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Common Findings EC/LS/EM

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Knowledge is Power



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Today's Objectives

- At the end of today's presentation, the participant will be able to:
 - Identify the most common Requirements for Improvement (RFI's) found during TJC survey
 - Understand the intent of these Elements of Performance
 - Tips for developing systems and processes to achieve compliance



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Source of Truth

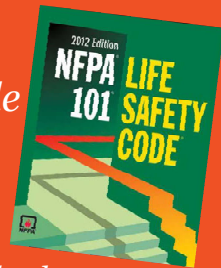


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Application of –
NFPA 101: Life Safety Code
2012 Edition

Adopted by CMS on May 4, 2016
Federal Register (Vol.81, No.86)

Referenced in TJC Life Safety Standards

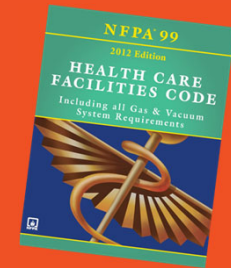


Application of NFPA 99
Health Care Facilities Code

2012 Edition

Adopted by CMS on May 4, 2016
Federal Register (Vol.81, No.86)

Referenced in TJC Environment of Care Standards



Environment of Care

#5



Temperature & Humidity

- EC.02.05.01 EP16
- In non-critical care areas, the ventilation system provides required pressure relationships, temperature, and humidity.
- Note: Examples of non-critical care areas are general care nursing units; clean and soiled utility rooms in acute care areas; laboratories, pharmacies, diagnostic and treatment areas, food preparation areas, and other support departments.

Ventilation of Non-Critical Areas

- Monitoring and documentation of temperature and humidity is not required.
 - They are, however expected to be initially set-up properly when affected by new construction, alteration or renovation, and through methods such as regular environmental rounding, occupant feedback and through maintenance activities
- Compliance with the ASHRAE standards will be assessed during survey

Common RFI's

- ... the soiled utility room noted to have positive pressure /air flow related to surrounding hallway when tested.
- ... the Lab did not maintain negative pressure with adjacent outside corridors. It was determined that an exhaust fan for the Lab was not working.
- ... Clean Linen room E-26 was tested and noted to have **NEGATIVE** air pressure / air flow related to the adjacent hallway (not a critical location).

#4

Inspection Records



Fire System Maintenance Records

- EC.02.03.05 EP 28
- Documentation of maintenance, testing, and inspection activities for EC.02.03.05, EPs 1–20, 25 (including fire alarm and fire protection features) includes the following:
 - Name of the activity
 - Date of the activity
 - Inventory of devices, equipment, or other items
 - 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
- Note: For additional guidance on documenting activities, see NFPA 25-2011: 4.3; 4.4; NFPA 72-2010: 14.2.1; 14.2.2; 14.2.3; 14.2.4.

Fire System Maintenance Records

- “Proof” that all fire system inspections, testing, and maintenance has been performed at prescribed frequency
 - Accurate records must be maintained
- If it’s not documented, it would not be considered done by a surveyor.

Documenting ITM Activity

- Current and complete inventory of all devices
 - If x devices were tested last year, and x-1 were tested this year, which device was missed?
 - Each device must be on the inventory to identify which device was missed
 - Total number of devices (quantity) is not adequate
 - Lack of an inventory (written, electronic or other) results in a finding at EP 28
- NFPA reference (correct edition)



Common RFI's

- it was noted that there was not an inventory for the smoke detectors.
- The testing only showed NFPA 72, not the specific year.
- The annual rated door assembly inspection document did not include the NFPA reference.

EC.02.03.05 EP 28

- Life Safety & Environment of Care Document List and Review Tool
- Access via E-App under the "Survey Process" tab

STANDARD	EPs	Site Legend			Document Requirement	Frequency	Q1	Q2	Q3	Q4
		C	NC	NA						
EC.02.03.05					Fire Protection Suppression Testing and Inspection quarterly and room temperature supervisory.					
EP 2					Water flow devices					
EP 3					Temperature switches					
EP 4					Direct, back, and/or detectors; and manual fire alarm boxes; notification devices (audible & visual) and non-sounding devices					
EP 5					Emergency services notification					
EP 6					Electric motor driven fire pumps under load in fire condition					
EP 7					Direct or indirect fire pumps under load in fire condition					
EP 8					Water storage tank fire and low water alarms					
EP 9					Water storage tank fire and low water alarm test data					
EP 10					Fire department connections inspected fire hose					

Common RFI's

- ... During the document review, it was noted that the fire extinguisher testing and kitchen testing documents did not have the NFPA references.
- ... the incorrect NFPA code was referenced for EC.02.05.07 EP 1 and 2 (monthly and annual emergency lighting tests) and also did not reference the current NFPA edition.
- ... In 2 of 14 documents reviewed, there was no NFPA edition listed (EP 13 and 25).

