

2019

Environment of Care[®]

Essentials for Health Care

EMERGENCY MANAGEMENT
ENVIRONMENT OF CARE
EQUIPMENT MANAGEMENT
LIFE SAFETY

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Development Team

Senior Editor: Kailee Kremer

Project Manager: Heather Yang

Associate Director, Publications: Helen M. Fry, MA

Associate Director, Production: Johanna Harris

Executive Director, Global Publishing: Catherine Chopp Hinckley, MA, PhD

Reviewers

Joint Commission Division of Healthcare Improvement

Joseph V. Bellino, MS, CHPA, CHEM, Engineer, Standards Interpretation Group; Kenneth "Beau" Hebert Jr., MAOM, CHSP, CHEP, Engineer, Department of Engineering; Herman A. McKenzie, MBA, CHSP, Engineer, Department of Engineering; Kenneth A. Monroe, PE, MBA, CHC, PMP, former Director, Department of Engineering; John Raisch, Engineer, Department of Engineering

Joint Commission Division of Healthcare Quality Evaluation

Laura Smith, MA, Technical Project Director, Department of Standards and Survey Methods;

Lisa H. Wilson, MBA, BSN, RN, CEN, NE-BC, Clinical Project Director, Department of Standards and Survey Methods

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Introduction

The physical environment of a health care organization is known as the environment of care. It covers everything from emergency power to door latches to facility security. The environment of care includes the broad and diverse subareas addressed in the “Environment of Care” (EC) chapter of The Joint Commission *Comprehensive Accreditation Manuals* and their online E-dition® versions. It often includes the functions addressed in the “Life Safety” (LS) and “Emergency Management” (EM) chapters as well. Essentially, standards and elements of performance (EPs) related to risks in the physical environment appear in these three chapters of the accreditation manual. A fourth related chapter, “Equipment Management” (EQ), appears only in the home care manual.

Aim

This book is aimed at two major audiences: environment of care professionals, and vendors and contractors with whom they work. You may be addressing air quality issues in a hospital surgical suite, suicide prevention in a community mental health center, hazmat spills in an ambulatory clinic, workplace violence in a nursing care center, or safe oxygen use in a patient’s home. Many Joint Commission standards related to the physical environment are quite similar. *Environment of Care Essentials for Health Care* will allow you to easily identify where major differences occur.

Accreditation professionals charged with overseeing Joint Commission compliance, often less familiar with environmental issues than patient care issues, are a secondary audience. Reviewing the standards in this book with experienced facility managers can enhance the accreditation professional’s understanding of those concepts while, at the same time, increasing the facility managers’ familiarity with related accreditation standards. Facility managers, emergency managers, life safety experts, and equipment managers—especially those in charge of multiple facilities—have come to rely on *Environment of Care Essentials for Health Care*. They know they can use it to efficiently and effectively educate not only themselves but their staff, their organization leadership, and the vendors with whom they work. They know it will help them positively affect the safety of the physical environment and, in turn, the quality of care, treatment, and services their organization provides.

Elements

The physical environment is made up of three basic elements:

1. The building or space, including how it is arranged and special features that protect patients, visitors, and staff
2. Equipment used to support patient care or to safely operate the building or space
3. People, including those who work within the organization, patients, and anyone else who enters the environment, all of whom have roles in minimizing risks

Figure 1. A Sample Matrix Page

	AHC	BHC	CAH	HAP	LAB	NCC	OBS	OME
Elements of Performance for EC.02.01.01								
1. [AHC] The organization implements its process to identify safety and security risks associated with the environment of care that could affect patients, staff, and other people coming to the organization's facilities. Note: Risks are identified from internal sources such as ongoing monitoring of the environment, results of root cause analyses, results of proactive risk assessments of high-risk processes, and from credible external sources such as Sentinel Event Alerts. ⓘ	X	X	X	X	X	X	X	X
1. [BHC] The organization implements its process to identify safety and security risks associated with the environment of care that could affect individuals served, staff, and other people coming to the organization's facilities. Note: Risks are identified from internal sources such as ongoing monitoring of the environment, results of root cause analyses, results of proactive risk assessments of high-risk processes, and from credible external sources such as Sentinel Event Alerts. ⓘ ⓘ								
1. [CAH, HAP] The [organization] implements its process to identify safety and security risks associated with the environment of care that could affect patients, staff, and other people coming to the [organization's] facilities. Note: Risks are identified from internal sources such as ongoing monitoring of the environment, results of root cause analyses, results of proactive risk assessments of high-risk processes, and from credible external sources such as Sentinel Event Alerts. ⓘ ⓘ								
1. [LAB, OBS] The [organization] identifies safety and security risks associated with the environment of care that could affect patients, staff, and other people coming to the [organization's] facilities. Note: Risks are identified from internal sources such as ongoing monitoring of the environment, results of root cause analyses, results of proactive risk assessments of high-risk processes, and from credible external sources such as Sentinel Event Alerts.								
1. [NCC] The organization implements its process to identify safety and security risks associated with the environment of care that could affect patients, residents, staff, and other people coming to the organization's facilities. Note: Risks are identified from internal sources such as ongoing monitoring of the environment, results of root cause analyses, results of proactive risk assessments of high-risk processes, and from credible external sources such as Sentinel Event Alerts. ⓘ								
1. [OME] The organization implements its process to identify safety and security risks associated with the environment of care that could affect all patients, all staff, and people coming to the organization's facilities. Note: Risks are identified from internal sources such as ongoing monitoring of the environment, results of root cause analyses, results of proactive risk assessments of high-risk processes, and from credible external sources such as Sentinel Event Alerts. ⓘ								

Identified Risk

EP

Accreditation Programs

Xs indicate applicability

Documentation Icon

Access

This book gives you access to Joint Commission standards (effective January 2019) that cover all three of these elements. It simplifies your EC compliance efforts. A straightforward grid, or matrix, crosswalks every EP for every EC, EM, and LS standard across every setting of care. Ambulatory care and office-based surgery, behavioral health care, critical access hospital, home care, hospital, laboratory, and nursing care center programs—they're all addressed, as are the Equipment Management (EQ) standards applicable to home care.

The structure of each matrix in Chapters 1 to 3 allows you to easily cross-reference EPs across programs instead of flipping from manual to manual or between versions of the E-dition to see if an EP applies or is the same from one program to another. It's all here. No more trying to reconcile the differences in language for the various programs. This is all done for you. (See the sample page in Figure 1, above.)