

Overcoming Persistent Challenges in the Physical Environment

March 16, 2023



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The webinar will start at the top of the hour.

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MONTHLY CLINICAL QUALITY INSIGHTS

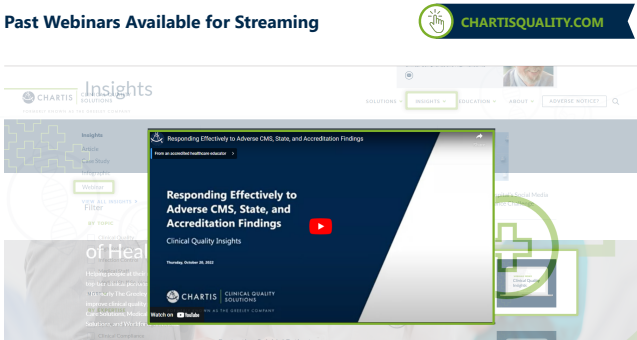
Webinar Schedule & Topics

THE 3RD THURSDAY OF EVERY MONTH:
10AM Pacific, 1PM Eastern

Month	Topic
MARCH	Meeting Challenges in the Physical Environment: Addressing Common LS and EC Vulnerabilities
APRIL	Assuring Consistent Practices at the Point of Care and Service: Care Facilitation

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Past Webinars Available for Streaming



CHARTISQUALITY.COM

Responding Effectively to Adverse CMS, State, and Accreditation Findings
Clinical Quality Insights
Presented: October 26, 2022

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Objectives

Life safety and physical environment are far and away the most highly cited issues during accreditation surveys. Chartis experts will analyze these frequent findings and suggest practical, common-sense approaches to meeting these daunting challenges.

- ✓ Understand the reasons Life Safety Code and Environment of Care findings make up the lion's share of Joint Commission findings.
- ✓ Identify the most highly cited Life Safety Code and Environment of Care standards.
- ✓ Plan and deploy effective strategies to minimize the risk of a citation.
- ✓ Implement simple and sustainable solutions to common accreditation and CMS findings.

Program slides are shared as a PDF in the Chat function.

Compliance = Clinical and Environmental Safety

1. Play the long game. Sort, Focus on Systems Issues, and Improve.
2. Look beneath the surface of survey findings to improve reliability and promote quality and efficiency.
3. Don't get distracted by busy work (one offs and inaccurate findings). Take the time to fix broken systems.
4. Documentation ≠ Practice



TODAY'S Agenda

- 01 Where to Focus
- 02 Common Findings
- 03 Success Strategies

Questions should be posted in the webinar interface throughout the presentation. We will respond to any unanswered questions in writing following the webinar.

Where to Focus

Focus to Succeed

	Frequent Findings	Less Frequent Findings
High Significance		
Lower Significance		

Focus to Succeed

	Frequent Findings	Less Frequent Findings
High Significance	1 <i>High - Frequent</i>	2 <i>High - Infrequent</i>
Lower Significance	3 <i>Low - Frequent</i>	4 <i>Low - Infrequent</i>

1	2
3	4

2021

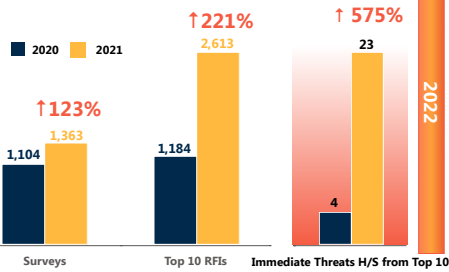
Top 10 "Higher Importance" TJC Requirements for Improvement



	Subject	Medium Risk	High Risk	Immediate Threat	Total	% of Highest	Change in Rank
IC.02.02.01 EP02	Infections	135	277	20	433	17%	Up 1
NPSG.15.01.01 EP01	Suicide	167	204	1	372	14%	Down 1
MM.06.01.01 EP03	Medications	107	233		340	13%	Up 1
EC.02.06.01 EP01	Infections	204	51		255	10%	None
EC.02.05.01 EP15	Infections	101	131		232	9%	None
EC.02.02.01 EP05	Infections	68	149		217	8%	Up 1
IC.02.01.01 EP01	Infections	153	64	1	198	8%	Down 4
IC.02.02.01 EP04	Infections	142	54		196	8%	Up 2
NPSG.15.01.01 EP05	Suicide	80	110	1	191	7%	Down 1
NPSG.15.01.01 EP04	Suicide	44	135		179	7%	Down 1
Total		1182	1408	23	2613	100%	
Percent		45%	54%	1%	100%		

