ADOPTION OF 2012 LIFE SAFETY CODE

• **First Patient-Centered Code**
• **In use currently**
Tuesday May, 3, 2016 CMS issued the final rule adopting the 2012 Life Safety Code®. The rule is effective July 5, 2016

- This rule also adopts most of NFPA 99, 2012 edition
- Chapters 7,8,12,13 are excluded from the adoption
CMS Adoption Issues

- Roller latches continue to be prohibited
  - Corridor doors
  - Doors protecting hazardous areas
- ASC that renders one or more incapable continue to be AHC
  - Outpatient surgical departments
CMS Adoption Issues

- There is a provision to allow CMS to waive specific provisions of the Life Safety Code for unreasonable hardship.
- Hospitals may install ABHR provided the installation adequately protects against inappropriate access.
While CMS does not directly enforce the Americans with Disabilities Act (ADA) it does expect compliance with the requirements as additional Federal requirements that facilities are required to follow. An example of this is corridor projections where the Life Safety Code (LSC) allows a noncontinuous projection to be no more than 6 inches from the corridor wall. Section 307 of the ADA Accessibility Guidelines for Buildings and Facilities requires that projections be not more than 4 inches from the corridor wall. Facilities are required to meet this more stringent requirement as set forth by the ADA.
CMS Adoption Issues

- If the *sprinkler system* is shut down for 10 or more hours, a fire watch or evacuation of the building or affected portion of the building must occur.

- Every sleeping room has outside door or window
  - Windows in atrium walls are considered outside windows
  - Exception: newborn nurseries and rooms intended for less than 24-hour stays (see NFPA 101-2006 18/19.3.8)
CMS Adoption Issues

- In new buildings the fixed window sill height is to be no higher than 36 inches above the floor (with exceptions, see NFPA 101-2006 18/19.3.8.2)
- Required sprinkler protection of all high rises (≥75 ft)
- Includes Chapter 43, Building Rehabilitation
Openings in exit enclosures 7.1.3.2(9)(c)
Means of Egress – Delayed Egress 18/19.2.2.2
Doors, locking arrangements 18/19.2.2.2
Suites 18/19.2.5.7
Clean waste and patient record recycling containers 18/19.7.5.1
• Wheeled equipment in egress corridors  18/19.2.3.4
• Fixed seating in egress   18/19.2.3.4
• One alternative kitchen cooking arrangement 18/19.3.2.5
• Direct-vent gas & solid fuel-burning fireplaces 18/19.5.2
• Combustible decorations on walls, doors, and ceilings  18/19.7.5
Medical gas master alarm may be centralized computer system 5.1.9.2.2

The following Chapters were extracted:

- Ch 7, Information Technology
- Ch 8, Plumbing
- Ch 12, Emergency Management
- Ch 13, Security
Relocatable Power Tap (RPT)

- RPT may be used in a patient care vicinity to power rack-, table-, pedestal- or cart-mounted patient care-related electrical equipment assemblies, provided all of the following conditions are met in NFPA 99-2012, 10.2.3.6

- See also 6.3.2.2.6.2
OTHER CODES AFFECTED

- NFPA 25-2011 5.3.3.2: Water Flow Alarm Test Semi-annually
- NFPA 25-2011 8.3.1.2: Weekly Churn to Monthly for electric motor driven fire pumps
- NFPA 110-2010 8.4.2.3: Load bank reduced to 90 minutes
  - 30 minutes at 50% of name plate
  - 60 minutes at 75% of name plate
- NFPA 110-2010 5.6.4.5: Allows maintenance free batteries
Process

If the organization decides to adopt these categorical waivers they must

1. Ensure full compliance with the appropriate code reference
2. Document the decision to adopt the categorical waiver
   - For Life Safety Code items annotate the “Additional Comments” Section in the Statement of Conditions™ Basic Building Information
   - For Environment of Care items document by Minutes in discussion at the Environment of Care Committee (or equivalent)
3. Declare the decision at the beginning of any survey

See also November 2013 Perspectives
Relative Humidity (RH)

- FGI Guidelines (2010) allow expanding the RH range from 35 – 60% to 20 – 60% RH
  - ≥ 35% RH is based on NFPA 99-1999, Section 5-4.1.1
  - 20 – 60% RH is based on ASHRAE 170-2008
  - See EC.02.06.05 EP 1
- CMS S&C 15-27-Hospital, CAH & ASC letter dated 2/20/2015
  - S&C 13-25-LSC & ASC permits hospitals and CAH to use a LSC categorical waiver to establish
Relative Humidity (RH)

