

Compliance in the Physical Environment

Herman A. McKenzie MBA, CHSP
Director, Physical Environment Department



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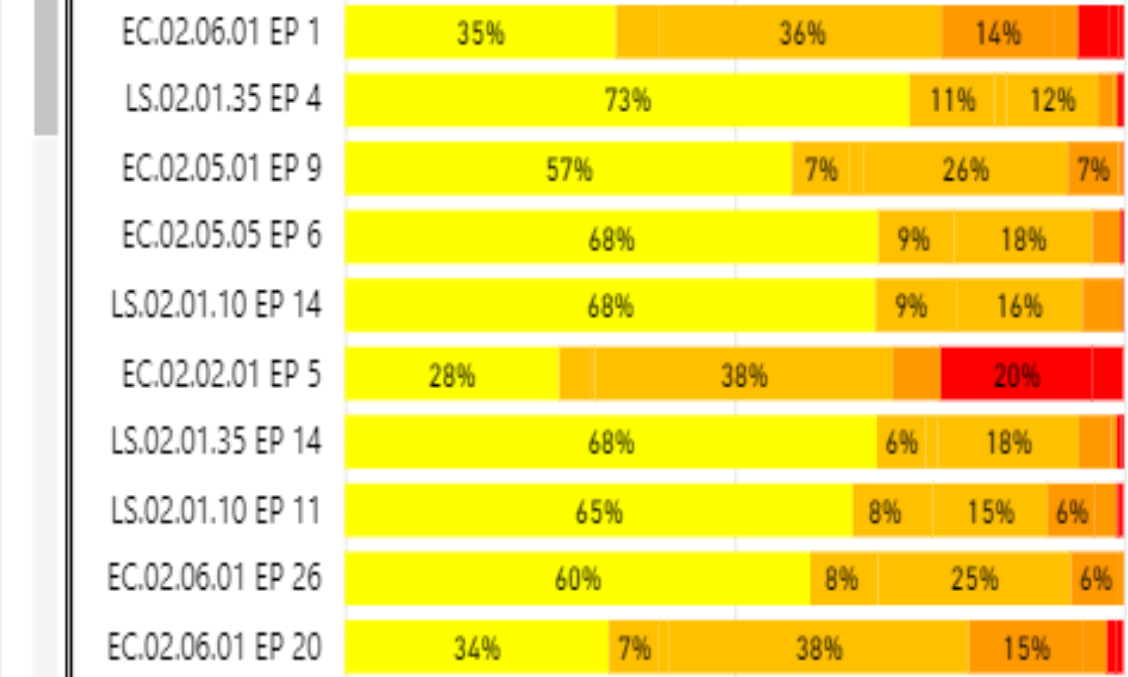
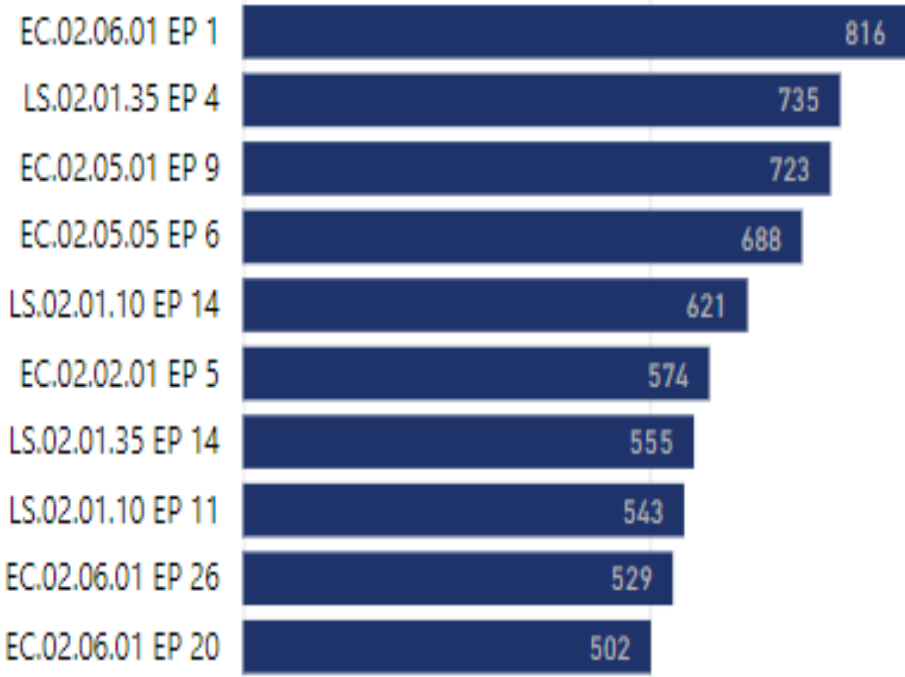
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Topics / Learning Objectives

