

North Dakota Healthcare Engineering Society (NDHES)

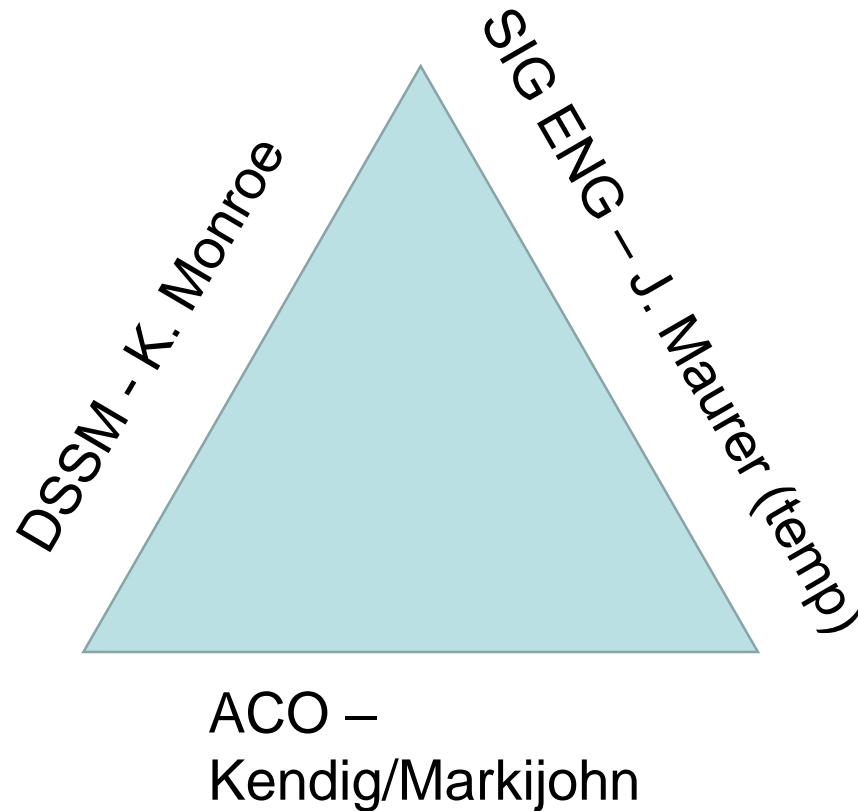
TJC Update

October 11, 2017

Leah Hummel, AIA, CHFM, CHC
Life Safety Code Specialist
The Joint Commission

- 
- Hospitals (HAP)
 - Critical Access Hospitals (CAH)
 - Psychiatric Hospitals (HAP)
 - Ambulatory Healthcare Centers (AHC)
 - Emergency Management
 - Environment of Care
 - Life Safety

Who does what at The Joint Commission





- Types of Surveys

- The Survey Process

- SAFER matrix

- PFI vs. S-PFI

- ILSM

- Common Observations

HOT TOPICS:

- Airflow requirements

- Ligature risks

- Fire Door Inspections

- EM Standards

- Legionella testing

What **type of survey** is it?

- Full Unannounced (Triennial)
 - Deemed or Non-Deemed?
- Med Def (Medicare Deficiency)
 - Deemed only
- 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)

SIG Real Time Calls

- Psych calls began early 2016 and continue
- Starting Oct 2016, all FT LSCSs on all HAP, CAH & AHC
- In 2017 added .70 LSCS
- Enable real-time, SIG/Surveyor collaboration during onsite surveys, educate surveyors, less post survey changes, etc.



Mobile Survey Technology (MST)


- New hardware (tablet computers) and software for surveyors
- Allows surveyors to collect and share key survey information at the time of observation
- Supports transparency of survey results with the customer on a continuous basis throughout the survey



‘Virtual Med Def’ – 2017 and beyond...

- Pilot - July 2017
 - Outstanding results
- Now
 - Working on criteria, etc.
 - On hold!

The Survey Process



How is the length of my survey determined for LSCS days?

CAH – 1 LSCS Day

AHC – 1 LSCS Day

Med Def - 1 LSCS Day

SSU/OQPS - 1 LSCS Day

Full U HAP determined by calculation...



How is the length of my survey determined for LSCS days until 1/1/18

Square Feet	LSC Specialist
1 - 1,499,999	2 Day
1,500,000 or more	3 Day

Number of HAP IP Buildings	LSC Specialist
1-2	0 days
3-5	1 day
6-8	2 days
9+	exception



New Business Rule - 2018

Step 1: Apply the below rules to each of the organizations inpatient hospital site

Total Square Feet- Inpatient	Life Safety Code Surveyor
1 – 1,000,000	2 days
≥1,000,0001-1,500,000	3 days
≥1,500,001	Exception (consult FD)

Additional Exception: Any complement that generates as 10 days or more should be reviewed manually by a Field Director

Each site = 2 LSCS – example.....

September Perspectives and October EC News

Improved Business Rules for Calculating *Life Safety Code* Surveyor Days

Effective January 1, 2018, The Joint Commission has updated the business rules that determine the number of days the *Life Safety Code*®* Surveyor will be part of a **hospital's** survey. This change is expected to enhance The Joint Commission's work as an improvement organization that helps its customers identify and mitigate risks.

The current business rules consider square footage as well as the number of inpatient buildings to determine survey length for *Life Safety Code* Surveyors. Because the number of inpatient buildings can be a misleading metric, however, the revised business rules will consider square footage *only*. This should more accurately indicate how many days the *Life Safety Code* Surveyors are needed on site.

* Life Safety Code® is a registered trademark of the National Fire Protection Association, Quincy, MA.

Another change to the business rules is that there will be a minimum of two days of *Life Safety Code* survey time allotted for any additional hospitals. Consider the example of an organization that has a main hospital with 1.2 million square feet (which generates a three-day *Life Safety Code* survey) as well as a second hospital a mile away with 750,000 square feet. Under the current business rules, the additional site would have a one-day survey; however, the revised business rules will generate a two-day *Life Safety Code* survey for this location.

Questions about the revised business rules may be directed to Jim Kendig (jkendig@jointcommission.org) or Tim Markijohn (tmarkijohn@jointcommission.org), Field Directors, Surveyor Management and Support, The Joint Commission.

<http://www.jointcommission.org>

September 2017

The Joint Commission Perspectives

11

Which surveyor will conduct the EC and EM sessions?

Guidelines for Conducting EC and EM

- For CAH, always survey EC and EM
- For all Psych Hospitals, always survey EC
- For other HAPs, only survey EC and EM if time permits

Two Day LS Survey (0 to 1.5 million square feet)

	LS	EC	EM
< 200,000 sq. ft.	X	X	X
200,000 to 500,000 sq. ft.	X	X	
> 500,000 sq. ft.	X		

Three Day LS Survey (> 1.5 million square feet)

	LS	EC	EM
1.5 to 1.7 million sq. ft.	X	X	
> 1.7 million sq. ft.	X		


Four Day LS Survey

LS	EC	EM
X	X	


Five Day and Greater LS Surveys

LS	EC	EM
X	X	X

The 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)

Let's start with the pre-survey work

- 
- Tools and references
 - BBI & E-App
 - Previous report
 - Public web site
 - Surveyor Resources

Accreditation Survey Activity Guide (SAG) for you the Customer!



Agenda and Document Checklist

- Need more effective and consistent process and to address CMS Validation Surveys
- Health system / corporate hospital customer feedback
 - Customer needs for consistency
 - Survey efficiency
 - Voice of the customer (HSCL mtg input)
- Life Safety Surveyor feedback
- Effective July 4, 2015

Agenda and checklist (cont.)

- Revised agenda for Life Safety surveyor
 - Evaluation starts upon arrival
 - Specified Critical Pressure Relationship Survey time
- A single document checklist and tracking tool for both customers and surveyors – located in your SAG!
- Time allotted for primary surveyor responsibilities



Document Checklist

- Same document checklist for surveyor and HCO
- Serves as HCO prep tool and tracking tool during survey
- Identifies frequency requirements
- Relates to standard/EP
- Request reflects scope of survey



Improvements

Survey Process Clarifications for Life Safety and Environment of Care

As noted in “The Accreditation Process” (ACC) chapter of the program manuals for **hospitals** and **critical access hospitals**, “*A Life Safety Code*”^{*} Surveyor will be part of every survey.” The chapter adds that this surveyor “is responsible for evaluating specific environment of care and *Life Safety Code* accreditation criteria and educating the organization during the survey about related compliant and not compliant areas, opportunities for improvement, and remedial action that may be required.”

