The Joint Commission: 
Survey Process, 
Methods, and Standards 
Update
Learning Objectives

At the conclusion of this presentation, participants will be able to:

- Discuss The Joint Commission mission & deemed status
- Understand the survey process
- Describe the SAFER Matrix
- 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
Mission:

- To continuously **improve** health care
- By **evaluating** health care organizations - meaningful assessment
- To provide **safe** and effective care
- **Inspiring** them to excel
The Joint Commission: Deemed Status

- Deemed Programs:
  - Hospitals
  - Behavior Hospitals
  - Home Care, Hospice
  - Ambulatory Healthcare, including Surgery Centers
  - Critical Access Hospitals
  - Labs

- Survey: Every 3 years (Labs: every 2 years)
TJC – Standards and Elements of Performance (EP’s)

- Tell us what you are going to do
- Tell us how you did it.
- Survey to 2012 editions of:
  - NFPA 99 – Healthcare Facilities Code
- HAI
  - Approx. 700,000 / year
  - Approx. 60,000 Deaths / year
Leading the Way to Zero™
Jim Kendig, CHSP, CHCM, HEM, LHRM

The Joint Commission
Field Director – Life Safety Code Surveyors
Tim Markijohn, MBA/MHA, CHFM, CHE
The Joint Commission
Field Director – Life Safety Code Surveyors
Life Safety Code Surveyors (LSCS)

Jim Kendig, MS, CHSP, CHCM, HEM, LHRM
Field Director, LSCS

Tim Markijohn, MBA\MHA, CHFM, CHE
Field Director, LSCS

78 Full/Part Time/Intermittent (hiring)
Many currently work in healthcare facility management
Minimum of bachelors degree, most have multiple masters &
doctorate level
Live across the country, survey the globe
High performers, very engaged, top 1%
ACO
Accreditation and Certification Operations

Understanding The Survey Process
Survey Types

- Full U (Full Unannounced/Triennial)
- Med Def (Medicare Deficiency)
- SSU/OQPS (Special Survey Unit & Office of Quality and Patient Safety)
- ICM 2 or 3 (Intracycle Monitoring)
- Extension Survey (New building/services)
- Medicare Survey (CLD on Initial)
## Life Safety Code Surveyor Days - 2018

**Hospitals – Each Physical Address = Min. 2 LSCS days (new)**

<table>
<thead>
<tr>
<th>Gross Building Square Footage</th>
<th>LSCS Days</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 – 1,000,000</td>
<td>2</td>
</tr>
<tr>
<td>1,000,000 – 1,500,000</td>
<td>3</td>
</tr>
<tr>
<td>&gt;1,500,000</td>
<td>LSC FD Review</td>
</tr>
</tbody>
</table>

**Non Hospital Life Safety Code Surveyor Days - 2018**

<table>
<thead>
<tr>
<th>Type</th>
<th>LSCS Days</th>
</tr>
</thead>
<tbody>
<tr>
<td>AHC / ASC</td>
<td>1</td>
</tr>
<tr>
<td>Med Def</td>
<td>1</td>
</tr>
<tr>
<td>SSU / OQPS</td>
<td>1</td>
</tr>
</tbody>
</table>
The Hospital Survey Team

- Team Leader
  - Physician or Nurse
- Life Safety Code Surveyor (LSCS)
- Other clinical team members
- Based on physical size of the organization and the amount and types of programs (HAP, OME, AHC, BHC)
LSCS Pre Survey Review

- SOC (BBI – Eapp) PFI’s not visible to LSCS
- Previous report and ESC’s
- Public web site
- Surveyor Resources
### Survey Agenda: LSCS Arrives with Team

<table>
<thead>
<tr>
<th>Time</th>
<th>Day 1</th>
<th>Time</th>
<th>Day 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>0800 - 0900</td>
<td>Facility Orientation</td>
<td>0800 - 0815</td>
<td>Day #1 Morning Briefing</td>
</tr>
<tr>
<td>0900 – 0930</td>
<td>Opening Conference/Introductions Only</td>
<td>0815 – 1200</td>
<td>Building Tour Cont’d</td>
</tr>
<tr>
<td>0930 – 1045ish</td>
<td>Document Review</td>
<td>1200 – 1230</td>
<td>Lunch</td>
</tr>
<tr>
<td>1045 – 1200</td>
<td>Pressure Relationships (OR’s/SPD)</td>
<td>1230 – 1430</td>
<td>EC/EM Sessions (Separate)</td>
</tr>
<tr>
<td>1200 – 1230</td>
<td>Lunch</td>
<td>1430 – 1530</td>
<td>Enter day #2 Findings into report</td>
</tr>
<tr>
<td>1230 – 1600</td>
<td>Building Tour (End of day Findings)</td>
<td>1530 – 1600</td>
<td>Interim LSCS Exit/Team Exit</td>
</tr>
</tbody>
</table>
Survey Agenda: Early Exit