Source: Joint Commission Perspectives, May 2022. 2,363 Hospital Surveys Conducted in 2021

Survey Findings are Increasing in Severity



Source: Joint Commission Perspectives

What to expect in 2023 and Beyond

- Enhanced emphasis on the ambulatory care environment
 - More Life Safety Specialist Time
 - Clinical Surveyors expected to review EC/LS for "business occupancies."
- Workplace Violence
- End of the Public Health Emergency (May 11, 2023)
 - "Blanket" 1135 Waivers no longer in effect
 - Temporary Partitions
 - Hand Sanitizer (ABHR)
- Lingering Impact of the Great Resignation
 - Turnover
 - Staff Shortage
 - Budget Shortfalls
 - Lack of Emphasis on the Fundamentals



I skate to where the puck is going to be, not where it has been.

Wayne Gretzky

Common Joint Commission Findings

“Immediate Threat” Findings Related to the Environment

1	2

- **Infection-related defects**
 - Sterilization and Disinfection
 - Food Handling and Storage
 - Widespread Housekeeping and Maintenance Issues
- **Known defects** in critical systems (e.g., gas alarm system) with no corrective actions
- Lack of **emergency power** supply system testing.

Immediate Threat to Health or Safety

- Analogue of “Immediate Jeopardy” by CMS
- Automatic “Preliminary Denial of Accreditation”
- Abatement (mitigation) survey in 23 days
- Follow-up to Condition-Level Deficiencies in 45 days
- Window for next routine survey moved to 18 months
- Subsequent serious findings lead to “Denial of Accreditation” (nothing preliminary about it)

Ligature Resistance ... Locked Psychiatric Units

1	

- About 30 separate FAQs on TIC’s web site address this safety goal
- Room-by-room evaluation of ligature risks should be documented per TIC’s November 2017 ligature-resistance guidelines
- Repeat the assessment ... consider annually (not specified in the standards)
- All identified risks should be “mitigated” until they can be mitigated (e.g., 11 precautions for high risk)
- Ligature/safety risks should be permanently fixed (“abated”) within 60 days of identification by TIC or the state.
- A waiver is required if abatement will take longer than 60 days
- These expectations not apply to mixed use rooms (e.g., rooms in the ED that are sometimes used for suicidal patients ...)

NPSG.15.01.01 EP01

... The hospital conducts an environmental risk assessment that identifies features in the physical environment that could be used to attempt suicide; the hospital takes necessary action to minimize the risk(s) (for example, removal of anchor points, door hinges, and hooks that can be used for hanging). ...

Part 1 of 2

1		

Mitigation of Hazards for Suicidal Patients in Other Settings

- Assessment of non-ligature-resistant settings recommended.
 - Emergency Departments
 - Other areas where behavioral health patients receive care
- Room-sweep tools or check lists used by nursing to mitigate hazards based on an environmental assessment of the setting.

NPSG.15.01.01

EP01

... Non-psychiatric units in general hospitals do not need to be ligature resistant. Nevertheless, [hazardous] objects [should be removed], when possible, from the area around a [suicidal] patient ...

Part 2 of 2

1		

Temperature, Humidity, and Air Flow

- **EP15** Locations designed to control airborne contaminants: airborne isolation rooms, sterile processing and (large) storage locations, operating rooms, etc.
- **EP16** Other care and support locations
 - Where do non-surgical procedural areas fall?
 - Define which air-flow requirements your hospital follows
 - Existing conditions may be "grandfathered"
 - The main difference between 15 and 16 is a requirement to monitor "critical" care locations (per TJC FAQ ... not in the standards)
 - Manual Log? Building Maintenance Systems?
 - ... Say what you do and do what you say.

