



# 3E Company HazMat Management Web Seminar Series

## “What to Expect from the New JCAHO Accreditation Process”

3E Company alleviates the pain of HazMat Information  
and Compliance Management



# Web Seminar Technology

- Web Seminar audio and visual presented on the Internet
- The preferred screen resolution is 1024 x 768
- If you do not have access to the Internet, please call **1-800-214-0694, pass code 958024**
- Click Q&A to submit your questions
- Questions will be answered at the end of the presentation
- If you have any technical difficulties, please email [support@communicast.com](mailto:support@communicast.com)
- Presentation slides will be made available after the seminar



# Guest Speaker

**Dean Samet-** Associate Director/ Senior Engineer,  
Department of Accreditation Operations- JCAHO

Responsible for aiding in the development and interpretation of the Environment of Care, Standards of Safe, functional and effective environments within healthcare facilities.

- Certified Healthcare Safety Professional (CHSP)
- Certified Joint Commission Surveyor (CJCS)
- Joint Commission's chief liaison with the NFPA, ASHE & AIA



# ***JCAHO's Shared Visions – New Pathways...2004 Changes to EOC Standards & Survey Process***



*Sharpening the focus of the accreditation process on care systems critical to the safety and quality of care.*



# Enhancing the Accreditation Process

- As part of its own continuous improvement initiative, JCAHO gathered information and opinions about the accreditation process from health care organizations, purchasers, consumers and others having a stake in the impact of accreditation.
- The culmination of the input led to the dramatic redesign and improvement of the accreditation process -- ***Shared Visions—New Pathways*** -- implemented in January 2004.



# The New Accreditation Process

- Focuses the evaluation more on the quality and safety of care.
- Shifts the accreditation-related focus from survey preparation and scores to continuous survey readiness (operational improvement) in support of safe, high-quality care.
- Customizes the survey to an individual health care organization.
- Makes the accreditation process more continuous.
- Increases the public's confidence that health care organizations continuously comply with standards that emphasize patient safety and health care quality.
- Improves consistency of surveyors.
- Enhances relevancy of standards.



# Relevancy and Consistency

- An external task force, comprised of representatives from accredited organizations, state hospital associations and JCAHO advisory groups, assisted JCAHO in an extensive review of all standards.
- Substantial consolidation of the standards to reduce paperwork and documentation burden of the survey process and increase focus on safety and health care quality.



# 2004 EC Changes

- Standards reformatted (Planning and Implementation standards combined)
- Standards renumbered (EC.1.10-EC.9.30)

- Two Main Categories:

Planning and Implementation Activities  
(EC.1.10 –EC.8.30)

Measuring and Improving Activities  
(EC.9.10-EC.9.30)



# 2004 EC Standards Format

- Standard (Goal to be achieved)
- Rationale ( Explains importance of achieving goal)
- Elements of Performance (Identifies steps to be taken to to achieve goal)



# Standard

- Standard: A statement that defines the performance expectations, structures, or processes that must be in place for an organization to provide quality care, treatment, and services.

Note: An organization's compliance with a standard is evaluated as either "compliant" or "not compliant"



# Rationale

- Rationale: Background, justification, or additional information about a standard. A rationale is not scored. In some cases, the rationale for a standard is self-evident. Therefore, not every standard has a written rationale.



# Elements of Performance

- Elements of Performance: EP's detail the specific performance expectations, structures, or processes that must be in place for an org. to provide quality care, treatment, and services. EP's are scored and determine an org.'s overall compliance with a standard.



# Elements of Performance (cont.)

- Elements of Performance are part of “core standards” developed for most accreditation programs. Some “Elements” may be marked “Not applicable”. This means that from the core standards for this individual program, this particular element was not applicable.