- CMS S&C 15-27-Hospital, CAH & ASC letter dated 2/20/2015 stated
  - S&C 13-25-LSC & ASC permits hospitals and CAH to use a LSC categorical waiver to establish an RH level <35% in anesthetizing (i.e. OR) locations
  - Before electing to use the categorical waiver hospitals and CAHs are expected to ensure the humidity levels in their ORs are compatible with manufactures instructions for use (IFUs) for supplies and equipment used in that setting
• Organizations conduct routine building inspections
  ○ During inspections deficiencies are discovered
  ○ Resolution of deficiencies occurs either
    ▹ Immediately
    ▹ Scheduled activity (i.e. corrective maintenance)
    ▹ Scheduled activity (i.e. Plan For Improvement)
Ordinarily a provider or supplier is expected to take the steps needed to achieve compliance within 60-days of being notified of the deficiencies, but the State survey agency may recommend that additional time be granted by the Secretary in individual situations, if in its judgment, it is not reasonable to expect compliance within 60-days, for example, a facility must obtain the approval of its governing body, or engage in competitive bidding.
Impact of § 488.28(d) : Plan For Improvement (PFI)

- The PFI Process is now an optional management program made available to the accredited organizations.
- All PFIs are no longer reviewed as part of survey.
- All open PFIs are no longer considered when a Life Safety Chapter deficiency is identified.
  - See it, Cite it
- The Open PFIs will no longer be imported into the Final Report.
Survey-related Plan for Improvement (SPFI)

- For those survey related deficiencies that may take greater than 60 days the organization will need to create a SPFI within 30 days
  - This initiates the Time Limited Waiver request process
Survey-related Plan for Improvement (SPFI)

- The Survey-related Plan For Improvement will change colors as they mature
  - Blue at 30 days before the Scheduled Completion Date (SCD)
  - Yellow at 15 days before the SCD
- Failure to complete the SPFI on time will result in an AFS action
Three New EP’s Proposed

- **EP 1** The organization assigns an individual to assess compliance with the Life Safety Code, and manage the Statement of Conditions (SOC) when addressing survey-related deficiencies.

- **EP 2** In timeframes defined by the hospital, the hospital performs a building assessment to determine compliance with the Life Safety Chapter.
Three New EP’s Proposed

- **EP 4** When the hospital plans to resolve a deficiency through a Survey-Related Plan for Improvement (SPFI) the hospital meets the 60-day time frames
  - **NOTE:** If the corrective action will exceed the 60-day time frame the organization must request a Time Limited Waiver
Impact of § 488.28(d): Summary

- The requested Scheduled Completion Date is a “not to exceed” date
- The Open PFI section of Final Report will be removed
- The surveyor will no longer review and accept open PFIs
  - The PFI component becomes a management program for the organization to use without survey involvement
Impact of § 488.28(d): Summary

- The surveyor will be provided with a quick-link that will extract only the following:
  - Statement of Conditions Home Page
  - Basic Building Information (BBI)
  - History Audit Trail
  - Other relevant information
Re-ordered the First 3 EP’s

- ILSM assessment occurs when a new SPFI is created
- There is a drop down menu that includes the 13 ILSM in LS.01.02.01 (EP’s 2 – 14)
- The selected ILSM will appear in the SPFI
Equivalencies:

Only survey-related equivalencies will be processed.
Revisions (First Draft)

- Revised Life Safety Chapter
  - Approximately 21 new Elements of Performance
  - Approximately 32 modifications
  - Approximately 5 deletions

- Revised Environment of Care Chapter
  - Approximately 13 new Elements of Performance
  - Approximately 31 modifications
  - Approximately 1 deletion
Impact to Standards (Estimated)

- Environment of Care
  \[149 - 1 = 148 + 13 = 161 + 19 = 180\]
  \[31 + 8 = 39\text{ modifications}\]

- Life Safety Chapter
  \[203 - 5 = 198 + 21 = 219 + 44 = 263\]
  \[32 + 33 = 65\text{ modifications}\]
Project REFRESH
Project REFRESH

- **Project Refresh** is a series of inter-related and/or inter-dependent process improvement initiatives underway at The Joint Commission
  - Guiding principles: **Simplification, Relevancy, Innovation, Transparency**
- Refresh projects will be implemented in a phased and coordinated approach, beginning in June 2016 extending through 2017
Survey Analysis For Evaluating Risk (SAFER)

- A transformative approach for identifying and communicating risk levels associated with deficiencies cited during surveys
- Helps organizations prioritize and focus corrective actions
- Provides one, comprehensive visual representation of survey findings
Survey Analysis For Evaluating Risk (SAFER)

- Replaces current scoring methodology
- **Implementation: January 2017**
  - Was implemented June 6th, 2016 for deemed Psychiatric Hospitals only
Current State

- Multiple different “taggings”
- Attempt to pre-determine risk through:
  - “Direct” versus “Indirect”,
  - “A” category vs. “C” category,
  - Measure of Success (MOS) sometimes required
  - Risk Icon sometimes applied
Problem

- Require extensive upkeep
- Can be confusing to customers
- At times are contradictory
- Creates a “one size fits all” approach
Solution

Develop one single, comprehensive method of categorizing the risk associated with standards
A New SAFER Model

Immediate Threat to Life
(follows current ITL processes)

<table>
<thead>
<tr>
<th>Likelihood to Harm a Patient/Visitor/Staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIGH</td>
</tr>
<tr>
<td>MODERATE</td>
</tr>
<tr>
<td>LOW</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scope</th>
</tr>
</thead>
<tbody>
<tr>
<td>LIMITED</td>
</tr>
<tr>
<td>PATTERN</td>
</tr>
<tr>
<td>WIDESPREAD</td>
</tr>
</tbody>
</table>
How is Risk Determined?

