

# JOINT COMMISSION UPDATE

## The 2009 Standards

Susan B. McLaughlin



MSL HEALTHCARE CONSULTING, INC.

# 2009

- Emergency Management & *Life Safety Code*® compliance are stand alone chapters in accreditation manual
- Entire manual rewritten



# DATES

- Changes effective 1/1/09
  - Hospitals
  - Ambulatory care
  - Office-based surgery
  - Home care
- Changes effective 1/1/10
  - Behavioral health
  - Long term care
  - Laboratory



# HOWEVER...

- The *Life Safety Code*® chapter will also be implemented for Behavioral Health and Long Term Care programs in 2009.



# STANDARDS IMPROVEMENT INITIATIVE

- Re-sequencing
  - Standards, EPs, chapters
  - Logical flow
- Language clarification
- Reformatting
  - Avoid compound requirements & bullets
- Consolidation
- Deletions



# STANDARDS IMPROVEMENT INITIATIVE

- References
  - Related EPs in parentheses
- Documentation
  - “In writing,” “Written,” “Documented”
- More like “code language”
- “No new expectations”
- Any content changes will be made for 2010



# STANDARDS NUMBERING

EC.01.01.01

Chapter

Standard  
Number

Roman Numeral  
In Chapter Outline

Letter Under  
Roman Numeral  
In Chapter Outline



# STANDARDS NUMBERING: LS CHAPTER

LS.02.01.34

Chapter

Occupancy  
Type

02: healthcare  
03: ambulatory  
04: residential

Building  
Type

LSC  
Section

LSC  
Subsection



# SCORING

- Based on criticality of findings
  - Immediacy of impact of noncompliance on quality care & patient safety
  - No longer based on number of RFIs
  - Determines time for ESC (45 vs. 60 days)
- Category B eliminated
- *Life Safety Code*® compliance on same scale



# SOME THINGS REMAIN UNCHANGED

- Scoring scale
  - 2 = satisfactory compliance
  - 1 = partial compliance
  - 0 = insufficient compliance
- Category A
  - Structural or important requirements
  - Yes or No
- Category C
  - Rate-based



# CRITICALITY

## 1. Immediate Threat to Life

- Expedited PDA
- Validation survey
- If acceptable, change to Conditional
- Follow-up survey in 4-6 months
- Example: Inoperable fire alarms

## 2. Situational Decision Rules

- Specific situations
- PDA or Conditional
- 45 days for ESC
- Validation survey
- Example: Failure to make sufficient progress on PFI



# CRITICALITY

## 3. Immediate Impact Requirements

- Immediate impact on patient care
- 45 days for ESC
- Decision pending ESC
- Example: Non-compliant building type; 18 inch sprinkler clearance

## 4. Less Immediate Impact Requirements

- Less immediate risks to patient
- Risk increases with time
- 60 days for ESC
- Decision pending ESC
- Example: Planning & evaluation requirements



# SURVEY REPORT

- “Summary of Survey Findings” left on site  
– vs. “Accreditation Survey Findings Report”
- Includes standards and EPs not fully compliant
- Does not include accreditation decision
- Must respond to ALL findings
- Decision will be posted on extranet
- Final decision after approval of ESC



# PLANNING

EC.01.01.01





# SAFETY & SECURITY

EC.02.01.01



# SAFETY & SECURITY: EC.02.01.01

- Single function vs. separate
- Rationale includes medication security
- Proactive risk assessments
- Minimize or eliminate risks
- Maintenance of grounds & equipment
- Identification per hospital policy
- Product notices and recalls
  - Now includes medical equipment



# RISK ASSESSMENT

- Includes both Safety & Security
- Annual assessment of “high risk processes”
- Credible external sources, such as *Sentinel Event Alerts*
- Take action on identified risks
- Failures cited at EC.02.06.01, EP 1
  - “Interior spaces meet the needs of the patient population and are safe and suitable to the care, treatment, and services provided.”



# SAFETY & SECURITY

- Security sensitive areas
  - Access & egress control
- Security incident policies
  - Infant or pediatric abduction
  - Implemented in emergency
- Product notices and recalls
  - Now includes medical equipment



# IMMEDIATE IMPACT:

## EC.02.01.01

- (3): Action to minimize or eliminate risks in physical environment
- (8): Access to/from security sensitive areas
- (10): Follow procedures for security incidents



# SMOKING

- EC.02.01.03
- Smoking policies
- Patient permissions & cessation activities removed
- Fire risks to Fire Safety section of EC



# HAZARDOUS MATERIALS & WASTE

EC.02.02.01



# HAZMAT

- **Inventory**
  - Written and current
  - Materials used, stored, generated
  - Handling, use & storage addressed by law & regulation
- **Spills & Exposures**
  - Written procedures
  - PPE



# MINIMIZING RISKS

- Cradle to Grave Management
  - Selection
  - Handling
  - Storing
  - Transporting
  - Using
  - Disposing
  - Chemicals
  - Radioactive Materials
  - Hazardous Energy Sources
  - Hazardous Medications
  - Hazardous Gases & Vapors
  - Regulated Medical Waste\*

