

The Joint Commission and Facility Design: *A Partnership for Patient Safety and Quality Care*

A Webinar Presentation for the AIA AAH

8 January 2013



Topic 1:

Driving Safety through Good Design

Presenter:

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Safe Health Design Managing Consultant



Driving Safety Through Good Design: Goals

- Discuss Healthcare's Current Safety Challenges
- Review Standards-Driven Design Integrated with Evidence-based Design Principles





Where do you consider TJC?



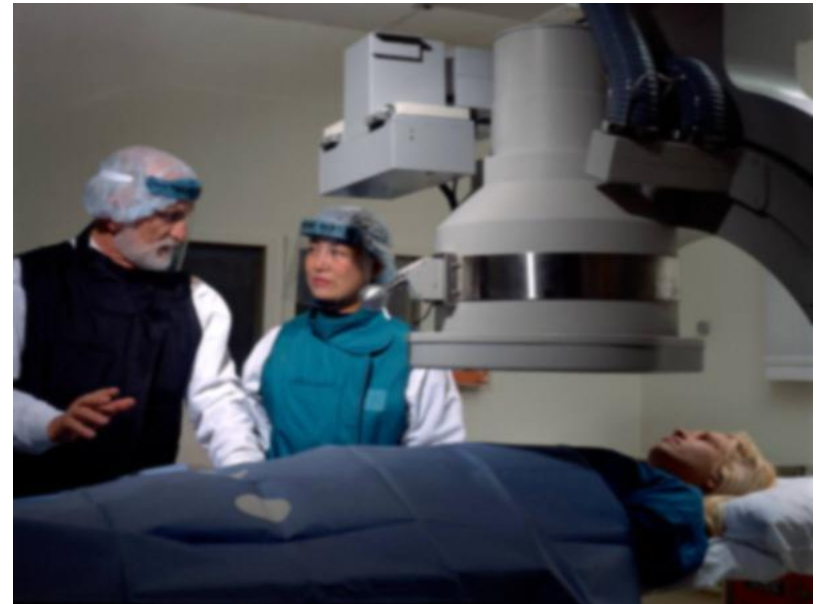
Provision of Care

- Seeks to reduce **physical**, language, cultural and **other barriers to access and delivery of services.**



Provision of Care

- Collaborate to analyze and to integrate patient assessments
- Laboratory safety program
- Radiation safety program



Provision of Care

- Care of elderly patients, disabled individuals, children and populations at risk
- Food preparation, handling, storage and distribution are safe and comply with laws, regulations and current acceptable practices
- Care of the dying patient optimizes his or her comfort and dignity