# 2004 EC Standards

- EC.1.10-EC.1.20: Safety
- EC.1.30: Smoking
- EC.2.10: Security
- EC.3.10: Hazardous Materials/Wastes
- EC.4.10-EC.4.20: Emergency Management
- EC.5.10-EC.5.50: Fire/Life Safety
- EC.6.10-EC.6.20: Medical Equipment



## 2004 EC Standards (cont.)

- EC.7.10-EC.7.50: Utility Systems
- EC.8.10-EC.8.30: An appropriate environment, space/equip./furnishings
- EC.9.10: Monitoring Activities (“assigned person(s)”-Safety/EC Officer)
- EC.9.20: Process/Program Analysis & Recommendations(Multidisciplinary Team)
- EC.9.30: Improvement Activities



# 2004 EC Standard Relocations

- Education, knowledge & skill requirements for all EC disciplines moved to Human Resources (HR) Standards
- Some “Other environmental concerns”, e.g., addressing positive self-image, human dignity, personal hygiene & grooming, etc. moved to Ethics, Rights and Responsibilities (RI) Standards



# 2004 EC Standard Relocations (cont.)

- Reporting, monitoring, and annual evaluations for all EC disciplines moved under EC.9.10
- Ongoing monitoring of performance regarding actual or potential risks for all EC disciplines moved under EC.9.10



## EC 3.10: Hazardous Materials and Waste Management

- EP 1) The hospital develops and maintains a written management plan describing the process it implements to effectively manage hazardous materials and waste
- EP 2)... creates and maintains an inventory that identifies hazardous materials and waste used, stored, or generated using criteria consistent with applicable law and regulation (for example, the Environmental Protection Agency [EPA] and the Occupational Safety and Health Administration [OSHA]).
- EP 3)... establishes and implements processes for selecting, handling, storing, transporting, using, and disposing of hazardous materials and waste from receipt or generation through use and/or final disposal, including managing the following: chemicals; chemotherapeutic materials; radioactive materials; and infectious and regulated medical waste, including sharps.



## **EC 3.10: Hazardous Materials and Waste Management (Cont'd)**

- **EP 4)... provides adequate and appropriate space and equipment for safely handling and storing hazardous materials and waste.**
- **EP 5)... monitors and disposes of hazardous gases and vapors**
- **EP 6)... identifies and implements emergency procedures that include the specific precautions, procedures, and protective equipment used during hazardous materials and waste spills or exposures.**
- **EP 7)... maintains documentation, including required permits, licenses, and adherence to other regulations.**
- **EP 8)... maintains required manifests for handling hazardous materials and waste.**
- **EP 9)... properly labels hazardous materials and waste**
- **EP10)... effectively separates hazardous materials and waste storage and processing areas from other areas of the facility.**



# Electronic MSDS Systems

The Joint Commission allows the use of "fax-on-demand" and "on line MSDS" type systems to be utilized for retrieval of MSDS information as long as the following criteria are met:

- ❖ 1) The healthcare organization has the appropriate equipment to request & receive the information
- ❖ 2) Appropriate staff are trained in the use of that equipment
- ❖ 3) That equipment is readily available & accessible
- ❖ 4) The healthcare org. has a backup plan for retrieving the MSDS information should power or telephone/communication lines fail. (Note: Acceptable backup could be one hard copy of MSDS's that is readily available & accessible)



# 2004 New EC Standard

- Security Management Standard EC.2.10 (8)  
“ The organization identifies and implements security procedures that address handling of an infant or pediatric abduction as applicable.”



# 2004

## EC Standard Terminology Change

- “Hazardous surveillance surveys” now referred to as “environmental tours” per EC.1.20



# 2004 EC Smoking Standard Revision

- EC.1.30 (EP 6&7)
- EP 6 – “The organization identifies and implements a process(s) for monitoring compliance with the policy.”
- EP 7 – “The organization develops strategies to eliminate the incidence of policy violations when identified.”



# 2004 EC Medical Equipment Management Standard Revision

- EC.6.20 (EP 3&4)
- EP 3 – “The organization documents maintenance of equipment used for ‘life support’ that is consistent with maintenance strategies to minimize clinical and physical risks identified in the equipment management plan (see EC.6.10).



