

New Year, New Rules

The Joint Commission Readiness Survey from a facility perspective

By Susan Mitchell and Staci Begal

Anyone responsible for a healthcare facility knows how important it is to be ready for The Joint Commission audit. Passing the audit helps ensure continued accreditation of the hospital, but perhaps most important, working to meet the requirements is best practice and ensures a high level of patient care. It's important to keep in mind that the facility or physical environment is key to ensuring the Environment of Care (EC) as defined by The Joint Commission, namely life safety and infection control on a day-to-day basis as well as during emergency events and construction/renovation projects. This article focuses on how to prepare the facility and what aspects of the facility are typically of most concern and highlights new requirements for 2011.

Initial Walk-Through

Even though facility managers should be striving every day to meet the requirements for EC, knowing that The Joint Commission will audit the healthcare facility every three years provides a great impetus for getting everyone focused on and implementing a readiness plan. Use this to spur on planning, and begin by conducting a readiness assessment focused on the facility itself. Conduct a walk-through of the facility with the head engineer and a contractor who is intimately familiar with the current requirements. During the walk-through, identify large issues that may require a capital budget expenditure and/or significant time to complete. Also note less costly or time-consuming deficiencies that need addressing. For a new facility manager, the walk-through is an excellent way to become familiar with the conditions in the building.

Common Deficiencies and Preparation Tasks

During The Joint Commission audit, the auditor will focus on facility compliance issues such as interior surfaces, life safety code, emergency

power, construction/renovation infection control and interim life safety measures. During the walk-through, document findings, using checklists, matrices, etc., many of which are available online. The overall goal is to use this documentation to prepare a risk assessment that shows your awareness of conditions and any needed actions. The Statement of Conditions Compliance Document is The Joint Commission's process for ensuring that existing and new facilities specifically meet Life Safety Code requirements. You should review and be familiar with this document prior to your walk-through.

During the walk-through, first focus on ceiling, wall and floor surfaces, looking for penetrations and signs of microbial growth. Look for rust on the ceiling grid, ceiling tiles with holes and stained ceiling tiles, noting their location and the number of tiles needing replacing. Assign someone to investigate for any microbial growth or ongoing water issue causing the rusting/staining. Related to this inspection, take a look above the ceiling tiles to make sure there is proper fire rating labeling; improper labeling is a common infraction. Also make sure that sprinkler heads are fitted tightly into the ceiling tiles with no gaps. Previous work may have inadvertently damaged this fitting and caused another common deficiency.

Below are additional commonly overlooked items needing visual inspection and documentation review:

- Doors – proper fire rating, closure functions properly
- Exit signs – bulbs working, signs not broken, battery tested
- Fire pulls and extinguishers – not obstructed, dusted; check expiration date on extinguishers
- Exhaust fan vents and HVAC registers – clean of dust and debris
- Mechanical rooms – proper signage and labeling of system components, clean and clear of obstructions

- Emergency generator – documentation of testing, fuel level, etc., and a plan for interim emergency power should your generator fail
- Obviously this list is not comprehensive. Bringing in an outside contractor or consultant who is knowledgeable and brings a fresh look can be very valuable.

Following the walk-through, develop a capital or long-term project plan for certain items, including budget approval, a quarterly or monthly inspection checklist, and immediate-action items. Immediate-action items should include anything that directly threatens immediate life safety. Also, conducting a quarterly mock audit can be a good way to maintain ongoing compliance.

New Requirements for 2011

Pay special attention during the walk-through and when planning for any upcoming renovations or alterations to new requirements based on the 2010 update of the *Guidelines for Design and Construction of Health Care Facilities (Guidelines)*. Effective January 1, 2011, The Joint Commission adopted the new *Guidelines* regarding design criteria for new, altered or renovated space. In particular, there are new requirements for ventilation, patient handling and utilities outage plans, as noted below.

New Ventilation Standard

This edition incorporates recommendations of the American Society of Heating, Refrigerating and Air-Conditioning Engineers, Inc., by adopting ANSI/ASHRAE/ASHE Standard 170: Ventilation of Health Care Facilities as the principal standard for ventilation systems in healthcare facilities.

Patient Handling and Movement

There is now a new section 1.2-4 on performing a patient safety risk assessment of a project's design elements, as well as a new section 1.2-5

requiring a patient handling and movement assessment (PHAMA). The PHAMA will be a major element of all new designs as more and more portable and permanent patient handling and movement equipment is being added to the healthcare environment. From a facilities perspective, you will primarily be concerned with proper storage of this equipment during nonuse. Overcrowding in hallways is a common deficiency. An educational white paper provides information for those preparing a PHAMA. You can find the white paper at fgiguideines.org/pdfs/FGI_PHAMA_white_paper_042810.pdf.