- One factor that will help identify the risk associated with a finding will be the Operational definitions
Operational Definitions

- Applied at the organization level
- Looks at the scope of patients impacted (or potentially impacted) by an issue of noncompliance
  - Shift from historical approach of “counting” observations
  - Now we want to assess the patient impact, or potential impact, of an issue(s)
Likelihood to Harm

- **High:** Could directly lead to harm without need for other significant circumstances or failures
  - Likely

- **Moderate:** Could cause harm directly, but more likely to cause harm as a contributing factor in the presence of special circumstances or additional failures
  - Possible

- **Low:** Undermines safety/quality or contributes to an unsafe environment, but very unlikely to directly contribute to harm
  - Rare
Scope

- **Limited:** issue is a “unique occurrence”
  - Outlier
  - Not representative of routine/regular practice

- **Pattern:** issue has potential to “impact more than a limited number of patients impacted”
  - Process variation

- **Widespread:** issue is “pervasive at the organization”
  - Process failure/systemic failure
  - Majority of patients are/could be impacted
How is Risk Determined?

- In addition to the operational definitions, risk is also going to be determined by:
  - “Anchors”
  - Surveyor experience and expertise to provide the support to determine the “scope” and “likelihood to harm” for the finding
  - The context of the finding
  - Discussion amongst the survey team
Benefits of the SAFER matrix

- Focus on patient safety/risk to patients
- Risk analysis
  - Takes each finding to the next level – the “so-what?” as to why the finding is important
Benefits of the SAFER matrix

- Visual representation of survey
  - Indicates severity of findings to organizations for prioritization
  - More clearly identifies the highest risks
- Aggregate data for standards refinement, improving consistency, etc.
Follow-up Actions

- Follow-up customized and prioritized according to placement within SAFER Matrix.
Prioritized Follow-up Action

<table>
<thead>
<tr>
<th>SAFER Matrix™ Placement</th>
<th>Required Follow-Up Activity</th>
</tr>
</thead>
</table>
| **HIGH/LIMITED, HIGH/PATTERN, HIGH/WIDESPREAD** | • 60 day Evidence of Standards Compliance (ESC)  
  - ESC will include Who, What, When, and How sections  
  - ESC will also include two additional areas surrounding Leadership Involvement and Preventive Analysis  
  - Finding will be highlighted for potential review by surveyors on subsequent onsite surveys up to and including the next full triennial survey |
| **MODERATE / PATTERN, MODERATE/WIDESPREAD** | • 60 day Evidence of Standards Compliance (ESC)  
  - ESC will include Who, What, When, and How sections  
  - ESC will also include two additional areas surrounding Leadership Involvement and Preventive Analysis  
  - Finding will be highlighted for potential review by surveyors on subsequent onsite surveys up to and including the next full triennial survey |
| **MODERATE / LIMITED, LOW / PATTERN, LOW / WIDESPREAD** | • 60 day Evidence of Standards Compliance (ESC)  
  - ESC will include Who, What, When, and How sections |
| **LOW/LIMITED** | • 60 day Evidence of Standards Compliance (ESC)  
  - ESC will include Who, What, When, and How sections |
ESC Changes

- All Requirements for Improvement (RFIs) due in a 60 day ESC
  - 45 day ESC no longer applicable
- All findings will require an ESC
- Findings of higher risk will require 2 additional ESC fields
Leadership Involvement

- The measure of the success of change is in its sustainability within organizations
- Success and sustainability are highly influenced by support from the top level of leadership
Preventive Analysis

- Ensures the corrective action does not simply fix the issue at hand
- Focuses on identifying and addressing underlying reasons that caused the issue
- Efforts also focused on preventing future occurrences of the high risk issue
How do I prepare?

- Preparing for a SAFER survey is the same as preparing for a survey today:
  1. Ensure full understanding of requirements
  2. Continue conducting self-assessments of compliance
Deleting 225 Hospital Requirements

- The majority of the deletions (131) became effective July 1, 2016
- The other 94 deleted EP’s become effective in January 2017
- The Joint Commission Perspectives, May 2016
Rationale

- Some were duplicative of, or implicit in, other existing EPs
- Address issues that are now a routine part of operations or clinical care processes
- No longer address contemporary quality and safety concerns
- Are adequately addressed by law and regulation or other external requirements
Deletions

- Not expected to change current patient care processes or to affect quality and safety
- Allows a greater focus on the most important contemporary quality and safety issues