Most Cited Standards, 2017 - # 5 & # 6

<table>
<thead>
<tr>
<th>Standard</th>
<th>2017 Rank</th>
<th>% Non-compliant</th>
<th>EP</th>
<th>Summary</th>
</tr>
</thead>
<tbody>
<tr>
<td>EC.02.06.01</td>
<td>5</td>
<td>66%</td>
<td>1</td>
<td>Safe environment, including ligature risks, stained ceiling tiles, mismanaged pull cords</td>
</tr>
<tr>
<td></td>
<td></td>
<td>13%</td>
<td>26</td>
<td>Furniture and equipment</td>
</tr>
<tr>
<td>LS.02.01.30</td>
<td>6</td>
<td>30%</td>
<td>7</td>
<td>Building and fire protection general requirements: Fire-rated door</td>
</tr>
<tr>
<td></td>
<td></td>
<td>18%</td>
<td>10 (new 14)</td>
<td>Building and fire protection general requirements: Barrier Penetrations</td>
</tr>
</tbody>
</table>

EC.02.06.01 – not considered ‘art’
LS.02.01.10 – EP-14 – Barrier Penetrations

(Images of barrier penetrations)

LS.02.01.10 – EP-14 – Barrier Penetrations

(Images of barrier penetrations)

LS.02.01.10 – EP-14 – Barrier Penetrations

(Images of barrier penetrations)
Most Cited Standards, 2017 - # 7 & # 8

<table>
<thead>
<tr>
<th>Standard</th>
<th>2017 Rank</th>
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<th>Summary</th>
</tr>
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<tbody>
<tr>
<td>EC.02.02.01</td>
<td>7</td>
<td>42%</td>
<td>5</td>
<td>Minimize risks with hazardous chemicals</td>
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<tr>
<td></td>
<td></td>
<td>20%</td>
<td>12</td>
<td>Hazardous materials and waste labeling</td>
</tr>
<tr>
<td>EC.02.05.05</td>
<td>8</td>
<td>52%</td>
<td>6</td>
<td>ITM of non-high risk utility equipment</td>
</tr>
<tr>
<td></td>
<td></td>
<td>12%</td>
<td>5</td>
<td>ITM of infection control utility equipment</td>
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Most Cited Standards, 2017 - # 9 & # 10

<table>
<thead>
<tr>
<th>Standard</th>
<th>2017 Rank</th>
<th>% Non-compliant</th>
<th>EP</th>
<th>Summary</th>
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<tr>
<td>LS.02.01.20</td>
<td>9</td>
<td>32%</td>
<td>11</td>
<td>Means of egress clear and unobstructed</td>
</tr>
<tr>
<td></td>
<td></td>
<td>18%</td>
<td>1</td>
<td>Locking arrangements</td>
</tr>
<tr>
<td>EC.02.05.09</td>
<td>10</td>
<td>37%</td>
<td>6</td>
<td>Medical gas cylinder management</td>
</tr>
<tr>
<td></td>
<td></td>
<td>25%</td>
<td>5</td>
<td>Medical gas shut off valves labeled and accessible</td>
</tr>
</tbody>
</table>

LS.02.01.20 EP 11 Corridor Clutter
Top 10 Disparate LSC Categories for all Program Types and AO’s:
- Fire / Smoke Barriers
- Sprinklers
- Hazardous Areas
- Electrical
- Doors
- Fire Plan
- Emergency Lights
- Construction
- Fire Drill
- HVAC
Emergency Management Update (EM)

EM: Conclusions from Emergencies

- Major Issues Began to Surface:
  - Problems with Communication
  - Inadequate emergency generator backup
  - Faulty Incident Command Systems
  - Lack of Involvement with Emergency Operations Center (EOC)
  - The extent of an organization’s planning is dictated by the impact of their worst recent disaster

- TJC creates EM Chapter
- CMS creates Final Rule, 2016

CMS Emergency Management Rule

- Structure
  - Emergency Plan
  - Policies & Procedures
  - Communication Plan
  - Training and Testing
  - Emergency and Standby Power Systems
  - Integrated Healthcare Systems (option)
  - Transplant Centers (Hospitals only)
Chapter Outline

- Foundation for the Emergency Operations Plan [EM.01.01.01]
- The Emergency Operations Plan (EOP)
  - General Requirements [EM.02.01.01]
  - Specific Requirements
  - Six Critical Areas [EM.02.02.01-EM.02.02.11]
  - Disaster Volunteers [EM.02.02.13-EM.02.02.15]
- Evaluation
  - Evaluating the planning activities [EM.03.03.01]
  - Evaluating the Emergency Operations Plan through exercises [EM.03.03.03]