In response to customer feedback, The Joint Commission

^{*} Life Safety Code® is a registered trademark of the National Fire Protection Association, Quincy, MA.

recently clarified expectations regarding on-site evaluations of Life Safety and Environment of Care compliance. One major change is that staff must be available to assist the *Life Safety Code* Surveyor with document review immediately upon his or her arrival. To assist staff with preparing for document review, the *Survey Activity Guide* has been updated to include the “Life Safety and Environment of Care—Document List and Review Tool.” This new resource, which lists selected documents that will be reviewed by the *Life Safety Code* Surveyor, is located on The Joint Commission website at http://www.jointcommission.org/life_safety_code_information_resources/ as well as on the *Joint Commission Connect*™ extranet site.

Agenda – August 2015 Perspectives

In addition, the "Life Safety Survey Agenda" has been revised to include more detail on the activities that will be conducted by the *Life Safety Code* Surveyor. Please note that the below sample agenda (with new language underlined>) is based on a typical two-day survey. The number of days may

be different depending on an organization's size; organizations will see a customized agenda on their extranet site.

Questions may be directed to Jim Kendig, Field Director, *Life Safety Code* Surveyors, at jkendig@jointcommission.org or 630-792-5819.

Day 1: Sample Life Safety Survey Agenda

Time	If Day 1 Occurs on Day 1 of Hospital Survey	If Day 1 Occurs on Day 2, 3, or 4 of Hospital Survey
8:00–8:15 A.M.	Facility Orientation	Daily Briefing (introductions only)
8:15–9:00 A.M.	<ul style="list-style-type: none"> Visit main fire alarm panel Review and discuss Statement of Conditions (SOC) building plans and Plans for Improvement (PFI)s Discuss waivers and equivalencies Review Interim Life Safety Measures (ILSM) policy and procedures Review written fire response plan See Life Safety and Environment of Care—Document List and Review Tool 	<ul style="list-style-type: none"> Visit main fire alarm panel Review and discuss SOC building plans and PFI)s Discuss waivers and equivalencies Review ILSM policy and procedures Review written fire response plan See Life Safety and Environment of Care—Document List and Review Tool
9:00–9:15 A.M.	Opening Conference (introductions only)	
9:15–10:30 A.M.	Facility Orientation (continued)	
10:30 A.M.–12:30 P.M.	<ul style="list-style-type: none"> Surveyor operating rooms to assess ventilation* Begin Life Safety Code Building Assessment 	<ul style="list-style-type: none"> Surveyor operating rooms to assess ventilation* Begin Life Safety Code Building Assessment
12:30–1:00 P.M.	Surveyor Lunch	Surveyor Lunch
1:00–4:00 P.M.	Life Safety Code Building Assessment (continued)	Life Safety Code Building Assessment (continued)
4:00–4:30 P.M.	Surveyor Team Meeting/Planning Session†	Surveyor Team Meeting/Planning Session†


* Provides organization time to correct issues while surveyor is on site
† Time for required interaction with survey team

Day 2: Sample Life Safety Survey Agenda

Time	If Day 2 Occurs on Day Other Than Last Day of Hospital Survey	If Day 2 Occurs on Last Day of Hospital Survey
8:00–8:30 A.M.	Daily Briefing	Daily Briefing
8:30 A.M.–12:00 P.M.	Life Safety Code Building Assessment	Life Safety Code Building Assessment
12:00–12:30 P.M.	Surveyor Lunch	Surveyor Lunch
12:30–2:30 P.M.	Three possibilities (depending on size of hospital): 1. Life Safety Code Building Assessment continues, or 2. Assessment continues, one hour reserved for Environment of Care Session, or 3. One hour Environment of Care Session and one hour Emergency Management Session	Three possibilities (depending on size of hospital): 1. Life Safety Code Building Assessment continues, or 2. Assessment continues, one hour reserved for Environment of Care Session, or 3. One hour Environment of Care Session and one hour Emergency Management Session
2:30–3:30 P.M.	Document Findings	Document Findings
3:30–4:00 P.M.	Interim Exit Conference	CEO Exit Briefing and Organization Exit Conference
4:00–4:30 P.M.	Surveyor Team Meeting/Planning Session*	

* Time for required interaction with survey team

Day One – LSCS arrives with team



8:00 – 9:00	Facility Orientation
9:00 – 9:15	Opening Conf. Introductions
9:15 – 10:45-ish	Document Review
10:45 – 12:00	Building tour OR's, SPD, etc.
12:00 – 12:30	Lunch/Team Meeting
12:30 – 4:00	Building Tour

Day one – LSCS does not arrive with team

8:00 – 8:15 Morning Briefing. Introductions


8:15 – 10:45 Facility Orientation
& Document Review

10:45 – 12:00 Building tour OR's, SPD, etc.

12:00 – 12:30 Lunch/Team Meeting

12:30 – 4:00 Building Tour

Day Two

- 
- 8:00 – 8:15 Daily Briefing
 - 8:15 – 12:00 Building Tour
 - 12:00 – 12:30 Lunch/Team Meeting
 - 12:30 – 2:30 EC and EM session
 - 2:30 – 3:30 Document Findings
 - 3:30 Interim LSCS exit Conf
 - Or
 - 12:30 – 4:00 Building Tour for larger buildings

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.

Facility Orientation

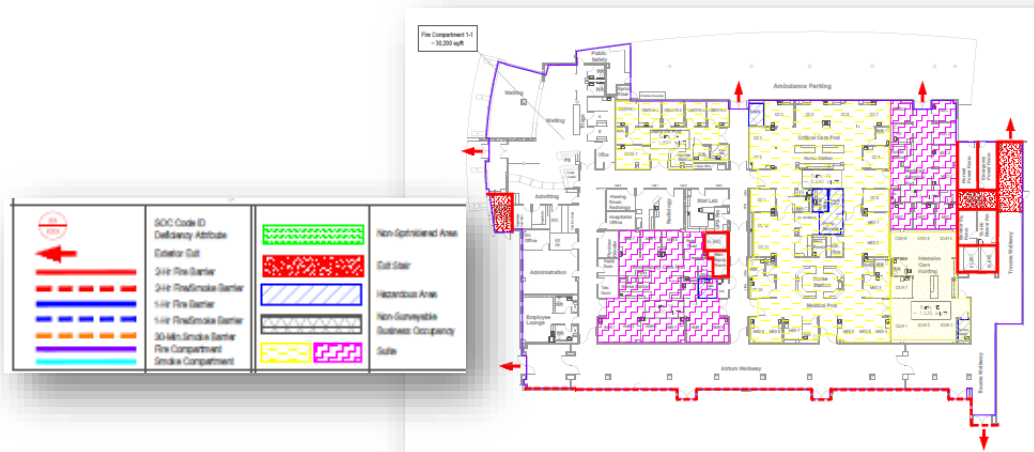
Main Fire Panel - Upon arrival by the surveyor, an escort will be needed to take him/her to the main fire alarm panel to verify that it is functional- check breaker. **Tip – make sure you know location of electrical panel with the designated breaker for the fire alarm.**



Facility Orientation

Building Layout - The surveyor will then meet with an organization staff member(s) to become oriented to the layout of the building.

- This activity is greatly facilitated if the organization has plans and drawings available that display the required building fire safety features.



Facility Orientation

Logistical Needs – Required Building Fire Safety Features on LS plans



What to Include in *Life Safety Code* Drawings

According to The Joint Commission's "Life Safety" chapter, *Life Safety Code* drawings must clearly display the following information:

- A legend that clearly identifies features of fire safety
- 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 barriers
- Suite boundaries, including the sizes of the identified suites—both sleeping (maximum 5,000 square feet) and nonsleeping (maximum 10,000 square feet) suites
- Locations of designated smoke compartments
- Locations of chutes and shafts
- Any approved equivalencies or waivers

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
 - Number of different types of sprinklers to determine the number of spares
 - TIP: If you do not know the number and types of sprinklers how do you determine the number of spares needed.

