The Joint Commission: 2018 Update

Who we are
Survey Process and Methods
Standards
Learning Objectives

At the conclusion of this presentation, participants will be able to:

- Discuss The Joint Commission mission & deemed status
- Understand the survey process
- Describe the SAFER Matrix
- Understand which standards are scored most frequently in 2017
- Ligature / Self-Harm Risks in the Environment
Mission:

- To continuously **improve** health care
- By **evaluating** health care organizations - meaningful assessment
- To provide **safe** and effective care
- **Inspiring** them to excel
The Joint Commission: Deemed Status

- Deemed Programs:
  - Hospitals
  - Behavior Hospitals
  - Home Care, Hospice
  - Ambulatory Healthcare, including Surgery Centers
  - Critical Access Hospitals
  - Labs

- Survey: Every 3 years (Labs: every 2 years)
Leading the Way to Zero™
Current and Emerging Patient Safety Risks—An Onsite Survey Focus

- High-Level Disinfection/Sterilization
- Suicide Prevention
- Sterile Compounding
- Hemodialysis
High-Level Disinfection/Sterilization

- Failure to comply with HLD and sterilization guidelines have led to numerous outbreaks across the country.

- Organizations should have adequate facilities and implement consistent processes regardless of the setting where instruments or equipment are being used or reprocessed.

- Surveyors also will evaluate these processes in remote ambulatory settings.

Programs: Hospitals, Critical Access Hospitals, Ambulatory Surgery Centers, Office-Based Surgery
Suicide Prevention

- Will provide guidance on what constitutes adequate safeguards to prevent suicide, an expert panel has been assembled with representatives from provider organizations, experts in suicide prevention and the design of behavioral health care facilities, Joint Commission surveyors and staff, and representatives from the Centers for Medicare & Medicaid Services (CMS).

- Organizations should become familiar with the panel’s recommendations, which now distinguish the requirements for different types of health care facilities and areas within psychiatric units.

**Settings:** Psychiatric hospitals, psychiatric units within general hospitals, general medical/surgical wards, emergency departments
Sterile Compounding

- As seen in recent media reports, despite increased regulations, incidents of contamination continue to occur.

- Expect the survey team to spend additional time in evaluating compounding services within your organization, including in remote ambulatory settings.

- For home care organizations, the new “Medication Compounding” standards chapter will be utilized to evaluate compliance.

Programs: Hospitals, Critical Access Hospitals, Home Care
**Hemodialysis**

- A very technical, high-risk area, care teams must be capable and competent to protect themselves from the risk of needle sticks, blood exposure and other complications of treatment while caring for hemodialysis patients.

Programs: Hospitals, Critical Access Hospitals, Ambulatory
ACO-DSSM-SIG – Like the Government

ACO – Executive
Kendig / Markijohn

DSSM – Legislative
Ken Monroe

SIG-ENG – Judicial
Ken Monroe
Life Safety Code Surveyors (LSCS)

Jim Kendig, MS, CHSP, CHCM, HEM, LHRM
Field Director, LSCS

Tim Markijohn, MBA\MHA, CHFM, CHE
Field Director, LSCS

• 78 Full/Part Time/Intermittent (hiring)
• Many currently work in healthcare facility management
• Minimum of bachelors degree, most have multiple masters & doctorate level
• Live across the country, survey the globe
• High performers, very engaged, top 1%
ACO
Accreditation and Certification Operations

Understanding The Survey Process
Survey Types

- Full U (Full Unannounced\Triennial)
- Med Def (Medicare Deficiency)
- 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)
Life Safety Code Surveyor Days - 2018

Hospitals – Each Physical Address = Min. 2 LSCS days (new)

<table>
<thead>
<tr>
<th>Gross Building Square Footage</th>
<th>LSCS Days</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 – 1,000,000</td>
<td>2</td>
</tr>
<tr>
<td>1,000,000 – 1,500,000</td>
<td>3</td>
</tr>
<tr>
<td>&gt;1,500,000</td>
<td>LSC FD Review</td>
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</tbody>
</table>

Non Hospital Life Safety Code Surveyor Days - 2018

<table>
<thead>
<tr>
<th>Gross Building Square Footage</th>
<th>LSCS Days</th>
</tr>
</thead>
<tbody>
<tr>
<td>AHC / ASC</td>
<td>1</td>
</tr>
<tr>
<td>Med Def</td>
<td>1</td>
</tr>
<tr>
<td>SSU / OQPS</td>
<td>1</td>
</tr>
</tbody>
</table>
The Hospital Survey 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)**
LSCS Pre Survey Review

- SOC (BBI – Eapp) PFI’s not visible to LSCS
- Previous report and ESC’s
- Public web site
- Surveyor Resources
# Survey Agenda: LSCS Arrives with Team

