



Kansas City Healthcare Engineers

Fall Conference

October 6, 2011

Environment of Care

- ▶ Overview
- ▶ Minor changes in standards
- ▶ LD.04.03.09, EP 2-4 Competency of vendors performing testing and services
- ▶ EC.02.03.05, EP 2 Test water-flow devices quarterly and tamper switches every six months

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- ▶ EC.02.03.05 Fire alarm & sprinkler system testing
- ▶ EP 25 Documentation:
 1. Name of activity
 2. Date of activity
 3. Frequency of activity
 4. Name & contact of person performing activity, and company

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5. NFPA standard referenced
6. Results

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Top 5 Most Cited Standards In 2010

HAP- Hospitals

1. 62% RC.01.01.01
2. 50% LS. 02.01.20
3. 44% LS.02.01.10
4. 38% EC.02.03.05
5. 37% LS. 02.01.30

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■ #2. LS.02.01.20 (50%)

EP 13 Corridor Clutter

EP 12 Projections

EP 16-22 Suite Issues (i.e. size)

EP 1 Doors locked in means of egress

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- ▶ #3. LS.02.01.10 (44%)
- ▶ Building and fire protection features are designed and maintained to minimize effects of fire, smoke, and heat.

EP 9 Penetrations

EP 5-7 Door issues

EP 1 & 2 Building type issues

EP 8 Duct issues

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■ #4. EC.02.03.05 (38%)

The hospital maintains fire safety equipment and fire safety building features.

Note: #1 for Critical Access Hospitals

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■ #5. LS.02.01.30 (37%)

EP 16-23 Smoke barriers and doors

EP 2 Hazardous areas

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- ▶ Other Standards Cited
- ▶ LD.04.01.05, EP 4 Accountability, Documentation issues
- ▶ LD.04.04.01, EP 2 Hi-Priority, High risk or problem-prone processes
- ▶ LD.01.03.01, EP 5 Resources

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- ▶ Written inventory of equipment
- ▶ Testing of ventilation systems to control airborne contaminants-
Guidelines for Design and Construction of Health Care Facilities, 2010 editions administered by Facilities Guidelines Institute and published by the American Society
- ▶ Risk Assessment- Noise and vibration

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- ▶ Documentation such as understanding testing requirements, understanding vendor documentation tracking corrective action and ILSMs for PFIs and Work Orders
- ▶ Penetrations- ?
- ▶ Door electric-magnetic releasing devices

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- Maintenance Strategies & CMS (COP)
 1. Predictive- PM to extend life
 2. Interval Based- Code, manufacturer's recommendation, industry practice, experience
 3. Reliability-centered- historical liability
 4. Metered- time monitored
 5. Corrective- run until stops

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- ▶ EC.02.05.01 Utility Management vs. EM.02.02.09 Utility Disruption

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- Environmental Requirements & the Joint Commission
- 42 Code of Federal Regulations (CFR), Public Health, Part 482, Conditions of Participation for Hospitals
- The Joint Commission Standards, Comprehensive Accreditation Manual for Hospitals

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Survey Process

- ▶ Previous regulatory findings
- ▶ Compliance with procedures
- ▶ Tracers- inconsistent actions or actions and policies perceived as unsafe or inappropriate
- ▶ Surveyor knowledge of regulations

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- ▶ **EC.02.02.01, The hospital manages risks related to hazardous materials and waste.**

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LD.04.01.01 : The hospital complies with law and regulation.

- ▶ EP 2 The hospital provides care, treatment, and services in accordance with licensure requirements, laws, and rules and regulations.
- ▶ EP 3 Leaders act on or comply with reports or recommendations from external authorized agencies, such as accreditation, certification, or regulatory bodies.

42 CFR 482.11(a), The hospital must be in compliance with applicable Federal laws related to the health and safety of patients.

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- EP 1-The hospital maintains a written, current inventory of hazardous materials and waste that it uses, stores, or generates. The only materials that need to be included on the inventory are those whose handling, use, and storage are addressed by law and regulation. (See also IC.02.01.01, EP 6; MM.01.01.03, EP 3)

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- EP 3-The hospital has written procedures, including the use of precautions and personal protective equipment, to follow in response to hazardous material and waste spills or exposures.

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- ▶ EP 4-The hospital implements its procedures in response to hazardous material and waste spills or exposures. (Direct)
- ▶ EP 5-The hospital minimizes risks associated with selecting, handling, storing, transporting, using, and disposing of hazardous chemicals.

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- EP 6-The hospital minimizes risks associated with selecting, handling, storing, transporting, using, and disposing of radioactive materials. (Direct)

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- EP 7- The hospital minimizes risks associated with selecting and using hazardous energy sources.

Note: Hazardous energy is produced by both ionizing equipment (for example, radiation and x-ray equipment) and non-ionizing equipment (for example, lasers and MRIs). (Direct)

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- EP 8- The hospital minimizes risks associated with disposing of hazardous medications. (See also MM.01.01.03, EPs 1-3) (Direct)

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- EP 9- The hospital minimizes risks associated with selecting, handling, storing, transporting, using, and disposing of hazardous gases and vapors. Note: Hazardous gases and vapors include, but are not limited to, glutaraldehyde, ethylene oxide, vapors generated while using cauterizing equipment and lasers, and gases such as nitrous oxide.

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- EP 10- The hospital monitors levels of hazardous gases and vapors to determine that they are in safe range. Note: Law and regulation determine the frequency of monitoring hazardous gases and vapors as well as acceptable ranges. (Direct)

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- EP 11- For managing hazardous materials and waste, the hospital has the permits, licenses, manifests, and material safety data sheets required by law and regulation.

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- EP 12- The hospital labels hazardous materials and waste. Labels identify the contents and hazard warnings.
Footnote: The Occupational Safety and Health Administration's (OSHA) Bloodborne Pathogens and Hazard Communications Standards and the National Fire Protection Association (NFPA) provide details on labeling

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- ▶ Summary
- ▶ Questions

The Joint Commission Disclaimer

- These slides are current as of 10/06/11. The Joint Commission reserves the right to change the content of the information, as appropriate.