Document Review Session


Logistical Needs

Other documents - Needed for this session include your organization's:

- ✓ 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



Document Review Session

- 
- Paper or electronic
 - Checklist
 - Same as the checklist the Life Safety Code Surveyors (LSCS) use
 - Open book test
 - 90 minutes is the goal!
 - Tip for success:
 - Close all open issues and place work order right behind report

Fire drill matrix – V2

Hospital Name: _____ Score at EC.02.03.03 EP3 _____

Day = M, Tu, W, Th, F, Sa, Su		Time: 24 hour formatted	Quarterly Hospital Fire Drills											
			Q1			Q2			Q3			Q4		
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
1st Shift	Normal	Location/Building	1st flr/Main											
		Day	M											
		Date	1/2/16											
		Time	0700											
	ISM	Location/Building												
		Day												
		Date												
		Time												
2nd Shift	Normal	Location/Building												
		Day												
		Date												
		Time												
	ISM	Location/Building												
		Day												
		Date												
		Time												
3rd Shift	Normal	Location/Building												
		Day												
		Date												
		Time												
	ISM	Location/Building												
		Day												
		Date												
		Time												

Previous and Current High Risk Fire Drills (recommended not required)											
Location:	Previous	Current	Location:	Previous	Current	Location:	Previous	Current	Location:	Previous	Current
Kitchen	10/15/15	10/9/16	Surgery			Cath/EP Lab			MRI		Plant
Day	W	Th	Day			Day			Day		
Date	6/15/15	7/14/16	Date			Date			Date		
Time	0900	1200	Time			Time			Time		

Quarterly Ambulatory Fire Drills											
		Q1	Q2	Q3	Q4			Q1	Q2	Q3	Q4
1st Shift	Location/Building	AST				Location/Building					
	Day	Tu				Day					
	Date	2/15/16				Date					
	Time	1200				Time					

Annual Business Occupancy Fire Drills (2-Years of drills)											
Previous		Current	Previous		Current	Previous		Current	Previous		Current
Building	Medical Office Building	Building	Building		Building	Building		Building	Building		Building
Day	W	Th	Day		Day	Day		Day	Day		Day
Date	6/14/15	6/10/16	Date		Date	Date		Date	Date		Date
Time	0900	1300	Time		Time	Time		Time	Time		Time

Definitions of Shifts: Provide timeframes for shift hours below (e.g. 1st shift: 0700-1600, 2nd shift: 1600-2400, 3rd shift: 2400-0700)

1st	
2nd	
3rd	

NA Not applicable for no shift, building, location or ISM
NC Not completed or missed

Fire Drills

- Varied”
 - Tip for success: Days, times, and don't forget about weekends
- Number one location for fires in healthcare?
- 9p to 6a fire drills....& NEW 2012 LSC:

19.3.4.3.1 Occupant Notification. Occupant notification shall be accomplished automatically in accordance with 9.6.3, unless otherwise modified by the following:

- (1)*In lieu of audible alarm signals, visible alarm-indicating appliances shall be permitted to be used in critical care areas.
- (2) Where visual devices have been installed in patient sleeping areas in place of an audible alarm, they shall be permitted where approved by the authority having jurisdiction.

Tips

- Written fire response plan...
 - LIP role?
 - Typically same as staff – Really!
 - Volunteers, Students, Contractors? (best practice)
 - Forensic patients
 - Restrained patients
- Stacking diagram
- How to illustrate a room has been evacuated?
 - Pillow in front of the door?
- MRI Fire Drill
- Monthly generator run – graph?

Example of stacking diagram

FIRE DRILL SUMMARY

FIRE DRILL DATE: 8/18/2017 SHIFT: 3

COMMENTS:

TOTAL NUMBER OF SMOKE COMPARTMENTS: 5



FIRE POINT OF ORIGIN



AREAS OBSERVED ABOVE OR BELOW,
AND ADJACENT TO ORIGIN

6th	ONCOLOGY	INPATIENT DIALYSIS		
5th	CARDIOLOGY	ICU		
4th	PEDIATRICS/NICU	LABOR & DELIVERY	PSYCHIATRY	
3rd	MED/SURG	INPATIENT THERAPY	MED/SURG	
2nd	ADMINISTRATION	LOBBY	SURGERY	CATH LAB
	DIALYSIS	REGISTRATION	RADIOLOGY	I.R.
1st	BUSINESS OCCUPANCY			

Trouble areas - Fire Drills

- Reminder one drill per shift per quarter +/- 10 days
- Number one location for fires in healthcare?
- Tip for success:
 - Place central station and FDC checks on fire drill form – save time and money and eliminate missed annual and quarterly requirements.

Document Review Session

Document List and Review Tool

Life Safety and Environment of Care - Document List and Review Tool

Legend: C=Compliant; NC=Not compliant; NA=Not applicable; IOU=Surveyor awaiting documentation

STANDARD	See Legend				DOCUMENT				
LS.01.01.01	C	NC	NA	IOU	Buildings serving patients comply with NFPA 101 (2000 edition)	YES		NO	
EP 1					Individual assigned to assess LSC compliance				
EP 2					Current e-SOC maintained				
EP 3					Timely completion of PFIs				
EP 4					Documentation of inspections and approvals made by state or local AHJs				
COMMENTS:									
LS.01.02.01	C	NC	NA	IOU	Interim Life Safety Measures (ILSM)	Addressed In Policy?		Implement as required?	
						YES	NO		
EP 1					Alarms / sprinklers out of service 4 or more hrs in 24 hrs - Fire watch / Fire Dept. notification				
EP 2					Signs for alternate exits posted				
EP 3					ILSM policy identifying when and to what extent ILSM implemented				
EP 4					Daily inspection of routes of egress (See also 19.7.9.2 RE: daily inspections)				
EP 5					Temporary but equivalent systems while system is impaired				
EP 6					Additional fire fighting equipment provided				
EP 7					Smoke tight non-combustible temporary barriers				
EP 8					Increased surveillance implemented				
EP 9					Storage and debris removal				
EP 10					Additional training on fire fighting equipment				
EP 11					Additional fire drill per shift per quarter				
EP 12					Temporary systems tested and inspected monthly				
EP 13					Additional training on bldg deficiencies, construction hazards, temp measures				
EP 14					Training for impaired structural or impaired compartment fire safety features				
COMMENTS:									

New - Project Refresh – pre posting select document on TJC web page

- Organizations would potentially post policies and procedures to portal?
- For example;
 - ILSM Policy
 - Written Fire Response Plan
 - EOP
 - Mgmt Plans
 - Annual Evaluations
- In pilot testing now

Documentation Clarification

- Starting Jan 2017, any document not available at time of survey cannot be clarified post survey
 - For example, EC.02.03.05; EC.02.05.07
- Reduce the volume of post-survey clarifications
- We get it right the first time
- Less time and resources spent after the survey

Prior to the bldg. tour



Answer these three questions:

1. What type of fire stop are you using?

Why?

this allows a discussion on training for facilities staff and vendors and updates the LSCS as to what he/she is going to see in the interstitial spaces...

Three questions cont.

2. Are there any special requirements for accessing the interstitial space?

Why?

This allows the LSCS the opportunity to pre-plan locations to view in the interstitial spaces if needed per HCO's IC Plan.



Three questions cont.

3. Is glutaraldehyde, ortho-phthalaldehyde (also known as opa) or Peracetic acid (also known as peroxyacetic acid, or PAA) or other product(s) being used for sterilization?

Why?

The type of product used for sterilization or high level disinfection may require a specific air exchange rate, exhaust directly to the outside, IH/PEL's, etc.

