
The Joint Commission Update



ALABAMA
SOCIETY FOR
HEALTHCARE
ENGINEERING

Jim Kendig
Field Director
May 11, 2023

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Topics /
Learning
Objectives

**WHAT'S NEW &
PRIORITIES'**

**SCORING TRENDS IN
EC & LS**

**TEMPERATURE AND
HUMIDITY**

Topics / Learning Objectives (cont.)

INTERIM LIFE SAFETY
MEASURES (ILSM)

↓
CONFUSING EXITS & RPTS

↓
PHE – SENTINEL EVENTS –
HOSPITAL WITHIN A HOSPITAL

The Joint Commission

What's new

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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) and requirements developed by CMS that healthcare organizations must meet to participate in federal-funded healthcare. In total, there are 24 CMS CoPs including a COVID-19 update implementation requirement of care.

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.

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

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
- Align 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, contracting a parking, visiting clinic, ambulatory care, infection, emergency management and safe events, etc.

The Joint Commission

Life Safety Code® (NFPA 101-2012) Alcohol-Based Hand Rub (ABHR) Dispensers

- ABHR dispensers are protected in accordance with Section 8.7.3.1 unless all the following conditions are met:
 - Corridor is at least 6 feet wide.
 - An ABHR dispenser must be installed so that the bottom of the dispenser is at least 42 inches but not more than 48 inches above the finished floor.
 - Maximum individual dispenser capacity is 0.32 gallons (0.53 gallons in suites) of fluid and 18 ounces of Level 1 aerosols.
 - Dispensers have at least a 1-foot horizontal spacing between them.
 - Not more than an aggregate 10 gallons of fluid or 1,135 ounces of aerosol are used in a single smoke compartment outside a storage cabinet, including one individual dispenser per room.
 - Storage of more than 5 gallons in a single smoke compartment complies with NFPA 30: Flammable and Combustible Liquids Code.
 - Dispensers are not installed within 1 inch of an electrical receptacle, switch, device, appliance, or other ignition source.
 - Dispensers are not installed directly above an electrical outlet.
 - Dispensers above carpeted floors are in sprinklered smoke compartments.
 - ABHR does not exceed 95% alcohol.
 - Operation of the dispenser complies with Section 18.19.3.2.0(11).
 - ABHR is protected against tampering per Section 18.19.3.2.6 and 42 CFR Parts 403, 418, 460, 482, 483, and 485.

Life Safety Code® is a registered trademark of the National Fire Protection Association, Quincy, MA. Dispensers are required wherever it is the bottom of the dispenser is not less than 42 inches (1067 mm) and not more than 48 inches (1219 mm) above the finished floor.



• Safety Briefing

4 From the Field Directors—The Joint Commission Adds a Safety Briefing to the Survey Process: Effective January 1, 2023, surveyors expect accredited or certified organizations to answer questions about pressing safety issues in their facilities.

It is with this in mind that effective January 1, 2023, we are asking our accreditation and certification customers to provide a Safety Briefing to the assigned surveyors or reviewers. The purpose of this briefing is for your organization to inform surveyors or reviewers of any current safety or security concerns and how Joint Commission staff should respond if your safety plans are implemented while they are on site.

LEADERSHIP

- LEADERSHIP TRANSITION

- Dr Jonathan Perlin – New CEO – March 2022
- EVP/COO transition plan

- PRIORITIES

- Health Care Equity
- Environmental Sustainability
- Workforce
- Standards Simplification

PRIORITIES

LD.04.03.08

Healthcare Equity Standard Effective Jan 2023 LD.04.03.08: Reducing health care disparities for the hospital's patients is a quality and safety priority.

- Elements of performance
 - Designating a leader
 - Assessing health-related social needs
 - Stratifying quality and safety data
 - Creating an action plan
 - Evaluating the action plan
 - Keeping stakeholders informed
 - Becomes NPSG July 2023
 - Health Care equity Certification Launch July 2023

Environmental Sustainability/Decarbonization

CMS role

- Created Climate Control and Health Equity

TIC role

- External
 - Convening Decarbonization Technical Advisory Panel
 - Decarbonization project has two components:
 - Review existing standards and survey methods to identify ways we may contribute to waste and CO2 emissions
 - Identify possible new standards for organizations to reduce waste and CO2 emissions
- Internal
 - Committed to the White House Decarbonization Pledge
 - The Joint Commission has an internal sustainability work group that is identifying other opportunities to further this goal



- Challenges
 - Staff burnout and recruitment & retention
 - Healthy work environment
- Joint Commission support
 - National Taskforce and Think Tank
 - Physician resilience work
 - Collaboration with Academics
 - Assess staffing adequacy based on existing standards



Review each requirement to determine if they:

- Effectively address an ongoing quality and safety issue
- Are not redundant with other requirements
- Have not evolved with contemporary practice
- Require more time and resources to comply with the requirement than the estimated benefit to patient care and health outcomes

Timeline

- Review complete by Dec 2022
- Implement Jan 2023
- Manual updates Feb 2023
- Next steps

• EC and LS Standards Impacted (so far..)



