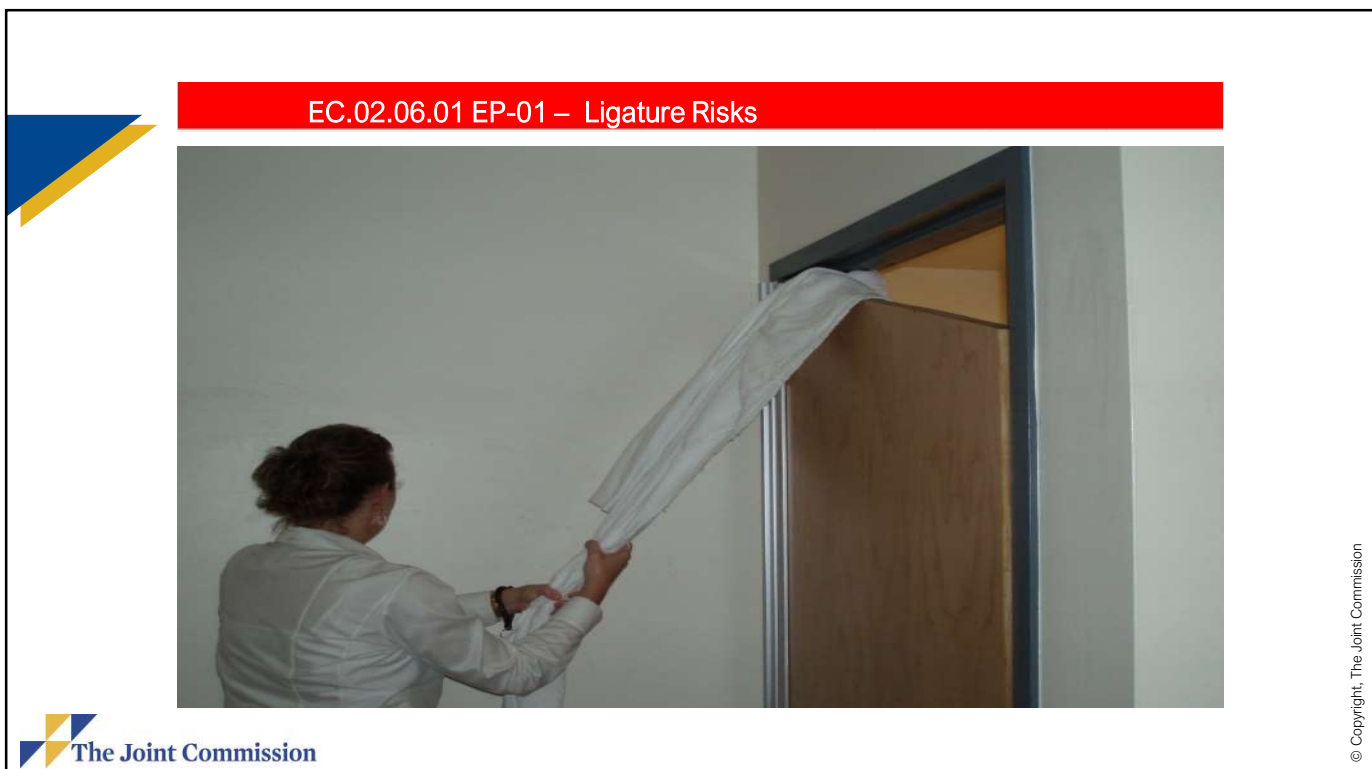
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Standard/EP	2018	2017
EC.02.06.01/1	68.1%	65.6%
LS.02.01.35/4	61.2%	58.5%
EC.02.05.05/6	54.7%	50.9%
EC.02.05.01/9	47%	EP Change
LS.02.01.35/5	44%	40.1%
EC.02.02.01/5	43.3%	42.2%
LS.02.01.35/14	42.2%	New EP
LS.02.01.10/14	42.1%	New EP
LS.02.01.10/11	40.2%	1.1% New EP
EC.02.05.01/15	38.6%	39.6%