The building tour

- Start at the top – after critical pressure relationship areas...
 - Roof – Lab exhausts
 - Walk stair enclosures
 - Mechanical Rooms, central plant
 - Lab, Pharmacy, Kitchen
 - Patients units
 - Radiology, ED, Medical Records
 - All Hospital/AHC occupancy, Business for EC
 - Anywhere a patient can go...Sept 2017

Survey Analysis for Evaluating Risk™ (SAFER™)

- A transformative approach for identifying and communicating risk levels associated with deficiencies cited during surveys
- Helps organizations prioritize and focus corrective actions
- Provides one, comprehensive visual representation of survey findings
- Replaces current scoring methodology
- Implementation: January 2017

Current tags and their meaning

EP Tagging	Definition	When was it done?	What does it mean to customer?
"A" vs. "C"	A: Structural components (policies, plans) C: Process components (frequency of observed non-compliance)	2003	Determines how many times an issue has to be observed before it triggers an RFI.
"Direct" vs. "Indirect"	Direct: Immediate impact on patient care. Indirect: Impact on patient care is not immediate but can become so over time if not addressed.	2008	Determines whether org has 45 days (Direct) or 60 days (Indirect) to submit ESC. Also impacts Decision model.
"MOS"	An MOS is a numeric or quantifiable measure, typically related to an audit, which determines whether an action is effective and sustained.	2003	Determines whether or not org has to submit a Measure of Success for an EP scored out of compliance.
"Risk Icon"	Identifies specific risks, as assessed by a system's proximity to patient, probability of harm, severity of harm, and number of patients at risk.	2012	EPs with a Risk Icon are required for self-evaluation during Intra-cycle Monitoring.

The Joint Commission's Survey Analysis for Evaluating Risk (SAFER) Matrix™ - Aggregate HOSPITAL Results

Likelihood to Harm a Patient/Staff/Visitor

HIGH
(harm could happen at any time)

MODERATE
(harm could happen occasionally)

LOW
(harm could happen, but would be rare)

Immediate Threat to Life All Standards 0.44% EC 0.51% LS 0.00%		
All 1.70% EC 4.33% LS 0.45%	All 1.64% EC 2.54% LS 1.36%	All 1.80% EC 3.31% LS 0.45%
All 15.31% EC 15.78% LS 17.19%	All 15.08% EC 17.56% LS 18.1%	All 8.07% EC 8.65% LS 5.88%
All 32.93% EC 21.37% LS 29.86%	All 15.12% EC 16.28% LS 18.10%	All 7.60% EC 9.67% LS 8.60%

LIMITED

(Unique occurrence that is not representative of routine/regular practice, and has the potential to impact only one or a very limited number of patients, visitors, staff)

PATTERN (Multiple

occurrences of the deficiency, or a single occurrence that has the potential to impact more than a limited number of patients, visitors, staff)

WIDESPREAD

(Deficiency is pervasive in the facility, or represents systemic failure, or has the potential to impact most/all patients, visitors, staff)

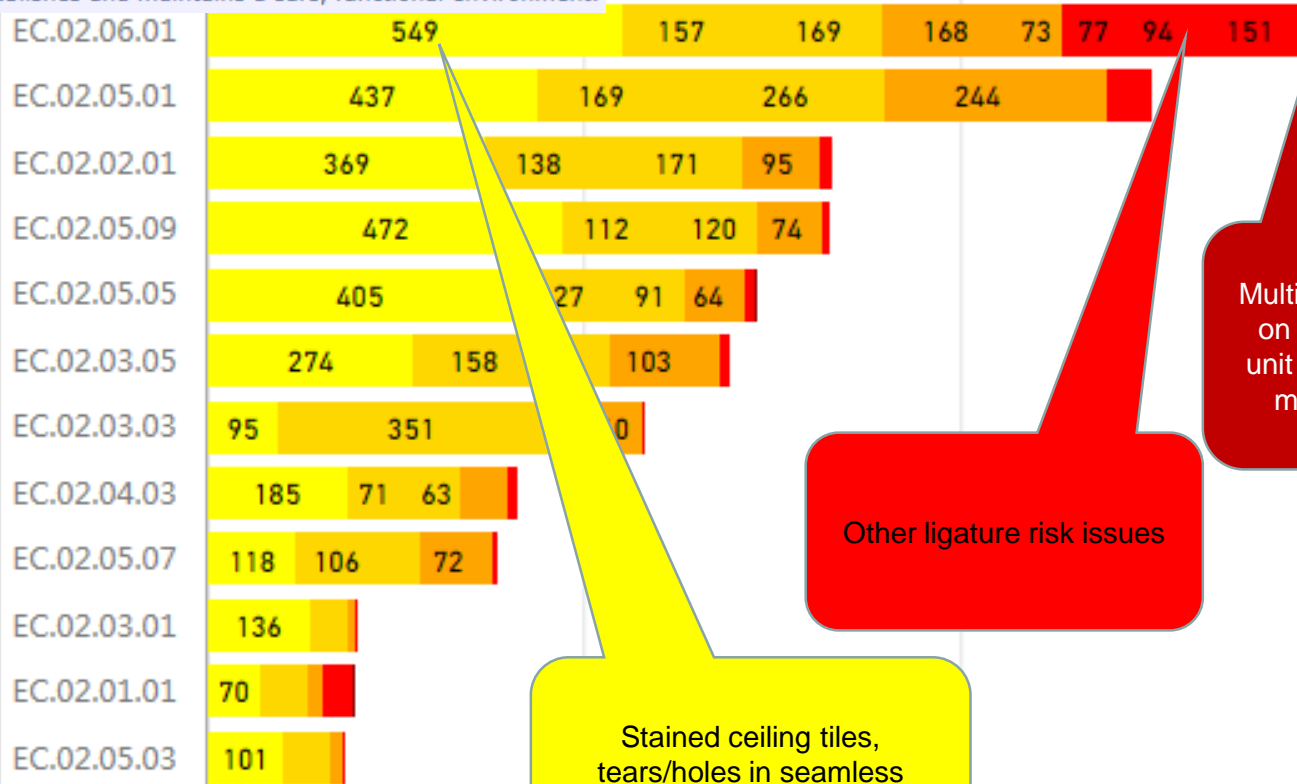
Scope

Most Frequently Cited EC Standards

For Full and Initial Hospital surveys from 1/1/17 through 6/13/17

Distribution of SAFER Scores by Standard

The hospital establishes and maintains a safe, functional environment.



Multiple ligature risks on inpatient psych unit with inadequate mitigation plans

Other ligature risk issues

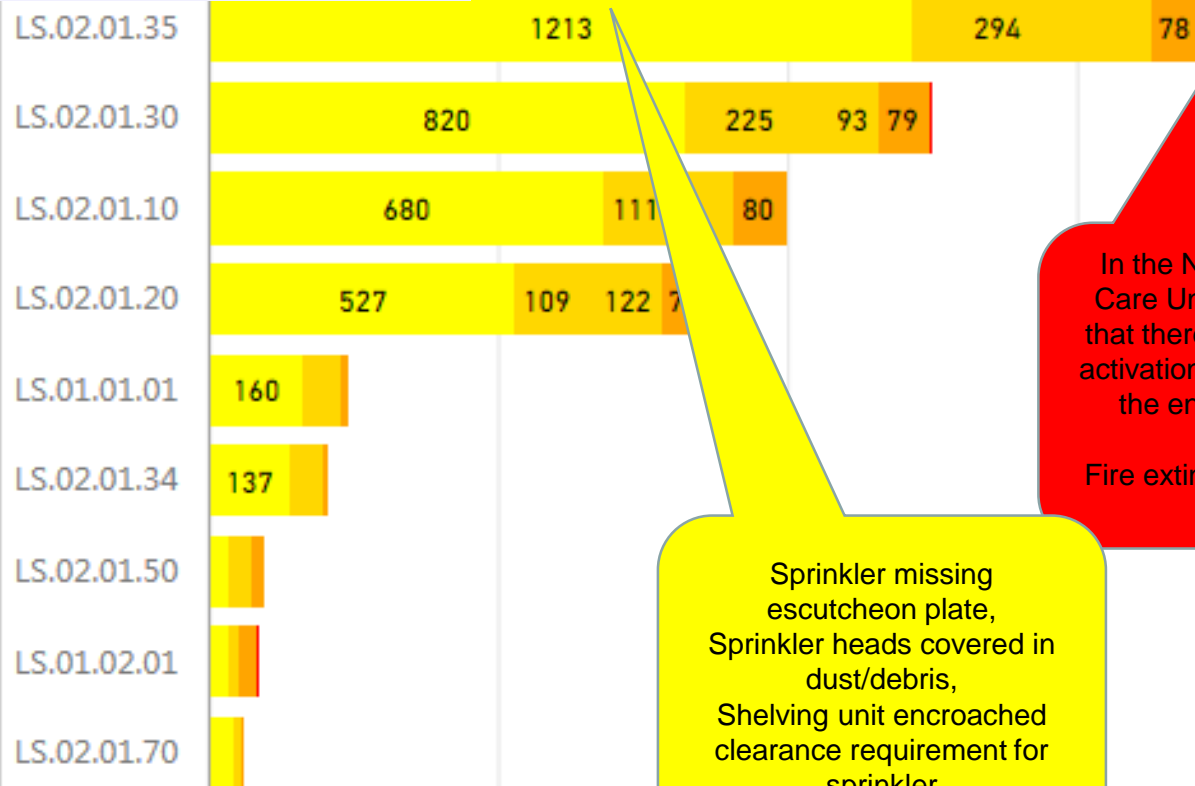
Stained ceiling tiles, tears/holes in seamless floors

Most Frequently Cited LS Standards

For Full and Initial Hospital surveys from 1/1/17 through 6/13/17

Distribution of SAFER Scores by Standard

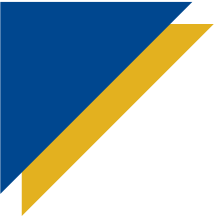
The hospital provides and maintains systems for extinguishing fires.



