HOW TO PREPARE FOR A SUCCESSFUL JOINT COMMISSION SURVEY

Lindsay Pristou, MS
Bhaskar Iduri, MS, CCE, CHTM
Arif Subhan, MS, CCE, FACCE, AAMIF

MD EXPO

LEARNING OBJECTIVES

- After participating in the session, the attendees will…

1. Learn “practical strategies to implement the 2025 Joint Commission standards at their hospital and how to interact with surveyors.”
2. Be able to “perform an audit of their medical equipment program and identify deficiencies in the program.”
3. Be able to identify the “areas Joint Commission surveyors are focusing on in 2025.”

ABOUT THE PRESENTERS

Arif Subhan, MS, CCE, FACCE, AAMIF

- Chief Biomedical Engineer, VA Greater Los Angeles Healthcare System
- Immediate Past President, American College of Clinical Engineering
- Adjunct Professor, Biomedical Engineering, University of Connecticut
- Columnist, Journal of Clinical Engineering
- Member Editorial Boards – AAMI's BI&T journal, 24x7 magazine, Journal of Clinical Engineering
- Author of Book chapters for the "Clinical Engineering Handbook", "Encyclopedia of Medical Devices and Instrumentation" and "A Practicum for Biomedical Engineering and Management Issues"
- Recipient:
  - 2022 ACCE Tom O'Dea Advocacy Award
  - 2013 ACCE Professional Development/Managerial Excellence Award
  - 2012 AAMI Clinical/Biomedical Engineering Achievement Award

ABOUT THE PRESENTERS

Bhaskar Iduri, MS, CCE, CHTM

- IT-Director of Clinical Engineering, Sharp Healthcare, San Diego, CA
- 11 years experience in the HTM field.
- ACCE, Treasurer
- AAMI, Technology Management Council member
- Certified Clinical Engineer
- Certified Healthcare Technology Manager.
- ISO trained ISO 9001:2015 internal auditor.

ABOUT THE PRESENTERS

- Staff Biomedical Engineer with VA Greater Los Angeles
- 4 years experience in the HTM field
- Massachusetts Institute of Technology Catalyst Innovation Fellow
- Master of Science degree in Biomedical Engineering from Tulane University
- Alumni of the VA's Technical Career Field (TCF) program
- Lean Yellow Belt Certified

Lindsay Pristou, MS

TOPICS

The Joint Commission Survey: Overview

- Survey Summary
- Organization Survey Differences

The Joint Commission Survey: Preparation

- General Preparation
- Standards, Documentation and Collaboration
- Common Findings
- Hot Topic Areas
- Other Applicable Standards
- National Patient Safety Goals
- Resources

POLLING QUESTIONS

- How long have you been in the HTM field?
  - Less than 10 years
  - 10 - 20 years
  - 20 + years
- How do you rate your knowledge of Joint Commission standards and survey process? (low, medium, high)
- Who amongst you are directly responsible for Joint Commission survey preparation (e.g., Supervisor, Lead, Manager, Director)?
- Who amongst the audience had a Joint Commission survey in the last year?

THE JOINT COMMISSION SURVEY:

OVERVIEW

Survey Summary

Organization Survey Differences

LINDSAY PRISTOU

THE JOINT COMMISSION (TJC)

WHO THEY ARE

- Founded in 1951 - independent, not-for-profit organization
- Oldest & largest standards-setting and accrediting body in health care
- Gold seal of approval – symbol of quality and safety

FREQUENCY

- Onsite Full Survey (unannounced) – 3 years (18 – 36 months)
- New clinical program or new addition (unannounced) – upon notification
- For-Cause Survey (Office of Quality and Patient Safety) – Patient Safety Concern or Complaint

STANDARDS

- The Joint Commission (TJC) (va.gov) – Environment of Care
- EC.02.04.01 – the hospital manages medical equipment risks
- EC.02.04.03 – the hospital inspects, tests, and maintains medical equip.

TJC – SURVEY INTERACTIONS

Survey Team:

- Team leader (physician or nurse)
- Life Safety Code Surveyor (LSCS)
- Other clinical team members

Documentation Review:

- To ensure policies meet the TJC standards and site is following policies
- Answer questions and show proof of meeting the TJC standards
- May issue an “IOU” to produce documentation by certain time

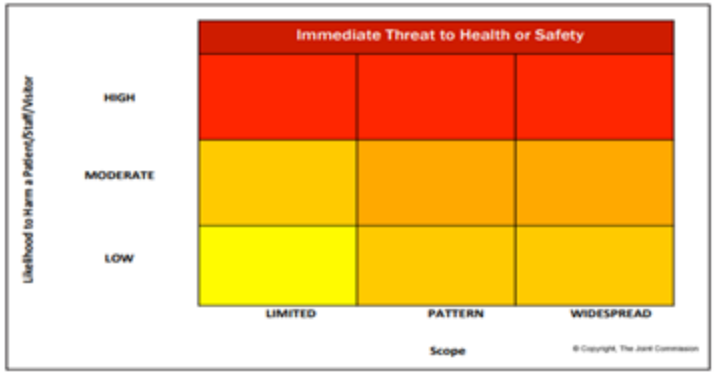
Facility Walk-Through:

- To visualize site is meeting the TJC standards
- Address questions on medical equipment
- Have a team ready to research on CMMS if needed

