

BARNES-JEWISH HOSPITAL

Department of Facilities Engineering

THE JOINT COMMISSION
2013 Tri-Annual Survey

Overview

- ▶ This report pertains to an investigation by the Joint Commission of the Barnes–Jewish Hospital licensed operations completed during February 12, 2013 – February 14, 2013.
- ▶ The accreditation inspection included the BJH Hospital facility only.

Life Safety Specialist, Greg Cochran

- ▶ Friendly
- ▶ Energetic
- ▶ Informative
- ▶ Congenial
- ▶ Greg was the most informative Life Safety Specialist I have had the pleasure of working with. He explained the reasons and the options available to complete and track the required inspections.

Accreditation Survey

- ▶ The Accreditation event started on a black-out Tuesday (February 12, 2013), meaning the hospital had requested this week as a “no survey” week. However, cancellation of a East Coast hospital Inspection due to inclement weather resulted in Barnes-Jewish Hospital being selected for this week.

Survey Schedule

Day 1: Document Review (9:00 A.M –1:30 P.M.)

- ▶ Document Review
 - Greg reviewed our documents for approximately five hours (preventive maintenance records, testing logs, etc.) and placed emphasis on the Life Safety Specialist's preference for the document review presentation.
 - Facilities Engineering had previously implemented several of the recommended changes (i.e. a spreadsheet/cheat sheet indicating the scheduled and completion dates of PMs to expedite identifying missed dates and inspections).
 - It was discovered during the review that we had an issue with the 30% requirement for generators (one time). We performed an annual test to verify the operational reliability of the generator that was not completed correctly.

Survey Schedule

Day 1: 2:00 P.M. – 6:00 P.M.

- ▶ Building Tours

- The building tour inspection began on the South end of the campus with the roof of the West Pavilion (generator location) and proceeded down to the basement. We completed the majority of the south campus, 1.5 million sq. feet.
- All of the generators on the south were inspected during Day 1.
 - Queeny Tower
 - East Pavilion
 - West Pavilion

Survey Schedule

Day 1: 2:00 P.M. – 6:00 P.M.

- Every fire door and fire wall was inspected for approximately the first 10 floors. The fire wall inspection went very well. The wall inspections were greatly reduced and eventually discontinued. We were informed that we had a very good process and he felt he was wasting valuable time. Due to issues identified with the door hardware and function, he continued to survey every door.
- Sprinkler systems were inspected for functionality and piping inspected for indication of debris build-up. Several issues were identified pertaining to stratified dust around the air vents and the sprinklers.

Survey Schedule

Day 2: 7:00 A.M. – 2:30 P.M.

- The Day 2 tour started in the South Kitchen spaces. No issues were reported.
- Traveled to the North campus CAM penthouse roof area and inspected the generator systems.
- Proceeded through the North campus Shoenberg building and inspected every patient division for;
 - DOORS – Operation and Design
 - EXITING – Signage and Access/Egress Issues
 - STORAGE– Inside Patient Rooms and Closets
- The tour concluded at 12:30 P.M. on Division 3200 of North campus.
- At 3:00 P.M. Life Safety Specialist Greg Cochran reported to the General JCAHO Committee his findings. He was very complimentary of our processes and felt the hospital is doing a good job of maintaining and tracking the Life Safety critical and equipment and processes. This completed the Life Safety portion of the inspection.

BJH Direct Impact Findings (45 Days to Complete)

- ▶ Utility Systems Management
 - **EC 02.05.05–EP4 Infection Control**

(4) The hospital inspects, tests, and maintains the following infection control utility systems components and the inventory. These activities are documented.
 - **BJH Deficiency**

During the document review and discussion with BJH staff, it was discovered that there was no documentation of air exchange rates in relationships between the CSPD and OR suites.
 - **Corrective Action**

This deficiency was corrected by developing a process to perform a smoke test at the doors of the clean and dirty entrances of the CSPD and documenting the results daily. Identification of all locations with a mix of dirty and clean processes in the same location is required, applying the same process. Facilities Engineering is currently developing an automated process for tracking and trending pressure relationships.

BJH Direct Impact Findings (*continued*)

- ▶ Utility Systems Management

- **EC 02.05.07–EP5 Emergency Generator Tests**

The emergency generator tests are conducted with a dynamic load that is at least 30% of the name plate rating of the generator or meets the manufacturer's recommended prime movers exhaust gas temperature. If the hospital does not meet the 30% of name plate rating or the recommended exhaust gas temperature during any testing of EC 02.02.07–EP5 then it must test each emergency generator every 12 months using supplemental dynamic or static loads of 25% of name plate for 30 minutes followed by 30 minutes of 50% name plate followed by 75% of name plate for 60 minutes for a continuous period of two hours.

BJH Direct Impact Findings

- ▶ Utility Systems Management
 - EC 02.05.07–EP5 Emergency Generator Tests (continued)**
 - **BJH Deficiency**

During document review it was observed that generators 7 and 8 had not made the 30% of minimum load at least once in the previous 12 months. The test was completed by Facilities Engineering for compliance; however, it was not completed in the correct sequence.

Requirements: 25% for 30 minutes
 50% for 30 minutes
 75% for 1 hour

FE Results: 25% for 30 minutes
 50% for 30 minutes
 75% for 1 hour

BJH Indirect Impact Findings (continued)

- ▶ Utility Systems Management
 - **LS 02.01.10–EP5 Door Latch**

Building and fire protection features designed and maintained to minimize the effects of fire and smoke. Doors are required to have functioning hardware including positive latching devices and self-closing or automatic closing devices. Gaps between meeting edges of door pairs are no more than 1 / 8 of an inch wide, and undercuts are no larger than ¼ of an inch.
 - **BJH Deficiency**

During the building tour, four doors were identified and found to have issues with the latching mechanisms on floors 11, 10, 9, and 8.
 - **Corrective Action**

All issues were corrected on the same day identified.

BJH Indirect Impact Findings (continued)

- ▶ Utility Systems Management

- **LS 02.05.35–EP5 Corroded Sprinkler Heads**

- The hospital provides and maintains systems for extinguishing fires. Sprinkler heads are not damaged and are free from corrosion, foreign materials, and paint.

- **BJH Deficiency**

- On the 14th floor West Pavilion two heads had dust build-up on the heat collector near an air discharge vent. Also observed was what appeared to be corrosion and discoloration on the outside of the heads.

- **Corrective Action**

- All issues have been corrected. A total of six heads were removed and sent to the manufacturer for identification of the discoloration on the head bodies. The heads tested positive for chlorines but no iron deposit which was an indication that the discoloration was a result of installation not corrosion. All heads were replaced on the floor and an annual PM was created to inspect the heads for cleanliness.