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Accreditation and certification

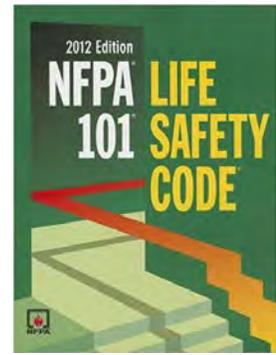
Four clarifications issued for Life Safety Code requirements for EDs, doors and fire drills

New clarifications have been issued to help organizations with four *Life Safety Code*® requirements. The guidance is in reference to:

Emergency Department (ED) occupancy classification — Life Safety (LS) 02.01.10, Element of Performance (EP) 1, LS.03.01.10, EP 1: EDs could be classified as health care occupancies or ambulatory health care occupancies.

- Facilities that provide sleeping accommodations for persons who are mostly incapable of self-preservation, or that provide housing on a 24-hour basis for occupants, are classified as health care occupancies, per National Fire Protection Association (NFPA) 101-2012, 18/19.1.1.1.5 and 18/19.1.1.1.9.
- An ambulatory health care occupancy is used to provide services or treatment simultaneously to four or more patients that provides, on an outpatient basis, one or more of the following:
 - Treatment for patients that renders the patients incapable of taking action for self-preservation under emergency conditions without the assistance of others
 - Anesthesia that renders the patients incapable of taking action for self-preservation under emergency conditions without the assistance of others
 - **Emergency or urgent care for patients who, due to the nature of their injury or illness, are incapable of taking action for self-preservation under emergency conditions without the assistance of others.**

(See NFPA 101-2012, 3.3.188.1)



Annual door inspection — Environment of Care (EC) 02.03.05, EP 25: Annual inspection and testing is required for fire doors and smoke door assemblies, per NFPA 80-2010, *Standard for Fire Doors and Other Opening Protectives*, and NFPA 105-2010, *Standard for Smoke Door Assemblies and Other Opening Protectives*, per NFPA 101-2012 section 7.2.1.15. Annual inspection and testing must be completed by July 5, 2017, which is one year after the Centers for Medicare and Medicaid Services (CMS) regulatory adoption of NFPA 101-2012. Although health care and ambulatory chapters of NFPA 101-2012 do not specifically cite 7.2.1.15, chapters 18/19.2.2.2.1 refer to 7.2.1. Also, both CMS and The Joint Commission believe these door inspections are beneficial to the ongoing reliability of the organization fire protection program.

Corridor doors that are not required to be fire doors or smoke door assemblies (e.g., patient room doors) are not subject to the NFPA annual inspection and testing, but should be routinely inspected as part of a facility maintenance program.

- Doors to be included in the annual door inspection (based on 7.2.1.15) include:
 - Door leaves equipped with panic hardware or fire exit hardware in accordance with 7.2.1.7

- Door assemblies in exit enclosures
 - Electrically controlled egress doors
 - Door assemblies with special locking arrangements subject to 7.2.1.6
- The Joint Commission does *not* require the following doors to be included in the annual door inspection:
 - Corridor doors (i.e., patient room doors)
 - Office doors (provided the room does not contain flammable or combustible materials)

Rated fire door assembly installed in lesser rated or non-rated barrier — LS.01.01.01, EP 6, EC.02.03.05, EP 25: If the organization has doors that are of “superior quality, strength, fire resistance” (see NFPA 101-2012 1.4), they would be allowed in the assembly.

Existing fire protection features obvious to the public, if not required by the Code, shall be either maintained or removed, per NFPA 101-2012, section 4.6.12.3. Therefore, doors shall be maintained per the barrier assembly requirements, but in cases where a fire-rated door is used in a nonrated barrier assembly, the fire door must be maintained as a fire door unless the features which identify it as a fire door have been removed in a manner that maintains the opening protective requirements applicable to the barrier into which it is installed.

For example, if a 90-minute, fire-rated door was installed in an existing smoke barrier, the door would need to be annually inspected and tested as a fire door, and the smoke barrier maintained as a smoke barrier. If the 90-minute door was modified to remove all fire door hardware and labeling (i.e., removing the bottom rod and floor receiver) and repaired as a smoke barrier door (see NFPA 105-2010, 5.1.4), the door could be annually inspected and tested as a smoke door.

Fire Drills and Varying Times — EC.02.03.03, EP 3: Fire drills conducted no closer than one hour apart would be acceptable, however, as drills must be performed under varying conditions per 18/19.7.1.6 there should not be a pattern of drills being conducted one hour apart.

New Standards FAQs on ligature risks, practitioners communicating directly with patients

New FAQs have been posted to The Joint Commission’s website to provide clarification to the following questions:

- *What are the Joint Commission expectations for identifying and managing ligature risks in the hospital setting?*
 - [Hospital and hospital clinics](#)
 - [Critical access hospitals](#)
- *Are there any Joint Commission standards that prohibit a bilingual practitioner (nurse, physician, etc.) from communicating directly with a patient in their preferred language while providing care without the presence of an interpreter?*
 - [Hospital and hospital clinics](#)
 - [Critical access hospitals](#)
 - [Ambulatory health care](#)
 - [Behavioral health care](#)
 - [Home care](#)
 - [Nursing care center](#)
 - [Office-based surgery](#)

Patient safety

New Quick Safety updates safety actions to address improperly sterilized, HLD equipment

Improperly sterilized or high-level disinfected (HLD) equipment continues to be a frequently scored noncompliant standard — Infection Control (IC) 02.02.01. The Joint Commission encourages organizations’ leadership to carefully oversee these processes and ensure that staff is properly trained and has the resources needed to adequately perform these critical functions.