# Life Support Device

- Any device intended to sustain life and whose failure to perform it's primary function, when used according to manufacturer's instructions and clinical protocol, is expected to result in imminent death in the absence of immediate intervention.



# 2004 EC Medical Equipment Mgt. Standard Revision (cont.)

- EC.6.20 (EP 4)
- EP 4 – “The organization documents maintenance of ‘non-life support’ equipment on the inventory that is consistent with maintenance strategies to minimize clinical and physical risks identified in the equipment management plan (see EC.6.10)



# 2004 EC Utilities Management Standard Revision

- EC.7.30 (EP 3,4&5)
- EP 3 – “The organization maintains documentation of maintenance of critical components of ‘life support’ utility systems/equipment consistent with maintenance strategies identified in the utility management plan (see standard EC.7.10).”



# 2004 EC Utilities Management Standard Revision (cont.)

- EC.7.30 (EP 5)
- EP 5 – “The organization maintains documentation of critical components of ‘non-life support’ utility systems/equipment on the inventory consistent with maintenance strategies identified in the utility management plan (see standard EC.7.10).”



# Periodic Performance Review (PPR)

- Periodic Performance Review facilitates an alternative form of evaluation that promotes standards compliance and a more continuous accreditation process by allowing organizations to self-assess their own compliance with all standards through a “periodic performance review” (PPR) process by using an electronic tool on our “Jayco” extranet via the Joint Commission’s secure website.



## PPR (cont.)

- To be completed at the midpoint of the organizations accreditation cycle usually between the 15<sup>th</sup> & 18<sup>th</sup> month point of the triennial survey period
- To include HCO's self-evaluation/PPR of all applicable standards
- To include development of Plan of Action (POA) and Measures of Success (MOS) for any standards evaluated as noncompliant



# Priority Focus Process (PFP)

- Information-driven process (via OQM-complaints, past recommendations, media, Sentinel Events, the application for survey, )
- The Priority Focus Process turns data into valuable, focused information that shapes the on-site survey by identifying and prioritizing:
  - Potential processes to address
  - Appropriate on-site survey activities
  - Relevant standards
- Surveyors will focus on performance & direct care and less on standards-focused compliance
- Result in customized accreditation process focusing on organization-specific quality of care issues and actual delivery of care



# Tracer Methodology

- Traces a number of patients through the organization's entire healthcare process
- Surveyors may identify performance issues in one or more steps of the process or in the interfaces between processes
- Active engagement of physicians and staff enhances the relevance of accreditation



# New Survey Agenda

- Opening and closing conference
- Leadership conference
- Validation of plan of action implementation from Periodic Performance Review
- Priority Focus Process - guided visits to care areas using the tracer methodology
- In-depth evaluation and education regarding high-priority safety and quality of care issues
- Environment of Care review and conference
- Competency Assessment



# 2004 EC Compliance Evaluation

- New “surveyor planning meeting”
- Life Safety Code “building tour”
- New “EC session” and “EC tracer” with ‘key staff’



# Surveyor Planning Meeting

- New survey planning meeting: Surveyor's orientation to orgs. EC risks and activities undertaken to manage those risks thru review of:
  - 1) Annual evaluations for seven mgt. plans
  - 2) Review of safety committee meeting minutes from past 12 months
  - 3) Review of Statement of Conditions-SOC



# Building Tour

Life Safety Code (LSC) building tour:

- 1) Evaluate compliance of building(s) with 2000 LSC
- 2) Evaluate effectiveness of organization's use of SOC



# EC Session

- Group discussion with “key staff” who are directly responsible for managing EC risks
- With a key staff member, ‘trace’ (EC Systems Tracer) a particular EC risk or evaluate a particular process for managing EC risks (i.e., planning, monitoring, etc.) Sidebar conversations to occur with staff regarding observations.



