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Accreditation and certification

Updates to accreditation and certification manuals available

The fall 2014 hard copy updates to the comprehensive accreditation manuals and the 2015 *Comprehensive Certification Manual for Disease-Specific Care* have been published, and E-dition® updates are scheduled for November. New this year is the option to purchase the hard copy comprehensive disease-specific care manual with or without the advanced certification programs. Also recently published is the hard copy 2015 *Health Care Staffing Services Certification Manual*. The hard copy 2015 *Palliative Care Certification Manual* will publish in spring 2015.



Complimentary access to standards is delivered to customers via *E-dition* on the *Joint Commission Connect™* extranet site. For help accessing E-dition, contact Customer Technical Support at support@jcrinc.com. Questions about the Subscription Update Service or hard copy manuals can be directed to jrcustomerservice@pbd.com or 877-223-6866. *Note: Only the ambulatory care, behavioral health care, home care, and hospital programs will have a hard copy Subscription Update Service in 2015.* Print and online manuals, as well as other accreditation resources, can be purchased at the [JCR Store](#).

Be vigilant about environmental hazards that affect patient safety

The Joint Commission requires hospitals and critical access hospitals to conduct environment of care (EC) tours every six months in patient care areas, and every year in non-patient care areas. These tours help organizations identify improvement opportunities and help EC professionals spot safety hazards. However, it is not the only time staff should be on the lookout for safety hazards. This article discusses frequently occurring safety hazards in the EC and provides strategies for eliminating the hazards and maintaining a safe environment.

Frequently occurring EC safety hazards and strategies for improvement		
Problem area	Description	Strategy
Propped-open doors	To help with air flow, ventilation, or temperature control, staff prop open a door. Most doors that open onto a corridor must be self-closing and remain closed at all times to separate the corridor from the room in case of fire.	<ul style="list-style-type: none"> • Evaluate the effectiveness of the heating, ventilating, and air conditioning (HVAC) system. Confirm that the system is functioning as designed. It is possible that the system needs additional controls to meet the occupants' needs. • For doors that can be kept open, install a magnetic "hold open" device interfaced with the fire alarm system. In case of fire, the magnetic connection is severed, and the door closes automatically, protecting the room's occupants.
Space heaters	Since space heaters increase fire risk, they are prohibited in patient sleeping and treatment areas (which includes the nurses' station).	<ul style="list-style-type: none"> • Perform a detailed evaluation of your HVAC system to see if performance can be enhanced throughout the facility. • Not using space heaters is the safest course of action, but space heaters are allowed in an office – such as a nurse manager's office – or an admitting area, which is separated from all sleeping and treatment areas by a door or wall.
Personal protective equipment (PPE)	Staff doesn't follow the organization's policy for wearing PPE.	<ul style="list-style-type: none"> • During the EC tour, verify that staff understand and consistently comply with the organization's PPE policy. For example, in maintenance areas where there are saws, grinders, vapors and fumes, staff should use eye, ear, respiratory and foot protection, and helmets (when warranted). For

		<p>more guidance on proper PPE for specific situations, see the Occupational Safety and Health Administration (OSHA) guidelines (for example, 29 CFR 1910.132).</p> <ul style="list-style-type: none"> • Have proper signage indicating when PPE is necessary.
	PPE is not in good working order.	<ul style="list-style-type: none"> • Periodically evaluate lead aprons and other protective gear to ensure that there is no cracking or shielding material displacement. • Periodically evaluate equipment used to protect patients, such as the collars placed on patients during an X-ray.
Lighting	A burned-out light bulb in an exit sign can be a significant safety hazard.	<ul style="list-style-type: none"> • The Joint Commission requires organizations to have two-bulb exit fixtures so that the loss of one bulb will not leave an area in total darkness.
	Appropriate lighting is important for patient care areas to ensure that staff can correctly read identification badges, charts, and information.	<ul style="list-style-type: none"> • Assess lighting conditions at various times to gauge whether lighting is suitable for the activities taking place. If lighting levels are not sufficient, explore ways to add lighting. • Ask staff members about their perceptions of lighting to see if there are any concerns about light level and intensity.
Cleaning	Accumulation of dust, dirt, and potential microbial contaminants on and under environmental surfaces serves as a potential reservoir for microorganisms.	<ul style="list-style-type: none"> • Routine environmental cleaning is necessary to maintain a standard of overall organizational cleanliness. There are requirements, established by government regulation and guidelines issued by the Centers for Disease Control and Prevention (CDC), for maintaining the cleanliness of the health care environment. • Each health care organization must have and follow written policies and procedures for environmental cleaning.
	Odors from trash or cleaning products may be offensive to patients and staff.	<ul style="list-style-type: none"> • Have processes in place for limiting and managing odors. • Check that these processes are consistently followed. • Empty trash more frequently or at different times.
	In order to clean, housekeeping staff may raise alarm pulls, display wet floor signs, open drawers, or in other ways alter the clinical environment so that it is not ready for use.	<ul style="list-style-type: none"> • Train housekeeping staff to return the environment to a "ready" state to fully support clinical use. • Check that these processes are consistently followed.
Lack of responsibility for environmental risks	Staff members ignore spills and other hazards.	<ul style="list-style-type: none"> • Standard EC.03.01.01, elements of performance 1-3, require organization staff and licensed independent practitioners to remain vigilant about physical risks and take responsibility for addressing them. • Ensuring a safe environment requires commitment from all staff. When such a commitment is present, an organization can foster an environment that supports the best possible care for patients.

Read the entire article, including examples and definitions, in the October 2014 issue of *Joint Commission Perspectives*. (Contact: George Mills, gmills@jointcommission.org)

Resources

Free replay of CDC/Joint Commission Ebola preparedness webinar

Listen to a replay of the [Ebola Preparedness: A CDC/Joint Commission Webinar](#) from October 30 which provides information on recommended hospital protocols and containing the spread of infectious disease. A Q&A session follows the formal remarks. [Replay audio](#) | [View slideshow](#)

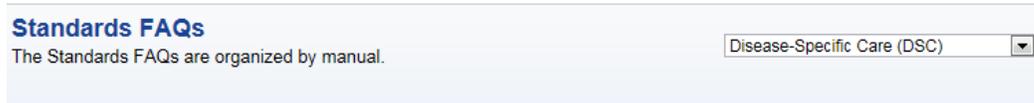


Free webinar for nursing care centers on November 20

A free webinar, *Gain A Quality-Focused Competitive Edge for Your Nursing Care Center*, for customers interested in pursuing Joint Commission [Nursing Care Center](#) accreditation and certification will be held on November 20, 2014, from noon-1 p.m. CT. The panel will include Joint Commission staff and invited customers who will share tips for preparation, what to expect on a Joint Commission survey, and the benefits of accreditation and certification. [Register](#) on the website.

New on the Web

- **Standards FAQs for the Disease-Specific Care (DSC) program:** Eleven new Frequently Asked Questions for DSC certification for inpatient diabetes have been posted to the website. To access, visit the [Standards FAQ Web page](#) and select “Disease-Specific Care” in the drop-down box (see example below).



- **Free certification webinars:**
 - [Certification: Getting Serious About Sepsis](#): November 19, noon – 1 p.m. CT.
- **Blog post:** *JC Physician Blog*: [Envisioning a safety culture - The perspective of one psychiatric hospital](#). Anne C. Bauer, M.D, field director, Accreditation and Certification Operations, says hearing the leadership and staff discuss safety culture is one of the most moving and inspiring parts of surveying.

Learn more about Joint Commission Resources' education programs and publications at www.jcrinc.com or call 877-223-6866.

