WELCOME!

• Thanks for joining us!
Part 1 Review

- Understand the process of how a Life Safety Code survey is conducted.
- Discuss The Joint Commission mission and deemed status.
- Understand the survey process.
- Describe the SAFER Matrix.

Today’s Objectives

- Understand which standards are scored most frequently in 2017.
- Discuss the process of Standards creation.
- Understand the new and revised EP’s in the LS and EC chapters.
  - We are NOT presenting a detailed EP discussion.
Today’s Speakers

- James “Jim” Kendig, MS, CHSP, CHCM, CHEM, HEM, LHRM
  - Field Director, Surveyor Management and Development
  - Accreditation and Certification Operations

Today’s Speakers

- Timothy Markijohn, MBA/MHA, CHFM, CHE
  - Field Director, Surveyor Management and Support
  - Division of Accreditation & Certification Operations
Top 10 Findings:
Most Challenging Standards
Environment of Care (EC) and
Life Safety (LS) Chapters
January – December 2017

<table>
<thead>
<tr>
<th>Standard</th>
<th>2017</th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>LS.02.01.35</td>
<td>86%</td>
<td>51%</td>
<td>46%</td>
</tr>
<tr>
<td>EC.02.05.01</td>
<td>73%</td>
<td>57%</td>
<td>58%</td>
</tr>
<tr>
<td>IC.02.02.01</td>
<td>72%</td>
<td>60%</td>
<td>59%</td>
</tr>
<tr>
<td>LS.02.01.30</td>
<td>72%</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td>EC.02.06.01</td>
<td>70%</td>
<td>68%</td>
<td>62%</td>
</tr>
<tr>
<td>LS.02.01.10</td>
<td>66%</td>
<td>48%</td>
<td>45%</td>
</tr>
<tr>
<td>EC.02.02.01</td>
<td>63%</td>
<td>47%</td>
<td>39%</td>
</tr>
<tr>
<td>EC.02.05.05</td>
<td>62%</td>
<td>18%</td>
<td>12%</td>
</tr>
<tr>
<td>LS.02.01.20</td>
<td>62%</td>
<td>49%</td>
<td>51%</td>
</tr>
<tr>
<td>EC.02.05.09</td>
<td>59%</td>
<td>29%</td>
<td>30%</td>
</tr>
</tbody>
</table>
Most Cited Standards, 2017 - # 1

<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>LS.02.01.35</td>
<td>1</td>
<td>59%</td>
<td>4</td>
<td>Manage systems for extinguishing fires including the integrity (nothing supported by sprinkler piping, missing escutcheons)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>41%</td>
<td>5</td>
<td>Sprinkler heads are not damaged. They are free of corrosion, foreign materials, paint, and have necessary escutcheon plates installed</td>
</tr>
<tr>
<td></td>
<td></td>
<td>34%</td>
<td>14</td>
<td>Other issues, including: blocked access to fire extinguishers</td>
</tr>
</tbody>
</table>

LS.02.01.35 – EP-4 - Sprinkler piping supports nothing else.
EC.02.06.01 – not considered ‘art’

LS.02.01.35 – EP-4 - Sprinkler piping supports nothing else.
LS.02.01.35 – EP-4  - Sprinkler piping supports nothing else.
Most Cited Standards - # 2

<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.02.05.01</td>
<td>2</td>
<td>45%</td>
<td>8</td>
<td>Labels utility system controls to facilitate partial or complete emergency shutdowns</td>
</tr>
<tr>
<td></td>
<td></td>
<td>40%</td>
<td>15</td>
<td>In critical areas the organization manages risk associated with Utility Systems, including Pressure relationships, Filtration, Air Exchanges (ach), and Temperature and Humidity</td>
</tr>
<tr>
<td></td>
<td></td>
<td>25%</td>
<td>16</td>
<td>In non-critical areas the organization manages risk associated with Utility Systems, including Pressure relationships, Temperature and Humidity</td>
</tr>
</tbody>
</table>

EC.02.05.01 EP15 Critical Pressure Relationships
### Most Cited Standards, 2017 - # 4

<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>LS.02.01.30</td>
<td>4</td>
<td>38%</td>
<td>3</td>
<td>Building and fire protection features: Existing Hazardous Areas</td>
</tr>
<tr>
<td></td>
<td></td>
<td>32%</td>
<td>18</td>
<td>Smoke Barrier integrity</td>
</tr>
<tr>
<td></td>
<td></td>
<td>30%</td>
<td>11</td>
<td>Corridor doors</td>
</tr>
<tr>
<td></td>
<td></td>
<td>20%</td>
<td>19</td>
<td>Smoke barrier doors</td>
</tr>
</tbody>
</table>

