

2010 Joint Commission survey update

# Detailed citations in the environment of care, life safety, and emergency management standards

## SPECIAL REPORT

Based on the results of our exclusive, nonscientific poll of hospitals surveyed in 2009, it appears that predictions of The Joint Commission continuing to focus heavily on fire safety provisions will ring true.

Eighty-six hospitals responded to our anonymous online questionnaire about their survey experiences with The Joint Commission’s EC, emergency management, and life safety standards. We asked which standards garnered citations, and the top five were as follows:

- EC.02.03.05 (inspecting, testing, and maintaining fire protection equipment)—30.2% of our respondents received a finding
- LS.02.01.10 (designing building construction features)—25.6% received a finding
- LS.02.01.30 (maintaining building features)—20.9% received a finding
- LS.02.01.20 (maintaining means of egress)—19.8% received a finding
- EC.02.01.01 (managing safety and security)—17.4% received a finding

EC.02.03.05 (inspecting, testing, and maintaining fire protection equipment) was the most cited standard among the 86 hospitals we polled.

See the full list of standards and how surveyors cited them on pp. 2–3. Our results are based strictly on field reports from safety professionals who responded to our informal poll and do not represent official statistics from The Joint Commission. However, our results do provide a detailed snapshot of what surveyors focused on during the past year.

Let’s go step-by-step through the specific findings reported to us by poll respondents, as similar problems may present citation risks in your hospital.

### EC.01.01.01—Hospitals minimize EC risks

- A risk assessment wasn’t conducted for potential hazards on a mental health unit

### EC.02.02.01—Hospitals manage safety and security

- Staff training for security didn’t include all provisions identified by the hospital for two employees
- Surveyors had concerns about eyewash stations
- An oxygen cylinder was improperly stored on the floor of a clean utility room

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## FEATURES

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## Exclusive citation results from our online poll

Eighty-six hospitals responded to our anonymous online questionnaire about their 2009 survey experiences with The Joint Commission's EC, emergency management, and life safety standards. Below are the results highlighting which standards received citations. Our poll results are unscientific and not based on official Joint Commission statistics.

EC, emergency management, or life safety standard	Percentage of respondents who received citations
EC.01.01.01—Hospitals minimize EC risks	4.7%
EC.02.01.01—Hospitals manage safety and security	17.4%
EC.02.01.03—Hospitals ban smoking except under certain circumstances	0%
EC.02.02.01—Hospitals manage hazardous materials and waste	9.3%
EC.02.03.01—Hospitals manage fire safety risks	16.3%
EC.02.03.03—Hospitals conduct fire drills	5.8%
EC.02.03.05—Hospitals inspect, test, and maintain fire protection equipment and fire safety features	30.2%
EC.02.04.01—Hospitals manage medical equipment risks	2.3%
EC.02.04.03—Hospitals inspect, test, and maintain medical equipment	4.7%
EC.02.05.01—Hospitals manage utility risks	8.1%
EC.02.05.03—Hospitals have reliable emergency electrical power	2.3%
EC.02.05.05—Hospitals inspect, test, and maintain utilities	2.3%
EC.02.05.07—Hospitals inspect, test, and maintain emergency power systems	16.3%
EC.02.05.09—Hospitals inspect, test, and maintain medical gas and vacuum systems	15.1%
EC.02.06.01—Hospitals establish and maintain a safe and functional environment	5.8%
EC.02.06.05—Hospitals manage the environment during construction, renovation, or demolition	5.8%
EC.03.01.01—Staff members and licensed independent practitioners are familiar with their EC responsibilities	7%
EC.04.01.01—Hospitals monitor the environment by collecting information	2.3%
EC.04.01.03—Hospitals analyze EC issues	0%
EC.04.01.05—Hospitals improve the EC	0%
EM.01.01.01—Hospitals conduct planning activities prior to writing the emergency operations plan (EOP)	3.5%
EM.02.01.01—Hospitals have an EOP	2.3%

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Check out our entire library of hospital safety tools and resources at [www.hcmarketplace.com](http://www.hcmarketplace.com).

EC, emergency management, or life safety standard	Percentage of respondents who received citations
EM.02.02.01—Hospitals prepare for communication during emergencies	0%
EM.02.02.03—Hospitals manage resources and assets during emergencies	2.3%
EM.02.02.05—Hospitals manage safety and security during emergencies	3.5%
EM.02.02.07—Hospitals manage staff members during an emergency	1.2%
EM.02.02.09—Hospitals manage utilities during an emergency	1.2%
EM.02.02.11—Hospitals manage patients during an emergency	1.2%
EM.02.02.13—Hospitals may grant disaster privileges to licensed independent practitioners	3.5%
EM.02.02.15—Hospitals may assign disaster responsibilities to volunteer, nonlicensed independent practitioners	0%
EM.03.01.01—Hospitals evaluate emergency management planning activities	0%
EM.03.01.03—Hospitals evaluate the EOP through exercises	5.8%
LS.01.01.01—Hospitals design the physical environment to comply with the <i>Life Safety Code</i> <sup>®</sup> (LSC)	9.3%
LS.01.02.01—Hospitals protect occupants during periods of LSC deficiencies or construction	5.8%
LS.02.01.10—Hospitals design and maintain building features to minimize the effects of smoke, fire, and heat	25.6%
LS.02.01.20—Hospitals maintain means of egress	19.8%
LS.02.01.30—Hospitals provide and maintain building features to protect people from fire and smoke	20.9%
LS.02.01.34—Hospitals provide and maintain fire alarm systems	1.2%
LS.02.01.35—Hospitals provide and maintain fire extinguishing systems and equipment	11.6%
LS.02.01.40—Hospitals provide and maintain special features to protect people from fire and smoke	1.2%
LS.02.01.50—Hospitals provide and maintain building services to protect people from fire and smoke	1.2%
LS.02.01.70—Hospitals provide and maintain operating features that relate to fire prevention	1.2%