- LSCS Pilot in 2016 & 2017
- 2018 and beyond
  - Only 5 day surveys
  - Changes to agenda
    - For example – hard stop vs. morning briefing
    - Starting earlier
- LSCS (or other surveyors such as BH, AHC) will not be on the last two days
Day One morning: Facility Orientation

Main Fire Panel - Upon arrival by the surveyor, an escort will be needed to take him/her to the main fire alarm panel to verify that it is functional- check breaker.

*Tip for success:* make sure you know location of electrical panel with the designated breaker for the fire alarm.
Day One morning: Facility Orientation

**Life Safety Plans** - The surveyor will then meet with an organization staff member(s) to become oriented to the layout of the building.

- Areas Sprinklered (if not 100%)
- Fire Barriers
- Smoke Barriers
- Suites, including size
- Smoke Compartments
- Chutes/shafts
- Approved Equivalencies or Waivers
Day One morning: Facility Orientation
New May 2017

- Visit generators
  - Obtain name plate info, look for EPO
- Visit fire pump room
  - Electric or diesel (Day tank at least 2/3 Full)
  - Spare Sprinkler Heads and Tools

- Prior to the start of the building tour – the 3 Q’s

**Tip for success:** Know the number and types of sprinklers so you can determine the number of spares needed.
Day One morning: Document Review

- Paper or electronic, 90 minutes is the goal!
- Same checklist the Life Safety Code Surveyors (LSCS)/Hospital use
- Serves as Hospitals prep tool for survey – mock review
- Checklist has Standard, EP, Time frequency
- Open book test

**Tip for success:**
- Organize testing document binder in same order as checklist
- Close all open issues and place work order right behind report
Day One morning: Document Review

- Policies and procedures for Interim Life Safety Measures (ILSMs)
- Written fire response plan
- Evaluations of fire drills conducted for the past 12 months – complete fire drill matrix
- Maintenance records for fire protection & suppression equipment
- Maintenance records for emergency power systems
- Maintenance records for piped medical gas and vacuum systems

• **Tip** – LSCS will use IOU if not readily available
## Day One morning: Document List & Review Tool

<table>
<thead>
<tr>
<th></th>
<th></th>
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<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>EC.02.03.05</td>
<td></td>
<td>Fire Protection and Suppression Testing and Inspection</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>EP 1</td>
<td></td>
<td>Supervisory Signals—Including: Control valves; pressure supervisory; pressure tank, pressure supervisory for a dry pipe (both high and low conditions), steam pressure; water level supervisory signal initiating device; water temperature supervisory; and room temperature supervisory.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>EP 6</td>
<td></td>
<td>Electric motor-driven fire pumps tested under no-flow conditions</td>
<td>Monthly</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>EP 7</td>
<td></td>
<td>Diesel-engine-driven fire pumps tested under no-flow conditions</td>
<td>Weekly</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>EP 8</td>
<td></td>
<td>Water storage tank high and low liquid alarms</td>
<td>Semiannually</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>EP 9</td>
<td></td>
<td>Water storage tank low water temp alarms</td>
<td>Monthly</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>EP 10</td>
<td></td>
<td>Sprinkler systems main drain tests on all risers</td>
<td>Annually</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>EP 11</td>
<td></td>
<td>Fire department connections inspected (Fire hose connections N/A)</td>
<td>Quarterly</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>EP 12</td>
<td></td>
<td>Fire pump(s) tested – under flow</td>
<td>Annually</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>EP 13</td>
<td></td>
<td>Standpipe flow test every 5 years</td>
<td>5 years</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>EP 14</td>
<td></td>
<td>Kitchen suppression semi-annual testing</td>
<td>Semiannually</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>EP 15</td>
<td></td>
<td>Gaseous extinguishing systems inspected (no discharge req.)</td>
<td>Annually</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>EP 16</td>
<td></td>
<td>Portable fire extinguishers inspected monthly</td>
<td>Monthly</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>EP 17</td>
<td></td>
<td>Portable fire extinguishers maintained annually</td>
<td>Annually</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>EP 18</td>
<td></td>
<td>Fire hoses hydro tested 5 years after install; every 3 years thereafter</td>
<td>5 years / 3 years</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>EP 19</td>
<td></td>
<td>Smoke and fire dampers tested to verify full closure</td>
<td>1 year after install</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>EP 20</td>
<td></td>
<td>Smoke detection shutdown devices for HVAC tested</td>
<td>Annually</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>EP 21</td>
<td></td>
<td>All horizontal and vertical roller and slider doors tested</td>
<td>Annually</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>EP 22</td>
<td></td>
<td>Inspection and testing of door assemblies by qualified person</td>
<td>Annually</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>EP 23</td>
<td></td>
<td>Documentation of maintenance testing and inspection activities</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Day One morning: Documentation Clarification