Cooling, Ventilation and Emergency Power Requirements During Outages

Also new in these *Guidelines* are reserve cooling requirements. Any facility with a central cooling system greater than 400 tons peak cooling load must have reserve cooling capacity to support the facility's "operating plan" upon a breakdown or routine maintenance. So create a plan for backup cooling capacity via redundant systems or outsource emergency cooling and document this in your disaster plan.

Also make sure the ventilation system can maintain ventilation and pressure differential requirements during power outages for airborne infection isolation, protective environment, and Classes B and C operating rooms, including delivery rooms. Make sure these systems are included on the emergency power system, and disaster plans should address procedures for ensuring that these requirements are met during power outages.

For hospitals, there are new acoustic considerations for emergency generators. In Section 2.1-8.3.3.1 the *Guidelines* state that generator sound levels shall not exceed 70 dBA and any applicable community noise code at the nearest building façade. So during the next generator test, take noise-level measurements and take action accordingly. This may require an enclosure rated to provide a 30-35 dBA noise reduction.

Plans for Water Outage

The *Guidelines* also state that the owner should provide a written plan for what will happen in the event of a water outage. The plans should include the location of supplies, assignment of responsibilities and who should be notified. Facility managers often misinterpret The Joint Commission's requirement for a hospital to have a 96-hour sustainability plan. For example, it does not mean

the facility has to have enough water on hand to operate for 96 hours. It simply means there needs to be a contingency plan in place, such as having a contract for trucking in water.

Infection Control Risk Assessment

It is estimated that every year 90,000 patients die from hospital-acquired infections, with 5,000 of those deaths attributed to construction-related infections. The facility manager is responsible for ensuring patient safety in the indoor environment. The Joint Commission EC Standard EC.02.06.05 states, "An organization must manage its environment during demolition, renovation or new construction to reduce risk to those in the organization." There are three elements of performance for this standard:

- The use of the *Guidelines for Design and Construction of Health Care Facilities* (2010 Edition).
- Life Safety standard LS.01.02.01 – the compatible standard for life safety risk during construction.
- A preconstruction risk assessment (PCRA) for hazards that affect care, treatment and services and action being taken upon the assessment.

The new *Guidelines* Part 6 ASHRAE ventilation standard requires that prior to any modification or remodeling of HVAC systems in an existing facility, the owner must conduct an infection control risk assessment (ICRA). The ICRA establishes procedures such as setting up containment barriers to minimize risk from infection, including disruption of operations and distribution of water and airborne contaminants.

In addition, the *Guidelines* Section 1.2-3 addresses ICRA needs to identify and mitigate risks from infection during a construction project. While there are not substantive changes in this new edition, many design firms and healthcare construction/design departments often overlook these guidelines. However, they are essential to prevent the disruption of essential services to patients and staff during construction projects. These written ICRA plans describe methods and monitoring to prevent transmission of air and waterborne biological contaminants and remain an active part of the construction documents through commissioning.

The ICRA matrix is a published assessment method that is widely accepted by engineers and architects and is one effective method for completing an ICRA. Should there be any ongoing or recently completed renovation/construction proj-

ects when The Joint Commission conducts their audit, they are likely to ask to review documentation such as an ICRA matrix and monitoring checklists to show compliance. They will also want to see a PCRA as part of the construction documents showing hazards and actions taken.

For further information and to access published white papers, visit the Facility Guidelines Institute website at fgiguideines.org.

Interim Life Safety Measures

During renovation/construction and even some maintenance projects, there should be an interim life safety measurement (ILSM) assessment. Construction or maintenance activities will have an impact on the life safety systems in the hospital, such as pathways for egress, smoke detectors and fire extinguishers, thus requiring an interim plan to address the deficiencies created by the work activity. The ILSM ensures that measures are taken during the project to maintain NFPA 101-2000, the Life Safety Code. For example, if a contractor has to disable the smoke detectors, then a manual fire watch must be implemented and documented. Again, The Joint Commission will likely ask to see your ILSM assessment and documentation of implementation and actions taken.

Plan for Success

Ensuring that the physical environment meets the EC as defined by The Joint Commission, namely life safety and infection control on a day-to-day basis as well as during emergency events and construction/renovation projects, can be a daunting task. Conducting a readiness assessment with knowledgeable internal and external resources is the best way to begin implementing a plan. Become familiar with the new *Guidelines* now in effect. Use the walk-through as the basis for budgeting, and to develop immediate maintenance, and short- and long-term project or compliance task lists. Taking these steps can ensure patient safety now and accreditation in the future – make it a resolution for success this year. **FC**



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