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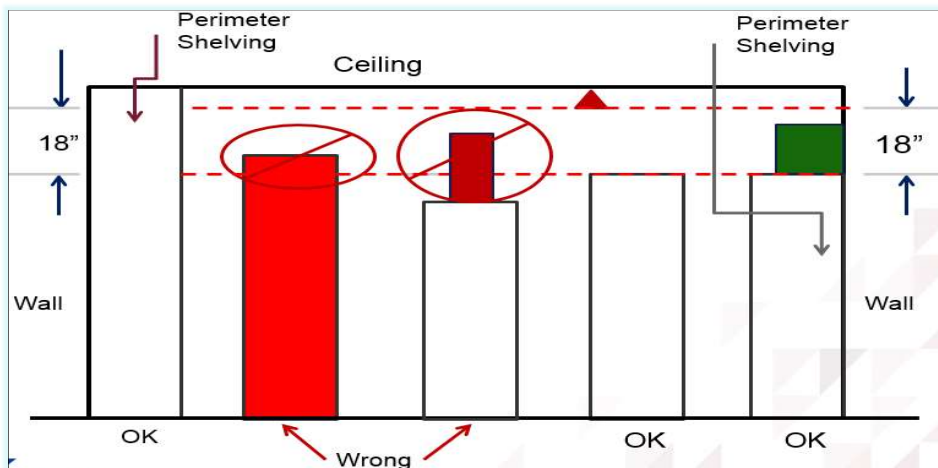
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Challenges and Solutions for the Life Safety - LS

LS.02.01.35: 18" Sprinkler Clearance



Challenges and Solutions for the Environment of Care (EC)

EC.02.05.09 – EP 11 Medical Gas Zone valves accessible



LS.02.01.10 EP 11 Undercuts Rated Door: ($\leq 3/4''$)



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From TJC Department of Engineering
Are You Using Fire Doors Where Not Required?

If you obscure the labeling on an unnecessary fire door, The Joint Commission won't cite you and you won't need to inspect the door



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LS.02.01.35 EP 4 - Sprinkler piping supports nothing else



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LS.02.01.10 EP 14 - Barrier Penetrations

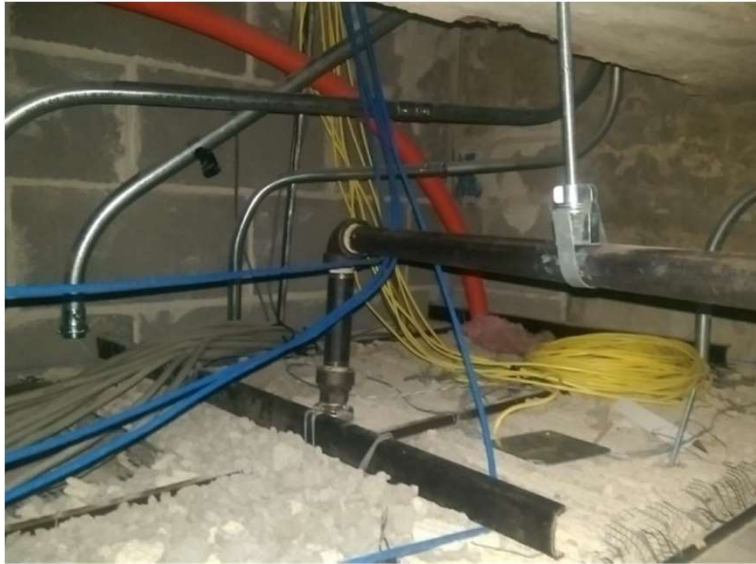


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LS.02.01.35 EP 4 - Sprinkler piping supports nothing else



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LS.02.01.35 EP 5 – Sprinkler Head undamaged,
free of corrosion, escutcheon plate installed



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LS.02.01.20 EP - 22



This is not an exit!
PLEASE DO NOT
OPEN

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EC.02.05.01 EP15 & 16 - Critical & noncritical Air Pressure Relationships



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LS.02.01.10 EP - 14/ LS.02.01.30 EP - 19



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LS.02.01.10 EP-11 Rated Door



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LS.02.01.10 EP 11 Rated Door Self Closing – No wedges!



