TJC Standards and Scoring Changes for 2009

By Dean Samet, CHSP - DSamet@ssr-inc.com

There have been some significant changes to The Joint Commission’s (TJC) standards and scoring for 2009. The Emergency Management (EM) requirements have been removed from the Environment of Care chapter and incorporated into their own EM chapter. The Life Safety Code® requirements, Statement of Conditions™ (SOC™), and Interim Life Safety Measures (ILSM) have all been relocated to a new Life Safety (LS) chapter. While there are purportedly no new requirements as a result of all these changes, there are some subtle nuances that may be viewed as new requirements along with items that might have been implied in the past which are now specified. However, the most significant changes can be found in the scoring.

Now all findings of less than full compliance will be cited as a “Requirement for Improvement” (RFI) and will require resolution through an “Evidence of Standards Compliance” (ESC) submission. There are no more “supplemental” findings. The timeline for completing the ESC submission will depend on the “criticality” of findings and immediacy of risk. Criticality is the immediacy of the impact of non-compliance on quality care and patient safety. In the past, scoring was typically based on the number of noncompliant standards and Elements of Performance (EPs) and on the volume of survey findings in relation to pre-established thresholds.

There are now four scoring categories:

Tier 1) Immediate Threat to Life (ITL): Situations identified at survey that have or may potentially have a serious adverse effect on patient health and safety resulting in a Preliminary Denial of Accreditation (PDA). Example: Inoperable fire alarm or pump without a fire watch or ILSM; Emergency generator down for extended period without backup; Lack of master alarms for medical gas systems.

Tier 2) Situational Decision Rules (SDR): Situations in which an accreditation decision of PDA or Conditional Accreditation (CA) is recommended to the TJC Accreditation Committee. Two LS Examples where failure to comply could result in PDA or CA: LS.01.01.01, EP.3, “When the hospital plans to resolve a deficiency through a Plan for Improvement (PFI), the hospital meets the time frames identified in the PFI accepted by The Joint Commission;” or LS.01.02.01, EP3, “The hospital has a written interim life safety measure (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 follows special measures to compensate for increased life safety risk.” See EPs marked with the number (2) in a triangle in the accreditation manual.

Tier 3) Direct Impact Requirements (DIR): Implementation-based requirements. Example: Requirements where non-compliance is likely to create an immediate risk to patient safety or quality of care. See EPs marked with the number (3) in a triangle in the accreditation manual.

(Continued on page 4)
TJC Thresholds to Serve as Screens for PDA & CA Decisions

By Dean Samet, CHSP - DSamet@ssr-inc.com

In their December 2008 The Joint Commission Perspectives, Volume 28, Number 12, The Joint Commission (TJC) reported that at its October 2008 meeting, TJC’s Accreditation Committee (AC) approved the remaining component for the 2009 accreditation decision methodology which included elimination of the use of “thresholds” as determinants of Conditional Accreditation (CA) and Preliminary Denial of Accreditation (PDA). Thresholds have been used by TJC for years to determine whether to invoke or recommend CA or PDA if and when an organization had exceeded a preset number of Requirements for Improvement (RFIs).

The AC approved that program-specific thresholds should serve only as “screens” for identifying organizations whose survey findings should be subject to a more intense review by TJC Central Office staff and senior management, rather than serve as “automatic” determinants of CA and PDA decisions. Such a review would be in addition to one conducted for organizations that meet a Situational Decision Rule (SDR) for an adverse accreditation decision or for which an Immediate Threat to Life (ITL) has been declared.

The so-called “screens” for Central Office review, which are based on the number of non-compliant Direct Impact Requirements (DIR), adjust for differences in size and complexity of surveyed organizations they are now calling “bands.” The bands are based on significant differences in the number of RFIs associated with various “survey lengths” or “surveyor days.” (See December 2008 Perspectives for full details and tables explaining how “bands,” “surveyor days,” “screens,” and RFIs relate to each other.)

TJC Central Office review would result in one of the following outcomes:

- Identification of RFIs to be addressed via the submission of Evidence of Standards Compliance (ESC)
- Recommendation for Conditional Accreditation
- Recommendation for Preliminary Denial of Accreditation

Just when you thought you might have an opportunity to enjoy a simplified scoring process as a result of TJC’s Standards Improvement Initiative, the revised accreditation decision methodology described above was painstakingly developed.