Six Critical Areas

1. Communication [EM.02.02.01]
2. Resources & Assets [EM.02.02.03]
3. Safety & Security [EM.02.02.05]
4. Staff Responsibilities [EM.02.02.07]
5. Utilities Management [EM.02.02.09]
6. Patient, Clinical & Support Activities [EM.02.02.11]
EM.01.01.01

- Hazard vulnerability analysis (HVA)
  - Documented

- Identify potential emergencies
  - Within the organization and community
  - Affect on demand for services
  - Ability to provide services
  - Likelihood of occurring
  - Consequences
  - Site specific: one or many

---

EM.01.01.01

- Hazard Vulnerability Analysis (HVA)
  - Documented inventory of resources & assets, not limited to the following:
    - Fuel
    - Personal Protective Equipment (PPE)
    - Water
    - Medical/surgical supplies
    - Medication
    - Other

---

EM.01.01.01 - Community Engagement

- Determine which community partners are critical to helping define priorities in its HVA
  - Community partners *may include*
    - Other health care organizations
    - The public health department
    - Vendors
    - Community organizations
    - Public safety officials
    - Public works officials
    - Representatives of local municipalities
    - Other government agencies
EM.02.01.01

- The hospital’s Emergency Operations Plan (EOP) is designed to coordinate six functional areas during an emergency
- See Standards EM.02.02.01 - EM.02.02.11:
  - Communications
  - Resources and assets
  - Safety and security
  - Staff responsibilities
  - Utilities
  - Patient clinical and support activities

EM.03 - Planning Evaluation

- Conduct annual reviews
  - Hazard vulnerability analysis (HVA)
  - Objectives and scope of the EOP
  - Inventory of resources and assets
  - Each documented

EM.03 - Exercises

- For each site that offers emergency services or is a community designated disaster receiving station
  - At least one of the two includes an influx of simulated patients
  - Tabletops not permitted
  - Can be conducted with escalating events and community-wide exercises
New – EM.04.01.01
- Deemed status purposes only
- Optional for all settings
- Applies to organizations that choose to be members of their systems’ integrated EM program.
- New standard with 3 EPs

January and March, 2018
Elements of Performance Revisions and Modifications
Alignment with CMS K-tags
Based on NFPA 101-2012 and NFPA 99-2012

Standards and EP Production for CMS
LS / EC - K-Tags

<table>
<thead>
<tr>
<th>Standards Production, K-Tags</th>
<th>CMS Review Process</th>
<th>Final EP's Release Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sept. 02, 16 – March 29, 2017</td>
<td>March 31, 2017 – February, 2018</td>
<td>March, 2018</td>
</tr>
</tbody>
</table>

K-Tags, etc. PUBS - schedule, Pt. 2
July 24, 2017 - Dec. 22, 2017
Field notification, non-deemed programs
July 06, 2017 - Dec. 20, 2017
How Many EPs were touched

<table>
<thead>
<tr>
<th>Chapter</th>
<th>NEW</th>
<th>MOVED</th>
<th>REVISED</th>
<th>REVISED &amp; MOVED</th>
<th>DELETED</th>
</tr>
</thead>
<tbody>
<tr>
<td>EC</td>
<td>29</td>
<td>31</td>
<td>22</td>
<td>8</td>
<td>0</td>
</tr>
<tr>
<td>LS</td>
<td>49</td>
<td>86</td>
<td>15</td>
<td>39</td>
<td>4</td>
</tr>
<tr>
<td>TOTALS</td>
<td>78</td>
<td>117</td>
<td>37</td>
<td>47</td>
<td>4</td>
</tr>
<tr>
<td>TOTAL EP's Touched</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>283</td>
</tr>
</tbody>
</table>

LS.02.01.30 EP-13 (was EP-12) r – March, 2018

- In existing buildings, all corridor doors are constructed to resist the passage of smoke and … (No Change)
- Note: For existing doors, it is acceptable to use a device that keeps the door closed when a force of five pounds is applied to the edge of the door.
- 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 pounds 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.
- (continued...)
Note 2: For hospitals that use Joint Commission accreditation for deemed status purposes: Doors to toilet rooms, bathrooms, shower rooms, sink closets, and similar auxiliary spaces (except pantries) that do not contain flammable or combustible materials are not required to have a device capable of keeping the door fully closed if a force of 5 pounds is applied at the latch edge. In these cases, roller latches on these doors that keep a door closed when a force of 5 pounds is applied are permissible.

