



MHCSA Fall Conference 2016 Fall Conference Avoiding Accreditation Pitfalls

Application of Codes and Standards to Protect Patients & Promote Environmental Sustainability

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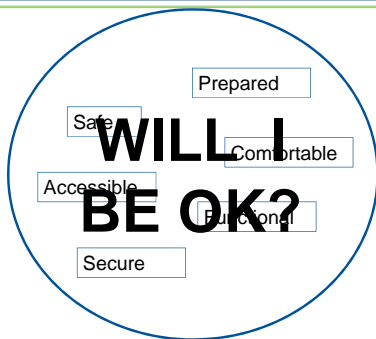
The Physical Patient Environment

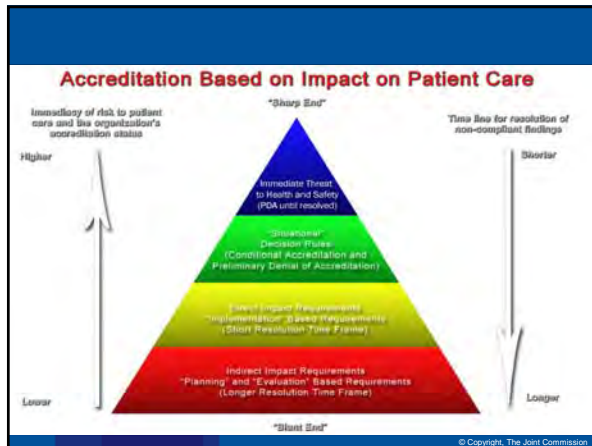


What goes through a
patient's mind?

The Joint Commission Standards

Environment of Care
Emergency Management
Life Safety





Situational Decision Rules

LS.01.01.01 EP 3: “. . .the hospital meets the time frames identified in the PFI accepted by The Joint Commission.”

LS.01.02.01 EP 3: “The hospital has a written ILSM policy that covers situations when *Life Safety Code*® deficiencies cannot be corrected or during periods of construction. The policy includes criteria for evaluating when & to what extent the hospital follows special measures to compensate for increased life safety risk.

Immediate Threat to Health and Safety

Preliminary denial of accreditation (PDA)
 Significant issues with:

- Fire alarm system
- Sprinkler system
- Generator
- Medical gas master panel
- Exiting

Anything that places anyone in significant danger

Direct Impact Requirements

Direct impact on patient health and safety

45 days for evidence of standards compliance

Situational Decision Rules

You don't want this!!

Accreditation with follow up survey (AFS) OR
 Preliminary denial of accreditation

Indirect Impact Requirements

Will have an impact on patient health and safety over time

60 days for evidence of standards compliance

Most EPs fall into this category

No special notation

Accreditation Decision Rules

Preliminary Denial of Accreditation

"PDA01 An Immediate Threat to Health or Safety exists for patients. Staff or the public within a hospital."

"PDA05 The Joint Commission is reasonably persuaded that the hospital submitted falsified documents or misrepresented information in seeking to achieve or retain accreditation."

"PDA06 The hospital with a decision of Contingent Accreditation has failed to clear noncompliant standards as result of the follow-up survey."

Accreditation Decision Rules

Accreditation with Follow-up Survey

"AFS04 At least two on-site ESC demonstrate the need for continued monitoring to assess whether the hospital sustains improvement."

"AFS05 The hospital, which has failed to resolve one or more of its original RFI's, may be scheduled for a second Accreditation with Follow-up Survey."

"AFS08 The hospital has one or more Conditions of participation scored as a Conditional-level deficiency. (Note this applies only to hospitals that use accreditation for deemed status purposes and that are already Medicare certified)"

Accreditation Decision Rules

Contingent Accreditation

"CONT01 If the Immediate Threat to Health or Safety abatement survey through direct observation or other determining method demonstrated that the hospital has implemented sufficient corrective action to warrant removal of the Immediate Threat, the Accreditation Committee may change the decision to Contingent."

"CONT02 The hospital with a decision of Accreditation with Follow-up Survey has failed to resolve all requirement."

Accreditation Decision Rules

Accreditation with Follow-up Survey

"AFS10 The hospital has failed to implement or make sufficient progress toward the Plan for Improvement (PFI) described in a Statement of Conditions, which was previously accepted by the Joint Commission; or has failed to develop and implement the interim life safety measures (ILSM) policy and its criteria associated with evaluation and compensations for increased safety (LS.01.01.01, EP3; LS.01.02.10. EP 3)"

Accreditation Decision Rules

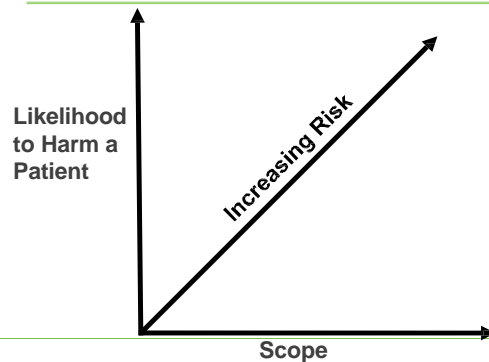
Accreditation with Follow-up Survey

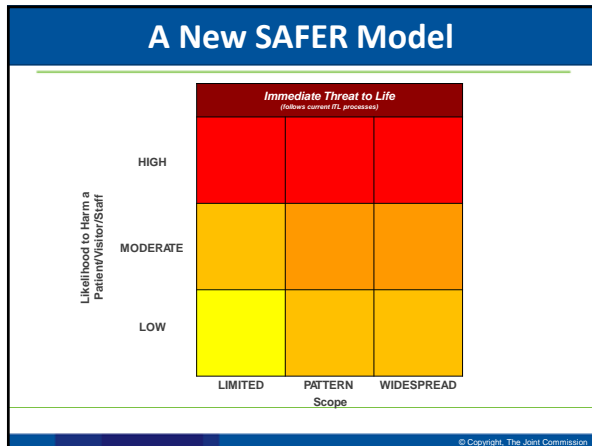
"AFS01 The hospital demonstrates systemic patterns, trends, and repeat findings primarily with direct impact standards."