Sprinkler Obstructions

By Robert Trotter, CBO, CFM - RTrotter@ssr-inc.com

The Joint Commission’s Life Safety Standard LS.02.01.10 states, “…buildings contain approved automatic sprinkler systems as required…” In order to determine where sprinklers are required facility managers should consult NFPA 13, Standard for the Installation of Sprinkler Systems. Recently, TJC surveyors have recognized deficiencies related to sprinkler obstructions and noted such observations. NFPA 13 states, “Sprinklers shall be installed under fixed obstructions over 4 foot wide such as ducts, decks, open grate flooring, cutting tables, and overhead doors. Sprinklers are not required under obstructions that are not fixed in place such as conference tables.” The example shows sprinkler protection under an HVAC duct which was an obstruction that prevents sprinkler discharge from reaching the hazard. Consult your licensed fire sprinkler contractor for assistance.
Beyond Level of Exit Discharge

By Robert Trotter, CBO, CFM - RTrotter@ssr-inc.com

NFPA 101®, Life Safety Code® states in section 7.7.3 “Stairs shall be arranged so as to make clear the direction of egress to a public way. Stairs that continue more than one-half story beyond the level of exit discharge shall be interrupted at the level of exit discharge by partitions, doors, or other effective means.” The example shown is a barrier that restricts downward travel. Upward travel to the rooftop may also require a barrier. The LSC also prescribes provisions for signs. Section 7.10.8.3.1 states, “Any door, passage, or stairway that is neither an exit nor a way of exit access and that is located or arranged so that it is likely to be mistaken for an exit shall be identified by a sign that reads as follows: NO EXIT.” The NO EXIT sign shall have the word NO in letters two inches high, with a stroke width of ⅜ inch, and the word EXIT in letters one inch high, with the word EXIT below the word NO, unless such sign is an approved existing sign. The sign in the example may be an approved existing sign as it appears to be meeting the intent of the code.

Storage in Exit Enclosures

By Robert Trotter, CBO, CFM - RTrotter@ssr-inc.com

Maintaining the means of egress is a critical role for any facility manager. It is important to note that NFPA 101®, Life Safety Code® section 7.2.2.5.3.1 addresses storage in exit enclosures, “Open space within the exit enclosure shall not be used for any purpose that has the potential to interfere with egress.” Clearly by the examples shown, this storage arrangement has the potential to interfere with egress by leaving this stairway completely inaccessible should these stored materials catch on fire. Moreover, it also presents an opportunity for an incendiary fire.

Combustible Decorations

By Robert Trotter, CBO, CFM - RTrotter@ssr-inc.com

Evaluation of combustible decorations is always difficult because interpretation of the requirement is subjective. One person may believe the decorations are acceptable and do not constitute a hazard, while another may feel that the decorations are too much. Regardless, combustible decorations must meet the requirements of the Life Safety Code®. For those organizations accredited by The Joint Commission, requirements for combustible decorations are found in the Life Safety Chapter. For example, the hospital accreditation program Standard LS.02.01.70 Element of Performance (1) states, “The hospital prohibits all combustible decorations that are not flame retardant. (For full text and any exceptions, refer to NFPA 101-2000: 18/19.7.5.4.)” Both the new and existing health care occupancy chapters state, “Combustible decorations shall be prohibited in any health care occupancy unless they are flame-retardant. Exception: Combustible decorations, such as photographs and paintings, in such limited quantities that a hazard of fire development or spread is not present.”
TJC Standards and Scoring Changes for 2009 (Continued from Page 1)

Tier 4) Indirect Impact Requirements (IIR): Planning and evaluation-based requirements. Example: Requirements where failure to resolve compliance issues increases risk to patient safety or quality of care over time. Most EPs in the Environment of Care, Emergency Management, and Life Safety chapters fall into this category.

Due to the significant rearranging, relocating, renumbering, and new scoring of the above-mentioned standards, this is a perfect opportunity to assess your existing policies and procedures and documentation against the Environment of Care, Emergency Management, and Life Safety chapter requirements shown in the 2009 accreditation manuals.

Look for these articles in publication
“Putting a Damper on Tragedy,” Engineered Systems, November 2008

Speaking Engagements/Seminars in 2009

<table>
<thead>
<tr>
<th>Date</th>
<th>Event Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>April 21</td>
<td>TAHFM Interlink, “The Joint Commission’s New Life Safety Chapter”</td>
</tr>
<tr>
<td>June 8-11</td>
<td>NFPA Annual Conference, Chicago, IL, “NFPA 110/111 Update; Reducing Vulnerabilities with Testing and Maintenance”</td>
</tr>
</tbody>
</table>

For more information please contact:
Dean Samet, CHSP  
800-545-6732  
dsamet@ssr-inc.com  
www.ssr-inc.com

Compliance News
A newsletter dedicated to accreditation, regulatory compliance and facility management issues for healthcare executives and facility managers.