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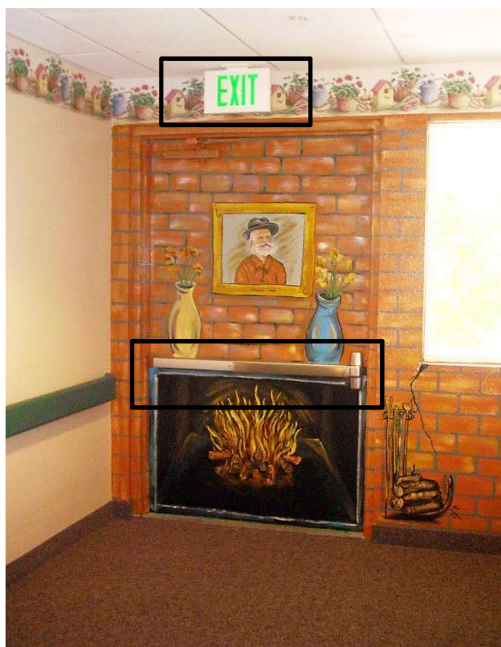
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LS.02.01.20 & LS.02.01.10



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LS.02.01.20 EP 22



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LS.02.01.20 EP 14 - Corridor Clutter



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LS.02.01.20 EP 13 - Stairwell Storage



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EC.02.05.09 Med Gas Storage



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Ligature Update

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TT6 Ken & Herman to review

Todro, Thomas, 1/2/2019

To address the physical and clinical components...

- ▶ The Joint Commission assembled Expert Panel
 - Including CMS, accredited organizations, national alliances, clinicians, The Joint Commission staff, other accrediting organizations, etc.
- ▶ Convened 5 expert panel meetings in 9 months
 - 16 recommendations
 - FAQs to provide further clarification
 - NPSG 15.01.01
 - https://www.jointcommission.org/topics/suicide_prevention_portal.aspx

Expert Panel Successes

- ▶ Achieved consensus on terminology of “ligature-resistant” vs “ligature-free”
- ▶ Evaluated different environments for applicability
- ▶ Increased alignment with CMS

Must be ligature resistant:
Inpatient psychiatric units, in both psychiatric and general/acute care hospitals, dedicated spaces in the Emergency Department

Not required to be ligature resistant:
But are required to have conducted an environmental risk assessment, steps, protocols, safeguards, etc. in place to protect suicidal patients:
EDs, general med/surg inpatient units, residential, partial hospitalization, day treatment, intensive outpatient programming

Scoring

- ▀ Scoring may vary depending on situation
 - Immediate Threat to Health or Safety vs. Condition Level
 - Identification prior to the survey
 - Mitigation plan and implementation
 - Plan of correction
- ▀ Score at EC.02.06.01 EP1
- ▀ CoP 482.13 (vs 482.41) (Patient Rights vs Physical Environment)
- ▀ The following elements must be in place in order for the Survey team to consider lowering findings from CLD to SLD
 - Risk Assessment – complete and comprehensive prior to survey
 - Appropriate Mitigation – Both clinical and physical environment
 - Physical Environment Corrections have started – Invoices, Purchase Orders, Construction Contracts

Design

- ▀ Designated Behavioral Health
- ▀ Preferred Behavioral Health
 - Emergency Department
 - Bathrooms
- ▀ Non-Designated Behavioral Health

Survey Evaluation: Ligature Issues

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Survey Evaluation

■ Patient Room

- Solid Ceiling
- Bed
- Light Fixtures
- HVAC Vents
- Tamper Proof Screws
- Sprinkler Heads
- Bathroom Fixtures (plumbing, toilet paper dispensers, paper towel dispensers, etc.)
- Grab Rails
- Full-size doors and hardware
- Curtains (Privacy, Window Treatment, and Shower)
- Medical Gases
- Medical Devices



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Survey Evaluation

Corridor

- Grab Rails
- Corridor Doors and Hardware
- Fire/Smoke Barrier Doors and Hardware
- Security Doors and Hardware
- Light Fixtures
- HVAC Vents
- Tamper Proof Screws
- Sprinkler Heads
- Life Safety Devices: exit signs, audio/visual devices, medical gas shut-off, etc.

EXPERT PANEL RECOMMENDED EXCEPTIONS

1. Visibility from Nurses Station: only applicable to ceiling tiles, no other ligature risks.
2. Nurses Station: not accessible to patients and continuously staffed; not required to be ligature resistant within the nurses station.

