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Best Practices for Meeting Documentation and Joint Commission Requirements

Testing and Inspection of Fire and Life Safety Systems

Answers for Infrastructure.

Introduction

The Joint Commission accredits more than 80% of the hospitals in the United States. This is done under a deemed status agreement with the Center for Medicare and Medicaid Services (CMS). In the most rare, but severe cases, a hospital that does not maintain its accreditation can lose its reimbursement from CMS.

The Joint Commission standard EC.02.03.05 within the Environment of Care chapter repeatedly makes The Joint Commission's top ten list of most frequently cited standards. Therefore, it is of particular concern as a hospital prepares for its accreditation survey. There are many pitfalls to compliance, not only with performance of the tests, but also with the documentation of that performance.

In the past year, The Joint Commission has increased its focus on documentation with the addition of Element of Performance (EP) 25 within standard EC.02.03.05, which lists additional requirements related to documentation.

This white paper takes a closer look at standard EC.02.03.05, specifically the documentation management requirements, and provides hospitals with best practices for compliance.

Background

Joint Commission standard EC.02.03.05 specifically addresses the requirements for maintenance, testing and inspection of fire safety equipment and building features, including fire alarm systems, automatic sprinkler systems, portable fire extinguishers, sliding and rolling fire doors, fire and smoke dampers, shutdown for air handling equipment, and automatic fire extinguishing systems. This standard was the fifth most frequently cited standard in The Joint Commission's hospital surveys during 2011, with 40% of those surveyed found to be non-compliant.

Surveyor review of compliance with EC.02.03.05 is extremely documentation-intensive, and a high degree of focus is placed on the review of documentation during the survey. Many issues of non-compliance with standard EC.02.03.05 relate to the organization, accuracy, and completeness of the documentation, in addition to or in lieu of any failures in the performance of the tests. Examples of non-compliance with the documentation requirements may include:

- Missing or incomplete inventories
- Failure to record a pass/fail result for every item on the inventory
- No record of correction for device failures and subsequent retest
- No indication of the NFPA code referenced or the testing frequency

In addition, inappropriate documentation may be the result of a lack of understanding of the testing performed.

Requirements

The first 20 Elements of Performance in EC.02.03.05 reference back to the Center for Medicare and Medicaid condition of participation (COP) 482.41(b)(1)(i), which requires the use of the 2000 edition of NFPA 101, the Life Safety Code®. In addition, COP 482.41(c)(2) calls for the maintenance of facilities and equipment.

A new Element of Performance, EP 25, was added to EC.02.03.05 in July of 2011. This EP targets the importance of proper documentation, rather than additional maintenance, inspection and testing requirements, and it applies to all 20 other Elements of Performance in the standard. It requires concise documentation of the following:

- Name of the activity
- Date of the activity
- Required frequency of the activity
- Name and contact information, including affiliation, of the person who performed the activity
- NFPA standard(s) referenced for the activity
- Results of the activity

With EP 25, The Joint Commission has added another layer of documentation requirements that demand meticulous attention. EP 25 applies whether the documentation is produced by a third-party vendor or in-house staff.

It is important to note that EP 25 is only applicable to those hospitals that use The Joint Commission survey for deemed status purposes. It is not applicable to those who are not subject to CMS requirements, such as military hospitals.

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It is essential to have an itemized inventory of the devices to be tested for each Element of Performance. The individuals performing the inspection and/or test must be instructed to inspect, test, document, repair, and re-test – in that order.

Rationale

In its survey experience, The Joint Commission has found that one of the things making standard EC.02.03.05 so problematic may relate to the maintenance staff's understanding of the differences in maintenance, inspection and testing activity requirements. Although this is a generalized statement, and certainly not applicable to all, maintenance staff may be dispatched to do a particular check or test without truly understanding what they are doing and why. It is not uncommon to find hospital staff who define water flow alarms and tamper switches as supervisory signals. Main drain tests have been interpreted as "cleaning out drains." To some maintenance personnel "inspect" may mean "go look at." Therefore, additional training is required to educate them.

It is essential that the procedures for maintenance, testing, and inspection of each of the features of fire safety equipment are specifically recorded and understood. One way to encourage this is to have the healthcare organization refer back to the source NFPA standard, which governs a particular EP item. A written step-by-step procedure or a checklist based on the respective NFPA standard can be extremely helpful, and may be requested by the surveyor if questions related to understanding arise. Such a step-by-step procedure or checklist also provides consistency in the performance of the activity with specific instructions. Coupled with educating staff about the rationale behind the test, it provides improved assurance of the testing outcome as well as how the outcome is documented.

Methods of Compliance

This paper is based on the assumption that each test will be performed within the required time frame and performed correctly via a procedure or checklist based on the respective NFPA standard. Compliance information provided herein is based squarely on the documentation aspect. The best practices that follow are key elements for creating effective documentation for compliance related testing activities.

Most of the information required by EC.02.03.05, EP 25 can be captured by updating the form used to document the activity to include:

- Name of the activity
- Date of the activity
- Required frequency of the activity
- Name and contact information, including affiliation, of the person who performed the activity
- NFPA standard(s) referenced for the activity
- Results of the activity

If the work is performed in-house, the appropriate forms will have to be adjusted accordingly to incorporate this information. The name of the activity, NFPA standard(s), and required activity frequency can be printed directly on the form, since that information rarely changes. The form should have lines on which to record the date and name of the individual performing the test.