## EC Session (cont.)

- All surveyors observe EC issues during 'patient tracers' and transmit to or share any unusual findings with the surveyor conducting the EC Session



# EC Session (cont.)

Emergency Management Plan performance review of

- -Conducting Hazard Vulnerability Analysis
- -Identifying role in relation to community EM plan
- -Processes for sharing info with other HCO's (hospitals and long term care org.'s only)
- Identifying org.'s command structure that links with community's command structure (e.g. HEICS)
- Adjusting EM plan based on critiques of drills



# Scoring

- **3-point vs. 5-point ‘Element of Performance’ scoring scale;**
  - **0- Unsatisfactory**
  - **1- Partial Compliance**
  - **2- Satisfactory Compliance**
  - **NA- Not Applicable**
- **2-point vs. 5-point ‘Standard’ scoring scale (compliant or not compliant only, no partial compliance)**
- **No grid element or summary grid score**
- **Summary score based on number of non-compliant standards**



# Scoring (cont.)

- Former 'Type 1' and 'Supplemental Recommendations' will be replaced with:  
"Requirements for Improvement" and  
"Supplemental Findings"



# Issues Update

- CDC Hand-hygiene Guidelines
- Alcohol/gel hand-rub dispensers
- United States Pharmacopeia- National Formulary (USP-NF)



# CDC Hand-hygiene Guidelines

- October 25, 2003, the Centers for Disease Control and Prevention (CDC) released guidelines that advise the use of alcohol-based hand-rubs to protect patients in health care settings.
- Per CDC director, Dr. Julie Gerberding, “Clean hands are the single most important factor in preventing the spread of dangerous germs and antibiotic resistance in health care settings.”



# CDC Hand-hygiene Guidelines (cont.)

- CDC estimates that each year nearly two million patients in the United States get an infection in hospitals, and about 90,000 of these patients die as a result of their infection.
- Improving hand hygiene will help prevent the spread of germs from one patient to another.



# Alcohol/gel Hand-rub Dispensers

## Criteria:

- 1) Maximum hand-rub dispenser size:
  - a) 1.2 liters for rooms, egress corridors, and areas open to egress corridors and,
  - b) 2.0 liters for suites of rooms
- 2) Corridor size must be 6 ft. or wider
- 3) Dispensers must be at least 48 in. from each other (horizontal spacing) and not installed over or directly adjacent to an ignition source (light switches or electrical outlets)



# Alcohol/gel Hand-rub Dispensers (cont.)

Criteria:

- 4) In locations with carpeted floor coverings, dispensers installed directly over carpeted surfaces shall only be permitted in sprinkled smoke compartments.



# Alcohol/gel Hand-rub Dispensers (cont.)

Criteria:

## 5) Storage Issues:

- a) Storage quantities of 5 gal. Or more must be stored in a flammable cabinet per requirements of NFPA 30, Flammable and Combustible Liquids Code)
- b) No more than an aggregate of 10 gal. may be in use in a single smoke compartment.



# 2004 United States Pharmacopeia-National Formulary (USP-NF)

- New chapter in 2004 USP-NF entitled “USP Tests and Assays Chapter 797, Pharmaceutical Compounding, Sterile Preparations”
- Starting July 2004, the JCAHO will expect orgs. to have determine if there are any significant risk areas and develop a plan of action.
- The Joint Commission will expect compliance with all JCAHO standards where the requirements are already similar to USP-NF 797.
- Main issue: Expiration dating and training.



# JCAHO Contacts for Questions Comments or Suggestions

- Dean Samet, Associate Director/Senior Engineer,  
Phone: 630/792-5759; e-mail: [dsamet@jcaho.org](mailto:dsamet@jcaho.org)
- Britt Berek, Associate Director, Biomedical Engr.  
Phone: 630/792-5896; e-mail: [bberek@jcaho.org](mailto:bberek@jcaho.org)
- JCAHO Customer Service

Phone: 877/223-6866 or  
630/792-5800

E-Mail: [SharedVisions@jcaho.org](mailto:SharedVisions@jcaho.org) or  
[www.jcaho.org](http://www.jcaho.org) or [www.jcrinc.com](http://www.jcrinc.com)



# Q&A