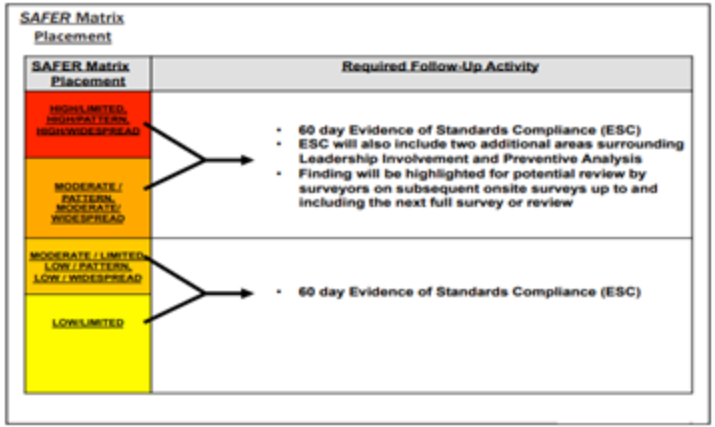
TJC – CLOSE-OUT

- **TJC surveyors will have an Exit Briefing reviewing any findings**
- **SAFER Matrix – Survey Analysis for Evaluating Risk**
- **Evidence of Standards Compliance (ESC)**
  - What will be done to address a finding and assure continued compliance
  - Indicate the issue
  - Indicate it has been corrected
  - Demonstrate how compliance will be maintained

SAFER Matrix



Placement of RFI on *SAFER* Matrix and Follow-Up Activity



ORGANIZATION SURVEY DIFFERENCES

Deemed status organizations

- Dependent on CMS (Centers for Medicare and Medicaid Services) reimbursement
- Must be surveyed by an Accrediting Organization (AO)
- Includes most healthcare organizations in US

Non-deemed organizations

- NOT dependent on CMS reimbursement
- Seek TJC accreditation as a standard of quality care
- Includes Department of Defense (DoD), Veterans Health Administration (VHA), Indian Health Service (IHS)
- Slight survey differences:
  - Standards language
  - NFPA code edition (e.g. NFPA 99)
  - Post-survey rules

THE JOINT COMMISSION SURVEY:

PREPARATION

General Preparation

TJC SURVEY – PREPARATION

Quality Management Department

- Ensure sustained compliance with TJC standards
- Mock TJC surveys
- Tracer Rounds / Activities

HTM/Biomedical Engineering

- Participate in EOC Rounds (continuous readiness)
- Perform pre-survey sweeps for equipment
- Understand the Standards and EPs that apply to your organization
- Be knowledgeable of the Sentinel Event Alerts and National Patient Safety Goals
- Get organized – have complete documentation!

TJC SURVEY – PREPARATION

What to include in a TJC Binder

- Medical Equipment Management Plan
- Written response to each EP with documentation referenced
- Applicable Hospital Policies
- Department SOPs
- Inventory counts and definition for high-risk and non-high-risk equipment
- PM completion rates
- EOC Reports
- Work order history, AEM, and PM samples
- Imaging quality control and testing samples
- Diagnostic medical physicist report samples
- Examples of safety recalls and patient incidents

TJC SURVEY – PREPARATION

- **How to present yourself**
  - Be honest, do NOT lie
  - Be polite, not rude
  - Be helpful, not dismissive
  - Be attentive, not distracted
  - Dress professionally

Treat survey interviews like job interviews!

TJC SURVEY – PREPARATION

- **How to answer questions**
  - Answer ONLY the question presented
  - Provide ONLY the reference documents requested
  - Have **CONFIDENCE** in the **ACCURACY** of your response

    IF NOT…
    - Do NOT feel pressured to answer right away
    - Ask to get back to them if you do not know
    - Use your resources to help in your response (Regional BME, HTM network, etc.)
    - Respond in a reasonable time

TJC SURVEY – PREPARATION

- **How to deal with difficult inspector personalities**
  - Some may be on a mission to find “room for improvement”
  - Do NOT take it personally
  - Do NOT become defensive
  - Stick to the facts when responding

The best way to deal with a difficult inspector is to BE PREPARED

THE JOINT COMMISSION SURVEY:

PREPARATION

Standards, Documentation and Collaboration

TJC STANDARD – EC.02.04.01 (SUMMARIZED)

*** For Deemed Status**

EC.02.04.01	HOSPITAL MANAGES MEDICAL EQUIPMENT RISKS
EP 2*	Written inventory of **all** medical equipment • (Non-deemed can use risk-based approach)
EP 3	Identify high risk medical equipment
EP 4	Activities and frequencies for maintenance, testing, inspection (manufacturers' recommendation) – 100% completion
EP 5*	Specific equipment maintained IAW manufacturers' recommendations: • Medical lasers • Imaging/radiologic equipment • New medical equipment with insufficient maintenance history • Equipment that must be maintained this way or more stringently per other laws or Medicare Conditions of Participation

TJC STANDARD – EC.02.04.01 (SUMMARIZED)

*** For Deemed Status**

EC.02.04.01	HOSPITAL MANAGES MEDICAL EQUIPMENT RISKS
EP 6*	Qualified person uses written criteria to support use of alternate maintenance: • How the equipment is used (including seriousness and prevalence of harm) • Consequences of equipment failure/malfunction (seriousness, prevalence) • Availability of backup/alternative equipment • Incident history of identical or similar equipment • Equipment maintenance requirements
EP 7*	AEM medical equipment inventory
EP 9	Written procedures for when medical equipment fails
EP 10	Quality control and maintenance activities for CT, PET, MRI, NM images
EP 11	Safe Medical Devices Act

RECOMMENDED DOCUMENTATION – EC.02.04.01

*** For Deemed Status**

EC.02.04.01 - APPLICABLE POLICIES AND PROCEDURES

- Inventory (**all*** or subset), identifying high risk equipment
- PM procedures aligned with manufacturer (as applicable, **EP 5: 4 specific categories***)
  - Up-to-date service manuals
- **AEM equipment identified*** (as applicable)
- Equipment failures
- Quality control for CT, PET, MRI and NM images
- Safe Medical Devices Act

EC.02.04.01 – OTHER DOCUMENTATION

- **Qualifications of HTM staff determining criteria for AEM program (HR.01.02.01)***

TJC STANDARD – EC.02.04.03 (SUMMARIZED)

