ACCE
AMERICAN COLLEGE OF CLINICAL ENGINEERING

2024-2025 Educational Webinar Series

The Joint Commission – 2025

February 13, 2025

Speaker:

Herman McKenzie, MBA, CHSP

The Joint Commission

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About the moderator

Binseng Wang, ScD, CCE

- Binseng Wang is Vice President, Program Management with Sodexo HTM, an independent service organization
- Previously, Dr. Wang was Director, Quality & Regulatory Affairs for Greenwood Marketing, LLC, as well as Vice President, Quality & Regulatory Affairs, for Sundance Enterprises, Aramark Healthcare Technologies, and MEDIQ/PRN.
- He also worked as a Visiting Scientist at NIH and an Adjunct Professor at the Milwaukee School of Engineering.
- He is a fellow of ACCE and AIMBE. He received the 2010 AAMI CE Achievement Award, the 2015 ACCE Lifetime Achievement Award, and the 2019 AAMI-TRIMEDX Iconoclast Award, and was inducted into the Clinical Engineering Hall of Fame by ACCE in 2017.
- He earned a Doctor of Science (ScD) degree from MIT and is a Certified Clinical Engineer (CCE).

Logistics

- All attendees have their microphones muted during the presentation.
- Questions to the panelists must be submitted via the "Q&A" feature in Zoom at any time. They will be addressed at the Q&A portion.
- If there is any urgent issue, please use the "chat" feature to communicate with the host/moderator.
- Please remember to complete the webinar evaluation after attending. A link will be provided at the end.

About the speaker

Herman A. McKenzie, MBA, CHSP

The Joint Commission

- Herman McKenzie is currently the Director, Department of Engineering in the Standards Interpretation Group at The Joint Commission. In this role, he leads the standards interpretation and customer support activities relative to the Life Safety and Environment of Care standards. Mr. McKenzie also manages all activities associated with the daily operations of the Engineering department, provides standards interpretation and education to The Joint Commission's Surveyors and accredited organizations, reviews equivalency requests and survey reports, conducts surveys and Intracycle Monitoring conference calls, serves as faculty for educational programs, and is a speaker for national, regional, state, and local audiences.
- Mr. McKenzie has more than 30 years of experience in health care having held managerial and directorial roles in clinical engineering, plant operations and facilities services in the Chicago area. He was part of the team that opened the first new hospital in Illinois in over 25 years.
- Mr. McKenzie is the past President of the Healthcare Engineers Society of Northern Illinois (HESNI) and is a member of the American Society for Healthcare Engineering (ASHE).
- Mr. McKenzie earned his Master of Business Administration from Governors State University, University Park, Illinois, and his Bachelor of Science degree in Electronics Management from Southern Illinois University, Carbondale, Illinois. He is also a Certified Healthcare Safety Professional (CHSP).

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Topics / Learning Objectives

- TJC Expectations
- Top Scored Deficiencies
- Compliance Questions / Be In The Know

Accreditation Expectations

TJC Survey Preparation

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The Joint Commission - Expectations

- The Joint Commission is an Accrediting Organization (AO)
- Accredited organizations are expected to review and know the accreditation requirements
- Develop and comply with all required policies and procedures

Document Review Checklist

STANDARD - EPs	See Legend C	NC	NA	IOU	Document / Requirement	Frequency	Yes	No / Missing Date
EC.02.04.03					Medical equipment inspection, testing and maintenance			
EP 2					All high-risk equipment. Note 1: High-risk equipment includes medical equipment for which there is a risk of serious injury or even death to a patient or staff member should it fail, which includes life-support equipment. Note 2: Required activities and associated frequencies for maintaining, inspecting, and testing of medical equipment completed in accordance with manufacturers' recommendations must have a 100% completion rate. Note 3: Scheduled maintenance activities for high-risk medical equipment in an alternative equipment maintenance (AEM) program inventory must have a 100% completion rate. AEM frequency is determined by the hospital's AEM program.			
EP 3					Non-high-risk equipment identified on the medical equipment inventory Note: Scheduled maintenance activities for non-high-risk medical equipment in an alternative equipment maintenance (AEM) program inventory must have a 100% completion rate. AEM frequency is determined by the hospital's AEM program.			
EP 4					Conducts performance testing of and maintains all sterilizers			
EP 10					All occupancies containing hyperbaric facilities comply with construction, equipment, administration, and maintenance requirements of NFPA 99-2012: Chapter 14.			
COMMENTS:								