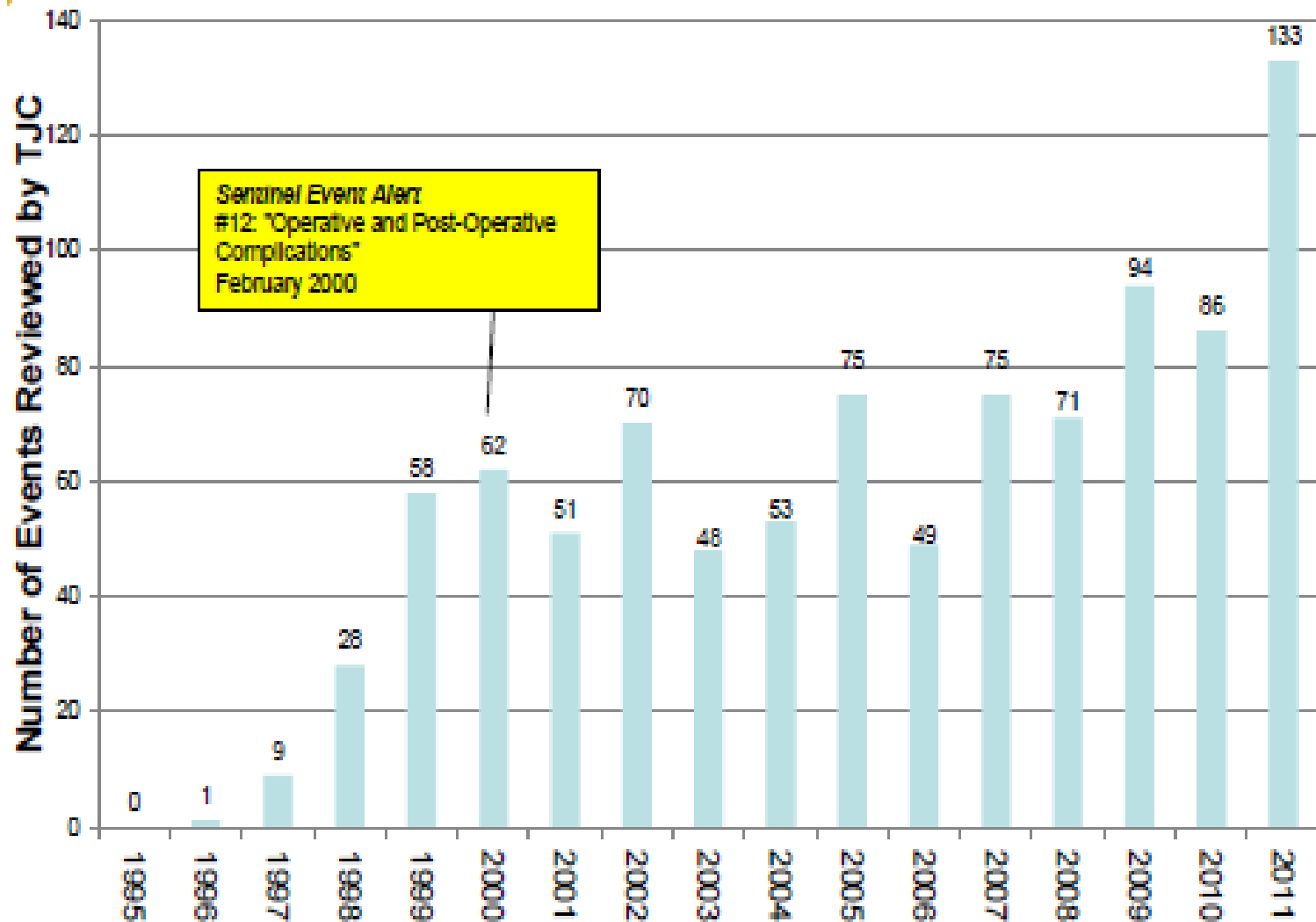


Provision of Care

- Physiological status during anesthesia is continuously monitored
- Physiological status is continuously monitored during and immediately after surgery