### LS.02.01.30

![Image of exit sign with note that it is not an exit](image-url)
### 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>16</td>
<td>Furniture and equipment</td>
</tr>
<tr>
<td>LS.02.01.10</td>
<td>6</td>
<td>39%</td>
<td>7</td>
<td>Building and fire protection general requirements: Fire-rated door</td>
</tr>
<tr>
<td></td>
<td></td>
<td>38%</td>
<td>10</td>
<td>Building and fire protection general requirements: Barrier Penetrations</td>
</tr>
</tbody>
</table>

### LS.02.01.10 – EP-14 – Barrier Penetrations
LS.02.01.10 – EP-14 – Barrier Penetrations

[Image of a wall with a barrier penetration]
LS.02.01.10 EP 7, now EP 11 Rated Door

LS.02.01.10 EP 7, now EP 11 Undercuts Rated Door: (<3/4")
### Most Cited Standards, 2017 - # 7 & # 8

<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.02.02.01</td>
<td>7</td>
<td>42%</td>
<td>5</td>
<td>Minimize risks with hazardous chemicals</td>
</tr>
<tr>
<td></td>
<td></td>
<td>26%</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>
</tr>
</tbody>
</table>

### 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>
</tr>
</thead>
<tbody>
<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

LS.02.01.20 EP Stairwell Storage
EC.02.05.06 Med Gas Storage

EM Update
New EM Standards

- Here is the count for deemed programs:
  - 32 - OME/Hospice
  - 22 - OME/Home Health Agencies
  - 26 - AHC/Ambulatory Surgical Centers
  - 9 - HAP
  - 8 - CAH

Number of CLD surveys

<table>
<thead>
<tr>
<th>% of Hospitals w/ at least 1 Condition-level Deficiency</th>
<th>2016</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>38.7%</td>
<td>49.45%</td>
</tr>
</tbody>
</table>
January 2018 Revised
Elements of Performance
Modifications
Alignment with CMS K-tags
Based on NFPA 101-2012 and NFPA 99-2012

Timeline for Creation EPs
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-12   (was EP-11)

- In new buildings, all corridor doors are constructed to resist the passage of smoke, ....
- Positive latching hardware is required. Roller latches are prohibited.
- NFPA 101-2012: 18.3.6.3.1; 18.3.6.3.5; 18.3.6.4; 18.3.6.5; 18.3.6.3.10; 18.3.6.3.11)
In existing buildings, all corridor doors are constructed to resist the passage of smoke and ... (No Change)

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 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

Statement of Conditions - Update
Statement of Conditions - Terms

- BBI: Basic Building Information
  - Sites are populated by eApp (electronic application)
- PFI: Plan For Improvement
- 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 effective January 1, 2017 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 EC or LS 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.
  - 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).
Statement of Conditions

- 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:
  1. The RFI has been corrected
  2. Evidence that the RFI will be completed within the 60 day ESC (work order, invoice, etc.)
  3. 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

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)
Ligature Facility Extension Request - Introducing

PHASE 1

Ligature Extension

Ligature Facility Extension Request (LFER)

Instructions - Ligature Facility Extension Request

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

Ligature Facility Extension Request

- Submitted to SIG-Clinical and Engineering for review and approval
- If rejected, a conference call will 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.
Ligature Facility Extension Request

- **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 will provide the HCO:
      - Attestation Letter: acknowledging that they need additional time to resolve ligature / self-harm deficiencies
        - Due immediately

Other pending projects...

- BBI V2.0
  - More specific and useable information
- Re-build of EC SAG
The Joint Commission Connect Extranet Site

www.jointcommission.org/safer
Review and Conclusion

The Joint Commission Disclaimer

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Questions?

Upcoming Events

- **May 23** – Understanding FEMA Procurement Policies: An Overview of Super Circular 2 CFR 200
- **May 30** – Protection Strategies for the Workforce and Your Devices
- **June 13-14** – Certified Healthcare Safety Professional (CHSP) Preparation Course and Certification Examination
- **July 31-August 1** – Certified Healthcare Emergency Professional (CHEP) Preparation Course and Certification Examination
- **Details:** [http://www.fha.org/education-and-events.aspx](http://www.fha.org/education-and-events.aspx)
Thank You!

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