HEALTHCARE COMPLIANCE WITH THE
JOINT COMMISSION & CMS
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MSL HEALTHCARE CONSULTING
JOINT COMMISSION
PROBLEM AREAS

MSL HEALTHCARE CONSULTING
TEMPERATURE, HUMIDITY, PRESSURE DIFFERENTIALS

• OR
• C-Section Rooms
• Sterile Processing (dirty, clean, & storage)
• Endoscopy & Scope Cleaning
• Ultrasound Probe Cleaning
• Cath Lab
• Interventional Radiology
• Sub-sterile Storage
• Isolation rooms
• Pharmacy*
• Lab*
SURVEYORS WILL ASK FOR

• OR temperature and humidity records
  – Action taken if out of range
• Monitoring of air exchange rates and pressure differentials
• They will check pressure with tissue test
• Failure can lead to CMS condition level deficiency
ENDOSCOPY

• Reference EC News, April 2012
• Dedicated equipment processing room
  – Never in procedure room
  – Pre-cleaning of scope must be at bedside
ENDOSCOPY

• No dividing walls in processing rooms
  – Partitions OK
• Flow from soiled to clean
  – 3 feet between clean and soiled scopes
• Work counters, space, utility connections
ENDOSCOPY EQUIPMENT ROOM

- Sinks for manually cleaning
- Hand washing
- Eye wash
- Appropriate automated equipment
- Leak testing equipment
- Low pressure air
- Closed storage
- Ventilation
PROCESSING ROOM VENTILATION

• Negative to surrounding spaces
• Air exhausted directly outside
• Minimum 10 air changes per hour
  – 2 per hour fresh outside air
• No humidity or temperature requirements
SCOPE STORAGE

• Flexible scopes stored in closed cabinet
  – Venting for air circulation
  – Internal surfaces cleanable
  – Adequate height; sufficient space

• Separate clean scope storage room preferred
STERILE PROCESSING

• Temperature and Humidity
• Pressure Differentials
• Work Flow
HUMIDITY

• STERILE PROCESSING
  – Based on FGI Guidelines
  – New vs. existing construction
  – Varies by area within department
  – If no BAS, record manually

• OR
  – CMS may grant wavers for low-end humidity down to 20% only after being cited
  – Considering policy change
ILSM

• **ALL Life Safety Code® deficiencies** must be assessed for ILSM

• **ILSM Policy**
  – Which ILSM are implemented and when
  – Policy must match the EP’s
  – Include all LSC deficiencies – not just construction

• **Records of assessment & implementation**
ILSM ASSESSMENT

• ASHE grid – update to current EPs
• If this condition . . .Then that ILSM
• Ask the right question
  – Construction Project
  – Existing Condition
DECISION RULE

• 2011 AFS 13: The hospital has failed to implement or make sufficient progress toward the corrective actions described in a SOC, Part 4, PFI, which was previously accepted by TJC, or has failed to implement or enforce applicable ILSM.

• 2012 AFS 10: The hospital has failed to implement or make sufficient progress toward the PFI described in a SOC, which was previously accepted by TJC; or has failed to develop and implement the ILSM policy and its criteria associated with evaluation and compensation for increased safety.
LIFE SAFETY DRAWINGS

- Must be current
- Fire and smoke barriers
- Suite designations
- Suite sizes
- Patient rooms used for storage
- Surveyors assess as shown on drawings
SPECIAL LOCKING ARRANGEMENTS

• Clinical needs of the patients
• Delayed Egress  NFPA 101(2000): 7.2.1.6.1
  – Alarm & release in (15-30) seconds
  – Must be manually reset
• Access-Controlled Egress:  7.2.1.6.2
  – Sensor detects approach
  – Manual release within 5 feet
THIRD PARTY DOCUMENTATION

• Must be available & accessible
  – Reasonable time frame
• Must be complete
• Failure could be scored at Leadership
  – Holding staff accountable
EC.02.03.05

• ORGANIZATION AND PRESENTATION IS ESSENTIAL!
• Presentation book for Joint Commission only
• Organize by each EP
• Not applicable as appropriate
• Highlight specifics as necessary
EC.02.03.05  EP 25

• Name of activity
• Date of activity
• Required frequency of the activity
• Name & contact information, including affiliation of person performing activity
• NFPA standards referenced
• Results
• Surveyors will ask for OR’s surgical site fire plan
• Question staff on participation in OR surgical site fire drill
JOINT COMMISSION’S TOP 10 LIST
2012 (FIRST HALF) TOP 10