"AFS02 The hospital demonstrates systemic patterns, trends, and repeat findings primarily with indirect impact standards."

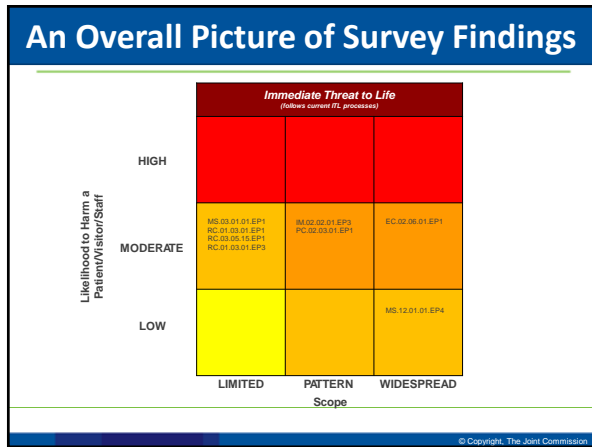
"AFS03 The hospital fails to successfully address all RFI's in an ESC or MOS."

A New SAFER Concept





- ### Survey Activities
- Preliminary planning session
 - Building tour
 - Document review (fire safety, utilities)
 - Environment of care interview
 - Emergency management interview
 - Tracers



You Can't Manage What You Don't Measure

2014 Survey Data

- Reviewed Observations 10% or Greater
- Grouped into similar type findings
- Subcategorized into Root Causes

Evaluated & Graphed

"When you can measure what you are speaking about, and express it in numbers, you know something about it." – Lord Kelvin

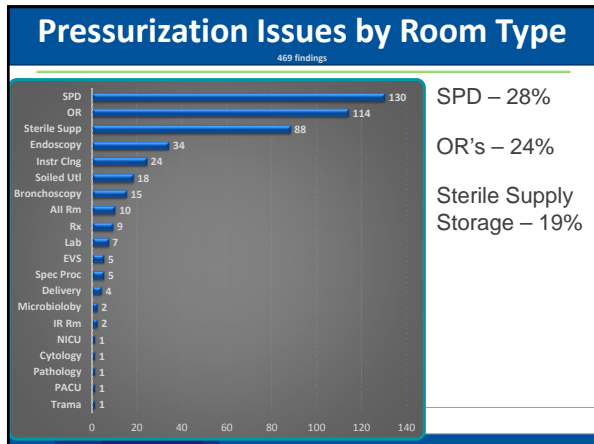
Survey Process

The survey team

- Depends on size of organization and sites covered
- Always at least 2 days life safety surveyor
- Increases with larger organization

EC.02.05.01 – Utility Systems

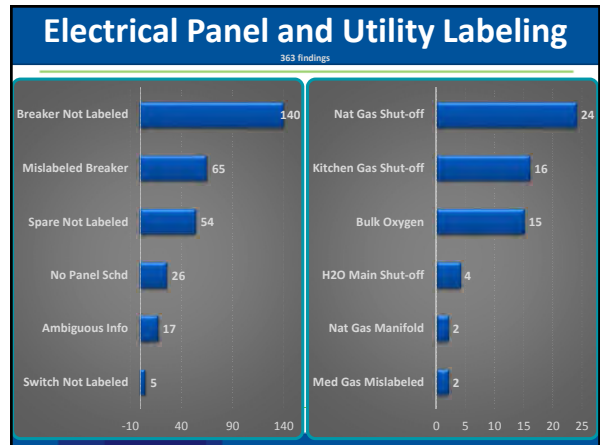
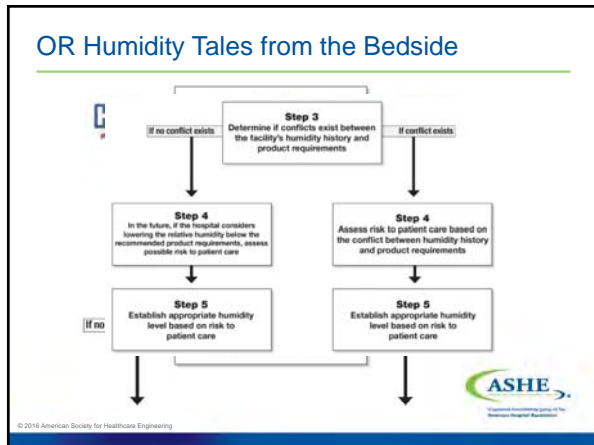
Standard	EP's Evaluated (10% or greater of findings within the Standard)	Top Findings (Based on 1,111 findings)
The hospital manages risks associated with its utility systems	EP 1 - The hospital designs and installs utility systems that meet patient care and operational needs.	Inappropriate Room Pressurization 469 findings (42.2%) (EP 15)
	EP 8 - The hospital labels utility system controls to facilitate partial or complete emergency shutdowns.	Failure to Label Electric Panels and Utilities – 363 findings (32.7%) (EP 8)
Aug/Sept 2015	EP 15 - In areas designed to control airborne contaminants (such as biological agents, gases, fumes, dust), the ventilation system provides appropriate pressure relationships, air-exchange rates, and filtration efficiencies.	Lack of Emergency Lighting 83 findings (7.5%) (EP 1)
		Inappropriate Electrical Issues 47 findings (4.2%) (EP 1)



Tales from the Bedside

Issue: We recently had our Joint Commission survey and one of the things that the surveyor told us was that all bronchoscopies must be done in a negative pressure room regardless if they are done in the bronchoscopy suite or at the bedside in an ICU.