The Joint Commission - Expectations

- Management plan | Inventory | Any/all historical records including alerts, recalls and corrective actions
- Follow the guidelines in the standards
- Follow any related NFPA code requirements or CMS directives

Top Scored Medical Equipment Deficiencies

Examining Risk and Scope

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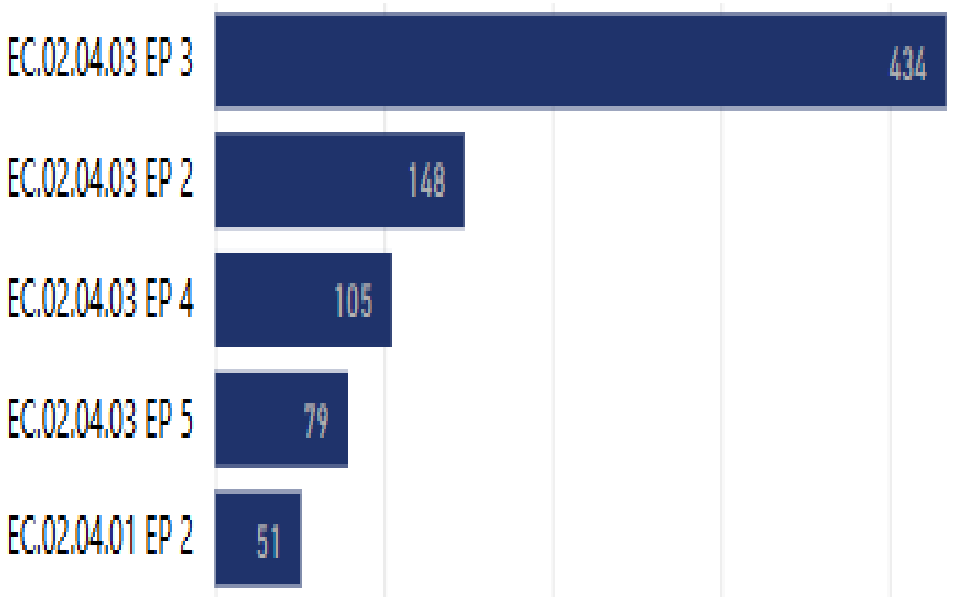
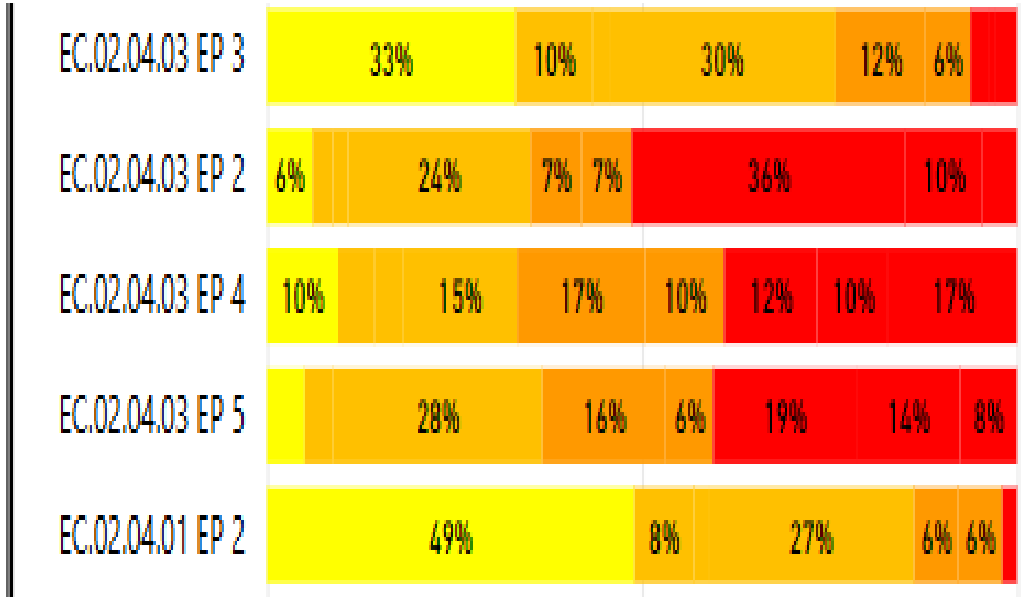
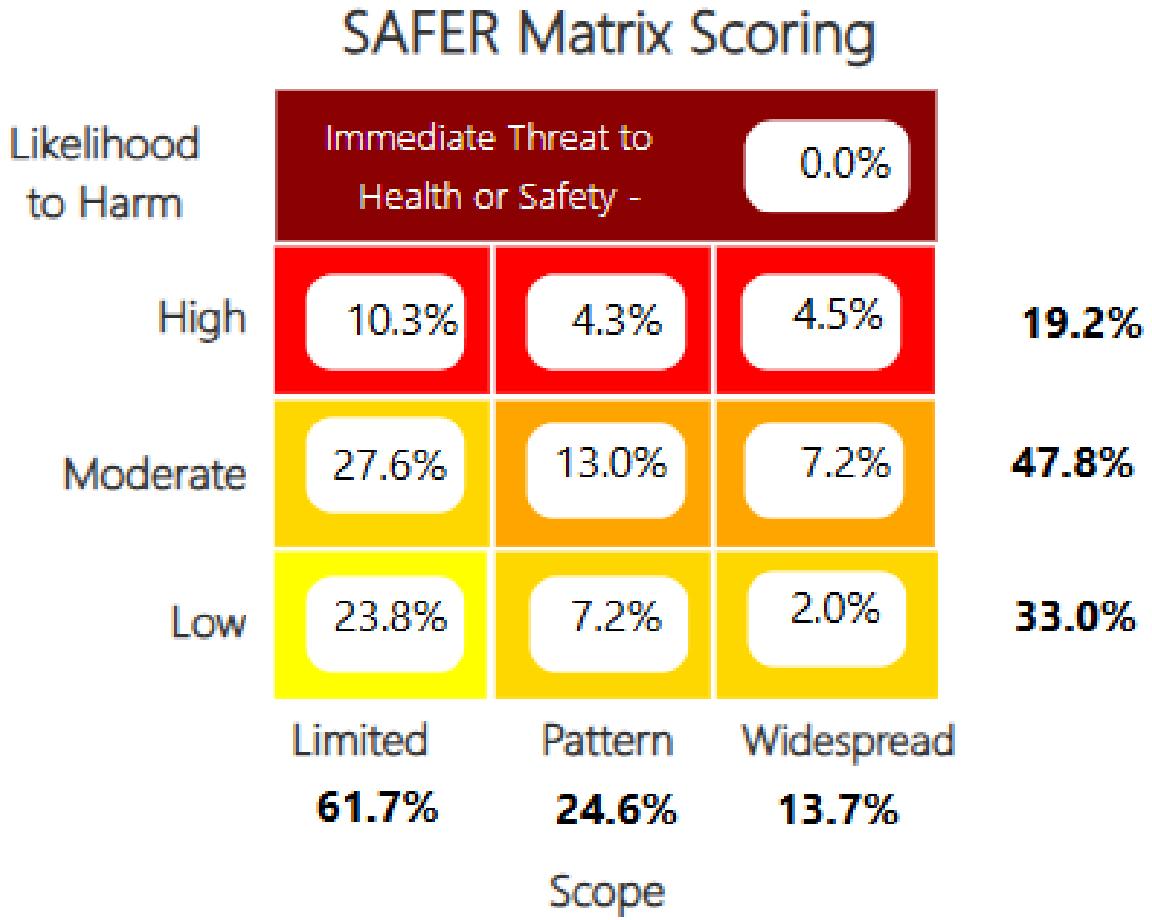
Top Medical Equipment Observations Jan – Dec 2024





