2014

The Healthcare Environment

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The Joint Commission
Background and Purpose
The Joint Commission

The Joint Commission is the oldest private accrediting body and accredits thousands of healthcare organizations across the country.

- TJC is a Deemed Status Accrediting Body by the Centers for Medicare and Medicaid Services (CMS) for providers seeking reimbursement funding from the government under these programs.
- Accredits DOD, VHA, HIS, and private funded healthcare providers.
- Offers Certification for specific programs.
The Joint Commission

Why be accredited?

- For providers seeking Medicare and Medicaid funding accreditation is a requirement
- For providers not seeking reimbursement – The Joint Commission Gold Seal represents the quality and patient safety excellence

Requirements for accreditation

- Compliance with the Standards Manual and survey process
  - For the physical environment - includes meeting Life Safety Code and reference standards, FGI Guidelines, and other applicable rules and regulations
The Joint Commission

Relationship to CMS

- Joint Commission survey is “deemed to comply” with the provisions required for CMS certification
- Validated by CMS through random sampling of surveys conducted

State Accreditation

- CMS contracts with State Agencies to perform surveys on its behalf – providers are surveyed to CoP’s (Conditions of Participation)
- State conducted CMS surveys are separate from State licensure surveys
Accreditation Process

- Unannounced Survey Window is 18-36 months – Continuous Compliance model
- Mid-survey cycle requirements – Intra-cycle Monitoring in years 1 and 2, environmental rounds
- For the Physical Environment – On going Inspection, Testing and Maintenance programs to support a safe and functional patient care environment
- SOC – Statement of Conditions
  - Managed by the organization
  - Living Document
  - Tool to support ITM activities
Survey Process

- All hospitals are surveyed by a Life Safety Code Surveyor (LSCS) in addition to the clinical team.
- The LSCS will spend at least 2 days – up to 5 days – based on overall size of organization.
- Survey is done in two parts – Document review and Building Tour.
  - Organization provides life safety drawings, ladder, flashlight, team to survey with.
- All deficiencies found are documented and provided in a written report.
  - Post survey – organization must show corrective action.
2013/2014 CHALLENGING STANDARDS

THE TOP 10 ISSUES
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<tr>
<th>Standard</th>
<th>2013 Non Compliance</th>
<th>2014 Non Compliance 1st 6 months</th>
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The hospital maintains the integrity of the means of egress

- Insuring all egress corridors are clear and unobstructed
- Insuring all locking configurations are appropriate, code compliant and maintained
- Integrity of egress construction including exit stairs, exit passageways and exit discharges
- Suites – properly separated, properly sized, egress is maintained and meets distance limitations
Life Safety Drawings

- A set of current and accurate Life Safety Drawings must be provided at the start of all surveys
  - Drawings are provided to the surveyor by the organization
  - Drawings are to be kept current and accurate throughout the survey cycle – Should be viewed as a living document
    - Important for the organization to receive accurate field conditions at the end of all project work performed by in-house and outside contractors
Life Safety Drawing Requirements

- A legend that clearly identifies features of fire safety
- Areas of the building that are fully sprinklered (if the building is partially sprinklered)
- Locations of all hazardous storage areas
- Locations of all rated barriers
- Locations of all smoke barriers
- Suite boundaries, including the size of the identified suites—both sleeping (max 5,000 sq ft) and non-sleeping (max 10,000 sq ft)
- Locations of designated smoke compartments
- Locations of chutes and shafts
- Any approved equivalencies or waivers
Building and fire protection features are designed and maintained to minimize the effects of fire, smoke, and heat.

- **EPs 4 – 6 Door issues**
  - Improper opening protective installed, non-functioning hardware, unapproved protective plates

- **EP 9 Fire Barrier Penetrations**
  - Unapproved assemblies, unprotected items breaching barrier
The hospital provides and maintains building features to protect individuals from the hazards of fire and smoke.

- EP2 Hazardous Areas
  - Rooms converted to storage without proper separation – 1-hr fire resistance construction
  - Incorrect door assemblies, non-functioning hardware, inoperability

- EPs 16 – 23 Smoke Barriers & Doors
  - Unprotected penetrations, unapproved assemblies
  - Non-functioning doors, incorrect door assemblies
How do we Fix it?
Barrier Management Program

Does the organization have a Barrier Management Program in place?

- Barriers include
  - Walls, Joints, Doors,
  - Other openings including:
    - Windows
    - Ductwork
    - Pipes, conduits, etc.
    - Chutes, shafts, vertical openings
Deficiency Resolution

Deficiency Resolution Options:

- Correct it immediately
- Correct it within 45 days
  - Management process that documents the deficiency and actions to resolve
  - ILSM must be considered
- Plan For Improvement located in the Statement of Conditions™
  - Corrected within 6 months of the Projected Completion Date
  - ILSM must be considered
Interim Life Safety Measures

Order of Standards (LS.01.02.01)

- EP 1 & 2 regardless of ILSM policy
- EP 3 must clearly define the ILSM policy including
  - AFS 10 Process
  - When to implement
  - What to do to protect occupants
  - Both construction related and non-compliance with the LSC
- EPs 4 – 14 align with policy and implementation strategies
Preconstruction Risk Assessment (PRA)

Construction or renovation in occupied healthcare facilities can result in environmental problems such as:

- Noise
- Vibration
- Creation or spread of contaminants
- Disruption of essential services
- Emergency Procedures
- Air quality
Barrier Management Program: Policy, Permit, Educate and Inspect

What is in the Policy:

- Define
  - Scope
  - Authority
  - Management process
- Interim Life Safety Measures
- Pre-construction Risk Assessment
Barrier Management Program:
Policy, Permit, Educate and Inspect

Permit Process

- Follows policy
- Define when permits are issued
- Define criteria for awarding permits
- Define permit display requirements
- Define scope of permit: where the work is being done
- Define time frame for the permit will expire
- Define consequences for not following permit procedures
Barrier Management Program: Policy, Permit, Educate and Inspect

Education Program

- Facilities staff
  - Components of the Barrier System
  - Maintenance of the Components

- All other staff
  - Barrier System awareness
  - Permit awareness

- Contractors
  - Barrier Management expectations
  - Permit requirements
Barrier Management Program: Policy, Permit, Educate and Inspect

**Inspection Process**

- Establish inspection frequencies
  - Hospital experience
  - Reliability Centered Maintenance

- Document inspection activities

- Management inspections
  - Verify quality
  - Modify program as needed
Barrier Management Symposium

...at no cost to the attendee...
Barrier Management Symposium

Program Developers:
- Joint Commission
- Firestop Contractors International Association
- Underwriters Laboratories

Participating Organizations:
- American Society for Healthcare Engineering
- AWCI & Gypsum Institute
- Fire Damper Industry
- Fire Rated Glazing Industry
- National Concrete Masonry Association
Barrier Management Symposium

Program Logistics:

- Hosted by ASHE Regions - site locations determined by ASHE and sponsored by the Chapters of the region

- Programs completed in:
  - Colorado (Pilot), Alabama, Pennsylvania, California

- Upcoming Programs include:
  - Midwest (Indiana/Chicago), South (Texas), New England (New Hampshire), West (Washington)
  - Note: Upcoming programs are not set for dates or locations at this time
Questions?
The Joint Commission Disclaimer

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