The latest issue of *Quick Safety* — released May 23, replacing the May 2014 issue on the same topic — includes updated and expanded safety actions to help leaders address this growing problem.

Standard IC.02.02.01 requires organizations to reduce the risk of infections associated with medical equipment, devices and supplies. This standard is applicable to Joint Commission-accredited hospitals (HAP), critical access hospitals (CAH), ambulatory (AHC) and office-based surgery (OBS) facilities. Of these, the most vulnerable locations for lapses in sterilization or HLD of equipment are ambulatory care sites (including office-based surgery facilities) and decentralized locations in hospitals, even though the data shows higher noncompliance rates for critical access hospitals and hospitals.

[Read Quick Safety.](#)

In the news

CDC's MMWR updates 2017 cases of *C. auris*

Ongoing transmission of *Candida auris* (*C. auris*) in the United States is the focus of a new [Morbidity and Mortality Weekly Report](#) (MMWR) released in May by the Centers for Disease Control and Prevention (CDC). *C. auris* is an oftentimes drug-resistant, serious fungal infection that has the potential to spread in health care settings. The MMWR provides information on 77 *C. auris* cases reported to CDC through May 12, 2017.



According to the MMWR, as of this month, recognized *C. auris* cases in the U.S. were concentrated in health care facilities in three separate geographic areas, and most cases were in chronically ill patients with long stays at high-acuity skilled nursing facilities (such as facilities providing mechanical ventilation).

The CDC is working with both state and local partners to create and distribute infection control recommendations to curb the spread of *C. auris*. CDC's current recommendations for *C. auris*-colonized or infected patients include:

- Using Standard Precautions and Contact Precautions
- Housing the patient in a private room
- Daily and terminal cleaning of a patient's room with a disinfectant active against *Clostridium difficile* spores
- Notifying receiving health care facilities when a patient with *C. auris* colonization or infection is transferred

The CDC provides monthly updates on reported *C. auris* cases. Learn more by visiting the CDC's [C. auris website](#).

The MMWR supports two Joint Commission standards:

- **Infection Control (IC) 01.05.01** — *The hospital has an infection prevention and control plan.*
 - **Element of Performance (EP) 1:** *When developing infection prevention and control activities, the hospital uses evidence-based national guidelines or, in the absence of such guidelines, expert consensus.*
- **IC.02.01.01** — *The hospital implements its infection prevention and control plan.*
 - **EP 1:** *The hospital implements its infection prevention and control activities, including surveillance, to minimize, reduce, or eliminate the risk of infection.*
 - **EP 2:** *The hospital uses standard precautions, including the use of personal protective equipment, to reduce the risk of infection. Note: Standard precautions are infection prevention and control measures to protect against possible exposure to infectious agents. These precautions are general and applicable to all patients.*

- **EP 3:** *The hospital implements transmission-based precautions in response to the pathogens that are suspected or identified within the hospital's service setting and community. Note: Transmission-based precautions are infection prevention and control measures to protect against exposure to a suspected or identified pathogen. These precautions are specific and based on the way the pathogen is transmitted. Categories include contact, droplet, airborne, or a combination of these precautions.*
- **EP 5:** *The hospital investigates outbreaks of infectious disease.*
- **EP 9:** *The hospital reports infection surveillance, prevention, and control information to local, state, and federal public health authorities in accordance with law and regulation.*

Resources

New article on origin and evolution of Joint Commission pain standards

The pain standards that were originally developed by The Joint Commission in 2001 are currently undergoing revision. The Joint Commission has a [web portal](#) with resources and articles on the pain standards. A new article examining the origins and evolution of the pain standards has been published to the portal.

Up in the blogosphere with The Joint Commission

- *Leading Hospital Improvement* — [Culturally Competent Data Collection System May be a First Step in Eliminating Health Disparities](#): Decreasing readmission starts at admission. Read about best practices for collecting Race, Ethnicity and Language (REAL) data in a blog written by Tina Cordero, PhD, MPH, project director in The Joint Commission's Department of Standards and Survey Methods.
- *Dateline @ TJC* — [Beyond the Study: A Q&A on Lean Principles and Transforming a Health Care Program](#): A study published in the June issue of *The Joint Commission Journal on Quality and Patient Safety*, "Using Lean to Rapidly and Sustainably Transform a Behavioral Health Crisis Program: Impact on Throughput and Safety," describes how Lean principles were applied to improve clinical operations at the Crisis Response Center, a behavioral health facility specializing in emergency psychiatric care, in Tucson, Arizona. Find out more in a blog written by David W. Baker, MD, MPH, FACP, executive vice president at The Joint Commission, in the Division of Healthcare Quality Evaluation, and editor-in-chief of *JQPS*.
- *Ambulatory Buzz* — [The Joint Commission... SAFER™ Than Ever!](#) The Joint Commission's new process for helping health care organizations identify risk and improve their patient care processes — the Survey Analysis for Evaluating Risk™ (SAFER™) Matrix — has been fully integrated with the Ambulatory Care Accreditation program since the beginning of 2017. Learn more in a blog written by P.J. Sanders, a business development specialist in Ambulatory Care Services at The Joint Commission.
- *Quality in Nursing Center Care* — [Posting About Your Residents on Social Media Violates More Codes Than You Could Ever Imagine](#): If you're mulling over whether to post something about a nursing home resident, don't! See the reasons why you shouldn't in a blog written by Gina Zimmermann, MS, executive director of The Joint Commission's Nursing Care Center Accreditation program.

Learn more about [Joint Commission Resources'](#) offerings online or call 877-223-6866.