*** For Deemed Status**

EC.02.04.03	HOSPITAL INSPECTS, TESTS, AND MAINTAINS MEDICAL EQUIPMENT
EP 1*	Inspection prior to initial use and **after major repairs or upgrades** • (Non-deemed only needs the inspection prior to initial use)
EP 2	Inspects, tests, maintains high-risk equipment – 100% completion ● HR equipment on AEM must have 100% completion rate
EP 3	Inspects, tests, maintains non-high-risk equipment - & Documented
EP 4	Sterilizer performance testing and maintenance
EP 5	Equipment maintenance, chemical and biological testing of water for hemodialysis

TJC STANDARD – EC.02.04.03 (SUMMARIZED)

*** For Deemed Status**

EC.02.04.03	HOSPITAL INSPECTS, TESTS, AND MAINTAINS MEDICAL EQUIPMENT
EP 8	Equipment in oxygen-enriched atmospheres is labeled appropriately (color-coding not primary method): • Clearly and permanently • Name of manufacturer/supplier • "OXYGEN-USE NO OIL" • Designate gases intended • Compressed Gas Association (CGA) C-7 labeling
EP 10	Hyperbaric facilities comply with NFPA 99-2012: Ch 14 (construction, equipment, administration, maintenance)
EP 16*	Qualified staff inspect, test, calibrate NM equipment annually – document results and completion dates

TJC STANDARD – EC.02.04.03 (SUMMARIZED)

*** For Deemed Status**

EC.02.04.03	HOSPITAL INSPECTS, TESTS, AND MAINTAINS MEDICAL EQUIPMENT
EP 18	Maintain quality of CT, PET, MRI and NM images
EP 20	CT - Diagnostic medical physicist tests dose at least annually: • Measure radiation dose for 4 protocols • Verify radiation dose within 20% of display dose • Document dates, results, verification of measurements
EP 21	CT – Diagnostic medical physicist performance evaluation (specific imaging metrics) at least annually – document results and recommendations for correcting any problems
EP 22	MRI - Diagnostic medical physicist performance evaluation (specific imaging metrics) at least annually – document results and recommendations for correcting any problems

TJC STANDARD – EC.02.04.03 (SUMMARIZED)

*** For Deemed Status**

EC.02.04.03	HOSPITAL INSPECTS, TESTS, AND MAINTAINS MEDICAL EQUIPMENT
EP 23	NM - Diagnostic medical physicist performance evaluation (specific imaging metrics) at least annually – document results and recommendations for correcting any problems
EP 24	PET - Diagnostic medical physicist performance evaluation (specific imaging metrics) at least annually – document results and recommendations for correcting any problems
EP 25	CT, PET, NM, MRI image acquisition display monitors (annually) – included in physicist tests (min/max luminance, luminance uniformity, resolution, spatial accuracy)

TJC STANDARD – EC.02.04.03 (SUMMARIZED)

*** For Deemed Status**

EC.02.04.03	HOSPITAL INSPECTS, TESTS, AND MAINTAINS MEDICAL EQUIPMENT
EP 26	Anesthesia machine maintenance, testing performed after adjustment/modification/repair, connection check verifying proper gas flow and oxygen concentration before return to service
EP 27*	Meet NFPA 99-2012 Ch. 10: electrical equipment in the patient care vicinity and **applicable provisions of the Health Care Facilities Code Tentative Interim Amendment (TIA) 12-5** • (Non-deemed only needs to meet NFPA 99)
EP 34	Fluoroscopic Imaging - Diagnostic medical physicist performance evaluation (specific imaging metrics) at least annually – document results and recommendations for correcting any problems

RECOMMENDED DOCUMENTATION – EC.02.04.03

EC.02.04.03 - APPLICABLE POLICIES AND PROCEDURES
• Acceptance testing
• Loan/lease/patient-owned equipment
• PM process
• Dialysis water quality control testing
• Proper labeling of equipment listed for use in oxygen-enriched atmospheres
• Hyperbaric equipment – compliance with NFPA 99 ch. 14 (as applicable)
EC.02.04.03 – OTHER DOCUMENTATION
• Inventory or way to identify relocatable power taps (RPTs) used in patient care vicinity
• **Qualifications of staff who inspect, test and calibrate NM equipment***

*** For Deemed Status**

RECOMMENDED DOCUMENTATION – EC.02.04.03

*** For Deemed Status**

EC.02.04.03 – MAINTENANCE DOCUMENTATION (SINCE LAST TJC SURVEY)

- Incoming Inspection: sample work orders
- **Inspection Work Orders: for all major upgrades/repairs***
- High-Risk and Non-High-Risk Equipment: PMs showing % completion
- AEM Equipment: PMs showing % completion (as applicable)
- Sterilizers: equipment history (maintenance/repairs)
- Dialysis: equipment history (maintenance/repairs) and water testing
- Aesthesia Machines: equipment history (maintenance/repairs)

RECOMMENDED DOCUMENTATION – EC.02.04.03

EC.02.04.03 – IMAGING DOCUMENTATION

- CT, MRI, NM, PET
  - Quality control activities for images produced
  - Maintenance, repairs, calibrations

- Annual Diagnostic Medical Physicist Evaluations
  - Radiation dose – CT
  - Testing of image acquisition display monitors – CT, MRI, NM, PET
  - Performance evaluations – CT, MRI, NM, PET, Fluoroscopic imaging equipment

AEM PROGRAM – EC.02.04.01

- **Applicable standards:**
  - **EC.02.04.01** – EP 6, 7

- **Establishing an AEM Program:**
  - Must not reduce safety
  - Based on accepted standards of practice (ANSI/AAMI EQ56: 2013)
  - Inclusion risk assessment
  - Thorough review of maintenance history (hospital, 3rd party contractor, nationally recognized sources)
  - **Does not include equipment excluded from AEM (EC.02.04.01 EP 5)***

