manage risk and save lives by intentionally focusing on the “critical few” elements of performance (EPs). Risk-related standards (the minimum subset required for a Full FSA submission) appear with the risk icon in the FSA tool for all programs. The risk icon also appears with standards in the 2012 Update 2 to the accreditation manuals, E-dition®, and Accreditation Manager Plus® for all programs (except long term care).

Program-specific lists of the 2013 standards are now available on the extranet. Organizations may use these lists immediately to help prioritize current standards self-assessment activity. The risk-related standards for each accreditation program include the following:

- All National Patient Safety Goals (NPSGs)
- Standards related to accreditation program–specific risk areas identified by The Joint Commission
- Select direct and indirect impact standards
- Standards listed as requirements for improvement from an organization’s survey events conducted during the current triennial or biennial accreditation cycle

Organizations will have the option of reviewing either all or just the risk-related standards in the FSA tool.

A Note About Timing

On November 11, 2012, the PPR view on the extranet will change to the FSA view. Organizations with 2012 PPR submission due dates between November 12, 2012, and December 31, 2012, will receive a 2012 PPR submission extension to February 11, 2013. This submission extension allows organizations to become familiar with the FSA tool and submit the Full FSA—again, this will include a minimum subset of risk-icon standards instead of the current Full PPR requirement that must address all standards.

Organizations with 2013 FSA submission due dates between January 1, 2013, and February 10, 2013, will also receive a submission extension to February 11, 2013. The extension gives organizations time to review any changes to the FSA tool that are a result of the revised standards effective January 1, 2013, appearing in the 2012 Update 2 to the accreditation manuals.

Questions about the new ICM process may be directed to intracycle@jointcommission.org. Information about ongoing developments to intracycle monitoring will be communicated through Perspectives, Joint Commission Online, and the organization’s extranet site.

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Super Suites

Special Space Designation Presents Fire Safety Advantages for Health Care Organizations

The Joint Commission has identified the need to increase the field’s awareness and understanding of the Life Safety Code®. To address this need, The Joint Commission Perspectives® publishes the column Clarifications and Expectations, authored by George Mills, MBA, FASHE, CEM, CHFM, CHSP, director, Department of Engineering, The Joint Commission. This column clarifies standards expectations and provides strategies for challenging compliance issues, primarily in life safety and the environment of care. You may wish to share the ideas and strategies in this column with your facilities’ leadership.

Fire safety codes and standards for a typical nursing unit restrict corridor storage and require patient room doors to latch and resist the passage of smoke. They also require that the corridors be kept clear and unobstructed. However, certain clinical functions need open areas that do not restrict movement or storage but instead permit easy access to...
Super Suites (continued)
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According to The Joint Commission’s “Life Safety” chapter, Life Safety Code drawings must clearly display the following information:

- A legend that clearly identifies features of fire safety (for example, fire extinguishers, exit signs)
- Areas of the building that are fully sprinklered (if the building is partially sprinklered)
- Locations of all hazardous storage areas
- Locations of all fire-rated barriers
- Locations of all smoke barriers
- Suite boundaries, including the sizes of the identified suites—both sleeping (maximum 5,000 square feet) and nonsleeping (maximum 10,000 square feet) suites
- Locations of designated smoke compartments
- Locations of chutes and shafts
- Any approved equivalencies or waivers

What to Include in Life Safety Code Drawings

patients, equipment, and supplies. The Life Safety Code does allow for certain areas to have a group of rooms function as one large room. These areas are referred to as suites and can be designated as either sleeping suites (as in intensive care units) or non-sleeping suites (as in emergency departments). The area in a suite is treated as a single space. Therefore, there is no corridor to keep clear, there are no corridor door requirements, and some items can be stored outside the patient care room. The boundaries of the suite separate the function of the suite from other occupied spaces. These differing requirements can present distinct advantages.

Non-Sprinklered vs. Sprinklered Suites

If a suite is part of a smoke compartment that is not protected with an approved automatic sprinkler system, the barrier separation of the suite must meet the same requirements as a corridor wall in a non-sprinklered compartment. That is, the barrier separation must meet the following requirements:

- Be 30-minute fire rated
- Extend from the floor slab to the underside of the floor or roof deck above and from one outside wall to the other
- Limit the transfer of smoke

In addition, the doors must be fire rated for 20 minutes. They should be substantial (for instance, at least 1¾ inch thick), with door undercuts that do not exceed 1 inch. If a door is a corridor door, it must latch and resist the passage of smoke.