Maintenance, testing and inspection performed by outside vendors may require some negotiation. Since documentation is a key aspect of the survey outcome for EC.02.03.05, the hospital should make clear its expectations for complete and acceptable documentation to the vendor. When selecting a vendor to perform the testing, maintenance and inspection of the fire and life safety systems, hospital facility managers should ask for samples of the vendor's standard paperwork, such as service work orders and final testing reports, to ensure that the required elements are included, prior to entering into any agreement.

There can be many pitfalls in the recording of the results on the designated form by either in-house staff or a third-party vendor. First, it is essential to have an itemized inventory of the devices to be tested for each Element of Performance. This inventory requirement is not specifically stated in EC.02.03.05; however, The Joint Commission surveyors expect its presence to determine that each individual device has been tested, show the outcome of the testing, and to verify any system changes since the previous survey.

Each device should be marked as "pass" or "fail" for the test in question. Devices without a pass/fail mark will raise questions as to why they were not tested. For example, marking an entire batch of items or each individual device with a checkmark provides no assurance that each device has, in fact, been tested and passed.

The individuals performing the inspection and/or test must be instructed to inspect, test, document, repair, and re-test – in that order. Inspecting, repairing, and then afterward documenting the status of the device as "pass" without indicating that it initially "failed" gives the incorrect perception that the device(s) is/was working perfectly.

Any device failing an inspection or testing parameter must be linked to a documented correction. This can be a notation on the report sheet, a work order number, etc. The surveyor must be able to determine that the needed corrections have been completed, and the device must be retested following the correction. In addition, it must be clearly documented that the retested device passed.

After testing has been completed, it is essential to review each document for accuracy and completeness, prior to filing it for subsequent surveyor review. The reviewer should determine that each device was tested, the result was recorded, any corrective action was noted, and all of the informational blanks are completed. Any errors or omissions should be referred back to the tester for verification or retest by in-house personnel or the outside vendor.

Failure to comply with EC.02.03.05 due to inaccuracy or incompleteness of third-party documents can also be scored at the Leadership chapter of The Joint Commission accreditation manual.

Impact of Non-Compliance

Any required testing that is not performed on time, not performed correctly, or not completely documented is subject to a finding at the respective Element of Performance in EC.02.03.05. Most of the EPs in this standard are indirect impact, with a 60-day window to respond to The Joint Commission with Evidence of Standard Compliance (ESC) post-survey. Note, however, that the following EPs are direct impact and have a 45-day window for ESC:

- EP 4: Visual and audible fire alarms, including speakers
- EP 11: Fire pump under flow
- EP 19: Smoke detection shutdown for air handling equipment

Sometimes, The Joint Commission surveyor will try to clarify problematic documentation by asking for additional documents, such as a work order where no correction is noted for a failure or speaking to the tester to understand what was actually done. If appropriate clarification can be provided, the EP may not be scored. This underscores the necessity for in-house staff to have a clear understanding of the required testing procedure.

Three Elements of Performance require a measure of success if found to be non-compliant:

- EP 6: Weekly fire pump tests under no-flow conditions
- EP 8: Monthly testing of water-storage tank temperature alarms during cold weather
- EP 15: Monthly (minimum) inspection of portable fire extinguishers

For these EPs, data must be submitted to The Joint Commission following the survey to demonstrate a return to compliance.

Failure to comply with EC.02.03.05 due to inaccuracy or incompleteness of third-party documents can also be scored at the Leadership chapter of The Joint Commission accreditation manual for failure to hold staff accountable (LD.04.01.05, EP 4). No hospital staff member wants to be responsible for a Leadership recommendation at the time of survey as it is one more recommendation to which the hospital must respond.

Conclusion

Maintenance, testing and inspection of fire safety equipment and building features must be performed as required by The Joint Commission. The difference in the requirements found in EC.02.03.05 is that the survey outcome is heavily dependent on the testing documentation.

Included in the 20 Elements of Performance are hundreds to thousands of individual devices, depending on the size of the hospital. Each must be maintained, inspected and tested as prescribed by NFPA code at designated frequencies. Each must be specifically documented, and each failure must be corrected and retested as well as documented.

Therefore, there are many opportunities for documentation errors and oversights, and it is crucial to have a solid documentation management system in place. If reports and documentation are completed in-house, the person responsible for this task has to be adequately trained and familiar with The Joint Commission documentation requirements and the report content. If documentation is provided by an outside vendor, this vendor should be chosen wisely after reviewing samples of its paperwork to ensure it includes all required data and information as outlined in The Joint Commission requirements.

About the Authors

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Susan McLaughlin is a founding partner of MSL Healthcare Consulting, Inc. which was incorporated in 2008. She has nine years of prior Environment of Care consulting experience to healthcare organizations across the country as President of SBM Consulting, Ltd. She is a Fellow of the American Society for Healthcare Engineering (ASHE) of the American Hospital Association and a Certified Healthcare Facility Manager. Previous positions include Director of Safety and Compliance for ASHE, and Associate Director, Standards Interpretation, Environment of Care Standards, for The Joint Commission, where she served as Team Leader of the Standards Interpretation Group. She has also served as Director of Safety for Northwest Community Healthcare, Arlington Heights, IL. Ms. McLaughlin is a nationally-known speaker in the field of healthcare safety and regulatory compliance, and has authored numerous articles and books on related topics.

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Sources:

Joint Commission Online – March 21, 2012. Joint Commission Online is the online weekly newsletter and is published every Wednesday. Go to http://www.jointcommission.org/issues/ to view the current newsletter and use the links provided to search for archived issues.

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