- A lack of safety electrical outlets in pediatric treatment rooms at off-site clinics was cited, even though a risk assessment determined the safety outlets were not needed
- Eyewash station testing logs weren't kept at an off-site clinic
- A hospital inadvertently allowed its security badge monitoring contract to expire
- Hot water knobs were considered a risk in a psychiatric unit

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#### ● EC.02.03.01—Hospitals manage fire safety risks

- A cover was missing from an electrical junction box above a ceiling

#### EC.02.03.05—Hospitals inspect, test, and maintain fire protection equipment

- Signs didn't identify the locations of portable fire extinguishers
- Audible and visual fire alarm devices weren't tested annually, as a testing report indicated only 25% of horns, strobes, and HVAC shutdown programmable relays had been tested
- There wasn't documentation that connections to an alarm company were being tested (the hospital later discussed the matter with the company that performs the quarterly tests, and the company added a box to future paperwork indicating that such tests were, in fact, performed)
- One portable fire extinguisher missed a monthly inspection

### ● Survey observations from the field

Below are further details about Joint Commission surveys from respondents to our anonymous online poll:

- One hospital with 1 million sq. ft. of space hosted a life safety specialist for three-and-a-half days. The specialist was thorough, focusing on penetration protection, how well fire doors closed, preventive maintenance records, and the electronic *Statement of Conditions*.
- Another facility reported that the life safety specialist conducted in-depth reviews of sprinkler systems, door latching, fire shutters, dampers, penetration protection, and 18-inch clearance from sprinklers to storage below. The specialist also interviewed staff members about code red announcements, horizontal and vertical evacuations, locations of extinguishers, and who is authorized to shut off medical gas shut-off valves.
- Two respondents said surveyors appeared to have predetermined amounts of citations that they intended to issue. "He didn't stop scratching until he found them," one safety professional wrote.
- At one facility, the life safety specialist "backed way off once he verified that [the] building was maintained as well as was described in policies, procedures, and management plans," a safety officer wrote.
- Based on another life safety specialist's emphasis on interim life safety measures (ILSM), a respondent expected that ILSMs would be a Joint Commission focus in 2010.

**EC.02.04.03—Hospitals inspect, test, and maintain medical equipment**

- A 95% target wasn't met for preventive maintenance of non-life support medical equipment

**EC.02.05.07—Hospitals inspect, test, and maintain emergency power systems**

- One monthly test of transfer switches was missed

**EC.02.06.01—Hospitals establish and maintain a safe and functional environment**

- Metal bed springs were considered a hanging risk for certain patients

**EC.02.06.05—Hospitals manage the environment during construction, renovation, or demolition**

- There were concerns about a construction/renovation project, although the root of the concerns stemmed from interim life safety measures, which fall under the life safety standards

**EC.04.01.01—Hospitals monitor the environment by collecting information**

- There was no documentation to indicate that problems noted on semiannual inspections were corrected

**EM.02.02.13—Hospitals may grant disaster privileges to licensed independent practitioners (LIP)**

- A written communication to LIPs was missing about their roles during an emergency response, specifically where LIPs should go and who they should report to when a response begins

**LS.02.01.10—Hospitals design and maintain building features to minimize the effects of smoke, fire, and heat**

- There were improperly protected penetrations in fire-rated walls above the ceiling
- A hospital was cited for altering fire doors, even though the doors were in original condition from the 1970s with their original kickplates
- In a trash chute, the bags backed up to the fusible link on a chute fire door, which indicated to the surveyor that the facility did not have a process to prevent bags from backing up the chute (the hospital later installed an infrared beam in the chute that alerts environmental services when the bags get too high)

**LS.02.01.20—Hospitals maintain means of egress**

- In one unit, staff members left a retractable desk on the wall in the down position and two computers on wheels were parked in a corridor
- One exit didn't discharge to a paved sidewalk

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### LS.02.01.30—Hospitals provide and maintain building features to protect people from fire and smoke

- There were improperly protected penetrations in smoke wall partitions
- Various corridor doors did not close and latch properly
- A door to a supply room in an operating room did not have an automatic closing device

### LS.02.01.35—Hospitals provide and maintain fire extinguishing systems and equipment

- An annual test was missed for a carbon dioxide extinguishing system (such tests are required under EC.02.03.05, not under LS.02.01.35)
- A cable was lying across a sprinkler pipe ■

## A light-handed approach to emergency planning?

As has been reported to us by hospitals for much of the past year, the emergency management standards haven't been heavily cited by surveyors, despite getting their own designated chapter in 2009.

One respondent to our poll described the emergency management session as lenient, with surveyors taking a practical approach to the related standards and feeling the hospital met the intent of the provisions.

Another hospital reported a lack of focus on emergency management by surveyors, as the only question they asked the emergency management coordinator was, "Can you describe by training, education, or experience why you are qualified to fill this position?"

However, a fellow respondent experienced a more in-depth review that focused on postexercise improvements, managing the top 10 risks identified by the hazard vulnerability analysis, and determining how well the hospital can survive 96 hours without community support during an emergency.

Beyond our poll, it is not uncommon for safety officers to note to us during conversations that tabletop drills were not conducted during emergency management reviews.