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
<th>Day 1</th>
<th>Time</th>
<th>Activity</th>
<th>Day 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>0800 - 0900</td>
<td>Facility Orientation</td>
<td></td>
<td>0800 - 0815</td>
<td>Day #1 Morning Briefing</td>
<td></td>
</tr>
<tr>
<td>0900 – 0930</td>
<td>Opening Conference/Introductions Only</td>
<td></td>
<td>0815 – 1200</td>
<td>Building Tour Cont’d</td>
<td></td>
</tr>
<tr>
<td>0930 – 1045ish</td>
<td>Document Review</td>
<td></td>
<td>1200 – 1230</td>
<td>Lunch</td>
<td></td>
</tr>
<tr>
<td>1045 – 1200</td>
<td>Pressure Relationships (OR’s/SPD)</td>
<td></td>
<td>1230 – 1430</td>
<td>EC/EM Sessions (Separate)</td>
<td></td>
</tr>
<tr>
<td>1200 – 1230</td>
<td>Lunch</td>
<td></td>
<td>1430 – 1530</td>
<td>Enter day #2 Findings into report</td>
<td></td>
</tr>
<tr>
<td>1230 – 1600</td>
<td>Building Tour (End of day Findings)</td>
<td></td>
<td>1530 – 1600</td>
<td>Interim LSCS Exit/Team Exit</td>
<td></td>
</tr>
</tbody>
</table>
Day One morning: 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 for success**: make sure you know location of electrical panel with the designated breaker for the fire alarm.
Day One morning: Facility Orientation

**Life Safety Plans** - The surveyor will then meet with an organization staff member(s) to become oriented to the layout of the building.

- Areas Sprinklered (if not 100%)
- Hazardous Storage Rooms
- Fire Barriers
- Smoke Barriers
- Suites (both types), including size
- Smoke Compartments
- Chutes/shafts
- Approved Equivalencies or Waivers
Day One morning: Facility Orientation
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
- Prior to the start of the building tour – the 3 Q’s

**Tip for success:** Know the number and types of sprinklers so you can determine the number of spares needed.
Day One morning: Document Review

- Paper or electronic, 90 minutes is the goal!
- Same checklist the Life Safety Code Surveyors (LSCS)/Hospital use
- Serves as Hospitals prep tool for survey – mock review
- Checklist has Standard, EP, Time frequency
- Open book test

Tip for success:
- Organize testing document binder in same order as checklist
- Close all open issues and place work order right behind report
Day One morning: Document Review

- 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

**Tip for success:** LSCS will use IOU if not readily available
<table>
<thead>
<tr>
<th>STANDARD - EP</th>
<th>SEE LEGEND</th>
<th>DOCUMENT / REQUIREMENT</th>
<th>FREQUENCY</th>
<th>Q 1</th>
<th>Q 2</th>
<th>Q 3</th>
<th>Q 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>EC.02.03.05</td>
<td></td>
<td>Fire Protection and Suppression Testing and Inspection</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>EP 1</td>
<td></td>
<td>Supervisory Signals—including:</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Control valves; pressure</td>
<td></td>
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<td></td>
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<td>supervisory; pressure</td>
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<td></td>
<td></td>
<td>tank, pressure supervisory</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>for a dry pipe (both high and low conditions), steam pressure;</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>water level supervisory signal initiating device; water temperature</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>supervisory; and room temperature supervisory.</td>
<td></td>
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</tr>
<tr>
<td>EP 6</td>
<td></td>
<td>Diesel-engine-driven fire pumps tested under non-flow conditions</td>
<td>Monthly</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>EP 7</td>
<td></td>
<td>Water storage tank high and low level alarms</td>
<td>Weekly</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>EP 8</td>
<td></td>
<td>Water storage tank low water temp alarms (cold weather only)</td>
<td>Monthly</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>EP 9</td>
<td></td>
<td>Sprinkler systems main drain tests on all risers</td>
<td>Annually</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>EP 10</td>
<td></td>
<td>Fire department connections inspected (Fire hose connections N/A)</td>
<td>Quarterly</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>EP 11</td>
<td></td>
<td>Fire pump(s) tested—under flow</td>
<td>Annually</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>EP 12</td>
<td></td>
<td>Standpipe flow test every 5 years</td>
<td>5 years</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>EP 13</td>
<td></td>
<td>Kitchen suppression semi-annual testing</td>
<td>Semianually</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>EP 14</td>
<td></td>
<td>Gas/oil extinguishing systems inspected (no discharge req.)</td>
<td>Annually</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>EP 15</td>
<td></td>
<td>Portable fire extinguishing systems inspected monthly</td>
<td>Monthly</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>EP 16</td>
<td></td>
<td>Portable fire extinguishing systems maintained annually</td>
<td>Annually</td>
<td></td>
<td></td>
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<tr>
<td>EP 17</td>
<td></td>
<td>Fire hoses hydro tested 5 years after install; every 5 years thereafter</td>
<td>5 years/3 years</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>EP 18</td>
<td></td>
<td>Smoke and fire dampers tested to verify full closure</td>
<td>1 year after install</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>EP 19</td>
<td></td>
<td>Smoke detection shutdown devices for HVACs tested</td>
<td>Annually</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>EP 20</td>
<td></td>
<td>All horizontal and vertical roller and slider doors tested</td>
<td>Annually</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>EP 21</td>
<td></td>
<td>Inspection and testing of door assemblies by qualified person</td>
<td>Annually</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>EP 27</td>
<td></td>
<td>Documentation of maintenance testing and inspection activities for EPs 1-20 and 25 includes: activity name; date; inventory of devices, equipment or other items; frequency; contact info for person performing activity; NFPA standard; activity results</td>
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</table>
Day One morning: Documentation Clarification