Is this Fact or Fiction?



OR Humidity

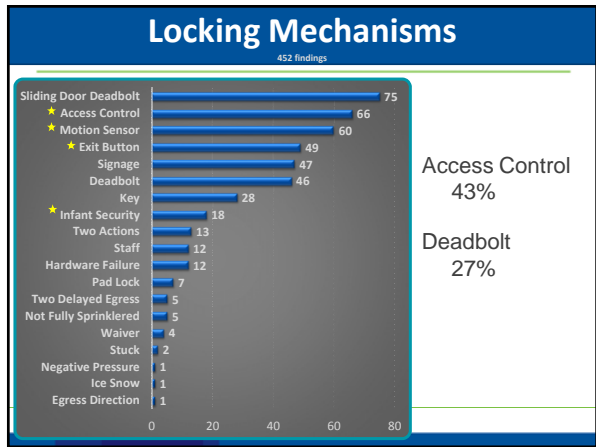
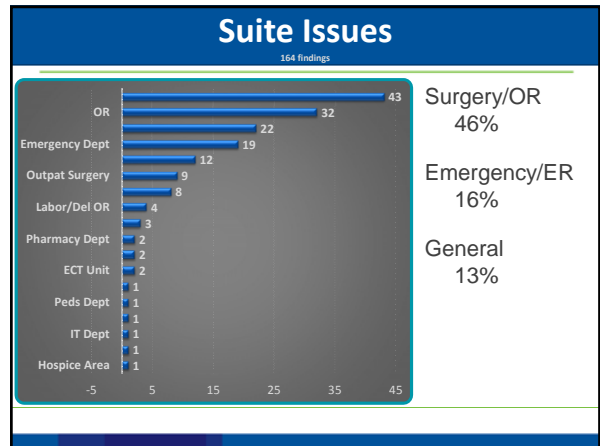
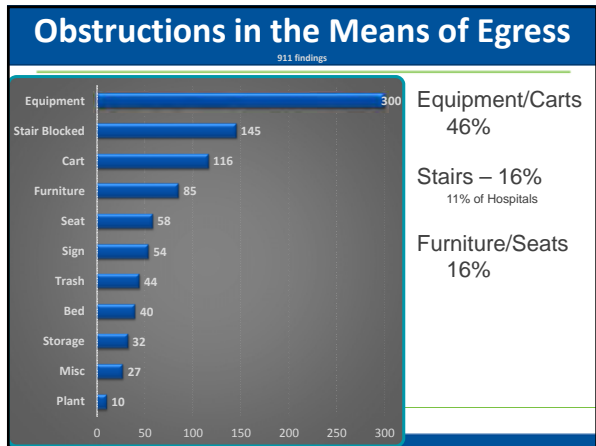
Background Information
 Joint Interim Guidance:
 Design vs Operations
 OR/SPD Applications
 Interim Guidance
 HCO's
 Medical Device Manufacturers
 Accreditation Surveyors
 HCO Guidance
 Multi-disciplinary Team Risk Assessment
 Determine HVAC Parameters in P&P
 Response Actions

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LS.02.01.20 – Means of Egress

Standard	EP's Evaluated (10% or greater of findings within the Standard)	Top Findings (Based on 1,527 findings)
The hospital maintains the integrity of the means of egress. <small>Oct/Nov 2015</small>	EP 1 - Doors in a means of egress are not equipped with a latch or lock that requires the use of a tool or key from the egress side.	Obstructions in Means of Egress 911 findings (59.7%) (EP 13)
	EP 13 - Exits, exit accesses, and exit discharges are clear of obstructions or impediments to the public way, such as clutter (for example, equipment, carts, furniture), construction material, and snow and ice.	Inappropriate Locking Mechanism 452 findings (29.6%) (EP 1)
		Suite Issues 164 findings (10.7%) (EP13)

"I have not failed. I've just found 10,000 ways that won't work." – Thomas A. Edison



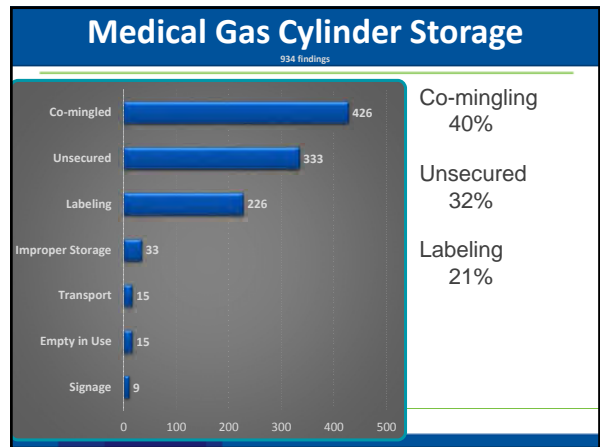
EC.02.06.01 – Built Environment

Standard	EP's Evaluated (10% or greater of findings within the Standard)	Top Findings (Based on 3,109 findings)
The hospital establishes and maintains a safe, functional environment.	EP 1 - Interior spaces meet the needs of the patient population and are safe and suitable to the care, treatment, and services provided.	Medical Gas Storage – Cylinder 934 findings (30.0%) (EP 1)
	EP 13 - The hospital maintains ventilation, temperature, and humidity levels suitable for the care, treatment, and services provided.	Safety Hazards 506 findings (16.3%) (EP 1)
		Air Flow & HVAC Issues 273 findings (8.8%) (EP 13)
		OR Humidity 238 findings (7.7%) (EP 13)
		Nurse Call – Pull Cord 205 findings (6.6%) (EP 1)

Tales from the Field

Issue: You were recently working with the surgery department on a performance improvement initiative and after reviewing the latest data while exiting the department you had to have the surgery staff badge you out of the department.