\* See Infection Control chapter



# HAZMAT

- Hazardous Energy Sources
  - Ionizing & non-ionizing radiation
  - Lasers
- Hazardous Medications
  - Chemotherapy
  - EPA P & U listed
  - Characteristic waste
    - Ignitable, corrosive, reactive, toxic
- Gases & Vapors
  - Glutaraldehyde
  - Ethylene Oxide
  - Nitrous Oxide (WAG)
  - Lasers
  - Cautery



# DOCUMENTATION

- Permits: Disposal
- Licenses: Radioisotopes & Radiation-Producing Devices
- Manifests: Waste Disposal
- MSDS: Hazardous Chemicals
  - Paper or electronic
- Labels: Contents & Hazards



# IMMEDIATE IMPACT:

## EC.02.02.01

- (4): Implements procedures for spills/exposures
- (6): Minimizing risks for radioactive material
- (7): Minimizing risks for hazardous energy sources
- (8): Minimizing risks for hazardous medications
- (9): Monitoring hazardous gases & vapors



# FIRE SAFETY

EC.02.03.01



# FIRE SAFETY

- Smoking relative to fire risks
- Free & unobstructed access to exits in business occupancies
- GONE: Review of proposed acquisitions
  - Bedding, draperies, furnishings, etc.



# FIRE RESPONSE PLAN

- Staff & LIPs
- Includes
  - When & how to sound fire alarms
  - Containment of smoke & fire
  - Use of fire extinguisher
  - How to evacuate



# FIRE DRILLS

- EC.02.03.03
- Unobstructed egress access in business occupancies
- Documented Critique Evaluates:
  - Fire Safety Equipment
  - Fire Safety Building Features
  - Staff Response
- Survey suggestion: take action on critique findings



# TESTING OF FIRE EQUIPMENT

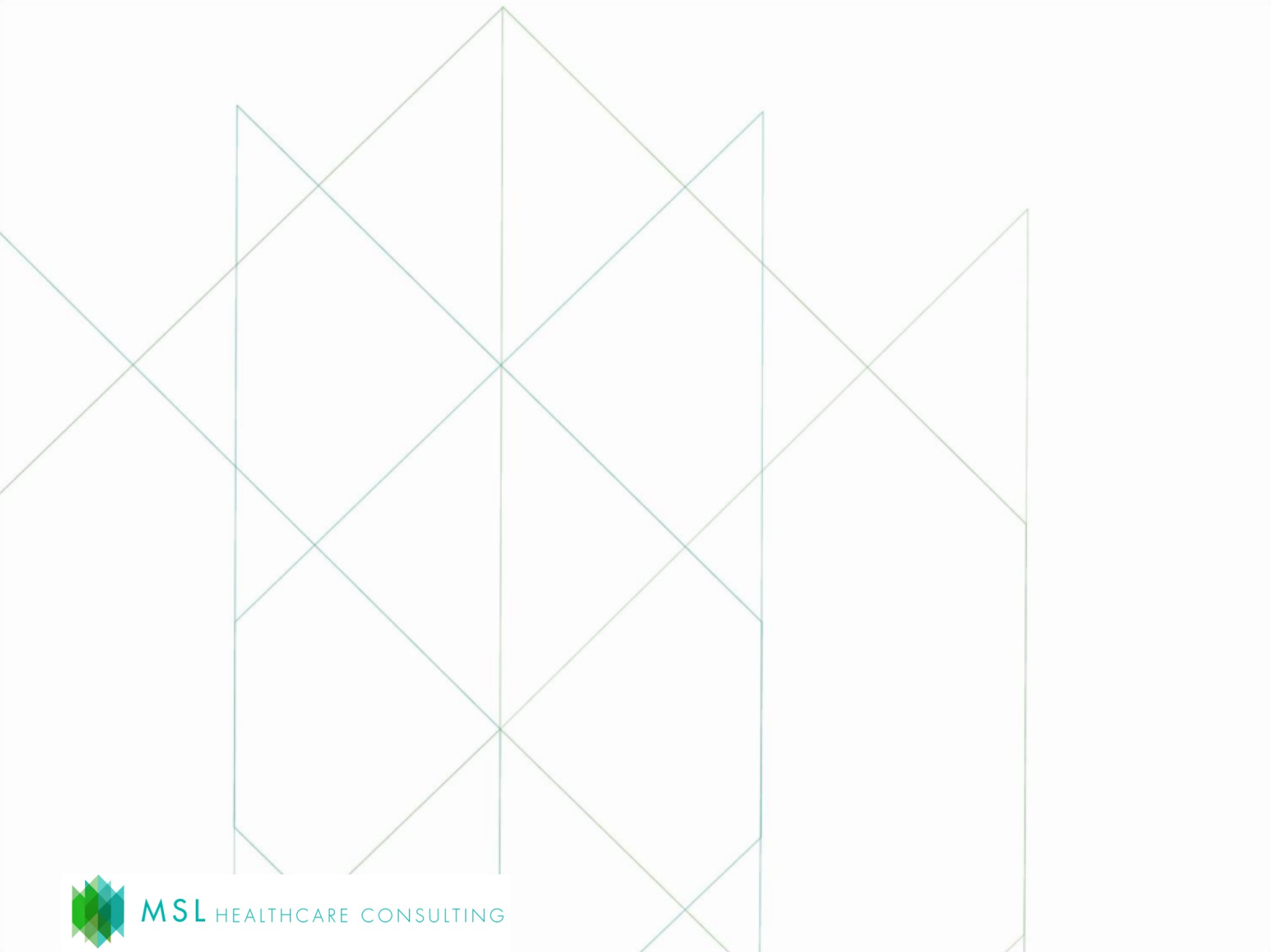
- EC.02.03.05
- Documentation is emphasized
  - Third party documentation
- Damper testing
  - 1 year post installation (after 1/1/08)
  - 6 years thereafter
  - Add 2 years to current cycle