- Any document not available at time of survey cannot be clarified post survey
- Documents readily available
- Reduce the volume of post-survey clarifications
- Less time and resources spent after the survey
# Day One morning: Fire Drill Matrix

<table>
<thead>
<tr>
<th>Hospital Name:</th>
<th>Score at EC.02.03.03 EP3</th>
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</table>

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Location/Building</strong></td>
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<tr>
<td><strong>Day</strong></td>
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<td></td>
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<tr>
<td><strong>Date</strong></td>
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<tr>
<td><strong>Time</strong></td>
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</table>

1st Shift

<table>
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<th>Location/Building</th>
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<th>Day</th>
<th>Date</th>
<th>Time</th>
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</thead>
<tbody>
<tr>
<td><strong>ISM</strong></td>
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2nd Shift

<table>
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<th>Time</th>
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<tbody>
<tr>
<td><strong>ISM</strong></td>
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3rd Shift

<table>
<thead>
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<th>Day</th>
<th>Date</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ISM</strong></td>
<td></td>
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</tbody>
</table>
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

Fireside Chat: About the Portal

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Fire Drills - Tips

Tip for success:

- Reminder one drill per shift per quarter +/- 10 days
- > 1 hour between drills (Best Practice: Vary days)
- Number one location for fires in healthcare? Kitchen!
- Place central station and FDC checks on fire drill form – save time and money and eliminate missed annual and quarterly requirements.
Day One morning: Pressure Relationships

- OR’s - Positive to adjacent
- SPD - Decontam - Negative to adjacent
- SPD - Prep/Pack, Sterilizing, Sterile storage – Positive to adjacent
- AIIR’s – Negative to corridor, .01” W.C.
- Soiled Utility – Negative to Corridor

**Tip for success:** When you announce TJC in house – someone please check the critical pressure relationships
Day One afternoon: The Building Tour

- Start at the top
  - Roof – Lab exhausts (Not AIIR’s)
  - Walk stair enclosures
  - Mechanical Rooms, central plant (exit signs visible)
  - Lab, Pharmacy, Kitchen
  - Patients units
  - Radiology, ED, Medical Records
  - Fire/smoke Barriers
Day One afternoon: The Building Tour

- FD’s (Label, Gap, Close, Latch, Plates) SD’s (Close, Gaps)
- Corridor doors, latching hardware, no more 5lb exception
- Above Ceiling (Sprinkler pipes, Barriers, J-Boxes, Med Pipe)
- Entire building for EC, Hospital and Ambulatory for LS

**Tip for success:** Above ceiling permit system in place?
Interim Life Safety Measures

- Policy Reviewed during document review, ILSM Reference guide given
- Mostly for LS findings, either corrected on site or not ≤8 hours
- Surveyor required to document in report what ILSM is put in place until corrected

**Tip for success:** Know your ILSM policy – education can be limited to specific staff such as plant ops and security
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: Select

Interim Life Safety Measures:

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

Observation Text:

□ This observation applies to multiple occurrences

In [ ] Out of [ ] Select activity [ ]
ILSM changes on the report

Interim Life Safety Measures:
Was the LS deficiency corrected on site?

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

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

Observation Text:
14. The hospital minimizes pathogenic biological agents in cooling towers, domestic hot- and cold-water systems, and other aerosolizing water systems.
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.
New Survey Report 2018

- Removes white space
- Sorting feature
- Ability to see SLD vs. CLD
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!’
SAFER Matrix
Survey Analysis For Evaluating Risk (SAFER) Matrix

Immediate Threat to Life
(follows current ITL processes)

Likelihood to Harm a Patient/Visitor/Staff

HIGH

MODERATE

LOW

Scope

LIMITED

PATTERN

WIDESPREAD
SAFER Scoring Example: LS Chapter

- **STANDARD/EP:** LS.02.01.30, EP2
- **OBSERVATION:** In the laboratory storage room G111 was greater than fifty square feet in size and it contained combustible materials. The door serving this store room was not equipped with a door closure device. During the survey engineers installed a door closure device on this door.
Where does the finding belong?

Based on the operational definitions, please place the finding in the area of the SAFER matrix you believe it goes.
Rationale

 Policies require rooms storing combustible materials to have secure closure device. The room contained potentially dangerous materials that could cause harm directly, but would be more likely to cause harm as a contributing factor in the presence of other circumstances or additional failures; therefore, “Moderate” likelihood to harm

 The door closure device for 1 storage room did not comply. This appears to be a unique occurrence, not representative of routine or regular practice thus “Limited” in scope
## Scope

<table>
<thead>
<tr>
<th>Label</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>WIDESPREAD</td>
<td>Deficiency is pervasive in the facility, or represents systemic failure, or has the potential to impact most/all patients, visitors, staff (5 or more)</td>
</tr>
<tr>
<td>PATTERN</td>
<td>Multiple occurrences of the deficiency, or a single occurrence that has the potential to impact more than a limited number of patients, visitors, staff (3 or 4)</td>
</tr>
<tr>
<td>LIMITED</td>
<td>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 (1 or 2)</td>
</tr>
</tbody>
</table>
## Likelihood to Harm

<table>
<thead>
<tr>
<th>Label</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIGH</td>
<td>Harm could happen at any time</td>
</tr>
<tr>
<td>MODERATE</td>
<td>Harm could happen occasionally</td>
</tr>
<tr>
<td>LOW</td>
<td>Harm could happen, but would be rare</td>
</tr>
</tbody>
</table>
Example: SAFER Matrix within Report

