

# TRENDING IN THE JOINT COMMISSION



# MOST SCORED REQUIREMENTS

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## × Why EC & LS?:

The scope of the environment of care is getting broader; Life Safety Code surveyors are receiving more focused training by national and international experts to ensure that new issues are identified. The follow-up surveys conducted by the Centers for Medicare & Medicaid Services also continue to identify noncompliance issues in the environment of care and Life Safety Code® areas.

# NFPA 101 & NFPA 99

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The Centers for Medicare & Medicaid Services (CMS) adopted the 2012 editions of the National Fire Protection Association's NFPA 101: *Life Safety Code*®\* and NFPA 99: *Health Care Facilities Code*. The Joint Commission began surveying to the 2012 codes on November 1, 2016.

# SURVEY ANALYSIS FOR EVALUATING RISK (SAFER™)

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- × All Requirements for Improvement (RFIs) are plotted on the SAFER matrix according to the likelihood the issue could cause harm to patient(s), staff, and/or visitor(s), and the scope at which the RFI is observed. Combined, these characteristics identify a risk level for each RFI, which in turn will determine the level of required post-survey follow up. As the risk level of an RFI increases, the placement of the standard and Element of Performance moves from the bottom left corner to the upper right.



# SAFER™ MATRIX DESCRIPTION

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- ✓ **Likelihood to Cause Harm to a Patient/Staff/Visitor and Frequency of Finding:**
  - **Low:** harm could happen, but would be rare
  - **Moderate:** harm could happen occasionally
  - **High:** harm could happen any time
  - **Immediate Threat to Life (ITL)**

All Evidence of Standards Compliance (ESC) forms, which outline corrective actions, will be due in 60 days For those findings of a higher risk. Additionally, these higher risk findings will be provided to surveyors for possible review or onsite validation during any subsequent onsite surveys, up until the next full triennial survey occurs.

# SAFER™ MATRIX

## Survey Analysis for Evaluating Risk (SAFER) Matrix

		<i>IMMEDIATE THREAT TO LIFE</i>		
Likelihood to Harm a Patient/Visitor/Staff	HIGH			
	MODERATE			
	LOW			
		LIMITED	PATTERN	WIDESPREAD

# SAFER™ MATRIX- CONTINUED

Hospital Accreditation Program			
ITL			
High	EC.02.05.01 EP 15 EC.02.06.01 EP 1 HR.01.05.03 EP 1		
Moderate	EC.02.05.09 EP 6 MM.04.01.01 EP 13 UP.01.03.01 EP 2	EC.02.03.03 EP 1 EC.02.03.05 EP 10 EC.02.05.01 EP 8 EC.02.05.03 EP 10 EC.02.05.05 EP 6 LS.01.01.01 EP 6 LS.02.01.30 EP 18 LS.02.01.35 EP 5 LS.02.01.50 EP 5	EC.02.05.09 EP 5 IC.02.02.01 EP 2
Low	EC.02.02.01 EP 5 EC.02.02.01 EP 12 EC.02.05.01 EP 16 EC.02.05.09 EP 7 IC.02.01.01 EP 2 LD.04.01.05 EP 4 LS.01.01.01 EP 2 LS.02.01.10 EP 7 LS.02.01.10 EP 10 LS.02.01.20 EP 1 LS.02.01.20 EP 8 LS.02.01.20 EP 34 LS.02.01.30 EP 3 LS.02.01.35 EP 4 LS.02.01.35 EP 10 LS.02.01.35 EP 14 MM.03.01.01 EP 8 MM.05.01.07 EP 2	PC.01.03.01 EP 1 RC.01.01.01 EP 19	

# REQUIREMENTS FOR IMPROVEMENT

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- × Observations noted within the Requirements for Improvement (RFI) section require follow up through the Evidence of Standards Compliance (ESC) process (*Please note, if a survey resulted in Preliminary Denial of Accreditation status, other follow-up events may apply*). If a follow-up survey is required, the unannounced visit will focus on the requirements for improvement although other areas, if observed, could still become findings.



