

COMPLIANCE news



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TJC's SPEAK UP™ - IMPROVING PATIENT SAFETY

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Direct from The Joint Commission web site is information on how your patients can contribute to their own safety and help reduce your numbers in health care errors.

In March of 2002, The Joint Commission (TJC), together with the Centers for Medicare and Medicaid Services (CMS), launched a national campaign to urge patients to take a role in preventing health care errors by becoming informed, active, and involved in their own health care and participants on the health care team. The campaign features brochures and posters which address a variety of patient safety topics. Speak Up™ encourages the public to:

- Speak up if you have questions or concerns. If you still don't understand, ask again. It's your body and you have a right to know.
- Pay attention to the care you get. Always make sure you're getting the right treatments and medicines by the right health care professionals. Don't assume anything.
- Educate yourself about your illness. Learn about the medical test you get, and your treatment plan.
- Ask a trusted family member or friend to be your advocate (advisor or supporter).
- Know what medicines you take and why you take them. Medicine errors are the most common health care mistakes.
- Use a hospital, clinic, surgery center, or other type of health care organization that has been carefully checked out. For example, The Joint Commission visits hospitals to see if they are meeting The Joint Commission's quality standards.
- Participate in all decisions about your treatment. You are the center of the health care team

There are a number of topics Speak Up has addressed since its inception in 2002 which include:

- Help Prevent Errors in Your Care
- Help Avoid Mistakes in Your Surgery
- Information for Living Organ Donors

- Five Things You Can Do to Prevent Infection
- Help Avoid Mistakes With Your Medicines
- What You Should Know About Research Studies
- Planning Your Follow-up Care
- Help Prevent Medical Test Mistakes
- Know Your Rights
- Understanding Your Doctors and Other Care Givers
- What You Should Know About Pain Management
- Prevent Errors in Your Child's Care
- Stay Well and Keep Others Well (a coloring book for Children)
- Tips for Your Doctor's Visit
- Reduce Your Risk of Falling

"... organizations reported that Speak Up 'has promoted and increased communication with both patients and staff about safety.'"

According to TJC, in a survey conducted in 2008, responding organizations reported that Speak Up "has promoted and increased communication with both patients and staff about safety." Informed, active and involved patients can help themselves in their own health care while helping you reduce your numbers in health care errors.

Note: Downloadable files of all Speak Up brochures and posters (including Spanish language versions of the brochures) are available on The Joint Commission web site at <http://www.jointcommission.org/PatientSafety/SpeakUp/>. There are NO copyright or reprinting permissions required for the Speak Up materials or copy. In references to the materials or copy, TJC asks that The Joint Commission be credited as the source for the materials or copy.



TJC ADOPTS THE 2010 GUIDELINES

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The Joint Commission announced in their December, 2010 *Environment of Care News* that effective January 1, 2011, they will be referencing the 2010 edition of the *Guidelines for Design and Construction of Health Care Facilities* for new, altered, or renovated space design criteria. The 2010 TJC accreditation manual referenced the 2001 AIA *Guidelines for Design and Construction of Health Care Facilities*.

According to TJC, the 2010 *Guidelines* contain several new and revised sections, including but not limited to the following:

- Acoustics
- Patient handling and movement
- Bariatric accommodations
- Cancer treatment/infusion therapy
- Freestanding cancer treatment facilities
- Telecommunications areas
- Wayfinding
- Patient safety assessments
- Outpatient rehabilitation facilities
- ASHRAE Standard 170: Ventilation of Health Care Facilities
- Focus on single-patient rooms for new construction (see note below)



TJC standard EC.02.06.05 addresses the topic of designing and constructing a health care facility. Per EP1, organizations are required to use either state rules and regulations or the 2010 edition of the *Guidelines* in their design and construction efforts. Projects

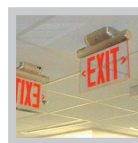
that were in the design phase before January 1, 2011 may continue to use the 2001 *Guidelines*. However, any new designs initiated after January 1, 2011 need to follow the 2010 *Guidelines for Design and Construction of Health Care Facilities* or the state rules and regulations relevant to the organization. Purportedly, more than 42 states and several federal agencies use the *Guidelines* to regulate health care facility design and construction for hospitals, ambulatory care centers, and behavioral health facilities throughout the United States.

Find out more about the 2010 *Guidelines for Design and Construction of Health Care Facilities* at <http://www.fgiguideines.org>.

Note: Purportedly there is evidence that patient outcomes have been enhanced when using single patient rooms including the following benefits:

- Reducing the spread of infection
- Decreasing noise levels
- Increasing patient and family privacy
- Improving patient sleep
- Fostering patient and staff communication
- Decreasing the likelihood of patient falls
- Reducing the number of patient transfers and associated medical errors
- Reducing the likelihood of medication mix-ups and other medical errors that relate to confusion with a room-mate
- Improving patient satisfaction
- Improving staff satisfaction
- Speeding patient recovery





WHAT ARE SUPERVISORY SIGNAL DEVICES?

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

The Joint Commission Standard EC.02.03.05, EP1, states that "At least quarterly, the hospital tests supervisory signal devices (except valve tamper switches). The completion date of the tests is documented." What systems contain these supervisory signal devices and what is their function? Actually, it is the automatic sprinkler systems as explained in the NFPA Life Safety Code® and National Fire Alarm Code® and as defined below.

