

NSHE Trade Show - May 2 and 3, 2019

Kearney, NE (Holiday Inn)

Conference Theme: Compliance and Validation

Organizers: Andrew Thompson, Mark Sears

Friday, May 3 - 10:45 a.m. to 11:30 a.m.

Panel Discussion – Joint Commission, K-Tags, Validation Surveys

Script of Questions:

1. Question for Doug Hohbein: Can you give any updates on concurrent TJC/CMS surveys? TJC for triennial surveys and CMS validation surveys. TJC / CMS concurrent validation survey process.
  - a. This process would have the CMS surveyors conduct their CMS validation survey at the same time TJC surveyors conduct their triennial survey. The purpose of the CMS validation survey is to confirm that the TJC survey accurately evaluates compliance with the CMS Conditions of Participation. Currently, CMS conducts validation surveys on a retrospective basis. They survey 5% of accredited hospitals within 60 days of the hospital's triennial Joint Commission survey.
  
2. Question for Doug Hohbein: How are Fire Marshals determining door gaps greater than 1/8 inch in and around corridor doors frames to determine the resistance the passage of smoke?
  - a. NFPA 80 2010 6.3.1.7 Clearances: 6.3.1.7 The clearances between the top and vertical edges of the door and the frame, and the meeting edges of doors swinging in pairs, shall be 1/8 in for steel doors and shall not exceed 1/8 in for wood doors. 6.3.1.7.2 Clearances shall be measured from the pull face of the door (s).
  
3. Question for all: Concerning ABHR (Alcohol Based Hand Rub) dispensers if one is on the inside of a room and one outside would the 4ft. rule apply around the door frame if the door is open?
  - a. For healthcare occupancies (i.e. hospitals, nursing homes, long-term care, free-standing ERs) follow section 19.3.2.6 of the 2012 Life Safety Code for alcohol based hand-rub (ABHR) dispensers, which basically says:
    - i. You cannot mount them in corridors less than 6 feet wide
    - ii. Maximum dispenser capacity is 1.2 L for rooms and corridors and 2.0 L for suites
    - iii. Maximum dispenser capacity for aerosol containers is 18 oz.
    - iv. **Dispensers must be separated from each other by 48 inches**
    - v. Not more than 10-gallon aggregate total of ABHR solution or 1135 oz. of aerosol solution shall be in use outside of a storage cabinet per smoke compartment, except for the next bullet point
    - vi. One dispenser per room shall not be included in the aggregate quantities mentioned above
    - vii. Storage of quantities greater than 5 gallons in a single smoke compartment must meet the requirements of NFPA 30 (1-hour FRR room, or fire-resistant cabinet)
    - viii. Dispensers must be mounted at least 1 inch away (as measured side-to-side) from ignition sources, and cannot be mounted above ignition sources

- ix. Dispensers mounted over carpeted floors are permitted only in sprinklered smoke compartment.
  - x. Maximum 95% alcohol by content
  - xi. The dispenser must be designed, constructed and operated in such a way that ensures accidental or malicious activation of the dispensing device is minimized
4. Question for Doug Hohbein: Could you expand on K-tag 222 Special Locking Arrangements and how that would apply to the different types i.e. Clinical Needs or Security Threat, Special Needs, and Delay Egress arrangements. (Including access controlled egress locking arrangements).
- a. CLINICAL NEEDS OR SECURITY THREAT LOCKING Where special locking arrangements for the clinical security needs of the patients are used, only one locking device shall be permitted on each door and provisions shall be made for the rapid removal of occupants by: remote control of locks; keying of all locks or keys carried by staff at all times; or other such reliable means available to the staff at all times.  
18.2.2.2.5.1, 18.2.2.2.6, 19.2.2.2.5.1, 19.2.2.2.6
  - b. SPECIAL NEEDS LOCKING ARRANGEMENTS  
Where special locking arrangements for the safety needs of the patient are used, all of the Clinical or Security Locking requirements are being met. In addition, the locks must be electrical locks that fail safely so as to release upon loss of power to the device; the building is protected by a supervised automatic sprinkler system and the locked space is protected by a complete smoke detection system (or is constantly monitored at an attended location within the locked space); and both the sprinkler and detection systems are arranged to unlock the doors upon activation.  
18.2.2.2.5.2, 19.2.2.2.5.2, TIA 12-4
  - c. DELAYED-EGRESS LOCKING ARRANGEMENTS  
Approved, listed delayed-egress locking systems installed in accordance with 7.2.1.6.1 shall be permitted on door assemblies serving low and ordinary hazard contents in buildings protected throughout by an approved, supervised automatic fire detection system or an approved, supervised automatic sprinkler system. 18.2.2.2.4, 19.2.2.2.4
  - d. ACCESS-CONTROLLED EGRESS LOCKING ARRANGEMENTS  
Access-Controlled Egress Door assemblies installed in accordance with 7.2.1.6.2 shall be permitted. 18.2.2.2.4, 19.2.2.2.4
5. [Facilities] What topics did the TJC seem to focus on at your facility?
6. [Facilities] What do you think about the new Safer Matrix report process from TJC?
7. [Facilities] Were issues seen with the 45-day Evidence of Standards Compliance (TJC) and 60-day CMS Plan Of Correction (POC) timelines?
8. [SFM] How does CMS determine the number of hours/number of surveyors required to conduct a validation survey? Is this process different for Critical Access facilities?
9. [Facilities] As a facility manager, how many hours were spent to complete documentation regarding follow up from TJC and CMS Validations surveys?
10. [SFM] What is the most common K-tag(s) observed during a Validation survey? [Facilities] Is this similar to what was seen during your survey?

11. [SFM] Who has the final approval of a Plan Of Correction (POC), the SFM's office or DHHS (on behalf of CMS)?
12. [SFM] Does the Nebraska Fire Marshal's Office have a resource they could provide to Nebraska Hospitals showing documentation that surveyors will need to review during a CMS validation survey?
13. [SFM] How can Nebraska hospitals help the SFM's office ensure surveys are successful?  
[Facilities] How could the SFM's office help Nebraska hospitals ensure surveys are successful?