- Any document not available at time of survey cannot be clarified post-survey
- Documents readily available
- Reduce the volume of post-survey clarifications
- Less time and resources spent after the survey
Day One morning: Fire Drill Matrix

<table>
<thead>
<tr>
<th>Hospital Name:</th>
<th>Score at EC.02.03.03 EP3</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Day = M, Tu, W, Th, F, Sa, Su</th>
<th>Time: 24 hour formatted</th>
<th>Quarterly Hospital Fire Drills</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>1st Shift</th>
<th>Normal</th>
<th>Location/Building</th>
<th>Day</th>
<th>Date</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>ILSM</td>
<td>Location/Building</td>
<td>Day</td>
<td>Date</td>
<td>Time</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2nd Shift</th>
<th>Normal</th>
<th>Location/Building</th>
<th>Day</th>
<th>Date</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>ILSM</td>
<td>Location/Building</td>
<td>Day</td>
<td>Date</td>
<td>Time</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3rd Shift</th>
<th>Normal</th>
<th>Location/Building</th>
<th>Day</th>
<th>Date</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>ILSM</td>
<td>Location/Building</td>
<td>Day</td>
<td>Date</td>
<td>Time</td>
</tr>
</tbody>
</table>
The purpose of this portal is to provide guidance and education to reduce instances of non-compliance with the top eight Environment of Care/Life Safety standards.

About this Portal

The Joint Commission has identified several Standards that have been frequently cited during survey activity over the past few years. This portal, in partnership with the American Society for Healthcare Engineering (ASHE), will provide information to reduce findings of non-compliance.

Focus of the Portal:
- Eight identified Standards

  - Each Standard will be addressed over two months;
    - First month - requirements and compliance
    - Second month - Leadership, evaluating organization level
Fire Drills - Tips

*Tip for success:*

- Reminder one drill per shift per quarter +/- 10 days
- > 1 hour between drills (Best Practice: Vary days)
- Number one location for fires in healthcare? Kitchen!
- Place central station and FDC checks on fire drill form – save time and money and eliminate missed annual and quarterly requirements.
Day One morning: Pressure Relationships

- OR’s - Positive to adjacent
- SPD - Decontam - Negative to adjacent
- SPD - Prep/Pack, Sterilizing, Sterile storage – Positive to adjacent
- AIIR’s – Negative to corridor, .01” W.C.
- Soiled Utility – Negative to Corridor

**Tip for success:** When you announce TJC in house – someone please check the critical pressure relationships
Day One afternoon: The Building Tour

- Start at the top
  - Roof – Lab exhausts (Not AIIR’s)
  - Walk stair enclosures
  - Mechanical Rooms, central plant (exit signs visible)
  - Lab, Pharmacy, Kitchen
  - Patients units
  - Radiology, ED, Medical Records
  - Fire/smoke Barriers
Day One afternoon: The Building Tour

- FD’s (Label, Gap, Close, Latch, Plates) SD’s (Close, Gaps)
- Corridor doors, latching hardware, no more 5lb exception
- Above Ceiling (Sprinkler pipes, Barriers, J-Boxes, Med Pipe)
- Entire building for EC, Hospital and Ambulatory for LS

*Tip for success:* Above ceiling permit system in place?
Interim Life Safety Measures

- Policy Reviewed during document review, ILSM Reference guide given
- Mostly for LS findings, either corrected on site or not <8 hours
- Surveyor required to document in report what ILSM is put in place until corrected

*Tip for success:* Know your ILSM policy – education can be limited to specific staff such as plant ops and security
ILSM changes on the report

(i) The hospital must meet the applicable provisions and must proceed in accordance with the Life Safety Code (NFPA 101 and Tentative Interim Amendments TIA 12-1, TIA 12-2, TIA 12-3, and TIA 12-4). Outpatient surgical departments must meet the provisions applicable to Ambulatory Health Care Occupancies, regardless of the number of patients served.