Physical Environment Requirements Deleted – February 19, 2023

- First part of this initiative resulted in deletion of below EPs
- EC.02.01.03, EP 1 redundant to LS.02.01.70, EP 1
 - LS.02.01.40, EP 2 redundant with other "catch-all" EPs

HAP and CAH Standard EC.02.01.03: The hospital prohibits smoking except in specific circumstances.

- EC.02.01.03, EP 1: The hospital develops a written policy prohibiting smoking in all buildings. Exceptions for patients in specific circumstances are defined.

• **Note:** The scope of this EP is concerned with all smoking types—tobacco, electronic, or other.

AMB Standard EC.02.01.03: The organization prohibits smoking.

- EC.02.01.03, EP 1: Smoking is not permitted in the organization.

• **Note:** The scope of this EP is concerned with all smoking types—tobacco, electronic, or other.

HAP and CAH Standard

- LS.02.01.40: The hospital provides and maintains special features to protect individuals from the hazards of fire and smoke.
- LS.02.01.40, EP 2: The hospital meets all other Life Safety Code** automatic extinguishing requirements related to NFPA 101-2012: 18/19.4.2.

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SCORING TRENDS

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Reminder – SAFER definition *(Perspectives Jan 2017)*

Revised: SAFER™ Matrix Effective January 1, 2017 (continued)
Continued from page 7

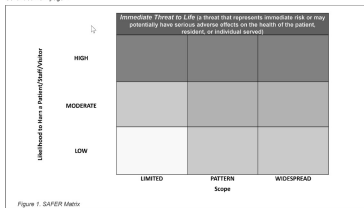
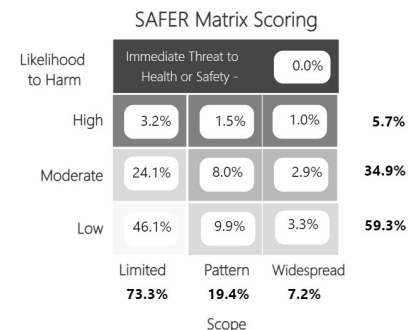
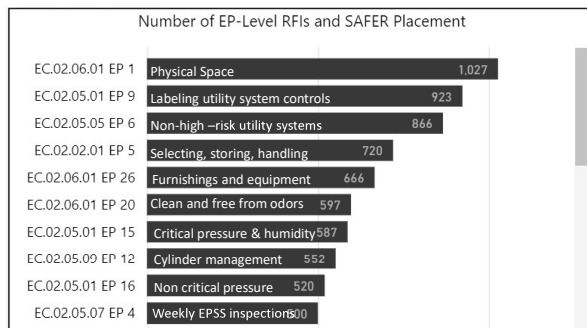


Figure 1. SAFER Matrix

- **High**—Occurrence of harm is likely; that is, the finding could directly lead to harm without the need for other significant circumstances or failures.
- **Moderate**—Occurrence of harm is possible; that is, the finding could cause harm directly but is more likely to cause harm as a contributing factor in the presence of special circumstances or additional failures.
- **Low**—Occurrence of harm is rare; that is, the finding undermines safety/quality or contributes to an unsafe environment but is very unlikely to directly contribute to harm.
Operational definitions along the x axis—“Scope”—are as follows:
 - **Widespread**—Issue is described as “pervasive at the organization”; that is, the finding is the result of a process or systemic failure and could impact a majority of patients.
 - **Pattern**—Issue is described as having the potential to “impact more than a limited number of patients impacted”; that is, the finding involves process variation.
 - **Limited**—Issue is described as a “unique occurrence”; that is, the finding is considered an outlier and not representative of routine or regular practice.