*** For Deemed Status**

AEM PROGRAM – EC.02.04.01 EP 6 & 7

- **AEM Program Documentation:**
  - **Identifiable inventory of AEM equipment***
  - **Personnel qualification records***
    - Staff responsible for the AEM program
    - Staff maintaining the AEM equipment
  - AEM maintenance activities and frequencies
  - Rationale for AEM, difference from manufacturer recommendations
  - Routine evaluations of AEM program for safety and effectiveness and any corrective actions

CMS Resource: https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/Survey-and-Cert-Letter-14-07.pdf

*** For Deemed Status**

COLLABORATION WITH KEY PLAYERS

Radiology/Imaging

- Quality control for CT, PET, MRI, NM

Radiation Safety

- Diagnostic medical physicist or MRI scientist reports for CT, PET, MRI, NM and Fluoroscopy

Supply Chain Management

- Labeling of flowmeters, pressure-reducing regulators, cylinders and containers

COLLABORATION WITH KEY PLAYERS

Sterile Processing (SPS)

- Sterilizer maintenance documentation

Hemodialysis

- Dialysis water testing documentation

All Clinical Services

- Documentation of user maintenance per manufacturer

Other EOC services:

- Engineering, Safety, Police, Infection Prevention

THE JOINT COMMISSION SURVEY:

COMMON FINDINGS

BHASKAR IDURI

1. COMMON SURVEY FINDINGS

- **Finding:**
  - Medical equipment inventory is not accurate
  - No process or procedure outlining a strategy for inventory inclusion
  - Items missing from the inventory
- **Standard:** EC.02.04.01, EP 2
- **Corrective Action Plan:**
  - Establish an incoming inspection policy/procedure for all medical equipment entering the facility and criteria to include in the inventory based on a risk assessment.

2. COMMON SURVEY FINDINGS

- **Finding:**
  - Frequency for periodic maintenance of specific items of medical equipment were not defined in writing
  - Maintenance strategies for biological safety cabinets and laminar flow hoods did not specify testing requirements, parameters and/or frequency
- **Standard:** EC.02.04.01, EP 4
- **Corrective Action Plan:**
  - Maintain medical equipment as per manufacturer specifications or as per established AEM strategy. Obtain IFUs/manuals or any documentation to justify the maintenance frequencies established.

3. COMMON SURVEY FINDINGS

- **Finding:**
  - EP 1: Before initial use of medical equipment on inventory, performs safety, operational, and functional checks
  - EP 2: Inspection, testing, maintenance (ITM) of all high-risk equipment
  - EP 3: ITM of all other equipment on the inventory
- **Standard:** EC.02.04.03
- **Corrective Action Plan:**
  - Establish an incoming inspection policy/procedure to perform inspection/testing before the equipment is used for patientcare on all medical equipment entering the facility and criteria to include in the inventory based on a risk assessment. Establish policy/strategy for the maintenance of all medical equipment.

4. COMMON SURVEY FINDINGS

- **Finding:**
  - No documentation or log of maintenance for sterilizers
  - Biological indicator incubators did not have either an BMET evaluation or ongoing preventative maintenance
- **Standard:** EC.02.04.03, EP4
- **Corrective Action Plan:**
  - Follow manufacturer recommendations for the maintenance of sterilizers and maintain a checklist of activities performed. Verify that Vendor maintenance activities follow manufacturer recommendations.

5. COMMON SURVEY FINDINGS

- **Finding:**
  - ITM of dialysis equipment and chemical and biological testing of water used in hemodialysis
- **Standard:** EC.02.04.03, EP5
- **Corrective Action Plan:**
  - Follow manufacturer recommendations for the maintenance of dialysis equipment and maintain a checklist of activities performed. Verify that Vendor maintenance activities follow manufacturer recommendations.

6. COMMON SURVEY FINDINGS

- **Finding:**
  - Failure to calibrate equipment that the manufacturer or your own policy requires to be calibrated.
  - The hospital does not have a process in place for how to respond when test equipment is found to be out of tolerance.
- **Standard:** EC.02.04.01, EP 4, EP 9
- **Corrective Action Plan:**
  - Maintain equipment as per manufacturer specifications and establish a policy/procedure to ensure the medical equipment functions within manufacturer specifications when a test equipment is found out-of-tolerance.

RPT'S

- **EP has been revised**
- **Standard:** EC.02.05.01, EP 23
  - **Note 1:** The mounting of power strips to med equip assemblies or reconfiguration of equipment powered by power strips in a medical equip assembly must be performed by personnel who are qualified to make certain that this is done IAW NFPA. The person using it must know that it should be done according to the code.
  - **Note 2** - Clarified what is defined as a patient care vicinity from NFPA 99 (CMS asked this be included)
  - **Note 3** - RPTs should not be used as a substitute for fixed wiring. In new facilities, facilities that undergo renovation or a change in occupancy the number of receptacles must be increased to meet the requirements
- NFPA tells you the proper use of power strips and flexible cords.
- CMS adopted the UL1363A or UL 60601-1
- NFPA 99-2012, 10.2.3.6 Multiple Outlet Connection – Two or more power receptacles supplied by a flexible cord shall be permitted to be used to supply power to plug-connected components of a **movable equipment assembly** that is **rack-, table-, pedestal-, or cart mounted**, if all the following conditions are met:
  1. The receptacles are permanently attached to the equipment assembly.
  2. The sum of the ampacity of all appliances connected to the outlets does not exceed 75% of the ampacity of the flexible cord supplying the outlets.
  3. The electrical and mechanical integrity of the assembly is regularly verified and documented.