Sprinkler missing escutcheon plate,
Sprinkler heads covered in dust/debris,
Shelving unit encroached clearance requirement for sprinkler

In the Neonatal Intensive Care Unit it was observed that there was no fire alarm activation pull box located in the entire department.

Fire extinguishers in locked cabinets



Safer Resources

Internet – Available to All

www.jointcommission.org/safer

Home > Survey Analysis for Evaluating Risk™ (SAFER™) Matrix Resources

Twitter Facebook Vimeo LinkedIn Share Print

Survey Analysis for Evaluating Risk™ (SAFER™) Matrix Resources

Thursday 11:29 CST, May 11, 2017

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.



Resources

- Facts about the SAFER™ Matrix
- Facts about the SAFER™ Matrix scoring process
- Matrix Template (blank) - PPT
- Infographic - PDF
- PowerPoint with notes - PDF

SAFER™ Webinar Replays


- Webinar Replay and Slides: SAFER™ Matrix
- Webinar Replay and Slides: SAFER™ Matrix in Behavioral Health Care

Blogs



Ambulatory Buzz:

Extranet – Available to Accredited Customers



The Joint Commission Connect

> Home **Survey Process** Continuous Compliance Communication Resources and Tools Security Admin

Pre-Survey Learn More <ul style="list-style-type: none">• Survey Planning Tools• Survey Activity Guide	Post-Survey Learn More <ul style="list-style-type: none">• Evidence of Standards Compliance• Measure of Success• Plan of Correction• Accreditation Report and Letter• Accreditation SAFER™ Matrix	Customer Feedback Learn More <ul style="list-style-type: none">• Evaluations	Contracts and Billing Learn More <ul style="list-style-type: none">• Contracts• Fee, Billing and Invoice Information• Pricing Schedule
Quality Check ® Learn More <ul style="list-style-type: none">• Your Quality Report• What's New in Quality Report• Updated Quality Information• Organization Commentary	Application for Accreditation Learn More <ul style="list-style-type: none">• General Application• Lab Application	Continuous Compliance Tools Learn More <ul style="list-style-type: none">• Intracycle Monitoring(ICM)• Statement of Conditions• Laboratory Tools• Individualized Quality Control Plan• Corporate Portal• Checklist of Required Documents	

Extranet – Available to Accredited Customers

SAFER Tool Home Page:

The Joint Commission

Connect™ / SAFER™ Matrix

Resource Documents

- [SAFER™ Extranet Tool User Guide](#)
- [SAFER Infographic and Operational Definitions](#)
- [Black and White Version – SAFER Infographic and Operational Definitions](#)
- [SAFER PowerPoint Presentation with Speaker Notes](#)
- [Blank SAFER Matrix™](#)
- [Black and White Version – Blank SAFER™ Matrix](#)
- [SAFER program-specific quizzes](#)

Event List

Select Event Type: ☒ Accreditation ☐ Certification

Event Name	Program(s)	Event Date	Status	SAFER Matrix
------------	------------	------------	--------	--------------

- February 7, 2017 Webinar: [Survey Analysis for Evaluating Risk™ The SAFER Matrix™](#)
- SAFER Tool Video Demo: [Survey Analysis for Evaluating Risk™ \(SAFER™\) Matrix Extranet Tool Video Demo](#)

Beginning January 1, 2017

- The SAFER matrix implemented for the organization as a whole (including tailored programs)
- The SAFER matrix generates is embedded within the survey process and the final report
- Matrix data is shared with the organization and during morning briefing
- Matrix data drives the updated written post-survey process

*The SAFER matrix will not drive the adverse decision process, determination of CLDs during survey, or declaration of an ITL. These 3 processes will remain the same as they do today.

What SAFER will not impact

- Adverse decision process
- Immediate Threat to Life process
- Determination of Condition-Level Deficiency (CLD) process
- On-site survey activities utilized during survey (i.e., Tracer Methodology, Record Review, etc.)
- Risk icons within ICM will remain same



CFR Title 42: Public Health...

§488.28(d)

Ordinarily a provider or supplier is expected to take the steps needed to achieve compliance within 60-days of being notified of the deficiencies, but the State survey agency may recommend that additional time be granted by the Secretary in individual situations, if in its judgment, it is not reasonable to expect compliance within 60-days, for example, a facility must obtain the approval of its governing body, or engage in competitive bidding.

PFI vs. Non-PFI

Impact of §488.28(d) : Plan For Improvement (PFI)

- The **PFI** Process is now an optional management program made available to the accredited organizations
- All PFIs are no longer reviewed as part of survey
- All open PFIs are no longer considered when a Life Safety Chapter deficiency is identified
 - See it, Cite it
- The Open PFIs will no longer be imported into the Final Report

Survey-related Deficiencies

- All survey-related deficiencies are to be cited as RFIs
- All survey-related deficiencies are to be corrected within 60-days from the end of survey
- If additional time is required the organization must submit a Time Limited Waiver
 - This is managed in Salesforce, and a notification is sent to the organization affirming the TLW request submittal
 - This notification will be used if a MEDDEF or ESC review occurs as Evidence of Compliance (ESC)
- **Waivers are not accepted for ligature risks**

ILSM “on the fly”

- ILSM changes (deemed and non-deemed)
 - Two options:
 1. The surveyor discussed the Life Safety deficiency with the organization, and it was determined that the following ILSMs will be implemented until the deficiency has been resolved: (list all applicable EP numbers)
 2. This finding was observed during survey activity, but corrected onsite prior to the surveyor’s departure

Interim Life Safety Measures

- Standards Change
 - 2016 included in EC and LS findings
 - 2017 only LSCS findings – two options

Likelihood to harm a patient/visitor/staff

Scope

Interim Life Safety Measures:

Was the LS deficiency corrected on site? ☐ Yes ☐ No

- Inclusion in the SPFI process

Creating a New SPFI With ILSM Assessment

Detail Page for SPFI Items: Deficiency

☒ Document Deficiencies ☐ Previously Accepted

Date Created: 7/6/2016
Brief Description: [Additional Description](#)

Date Identified:

ILSM Required:

ILSM(s) Implemented:
Select all that apply

<input type="checkbox"/> ILSM Policy/Assessment	<input type="checkbox"/> Storage, housekeeping, and debris-removal
<input type="checkbox"/> Alt exit(s) identified	<input type="checkbox"/> Firefighting equipment training
<input type="checkbox"/> Inspect exits daily	<input type="checkbox"/> Additional fire drills
<input type="checkbox"/> Equivalent fire alarm/protection	<input type="checkbox"/> Tests temporary systems
<input type="checkbox"/> Additional firefighting equipment	<input type="checkbox"/> Staff education
<input type="checkbox"/> Construction Partitions	<input type="checkbox"/> Fire safety training
<input type="checkbox"/> Increased surveillance	

ILSM(s) Corrective Action:

ILSM changes on the report

CoP Text: (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

Scope

Interim Life Safety Measures:

Was the LS deficiency corrected on site? ☐ Yes ☐ No

Observation Text:

☐ This observation applies to multiple occurrences

In Out of

#ASHEAnnual

ILSM changes on the report

Likelihood to harm a patient/visitor/staff Select **Scope** Select

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

Related Interim Life Safety Measures (ILSMs) (Select All That Apply)