Top Ten Environment of Care Findings

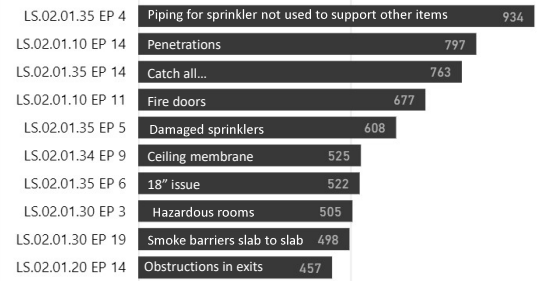
01/01/2022 – 12/31/2022 HAP/CAH EC



Top Ten Life Safety Findings

01/01/2022 – 12/31/2022 HAP/CAH LS

Number of EP-Level RFIs and SAFER Placement



SAFER Matrix Scoring

Likelihood to Harm	Immediate Threat to Health or Safety -			
	Limited Scope	Pattern Scope	Widespread Scope	
High	0.7%	0.2%	0.1%	0.9%
Moderate	14.3%	3.0%	1.0%	18.4%
Low	69.7%	9.4%	1.6%	80.7%
	Limited Scope 84.7%	Pattern Scope 12.6%	Widespread Scope 2.7%	

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

2022	2021	2020	2019	2018	2017	2016	2015	2014
17.64	15.5	14.01	17.04	16.33	13.13	10.96	11.17	10.52

↑ COVID

SAFER & "See it / Cite it"

"C" Category & OFI's

Temperature and relative humidity in the OR environment

Based upon
NFPA Code
Requirements

When the space was built or approved...

Guidelines for Design and Construction of Hospitals, 2018 (NEW), published by the Facility Guidelines Institute (EC.02.06.05 EP1).

S&C Memos

- 4/19/2013 S&C: 13-25-LSC & ASC
- 2/20/2015 S&C: 15-27 Hospital, CAH, ASC
- Requires 'risk assessment' of supplies and equipment...
 - Surgical lights
 - Bovie



Memorandum Summary

- Information on OR RH** is provided for Ambulatory Surgical Centers (ASCs) & Supplemental Information for Hospitals & Critical Access Hospitals (CAHs) Using the Categorical Waiver of Life Safety Code (LSC) Anesthetizing Location RH Requirements
 - The Association for the Advancement of Medical Instrumentation (AAMI) coordinated the release on January 5, 2015 of a Joint Communication of multiple healthcare-related organizations on how a RH of <30% in ORs may affect the performance of some sterile supplies and electro-medical equipment.
- S&C 13-25-LSC & ASC** permits hospitals and CAHs to use a LSC categorical waiver to establish an RH level <35% in anesthetizing locations. Before electing or continuing to use this categorical waiver, hospitals and CAHs are expected to ensure that the humidity levels in their ORs are compatible with the manufacturers' instructions for use (IFUs) for the supplies and equipment used in that setting.
- ASCs do not require a categorical waiver** in order to use a lower RH level in their ORs but also need to ensure they comply with the IFUs for their OR supplies and equipment.

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services

Memorandum
Reference: 15-27-14
Release Date: 02/20/15

Center for Clinical Standards and Quality/Survey & Certification Group

DATE: February 20, 2015 Ref: S&C 15-27 Hospital, CAH & ASC

TO: State Survey Agency Directors

FROM: Director, Survey and Certification Group

SUBJECT: Potential Adverse Impact of Lower Relative Humidity (RH) in Operating Rooms (ORs)

Memorandum Summary

- Agreement on **OR RH** is provided for Ambulatory Surgical Centers (ASCs) & Supplemental Information for Hospitals & Critical Access Hospitals (CAHs) Using the Categorical Waiver of Life Safety Code (LSC) Anesthetizing Location RH Requirements
 - The Association for the Advancement of Medical Instrumentation (AAMI) coordinated the release on January 5, 2015 of a Joint Communication of multiple healthcare-related organizations on how a RH of <30% in ORs may affect the performance of some sterile supplies and electro-medical equipment.
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- ASCs do not require a categorical waiver** in order to use a lower RH level in their ORs but also need to ensure they comply with the IFUs for their OR supplies and equipment.

The Centers for Medicare & Medicaid Services (CMS) previously issued a categorical waiver via S&C 13-25-LSC & ASC, which permits hospitals and CAHs with new and existing ventilated critical operating rooms (ORs) to operate with a RH level of 20% or greater in accordance with American Society for Heating, Refrigerating, and Air Conditioning Engineers (ASHRAE) Standard 170, Ventilation of Health-Care Facilities. Lowering the required minimum RH level to 30% was intended to provide adequate humidity levels for

Can temperatures be outside of established range in operating rooms?

• Any examples are for illustrative purposes only.

The Joint Commission references NFPA 99-2012 [Chapter 9](#), that requires the use of ASHRAE 170-2008, Ventilation Table 7-1. This document provides allowances to exceed minimum temperature ranges. To use this exception, it must be done by following the established [organizational policy](#). In accordance with the allowances, the policy or formal process must be limited to cases based on [either surgeon, patient, or procedure](#). It is not acceptable to consistently maintain temperatures outside of the required ranges

• This is not a blanket exception but one to be used on a case-by-case basis. Once the surgical procedure has been completed the temperature is to be returned to the normal range. Additionally, when the temperature is temporarily adjusted outside of the established range, there is still an expectation that relative humidity levels remain below 60%.