2. LS.02.01.20: Integrity of means of egress (52%)

3. LS.02.01.10: Maintenance of building & fire safety features (47%)

4. EC.02.03.05: Maintenance of fire safety equipment & building features (40%) (#1 IN CRITICAL ACCESS HOSPITALS)

5. IC.02.02.01: Reducing risk of infections associated with medical equipment, devices, supplies (39%)
2012 (FIRST HALF) TOP 10

7. LS.02.01.30: Protection from hazards of fire & smoke (36%)
8. LS.02.01.35: Fire extinguishing systems (35%)
9. EC.02.06.01: Safe, functional environment (32%)
10. EC.02.02.01: Hazardous materials & waste (29%)
LS.02.01.20: INTEGRITY OF MEANS OF EGRESS

2. LS.02.01.20: Maintaining integrity of means of egress (52%)
   – Corridor Clutter
   – Suite boundaries and size on LS drawings
CORRIDOR CLUTTER

Corridor Clutter is NOT a PFI issue!
LS DRAWINGS

• Legend
• Areas fully sprinklered
• Hazardous storage areas
• Rated barriers & smoke barriers
• Suite boundaries & sizes
• Smoke compartments
• Chutes & shafts
• Any equivalencies or waivers
LS.02.01.10: BUILDING & FIRE PROTECTION

3. LS.02.01.10: Building & fire protection features designed to minimize effects of fire, smoke, & heat (47%)
   – Building Type
   – Door Issues
   – Penetrations
EC.02.03.05

FEATURES OF FIRE PROTECTION

4. EC.02.03.05: Maintenance, testing, inspection of features of fire protection (40%)
COMMON PROBLEMS

• EP 1: Supervisory signals
  – Fire pump
  – Kitchen system
  – Etc.

• EP 3: Electromechanical releasing devices
  – Door magnet
  – Electronic access control, if tied to fire alarm
COMMON PROBLEMS

• EP 19: Every 12 months test automatic smoke detection shutdown devices for air handling equipment
  – DOCUMENT THAT AIR HANDLERS ACTUALLY SHUT DOWN!
5. Reducing risk of infections associated with medical equipment, devices, supplies (39%)
LS.02.01.30: PROTECTION FROM FIRE & SMOKE

7. LS.02.01.30: Maintenance of building features to protect from fire & smoke (36%)
   – Hazardous areas
   – Smoke barriers
8. LS.02.01.35: Provision & Maintenance of Fire Extinguishing Systems (35%)

- Cables & wires
- Sprinkler Clearance
- K extinguishers
EC.02.06.01
SAFE, FUNCTIONAL ENVIRONMENT

9. Maintenance of safe, functional environment (32%)
   – Unsecured gas cylinders
   – Outdoor safety
   – Ventilation
   – Temperature
   – Humidity
EC.02.02.01
HAZMAT

10. Managing risks related to hazmat & waste (29%)
   - Spills & exposures
   - Hazardous energy sources
     • Receipt of radionuclides
2012 LIFE SAFETY CODE®

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2012 LIFE SAFETY CODE®

- Anticipated adoption
- CMS waivers
- Use for new construction
CMS WAIVERS

• Specific 2012 LSC changes:
  – Previously restricted items in exit corridors
    • Carts in use, patient transport, certain fixed furniture
  – Kitchen may be able to open to exit corridor
  – Direct-vent gas & solid fuel burning fireplaces
  – Combustible decorations in some areas
CMS WAIVERS

• No need to show unreasonable hardship for these issues only
• Will evaluate waiver requests individually
• References:
  – ASHE Issue Brief 3/9/12
  – CMS Certification Memo S&C-12-21-LSC
CMS

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SURVEYS

• Validation Surveys (about 2%)
  – Random, unannounced
  – 60 days of triennial survey
  – Comprehensive or focused

• Complaint Investigations
  – Unannounced
  – Initially focused, based on allegations

• Condition-level deficiency: full survey
CMS DEFICIENCIES

• Standard Level:
  – Single requirement or several requirements within an individual standard
  – Does not limit provision of adequate care
  – Does not adversely affect patient health & safety

• Condition Level:
  – Based on severity and magnitude of non-compliance

• Reflected on JC survey report
CONDITION LEVEL

• Joint Commission will conduct on-site, unannounced follow up
  – If not cleared after second follow up, no longer recommended for Medicare certification
  – Contingent accreditation

• CMS will conduct full survey
SURVEY COMPARISON

• Joint Commission
  – 1 LS Specialist
  – 2 Days
    • More in larger hospitals
  – Spot Check
  – More document review

• CMS
  – Many surveyors
  – As long as it takes
  – Top-to-bottom
  – Wall-to-wall
  – More field testing
QUESTIONS?
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