#3

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Safe and Suitable Interior Spaces



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Safe and Suitable Interior Spaces



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Safe & Suitable Spaces

- EC.02.06.01 EP 1
- Interior spaces meet the needs of the patient population and are safe and suitable to the care, treatment, or services provided.

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Safe & Suitable Spaces

- “Catch-all” Standard/EP
 - Cited for conditions in the environment that does not already have a specific applicable Standard/EP.

Compliance Tips:

- Separate clean and dirty functions
- Control leaks and replace stained ceiling tiles
- Repair walls and other finishes when needed
- Make sure call cords are reachable

Common RFI's

- A stained ceiling tile was observed in the pre-op area and a missing ceiling tile in the laser room.
- ... it was identified that the emergency pull cord was tied around the handrail...
- ... there was chipped / damaged laminate behind bed ...

#2



Non-High Risk Utilities

- EC.02.05.05 EP 6
- The hospital inspects, tests, and maintains the following: Non-high-risk utility system components on the inventory. The completion date and the results of the activities are documented.
- Note: Scheduled maintenance activities for non-high-risk utility systems components in an alternative equipment maintenance (AEM) program inventory must have a 100% completion rate. AEM frequency is determined by the hospital AEM program.

Common Non-High-Risk Deficiencies

- Fridge temperatures not kept within required ranges
- Electrical junction boxes left uncovered
- Electrical panels blocked

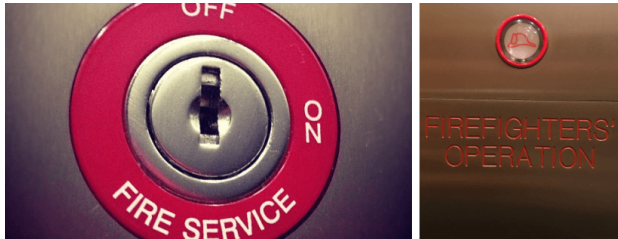


Common RFI's

- ... Above ceiling outside of rooms 146 and 147, there were two open junction boxes ...
- ... ELECTRICAL panels blocked by Anesthesia supply carts.
- ... in the radiology area corridor assessable to the public electrical panel was unlocked. The hospital policy is to keep these panels locked.

#1

Elevator Recalls

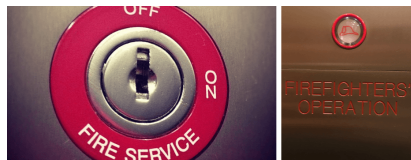


Elevators

- EC.02.03.05 EP 27
- Elevators with firefighters' emergency operations are tested monthly. The test completion dates and results are documented.
 - (For full text, refer to NFPA 101-2012: 9.4.3; 9.4.6)

Elevators

- If people are in an elevator when a Fire Alarm Initiating Device activates, the elevator will automatically move to a safe floor, away from the fire, and shut down with the doors open.



Common RFI's

- ... documentation indicated that the firefighter's elevator recall was being tested quarterly. This testing is a monthly requirement.
- ... unable to provide records documenting performance of the monthly elevator firefighter's emergency operations functions.

Life Safety

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#5

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Building Features

- LS.02.01.10 EP 1
- Buildings meet requirements for construction type and height. In Types I and II construction, alternative protection measures are permitted to be substituted for sprinkler protection in specific areas where state or local regulations prohibit sprinklers.
- All new buildings contain approved automatic sprinkler systems.
- Existing buildings contain approved automatic sprinkler systems as required by the construction type.
- (For full text, refer to NFPA 101-2012: 18/19.1.6; 18.3.5.1; 19.3.5.3; 18/19.3.5.4; 18/19.3.5.5; 18.3.5.6)

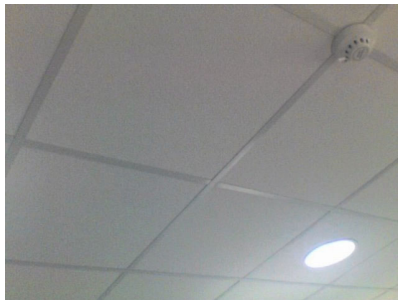
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Common RFI's

- ... in the boiler room there were two sections on the steel beams that had missing fire proofing (sprinkled building).
- ... missing sprinkler head in a fully sprinkled building was observed in the medical gas mechanical area located on the first-floor parking garage area under an HVAC unit that was greater than 4 feet in width.