<table>
<thead>
<tr>
<th>Immediate Threat to Life</th>
<th>HIGH</th>
<th>MODERATE</th>
<th>LOW</th>
</tr>
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<tbody>
<tr>
<td>MM.03.01.01, EP8</td>
<td>MM.03.01.01, EP7</td>
<td>MI.03.01.01, EP1</td>
<td>MM.03.01.01, EP5</td>
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<tr>
<td>MS.01.01.01, EP5</td>
<td>PC.01.02.01, EP4</td>
<td>PC.01.02.03, EP6</td>
<td>PC.01.03.01, EP1</td>
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<td>PC.01.03.01, EP1</td>
<td>PC.01.03.01, EP5</td>
<td>MS.08.01.01, EP1</td>
<td>MS.08.01.03, EP3</td>
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<tr>
<td>IM.02.02.01, EP3</td>
<td>IC.02.01.01, EP2</td>
<td>IC.02.02.01, EP4</td>
<td>IC.02.02.01, EP4</td>
</tr>
<tr>
<td>RC.01.01.01, EP19</td>
<td>RC.02.03.07, EP4</td>
<td>RC.02.03.07, EP4</td>
<td>RC.02.03.07, EP4</td>
</tr>
</tbody>
</table>

Limited Pattern: Limited | Limited | Limited | Limited

Widespread Pattern: Widespread | Widespread | Widespread | Widespread

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Survey Analysis for Evaluating Risk (SAFER) Matrix™ - Aggregate HOSPITAL Results for Entire 2017

<table>
<thead>
<tr>
<th>Likelihood to Harm a Patient/Staff/Visitor</th>
<th>Immediate Threat to Life</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Standards</td>
<td>0.37%</td>
</tr>
<tr>
<td>EC</td>
<td>0.22%</td>
</tr>
<tr>
<td>LS</td>
<td>0.00%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Likelihood to Harm a Patient/Staff/Visitor</th>
<th>HIGH</th>
<th>MODERATE</th>
<th>LOW</th>
</tr>
</thead>
<tbody>
<tr>
<td>All 1.54%</td>
<td>EC 1.04%</td>
<td>LS 0.21%</td>
<td>All 16.53%</td>
</tr>
<tr>
<td>All 1.65%</td>
<td>EC 1.57%</td>
<td>LS 0.23%</td>
<td>All 12.88%</td>
</tr>
<tr>
<td>All 1.56%</td>
<td>EC 2.49%</td>
<td>LS 0.13%</td>
<td>All 4.37%</td>
</tr>
</tbody>
</table>

LIMITED PATTERN WIDESPREAD
Survey changes due to SAFER

- No more Direct and Indirect EP designations
  - Consolidated ESC into one 60-day timeframe
- No more A or C categories
  - No more Opportunities for Improvement (OFIs)
  - *No more Measures of Success (MOS)*
- See it / Cite it Survey Methodology

*Note: This does not apply to Sentinel Events where a MOS is required. At this time, the submittal of a MOS for Sentinel Events is still required.
### Average RFIs Scored per Full/Initial Surveys By Program for Calendar Year 2016 and YTD 2017

(As of 7/27/2017)

<table>
<thead>
<tr>
<th>Program</th>
<th>2016</th>
<th>2017 YTD</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Surveys</td>
<td>Average RFIs/Survey</td>
</tr>
<tr>
<td>Ambulatory Care</td>
<td>640</td>
<td>14.6</td>
</tr>
<tr>
<td>Hospital</td>
<td>1,442</td>
<td>20.5</td>
</tr>
<tr>
<td>Nursing Care Center</td>
<td>292</td>
<td>6.1</td>
</tr>
<tr>
<td>Behavioral Health Care</td>
<td>922</td>
<td>8.0</td>
</tr>
<tr>
<td>Home Care</td>
<td>1,962</td>
<td>8.7</td>
</tr>
<tr>
<td>Laboratory</td>
<td>736</td>
<td>8.5</td>
</tr>
<tr>
<td>Office Based Surgery</td>
<td>87</td>
<td>9.4</td>
</tr>
<tr>
<td>Critical Access Hospital</td>
<td>90</td>
<td>15.1</td>
</tr>
<tr>
<td>Disease-Specific Care Certification</td>
<td>1,816</td>
<td>1.4</td>
</tr>
<tr>
<td>Health Care Staffing Services Certification</td>
<td>193</td>
<td>0.5</td>
</tr>
</tbody>
</table>
Top 10 Findings: Most Challenging Standards
Environment of Care (EC) and Life Safety (LS) Chapters

