

2023-2024 Educational Webinar Series

The Joint Commission – 2024

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Speaker:

Herman McKenzie, MBA, CHSP



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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

- Herman McKenzie is currently the Director, 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).

Topics / Learning Objectives

- Alternate Equipment Maintenance (AEM)
- Evaluating Preventive Maintenance Compliance
- Cybersecurity

AEMs – Accreditation Manual Changes / Why?

- AEM requirements are not code based but rooted in a prior Survey & Certification memo from CMS
- Sentiment that TJC elements of performance did not completely align with S&C memo

AEMs – Accreditation Manual Changes

- TJC examined options:
 - Change EPs | Remove AEMs altogether
- Decision to keep AEMs but align with TJC's goal of reducing requirements that are not CoP based
- AEMs elements of performance removed from the accreditation manual

AEMs – Accreditation Manual Changes

The AEM and manufacturer’s recommendations language was removed from the following EPs:

EC.02.04.01 EP 4 revised and EPs 5-7 deleted

EC.02.04.03 EPs 2, 3 revised

EC.02.05.01 EP 5 revised and EPs 6-8 deleted

EC.02.05.05 EPs 4-6 revised

AEMs – Accreditation Manual Changes

- These revisions were made to clarify that maintenance of **medical and utilities equipment** must be performed, but it is up to the hospital to determine how it will perform that maintenance.
- CMS requested that when hospitals use alternative equipment maintenance strategies/activities, we survey to their (CMS) established requirements for an AEM program included in the Interpretive Guidelines (IGs).
- As a result, content was added to the SAG.

AEMs – Accreditation Manual Changes

- Critical Access Hospital (CAH) manual effective August 2023
- Hospital Accreditation Program (HAP) manual effective January 2024
- What does this mean?
 - Compliance requirements for AEM will not change
- Where do organizations go for reference?

AEMs – Accreditation Manual Changes

- The documentation review checklist in the survey activity guide (SAG) has been updated to reflect the EC.02.04.01, EC.02.04.03, EC.02.05.01, and EC.02.05.05 changes.
- The updated documentation review checklist refers you to the SAG to evaluate the specific requirements for an AEM program
- Critical Access Hospital (CAH) manual effective August 2023
- Hospital Accreditation Program (HAP) manual effective January 2024

AEMs - Question from the field

Question

- AEM Evaluation for Safety and Effectiveness: Section E of CMS S&C 14-07 calls for policies and procedures for evaluating the safety and effectiveness of the AEM program. Nowhere in the EC standards this requirement is made by TJC (actually this has been the case for several years now). Is such evaluation not necessary? If necessary, what does TJC expect the hospital to do?

AEMs - Question from the field, continued

Response

- TJC felt the EPs captured the major concepts and elements of the S&C letter
 - EC 01.01.01 EP 8 – Medical equipment management plan
 - EC 02.04.01 EP 4 – Note referencing AAMI guidance for AEM
 - EC 04.01.01 EPs 1 & 10A – Evaluation of medical issues
- Guidance provided in survey activity guide

Preventive Maintenance – Completion Rates

- There is a note for EC 02.04.03 EP 2 (high-risk equipment), that indicates PM activities are expected to be completed at a rate of 100%
- There is no such note for EC 02.04.03 EP 3 (non-high-risk equipment). The lack of a similar note infers that a completion rate of less than 100% is acceptable.
- Is this an accurate assumption? **No**

Preventive Maintenance – Completion Rates

- Circa 2017, TJC included a note under EC 02.04.03 EP 3 that a 90% completion rate was acceptable. TJC was directed to remove this note as the expectation is for all activities scheduled for the month to be completed.
- A request has been submitted to include the same note for non-high-risk equipment.

PM Completion Rates – Questions from the field

Question(s)

- Many manufactures are backlogged regarding providing parts required for preventive maintenance. Is this circumstance an acceptable criteria to defer PMs?
- Can the corresponding PM completion rate be considered “complete/compliant” analogous to the case of PMs that are deferred because the equipment was in patient use and cannot be safely disconnected (e.g., ventilators)?

PM Completion Rates – Questions from the field

Response

- Need to evaluate case by case
 - Is this a regional/national issue
 - Has the manufacturer communicated with the field
 - Assuming parts shortage ends, how long past due is/was PM completed
 - Does org have a process for addressing this issue
- Organizations would be expected to demonstrate completion of any/all tasks possible minus the component that cannot be obtained. The issues above should also have been adequately addressed.

PM Completion Rates – Questions from the field

Question

- PM completion vs compliance: The AAMI PM guide (<https://array.aami.org/content/news/new-htm-guidance-covers-compliance-and-recognition-board-room>) defines PM compliant as "... PMs that were managed properly per the organization's internal policies and procedures. While the PM may not have been completed ..." Is this term acceptable to TJC (and CMS), since only the term "completion" is found in the EC standards and "performed" is found in CMS S&C 14-07.

PM Completion Rates – Questions from the field

Response

- The terminology of completed versus compliant is more appropriately used as an internal HTM management category.
- TJC surveyors are provided guidance on evaluating compliance with scheduled maintenance tasks and the operational circumstances that affect outcomes these include
 - Equipment in use
 - Equipment that cannot be located
 - Other, non-defined

PM Completion Rates – Questions from the field

Response

- Organizations must have a defined process to address these circumstances. The process should have the input of the department maintaining the devices as well as the user departments.
 - Efforts to locate equipment (Equipment Not Found) need to be documented and available for evaluation. Examples include:
 - Following up with using/owning departments.
 - Comprehensive list of affected devices
 - Process to inspect/test prior to being put back into use when not located at the time its preventive maintenance was due.

PM Completion Rates – Questions from the field

Question

- Is TJC's guidance regarding time frame intervals for the completion of tasks and functions still applicable. There was a concern that the explanatory information at the beginning of the Environment of Care chapter would be removed.

Response

- The guidance (#2) contained in the section, “Other Issues for Consideration” is still valid

Cybersecurity – Questions from the field

Question

- The 2024 edition of CAMH has no new accreditation requirements related to cybersecurity. Is TJC planning to issue additional standards or guidance other than the requirements in the Information Management (IM) chapter: IM.02.01.03?

Response

- TJC is continuing to review research and literature and stay up-to-date with proposed legislation, but no standards are being developed at this time.

Questions & Discussions

Enter your
questions
to the Q&A
window

Thank You

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