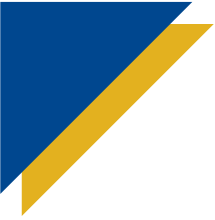
<input type="checkbox"/> EP-2 Fire watch or evacuation	<input type="checkbox"/> EP-9 Enforce practices to reduce building flammable and combustible fire load
<input type="checkbox"/> EP-3 Post signage if exit compromised	<input type="checkbox"/> EP-10 Provide additional training on use of firefighting equipment
<input type="checkbox"/> EP-4 Inspect exits daily	<input type="checkbox"/> EP-11 Conduct additional fire drill per quarter
<input type="checkbox"/> EP-5 Equivalent fire alarm and detection systems	<input type="checkbox"/> EP-12 Inspect and test temporary systems monthly
<input type="checkbox"/> EP-6 Additional firefighting equipment	<input type="checkbox"/> EP-13 Conduct education promoting awareness of deficiencies
<input type="checkbox"/> EP-7 Temporary construction partitions	<input type="checkbox"/> EP-14 Train staff on fire safety features
<input type="checkbox"/> EP-8 Increase surveillance	<input type="checkbox"/> EP-15 Other

Observation Text:

#ASHEAnnual

CMS & Equivalencies

- *Survey-related* equivalencies will continue to be submitted to SIG ENG
- The Engineering staff will work with the organizations until the request is acceptable
 - Once the equivalency is considered acceptable the Joint Commission will forward the entire request to the CMS Regional Office (RO) for final decision
 - The CMS RO will send a response to both the organization and Joint Commission
 - If approved the History Audit Trail will be updated
 - If denied, the organization will need to either correct the deficiency or re-submit a corrected equivalency
- Not appropriate for ligature risks.



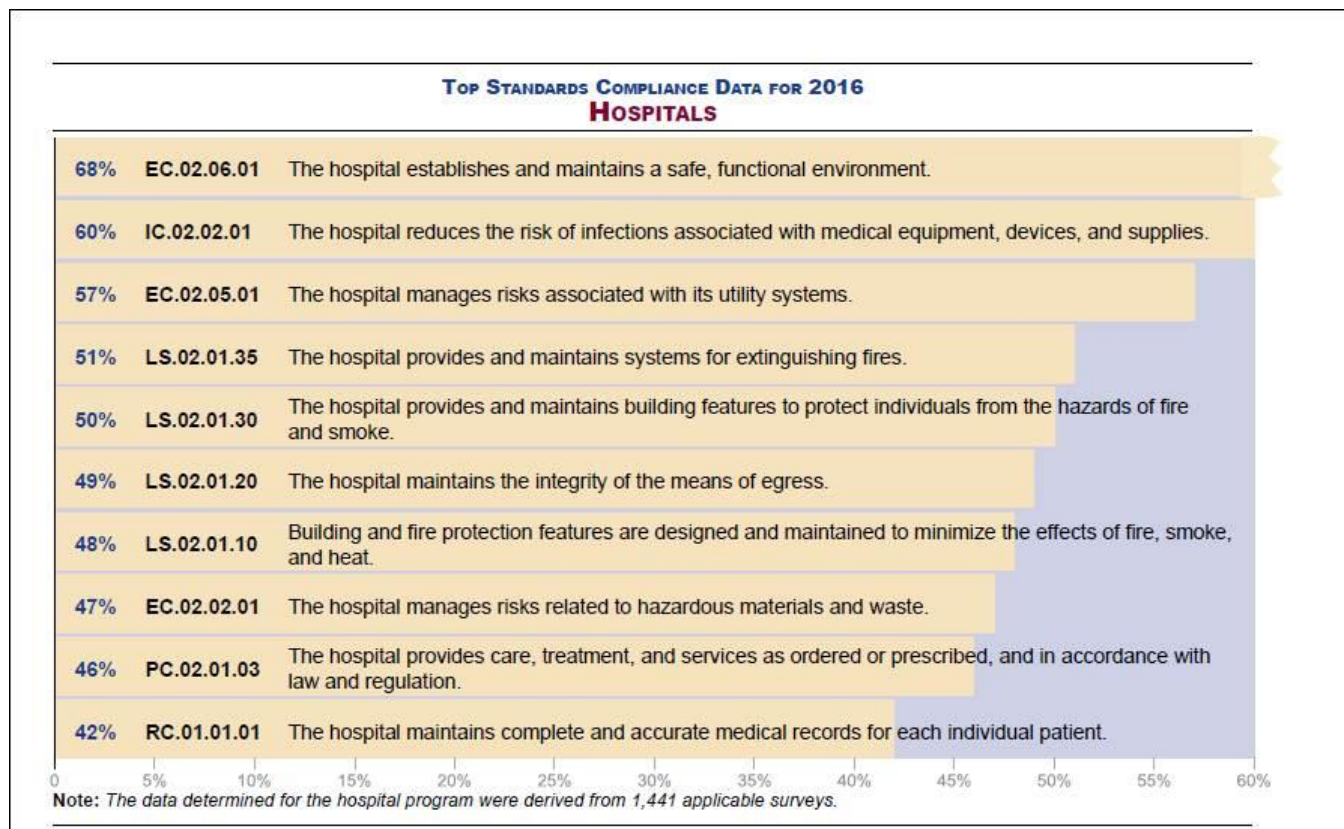
Common Observations



Top LS/EC Cited Standards: 2012 – 2015

Standard	2015	2014	2013	2012
EC.02.06.01: Built Environment	#1	#1	#8	#7
EC.02.05.01: Utility Systems Risks	#3	#2	#4	#10
LS.02.01.20: Means of Egress	#4	#4	#1	#2
LS.02.01.30: Protection	#6	#8	#6	#6
LS.02.01.10: General Building Requirements	#7	#7	#3	#3
LS.02.01.35: Extinguishment	#8	#9	#9	#9
EC.02.03.05: Fire Safety Systems	#9	#6	#7	#5
EC.02.02.01: HazMat & Waste	#10	#10	#11	#11