#4



Ceiling Envelope

- LS.02.01.34 EP 9
- The ceiling membrane is installed and maintained in a manner that permits activation of the smoke detection system.
- (For full text, refer to NFPA 101-2012: 18/19.3.4.1)

Common RFI's

- ... there were 6 conduit penetrations in the ceiling tile not properly sealed in the Electrical Room #108. The room was equipped with a smoke detector.
- ... large gaps in the ceiling membrane, impacting the effectiveness of the rooms smoke detection system.
- ... a smoke detector was present with multiple unsealed gaps in the ceiling membrane.

#3



Fire-Rated Doors

- LS.02.01.10 EP 11
- Fire-rated doors within walls and floors have functioning hardware, including positive latching devices and self-closing or automatic-closing devices (either kept closed or activated by release device complying with NFPA 101- 2012:7.2.1.8.2).
 - Gaps between meeting edges of door pairs are no more than 1/8 of an inch wide, and undercuts are no larger than 3/4 of an inch.
- Fire-rated doors within walls do not have unapproved protective plates greater than 16 inches from the bottom of the door.
 - Blocking or wedging open fire-rated doors is prohibited.
- (For full text, refer to NFPA 101-2012: 8.3.3.1; 7.2.1.8.2; NFPA 80-2010: 4.8.4.1; 5.2.13.3; 6.3.1.7; 6.4.5)

Common RFI's

- ... fire barrier doors located by the OR elevator bank did not positive latch when tested.
- ... a (45) minute rated fire door was noted to be wedged open.

#2



Penetrations

- LS.02.01.10 EP 14
- The space around pipes, conduits, bus ducts, cables, wires, air ducts, or pneumatic tubes penetrating the walls or floors are protected with an approved fire-rated material.
- Note: Polyurethane expanding foam is not an accepted fire-rated material for this purpose. (For full text, refer to NFPA 101-2012: 8.3.5)

Common RFI's

- Located above ceiling in the I/T room, unsealed penetrations in the fire barrier were noted.
- ... Located above ceiling near the chapel, unsealed penetrations were noted in the fire barrier.

#1



Sprinkler Piping

- LS.02.01.35 EP 4
- Piping for approved automatic sprinkler systems is not used to support any other item.
- (For full text, refer to NFPA 25-2011: 5.2.2.2)

Common RFI's

- ... Located above ceiling outside the 4th floor doctors dictation room, a bundle of computer cables was noted to be supported by sprinkler pipe.
- ... In the above ceiling plenum on at 2nd floor elevator lobby there was flex conduit and an IT cable line supported by the fire sprinkler pipe.

Emergency Management

#5



After-Action Reports

- EM.03.01.03 EP 14
- The evaluation of all emergency response exercises and all responses to actual emergencies includes the identification of deficiencies and opportunities for improvement. This evaluation is documented.

Common RFI's

- The organization did not complete a after action report that included all the required elements for the real utility failure event that accrued on May 26, 2020.
- The hospital evaluation of the emergency response exercises did NOT include the identification of deficiencies and opportunities for improvement.

#4



Medical Bylaws

- EM.02.02.13 EP 2
- The medical staff identifies, in its bylaws, those individuals responsible for granting disaster privileges to volunteer licensed independent practitioners.

Common RFI's

- ... During review of the Medical Staff Bylaws, it was noted that there was no provision to identify the individuals that could confer privileges as needed to volunteer licensed independent practitioners during a disaster when the hospital's Emergency Operations Plan was activated.
- The medical staff bylaws did not identify who was responsible for granting disaster privileges.

#3



96-Hour Supply Plan

- EM.02.01.01 EP 3
- The Emergency Operations Plan identifies the hospital's capabilities and establishes response procedures for when the hospital cannot be supported by the local community in the hospital's efforts to provide communications, resources and assets, security and safety, staff, utilities, or patient care for at least 96 hours.
- Note: Hospitals are not required to stockpile supplies to last for 96 hours of operation.

