

**"What Can We Expect from
the Joint Commission in
2011"**

**Florida Healthcare Engineering
Association
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Presented by:
William M. Wagner, ScD CHCM CHSP CHEP
Vice President & Director of Education, Research & Development
SAFETY MANAGEMENT SERVICES, INC.
(877) 577-6550 ** info@safemgt.com

Introduction

- Recent Changes
- Areas of Focus
- Future issues

Recent Changes

- Elimination of non-essential EPs
- Removal of MOS for the PPR
- Rescore EPs from "C" to "A"

Recent Changes

TJC Robust Process Improvement

- Develop measurement ranking scale
- Evaluate all standards for all programs
- Identify EPs of lesser value

Recent Changes

A valuable standard is defined as one that:

- Affects patient safety or quality of care
- Based on solid evidence or an iron-clad rationale
- Provides a strong relationship to clinical care

Recent Changes

A valuable standard is defined as one that:

- Supports attainment of patient safety and quality care
- Uses an organization's resources judiciously
- Demonstrates a benefit outweighs the cost of implementation

Recent Changes

Elimination of EPs

- EC.02.06.01 - Providing a Safe and Appropriate Environment
– EPs 4,5,6,18

Elimination of EPs

EC.02.06.01 Providing a Safe and Appropriate Environment

- EPs 4, The hospital provides space for recreation and social interaction for patients who remain in the care of the hospital for more than 30 days.

Elimination of EPs

EC.02.06.01 Providing a Safe and Appropriate Environment

- EPs 5, The hospital provides storage space to meet patient needs.

Elimination of EPs

EC.02.06.01 Providing a Safe and Appropriate Environment

- EPs 6, When the hospital provides care for more than 30 days, it provides outside areas for patient use, suitable to the patient's age, physical or mental condition, or other factors.

Elimination of EPs

EC.02.06.01 Providing a Safe and Appropriate Environment

- EP 18, Interior spaces accommodate the use of equipment, such as wheelchairs, necessary to the activities of daily living.

Rescoring EPs

2009 Scoring/Accreditation Decision Model



Criticality Categories

The “criticality” for scoring EP’s fall into the following four categories:

- *Immediate Threat to Life*
- *Situational Decision Rules*
- *Direct Impact Requirements*
- *Indirect Impact Requirements*

Criticality Categories

Examples: “**Immediate Threat**”

- Inoperable fire alarm
- Lack of master alarms for medical gas systems

Criticality Categories

Examples: “**Situational Decision Rule**”

- Life Safety LS.01.01.01 EP3,
- *Failure to implement corrective action in response to identified Life Safety Code® deficiencies in timeframe*

Criticality Categories

Examples: "Direct Impact Requirements"

Utility Systems EC.02.05.01, EP 5:

- *The hospital minimizes pathogenic biological agents in cooling towers, domestic hot and cold water systems, and other aerosolizing water systems.*

Criticality Categories

Examples: "Indirect Impact Requirements"






Environment of Care EC.02.05.01, EP 1:

- *The hospital designs and installs utility systems that meet the patient care and operational needs*

Scoring Process

- Standards are scored as either:
 - Compliant
 - Not Compliant
- No supplemental citations
- Each finding results in RFI
- Elements of Performance (EP) are scored as:
 - 0 = Insufficient Compliance
 - 1 = Partial Compliance
 - 2 = Satisfactory Compliance
- EP's categorized as "A" or "C", no longer "B"

Scoring Icons

-  Requirement for documentation is mandatory.
 -  The "situational decision" rules apply.
 -  The "direct impact requirements" rules apply.
- The following icons remain:
- A: category A requirements
 - C: category C requirements
-  Measure of Success (MOS) is needed.
-  The Self-assessment Grid:
 - "0" =insufficient compliance, "1"= partial compliance, "2" =satisfactory compliance, and "N/A" = the requirement is not applicable.

Eliminating MOS

- EC.02.01.01 EPs 7, 11
- EC.02.01.03 EP 6
- EC.02.02.01 EPs 7*, 8
- EC.02.03.01 EP 1
- EC.02.03.05 EPs 3, 4, 7*, 9*, 12*, 16*, 17*, 18*, 19*, 20*
- EC.02.04.01 EP 3
- EC.02.04.03 EP 1
- EC.02.05.01 EP 3
- EC.02.05.05 EP 1
- EC.02.05.07 EP 2

EPs Changing from "C" to "A"

- Hazard Material and Waste - EC.02.02.01
- EP 7 Hazardous Energy Sources
- Testing Fire Equipment - EC.02.03.05
- EP 7 – Fire pump "churn" test
 - EP 9 - Main drain test
 - EP 12 – Fire pump full flow test
 - EP 16 – Standpipe test (5 years)
 - EP 17 - Fire Hose hydrostatic pressure tests
 - EP 18 – Damper tests (1 and 6 years)
 - EP 19 – Fan shutdown tests
 - EP 20 – Fire door tests