Is there any concern with this?



Tales from the ER

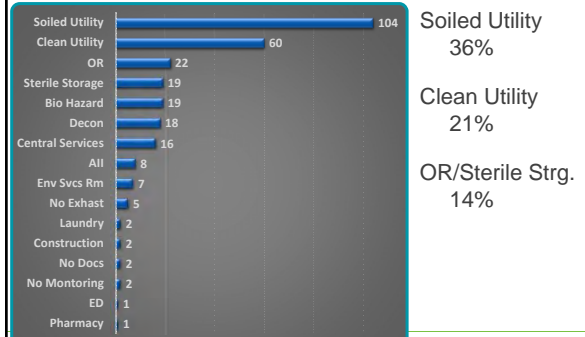
Issue: While doing environmental rounds you see the following:



What steps need to be taken?

Air Flow Issues

273 findings



Cylinder Storage

Plan Storage

Last in - First out

Segregate Cylinders

Full from Empty/Partial
Mark Empty

Develop Policy & Procedure

Additional Clarification

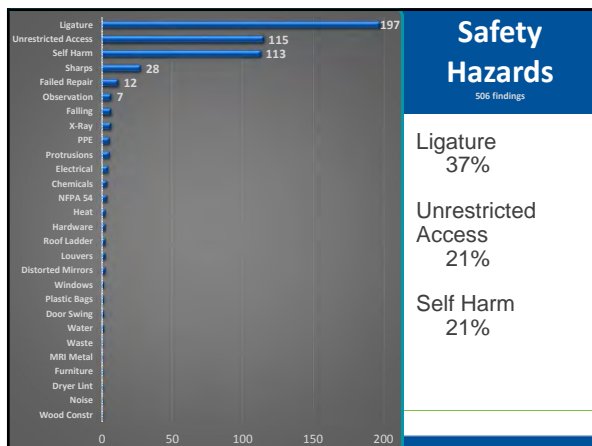
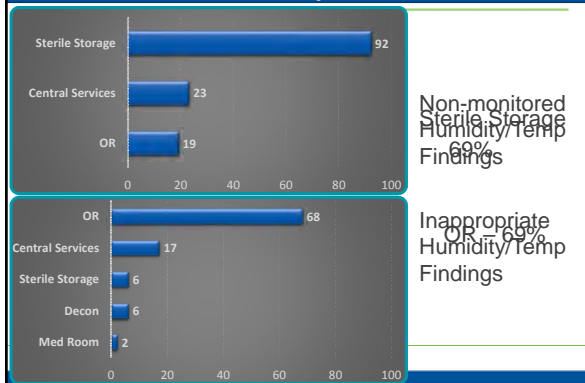
Segregated=physically separated

- Separate racks
- Physical barriers
- Color code rack
- Other effective means of separation

Unopened cylinder=full
Opened cylinder=empty
OK to use a partially filled cylinder (don't store with unopened cylinders)

Humidity/Temperature Issues

238 findings

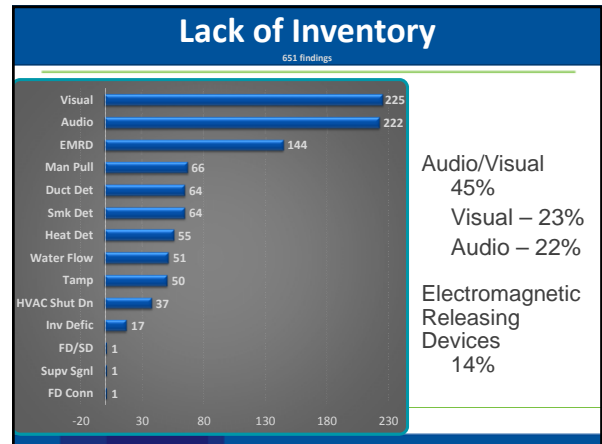
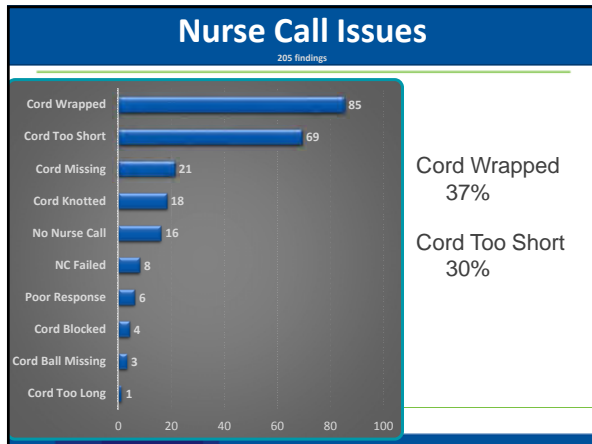


Tales from the OR

Issue: The log of temperature in my ORs show variation from standards in FGI 2014 Guidelines. A state surveyor is here now asking when these will be back in compliance but the surgeons here prefer the temperature at 65 F and state they cannot operate at ≥ 68 F.

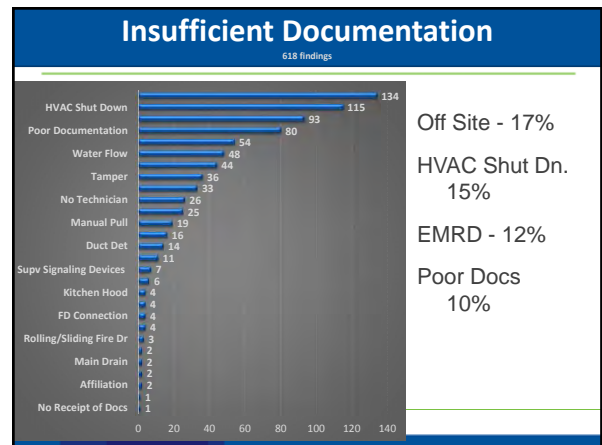
What can be done about this?