Physical Environment as a Priority

- The needs of the organization cannot be met if the physical environment fails
- Facilities staff must understand the current physical environment requirements, which may be difficult to achieve with the current building technologies
- Facilities must partner with Leadership in managing the infrastructure

Legionella – quickly....
Legionella

- Ref: S&C 17-30-Hospitals/CAHs/NHs
- June 02, 2017
- Training: September 22, 2017
- Article in EC News – Sept 2017 – starting on page 6
- EC.02.05.01

16. The hospital minimizes pathogenic biological agents in cooling towers, domestic hot and cold water systems, and other amoebic water systems. ☑

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Survey Expectations...

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LIGATURE UPDATE
Ligature Update

- Start with Risk Assessment
  - Even on "Ligature Resistant" items
- Evaluate the Environment for Self-Harm Risk
  - Risk assessment = might be CLD, not automatic
  - No Risk Assessment = might be IT
- Observation @ 1:1

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 EP

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
Ligature Facility Extension Request (LEFR)

- Ligature / Self-Harm Risks that result with a Condition Level for Deemed Status organizations will receive a Medicare Deficiency Follow-up Survey (CLD01 – MedDef)
- If not cleared at time of MedDef a Secondary MedDef will be scheduled (AFS08)
  - Removed (permanent solution)
  - Replaced
  - Risk Assessed and Mitigated – where permitted only
- Non-deemed may result in an Accreditation with Follow-up Survey (AFS)

Submitted to HCO’s Account Executive (AE) Deemed and Non-Deemed
- Rout to SIG-Clinical and Engineering for review and approval
- If rejected, conference call might be coordinated to determine an acceptable Plan of Correction/Mitigation
- Evidence of Standards Compliance (ESC) will be accepted based on a Joint Commission “Recommended for Approval” LFER for Deemed and a Joint Commission Accepted SPFI/TLW for Non-Deemed.

Deemed: Approximately 1 week prior to the Secondary MedDef the Account Executive will contact the HCO to determine if all ligature / self-harm deficiencies will be resolved.
- Yes – Secondary MedDef will occur
  - If additional findings or deficiencies are not cleared, MedDef process will start over (CLD01)
- No – Secondary MedDef Postponed (Validation Survey)
  - Account Executive (AE) will work with the HCO

Non-Deemed will follow the same LEFR process as Deemed with the exception of the MedDef process.
PHASE 1

PHASE 2 – COMING LATER 2018
Phase 2 will be used for Deemed and Non-Deemed Organizations

Statement of Conditions - Update

Statement of Conditions - Terms

- BBI: Basic Building Information
  - Sites are populated by eApp (electronic application)
    - BBI: Plan For Improvement
      - Extensions
    - SPFI: Survey-Related Plan For Improvement
    - TLW: Time Limited Waiver
  - Equivalency:
    - Traditional or FSES (Fire Safety Evaluation System)
    - Ligature Facility Extension Request (LFER)
Statement of Conditions

- All RFIs will have a 60 day ESC from the last day of survey.
  - If a National Fire Protection Association (NFPA) Code, physical environment deficiency that is scored under **LS (NOT EC)** that cannot be resolved within the 60 day ESC, no later than **30 days** from the last day of survey the organization must submit for a SPFI and a TLW for.
    - If the organization is planning on submitting an equivalency, the SPFI and TLW may be submitted prior to the submission of the equivalency. The organization’s SPFI and TLW request should consider the time to develop and approve an equivalency.
    - Once the Joint Commission approves an equivalency it will be documented in the organization’s History/Audit Trail and then sent to CMS for approval (if applicable).

- The organization does not need to have an approved SPFI or TLW for the ESC submission. They just need to be submitted.
- Follow-up surveys need to either show:
  - The RFI has been corrected
  - A submitted SPFI and TLW
- TLWs and Equivalencies are only sent to CMS for deemed status HCOs

Time Limited Waiver (TLW)

- A Time Limited Waiver is a process to provide additional time to complete Life Safety Chapter corrective actions
- Organizations that use Joint Commission accreditation for deemed status purposes are to follow this process:
  - Create a Survey-related Plan For Improvement (SPFI)
  - Enter the requested date in the Scheduled Completion Date field
  - When prompted, complete the Time Limited Waiver form
  - Submit to the Joint Commission
- The Joint Commission will review and forward the request to the Regional Office for final decision
- Non-deemed organizations: process same, stops at TJC
CMS & Equivalencies

Organizations that use Joint Commission accreditation for deemed status purposes: Survey-related equivalencies will continue to be submitted to our offices

- The Engineering staff will work with the organizations until the request is acceptable by both TJC and CMS RO
- CMS requires that an existing equivalency be recited and resubmitted at the triennial survey.

August 2016 Perspectives

Tools & Resources

Joint Commission Physical Environment Portal
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Ligature Issue Corrections

- If Ligature issue 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.