Alternatively, in a fully sprinkler-protected smoke compartment, the boundaries providing separation between a suite and other occupied space must meet the same requirements as a corridor wall. The suite separation wall can be a nonrated partition and may terminate at a lay-in ceiling when the ceiling is constructed to limit the transfer of smoke. An alternative to terminating at the lay-in ceiling is to have partitions terminating at monolithic ceilings that resist the passage of smoke—if there is a smoke-tight joint between the top of the partition and the bottom of the ceiling.

The door in this barrier is a corridor door, so it must be substantial (for instance, at least 1¾ inch thick) if there are no sprinklers. If sprinklers are present, the door must only resist the passage of smoke. The space between the bottom of the door and the floor must not exceed 1 inch, and the door must latch, although it does not need to have an automatic or self-closing device.

Sleeping Suites

In a typical nursing unit (in other words, a unit that is not a suite), a patient sleeping room must have an exit access door leading directly to an exit access corridor. However, this direct access is not required for a suite. Instead, there can be one room intervening between the exit access door in a sleeping suite patient room and the exit access corridor. However, the travel distance from anywhere in the sleeping suite to the exit access door within that suite must be no greater than 100 feet. The total travel distance from any point in the suite cannot exceed the overall 150-foot travel distance to a required exit (200 feet if the suite is fully sprinkler protected or is new construction).

A suite must have at least two exits. These exits must be remote from one another so that if one becomes compromised, a second egress is available. One of these two must exit onto an exit corridor. The second exit may exit into an exit enclosure, such as a stairwell.

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1 NFPA 101-2000 18.3.6.2 and 19.3.6.2.1, Exception 1.

2 NFPA 101-2000 18/19.2.5.1.
3 NFPA 101-2000 18/19.2.5.1, Exception 3.
4 NFPA 101-2000 18/19.2.6.2.4.
5 NFPA 101-2000 18/19.2.6.2.2.
**Super Suites (continued)**

According to the 2000 edition of the *Life Safety Code*, sleeping suites must not exceed 5,000 square feet in size. Later editions of the *Life Safety Code* allow them to be up to 7,500 square feet, provided that the area is protected by an approved automatic sprinkler system and meets the requirements for separation between the suite and the corridor. The 2012 edition of the *Life Safety Code* allows a size of up to 10,000 square feet for sleeping suites, with certain provisions. If the building complies with the requirements of later editions of the *Life Safety Code*, the suite may be eligible for a traditional equivalency (pending approval, including field verification from either a registered architect, a fire protection professional, or the local fire marshal responsible for the building’s fire safety).**

**More Suite Advantages**

Many believe that the greatest advantage of suites is that the 8-foot-wide space typically designated as an exit corridor is instead designated as an intervening room. This intervening room does not have the restrictions of a corridor. The doors in this space are not corridor doors, because the space is not a corridor. Those areas designated as hazardous, such as clean or soiled utility rooms, must have doors with self-closing and self-latching devices. Also, nonrated doors within the suite are not required to have positive latches or be smoke resistant. The intervening room can be treated as circulating space, which means that items can be placed in it as long as they do not block egress or create a hazard if there are too many combustibles in the defined space.

**Nonsleeping Suites**

Nonsleeping suites might be found in the surgical depart-

**See last month’s column for more details on submitting a traditional equivalency.**

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**Top Standards Compliance Issues for First Half of 2012 (continued)**

Continued from page 1

this information helpful in assessing their own compliance in these areas and planning any necessary improvement efforts. **Remember:** Surveyors review compliance with all standards in an accreditation or certification manual. This list is provided only to help organizations pinpoint potential trouble spots.

If you have questions about these requirements, please review the Standards Frequently Asked Questions at http://www.jointcommission.org/Standards/FAQs. Questions not addressed on this site may be directed to the Standards Interpretation Group through its online question form (http://www.jointcommission.org/Standards/OnlineQuestion Form) or by calling 630-792-5900. **

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