INFECTION PREVENTION

- *IC.02.02.01: The hospital reduces the risk of infection associated with medical equipment, devices, and supplies*
- *EP 2 – The hospital implements infection prevention and control activities for High Level Disinfection & Sterilization of medical equipment, devices and supplies.*
  - **#1 most frequently cited clinical finding**
    - Common “themes” related to non-compliance
      - Gaps in training
      - Overlooking evidence
      - Ignoring indicators (ex. Test Strips)
      - Non-compliant use of instruments
      - Broken processes

THE JOINT COMMISSION SURVEY:

OTHER REGULATIONS

OTHER REGULATIONS

- Policies / plans when devices fail including using emergency clinical interventions and back-up equipment
- Alignment with NFPA 99-2012: Healthcare Facilities Code requirements related to electrical equipment in the patient care vicinity
- Technical training / competency assessments for staff
- DNV-GL:
  - Regulations and surveys more than just medical equipment and tie to CMS regulations
  - Survey relies on ISO 9001 Standard

THE JOINT COMMISSION SURVEY:

OTHER APPLICABLE STANDARDS

ARIF SUBHAN

OTHER JOINT COMMISSION EC STANDARDS

EC.01.01.01 EP 2
The hospital has a library of information regarding inspection, testing, and maintenance of its equipment and systems. Note: This library includes manuals, procedures provided by manufacturers, technical bulletins, and other information.

EC.01.01.01 EP 8
The hospital has a written plan for managing the following: Medical equipment.

EC.02.01.01 EP 11
The hospital responds to product notices and recalls. (See also MM.05.01.17, EPs 1, 3, 4)

JOINT COMMISSION IC STANDARDS

IC.02.02.01

The hospital reduces the risk of infections associated with medical equipment, devices, and supplies.

EP.1 Low-level disinfection (stethoscopes, blood glucose meters).

EP.2 Intermediate and high-level disinfection (surgical instruments, implants and endoscopes).

EP.3 Disposing of medical equipment, devices and supplies.

EP.4 Storing medical equipment, devices and supplies.

EP.5. Reprocessing of single-use devices.

Accessible version: https://www.cdc.gov/infectioncontrol/guidelines/disinfection/

Guideline for Disinfection and Sterilization in Healthcare Facilities, 2008

Update: May 2019

William A. Rutala, Ph.D., M.P.H.[1,2], David J. Weber, M.D., M.P.H.[1,2], and the Healthcare Infection Control Practices Advisory Committee (HICPAC)[3]

JOINT COMMISSION HR STANDARDS

- **HR.01.01.01**

  The hospital defines and verifies staff qualifications.

- **HR.01.02.01**

  Physician Assistants and advanced practice RNs

- **HR.01.02.05**

  The hospital has the necessary staff to support care, treatment, and services it provides.

- **HR.01.02.07**

  The hospital determines how staff function within the organization.

OTHER JOINT COMMISSION HR STANDARDS

- **HR.01.04.01**
  The hospital provides orientation to staff.

- **HR.01.05.03**
  Staff participate in ongoing education and training.

- **HR.01.06.01**
  Staff are competent to perform their responsibilities.

- **HR.01.07.01**
  The hospital evaluates staff performance.

DOCUMENTS NEEDED FOR HR STANDARDS

- Position Description/Job Description/Functional Statement
- Hospital Orientation
- Department Orientation
- Performance Appraisals/Evaluations
- Competency Assessment
- Training Records

INFORMATION MANAGEMENT

I. Planning for Management of Information (IM.01.01.01, IM.01.01.03)

I. Health Information
A. Protecting the Privacy of Health Information (IM.02.01.01, IM.02.01.03)
B. Capturing, Storing, and Retrieving Data (IM.02.02.01, IM.02.02.03, IM.02.02.07)

I. Knowledge-Based Information (IM.03.01.01)

LEADERSHIP

LD.04.01.01: The hospital complies with law and regulation.

LD.03.01.01: Leaders create and maintain a culture of safety and quality throughout the hospital.

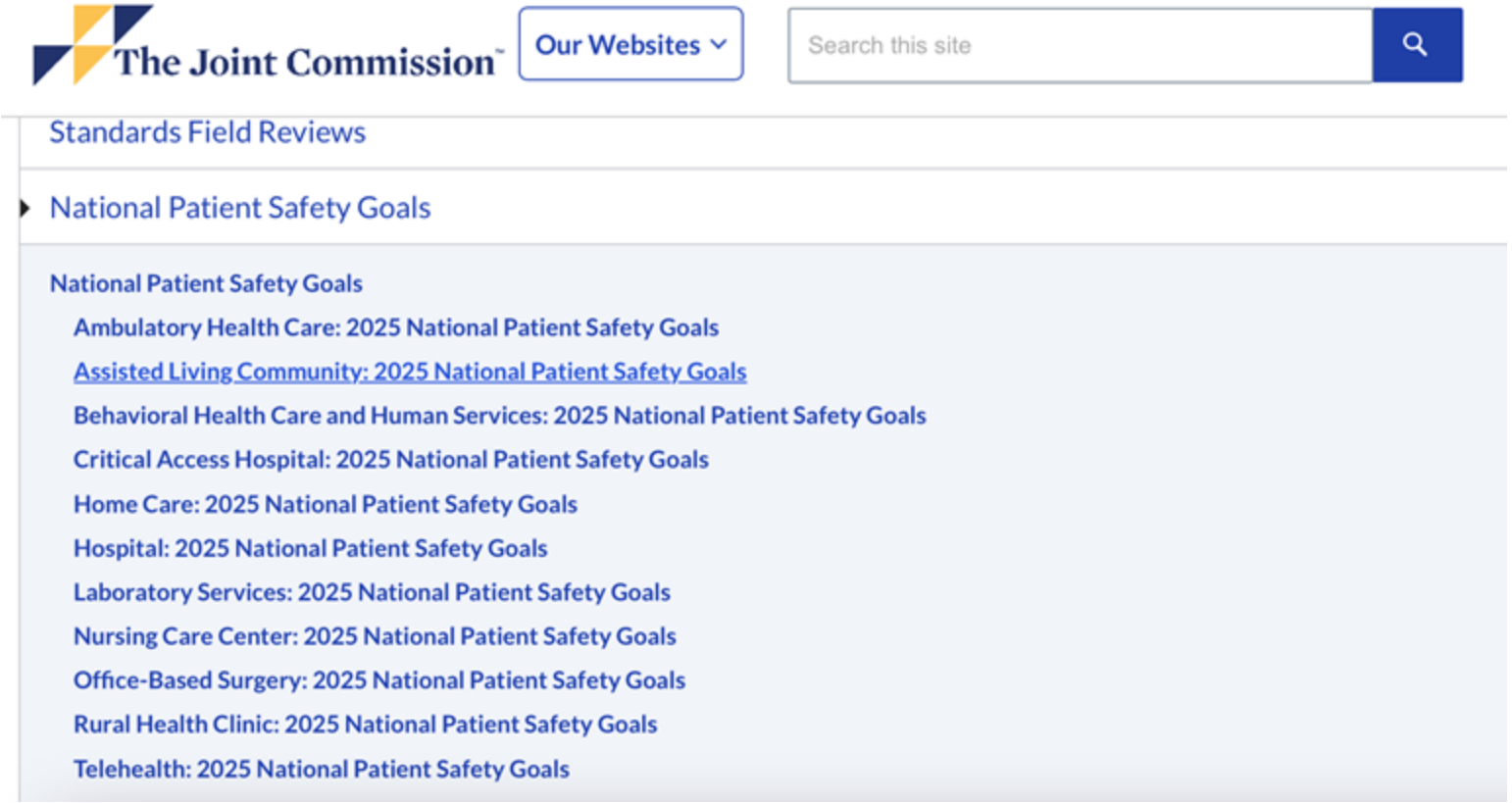
LD.03.05.01: Leaders manage change to improve the performance of the hospital.