Reference EC.02.05.01 EP 15

Temperature

- The recommended temperature range in an operating room is **between 68°F and 75°F**. (FGI 170-2008)
- CENTRAL MEDICAL AND SURGICAL SUPPLY
 - Temperature range 72 to 78 F

Excursions

- For critical spaces, to include operating rooms, standard EC.02.05.01 EP 15 uses the 2008 ASHRAE 170, Ventilation Table 7-1.
- Note "I" has an allowance to deviate from the prescribed temperature ranges. It states, "*lower or higher temperature shall be permitted when patients' comfort and/or medical conditions required those conditions.*"
- Note "o" states, "*Surgeons or surgical procedures may require room temperatures, ventilation rates, humidity ranges, and/or air distribution methods that exceed the minimum indicated ranges.*"
- As a result, these notes indicate that organizations may take allowances to meeting the range requirements however these are not blanket allowances but based on specific patient, surgeon and or procedure requirements. This is inferred by Note "o" as the guidance begins with "Surgeons or surgical procedures"

INTERIM LIFE SAFETY MEASURES (ILSM)

ILSM Cautions...

Do not be overly onerous...

Does everyday mean 7 days a week?

Who needs to know – keep it simple!

Fire drill apathy...

Tied to ILSM is Fire Watch...

State and local requirements

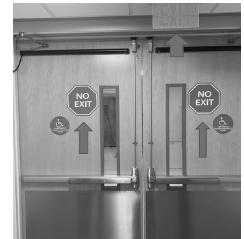
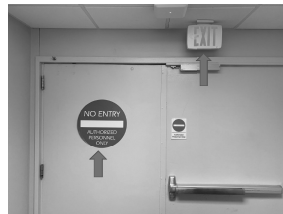
NFPA requirements

OSHA requirements

CONFUSING EXITS?

LSCSs want you to know cont.....

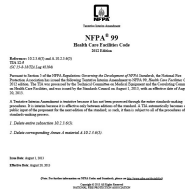
- Let's talk about EXIT signs and 'other signs...'



RPTs?

RPT'S

– Let's start with the NFPA requirements (NFPA 99-2012)



TIA 12-5 August 2013

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.

EXAMPLES...

– An example of not acceptable - 'RPT on a stick'

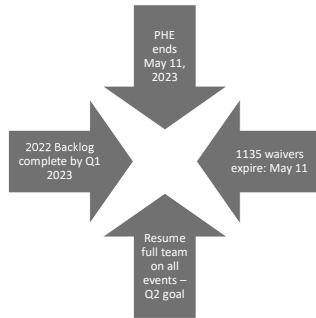


– Example of an 'assembly'



PHE STATUS

• Public Health Emergency (PHE)



Sentinel Events (EC related)

Top 10 Frequently Reviewed Sentinel Events, 2022

Patient falls were the most prevalent sentinel event type reviewed in 2022 (n=411) – an increase from 403 reviewed falls in 2021.

Top 10 Leading Reviewed Sentinel Event Types (CY2022)

Event Type	n	% of Total
Fall	411	34%
Loss of equipment	88	8%
Unintended retention of a foreign object	88	8%
Wrong surgery*	82	7%
Suicide	73	6%
Abuse/neglect/sexual assault/procure	60	5%
Fire/burns	59	5%
Retention event	58	5%
Self-harm	50	4%
Medication management	50	4%

*Wrong surgery includes wrong site, wrong procedure, wrong patient, and wrong implant.

- Sexual abuse/assault of any patient receiving care, treatment, and services while on site at the organization or while under the care or supervision of the organization
- Sexual abuse/assault of a staff member, licensed practitioner, visitor, or vendor while on site at the organization or while providing care or supervision to patients
- Physical assault (leading to death, permanent harm, or severe harm) of any patient receiving care, treatment, and services while on site at the organization or while under the care or supervision of the organization

- Suicide of any patient receiving care, treatment, and services in a staffed around-the-clock care setting or within 72 hours of discharge, including from the health care organization's emergency department (ED)

- Fire, flame, or unanticipated smoke, heat, or flashes occurring during direct patient care caused by equipment operated and used by the organization. To be considered a sentinel event, equipment must be in use at the time of the event; staff do not need to be present.

Hospital within a hospital (reminder)



Hospital within a hospital

- The host hospital has a tenant hospital within the hospital
 - For example, occupying a floor
- Survey process...
 - This space or 'floor' is surveyed during the host hospital's survey if both TJC accredited
 - If host is not TJC accredited a LSCS will be assigned to the tenant's survey

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