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EC.02.03.05 – Fire Protection

Standard	EP's Evaluated (10% or greater of findings within the Standard)	Top Findings (Based on 2,172 findings)
The hospital maintains fire safety equipment and fire safety building features. <small>Feb/Mar 2016</small>	EP 2 - At least quarterly, the hospital tests water-flow devices. Every 6 months, the hospital tests valve tamper switches. The completion date of the tests is documented.	Lack of Inventory 651 findings (30.0%) (EP's 2, 3, 4, 19 & 25)
	EP 3 - Every 12 months, the hospital tests duct detectors, electromechanical releasing devices, heat detectors, manual fire alarm boxes, and smoke detectors. The completion date of the tests is documented.	
	EP 4 - Every 12 months, the hospital tests visual and audible fire alarms, including speakers. The completion date of the tests is documented.	Insufficient Documentation 618 findings (28.5%) (EP's 2, 3, 4, 5, 19 & 25)
	EP 5 - Every quarter, the hospital tests fire alarm equipment for notifying off-site fire responders. The completion date of the tests is documented.	



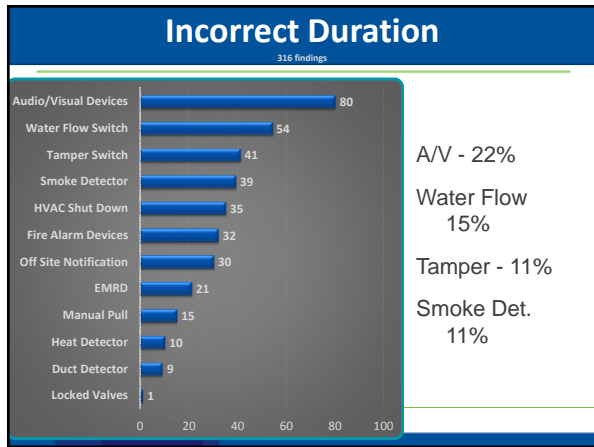
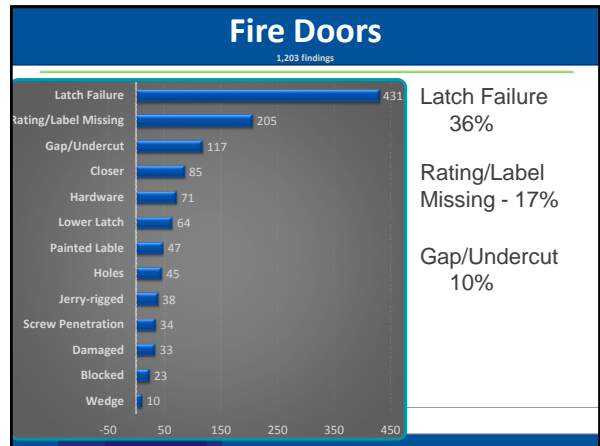
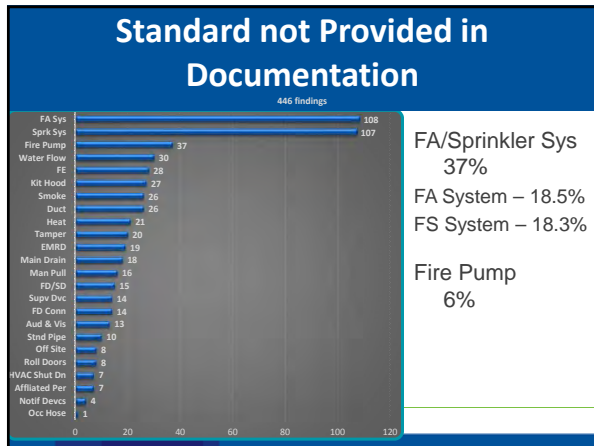
EC.02.03.05 – Fire Protection (cont.)

Standard	EP's Evaluated (10% or greater of findings within the Standard)	Top Findings (Based on 2,172 findings)
The hospital maintains fire safety equipment and fire safety building features. <small>Feb/Mar 2016</small>	EP 19 - Every 12 months, the hospital tests automatic smoke-detection shutdown devices for air-handling equipment. The completion date of the tests is documented.	Standard not Listed 446 findings (20.5%) (EP 25)
	EP 25 - Documentation of maintenance, testing, and inspection activities for fire alarm and water-based fire protection systems includes the following: - Name of the activity - Date of the activity - Required frequency of the activity - Name and contact information, including affiliation, of the person who performed the activity - NFPA standard(s) referenced for the activity - Results of the activity	Incorrect Duration 316 findings (14.5%) (EP's 2, 3, 4, 5, & 19)

Tales from the Field

Issue: You are checking up on the Fire Alarm Testing Contractor who is scheduled to be testing the system for the next 3 days and realize that the technicians have left for the day.

What steps, if any, need to be taken?



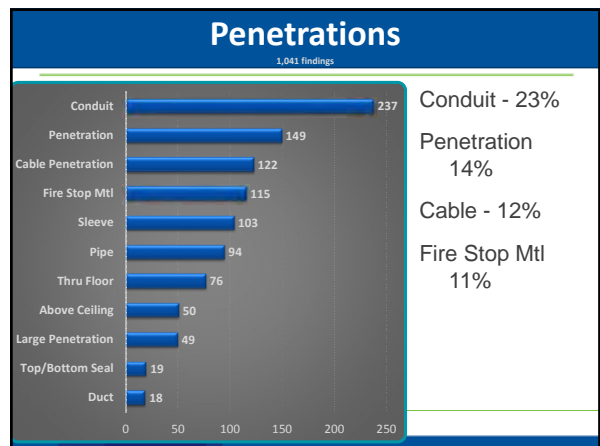
Tales from the Field

Issue: You have been encouraged by your Wellness Awareness Staff to take the stairs when going three or fewer floors up or down. You have just climbed three floors and while trying to catch your breath exiting the stair you push on the door to exit.