The Joint Commission – "Grace Periods"

- Other Issues for Consideration:
  - "A number of elements of performance describe time frames for completing certain tasks or functions. The Joint Commission recognizes that it will not always be possible to meet the exact time frames cited in the requirements. For evaluation purposes, therefore, the following intervals are acceptable:"
    - Every 36 months/every 3 years = 36 months from the last event +/- 45 days
    - Annually/every 12 months/once a year/every year = 1 year from the last event +/- 30 days
    - Every 6 months = 6 months from the last event +/- 20 days
    - Quarterly/every quarter = every 3 months +/- 10 days
    - Monthly/30-day intervals/every month = 12 times a year, once per calendar month
    - Every week = once per calendar week

THE JOINT COMMISSION SURVEY:

NATIONAL PATIENT SAFETY GOALS



https://www.jointcommission.org/standards/national-patient-safety-goals/

REDUCE PATIENT HARM ASSOCIATED WITH CLINICAL ALARM SYSTEMS.

Use alarms safely

NPSG.06.01.01

Make improvements to ensure that alarms on medical equipment are heard and responded to on time.

Element(s) of Performance for NPSG.06.01.01

1. Leaders establish alarm system safety as a hospital priority. R

2. Identify the most important alarm signals to manage based on the following: R
   - Input from the medical staff and clinical departments
   - Risk to patients if the alarm signal is not attended to or if it malfunctions
   - Whether specific alarm signals are needed or unnecessarily contribute to alarm noise and alarm fatigue
   - Potential for patient harm based on internal incident history
   - Published best practices and guidelines

   (For more information on managing medical equipment risks, refer to Standard EC.02.04.01)

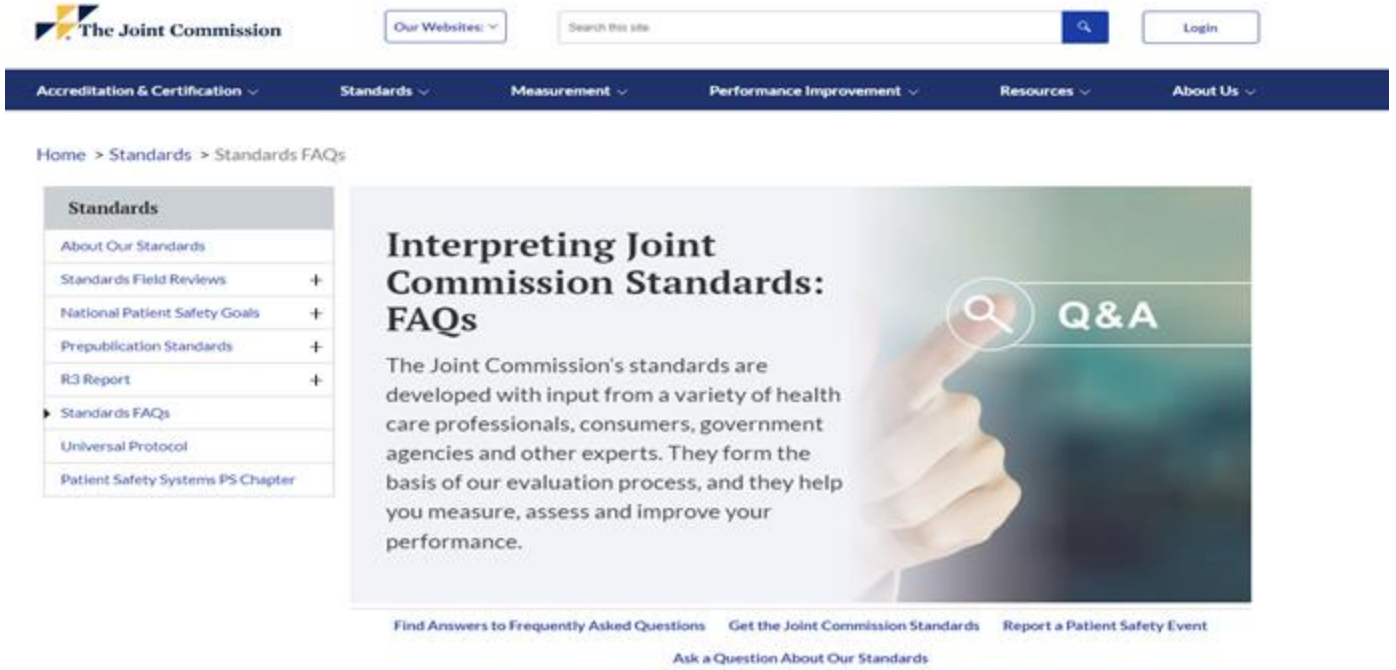
3. Establish policies and procedures for managing the alarms identified in EP 2 above that, at a minimum, address the following: R D
   - Clinically appropriate settings for alarm signals
   - When alarm signals can be disabled
   - When alarm parameters can be changed
   - Who in the organization has the authority to set alarm parameters
   - Who in the organization has the authority to change alarm parameters
   - Who in the organization has the authority to set alarm parameters to “off”
   - Monitoring and responding to alarm signals
   - Checking individual alarm signals for accurate settings, proper operation, and detectability