January – December 2017
<table>
<thead>
<tr>
<th>Standard</th>
<th>2017</th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>LS.02.01.35</td>
<td>86%</td>
<td>51%</td>
<td>46%</td>
</tr>
<tr>
<td>EC.02.05.01</td>
<td>73%</td>
<td>57%</td>
<td>58%</td>
</tr>
<tr>
<td>IC.02.02.01</td>
<td>72%</td>
<td>60%</td>
<td>59%</td>
</tr>
<tr>
<td>LS.02.01.30</td>
<td>72%</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td>EC.02.06.01</td>
<td>70%</td>
<td>68%</td>
<td>62%</td>
</tr>
<tr>
<td>LS.02.01.10</td>
<td>66%</td>
<td>48%</td>
<td>45%</td>
</tr>
<tr>
<td>EC.02.02.01</td>
<td>63%</td>
<td>47%</td>
<td>39%</td>
</tr>
<tr>
<td>EC.02.05.05</td>
<td>62%</td>
<td>18%</td>
<td>12%</td>
</tr>
<tr>
<td>LS.02.01.20</td>
<td>62%</td>
<td>49%</td>
<td>51%</td>
</tr>
<tr>
<td>EC.02.05.09</td>
<td>59%</td>
<td>29%</td>
<td>30%</td>
</tr>
</tbody>
</table>
## Most Cited Standards, 2017 - # 1

<table>
<thead>
<tr>
<th>Standard</th>
<th>2017 Rank</th>
<th>% Non-compliant</th>
<th>EP</th>
<th>Summary</th>
</tr>
</thead>
<tbody>
<tr>
<td>LS.02.01.35</td>
<td>1</td>
<td>59%</td>
<td>4</td>
<td>Manage systems for extinguishing fires including the integrity (nothing supported by sprinkler piping, missing escutcheons)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>41%</td>
<td>5</td>
<td>Sprinkler heads are not damaged. They are free of corrosion, foreign materials, paint, and have necessary escutcheon plates installed</td>
</tr>
<tr>
<td></td>
<td></td>
<td>34%</td>
<td>14</td>
<td>Other issues, including: blocked access to fire extinguishers</td>
</tr>
</tbody>
</table>
LS.02.01.35 – EP-4 - Sprinkler piping supports nothing else.
EC.02.06.01 – not considered ‘art’
LS.02.01.35 – EP-4 - Sprinkler piping supports nothing else.
LS.02.01.35 – EP-4 - Sprinkler piping supports nothing else.
LS.02.01.35 – EP-4  - Sprinkler piping supports nothing else.
## Most Cited Standards - # 2

<table>
<thead>
<tr>
<th>Standard</th>
<th>2017 Rank</th>
<th>% Non-compliant</th>
<th>EP</th>
<th>Summary</th>
</tr>
</thead>
<tbody>
<tr>
<td>EC.02.05.01</td>
<td>2</td>
<td>45%</td>
<td>8</td>
<td>Labels utility system controls to facilitate partial or complete emergency shutdowns</td>
</tr>
<tr>
<td></td>
<td></td>
<td>40%</td>
<td>15</td>
<td>In critical areas the organization manages risk associated with Utility Systems, including Pressure relationships, Filtration, Air Exchanges (ach), and Temperature and Humidity</td>
</tr>
<tr>
<td></td>
<td></td>
<td>25%</td>
<td>16</td>
<td>In non-critical areas the organization manages risk associated with Utility Systems, including Pressure relationships, Temperature and Humidity</td>
</tr>
</tbody>
</table>
EC.02.05.01 EP15 Critical Pressure Relationships
## Most Cited Standards, 2017 - # 4

<table>
<thead>
<tr>
<th>Standard</th>
<th>2017 Rank</th>
<th>% Non-compliant</th>
<th>EP</th>
<th>Summary</th>
</tr>
</thead>
<tbody>
<tr>
<td>LS.02.01.30</td>
<td>4</td>
<td>38%</td>
<td>3</td>
<td>Building and fire protection features: Existing Hazardous Areas</td>
</tr>
<tr>
<td></td>
<td></td>
<td>32%</td>
<td>18</td>
<td>Smoke Barrier integrity</td>
</tr>
<tr>
<td></td>
<td></td>
<td>30%</td>
<td>11</td>
<td>Corridor doors</td>
</tr>
<tr>
<td></td>
<td></td>
<td>20%</td>
<td>19</td>
<td>Smoke barrier doors</td>
</tr>
</tbody>
</table>
THIS IS NOT AN EXIT!
PLEASE DO NOT OPEN
SUITE 1304-INTERNAL MEDICINE OFFICE
BEYOND THIS DOOR!
## Most Cited Standards, 2017 - # 5 & # 6

<table>
<thead>
<tr>
<th>Standard</th>
<th>2017 Rank</th>
<th>% Non-compliant</th>
<th>EP</th>
<th>Summary</th>
</tr>
</thead>
<tbody>
<tr>
<td>EC.02.06.01</td>
<td>5</td>
<td>66%</td>
<td>1</td>
<td>Safe environment, including ligature risks, stained ceiling tiles, mismanaged pull cords</td>
</tr>
<tr>
<td></td>
<td></td>
<td>13%</td>
<td>26</td>
<td>Furniture and equipment</td>
</tr>
<tr>
<td>LS.02.01.10</td>
<td>6</td>
<td>39%</td>
<td>7</td>
<td>Building and fire protection general requirements: Fire-rated door</td>
</tr>
<tr>
<td></td>
<td></td>
<td>38%</td>
<td>10</td>
<td>Building and fire protection general requirements: Barrier Penetrations</td>
</tr>
</tbody>
</table>
LS.02.01.10 – EP-14 – Barrier Penetrations
LS.02.01.10 – EP-14 – Barrier Penetrations
LS.02.01.10  EP 7, now EP 11  Rated Door
LS.02.01.10 EP 7, now EP 11  Rated Door Self Closing – No wedges!
LS.02.01.10 EP 7, now EP 11 Undercuts Rated Door: (≤3/4”)
## Most Cited Standards, 2017 - # 7 & # 8