# HOT SURVEY ITEMS

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- × Behavioral Health Services
  - + CMS is in the process of drafting guidance on ligature and other self-harm risks
  - + CMS has stated TJC may use its judgment as to the identification of ligature and safety risk deficiencies, the level of severity for those deficiencies, as well as the approval of the facility's corrective action and mitigation plans to remedy the identified deficiencies.
- × Wall Penetrations
- × Fire Drills
- × Fire Doors
- × Oxygen Storage

# CONDITIONAL FINDINGS THAT CAN LEAD TO A FOLLOW-UP SURVEY

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- × Findings identified during the initial survey, must be lifted at the time of the follow-up. Failure to clear the findings will result in TJC returning within 30 days and/or contact made to CMS for non-compliance.
  - + Examples:

# CONDITIONAL FINDINGS

EP	EC.02.06.01
1	BHS UTENSILS
1	BHS CLOSETS
1	BHS LOCKERS
1	BHS METAL FRAMED BEDS
1	BHS AIR VENT COVERING
1	BHS AIR VENT COVERING
1	BHS PATIENT BATHROOM DOORS
1	BHS PT ROOMS AIR VENTS
1	BHS DOOR HANDLES
1	BHS PT ROOMS/ HVAC AIR VENTS
1	BHS SHOWER ROOM- TOWEL CONTAINERS
1	BHS PT ROOM DESK
1	BHS SHOWER CURTAINS

# FOLLOW-UP SURVEY TIPS

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- × Create a matrix outlining all findings, by EP.
  - + Color Code the “Conditional Findings”
  - + Include a status column
  - + Include a “Completion” date for each item
- × Create a follow-up binder
  - + Organize all back up documentation (completed work orders, work tickets, staff education ,audits, etc.)
  - + Include pictures of items completed, when applicable



# TJC PHYSICAL ENVIRONMENT PORTAL

Accreditation Certification Standards Measurement **Topics** About Us Daily Update

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Wednesday 1:42 CST, September 6, 2017

## The Physical Environment

Portal Modules

- Portal Home
- Utility Systems - EC.02.06.01
- 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
- Automated Suppression - LS.02.01.35

**Upcoming Release Schedule:**

- Haz Mat/Waste Mgmt EC.02.02.01

**Intended Audience:**

- Hospital Leaders
- Facilities Managers
- Clinicians
- Quality Coordinator/Leaders

**Quality Improvement Tools for Accredited Organizations**

- Surveyor Insights
- Leading Practice Library
- Standards BoosterPaks™

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:**

To provide a single, authorized resource where information specific to frequently identified Standards and Elements of Performance (EP) of the Joint Commission can be accessed. This resource is to be free to all seeking this information. The specific Standards and associated EPs are discussed by the Joint Commission and possible solutions presented by Joint Commission Resources. The site is partnering with the [American Society for Healthcare Engineering \(ASHE\)](#) to provide world class examples of successful compliance from high reliability organizations.

**The Physical Environment Portal:**  
A collaboration between The Joint Commission and The American Society for Healthcare Engineering  
[View Infographic](#)

### Fireside Chat: About the Portal

The Physical Environment Portal Kick-off Video

ASHE

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

### Take 5 Podcasts

- Take 5: Life Safety Code® Clarifications  
By Joint Commission
- Take 5: Interim Life Safety Measures Revisited  
By Joint Commission
- Take 5: The Environment of Care Fire Drill Matrix Tool  
By Joint Commission

[View More](#)

### Webinar Replays

- SOC Process Changes Effective Aug. 1, 2016

### Joint Commission Event Calendar

- September 18, 2017  
Hospital CMS Update - CA
- September 19, 2017  
Hospital Executive Briefing - CA 2017
- September 19, 2017  
Hospital Executive Briefing - CA 2017
- September 28, 2017  
Hospital CMS Update - IL 2017



# PROGRAM SUGGESTIONS

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- × Start programs to address permits for above-the-ceiling work and wall penetrations
- × Don't rely on contractors to ensure that the work is done appropriately, carried out safely, and documented accurately; check on it.
- × Train appropriate staff and contractors to use fire stop material to seal penetrations.

# PANEL DISCUSSION AND Q&A

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