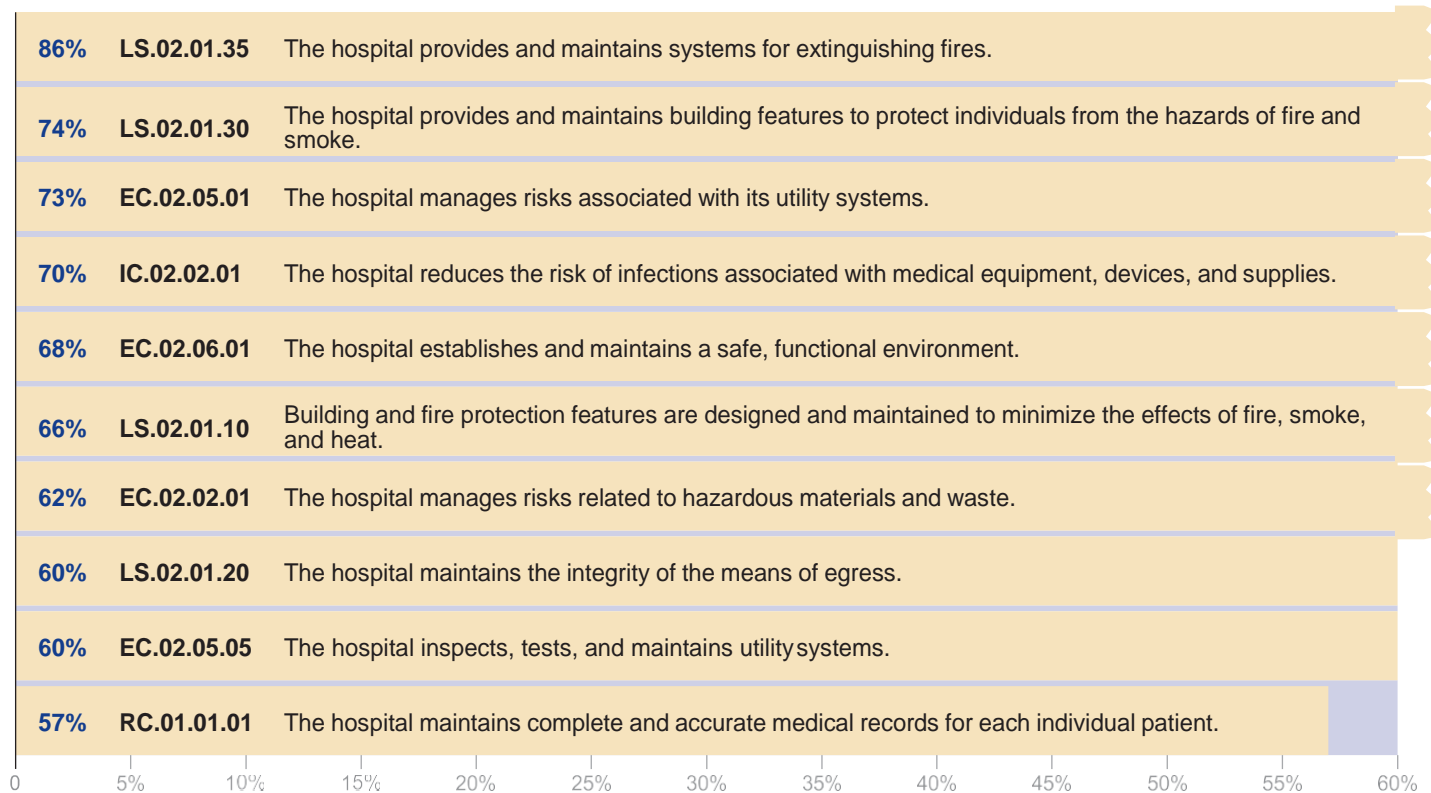
Top Standards Compliance Data for 2016



First half of 2017

top Standards Compliance data first Half of 2017

Hospitals



Note: The data determined for the hospital program were derived from 763 applicable surveys.

Top 10 +1 Findings In 1st 6 months of 2017

Standard	2016 Rank	% Non-compliant	EP	Summary
LS.02.01.35	1	47	4	Manage systems for extinguishing fires including the integrity (nothing supported by sprinkler piping, missing escutcheons)
		40	5	Sprinkler heads are not damaged. They are free of corrosion, foreign materials, paint, and have necessary escutcheon plates installed
		34	14	Other issues, including:

Top 10 +1 Findings In 1st 6 months of 2017

Standard	2016 Rank	% Non-compliant	EP	Summary
LS.02.01.30	2	46%	3	Building and fire protection features: Existing Hazardous Areas
		32	18	Smoke Barrier integrity
		30	11	Corridor doors
		28	2	Building and fire protection features: New Hazardous area doors
		19	23	Smoke Barrier doors

Top 10 +1 Findings In 1st 6 months of 2017

Standard	2016 Rank	% Non-compliant	EP	Summary
EC.02.05.01	3	73	8	Labels utility system controls to facilitate partial or complete emergency shutdowns
		38	15	In critical areas the organization manages risk associated with Utility Systems, including - Supply, Exhaust, Filtration and Air Exchanges (ac/h)
		23	16	In non-critical areas the organization manages risk associated with Utility Systems, including - Supply, Exhaust, Filtration and Air Exchanges (ac/h)
EC.02.06.01	4	68	1	Maintain a safe, functional environment

Top 10 +1 Findings In 1st 6 months of 2017

Standard	2016 Rank	% Non-compliant	EP	Summary
LS.02.01.10	5	66%	7	Building and fire protection general requirements: Fire-rated door
			10	Building and fire protection general requirements: Barrier Penetrations
		38	5	Ensure proper door rating
EC.02.02.01	6	62	5	Minimizes risk associated with selecting, handling, storing, transporting, using, and disposing of hazardous chemicals
		25	12	Labels hazardous materials and waste

Top 10 +1 Findings In 1st 6 months of 2017

Standard	2016 Rank	% Non-compliant	EP	Summary
LS.02.01.20	7	60	11	Means of Egress clear and unobstructed
		24	13	Floors or compartments have two or more approved exits constructed remotely from one another
EC.02.05.05	7	60	6	Non-high risk utility equipment completion
		29	3	

Top 10 +1 Findings In 1st 6 months of 2017

Standard	2016 Rank	% Non-compliant	EP	Summary
EC.02.03.03	8	47	3	Fire drills
EC.02.05.09	9	35	6	Cylinder storage and handling
EC.02.03.05	10	25	10	Quarterly fire department water supply connections

Perspective...

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

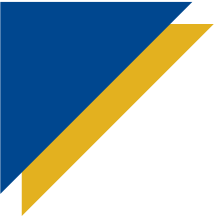
- So...using only EC and LS – you are being evaluated on 349 Eps....!

- Keep things in ‘perspective!’

**Average RFIs Scored per Full/Initial Surveys By Program for Calendar Year 2016
and YTD 2017**
(As of 7/27/2017)

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

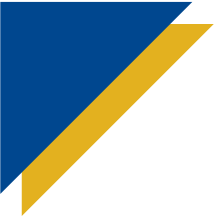
Scope



Airflow Requirements

FGI Guidelines Ventilation Table: Endoscopy & Bronchoscopy

	ENDOSCOPY				BRONCHOSCOPY	
Edition	PROCEDURE		PROCESSING (CLEANING)		PROCEDURE	
	PRESSURE	DIRECT EXHAUST	PRESSURE	DIRECT EXHAUST	PRESSURE	DIRECT EXHAUST
2014 (pending)	N/R	N/R	Negative (-)	YES	Negative (-)	YES
2010	Positive (+)	N/R	Negative (-)	YES	Negative (-)	YES
2006	Neutral	N/R	Negative (-)	YES	Negative (-)	YES
2001	Negative (-)	N/R	N/R	N/R	Negative (-)	YES
1996/1997	N/R	N/R	N/R	N/R	Negative (-)	YES
1992/1993	N/R	N/R	N/R	N/R	N/R	N/R
1987	N/R	N/R	N/R	N/R	N/R	N/R
1979	N/R	N/R	N/R	N/R	N/R	N/R



Ligature Risks

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 (next mtg in Oct 2017).

Ligature

- Assure risk assessment conducted
- Action to implement plan
- Cite all ligature risks – guidance documents below...
 - Also FGI Guidelines

PATIENT SAFETY STANDARDS, MATERIALS AND SYSTEMS GUIDELINES

Recommended by the
NEW YORK STATE OFFICE OF MENTAL HEALTH

With respect to NYS-OMH operated facilities, these Guidelines apply solely to new construction and major renovation projects. Existing facilities should use these Guidelines as a reference document whenever they make improvements.



April 2016

Edition 7.1



Design Guide for the Built Environment of Behavioral Health Facilities

New S&C's and survey expectations

- 17-29-ALL **SUBJECT:** Advanced Copy- Appendix Z, Emergency Preparedness Final Rule Interpretive Guidelines and Survey Procedures - E tags
- Ref: S&C 17-30-*Hospitals/CAHs/NHs* REVISED 06.09.2017 **SUBJECT:** Requirement to Reduce *Legionella* Risk in Healthcare Facility Water Systems to Prevent Cases and Outbreaks of Legionnaires' Disease (LD)
- 17-38-LSC **SUBJECT:** Fire and Smoke Door Annual Testing Requirements in Health Care Occupancies
~~— 5lbs of force...corridor doors~~

Fire Door Inspections



The reason...



Clarification...

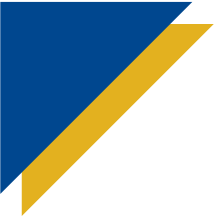
- The question...Fire Door Inspections
- See S&C 17-38-LSC 7/28/17

■ The answer...

- Smoke Barrier doors do not need the NFPA 80 inspection. Only Fire Door assemblies.

The detail...

- **Pending CMS approval**, this is what the EP should state in January, 2018:
 - **EC.02.03.05, EP 25**
 - The [organization] has annual inspection and testing of fire 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 1: **Nonrated doors, including corridor doors to patient care rooms and smoke barrier doors, are not subject to the annual inspection and testing requirements of either NFPA 80 or NFPA 105.**
 - Note 2: For [organizations] that use Joint Commission accreditation for deemed status purposes: Nonrated doors should be routinely inspected and maintained in accordance with the facility maintenance program.
 - Note 3: For additional guidance on testing of door assemblies, see NFPA 101-2012: 7.2.1.5.10.1; 7.2.1.5.11; 7.2.1.15; 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.