Operative and Post-Operative Events

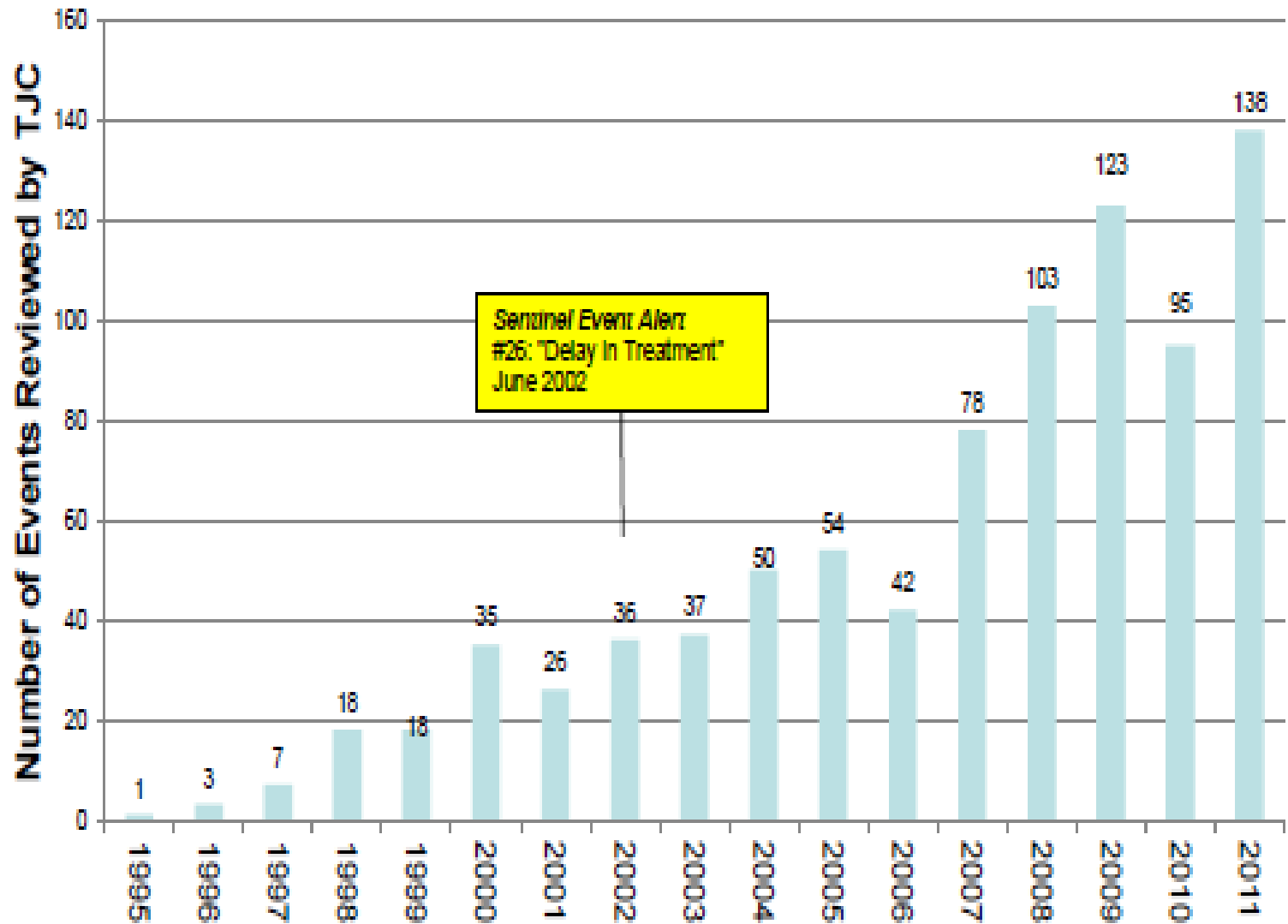


Reducing Pre and Post Surgical events

- Direct visualization of patients pre and post operatively
- Safe transfer plans for direct admit to unit from Surgery