   (For more information, refer to Standard EC.02.04.03)

THE JOINT COMMISSION SURVEY:

RESOURCES

STANDARDS INTERPRETATION GROUP (SIG)



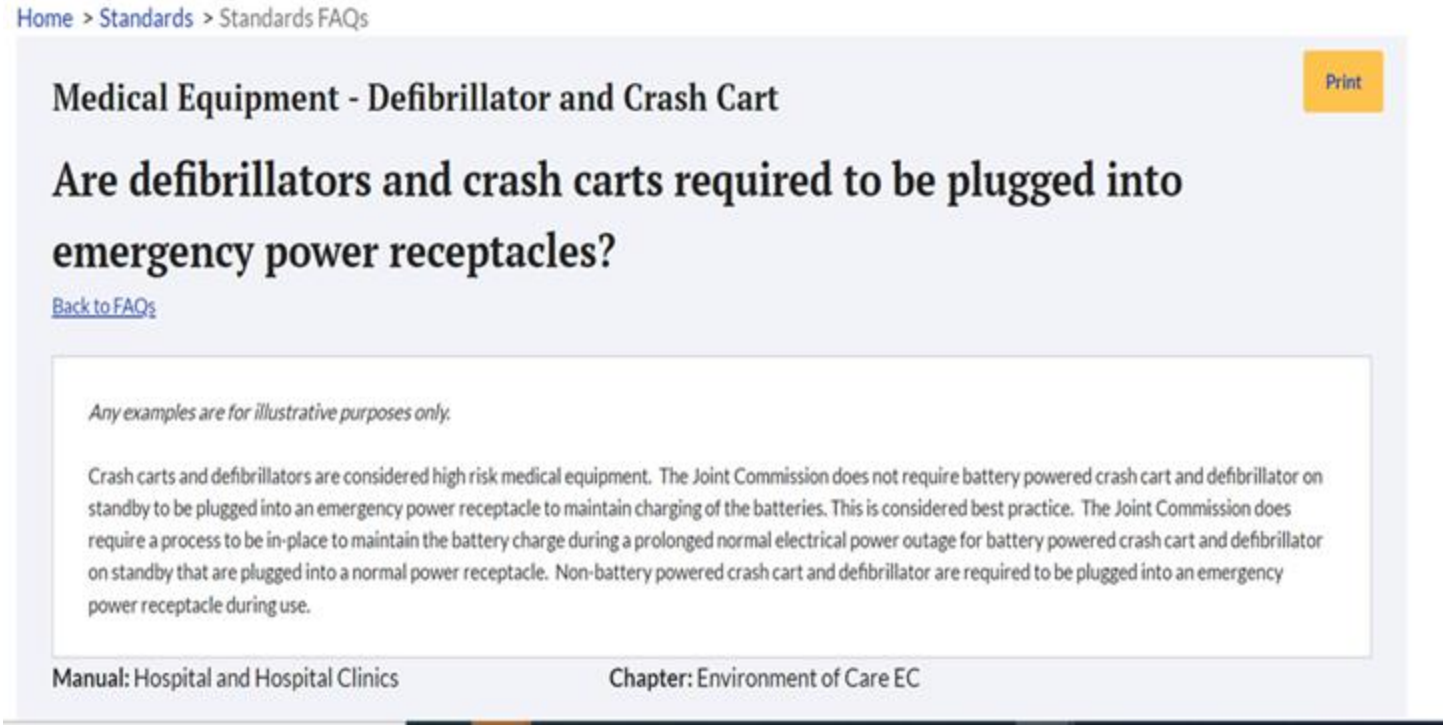
Joint Commission - Standards Online Submission Form

https://www.jointcommission.org/standards/standard-faqs/


The Joint Commission
Standards Online Submission Form
Please consider reviewing the Standards Interpretation FAQs page prior to submitting a question. If you are Joint Commission accredited, click Login and then click "Joint Commission Connect". Then go to Resources and Tools, Standards Interpretation, and click on the online form link to submit your question. If you prefer to use this form, please complete Steps 1-3 below:
Joint Commission accredited? Yes No
Health Care Organization Information
Complete the three steps below. In Step 3, only health care organizations accredited/certified by The Joint Commission are included in the list. Step 3 is required if you selected Yes to the Joint Commission accredited question above.
Step 1. Select the state/territory:
Step 2. Select the city:
Step 3. Select the health care organization:
Select...
Required
If you DID NOT find the name of the health care organization from the list in Step 3 above or the state/city is incorrect, please select "No" to "Joint Commission accreditation?" and complete the information below the question. If you are in the process of applying for accreditation, please select "Yes" to the "Are you in the process of becoming TJC accredited?" question and continue to fill out the rest of the information below:
Prefix
First Name
Last Name
Title
Professional Credentials
Phone
Phone Extension
Only
E-Mail Address
Please respond to my Question via: Email Phone
Questions
Select Accreditation/Certification Manual or Health Care Setting
Select the appropriate chapter/topic. (Must select manual or setting first)
Enter Subject (Include standard if known. Limited to 80 characters)
Please enter your question below. (Limited to 4000 characters)
Please submit only questions that apply to the associated Manual/Chapter in each form. You may select "Submit & Add New Question" for questions regarding an unrelated topic. Your contact information above questions will be prepopulated on the form for these additional submissions.
A Question is Required.
Submit Question
Submit & Add New Question

THE JOINT COMMISSION SURVEY:

FAQS



Home > Standards > Standards FAQs

Print

Medical Equipment - Defibrillator and Crash Cart

Are defibrillators and crash carts required to be plugged into emergency power receptacles?