<table>
<thead>
<tr>
<th>Standard</th>
<th>2017 Rank</th>
<th>% Non-compliant</th>
<th>EP</th>
<th>Summary</th>
</tr>
</thead>
<tbody>
<tr>
<td>EC.02.02.01</td>
<td>7</td>
<td>42%</td>
<td>5</td>
<td>Minimize risks with hazardous chemicals</td>
</tr>
<tr>
<td></td>
<td></td>
<td>26%</td>
<td>12</td>
<td>Hazardous materials and waste labeling</td>
</tr>
<tr>
<td>EC.02.05.05</td>
<td>8</td>
<td>52%</td>
<td>6</td>
<td>ITM of non-high risk utility equipment</td>
</tr>
<tr>
<td></td>
<td></td>
<td>12%</td>
<td>5</td>
<td>ITM of infection control utility equipment</td>
</tr>
</tbody>
</table>
# Most Cited Standards, 2017 - # 9 & # 10

<table>
<thead>
<tr>
<th>Standard</th>
<th>2017 Rank</th>
<th>% Non-compliant</th>
<th>EP</th>
<th>Summary</th>
</tr>
</thead>
<tbody>
<tr>
<td>LS.02.01.20</td>
<td>9</td>
<td>32%</td>
<td>11</td>
<td>Means of egress clear and unobstructed</td>
</tr>
<tr>
<td></td>
<td></td>
<td>18%</td>
<td>1</td>
<td>Locking arrangements</td>
</tr>
<tr>
<td>EC.02.05.09</td>
<td>10</td>
<td>37%</td>
<td>6</td>
<td>Medical gas cylinder management</td>
</tr>
<tr>
<td></td>
<td></td>
<td>25%</td>
<td>5</td>
<td>Medical gas shut off valves labeled and accessible</td>
</tr>
</tbody>
</table>
LS.02.01.20 EP 11 Corridor Clutter
LS.02.01.20 EP Stairwell Storage
EC.02.05.06 Med Gas Storage
CMS Top 10

Top 10 Disparate LSC Categories for all Program Types and AO’s

- Fire / Smoke Barriers
- Sprinklers
- Hazardous Areas
- Electrical
- Doors
- Fire Plan
- Emergency Lights
- Construction
- Fire Drill
- HVAC
10 requirements surveyors want you to know about

- Triennial 4 hours generator run applies to all HAP/AHC (EC.02.05.07/9&10)
- Written surgical fire risk assessment and plan (EC.02.03.01/11)
- Exit sign testing with batteries (EC.02.05.07/1)
- Elevator fire fighter operations monthly test (EC.02.03.05/27)
- LIM’s (EC.02.05.05/7)
10 requirements surveyors want you to know about

- Fire response plan, LIP, copy at operator or security (EC.02.03.01/9)
- Stairwell signage (floor information) tactile (LS.02.01.20/10)
- Kitchen Hood Extinguishing (FA/Energy/Fans) (EC.02.03.05/13)
- Succession plan and delegation of authority (EM.02.01.01/12)
- Generator EPO remote/not on exterior enclosures (EC.02.05.03/11)
- Corridor/Suite Perimeter Doors (LS.02.01.30/13)
Statement of Conditions - Update
Statement of Conditions - Terms

- **BBI**: Basic Building Information
  - Sites are populated by eApp (electronic application)
- **PFI**: Plan For Improvement
- **Extensions**
- **SPFI**: Survey-Related Plan For Improvement
- **TLW**: Time Limited Waiver
- **Equivalency:**
  - Traditional or FSES (Fire Safety Evaluation System)
- **Ligature Facility Extension Request (LFER)**
Statement of Conditions

- All RFIs effective January 1, 2017 will have a 60 day ESC from the last day of survey.

- If a National Fire Protection Association (NFPA) Code, physical environment deficiency that is scored under EC or LS cannot be resolved within the 60 day ESC, no later than 30 days from the last day of survey the organization must submit for a SPFI and a TLW.

  - If the organization is planning on submitting an Equivalency, the SPFI and TLW may be submitted prior to the submission of the Equivalency. The organization’s SPFI and TLW request should consider the time to develop and approve an equivalency.

  - Once the Joint Commission approves an equivalency it will be documented in the organization’s History/Audit Trail and then sent to CMS for approval (if applicable).
Statement of Conditions

- The organization does not need to have an approved SPFI or TLW for the ESC submission. They just need to be submitted.

- Follow-up surveys need to either show:
  - The RFI has been corrected
  - A submitted SPFI and TLW

- TLWs and Equivalencies are only sent to CMS for deemed status HCOs
Time Limited Waiver (TLW)

- A Time Limited Waiver is a process to provide additional time to complete Life Safety Chapter corrective actions.

- Organizations that use Joint Commission accreditation for deemed status purposes are to follow this process:
  - Create a Survey-related Plan For Improvement (SPFI)
  - Enter the requested date in the Scheduled Completion Date field
  - When prompted, complete the Time Limited Waiver form
  - Submit to the Joint Commission

- The Joint Commission will review and forward the request to the Regional Office for final decision.