What steps, if any, need to be taken?

LS.02.01.10 – General Requirements

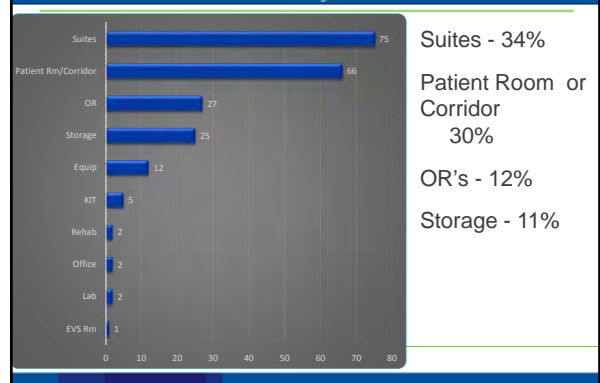
Standard	EP's Evaluated (10% or greater of findings within the Standard)	Top Findings (Based on 2,354 findings)
Building and fire protection features are designed and maintained to minimize the effects of fire, smoke, and heat. Apr/May 2016	EP 4 - Openings in 2-hour fire-rated walls are fire rated for 1 1/2 hours.	Fire Doors 1,203 findings (51.1%) (EP's 4 & 5)
	EP 5 - Doors required to be fire rated have functioning hardware, including positive latching devices and self-closing or automatic-closing devices. Gaps between meeting edges of door pairs are no more than 1/8 inch wide, and undercuts are no larger than 3/4 inch.	
	EP 9 - The space around pipes, conduits, bus ducts, cables, wires, air ducts, or pneumatic tubes that penetrate fire-rated walls and floors are protected with an approved fire-rated material.	Penetrations 1,041 findings (14.5%) (EP's 4 & 9)



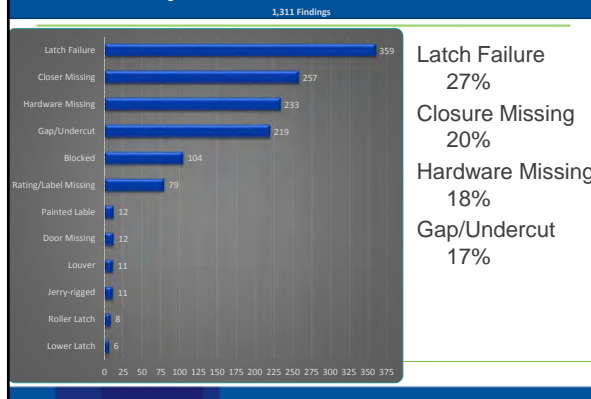
LS.02.01.30 – LS Building Features

Standard	EP's Evaluated (10% or greater of findings within the Standard)	Top Findings (Based on 2,488 findings)
The hospital provides and maintains building features to protect individuals from the hazards of fire and smoke. Jun/Jul 2016	EP 2 - All hazardous areas are protected by walls and doors in accordance with NFPA 101-2000: 18/19.3.2.1.	Fire Doors 1,311 findings (53%) (EP's 2 & 11)
	EP 11 - Corridor doors are fitted with positive latching hardware, are arranged to restrict the movement of smoke, and are hinged so that they swing. The gap between meeting edges of door pairs is no wider than 1/8 inch, and undercuts are no larger than 1 inch. Roller latches are not acceptable.	Penetrations 590 findings (24%) (EP's 2, 11 & 18)
	EP 18 - Smoke barriers extend from the floor slab to the floor or roof slab above, through any concealed spaces (such as those above suspended ceilings and interstitial spaces), and extend continuously from exterior wall to exterior wall. All penetrations are properly sealed.	Suite and Hazardous Areas 425 findings (17%) (EP's 2 & 11)