EM Standards

EM Findings - 2016

Standards Compliance Report for 1/1/16 to 12/31/16			
Program	Standard	% Standards Not Compliant	Net Applicable Surveys
HAP	EM.01.01.01	2.50%	1441
HAP	EM.02.01.01	2.15%	1441
HAP	EM.02.02.01	0.21%	1441
HAP	EM.02.02.03	0.49%	1441
HAP	EM.02.02.05	0.14%	1441
HAP	EM.02.02.07	0.07%	1441
HAP	EM.02.02.09	0.21%	1441
HAP	EM.02.02.11	0.07%	1441
HAP	EM.02.02.13	2.78%	1441
HAP	EM.02.02.15	0.28%	1441
HAP	EM.03.01.01	2.36%	1441
HAP	EM.03.01.03	4.51%	1441

EM Findings – Jan to June 2017

Standards Compliance Report for 1/1/17 to 6/30/17			
Program	Standard	% Standards Not Compliant	Net Applicable Surveys
HAP	EM.01.01.01	2.73%	768
HAP	EM.02.01.01	3.26%	768
HAP	EM.02.02.01	0.13%	768
HAP	EM.02.02.03	0.13%	768
HAP	EM.02.02.05	0.00%	768
HAP	EM.02.02.07	0.26%	768
HAP	EM.02.02.09	0.39%	768
HAP	EM.02.02.11	0.00%	768
HAP	EM.02.02.13	3.78%	768
HAP	EM.02.02.15	0.13%	768
HAP	EM.03.01.01	1.69%	768
HAP	EM.03.01.03	5.47%	768



Anticipated new standards for EM

Here is the count for deemed programs:

- 32 - OME/Hospice
- 22 - OME/Home Health Agencies
- 26 – AHC/Ambulatory Surgical Centers
- 9 - HAP
- 8 – CAH

Surveyor training Sept and Oct for Nov 15, 2017 go live date

TJC EM Web Page

■ https://www.jointcommission.org/emergency_management.aspx

Legionella Testing

- Ref: S&C 17-30-Hospitals/CAHs/NHs
REVISED 06.09.2017 DATE: June 02, 2017
- Training 9/22
- Article in EC News – Sept 2017 –
starting on page 6 **Mitigating Legionnaires' Disease**
CMS Issues Memorandum on Protecting Your Water Supply
- 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. **R**

What's wrong with this picture?



Cylinder Storage

- NFPA 99-1999 4-3.1.1.2 Storage Requirements (Location, Construction, Arrangement)
 - Combustible materials, such as paper, cardboard, plastics, and fabrics shall not be stored or kept near supply system cylinders or manifolds containing oxygen or nitrous oxide. Racks for cylinder storage shall be permitted to be of wooden construction.
Wrappers shall be removed prior to storage.
 - NFPA 99-2012 5.1.3.2.5 – If cylinders are wrapped when received, the wrapper shall be removed prior to storage
 - Yes aware of HITF

Cylinder Storage cont.

11.6.5.4 Cylinders stored in the open shall be protected as follows:

- (1) Against extremes of weather and from the ground beneath to prevent rusting
- (2) During winter, against accumulations of ice or snow
- (3) During summer, screened against continuous exposure to direct rays of the sun in those localities where extreme temperatures prevail

My shower & eyewash risk assessment...

- 29CFR1910.151©
- 29CFR1910.1048(i)(II)(i)(III)
- SDS
- pH (<2.5 and >10)
- PPE
- What version of ANSI are you using?

Clarification...

- EC. 2.5.5. EP 4-6. The completion rate listed for EP 4, and 5 is 100%, but the completion rate for EP 6 is not listed until you read the note which is talking about AEM strategy then it mentions the completion rate. What is the completion rate for non-high risk not using AEM. This can be interpreted two different ways.

The detail...

- EP-6 fell through the cracks in our edits and is being fixed in January 2018 standards update.
- 100% for both.



What's new...2017 Focus Areas and beyond

- Documentation Clarification
- Real Time SIG/Surveyor Calls
- Mobile Survey Technology (MST)
- ILSM “on the fly”
- SOC/PFI Changes (8/1/16)
- Ligature SAG Update (2/17)
- Num/Den (2016)
- Yellow Belt (2017)
- Clarification (2017)
- Virtual meddef
- Updated Bus Rules (Jan 2018)

What to expect in 2018




■ Fun with numbers:

— *303 new / 381 revised / 511 moved = 1194

*All programs (e.g., HAP, CAH, BH, AHC, etc.)

Projects for 2018

- 
- EC SAG/Session 're-build'
 - More robust CMS validation evaluation process reporting to Sr. Leadership
 - Pre-posting select documents for pre survey review – under pilot now
 - BBI V2.0

Let me ask you...

- Do you receive a copy of Perspectives each month from your quality department?
 - It's free to accredited customers.
- Who in your organization or professional membership is responsible for acquiring and review CMS S&Cs?

Physical Environment Portal

[Accreditation](#) [Certification](#) [Standards](#) [Measurement](#) [Topics](#) [About Us](#) [Daily Update](#)

Home > Topics > Physical Environment Portal

[Twitter](#) [Facebook](#) [Vimeo](#) [LinkedIn](#) [Share](#) [Print](#)

Wednesday 9:29 CST, September 14, 2016

The Physical Environment

Portal Modules

- Portal Home
- Utility Systems - EC.02.05.01
- Means of Egress - LS.02.01.20
- Built Environment - EC.02.06.01**
- Fire Protection - EC.02.03.05
- General Requirements - LS.02.01.10
- Protection - LS.02.01.30
- New**
- Automated Suppression - LS.02.01.35

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 compliance
- Improved patient safety with;
 - Best practices in the patient care environment
 - High Reliability practices for leadership to assess and ensure compliance


Get e-Alerts on the Physical Environment [Sign up here](#)

Mission:

Future Module Release Schedule:

- Available Aug/Sept 2016 - Automated Suppression Sys. LS.02.01.35

Fireside Chat: About the Portal



Visit [FOCUS on Compliance](#) for more physical environment resources.

Webinar Replays

- SOC Process Changes Effective Aug. 1, 2016

Joint Commission Event Calendar

- September 20, 2016 Hospital Executive Briefing - CA
- September 21, 2016 Hospital CMS Update - CA
- September 26, 2016 CJCP Essentials Prep - IL

News and Alerts @ www.jointcommission.org



e to Say

tive experience in our Comprehensive Stroke Center
rom the experience, and everything was upfront.

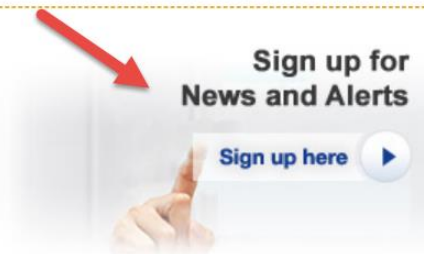


ociate Professor of Neurology and Medical Director of

omprehensive Stroke Center

[Read Full Testimonial](#) | [Read All](#)

ast quality, best-value



Viewed

Searched

1. National Patient Safety Goals
2. Prepublication Standards – Standards Revisions Related to Life Safety Code Update
3. Sentinel Event
4. Hospital: 2017 National Patient Safety Goals
5. Joint Commission Requirements

In The News



- The Joint Commission seeks to clarify 'misperceptions' of its pain standards
- The Joint Commission Pain Standards: Five Misconceptions
- TJC Clarifies Statement on Pain Management

[View More](#)

Workplace violence

- TJC Website, at https://www.jointcommission.org/workplace_violence.aspx

How about some 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/

More...

5	Best Practices via your Extranet Site
6	New Standards BoosterPak™- High-Level Disinfection (HLD) and Sterilization 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/

The last few...

Oro™ 2.0 High Reliability Assessment & Resources

<http://www.centerfortransforminghealthcare.org/>

Emergency Management Portal

https://www.jointcommission.org/emergency_management.aspx

The Joint Commission, Enterprise Content Library, INDEX (177 pages)

https://www.jointcommission.org/assets/1/18/The_Joint_Commission_Enterprise_Content_Library_INDEX.pdf

8. Recent changes to PFIs

https://www.jointcommission.org/issues/article.aspx?Article=DwbM8ATsYdfU%2bihWOJBf%2f8fNeS1PwPKlixuHnGNO0XE%3d&j=2958444&e=dglossa@jointcommission.org&l=94_HTML&u=84686867&mid=1064717&jb=38

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