# CORRIDOR CLUTTER

- “If it looks cluttered, it probably is.”
  - George Mills
- 30 minute parking rule
- In an emergency, crash carts & isolation carts in corridors must be moved
- COWs/WOWs may be charging in the corridor while in use





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# *LIFE SAFETY CODE*® ISSUES

- Rated doors must have legible labels on doors & frames
  - Missing labels may be equivalized
  - Third party testing & re-label
  - ILSMs in place for non-compliant door assemblies
- Fire stop – old existing applications
  - Installed consistent with original specifications
  - In acceptable condition



# *LIFE SAFETY CODE*® ISSUES

- Sprinkler heads not required in electrical distribution panel closets
- Do not use sprinkler piping to support wiring or anything else



# MEDICAL GAS STORAGE

- Using 2005 edition of NFPA 99 for this issue only
- 12 cylinders in storage per smoke compartment
  - Not counting empties
  - On gurney or wheelchair is “in use”
    - But be reasonable



# IMMEDIATE IMPACT:

## EC.02.03.01

- (1): Minimize potential for harm
- (2): Minimize fire risk if smoking permitted
- (3): Free & unobstructed access to exits in business occupancies



# MEDICAL EQUIPMENT

EC.02.04.01



# MEDICAL EQUIPMENT

- **Selecting & acquiring medical equipment:**
  - “Input from individuals who operate and service” the equipment
- **Inspection, testing, & maintenance**
  - Reliability-centered maintenance as an additional strategy
  - Written procedures & frequencies
- **Written procedures for equipment failure**
  - Clinical & backup



# MONITORING CONDITIONS

- EC.04.01.01
- Medical or Laboratory equipment
  - Process
  - Monitoring



# THIRD PARTY DOCUMENTATION

- Must be available & accessible
  - Reasonable time frame
- Must be complete
- Failure could be scored at Leadership
  - Holding staff accountable



# TIME DEFINITIONS

- Daily, weekly, monthly, quarterly
  - Calendar references
- Bimonthly
  - Every other month (6 times annually)
- Semiannual
  - 6 months since last occurrence +/- 20 days
- Annual
  - One year since last occurrence +/- 30 days



# IMMEDIATE IMPACT: MEDICAL EQUIPMENT

- EC.02.04.01(6): Written procedures for medical equipment failure & emergency clinical intervention
- EC.02.04.03(1): Performance & safety testing prior to use
- EC.02.04.03(2): Life support equipment
- EC.02.04.03(4): Sterilizer testing
- EC.02.04.03(5): Dialysis water



# UTILITIES

EC.02.05.01



# UTILITIES

- Inspection, testing & maintenance
  - Written procedures & frequencies
  - Written procedures for disruption
- Documented testing before initial use
  - EC.02.05.05



# UTILITY CONTINGENCY PLANS

- Ensure reliability of systems
- Failure or disruption based on:
  - Equipment failure
  - Emergency scenario
- Plans must be accurate
  - Impact & understanding of MOUs
- Suggest exercising contingency plans



# EMERGENCY POWER

- EC.02.05.07
- Annual 90 minute test of emergency egress lighting  
OR
- Documented battery replacement every 12 months
  - AND 10% random test for 90 minutes



# EMERGENCY POWER

- Triennial 4 hour generator test
- Sentinel Event Alert #37
  - Gap analysis
  - Applicable to other utility systems



# PIPED MEDICAL GAS

- EC.02.05.09
- Hospital sets intervals for maintenance, testing, inspection



# IMMEDIATE IMPACT: UTILITIES

- EC.02.05.01(5): Waterborne pathogens
- EC.02.05.01(6): Airborne contaminants
- EC.02.05.01(13): Response to utility disruptions
- EC.02.05.03(all): Emergency power system
- EC.02.05.05(3): Life support utilities
- EC.02.05.05(4): Infection control utilities
- EC.02.05.07(5-9): Generator & ATS tests
- EC.02.05.09 (1-2): Piped medical gas tests



# SAFE FUNCTIONAL ENVIRONMENT

EC.02.06.01



# SAFE, FUNCTIONAL ENVIRONMENT

- Interior spaces safe and suitable
- Storage space
- Lighting
- Ventilation, temperature, humidity
- Accommodate use of equipment
- Emergency access to locked occupied spaces
- Furnishings in good repair



# CONSTRUCTION, RENOVATION, DEMOLITION

- *Guidelines for Design and Construction of Hospital and Health Care Facilities, 2001 edition*
- Pre-construction risk assessment
  - Air quality
  - Infection control
  - Utility
  - Noise
  - Vibration
  - Other hazards
- Take action to minimize risks



# IMMEDIATE IMPACT SAFE FUNCTIONAL ENVIRONMENT

- EC.02.06.01(23): Emergency access to locked occupied spaces
- EC.02.06.05(3) Minimizing risks during construction, demolition, renovation