**Areas
of
Focus**

**Wall Mounted Projections
(CMS)**

- Do not project out more than 6 inches from the corridor wall
- Do not conflict with other sections of the Life Safety Code
- Shall not exceed a length of 36 inches
- Shall be separated by at least 48 inches from other projections

Wall Mounted Projections

- Shall only be installed in corridors that are at least 6 feet in width
- Should allow for the installation and use of a handrail without impediment
- Permitted on either side of the corridor

• These dimensions are consistent with sections 18/19.2.3.4 of the 2009 edition of the Life Safety Code, National Fire Protection Association (NFPA) 101

**Future
Issues**

National Patient Safety Goals

- No new goals
- Only minor revisions for 2011
- No revisions involving PE

• Perspectives 2010 Volume 30, # 8

Sentinel Event Alert # 45

**Preventing violence
in the health care setting**

Issued June 3, 2010

Specifically addresses:

- Assault
- Rape
- Homicide

Sentinel Event Alert # 45

Involving

- patients
- visitors

Perpetrated by

- staff
- visitors
- other patients
- intruders to the institution

Preparedness Recommendations

1. Audit your facility's risk of violence:
 - Evaluate environmental and administrative controls throughout the campus
 - Review records and statistics of crime rates in the area surrounding the health care facility
 - Survey employees on their perceptions of risk.
2. Identify strengths and weaknesses and make improvements to the facility's violence-prevention program.

detailed in the HRC issue on "Violence in Healthcare Facilities"

Recommendations

3. Provide extra security precautions in the Emergency Department especially if the facility is in an area with a high crime rate or gang activity. These precautions can include
 - Posting uniformed security officers
 - Limiting or screening visitors (for example, wanding for weapons or conducting bag checks).

Recommendations

- 4. Prescreen job applicants, and establish and follow procedures for conducting background checks of prospective employees and staff.
- 5. Ensure HR procedures for disciplining and firing employees minimize the chance of a violent reaction.
- 6. Require training in responding to patients' family members who are agitated and potentially violent.

Recommendations

- 7. Ensure response procedures are in place and that employees are trained.
- 8. Encourage employees and other staff to report incidents.

Recommendations

- 9. Educate supervisors to treat all reports of suspicious behavior or threats by another employee most seriously and thoroughly investigate. Train supervisors to recognize when an employee or patient may be experiencing behaviors related to domestic violence issues.
- 10. Ensure counseling programs for employees who become victims of workplace crime or violence are in place.

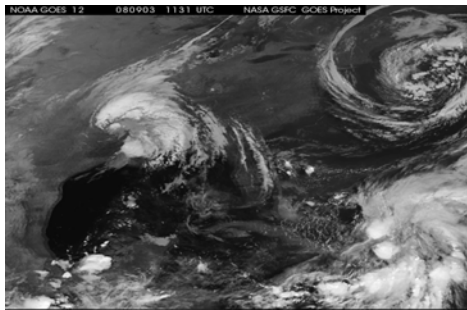
Recommendations

Should an act of violence occur at your facility – *whether assault, rape, homicide or a lesser offense – follow-up with appropriate response that includes:*

11. Reporting the crime to appropriate law enforcement officers
12. Recommending counseling and other support to patients and visitors to your facility who were affected by the violent act
13. Reviewing the event and making changes to prevent future occurrences

Sentinel Event Alert # 45, Preventing violence in the health care setting, Issued June 3, 2010

Ready for any emergency?



Emergency Management

- Rescoring of Standard???
- Only 3 Direct Impact Requirements for 111 EPS
- EC has 38 Direct Impact Requirements for 143 EPs
- Some EPs involve the same requirements

Scope Requirements in Medical Equipment

- Involves flexible and rigid scopes
- Consider as diagnostic equipment now
- Include in medical equipment inventory
- Determine PM frequency
- Caused by cross-contamination issues

Telling Time

- Weekly, monthly, quarterly
- Every 6 months, semi-annually
+/- 20 days
- Every 12 months, annually,
+/- 30 days
- Every 36 months,
+/- 45 days

Telling Time

- Example: Annual +/- 30-days grace
- June 1 due date:
 - April 1st to July 31th
 - “Since due during that month, grace period extends to either side of the whole month”

George Mills, AAMI News, August 2010

Accreditation Options

Who Can Grant Accreditation?

- Centers For Medicare/Medicaid (CMS)
- The Joint Commission® (TJC)
- American Osteopathic Association (AOA)
- *Det Norske Veritas (DNV)*

**Just too quiet
on the
Western Front!!!**

Contact Information

SAFETY MANAGEMENT SERVICES, INC.

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info@safemgt.com

www.safemgt.com