Common RFI's

- The hospital plan had not shown how it would respond if it could not be supported by the local community for 96 hours.
- At the time of survey, the hospital had not completed an assessment of its sustainability of diesel fuel for 96 hours. Generator resources were listed as 10. However, recent generator runs during power loss for two days after a tornado indicated approximately 300 gallons of diesel were used. Therefore, the generator can run approximately two days.

#2



COOP

- EM.02.01.01 EP 12
- For hospitals that use Joint Commission accreditation for deemed status purposes: The Emergency Operations Plan includes a continuity of operations strategy that covers the following:
 - A succession plan that lists who replaces key leaders during an emergency if a leader is not available to carry out his or her duties
 - A delegation of authority plan that describes the decisions and policies that can be implemented by authorized successors during an emergency and criteria or triggers that initiate this delegation

COOP

- EM.02.01.01 EP12
- Note: A continuity of operations strategy is an essential component of emergency management planning. The goal of emergency management planning is to provide care to individuals who are incapacitated by emergencies in the community or in the organization.
- A continuity of operations strategy focuses on the organization, with the goal of protecting the organization's physical plant, information technology systems, business and financial operations, and other infrastructure from direct disruption or damage so that it can continue to function throughout or shortly after an emergency. When the organization itself becomes, or is at risk of becoming, a victim of an emergency (power failure, fire, flood, bomb threat, and so forth), it is the continuity of operations strategy that provides the resilience to respond and recover.

Common RFI's

- ... the hospital could not provide evidence of a continuity of operations strategy, specifically outlining a succession plan listing who replaces key leaders during an emergency.
- The Emergency Management Plan did not include a continuity of operations strategy that covered a succession planning listing who replaces key leaders during a emergency if a leader is not available to carry out his or her duties.
- The plan did not include a delegation of authority plan that described the decisions and policies that can be implemented by authorized successors during an emergency and criteria or triggers to initiate the delegation.

#1



EM

- EM.02.01.01 EP 14
- For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital has a procedure for requesting an 1135 waiver for care and treatment at an alternative care site.
- Note: During disasters, organizations may need to request 1135 waivers to address care and treatment at an alternate care site identified by emergency management officials. The 1135 waivers are granted by the federal government during declared public health emergencies; these waivers authorize modification of certain federal regulatory requirements (for example, Medicare, Medicaid, Children's Health Insurance Program, Health Insurance Portability and Accountability Act) for a defined time period during response and recovery.

Common RFI's

- The hospital did not have a documented procedure for requesting an 1135 waiver for care and treatment at an alternative care site in the Emergency Operations Plan (EOP).
- The organization's Emergency Operations Plan did not have a documented procedure for requesting an 1135 waiver for care and treatment at an alternative care site during an emergency event.



New EM Standards

Knowledge is Power...

- Now you know the recent top cited Standards and Elements of Performance for Life Safety, Environment of Care, and Emergency Management chapters
- This presentations' objectives were:
 - Identify the most common RFI's found on survey
 - Understand the intent of the Element of Performance
 - Develop systems and processes to achieve compliance

Resources

Home > Resources > Patient Safety Topics > The Physical Environment

The Physical Environment

Create a safe environment. Protecting patients from harm involves more than safe treatments and procedures. We must also consider where patients receive care, and minimize risks associated with the physical environment.

The Physical Environment	
Utility Systems - EC.02.05.01	+
Means of Egress - LS.02.01.20	+
Built Environment - EC.02.06.01	+
Fire Protection - EC.02.03.03	+
General Requirements - LS.02.01.10	+
Protection - LS.02.01.30	+
Automated Suppression - LS.02.01.35	+
Life Safety Code	

About The Physical Environment | Identified Standards | Fire Drill Matrix - EC.02.03.03
SIG Engineering Interpretive Guidance | Products from JCR

Resources

Home > Standards > Standards FAQs

Interpreting Joint Commission Standards: FAQs

The Joint Commission's standards are developed with input from a variety of health care professionals, consumers, government agencies and other experts. They form the basis of our evaluation process, and they help you measure, assess and improve your performance.

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Resources

Standards Online Submission Form

Required Fields

Health Care Organization Information

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Questions

Please provide your question here

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Questions