# TRAINING

EC.03.01.01



# TRAINING

- Additional references in HR chapter
- Training, Education, Competency
  - Moved from HR chapter back to EC
- Staff LIP's
  - Eliminating & minimizing physical risks
  - Actions for EC incident
  - Report EC risks



# MONITORING CONDITIONS

EC.04.01.01



# MONITORING CONDITIONS

- Medical or Laboratory equipment
  - Does not specifically state Laboratory equipment in Medical Equipment standard
- Legal processes to preserve confidentiality



# MONITORING CONDITIONS

- Environmental Tours
  - “To evaluate the effectiveness of previously implemented activities intended to minimize or eliminate environment of care risks”
  - Environmental deficiencies, hazards, unsafe practices
- Annual evaluation of management plans



# NOTABLY MISSING

- Performance monitoring
  - Annual performance improvement recommendation still included at EC.04.01.03
- Annual report to organizational leadership
- Both are still good practice



# EMERGENCY MANAGEMENT



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# GENERAL CHANGES

- 2008
  - Joint Commission involvement in aftermath of recent disasters
  - Identification of opportunities for improvement
  - Katrina influence
  - NIMS influence
  - Focus on sustainability
- 2009
  - Implementation of advance plans
  - Emphasis on documentation



# EM.01.01.01

- “The organization engages in planning activities prior to developing its written Emergency Operations Plan.”
  - H VA
  - Community partners
  - Community communication
  - Mitigation & preparedness
  - Incident command
  - Inventory



# PLANNING

- Includes organization & medical staff leadership



# HAZARD VULNERABILITY ANALYSIS

- Likelihood & consequences
- Single HVA vs. Individual Sites
  - Organizational flexibility
  - Evaluate differences
- Identify potential emergencies that impact need for / provision of services



# HAZARD VULNERABILITY ANALYSIS

- Consider cascading events
- Worst-case scenarios, but plausible
- May identify surge of infectious patients
- Consider IT vulnerabilities
- Use to define mitigation & preparedness



# IC.01.06.06, EP 4-6

- Written description of response to influx of infectious patients or risk thereof
  - Choosing not to accept these patients is acceptable response
- Managing influx over extended period
- Implement response as necessary



# IM.01.01.03, EP 1-4

- Business continuity/disaster recovery plan for information systems
  - Scheduled / unscheduled interruptions
  - Downtime training (staff & LIPs)
  - Contingency plans
  - Back-up system
  - Data retrieval
- Plan tested periodically
- Implemented during service interruptions



# COMMUNITY PARTNERS

- Determine critical community partners
- HVA reviewed & prioritized with community
- Communicate needs & vulnerabilities
- At annual review of plan & when needs change



# INCIDENT COMMAND

- Incident command integrated & consistent with community
- Scalable response
- Footnote that NIMS is one of many models
  - Required of hospitals receiving certain federal funds



# INVENTORY

- Documented inventory of resources & assets on site as needed for emergency
  - PPE
  - Water
  - Fuel
  - Medical supplies
  - Surgical supplies
  - Medication-related(Omit staffing inventory from 2008)



# ALSO CONSIDER

- Food
- Linen
- Water
- Generator fuel
- Vehicle fuel



# RESOURCE INVENTORIES

- Medical-Surgical Supply Formulary by Disaster Scenario
  - Core Formulary
  - Radiological
  - Pediatric
  - Explosive
  - Chemical
  - Staff (PPE, etc.)
  - Biological
- Association for Healthcare Resource & Materials Management (AHRMM)
  - [www.ahrmm.org](http://www.ahrmm.org)
    - News & Issues
    - Issues & Initiatives
    - Disaster Preparedness
    - Disaster Supply Formularies



# EM.02.01.01

- “The organization has an Emergency Operations Plan.”
- EOP
  - Formerly “Disaster Plan”
  - Policies & procedures for response
- Emergency Management Plan
  - No longer officially required
  - Executive summary



# EOP

- Written EOP
  - All hazards command structure
  - Compliance with Joint Commission standards
  - Often has incident-specific annexes
  - “The EOP describes. . .”
- Development includes organization & medical staff leadership
- Many concepts addressed by HICS
- Compliance with JC standards will address most of NIMS requirements



# RESPONSE

- Define actions to be taken at the time of the incident
  - Treatment of victims
  - Reduce secondary impact



# RECOVERY

- Strategies and actions
- Help restore critical systems
  - Providing care, treatment, services
- How business will be reestablished after the incident
- Hospitals must continue to function during the emergency
- Hospitals (usually) recover while still in operation



# EOP

- Response & recovery phases
  - Who has activation authority?
  - How?
- Alternative sites for care, treatment, services
  - Meeting needs of patients



# STAND ALONE CAPABILITY

- Identifies capabilities & establishes response efforts when organization cannot be supported by community for  $\geq 96$  hours
  - NOTE: This does NOT require stockpiles
  - This does NOT require the ability to stand alone for 96 hours
  - Sliding scale of limitations



# POTENTIAL RESPONSES

- Maintaining or expanding services
- Conserving resources
- Curtailing services
- Supplementing resources from outside community
- Closing hospital to new patients
- Staged or total evacuation



