

Greetings NDHES!

I hope you are all doing well. I'm sorry I am not able to attend the conference this year, as I will be in Indiana and Maine surveying. I've been a part-time Life Safety surveyor now for 3-1/2 years now and I only have 4 states left to visit. I'm always happy to come home to North Dakota though!

The committee asked me if I could put something together for you all to update you on the current focus of Life Safety surveys. I have tried to be brief and not re-visit my entire presentation from last year.

The mission of the Joint Commission is to continuously improve health care for the public, in collaboration with other stakeholders, by evaluating health care organizations and inspiring them to excel in providing safe and effective care of the highest quality and value. Thank you for the work you do to help provide safe and effective patient care in North Dakota.

*Leah Hummel
Life Safety Code Surveyor
The Joint Commission*

There have been many revisions to the Life Safety and Environment of Care Standards. A new **document review checklist** is available to you in the **Survey Activity Guide (SAG)** which you can access on your extranet site.

There is still a major focus on **ligature risk**, and CMS and the Joint Commission have clarified requirements after extensive discussion. Please see the **July 2018 issue of Perspectives** for a lengthy Q&A on ligature risk.

We used to only survey the portions of the building that are considered healthcare occupancy (with the exception of the kitchen and lab), but now can **survey all inpatient locations** and locations where patients customarily go to receive patient care (regardless of occupancy type). This applies to all locations of the hospital, all campuses, all satellites, all provider-based activities, and all inpatient and outpatient locations. The focus in these areas will be primarily Environment of Care requirements, but life safety observations in business occupancies will be scored at EC.02.03.01 EP 1 or 4.

Top requirements surveyors want you to know about:

Triennial 4 hours generator run applies to all HAP/AHC (EC.02.05.07 EP 9 & 10)

- Every 36 months generators are tested for 4 continuous hours. Documentation should be provided for the last 4 hour test.

Written surgical fire risk assessment and plan (EC.02.03.01 EP 11)

- The frequency of the risk assessment can be decided by the organization.

Exit Sign testing with batteries (EC.02.05.07 EP 1)

- 30 second monthly test, 90 minute annual test

Elevator fire fighter operations monthly test (EC.02.03.05 EP 27)

- New requirement

LIM's (EC.02.05.05 EP 7)

- New NFPA 99 requirement for line isolation monitors

Fire Response plan, LIP, copy at operator or security (EC.02.03.01 EP 9)

- Surveyors will ask switchboard operators for a written copy

Stairwell signage (floor information) tactile (LS.02.01.20 EP 10)

- The "tactile" (braille) requirement is new in the 2012 LSC

Kitchen Hood Extinguishing (FA/Energy/Fans) (EC.02.03.05 EP 13)

- Annual testing requirement

Succession plan and delegation of Authority (EM.02.01.01 EP 12)

- Emergency operations plan should address continuity of operations

Generator EPR Remote/not on exterior enclosures (EC.02.05.03 EP 11)

- a remote shut off should not be located on the generator housing, but in an accessible location away from the generator, per 2010 NFPA 110, 5.6.5.6.

Emergency Lights at Generator Location (EC.02.05.03 EP 11)

- As it pertains to generators in exterior enclosures, battery backup lights are only required for walk in enclosures.

Corridor/Suite Perimeter Doors (LS.02.01.30 EP 13)

- Corridor and suite perimeter doors must have latching hardware. If they do not have latching hardware, the org should have documentation on whether or not the door manufacturer can provide latching hardware. If the org does not have documentation from the door manufacture at the time of survey, the finding will be scored. If the org does have documentation from the door manufactured that they do not provide latching hardware, we then verify the 5 lb force exception and score if the force needed to keep the door closed is less than 5 lbs.

Legionella (EC.02.05.01 EP 14)

- See S&C 17-30-Hospitals/CAHs/NHs dated June 02, 2017
- Article in EC News – Sept 2017 – starting on page 6

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.

TJC RESOURCES

1	Robust Process Improvement® http://www.centerfortransforminghealthcare.org/
2	Leading Practice Library via your Extranet Site
3	The Center for Transforming Healthcare https://www.jointcommission.org/about_us/about_cth.aspx http://www.centerfortransforminghealthcare.org/
4	Targeted Solutions Tool® http://www.centerfortransforminghealthcare.org/
5	Best Practices via your Extranet Site
6	New Standards BoosterPak™- High-Level Disinfection (HLD) and Sterilizatio https://www.jointcommission.org/topics/quality_improvement_tools.aspx
7	Joint Commission Resource Publications http://www.centerfortransforminghealthcare.org/ via your Extranet Site
8	Physical Environment Portal https://www.jointcommission.org/topics/
9	Oro™ 2.0 High Reliability Assessment & Resources http://www.centerfortransforminghealthcare.org/