EC.02.05.01

EP15

"Critical Care" areas designed to control airborne contaminants... pressure relationships, air exchange rates, filtration efficiencies, temperature, and humidity. ASHRAE 170 parameters for new or recently modified HVAC systems/components.

EP16

In non-critical care areas, the ventilation system provides required pressure relationships, temperature, and humidity. ... general care nursing units; clean and soiled utility rooms ...; and other support departments.

1		

Safe and Suitable Environment

- General Sanitation and Maintenance
- Almost anything the surveyor does not like ends up here
- Cleanliness
 - Stained ceiling tiles
- Furnishings
 - Maintenance
 - Rips
 - Tears
- These contribute to Infection Prevention Findings and often lead to "Medicare Condition-Level deficiencies.

EC.02.06.01

The hospital establishes and maintains a safe, functional environment.

EP01

Interior spaces meet the needs of the patient population and are safe and suitable to the care, treatment, and services provided.

EP20

Areas used by patients are clean and free of offensive odors.

EP26

The hospital keeps furnishings and equipment safe and in good repair.

		1

Labeling of Utility System Controls

- Most common findings ... breakers not labeled or "spare" breakers in the "on" position
- Limiting access to the electrical panel
- Service issue
- Securing of electrical panels: only electricians
 - Food services
 - EVS
- Clearly label fire alarm circuit
- Zone valves
 - Labeled using architectural rather than user-friendly terms (e.g., Room OR1098 vs OR 2 and 3)

EC.02.05.01

EP09
The hospital labels utility system controls to facilitate partial or complete emergency shutdowns.
... utility source valves, utility system main switches and valves, and individual circuits in an electrical distribution panel.
... the fire alarm system's circuit is clearly labeled as Fire Alarm Circuit; the ... circuit breaker is marked in red; and access is restricted to authorized personnel. Information regarding the dedicated branch circuit for the fire alarm panel is located in the control unit.

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		1

INSPECTION, MAINTENANCE & TESTING Utility Systems Equipment

- There are many, many different things
- Requirement 1: Inventory
- Requirement 2: Completion of ITM
- Alternative Equipment Maintenance (AEM) Program or
- 100% Of non-AEM items
- Low hanging fruit:
 - Ice machines
 - Water Management

EC.02.05.05

EP06
The hospital inspects, tests, and maintains the following: Non-high-risk utility system components on the inventory. The completion date and the results of the activities are documented. Note: Scheduled maintenance activities for non-high-risk utility systems components in an alternative equipment maintenance (AEM) program inventory must have a 100% completion rate. AEM frequency is determined by the hospital AEM program.

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Hazardous Chemicals

- Precautions per safety data sheets for the chemical
- Personal Protective Equipment
- Eyewash stations if chemical is "caustic" or "corrosive"
 - Usually the lack of an eyewash station rather than the maintenance
 - Behind a locked door
 - Obstructed path of travel
 - Squeeze bottles don't count!

EC.02.02.01

EP05
The hospital minimizes risks associated with selecting, handling, storing, transporting, using, and disposing of hazardous chemicals

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Compressed Gas Cylinders

1

- This has re-emerged as a common issue since the pandemic.
- Segregation of empty and non-empty cylinders
- Removal of transportation mesh
- No more than 12 cylinders IF
 - There are "combustibles" in the same room or
 - The cylinders are more than 5 feet from combustibles in a sprinklered room
 - Room must have self-closing doors. Not always an issue
- Reviewed by clinical surveyors in business occupancies.

EC.02.05.09

EP12

The hospital implements a policy on all [compressed gas] cylinders within the hospital that includes the following:

- Labeling, handling, and transporting ...
- Physically segregating full and empty cylinders from each other ...
- Adaptors or conversion fittings are prohibited
- Oxygen cylinders, containers, and associated equipment are protected from contamination, damage, and contact with oil and grease
- Cylinders are kept away from heat and flammable materials and do not exceed a temperature of 130°F
- Nitrous oxide and carbon dioxide cylinders do not reach temperatures lower than ... -20°F
- Valve protection caps... are secured in place when cylinder is not in use
- Labeling empty cylinders
- Prohibiting refilling ...