# EM.02.02.01

- “As part of its EOP, the organization prepares for how it will communicate during emergencies.”
  - Maintain reliable communications capabilities
  - Back up processes & technologies



# NOTIFICATION

- Notify staff of emergency response
- Ongoing communication to staff & LIPs during emergency
- Notifying external authorities of response initiation
- Ongoing communication to external authorities during emergency



# FAMILIES, MEDIA, VENDORS

- Communication with patients & families
  - Transfer to alternate care sites
- Communication with community or media
- Communication with vendors of essential supplies, services, equipment during emergency



# OTHER HCOs

- Command structure & control center
- Names & roles in command structure & contacts
- Resources & assets to share
- Names of victims
  - How & under what circumstances
  - HIPAA considerations not mentioned



# OTHERS

- Communication about patients to third parties
  - Other HCO's, state health dept., police, FBI, etc.
  - How & under what circumstances
- Communication with alternate care site(s)



# SYSTEMS

- Backup communication systems & technologies



# EM.02.02.03

- “As part of its EOP, the organization prepares for how it will manage resources and assets during emergencies.”
  - How solicited & acquired
  - Range of providers
  - Contingency plans
  - Consider
    - Long duration
    - Broad geographic scope
    - Risk of unavailability



# OBTAIN & REPLENISH

- Obtain supplies required at onset
  - Medical, non-medical, medication
- Replenishing supplies & equipment, including PPE
- Replenishing medications
  - Access to caches & stockpiles



# RESOURCE SHARING

- Other community HCOs
  - Personnel
  - Beds
  - Transportation
  - Linens
  - Fuel
  - PPE
  - Medical Equipment
  - Medical Supplies
- Outside the community during regional or prolonged disaster
  - State affiliates
  - Regional parent company
  - Etc.



# MONITORING

- Methods to monitor assets & resources used during emergency
  - IT intact
  - IT down



# EVACUATION ARRANGEMENTS

- Transportation of patients, medication, equipment, & staff to alternate care sites
- Transportation of information to alternate care sites
  - Clinical, medication-related



# EM.02.02.05

- “As part of its EOP, the organization prepares for how it will manage security and safety during an emergency.”
  - Access and movement
  - Varying factors
    - Type of emergency
    - Local conditions
    - Hospital decisions



# OPERATIONS

- Internal security & safety operations during emergency
  - Use HICS
- Role of community security agencies & coordination



# HAZMAT & WASTE

- Managing hazmat & waste during emergency
  - Chemical spill
  - RMW
  - Decon water



# ISOLATION & DECON

- Radioactive, biological & chemical isolation & decontamination
  - Where, how, who
  - PPE
  - Negative pressure rooms
  - Cohorting victims
  - Alternate care sites



# ACCESS/MOVEMENT

- Access into & out of facility during emergency
  - NFPA vs. risk assessment
- Controlling movement within facility during emergency
  - Electronic access control
  - Other locking
  - Staff security
- Traffic control during emergency



# EM.02.02.07

- “As part of its EOP, the organization prepares for how it will manage staff during an emergency.”
  - Advance definition of roles
  - Orientation
  - Education
  - Competency
  - Adjust to changes



# ROLES & RESPONSIBILITIES

- Defined for
  - Communications
  - Resources & assets
  - Safety & security
  - Utilities
  - Patient management



# INCIDENT COMMAND

- Process for assigning staff
  - HICS role
  - Labor Pool
- To whom staff report in command structure
  - Chain of Command



# SUPPORT

- Staff support
  - Housing
  - Transportation
  - Incident stress debriefing
- Staff family support
  - Child care
  - Elder care
  - Communication



# TRAINING

- Training for assigned emergency response roles
  - Orientation
  - Department-specific roles
  - HICS training
  - JAS is “just in time” training
- Communicate in writing with each LIP
  - Roles & reporting structures



# IDENTIFICATION

- Staff, LIPs, volunteers
  - ID cards
  - Wrist bands
  - Vests
  - Hats
  - Badges
  - Computer print outs



# EM.02.02.09

- “As part of its EOP, the organization prepares for how it will manage utilities during an emergency.”
  - Alternative equipment
  - Negotiated relationships
  - MOUs
  - Corporation or system support
  - Don't rely on single source providers
  - Suppliers outside immediate area



# ALTERNATIVE MEANS

- Electricity
- Water for consumption & care activities
- Water for equipment & sanitation



# ALTERNATIVE MEANS

- Fuel for building operations
- Fuel for generators
- Fuel for essential transport hospital would typically provide
  - Risk assessment
  - Ambulances
  - Hospital vehicles



# ALTERNATIVE MEANS

- Medical gas & vacuum
- Utility systems the hospital “defines as essential” such as
  - Vertical & horizontal transport
  - Heating & cooling systems
  - Steam for sterilization



# EM.02.02.11

- “As part of its EOP, the organization prepares for how it will manage patients during emergencies.”
  - Protect life
  - Prevent disability
  - Proactive approach
  - Dynamic situations
  - Austere environments
  - Triage



# SERVICE MODIFICATION

- Scheduling, triage, assessment, treatment, admission, transfer, discharge, evacuation



# EVACUATION

- Horizontal and vertical
- (Note movement of patients, staff, supplies, & information in EM.02.02.03)



