2017

The Healthcare Environment Update

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The Joint Commission
## Most Cited Standards

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EC.02.06.01 EP 1

Interior spaces meet the needs of the patient population and are safe and suitable to the care, treatment and services provided.

- **Cylinder management**
  - 2017 Scoring at EC.02.05.09 EP 6 NEW!
  - Storage – Secured, labeled, etc.
  - Segregation – Full vs. Empty
  - NFPA 99 – 2012
    - Chapter 5 – Gas and Vacuum Systems
    - Chapter 11 – Gas Equipment
EC.02.06.01 EP 1

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

- **Outside Cylinder Management**
  - 2017 Scoring at EC.02.05.09 EP 7 **NEW!**
  - Previously scored at EC.02.01.01 EP 5
  - Secured
  - Protected for the elements (sun, snow, water, etc.)
  - Protective shipping mesh or wraps
  - NFPA 99 – 2012
    - Chapter 5 – Gas and Vacuum Systems
    - Chapter 11 – Gas Equipment
EC.02.06.01  EP 1

Interior spaces meet the needs of the patient population and are safe and suitable to the care, treatment and services provided.

- Ligature/self harm risks (i.e. BHC)
  - Current Risk Assessment
  - Best Practice Guidelines
    - Design Guide for the Built Environment of Behavioral Health Facilities
Ligature Risks – Psychiatric Settings

Process: self-harm risks identified
- Determination if previously identified
- Evaluate existing plans for removing the risks
- Evaluate the environmental risk assessment process

See also Joint Commission Online, March 1, 2017
www.jointcommission.org/issues
Ligature Risks – Psychiatric Settings

Further evaluation

- Plans and policies on mitigation of harm posed by risks while removal occurs
- Adequacy of staffing patterns to the mitigation plans
- The patient suicide risk assessment process

See also Joint Commission Online, March 1, 2017
www.jointcommission.org/issues
Ligature Risks – Psychiatric Settings

Further evaluation

- Policies and practices related to actions needed for patients identified at risk
- Policies and processes of ensuring staff awareness of a patient’s level of risk
- The organization’s internal processes for improvement, including:
  - The history of patient safety events and the process for root cause analysis of these events
  - The organization’s process for monitoring its compliance with its policies
  - Actions taken when noncompliance was identified
IMPACT OF CMS ADOPTION OF THE

2012 LIFE SAFETY CODE (NFPA 101-2012)

2012 HEALTH CARE FACILITIES (NFPA 99-2012)
The NFPA created a series of codes to provide guidance in building and maintaining buildings

- CMS adopted this body of codes, incorporating them into their COP as K-Tags
- The Joint Commission has also recognized the NFPA body of codes
  - The Life Safety Chapter is based on NFPA 101-2012
  - In the Environment of Care several other NFPA codes are referenced, including:
    - NFPA 10-2010, Standard for Portable Fire Extinguishers
    - NFPA 25-2011, Standard for Water-based Systems ITM Activity
    - NFPA 72-2010, Fire Alarm Code
    - NFPA 99-2012, Health Care Facilities Code
New vs. Existing Occupancies

New Health Care
- Buildings, additions, renovations or changes in occupancy whose final plans were approved by the local AHJ after July 5th, 2016

Existing Health Care
- Buildings, additions, renovations or changes in occupancy whose final plans were approved by the local Authority Having Jurisdiction (AHJ) prior to July 5th, 2016
Tuesday May, 3, 2016 CMS issued the final rule adopting the 2012 Life Safety Code®. The rule is effective July 5, 2016

- This rule also adopts most of NFPA 99, 2012 edition. Chapters 7, 8, 12, 13 are excluded from the adoption
- Survey for compliance November 1, 2016

Emergency Management

- Published September 8, 2016
- Implementation by November 15, 2017
- Standards under review
NFPA 99-2012: Risk-based

- Chapter 4: Building systems shall be designed to meet Category 1-4
  - Category 1: Failure likely to cause major injury of death
  - Category 2: Failure likely to cause minor injury
  - Category 3: Failure to cause discomfort
  - Category 4: Failure with no impact to care

- Risk assessment
  - Categories determined by organization’s risk assessment procedure

- Chapters identify new vs. existing application
NFPA 99-2012 Adoption Exclusions

- Chapter 7: IT and Communication Systems
- Chapter 8: Plumbing
- Chapter 12: Emergency Management
- Chapter 13: Security Management
NFPA 99-2012 Adoption Exclusions

CMS statement:
“As stated in the proposed rule, we will not be adopting Chapters 7, 8 and 13 because we have no authority to regulate these specific topics in health care facilities. Additionally, the content of Chapter 12, Emergency management, is already being addressed in a separate rule for emergency preparedness. Although, we have not adopted these chapters, providers may use these chapters for their individual facility needs.”