- Non-deemed organizations: process same, stops at TJC.
CMS & Equivalencies

Organizations that use Joint Commission accreditation for deemed status purposes: Survey-related equivalencies will continue to be submitted to our offices:

- The Engineering staff will work with the organizations until the request is acceptable by both TJC and CMS RO
- CMS requires that an existing equivalency be recited and resubmitted at the triennial survey.

August 2016 Perspectives
Evidence of Standards Compliance (ESC)

When responding to a finding the ESC must:

- **Indicate the issue** that is being corrected is in accordance with the finding
- Indicate that this issue has been **corrected**
- Demonstrate **how compliance will be maintained**
- If the finding was about a **periodic task** that has not been completed, show that the task has been completed
Evidence of Standards Compliance (ESC)

- For example, if a utility component(s) was found not inspected the month prior to survey. Show that the inspection period has been restarted since survey with 100 compliance. Many orgs state that they “will” ensure that the inspections are completed but not that they have occurred.
Ligature / Self-Harm Risks
Ligature Update

- Assure risk assessment conducted
- Action to implement plan
- Cite all ligature risks
- **Guidance** documents below...
  - See also 2014 FGI Guidelines
    - EC.02.06.05 EP 1
Scoring

Scoring may vary depending on situation

- Immediate Threat to Health or Safety vs. Condition Level
  - Identification prior to the survey
  - Mitigation plan and implementation
  - Plan of correction

- Leadership
  - Lack of timely corrective action
  - Staff accountability
  - Resources
Design

- Designated Behavioral Health
- Preferred Behavioral Health
  - Emergency Department
  - Bathrooms
- Non-Designated Behavioral Health
- Understanding the Hierarchy
  - State rules and regulations
  - When the above rules, regulations, and guidelines do not meet specific design needs, use of other reputable standards and guidelines that provide equivalent design criteria
Design

Evidence-Based Guidelines

- “Patient Safety Standards, Materials, and Systems Guidelines, New York State Office of Mental Health (OMH)
- “Mental Health Facilities Design Guide,” Department of Veterans Affairs (VA), Office of Construction & Facilities Management
- Other evidence based guidelines
  - Designing Environments for Alzheimer’s Disease

UTILIZE IN PROACTIVE RISK ASSESSMENT

Ligature Resistant Does NOT Equate Ligature-Free
Successes (cont.)

• Published 16 recommendations across different settings in Perspectives

• Increased alignment w/ CMS

“The successful efforts by the TJC Suicide Panel to clarify and refine the issues involving ligature and safety risks are being incorporated into the revisions of the Interpretive Guidance. CMS felt that to repeat the work of TJC Suicide Panel would not provide any substantive additional gains and would not be a productive use of the time and expertise of the participants.” ~Marie Vasbinder, CMS

• Panel’s work instrumental in major revision of Suicide Prevention NPSG
Survey Evaluation

Patient Room

- Solid Ceiling
- Bed
- Light Fixtures
- HVAC Vents
- Tamper Proof Screws
- Sprinkler Heads
- Bathroom Fixtures (plumbing, toilet paper dispensers, paper towel dispensers, etc.)
- Grab Rails*
- Full-size doors and hardware
- Curtains (Privacy, Window Treatment, and Shower**)
- Medical Gases
- Medical Devices
Survey Evaluation

Corridor

- Ceiling – drop ceiling permitted; must be visible from nurses station otherwise other mitigation strategy (mirrors, 24/7 monitored cameras, clips, gluing, height, etc.)
- Grab Rails*
- Corridor Doors* and Hardware
- Fire/Smoke Barrier Doors and Hardware*
- Security Doors and Hardware
- Light Fixtures
- HVAC Vents
- Tamper Proof Screws
- Sprinkler Heads
- Life Safety Devices: exit signs, audio/visual devices, medical gas shut-off, etc.

EXPERT PANEL RECOMMENDED EXCEPTIONS
1. Visibility from Nurses Station: only applicable to ceiling tiles, no other ligature risks.
2. Nurses Station: not accessible to patients and continuously staffed; not required to be ligature resistant within the nurses station.
Survey Evaluation

**Common Areas**
- Therapy Room
- Day Room
- Restrooms/Bathroom
- Laundry Room

**Non-designated [i.e. Emergency Department (not all), medical units, etc.]**
- Risk Assessment
- Policy/Procedure – guidance for staff
- Mitigate based on risk of patient

**EXPERT PANEL RECOMMENDED EXCEPTION**

Not required to be ligature resistant if all of the following are met:

1. Self-closing door*
2. Self-locking door
3. When occupied by patients is directly observed by staff from within the room

Still identify on Risk Assessment
Risk Assessment

- Conducting a Risk Assessment takes a proactive approach to problem resolution, evaluating issues before an event happens.
- A proactive risk assessment evaluates a process to identify the “weak link” and adjust to improve reliability.
- Complete Documentation, don’t give a surveyor a reason to ask a question!
- Don’t Provide More Than Requested.
Risk Assessment – 7 Steps

1. Identify the issue
2. Develop arguments in support of the issue
3. Develop arguments against the issue
4. Objectively evaluate both arguments
5. Reach a conclusion
6. Document the process
7. Monitor and reassess the conclusion to ensure it is right
Risk Assessment Cycle