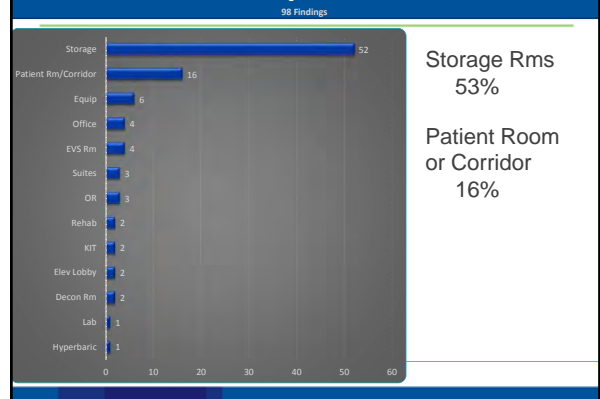
Fire/Smoke Door Gap Failures



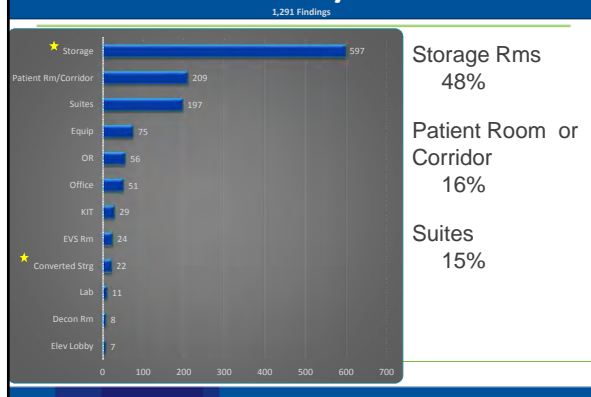
Fire/Smoke Door Failures



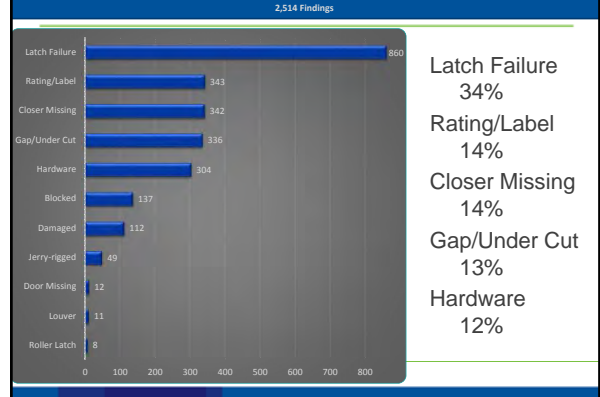
Blocked Fire/Smoke Doors

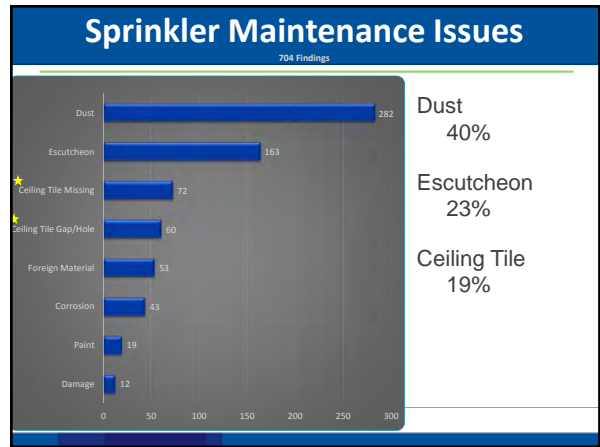
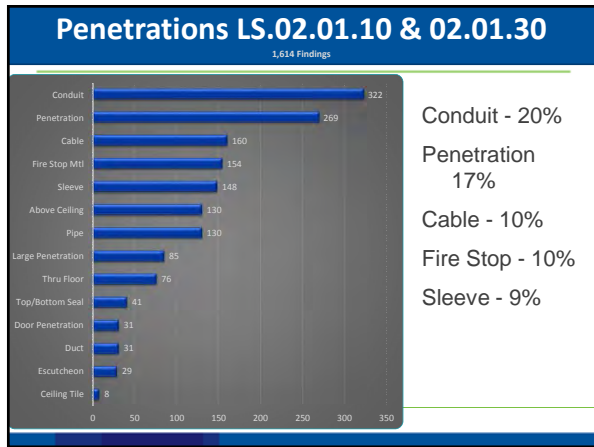
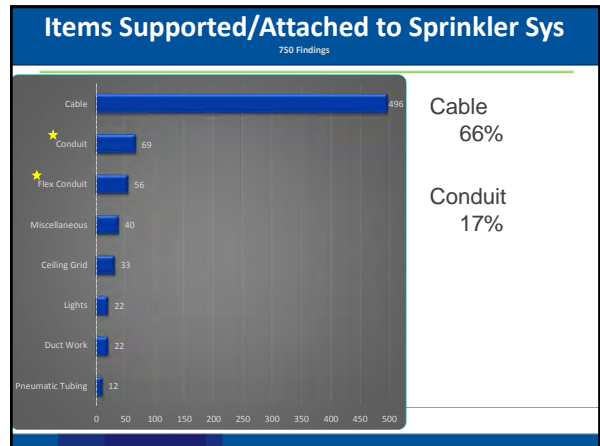
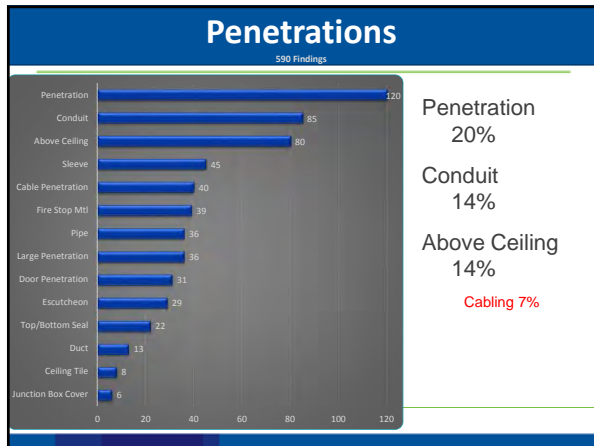