Delay in Care





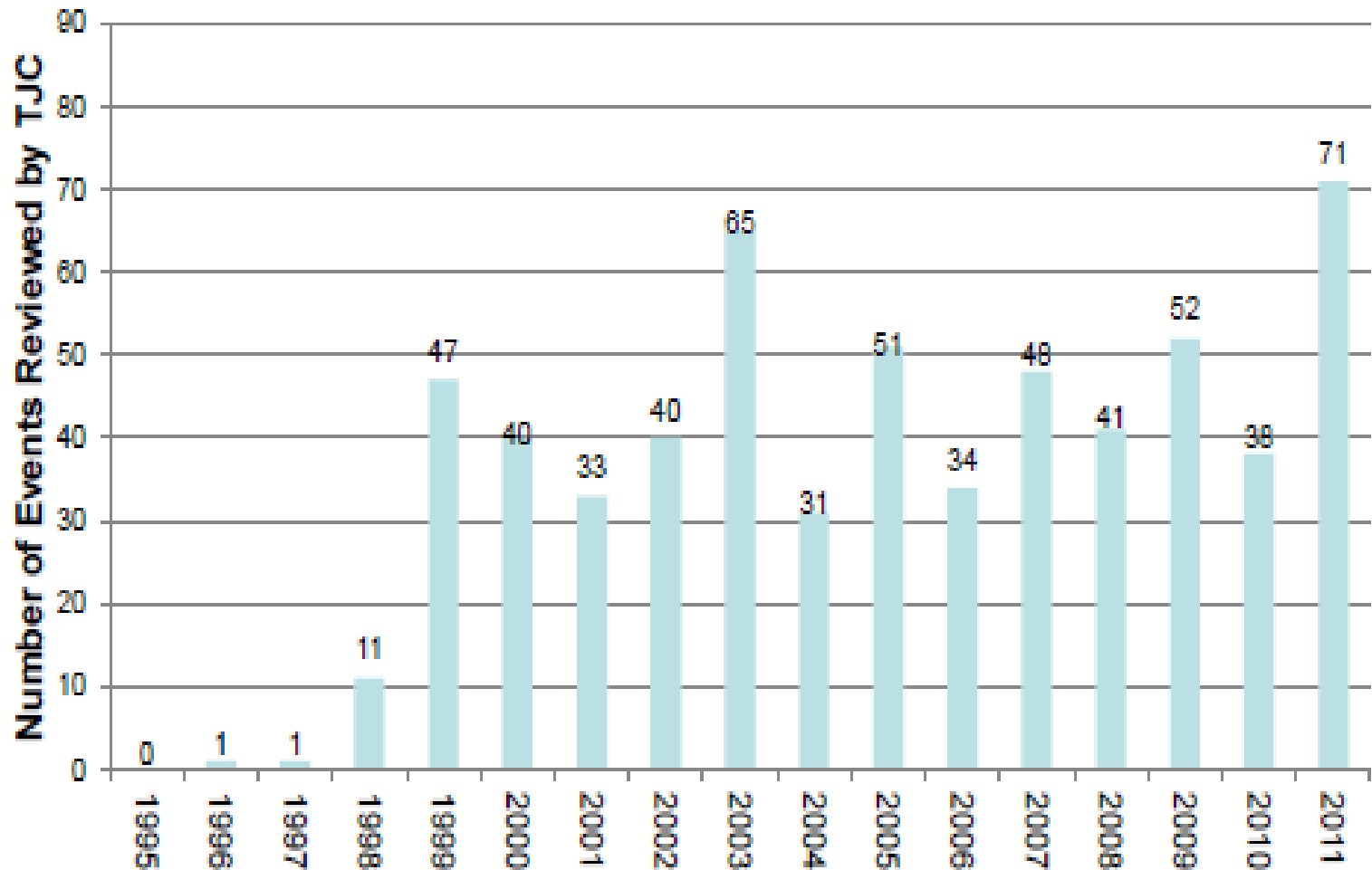
Reducing Delay in Care

- Adjacencies of critical support functions, e.g. CT and Emergency Department
- Standardization of placement on headwalls and equipment
- Observation in Rooms
- Reduced travel distances
- Sufficient Elevators
- Transportation of specimens

Unanticipated Events



(Resulting in death or permanent loss of function--such as: asphyxiation, choking, drowning, found unresponsive)