Interim Life Safety Measures

2

- It's not just new construction!
- Life Safety Code defects identified by routine inspection, testing, and maintenance that cannot be immediately corrected must be evaluated for applicable Interim Life Safety Measures (ILSMs).
- ILSM Measures will also be reviewed for defects identified during the survey that cannot be corrected before the survey is done.

LS.01.02.01

EP01

The hospital has a written interim life safety measures (ILSM) policy that covers situations when Life Safety Code deficiencies cannot be immediately corrected or during periods of construction. The policy includes criteria for evaluating when and to what extent the hospital implements LS.01.02.01, EPs 2-15, to compensate for increased life safety risk. ...

Ceiling Membrane

1

- LS.02.01.34 EP09 only applies to rooms with smoke detection
 - If no smoke detection, cited under LS.02.01.35 EP14
- Majority of these observations apply to telecom or IT rooms
- Examples
 - Missing or damaged ceiling tiles
 - Holes in ceiling tiles due to penetrations

LS.02.01.34

EP09

The ceiling membrane is installed and maintained in a manner that permits activation of the smoke detection system.

LS.02.01.35

EP14

The hospital meets all other Life Safety Code automatic extinguishing requirements.

Fire Sprinklers

- Know the 18-inch rule
- Dusty sprinkler heads
 - It's going to happen
- Work order process
- Front line training
- Credible follow-up
- Above the ceiling work permit process
- Partnership with IT
 - Training and orientation
 - Follow-up
 - Facilities manages cable installation
 - Relies on good response time by the Engineering / Facilities Department

LS.02.01.35

EP04
Piping for approved automatic sprinkler systems is not used to support any other item.

EP05
Sprinklers are not damaged. They are also free from corrosion, foreign materials, and paint and have necessary escutcheon plates installed.

EP06
There are 18 inches or more of open space ... below the sprinkler to the top of storage.

EP14
The hospital meets all other Life Safety Code automatic extinguishing requirements

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Fire-Rated Doors

- Positive Latching
- Self/automatic closing (look for door stops)
- 1/8 inch or less between door pairs
- 3/4" undercuts

Sealing of "penetrations"

- Above ceiling
- Very common problem
- Common Failure Point: above the drop ceiling in Information Technology spaces (e.g., server rooms)

LS.02.01.10

EP11
Fire-rated doors within walls and floors have functioning hardware, including positive latching devices and self-closing or automatic-closing devices ... Gaps between meeting edges of door pairs are no more than 1/8 of an inch wide, and undercuts are no larger than 3/4 of an inch ...

EP14
The space around pipes, conduits, bus ducts, cables, wires, air ducts, or pneumatic tubes penetrating the walls or floors are protected with an approved fire-rated material ...

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Doors to Hazardous Areas

- 45-minute doors with self/automatic closers
- Boiler/heater rooms
- Central laundries
- Paint shops
- Repair Shops
- Soiled Linen Rooms
- Trash Collection rooms
- Etc.

LS.02.01.30

EP03
All existing hazardous areas have doors that are self-closing or automatic-closing. These areas are protected by either a fire barrier with one-hour fire-resistive rating or an approved electrically supervised automatic sprinkler system. Hazardous areas include, but are not limited to, boiler and fuel-fired heater rooms, central/bulk laundries larger than 100 square feet, paint shops, repair shops, soiled linen rooms, trash collection rooms with containers exceeding 64 gallons, laboratories employing flammable or combustible materials deemed less than a severe hazard, and storage rooms greater than 50 square feet used for storage of equipment and combustible supplies.

Doors to rooms containing flammable or combustible materials are provided with positive latching hardware. Roller latches are prohibited on such doors

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FIRE AND ENVIRONMENTAL SAFETY
Strategies for Success

3 BIG STEPS
toward Consistent, Predictable Survey Success



Executive Sponsorship

- Creating a safe environment is everyone's job.
- Facilities / Engineering take the lead, associates at the point of care and services make it happen.
- Connection with nursing.



Focused Rounding

- Simple: Less is More
- High-priority Only
- Inter-rater Reliability / Consistency
- Follow-up and Accountability
- Reporting to Executive Level



Culture of Service

- Partnership: Not "gotcha"
- Credible work order process
- Quick Turn Around Time
- Customer: Front Line Associate

Discussion Questions

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