Likelihood to harm a patient/visitor/staff: Select

Interim Life Safety Measures:
Was the LS deficiency corrected on site?  ○ Yes  ○ No

Observation Text:
☐ This observation applies to multiple occurrences

In  Out of  Select activity
ILSM changes on the report

<table>
<thead>
<tr>
<th>Likelihood to harm a patient/visitor/staff</th>
<th>Scope</th>
<th>Interim Life Safety Measures:</th>
<th>Related Interim Life Safety Measures (ILSMs) (Select All That Apply)</th>
</tr>
</thead>
</table>
| Select                                    | Select| Was the LS deficiency corrected on site? | EP-2 Fire watch or evacuation  
EP-3 Post signage if exit compromised  
EP-4 Inspect exits daily  
EP-5 Equivalent fire alarm and detection systems  
EP-6 Additional firefighting equipment  
EP-7 Temporary construction partitions  
EP-8 Increase surveillance  
EP-9 Enforce practices to reduce building flammable and combustible fire load  
EP-10 Provide additional training on use of firefighting equipment  
EP-11 Conduct additional fire drill per quarter  
EP-12 Inspect and test temporary systems monthly  
EP-13 Conduct education promoting awareness of deficiencies  
EP-14 Train staff on fire safety features  
EP-15 Other |

Observation Text:
Ligature Update

- Start with Risk Assessment
  - Risk assessment = CLD
  - No Risk Assessment = ITL
    - Minor items not scored if appropriate risk assessment (such as toilet seat, shower curtain)
- Drop down boxes in WST similar to ILSM – pending
- Training of Security Officers who observe 1:1
- Surveyor training 9/19/17 & continued dialogue with CMS and expert panel – refer to Perspectives
Ligature Update

- Assure risk assessment conducted
- Action to implement plan
- Cite all ligature risks
- S&C Memo: 18-06- Hospitals

**Guidance** documents below...
- See also 2014 FGI Guidelines
  - EC.02.06.05 EP 1

- Tip – who at your org is responsible for S&Cs?
Legionella

- Ref: S&C 17-30-Hospitals/CAHs/NHs
- June 02, 2017
- Training September 22, 2017
- Article in EC News – Sept 2017 – starting on page 6
- EC.02.05.01

14. The hospital minimizes pathogenic biological agents in cooling towers, domestic hot- and cold-water systems, and other aerosolizing water systems.
Survey Expectations...

CMS S&C Legionella Memo

Expectations for Healthcare Facilities and Surveyors

Review policies and procedures and reports documenting water management implementation results to verify that the facility has:

- Conducted risk assessment for potential areas of growth and spread.
- Implemented a water management program that considers the ASHRAE industry standard and CDC toolkit and that includes control measures (e.g., physical controls, temperature management, disinfectant level control, visual inspections, and environmental testing).
- Specified testing protocols and acceptable ranges for control measures and documented the results of testing and corrective actions taken when control limits are not maintained.
New Survey Report 2018

• Removes white space
• Sorting feature
• Ability to see SLD vs. CLD
Perspective...

- You are being evaluated on (HAP)...
  - 156 Eps – EC
  - 193 Eps – LS
  - 112 Eps – EM

- So...using only EC and LS – you are being evaluated on 349 Eps....!
- Keep things in ‘perspective!’
SAFER Matrix
# Survey Analysis For Evaluating Risk (SAFER) Matrix

<table>
<thead>
<tr>
<th>Likelihood to Harm a Patient/Visitor/Staff</th>
<th>HIGH</th>
<th>MODERATE</th>
<th>LOW</th>
</tr>
</thead>
<tbody>
<tr>
<td>Limited Pattern Scope</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Widespread</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Survey Analysis for Evaluating Risk (SAFER) Matrix™ - Aggregate HOSPITAL Results for Entire 2017