Back to FAQs

Any examples are for illustrative purposes only.

Crash carts and defibrillators are considered high risk medical equipment. The Joint Commission does not require battery powered crash cart and defibrillator on standby to be plugged into an emergency power receptacle to maintain charging of the batteries. This is considered best practice. The Joint Commission does require a process to be in-place to maintain the battery charge during a prolonged normal electrical power outage for battery powered crash cart and defibrillator on standby that are plugged into a normal power receptacle. Non-battery powered crash cart and defibrillator are required to be plugged into an emergency power receptacle during use.

Manual: Hospital and Hospital Clinics **Chapter:** Environment of Care EC

"What is the requirement for safety, operational and functional checks to be performed on equipment?

Prior to initial use and following any major repair or upgrade to a fixed or portable medical device an electrical safety test is performed in accordance with NFPA 99 - 2012: 10.3 Testing Requirements. Additionally, an operational or functional test is performed to ensure that the device performs as per manufacturer specifications, in accordance with test procedures in the manufacturer's instructions for use.

Any equipment transported between sites should be tested to ensure that the device the electrical safety and proper operation has not been compromised while in transit.

Reference

EC.02.04.03

NFPA 99 -2012: Chapter 10 Electrical Equipment"

There are other FAQs pertaining to - defibrillators and crash carts being plugged into emergency power receptacles; blanket temperature risk assessment; inventory/high risk equipment/maintenance, etc.

If you cannot find an answer to your question, you can contact the Standards Interpretation Group (SIG) to clarify a standard or answer a question related to the standard/survey. This can be done by completing the "Standards Online Submission Form."

AAMI

- AAMI has archives of FAQs answered by the Joint Commission staff on their website about different issues and questions related to medical equipment management.

- These questions pertain to competency of Biomedical Equipment Technicians (BMETs), 100% preventive maintenance (PM) completion requirement, keeping up with PM inspections during the pandemic, etc.

- Additionally, the video of the Joint Commission presentation at the AAMI is also available.

ENVIRONMENT OF CARE (EC) NEWS

- EC News is a monthly **official** publication of the Joint Commission.
- Provides advice on Joint Commission environment of care (EC), emergency management (EM), and life safety (LS) standards.
- Allows the biomedical/clinical engineers, facility managers and related accreditation compliance professionals and others to keep up with the **changes** and **latest developments** in these areas.
- Articles from the Joint Commission's Department of Engineering providing insights into standards and elements of performance (EPs).

The Joint Commission

February 2024 Volume 27 Issue 2

EC News

ENVIRONMENT OF CARE® | LIFE SAFETY | SUSTAINABLE HEALTHCARE

AMERICAN COLLEGE OF CLINICAL ENGINEERING (ACCE)

- ACCE offers webinars on Joint Commission standards and survey preparation from Joint Commission staff.

- The slides and recording of previous webinars are available on the ACCE website

https://accenet.org/resources/Pages/Webinars.aspx

Webinars

On this page:

ACCE Webinars

ACCE 2024-2025 Educational Webinar series, session#7: Right to Repair: Current status in the US and Canada- PRESENTATION SLIDES
View Webinar | Nathan Proctor, Binseng Wang, Kevin Taylor | File Size: 2.83 MB | File Type: pdf | Date: 13 March 2025

ACCE 2024-2025 Educational Webinar session6: The Joint Commission Updates - 2025 - PRESENTATION SLIDES
Login to your member's account to view/download the presentation slides
View Webinar | Herman McKenzie | File Size: 1.2 MB | File Type: pdf | Date: 13 February 2025

Quality Management (QM) / Compliance Department of Hospital

- The hospital's Quality Management/ Compliance Department is **responsible for monitoring and updating policies and procedures related to regulatory changes**.

- They can help answer questions related to Joint Commission standards or survey processes.

MOCK SURVEYS

- Mock Surveys can help you get ready for the Joint Commission accreditation surveys.

- There are many organizations including Joint Commission Resources that offer these services.

UPDATED: CMS Validation Survey Process

Recently, the US Centers for Medicare & Medicaid Services (CMS) announced that its validation survey process for evaluating accrediting organizations (AOs) will be done by directly observing the AO survey team during triennial deemed status surveys. This new process applies to the following Joint Commission deemed programs **beginning October 1, 2023**:

- **Ambulatory surgery centers**
- **Critical access hospital**
- **Home health**
- **Hospice**
- **Hospital**
- **Psychiatric hospital**

Historically, state agencies conducted "look back" validation surveys within 60 calendar days following AO surveys. Moving forward, CMS contracted with two national organizations to conduct validation surveys, sending their surveyor(s) to directly observe the AO surveyor(s). The new approach is designed to prevent the need for a separate survey of the health care organization, and to focus on evaluating The Joint Commission's ability to assess compliance with the Conditions of Participation. CMS expects to do fewer of these direct observation validation surveys compared to the previous historical validation surveys.

The national contracted organizations will send the same number of surveyors as the Joint Commission survey team to ensure that each Joint Commission surveyor is observed throughout the triennial deemed survey. The CMS–contracted surveyors **will not** conduct a separate survey or issue a CMS 2567 survey report. All survey findings will be identified by the Joint Commission survey team and captured in the Joint Commission survey report, and health care organizations will respond to The Joint Commission for any identified findings.

Joint Commission Perspectives®, November 2023, Volume 43, Issue 11

QUESTIONS