Source: Federal Register, Vol. 81, No. 86
CMS Adoption Issues

- Roller latches continue to be prohibited
  - Corridor doors
  - Doors protecting hazardous areas

- ASC that renders one or more incapable continue to be AHC
  - Outpatient surgical departments

- There is a provision to allow CMS to waive specific provisions of the Life Safety Code for unreasonable hardship

- Hospitals may install ABHR provided the installation adequately protects against inappropriate access
CMS Quote:

While CMS does not directly enforce the Americans with Disabilities Act (ADA) it does expect compliance with the requirements as additional Federal requirements that facilities are required to follow.

An example of this is corridor projections where the Life Safety Code (LSC) allows a noncontinuous projection to be no more than 6 inches from the corridor wall.

Section 307 of the ADA Accessibility Guidelines for Buildings and Facilities” requires that projections be not more than 4 inches from the corridor wall. Facilities are required to meet this more stringent requirement as set forth by the ADA.
CMS Adoption Issues

- If the **sprinkler system** is shut down for 10 or more hours, a fire watch or evacuation of the building or affected portion of the building must occur.

- Every sleeping room has outside door or window:
  - Windows in atrium walls are considered outside windows.
  - Exception: newborn nurseries and rooms intended for less than 24-hour stays (see NFPA 101-2006 18/19.3.8).

- In new buildings the fixed window sill height is to be no higher than 36 inches above the floor (with exceptions, see NFPA 101-2006 18/19.3.8.2).

- Required sprinkler protection of all high rises (>75 ft).

Includes Chapter 43, Building Rehabilitation.
Impact to Standards - 2017

Environment of Care
149 – 1 = 148 + 13 = 161
31 modifications

Life Safety Chapter
203 – 5 = 198 + 21 = 219
32 modifications
Environment of Care Chapter

2017
The hospital minimizes risks associated with selecting, handling, storing, transporting, using, and disposing of hazardous gases and vapors.

Note: Hazardous gases and vapors include, but are not limited to, ethylene oxide and nitrous oxide gases; vapors generated by glutaraldehyde; cauterizing equipment, such as lasers; waste anesthetic gas disposal (WAGD); and laboratory rooftop exhaust. (For full text, refer to NFPA 99-2012: 9.3.8; 9.3.9)
EC.02.03.05 EP 25

The hospital has written documentation of annual inspection and testing of door assemblies by individuals who can demonstrate knowledge and understanding of the operating components of the door being tested. Testing begins with a pre-test visual inspection; testing includes both sides of the opening.

Note: For additional guidance on testing of door assemblies, see NFPA 101-2012: 7.2.1.5.10.1; 7.2.1.5.11; NFPA 80-2010: 4.8.4; 5.2.1; 5.2.3; 5.2.4; 5.2.6; 5.2.7; 6.3.1.7; NFPA 105-2010: 5.2.1.
The hospital labels utility system controls to facilitate partial or complete emergency shutdowns.

Note 1: Examples of utility system controls that should be labeled are utility source valves, utility system main switches and valves, and individual circuits in an electrical distribution panel.
Note 2: For example, the fire alarm system’s circuit is clearly labeled as Fire Alarm Circuit; the disconnect method (that is, the circuit breaker) is marked in red; and access is restricted to authorized personnel. Information regarding the dedicated branch circuit for the fire alarm panel is located in the control unit. For additional guidance, see NFPA 101-2012: 18/19.3.4.1; 9.6.1.3; NFPA 72-2010: 10.5.5.2.
Medical gas storage rooms and transfer and manifold rooms comply with NFPA 99-2012: 9.3.7.

- Ventilation
The emergency power supply system’s equipment and environment are maintained per manufacturers’ recommendations, including ambient temperature of at least 40°F; ventilation supply and exhaust; and water jacket temperature (when required). (For full text, refer to NFPA 99-2012: 9.3.10)
EC.02.05.03 EP 10

The hospital provides emergency power within 10 seconds for the following: Emergency lighting at emergency generator locations. The hospital’s emergency power system (EPS) has a remote manual stop station (with identifying label) to prevent inadvertent or unintentional operation. A remote annunciator (powered by storage battery) is located outside the EPS location.

Note: For guidance in establishing a reliable emergency power system (that is, an essential electrical distribution system), refer to NFPA 99-2012: 6.4.1.1.6; 6.4.1.1.17; 6.4.2.2.3.3; NFPA 110-2010: 5.6.5.6; 7.3.1.
When planning for demolition, construction, renovation, or general maintenance, the hospital conducts a preconstruction risk assessment for air quality requirements, infection control, utility requirements, noise, vibration, and other hazards that affect care, treatment, and services.