<table>
<thead>
<tr>
<th>Likelihood to Harm a Patient/Staff/Visitor</th>
<th>Immediate Threat to Life</th>
<th>EC</th>
<th>LS</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIGH</td>
<td>All 1.54%</td>
<td>EC 1.04%</td>
<td>LS 0.21%</td>
</tr>
<tr>
<td></td>
<td>All 1.65%</td>
<td>EC 1.57%</td>
<td>LS 0.23%</td>
</tr>
<tr>
<td></td>
<td>All 1.56%</td>
<td>EC 2.49%</td>
<td>LS 0.13%</td>
</tr>
<tr>
<td>MODERATE</td>
<td>All 16.53%</td>
<td>EC 14.10%</td>
<td>LS 7.87%</td>
</tr>
<tr>
<td></td>
<td>All 12.88%</td>
<td>EC 12.32%</td>
<td>LS 5.78%</td>
</tr>
<tr>
<td></td>
<td>All 4.37%</td>
<td>EC 3.89%</td>
<td>LS 1.10%</td>
</tr>
<tr>
<td>LOW</td>
<td>All 42.05%</td>
<td>EC 40.94%</td>
<td>LS 65.72%</td>
</tr>
<tr>
<td></td>
<td>All 15.17%</td>
<td>EC 18.42%</td>
<td>LS 16.83%</td>
</tr>
<tr>
<td></td>
<td>All 3.87%</td>
<td>EC 5.00%</td>
<td>LS 2.14%</td>
</tr>
<tr>
<td>LIMITED</td>
<td>PATTER</td>
<td>WIDESPREAD</td>
<td></td>
</tr>
</tbody>
</table>
Survey changes due to SAFER

- No more Direct and Indirect EP designations
  - Consolidated ESC into one 60-day timeframe
- No more A or C categories
  - No more Opportunities for Improvement (OFIs)
  - *No more Measures of Success (MOS)
- See it / Cite it Survey Methodology

*Note: This does not apply to Sentinel Events where a MOS is required. At this time, the submittal of a MOS for Sentinel Events is still required.
# First Half of 2017

## Average RFIs Scored per Full/Initial Surveys by Program for Calendar Year 2016 and YTD 2017

(As of 7/27/2017)

<table>
<thead>
<tr>
<th>Program</th>
<th>2016 Surveys</th>
<th>2016 Average RFIs/Survey</th>
<th>2017 YTD Surveys</th>
<th>2017 YTD Average RFIs/Survey</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ambulatory Care</td>
<td>640</td>
<td>14.6</td>
<td>410</td>
<td>17.4</td>
</tr>
<tr>
<td>Hospital</td>
<td>1,442</td>
<td>20.5</td>
<td>820</td>
<td>30.3</td>
</tr>
<tr>
<td>Nursing Care Center</td>
<td>292</td>
<td>6.1</td>
<td>141</td>
<td>9.3</td>
</tr>
<tr>
<td>Behavioral Health Care</td>
<td>922</td>
<td>8.0</td>
<td>657</td>
<td>10.1</td>
</tr>
<tr>
<td>Home Care</td>
<td>1,962</td>
<td>8.7</td>
<td>1,098</td>
<td>9.8</td>
</tr>
<tr>
<td>Laboratory</td>
<td>736</td>
<td>8.5</td>
<td>429</td>
<td>9.5</td>
</tr>
<tr>
<td>Office Based Surgery</td>
<td>87</td>
<td>9.4</td>
<td>55</td>
<td>9.7</td>
</tr>
<tr>
<td>Critical Access Hospital</td>
<td>90</td>
<td>15.1</td>
<td>65</td>
<td>22.3</td>
</tr>
<tr>
<td>Disease-Specific Care Certification</td>
<td>1,816</td>
<td>1.4</td>
<td>966</td>
<td>2.1</td>
</tr>
<tr>
<td>Health Care Staffing Services Certification</td>
<td>193</td>
<td>0.5</td>
<td>121</td>
<td>0.9</td>
</tr>
</tbody>
</table>
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>
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<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>
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</table>
**Most Cited Standards, 2017 - # 1**

<table>
<thead>
<tr>
<th>Standard</th>
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<th>% Non-compliant</th>
<th>EP</th>
<th>Summary</th>
</tr>
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<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></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.
LS.02.01.35 – EP-4 - Sprinkler piping supports nothing else.
<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>
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<th>EP</th>
<th>Summary</th>
</tr>
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<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>
## Most Cited Standards, 2017 - # 5 & # 6