FAQ

Inpatient Ceilings

- Patient Rooms/Bathrooms: Solid ceiling to prevent access
- Corridors: dropped ceilings are allowed in corridors & common areas where staff are regularly present as allowable by the facility's safety risk assessment
- "Regularly present" means part of their standard monitoring procedures

Survey Evaluation

Common Areas

- Therapy Room
- Day Room
- Restrooms/Bathroom
- Laundry Room

EXPERT PANEL RECOMMENDED EXCEPTION

Not required to be ligature resistant if all of the following are met:

1. Self-closing door
2. Self-locking door
3. When occupied by patients is directly observed by staff from within the room

Still identify on Risk Assessment

Non-designated [i.e. Emergency Department (not all), medical units, etc.]


- Risk Assessment
- Policy/Procedure – guidance for staff
- Mitigate based on risk of patient

FAQ

Shower Curtains

Curtains used as bathroom door replacement

- Risk documented on environmental risk assessment
- Monitoring of any high risk patients near the curtain or the area where the risk is present

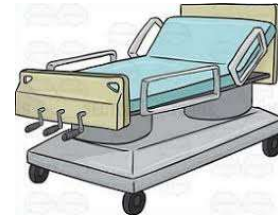
 The Joint Commission will not advise nor recommend any particular type of shower curtain, all shower curtains are considered a risk

FAQ

Medical Beds

For patients who require medical beds that have ligature points, there must be appropriate mitigation plans and safety precautions in place

- Identification of risks that bed poses
- Policies/procedures for use
- Documented need in patients' medical records
- Safety provisions must be considered for all patients who could be at risk for suicide



FAQ

Contraband/Prohibited Items

The Joint Commission does not determine the items to be prohibited from an inpatient psychiatric unit. Items that are prohibited to be brought into organizations, due to the risk of harm to self or others, should be determined by the organization. Compliance of such safety measures is based upon organizational policies/procedures, individual care plans, and applicable state rules or regulations.



Ligature Update

- ▶ Assure risk assessment conducted
- ▶ Action to implement plan
- ▶ Cite all ligature risks
- ▶ **Guidance** documents....
- ▶ See also 2014 FGI Guidelines
 - Referenced at EC.02.06.05 EP1
- ▶ VA Guidelines



PATIENT SAFETY STANDARDS, MATERIALS AND SYSTEMS GUIDELINES

Recommended by the
NEW YORK STATE OFFICE OF MENTAL HEALTH

With respect to NYS-OMH operated facilities, these Guidelines apply solely to new construction and major renovation projects. Existing facilities should use these Guidelines as a reference document whenever they make improvements.

April 2016

Edition 7.



**Design Guide
for the
Built Environment
of Behavioral
Health Facilities**



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Ligature Risks – Other Reading

- ▶ CMS S&C letter 18-06, December 08, 2017
- ▶ *The Joint Commission Perspectives*
 - From the Expert Panel Meetings:
 - November, 2017
 - January, 2018
 - February, 2018
 - March, 2018
 - July 2018

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Ligature Issue Corrections

- ▶ If Ligature issued discovered on survey
 - Scored at EC.02.06.01 EP-01
 - Have 60 days to correct
 - If not possible to correct, contact Account Executive (AE) for next steps in Corrective Action.

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Ligature Facility Extension Request (LFER)

The Joint Commission
Connect™ / SOC Statement of Conditions

Logged-in, Mock 11 - Your Name: [Exit Application](#) | [Select Hco](#)
The Name of the HCO
Address
City, State, Zip
HCO ID: 99999

BBI PFI Survey Related PFI Time Limited Waiver / Equivalency **Ligature Facility Extension Request**

Ligature Facility Extension Request

Listing all of Ligature Facility Extension Request Items:

LFER ID	Facility Type	Deemed	Survey End Date	Submitted Date	Clinician Approved	Engineer Approved	Submit To CMS	Status	Action
No records available.									

Now Available!



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Environment of Care® News

This monthly publication provides up-to-date, practical, and accurate advice on Joint Commission environment of care, emergency management, and life safety standards. Stay on top of information from the Centers for Medicare & Medicaid Services (CMS), National Fire Protection Association (NFPA), and other regulating bodies that affect Joint Commission standards—and your compliance activities in your health care organization.

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Joint Commission Vision

All people always experience the safest, highest quality, best-value health care across all settings.



In The News

- ▶ Clinician groups welcome Joint Commission's guidance on addressing hospital violence

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Questions?

Pete Jaroscak ,LSC Surveyor
pjaroscak@jointcommission.org
pete.jaroscak@gmail.com
Cell: 612-804-4715



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