Door Failure by Location



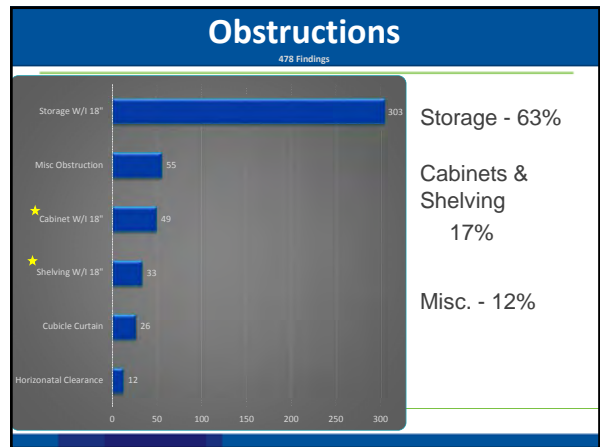
Fire/Smoke Door LS.02.01.10 & 02.01.30

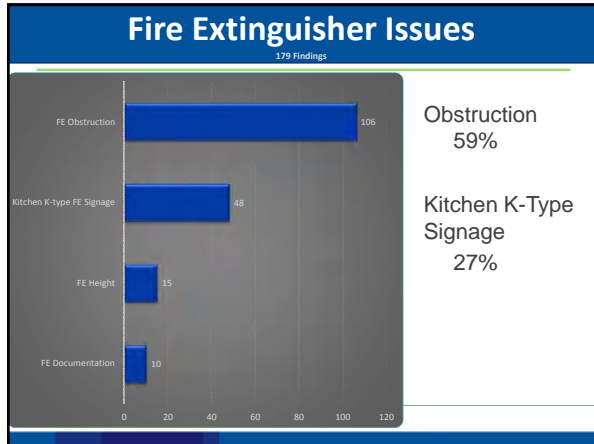




LS.02.01.35 – Sprinklers

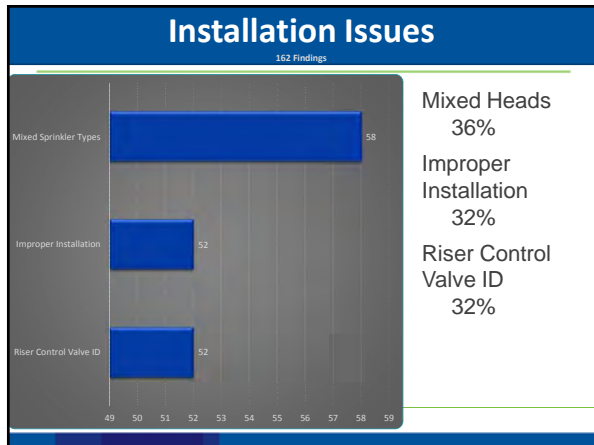
Standard	EP's Evaluated (10% or greater of findings within the Standard)	Top Findings (Based on 2,444 findings)
The hospital provides and maintains equipment for extinguishing fires. Aug/Sept 2016	EP 4 - Piping for approved automatic sprinkler systems is not used to support any other item.	Items Supported by SS 750 findings (32.9%) (EP's 4 & 6)
	EP 5 - Sprinkler heads are not damaged and are free from corrosion, foreign materials, and paint.	Sprinkler Maintenance 704 findings (30.9%) (EP's 5)
	EP 6 - There is 18 inches or more of open space maintained below a sprinkler deflector to the top of storage.	Obstructions w/in 18" 478 findings (21.0%) (EP 6)
	EP 14 - The hospital meets all other Life Safety Code automatic extinguishing requirements related to NFPA 101-2000: 18/19.3.5.	Fire Extinguisher Issues 179 findings (7.9%) (EP 14)
		Installation Issues 162 findings (7.1%) (EP 14)





Purpose of Codes & Standards

- Minimum Safety Regulations
- Prescriptive
- Performance-related
- Building Systems
- Consensus Documents
- Not Enforceable
 - Until Adopted by AHJ
 - This Designates Code as Law



History of Various Healthcare Codes

Category	Code	Year	Notes
Design	PHS Guidelines	1947	
	AIA Guidelines	1984	
	FGI Guidelines	2001	
Build	ASHRAE Std 62	1973	
	ASHRAE Std 170	2008	
	Included in FGI	2010	
	International Code (ICC)		
Maintain	National Building Code (BOCA)	1915	
	Uniform Building Code (ICBO)	1915	
	Standard Building Code (SBCCI)	1915	
Accredit	101 Life Safety Code (NFPA)	1913	
	NFPA 99	1980	
	Ref LSC	2000	
	CMS	2016	
	CMS SOP's	1966	
	Adoption of 2000 LSC	2003	
	Adoption of 2012 LSC	2016	

ASHE Focus on Compliance Website

"Our biggest need is a clearer focus on how we should value and use what we already have."
Dallin H. Oaks

<http://ashe.org/compliance>

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Codes & Standards

ASHRAE	ICC
170/188	2018 Code Cycle
FGI	CMS
2018 Cycle	Adoption of 2012
Underway	101 LSC & 99
NFPA	Emergency Prep Rule
2018 Code Cycle	Adoption of 2012
Important Dates	101, 99 & 110
12/6/16 - Membership	
6/4/17 - Voting for 2018	

Physical Environment as a Priority

Leadership must be aware

Physical environment fails clinical needs cannot be met
Current physical environment **requirements** may be **difficult** to achieve

Current building **technologies**

Lack of **resources**

Staff must be **fully educated** in operating and maintaining building systems

Smell It, Hear It, See It

"None of us can change our yesterdays, but all of us can change our tomorrows."
Colin Powell

Who Are The True Leaders

We are all Leaders

We Influence Those Around Us

Heliotropic Effect

Good vs Bad

Positive Energizer

Negative Energizer

Mission

Provide a single authorized free **resource** addressing:

Frequently Identified Standards and Elements of Performance

In **Partnership** with the
Joint Commission

Sponsored in part by Grainger



Who Are The True Leaders

We are all Leaders

Creating a Positive Environment

Positive Meaning

Positive Communication

Positive Relationship

Positive Climate

Intended Audience

Hospital Leaders

C-Suite

Clinicians

Quality Coordinators

Facility Managers

Key Resources

EC.02.05.01 – [Sample Pressure Relationships Policy and Procedure](#)

LS.02.01.20 - [Adopt-a-Floor Instructions](#)

EC.02.06.01 - [Medical Gas Cylinder Sample Policy and Procedure](#)

EC.02.03.05 - [Fire Safety Equipment and Fire Safety Building System Inspection, Testing, and Maintenance: Hospitals](#)

More to Come

Collaborative Effort

ASHE and TJC
Focus Task Force
On-going Effort

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Got Stuff?

Sustainable improvements in any endeavor depend on collaboration and agreement." Russell M. Nelson

Questions?

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Thank You
Surveys and Certificates

