George Mills outlines top Joint Commission citations and tips on compliance

By Deanna Martin, senior communications specialist for the American Society for Healthcare Engineering

In the past few years, seven out of 10 top citations from Joint Commission surveys have stemmed from problems in the health care physical environment. George Mills, MBA, FASHE, CEM, CHFM, director of the Department of Engineering at the Joint Commission, recently spoke about these issues at the ASHE Annual Conference, where he was one of three plenary speakers from accrediting organizations. ASHE will be running more articles about Mills’s presentation and articles on the sessions given by the other two hospital accrediting agencies, DNV and HFAP, in upcoming editions of the ASHE Insider.

Mills said at the Annual Conference that—not surprisingly—means of egress citations are once again near the top of the list, coming in at number two on the overall list of citations and number one of the citations related to the health care physical environment. Means of egress citations include corridor clutter and issues with life safety drawings.

Facility managers are often frustrated by corridor clutter citations because it is not maintenance equipment left in corridors causing the problem but items used by clinicians, including computers on wheels and IV poles, Mills said. The key for facility managers is to seek cooperation from nurses and other equipment users, stressing the importance of keeping hallways clear. Evacuation exercises and drills can help show clinicians why this is so important, Mills said, and making regular rounds to develop relationships with these equipment users is critical to lasting success.

"If you’re satisfied sitting down in your office working with your contractors and your staff and you’re not doing rounding and you’re not out and about meeting your users, then you’re never going to be successful in corridor clutter management,” Mills said. “But when you start developing those relationships with users, that’s when [you]’re going to be successful and get [your] corridors clear and clutter free.”

Mills said facility staff should not be surprised by the requirement for life safety drawings that include boundaries, dimensions, and exits and clearly show:

- Fire safety features (Mills clarified that drawings and legends should be used to identify major systems and features, but that this does not have to be detailed enough to show every fire extinguisher.)
- Areas of the building that are fully sprinklered (if a building is partially sprinklered)
- Locations of all hazardous storage areas
- Locations of all smoke barriers
• Suite boundaries, including the size of suites—both sleeping (maximum 5,000 square feet) and non-sleeping (maximum 10,000 square feet)
• Locations of designated smoke compartments
• Locations of chutes and shafts
• Locations for which the facility has received approval for equivalencies or waivers

The third issue most often cited by the Joint Commission is related to fire barrier penetrations, fire door issues, and duct issues. "Almost half the time we surveyed, we found problems with our barriers," Mills said.

The Joint Commission and ASHE are working with the fire-stop industry and others to use symposiums to educate facility staff about barrier management. “Because this has been such a long-standing finding for us... we really felt like we had to do something,” Mills said. Watch the ASHE Insider and the ASHE website for more information about upcoming barrier management symposiums.

Number five on the Joint Commission’s list of top citations is fire safety testing. This issue is often cited when facilities cannot provide documentation related to their testing. Mills said it is unacceptable to have a contractor inspect fire safety at a hospital and not provide a timely report. Instead of waiting five or six weeks for an overall report, he said, facility managers can require contractors to provide a daily punch list of anything that failed safety testing. Work orders can then be used to address those issues, providing documentation for corrected problems even before the contractor finishes a larger report.

Smoke barrier penetration problems came in as the sixth most cited issue. This problem is similar to the fire barrier problem, Mills said, and solutions will be discussed in upcoming barrier management symposiums.

The seventh most cited issue concerns unsafe patient care conditions, including unsecured oxygen cylinders and ventilation, temperature, and humidity issues. Mills said facilities can determine how often they monitor humidity and temperature, but documentation needs to be provided. If your facility monitors daily, the Joint Commission needs to see a daily log. If your facility monitors annually, you need to provide an annual log.

The ninth most common issue cited by the Joint Commission relates to problems with sprinklers, including the requirement to maintain 18 inches or more of open space from below the sprinkler deflector to the top of any storage located below. Just like corridor clutter, Mills said, facility employees are likely not the ones stacking items on top of shelving. This is another instance where success comes by working with the users and educating them on the issue.

The tenth most common citation includes the related issues of improper system design; the inability of the mechanical system to achieve required results; the lack of written inspection, testing, and maintenance frequencies; and problems with appropriate air pressure relationships, air exchange rates, and filtration efficiencies. Mills said his top concern for the future of health care is the aging infrastructure of our building systems. His opinion is that facility managers need to discuss these issues with their leaders. Mills also cautioned against relying too heavily on building automation systems to ensure these systems are operating properly. "We still need to be walking around doing our physical checks and making sure these things are running the way [we] think they're running," he said.

Mills said health care facilities have done a good job in recent years of avoiding immediate-threat-to-life citations, which can eventually lead to losing reimbursement from the Centers for Medicare and Medicaid Services. The following items can spur immediate-threat-to-life citations:

• A significantly compromised fire alarm system
• A significantly compromised sprinkler system
• A significantly compromised emergency power supply system
• A significantly compromised medical gas master panel
• Significantly compromised exits
• Other situations that place patients, staff, or visitors in extreme danger

To purchase Mills’s full presentation with synchronized PowerPoint slides—or to buy any individual session or the full set of Annual Conference recordings—visit the ASHE Live Learning Center.

http://www.ashe.org/resources/ashenews/2013/jc_update_g_mills_130819.html?goback=...