<table>
<thead>
<tr>
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<th>EP</th>
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<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></td>
<td></td>
<td>13%</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></td>
<td></td>
<td>38%</td>
</tr>
</tbody>
</table>
LS.02.01.10 – EP-14 – Barrier Penetrations
LS.02.01.10 – EP-14 – Barrier Penetrations
LS.02.01.10 – EP-14 – Barrier Penetrations
LS.02.01.10 EP 7, now EP 11 Undercuts Rated Door: ($\leq \frac{3}{4}''$)
## 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>
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<tr>
<td></td>
<td></td>
<td>12%</td>
<td>5</td>
<td>ITM of infection control utility equipment</td>
</tr>
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</table>
# Most Cited Standards, 2017 - # 9 & # 10

<table>
<thead>
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<th>EP</th>
<th>Summary</th>
</tr>
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<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></td>
<td>18%</td>
<td>Locking arrangements</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>5</td>
<td>Medical gas shut off valves labeled and accessible</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></td>
<td>25%</td>
<td></td>
</tr>
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</table>
LS.02.01.20 EP 11 Corridor Clutter
LS.02.01.20 EP Stairwell Storage
EC.02.05.06 Med Gas Storage
### Full Year 2016

<table>
<thead>
<tr>
<th>Program</th>
<th>Standard</th>
<th>% Standards Not Compliant</th>
<th>Net Applicable Surveys</th>
</tr>
</thead>
<tbody>
<tr>
<td>HAP</td>
<td>EM.01.01.01</td>
<td>2.50%</td>
<td>1441</td>
</tr>
<tr>
<td>HAP</td>
<td>EM.02.01.01</td>
<td>2.15%</td>
<td>1441</td>
</tr>
<tr>
<td>HAP</td>
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<td>0.21%</td>
<td>1441</td>
</tr>
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<td>HAP</td>
<td>EM.02.02.03</td>
<td>0.14%</td>
<td>1441</td>
</tr>
<tr>
<td>HAP</td>
<td>EM.02.02.07</td>
<td>0.07%</td>
<td>1441</td>
</tr>
<tr>
<td>HAP</td>
<td>EM.02.02.09</td>
<td>0.07%</td>
<td>1441</td>
</tr>
<tr>
<td>HAP</td>
<td>EM.02.02.13</td>
<td>0.07%</td>
<td>1441</td>
</tr>
<tr>
<td>HAP</td>
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<td>2.36%</td>
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</tr>
<tr>
<td>HAP</td>
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### Full Year 2017

<table>
<thead>
<tr>
<th>Program</th>
<th>Standard</th>
<th>% Standards Not Compliant</th>
<th>Net Applicable Surveys</th>
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</thead>
<tbody>
<tr>
<td>HAP</td>
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<td>1.87%</td>
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</tr>
<tr>
<td>HAP</td>
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</tr>
<tr>
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<td>0.28%</td>
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</tr>
<tr>
<td>HAP</td>
<td>EM.02.02.03</td>
<td>0.14%</td>
<td>1443</td>
</tr>
<tr>
<td>HAP</td>
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<td>0.00%</td>
<td>1443</td>
</tr>
<tr>
<td>HAP</td>
<td>EM.02.02.07</td>
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<td>1443</td>
</tr>
<tr>
<td>HAP</td>
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</tr>
<tr>
<td>HAP</td>
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<td>1443</td>
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<tr>
<td>HAP</td>
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<tr>
<td>HAP</td>
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<tr>
<td>HAP</td>
<td>EM.04.01.01</td>
<td>0.00%</td>
<td>150</td>
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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
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

Standards Production, K-Tags: DSSM
Sep 2 '16 - Mar 29 '17

CMS Review Process
Mar 31 '17 - Jan 18 '18

Field notification, non-deemed programs (est)
Jul 6 '17 - Dec 20 '17

K-Tags, etc. PUBS - schedule, Pt. 2
Jul 24 '17 - Dec 22 '17

Scheduled Release Date
Jan 2 '18

Additional Content added
Jan 13 '18
### 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>
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
- **Extensions**
- **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).
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 a Accreditation with Follow-up Survey (AFS)
Ligature Facility Extension Request - Introducing

PHASE 1

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
Tools & Resources
The Joint Commission Connect Extranet Site
Survey Analysis for Evaluating Risk™ (SAFER™) Matrix Resources

The Survey Analysis for Evaluating Risk™ (SAFER™) is a transformative approach for identifying and communicating risk levels associated with deficiencies cited during surveys. The additional information related to risk provided by the SAFER™ Matrix helps organizations prioritize and focus corrective actions.
Review and Conclusion
Questions?

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(630) 792-5758
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