Note: See LS.01.02.01 for information on fire safety procedures to implement during construction or renovation.
When performing repairs or maintenance activities, the hospital has a process to manage risks associated with air-quality requirements; infection control; utility requirements; noise, odor, dust, vibration; and other hazards that affect care, treatment, or services for patients, staff, and visitors.
Medical Equipment & Utilities Systems

All scheduled maintenance activities for non-high-risk medical equipment and utility systems components in an alternative equipment maintenance (AEM) program inventory are to be completed at 100%. AEM frequency is determined by the organization AEM program.
...Scheduled maintenance activities for non-high-risk medical equipment in an alternative equipment maintenance (AEM) program may be deferred ... provided the completion rate is not less than 90%

CMS response: Note allows for completion rate of 90% for AEM for non-high-risk medical equipment. CMS indicated that 100% of the maintenance has to be completed and that AEM is performed at a frequency defined by the organization’s AEM program.
Life Safety Chapter 2017
In time frames defined by the hospital, the hospital performs a building assessment to determine compliance with the Life Safety chapter.

- Requires documentation of the policy
- Policy requires time frame
- Policy on how an assessment is completed
- Does not include review of results of assessment
LS.01.01.01 EP 3

The hospital maintains current and accurate drawings denoting features of fire safety and related square footage.

Fire safety features include the following:

- Areas of the building that are fully sprinklered (if the building is partially sprinklered)
- Locations of all hazardous storage areas
- Locations of all fire-rated barriers
- Locations of all smoke-rated barriers
- Sleeping and non-sleeping suite boundaries, including the size of the identified suites
- Locations of designated smoke compartments
- Locations of chutes and shafts
- Any approved equivalencies or waivers
When the hospital plans to resolve a deficiency through a Survey-Related Plan for Improvement (SPFI), the hospital meets the 60-day time frame.

**Note 1:** If the corrective action will exceed the 60-day time frame, the hospital must request a time-limited waiver within 30 days from the end of survey.

**Note 2:** If there are alternative systems, methods, or devices considered equivalent, the hospital may submit an equivalency request using its Statement of Conditions (SOC).

**Note 3:** For hospitals that use Joint Commission accreditation for deemed status purposes: if there are existing alternative systems, methods, or devices, the hospital may submit a waiver request using their Statement of Conditions (SOC).

**Note 4:** For additional guidance on equivalencies, see NFPA 2012: 101:1.4.3
LS.01.01.01 EP 5 & 6

EP 5 For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital maintains documentation of any inspections and approvals made by state or local fire control agencies.

EP 6 The hospital does not remove or minimize an existing life safety feature when such feature is a requirement for new construction. Existing life safety features, if not required by the Life Safety Code, can be either maintained or removed. (For full text, refer to NFPA 101-2012: 4.6.12.2; 4.6.12.3)
EP 3 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)
Sprinkler heads are not damaged. They are also free from corrosion, foreign materials, and paint and have necessary escutcheon plates installed. (For full text, refer to NFPA 101-2012: 18.3.5.1; 19.3.5.3; 9.7.5; NFPA 25-2011: 5.2.1.1.1; 5.2.1.1.2; NFPA 13-2010: 6.2.6.2.2; 6.2.7.1)
The travel distance from any point to the nearest portable fire extinguisher is 75 feet or less. Portable fire extinguishers have appropriate signage, are installed either in a cabinet or secured on a hanger made for the extinguisher, and are at least four inches off the floor. Those fire extinguishers that are 40 pounds or less are installed so the top is not more than 5 feet above the floor. (For full text, refer to NFPA 101-2012: 18/19.3.5.12; 9.7.4.1; NFPA 10-2010: 6.2.1.1; 6.1.3.3.1; 6.1.3.4; 6.1.3.8)
Smoking is prohibited in any room, ward, or compartment where flammable liquids, combustible gases, or oxygen is used or stored; these areas have signs that read “NO SMOKING” or display the international symbol for no smoking. In facilities where smoking is prohibited and signs are prominently placed at all major entrances, secondary signs that prohibit smoking in hazardous areas are not required. (For full text, refer to NFPA 101-2012: 18/19.7.4)

Note: The secondary sign exception is not applicable to medical gas storage areas.
In areas where smoking is permitted, ashtrays are safely designed and made of noncombustible material. Metal containers with self-closing cover devices in which ashtrays can be emptied are readily available to all areas where smoking is permitted. (For full text, refer to NFPA 101-2012: 18/19.7.4)
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