# VULNERABLE POPULATIONS

- Services for vulnerable populations
  - Pediatric, geriatric, disabled, chronic illness
  - Addictions
  - Home care
  - In hospital & in community
- Manage potential increase in demand



# OTHER NEEDS

- Personal hygiene & sanitation for patients
- Mental health needs of patients
- Mortuary services
- Documentation & tracking of patient clinical information



# DISASTER PRIVILEGES / RESPONSIBILITIES

- EM.02.02.13: “During disasters the organization may grant disaster privileges to volunteer licensed independent practitioners.”
  - Formerly MS.4.110
- EM.02.02.15: “During disasters the organization may assign disaster responsibilities to volunteer practitioners who are not licensed independent practitioners. . . .”
  - Formerly HR.1.25



# VOLUNTEERS

- Disaster privileges
  - Activation of emergency plan
  - Unable to meet patient needs
- Supported in bylaws (LIPs)
- Identification of responsible individual
- Identification & oversight mechanisms
- Primary source verification
- 72 hour decision on continuation of privileges



# EM.03.01.01

- “The organization evaluates the effectiveness of its emergency planning activities.”
- Documented annual review:
  - HVA
  - EOP
  - Inventory process



# EM.03.01.03

- “The organization evaluates the effectiveness of its EOP.”
  - Emergency exercises
  - Stress the limits
  - Realistic & relevant
  - Identify opportunities for improvement
  - Implement corrective actions



# REQUIREMENTS

- Twice annually, as before
  - Mid-06 removal of time limitations
  - Live drills vs. tabletops
- Influx of patients, as before
- One exercise annually to evaluate ability to stand alone without community support
  - Community portion can be tabletop
- One community-wide exercise annually



# BUSINESS OCCUPANCIES

- No emergency services & not disaster receiving station
  - Once annually
- Otherwise same requirements as hospital



# SCENARIOS

- Realistic scenarios based on HVA
- Allow evaluation of
  - Communications
  - Resources & assets
  - Security
  - Staff
  - Utilities
  - Patients



# OBSERVER(S)

- Identified observer
  - Knowledgeable of goals & expectations
  - May not be possible during actual emergency
    - Use those who were involved



# MONITOR

- Internal & external communication
  - Government Leadership
  - Police
  - Fire
  - Public Health
  - Other Health Care
- Resource mobilization & allocation
  - Responders
  - Equipment
  - Supplies
  - PPE
  - Transportation



# CRITIQUES

- Multidisciplinary process
  - Includes LIPs
- Documented evaluation
- Communicated to EC Committee
- Used to modify EOP
- Test in subsequent exercises



# COMPLIANCE APPROACH

- Develop any new processes:
  - Supply inventories
  - Monitoring of supply use
  - Etc.



# COMPLIANCE APPROACH

- Understand supply limitations
  - Identify critical supplies
  - Assess on-hand supply
  - Develop grid
  - Communicate with leadership
  - Mitigate as necessary
  - Determine stand-alone capability



# COMPLIANCE APPROACH

- Outline EOP
- Use components already in place
- Address all Joint Commission elements of performance
- Include additional NIMS compliance elements
- Incorporate incident command structure



# COMPLIANCE APPROACH

- Logical sequence for organization
- Specific event annexes
- Department plans
  - Optional
- Assemble EOP
- Update Emergency Management Plan based on new standards
  - Optional
- Train staff



# IMMEDIATE IMPACT: EMERGENCY MANAGEMENT

- EM.02.01.01 EP 8: Implementation of response procedures
- EM.02.02.13 EP 5: Obtaining valid photo ID for volunteer LIPs
- EM.02.02.15 EP 5: Obtaining valid photo ID for volunteer non-LIPs



# LIFE SAFETY



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# LIFE SAFETY

- Part 3 of the SOC transformed to scorable elements of performance
  - Associated NFPA references
  - See code for full text & exceptions
- ILSM



# HOWEVER...

- There are a number of elements of performance in the new LS chapter
- These have always been part of the *LSC*
- BUT they have not been listed in the *SOC* to date



# LIFE SAFETY SCORING

- All LS elements of performance will be category 4, with the exception of only 20 items in category 3.
- No significant scoring or accreditation decision impact is anticipated.



# SITUATIONAL DECISION RULES

## LEVEL 2

- Conditional Accreditation
- Validation Survey
  
- LS.01.01.01(3): Resolution of PFI issues
- LS.01.02.01(3): Written ILSM policy



# IMMEDIATE IMPACT REQUIREMENTS LIFE SAFETY

- LS.01.02.01(4): ILSM exits in affected area inspected daily
- LS.01.02.01(5): ILSM temporary but equivalent fire alarm & detection systems
- LS.01.02.01(6): ILSM additional fire fighting equipment
- LS.01.02.01(13): ILSM awareness education



# IMMEDIATE IMPACT REQUIREMENTS LIFE SAFETY

- LS.01.02.01(14): ILSM training for impaired compartmentalization & fire safety features
- LS.02.01.10(1): Construction type & height requirements
- LS.02.01.10(2): Automatic sprinkler systems
- LS.02.01.20(1): Doors unlocked in direction of egress