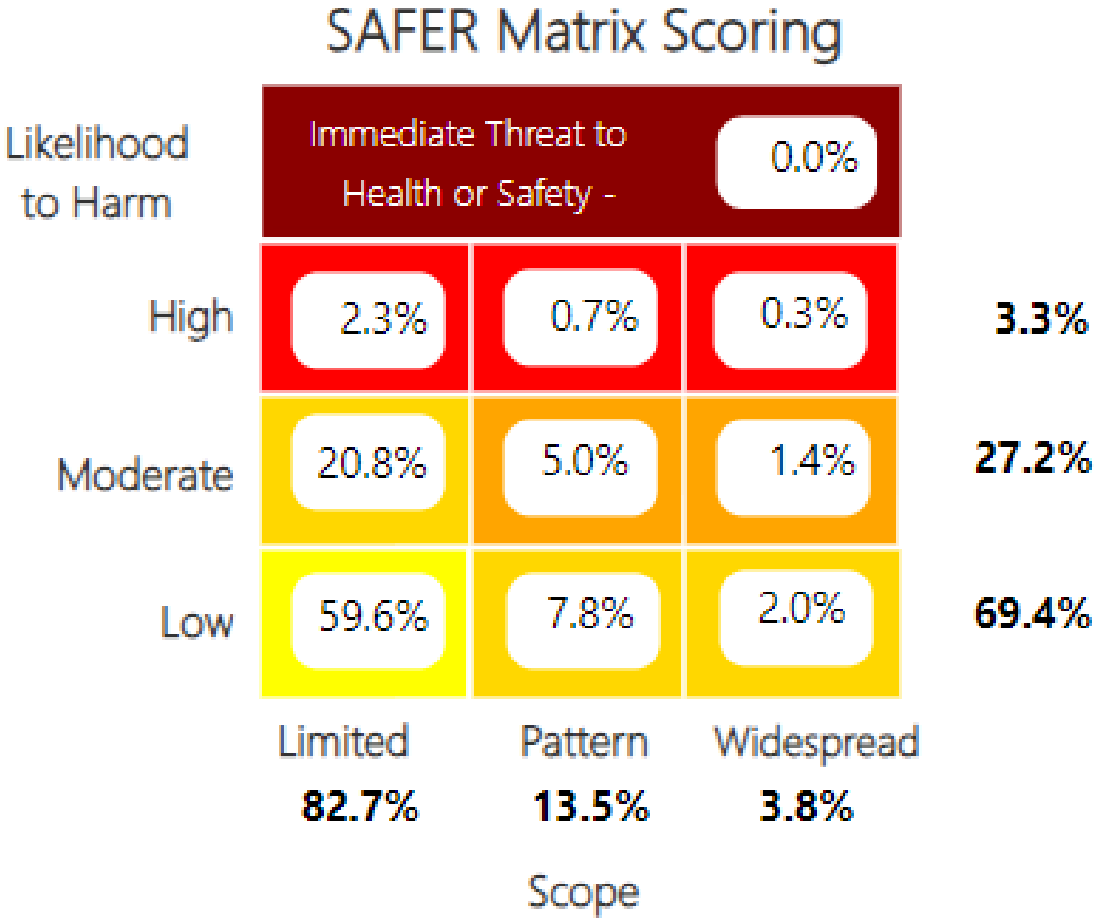
- Top Scored Deficiencies
- Joint Commission Survey Process Updates
- Survey of the Future

Top Observations

Top Ten EC/LS Deficiencies Jan – Dec 2023



Safer Matrix Distribution



Top Observations – Risk #5

LS 02.01.35 EP 14

- Observed in Building Tour. The Ansul fire suppression system in the kitchen was not covering the open flame grill near the steam kettles. This finding was observed during survey activity but corrected onsite prior to the surveyor's departure. The corrective action taken needs to be included in the organization's Evidence of Standards Compliance submission.

Top Observations – Risk #4

LS. 02.01.10 EP 11

- Observed in Building Tour. Located on the 3rd floor in the Surgical Department, it was observed that the 2-hour rated fire door from PACU to the PACU secondary area did not self-latch. The fire door is part of a 2-hour fire rated building separation between the healthcare occupancy and the business occupancy. This was verified by the Facilities Director. **This finding was observed during survey activity but corrected onsite prior to the surveyor's departure.** The corrective action taken needs to be included in the organization's Evidence of Standards Compliance submission.

Top Observations – Risk #3

EC 02.06.01 EP 20

- Observed in Building Tour. In OR #2 on the floor there was a green stain of the floor. Just above this stain was a large junction box that had an accumulation of a green powdery substance (looked like oxidized copper). This was confirmed by the Hospital Emergency Manager.
- Observed in Individual Tracer. In Operating Room #4 an accumulation of dust was observed on both ventilation grills. This was confirmed by the manager of perioperative services.

Top Observations – Risk #2

EC 02.06.01 EP 1

- Observed in Individual Tracer. In review of the sterile compounding room there was a chip in the drywall leaving a small hole with unfinished drywall exposed.
- Observed in Building Tour. There were two ceiling tiles in the sterile processing department that were not of the cleanable type. This was confirmed by the Director of Facilities. This was observed to be corrected on site prior to the surveyor's departure.

Top Observations – Risk #1

EC 02.02.01 EP 5

- Observed in Tracer Activities. At the North clinic, there were two liquid cleaners with a pH of 1 as well as liquid bleach with a pH of 11.9 that were being used by the cleaning staff but there is no eyewash station available in the clinic. This was confirmed with clinic staff.

TJC Process Updates

Resumption of Validation Surveys

- CMS has begun to conduct 1:1 validation surveys
- Observation Team reviews TJC process and thoroughness
- Life Safety Code Surveyors have scored > 90%

No Blackout Dates

- Previously organizations could exclude certain dates however this can no longer occur.
- Reminder...Surveys must occur triennially; however, the survey window opens 18 months after previous triennial survey event.

No prior notice, even the day of survey

- Prior practice was to send notice the day of survey @ 7:30 CST. This will no longer occur.
- The team will show up the morning of the survey event
- Split team surveys (clinical | life safety code surveyor) have concluded. Survey activity has been caught up

Survey of the Future

Survey of the Future

- All Standards and Elements of Performance will be revamped
- No more Environment of Care and Life Safety Code chapters
- Will be in alignment with the Conditions of Participation
 - CoPs still in alignment with NFPA 99 & 101
 - Still will align with 2012 editions respectively

Sustainability Certification

- New Certification program started in 2024
- Optional, demonstrates organizations commitment to decarbonization/sustainability
- Currently: 5 individual hospitals | 1 system w/ 8 hospitals
- Virtual evaluation

Questions?