1. Identify Issue
2. Advantages
3. Disadvantages
4. Objectively evaluate
5. Reach a conclusion
6. Document
7. Monitor & Re-assess
### Area Assessed: 3rd Floor


<table>
<thead>
<tr>
<th>Risk Vulnerability</th>
<th>Risk Type</th>
<th>Safety Risk</th>
<th>Required Action</th>
<th>Estimated Completion</th>
<th>Interim Life Safety Measure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doors - Hinges</td>
<td>L</td>
<td>H</td>
<td>Install continuous hinges # FS302</td>
<td>June 1, 2019</td>
<td>Doors shall be locked when patient are not assigned to the room. 15 minute round shall be done. Environment Round shall be performed 3 times daily. The rounds shall be reviewed by using cameras. Patient with higher risk shall be placed in safe room.</td>
</tr>
<tr>
<td>Doors - Closers</td>
<td>L</td>
<td>H</td>
<td>must remain due to fire code</td>
<td>June 1, 2019</td>
<td></td>
</tr>
<tr>
<td>Doors - Knobs</td>
<td>L</td>
<td>H</td>
<td>Install ligature resistant level handle # DH400</td>
<td>June 1, 2019</td>
<td></td>
</tr>
<tr>
<td>Outlets</td>
<td>P</td>
<td>H</td>
<td>outlet are turned off or covered up</td>
<td>Done 2015</td>
<td></td>
</tr>
<tr>
<td>Closets</td>
<td>L</td>
<td>H</td>
<td>place a wedge at the top</td>
<td>June 1, 2019</td>
<td></td>
</tr>
<tr>
<td>Restroom Door</td>
<td>L</td>
<td>H</td>
<td>Cut and Install continuous hinges # FS302</td>
<td>June 1, 2019</td>
<td></td>
</tr>
<tr>
<td>Plumbing - Toilet</td>
<td>L</td>
<td>H</td>
<td>Cover up flush valve and pipe - # FV600</td>
<td>June 1, 2019</td>
<td></td>
</tr>
<tr>
<td>faucets</td>
<td>L</td>
<td>H</td>
<td>Install ligature resistant faucet # SF380</td>
<td>June 1, 2019</td>
<td></td>
</tr>
<tr>
<td>Wardrobes - doors</td>
<td>L</td>
<td>H</td>
<td>Remove doors</td>
<td>Done -2013</td>
<td></td>
</tr>
<tr>
<td>Restroom Door knobs</td>
<td>L</td>
<td>H</td>
<td>Install clam shell handles</td>
<td>Done -2015</td>
<td></td>
</tr>
<tr>
<td>Restroom - Shower handle</td>
<td>L</td>
<td>H</td>
<td>Replace with a ligature resistant handle</td>
<td>Done 2018</td>
<td></td>
</tr>
<tr>
<td>Overhead sink light</td>
<td>L</td>
<td>H</td>
<td>Replace with a flush mounted ceiling fixture</td>
<td>June 1, 2019</td>
<td></td>
</tr>
<tr>
<td>Towel hooks</td>
<td>L</td>
<td>H</td>
<td>Replace with new ligature resistant hooks</td>
<td>June 1, 2019</td>
<td></td>
</tr>
<tr>
<td>Windows</td>
<td></td>
<td></td>
<td>None</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Ligature Facility Extension Request (LEFR)

- Ligature / Self-Harm Risks that result with a Condition Level for Deemed Status organizations will receive a Medicare Deficiency Follow-up Survey (CLD01 – MedDef)

- If not cleared at time of MedDef a Secondary MedDef will be scheduled (AFS08)
  - Removed (permanent solution)
  - Replaced
  - Risk Assessed and Mitigated – where permitted only

- Non-deemed may result in a Accreditation with Follow-up Survey (AFS)
Ligature Facility Extension Request

- Submitted to SIG-Clinical and Engineering for review and approval
- If rejected, a conference call will be coordinated to determine an acceptable Plan of Correction/Mitigation
- Evidence of Standards Compliance (ESC) will be accepted based on a Joint Commission “Recommended for Approval” LFER for Deemed and a Joint Commission Accepted SPFI/TLW for Non-Deemed.
Ligature Facility Extension Request

**Deemed:** Approximately 1 week prior to the Secondary MedDef the Account Executive will contact the HCO to determine if all ligature / self-harm deficiencies will be resolved.

- Yes – Secondary MedDef will occur
  - If additional findings or deficiencies are not cleared, MedDef process will start over (CLD01)

- No – Secondary MedDef Postponed (Validation Survey)
  - Account Executive will provide the HCO:
    - Attestation Letter: acknowledging that they need additional time to resolve ligature / self-harm deficiencies
      - Due immediately
Tools & Resources
Joint Commission Physical Environment Portal

The purpose of this portal is to provide guidance and education to reduce instances of non-compliance with the top eight Environment of Care and 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

Joint Commission Event Calendar
- September 16, 2015
- November 10, 2015
  - SEMINAR | Environment of Care Basecamp
- November 12, 2015
  - SEMINAR | Exploring the Life Safety Chapter
The Joint Commission Connect Extranet Site
Survey Analysis for Evaluating Risk™ (SAFER™) Matrix Resources

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.
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