# IMMEDIATE IMPACT REQUIREMENTS LIFE SAFETY

- LS.02.01.20(22): Patient sleeping room doors not locked
- LS.02.01.34(1): Fire alarm automatically transmits
- LS.02.01.34(2): Fire alarm panel in protected environment that is continuously occupied
- LS.02.01.35(1): Fire alarm monitors sprinkler system



# IMMEDIATE IMPACT REQUIREMENTS LIFE SAFETY

- LS.02.01.35(2): Fire alarm connected to water flow alarms
- LS.02.01.35(6): 18 inch ceiling clearance
- LS.02.01.35 (&): Limited area sprinkler systems
- LS.02.01.35(11): Grease-producing cooking device extinguishing system activates fire alarm
- LS.02.01.35(12): And deactivates fuel

# *LIFE SAFETY CODE®*

- The Joint Commission and CMS are both using the 2000 edition of the *LSC*
- **NEW:** CMS requires a waiver to use any element of the 2006 edition
- **NEW:** The Joint Commission requires an equivalency to use any element of the 2006 edition



# LIFE SAFETY 2009

- Deficiencies resolved:
  - Immediately OR
  - Complete via work order system in 45 days OR
  - PFI(If not immediately corrected, consider ILSM)



# BUILDING MAINTENANCE PROGRAM

- No longer will get 5% grace
- Scoring algorithm will not accommodate
- **STILL A GOOD IDEA FOR PROGRAM MANAGEMENT!**



# BUILDING MAINTENANCE PROGRAM

- With no scoring advantage, can now expand BMP to meet organization's needs, for example
  - Fire Walls
  - Smoke Barriers
  - 18" Sprinkler Clearance
  - Etc.



# LS.01.01.01

- Managing to comply with the *Life Safety Code*®
  - EP 1: Assigned individual(s) to complete e-SOC & manage resolution of deficiencies
    - No mention of qualifications
  - EP 2: Maintain a current e-SOC
  - EP 3: Meet time frames identified in PFI



# ILSM: LS.01.02.01

- EP 1: Alarm or sprinklers out of service for  $\geq 4$  hours in 24 hour period
    - Documented notification and fire watch times
    - (Only a footnote in 2008 standard)
  - EP 2: Post signage identifying alternate exits
    - 2008: staff receives information/communication
  - EP 3: ILSM Policy: when & to what extent
- Each implementation “based on criteria” in



# ILSM: LS.01.02.01

- EP 4  
“When the hospital identifies Life Safety Code (LSC) deficiencies that cannot be immediately corrected or during periods of construction, the hospital does the following: Inspects exits in affected areas on a daily basis.”
- 2008 EC.5.50  
“Ensuring free & unobstructed exits. Staff receive additional information/communication when alternate exits are designated. Buildings or areas under construction must maintain escape routes for construction workers at all times, and the means of exiting construction areas are inspected daily.”



# LS.02.01.10

- Buildings & fire protection designed & maintained to minimize effects of fire, smoke, products of combustion
  - Construction type
  - Appropriate sprinkler systems (new / existing)
  - Fire walls; doors & hardware
  - Doors free of decoration
  - Dampers
  - Firestopping penetrations
    - Excludes polyurethane expanding foam



# EGRESS: LS.02.01.20

- Maintain integrity of means of egress
- Rationale addresses clinical reasons for locking
  - New 2009 *Life Safety Code*® language includes
    - Clinical and security reasons for locking
    - Permits more than one delayed egress mechanism in path
    - Requires smoke detection throughout secured area
    - Requires fully sprinkled building
    - Locks release with power loss
  - Smoke detection or sprinkler activation releases locks



# EGRESS: LS.02.01.20

- EP 13: Exits, accesses, & discharges clear of obstructions or impediments such as
  - Equipment
  - Carts
  - Furniture
  - Construction material
  - Snow, & ice



# EGRESS: LS.02.01.20

- Travel distances:
  - EP 23: To door in patient room  $\leq 50$  ft
  - EP 24: Between any room door & exit  $\leq 100/150$  ft
  - EP 25: Existing: Between any point in room & exit  $\leq 150/200$  ft
- EP 29: Placement of signs in stair towers  $\geq 5$  stories
- EP 30: “No Exit” signs



# BUILDING FEATURES: LS.02.01.30

- Maintain building features to protect from hazards of fire & smoke
  - Distinguishes between new & existing in EP language
  - Hazardous rooms
    - Reference to NFPA 99 for flammable gas storage



# BUILDING FEATURES: LS.02.01.30

- Identified Building Features
  - Vertical openings
  - Hazardous areas
  - Gift shops
  - Interior & floor finishes
  - Corridor partitions
  - Corridor doors
  - Smoke compartments
  - Smoke barriers & dampers



# FIRE ALARMS: LS.01.01.34

- Provision & maintenance of fire alarms
- EP 1: Automatic signal transmission
- EP 2: Master control panel in protected environment
- EP 3: Ancillary annunciator panel in area approved by local fire department



# EXTINGUISHMENT:

## LS.02.01.35

- System for fire extinguishment
  - EP 1: Alarm system monitors sprinkler system components
  - EP 2: Alarm connected to water flow alarms
  - EP 3: Piping supports not damaged or loose
  - EP 4: Piping not used to support anything else
  - EP 5: Sprinkler heads not damaged, no corrosion, no paint