Ref. 2000 NFPA 101® Life Safety Code®

Section 9.7 Automatic Sprinklers and Other Extinguishing Equipment

9.7.2.1* **Supervisory Signals.** Where supervised automatic sprinkler systems are required by another section of this Code, supervisory attachments shall be installed and monitored for integrity in accordance with NFPA 72®, National Fire Alarm Code®, and a distinctive supervisory signal shall be provided to **indicate a condition** that would **impair the satisfactory operation of the sprinkler system**. System components and parameters that shall be monitored shall include, but shall not be limited to:

- control valves
- fire pump power supplies and running conditions
- water tank levels and temperatures
- tank pressure
- air pressure on dry-pipe valves

Supervisory signals shall sound and shall be displayed either at a location within the protected building that is constantly attended by qualified personnel or at an approved, remotely located receiving facility.

9.7.2.2 **Alarm Signal Transmission.** Where supervision of automatic sprinkler systems is provided in accordance with another provision of this Code, waterflow alarms shall be transmitted to an approved, proprietary alarm-receiving facility, a remote station, a central station, or the fire department.

Ref. 1999 NFPA 72® National Fire Alarm Code®

Chapter 3 Definitions:

3.3.88.2 **Automatic Extinguishing System Supervisory Device.** A device that responds to abnormal conditions that could affect the proper operation of an automatic sprinkler system or other

fire extinguishing system(s) or suppression system(s), including, but not limited to:

- control valves
- pressure levels
- liquid agent levels and temperatures
- pump power and running
- engine temperature and overspeed
- room temperature.

3.3.88.5 **Supervisory Signal-Initiating Device.** An initiating device such as a:

- valve supervisory switch
- water level indicator
- low air pressure switch on a dry-pipe sprinkler system in which the change of state signals an off-normal condition and its restoration to normal of a fire protection or life safety system
- need for action in connection with guard tours, fire suppression systems or equipment, or maintenance features of related systems.

3.3.67 **Fire Alarm System.** A system or portion of a combination system that consists of components and circuits arranged to monitor and annunciate the status of fire alarm or supervisory signal-initiating devices and to initiate the appropriate response to those signals.

3.3.88 **Initiating Device.** A system component that originates transmission of a change-of-state condition, such as in a smoke detector, manual fire alarm box, or supervisory switch.

3.3.171.4 **Fire Alarm Signal.** A signal initiated by a fire alarm-initiating device such as a manual fire alarm box, automatic fire detector, waterflow switch, or other device in which activation is indicative of the presence of a fire or fire signature.

Note: The above requirements are to be applied where supervised automatic sprinkler systems are required by another section of the Life Safety Code®. As always, please review the entire applicable sections of the National Fire Protection Association Codes and The Joint Commission standards.





DETERMINING OCCUPANT LOAD

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The occupant load, in number of persons for whom means of egress and other provisions are required, is determined on the basis of the occupant load factors of Table 7.3.1.2 of the 2000 edition of NFPA 101®, Life Safety Code® that are characteristic of the use of the space or are to be determined as the maximum probable population of the space under consideration, whichever is greater. For example: A healthcare occupancy has a floor of 30,000 square feet of patient sleeping rooms. Therefore, divide 30,000 by 120 which gives a minimum occupant load of 250 persons. These are minimum occupant loads for which egress capacity must be provided. The actual occupant load may exceed this if egress capacity is sized accordingly. Remember, these factors represent the use of the area being calculated not the occupancy classification. A healthcare occupancy may have any of these uses on the same floor without fire resistance rated separation.

Health Care Use	Gross ft ² per person
Inpatient treatment departments	240
Sleeping departments	120
Other Typical Uses	Gross ft ² per person
Business	100
General hazard industrial	100
Storage	Probable number of persons present at any time

INCREASED SURVEILLANCE FOR ILSM'S

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The Joint Commission's 2010 Hospital Accreditation Standards for Life Safety describes the Interim Life Safety Measure (ILSM) for increased surveillance. LS.01.02.01 Element of Performance 8 states the following:

When the hospital identifies Life Safety Code (LSC) deficiencies that cannot be immediately corrected or during periods of construction, the hospital does the following: Increases surveillance of buildings, grounds, and equipment, giving special attention to construction areas and storage, excavation, and field offices. The need for increased surveillance is based upon criteria in the hospital's Interim Life Safety Measure (ILSM) policy. (See also LS.01.01.01, EP 3)

In the example pictured, increased surveillance would have identified construction materials being improperly stored near electrical service equipment.

PUBLICATIONS AND SEMINARS

Seminars

- April 11-14 TAHFMI Interlink 2011, Houston, TX, "Life Safety Accreditation Hot Spots" and "NFPA 110/111 Update"
- April 20 MGI Systems Webinar, "Life Safety Accreditation Hot Spots"
- May 4 Virginia Society of Healthcare Engineers, Williamsburg, VA, "Life Safety Accreditation: Avoiding Pitfalls"
- May 6 Florida Healthcare Engineering Association 2011 Spring Meeting, Delray Beach, FL, "Preparing for Surveys and Continuous Compliance"
- May 11 University Health Systems Consortium Webcast, "Understanding EC & LSC Survey Vulnerabilities"
- May 11-13 Alabama Society of Healthcare Engineering Spring Meeting, Pensacola Beach, FL, "Life Safety Plans"
- May 17 2011 Engineering Symposium, Milwaukee, WI, "Filling the Rx for Reliable Power in 2011 and Beyond"
- May 27 East Tennessee THEA Meeting, Knoxville, TN, "Life Safety Accreditation Hotspots"
- June 12-15 NFPA Conference & Expo, Boston, MA, "NFPA 110/111: Proposals for the Next Editions"
- July 18-20 ASHE Annual Conference, Seattle, WA, "NFPA 110/111 Update"
- September 28 Florida Healthcare Engineering Association Annual Meeting, Orlando, FL, "Life Safety Accreditation and EC Hot Spots"