Safer Matrix Distribution



Top Scoring – Risk #3 :EC 02.04.03 EP 4

The hospital conducts performance testing of and maintains all sterilizers. These activities are documented.

- Observed in Document Review. Only two of the last four quarterly sterilizer preventive maintenance inspections were conducted. This was confirmed by the ASC Manager.
  - Note: Many high-risk sterilizer observations occurred in ambulatory sites.

Top Scoring – Risk #2 :EC 02.04.03 EP 5

The hospital performs equipment maintenance and chemical and biological testing of water used in hemodialysis. These activities are documented.

- Observed in Record Review. During 2023, the hospital missed conducting annually scheduled maintenance on all of its six dialysis machines and all of its seven reverse osmosis machines.

Top Scoring – Risk #1 :EC 02.04.03 EP 2

The hospital inspects, tests, and maintains all high-risk equipment. These activities are documented.
Note 1: High-risk equipment includes medical equipment for which there is a risk of serious injury or even death to a patient or staff member should it fail, which includes life-support equipment.
Note 2: Required activities and associated frequencies for maintaining, inspecting, and testing of medical equipment must have a 100% completion rate.

Top Scoring – Risk #1 :EC 02.04.03 EP 2 continued

- Observed in Building Tour. In Cardiovascular Operating Room 10 (OR 10) pump room, a Drager 19 Isoflurane Anesthetic Vaporizer and an unknown Anesthetic liquid Vaporizer was observed with decommission or removed from service with years 2016 and 2017 on data presented during the survey process. During the survey process the vaporizers specific to the Heart-Lung bypass machines were observed "in use" and mounted to the unit prepared for patient use.

Top Scoring – Risk #1 :EC 02.04.03 EP 2 continued

- Multiple locations and units were observed with PM documentation that did not indicate values of testing outputs at each setpoint that the manufacturer requires for testing of the various types of vaporizers for various types of liquid anesthetic liquids related to but not limited to isoflurane, desflurane, and sevoflurane.

Top Scoring – Risk # 1 :EC 02.04.03 EP 2 continued

- Various operating rooms and multiple locations were observed using multiple types and manufacturers of liquid anesthetic vaporizers that did not have current PMs completed. The documents presented during survey had "could not locate" and other status values that supported that PMs were not completed. The Director of BioMed confirmed the observation.

  - Note: Having a policy on equipment that cannot be located is not enough, there must be compliance

Compliance Questions / Topics

Be In The Know

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Compliance Questions – HTM in Home Care

- **Question** - The 2025 CAMH states "… hospitals issuing durable medical equipment to patients will be required to maintain compliance with certain standards in the home care accreditation manual as well as the CAMH)." Can you please elaborate, as few HTM professionals are familiar with the home care accreditation manual (CAMHC). In particular, are there any standards that applies to HTM (similar to EC.02.04.01 and 03 and EC.04.02.02, 03 and 05

Compliance Questions – HTM in Home Care

- **Response -**

- Yes, the Home Care manual does contain requirements for medical equipment
- These are listed as EQ (equipment) and not EC
- There are five standard with corresponding elements of performance
- Please review the accreditation manual for details

Compliance Questions – IC Changes

- **Question -** What motivated TJC to mandate adherence to IFUs issued by the device manufacturers?

- **Response** – With the reformat of the Infection Control chapter there may appear to be more attention, but this has always been a requirement. We are working on making sure IC issues are not conflated with EC issues.

Compliance Questions – IC Changes, continued

- **Question -** Some of the IFUs are outdated and the recommended chemicals are no longer available or suitable for medical equipment (e.g., bleach, which is recommended by CDC for noncritical patient care equipment). What should hospitals do in such situations?
- **Response** – If a recommended chemical is no longer available organizations need to contact the manufacturer for a suitable replacement. Documentation of the approved substitute should be kept on hand.

Compliance Questions – AAMI EQ-103 (AEM)

- **Question -** AAMI released recently the standard "EQ103 - Alternate equipment management (AEM) in healthcare delivery organizations (HDOs)." Have you read it and would you recommend the hospitals accredited by TJC to follow it? In particular, are you:

- a. satisfied with the recommendations on risk assessment for the inclusion of equipment into AEM?

Compliance Questions – AAMI EQ-103 (AEM)

- **Question, continued -**

- b. satisfied with the recommended process to evaluate the AEM for safety and effectiveness as required by CMS?

- c. aware of other federal, state or local regulatory requirements that prevent the inclusion of certain medical equipment into AEM?

Compliance Questions – AAMI EQ-103 (AEM)

- **Response -**
- a. I have not reviewed the document. I have asked for a copy
- b. Cannot comment on the process since I have not reviewed
- c. I am aware of equipment that is prohibited from being included in an AEM.

CMS Survey & Certification Letter 14-07

- **S&C 12-07-Hospital Superseded**: We are updating previously provided guidance to clarify:

  - Hospital facilities, supplies and equipment must be maintained to ensure an acceptable level of safety and quality.
  - A hospital may adjust its maintenance, inspection, and testing frequency and activities for facility and medical equipment from what is recommended by the manufacturer, based on a risk-based assessment by qualified personnel, unless:

CMS AEM Directive

- Other Federal or state law; or hospital Conditions of Participation (CoPs) require adherence to manufacturer's recommendations and/or set specific requirements. For example, all imaging/radiologic equipment must be maintained per manufacturer's recommendations; or
- The equipment is a medical laser device; or
- New equipment without a sufficient amount of maintenance history has been acquired.

CMS AEM Directive

- Hospitals electing to adjust facility or medical equipment maintenance must develop policies and procedures and maintain documentation supporting their Alternate Equipment Management (AEM) program. They must adhere strictly to the AEM activities and/or frequencies they establish.

Questions?

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Questions & Discussions

Enter your questions to the Q&A window

Thank You

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