# EXTINGUISHMENT: LS.02.01.35

- EP 6: 18 inch sprinkler clearance
- EP 7: Limited area sprinkler systems
- EP 8: Travel distance to fire extinguishers  $\leq 75$  feet
- EP 9: K extinguishers  $\leq 30$  feet from grease producing cooking devices
- EP 11-13: Functioning of automatic extinguishing system for grease producing cooking devices



# SPECIAL FEATURES: LS.02.01.40

- Maintenance of special features
  - EP 1: Windowless buildings
  - EP 2: New high rise buildings have automatic sprinklers



# BUILDING SERVICES:

## LS.02.01.50

- Maintenance of building services to protect from hazards of fire & smoke
  - EP 1-3: Fireplaces: Enclosure construction & hearth height
  - EP 4: New elevator requirements
    - Existing elevators that travel  $\geq$  25 feet above or below fire service level also meet new requirements
  - EP 6-11: Trash, linen chutes



# OPERATING FEATURES: LS.02.01.70

- Maintenance of operating features
  - EP 1: Prohibit all combustible decorations that are not flame retardant
  - EP 2: Linen & trash receptacles  $\geq$  32 gallons in room protected as hazardous area
    - Includes recycling containers
  - EP 3: Prohibit space heaters in smoke compartments containing patient sleeping & treatment areas



# AMBULATORY CARE

- Definition with each applicable standard
  - $\geq$  4 anesthesia or rendered incapable of self-preservation
  - All hospitals seeking accreditation for Medicare certification
  - Leased facilities: Only applies to space occupied by accredited organization
    - Exits from hospital-occupied space to grade level
    - Life safety building systems that support space
- LS.03.01.10 – LS.03.01.70



# WILD CARD

- The last EP of each standard:  
“The hospital meets all other *Life Safety Code*® (XXX) requirements related to NFPA 101-2000 (chapter & section).”



# QUESTIONS

- How will one LS Surveyor effectively evaluate & score all EPs?
- What will be the impact of additional EPs based on the full text of the *LSC*?
- How will the “wild card” be used?
- Although low in criticality, what will be the impact of the number of RFIs based on the above?



MORE NEW STANDARDS . .

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# CMS DEEMED STATUS

- Re-application for deemed status
- New EPs to meet CMS COPs
  - Some add clarifying language
  - Some are new requirements
- Reviewed by surveyors 1/1/09
- Scored 7/1/09
- Subject to change
- [www.jointcommission.org](http://www.jointcommission.org)
  - Hospital Deeming Application, January 2009



# ENVIRONMENT OF CARE

- EC.02.02.01: Hazardous Materials & Waste
  - 14. “The hospital checks radiology staff, according to timeframes it defines, for radiation exposure using exposure meters or badge tests. The dates of the checks and amount of exposure are documented.”
  - 15. “The radiologic services, including ionizing radiology procedures are free from hazards for patients and staff.”



# ENVIRONMENT OF CARE

- EC.02.04.03: Medical Equipment
  - 14. “Qualified hospital staff inspect, test, and calibrate nuclear medicine equipment annually. The dates of these activities are documented.”



# ENVIRONMENT OF CARE

- EC.02.06.01: Safe, Functional Environment
  - (ADDED) Note: “The environment is constructed, arranged, and maintained to foster patient safety, provide facilities for diagnosis and treatment and provide for special services appropriate to the needs of the community.”
  - 20. “Areas used by patients are clean, sanitary, and free of offensive odors.”



# LIFE SAFETY

- LS.01.01.01: LSC Compliance
  - 4. “The hospital maintains documentation of any inspections and approvals made by state or local fire control agencies.”



# HUMAN RESOURCES

- HR.01.04.01: Orientation
  - 3. “The hospital orients staff on the following: relevant hospital-wide and unit-specific policies and procedures. Completion of the orientation is documented.”



# LEADERSHIP

- LD.04.01.03: Operating Budget
  - 15. “The long-term capital expenditure plan provides for capital expenditures for at least a 3 year period.”



# LEADERSHIP

- LD.04.01.03: Operating Budget
  - 16. “The long term capital expenditure plan identifies and includes the objectives and anticipated sources of financing for each anticipated capital expenditure in excess of \$600K or a lesser amount that is established in accordance with section 1122(g)(1) of the Social Security act, by the state in which the hospital is located that relates to any of the following:
    - Acquisition of land
    - Improvement of land, buildings, and equipment
    - The replacement, modernization, or expansion of buildings and equipment.”



# LEADERSHIP

- LD.04.04.01: Performance Improvement
  - 5. “The hospital identifies and documents its quality improvement projects. The hospital documents the following:
    - What quality improvement projects are being conducted
    - The reasons for conducting these projects
    - The measurable progress achieved on these projects.”



# PROVISION OF CARE

- PC.03.01.01: Planning Operative or High Risk Procedures
  - 11. “The following equipment is available in the operating room suites:
    - A call-in system
    - Cardiac monitor and equipment
    - Ventilator
    - Defibrillator
    - Suction equipment
    - Tracheotomy set
    - Manual breathing bags



**ARE WE HAVING FUN  
YET ?**



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# QUESTIONS?

[smclaughlin@mslhealthcare.com](mailto:smclaughlin@mslhealthcare.com)

847-420-3229