Reducing Unanticipated Events

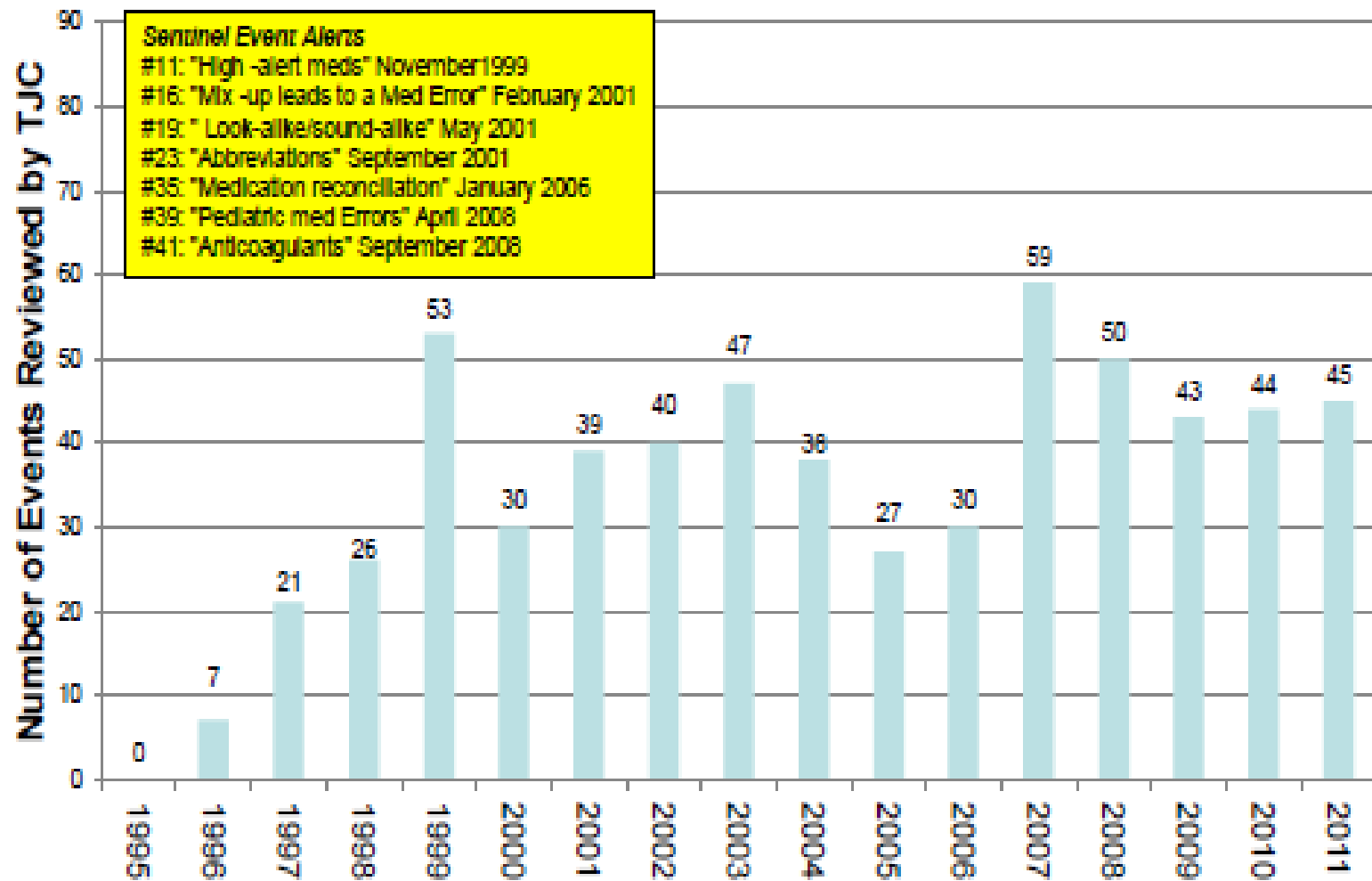
- Direct visualization of patient in room, therapies, diagnostic and treatment areas
- Alarms for patients or providers to utilize
- Family zone in patient room

Medication Management

- Medications are properly and safely stored.
- Medications are prepared and dispensed in a safe and clean environment.



Medication Errors





Reducing Medication Errors

- Reduce distractions during key processes:
 - ✓ Ordering
 - ✓ Filling
 - ✓ Administering
- Drug Dispensing close to patient

Rights and Responsibilities of the Individual



Patient and Family Centered Care

- Support spaces for family
 - ✓ Nourishment
 - ✓ Rest/respice
 - ✓ Toileting and Bath
 - ✓ Work space
- Family Zones in rooms



Rights & Responsibilities of the Individual

- Patient Privacy
- Protect Patients' Belongings
- Protect Patients



Infection Prevention and Control

- Based on current scientific knowledge, accepted practice guidelines, applicable laws and regulations, and standards for sanitation and cleanliness.
- Reduces the risks of healthcare-associated infections in patients and health care workers.
- Reduces the risk of infections by ensuring adequate equipment cleaning and sterilization and the proper management of laundry and linen.

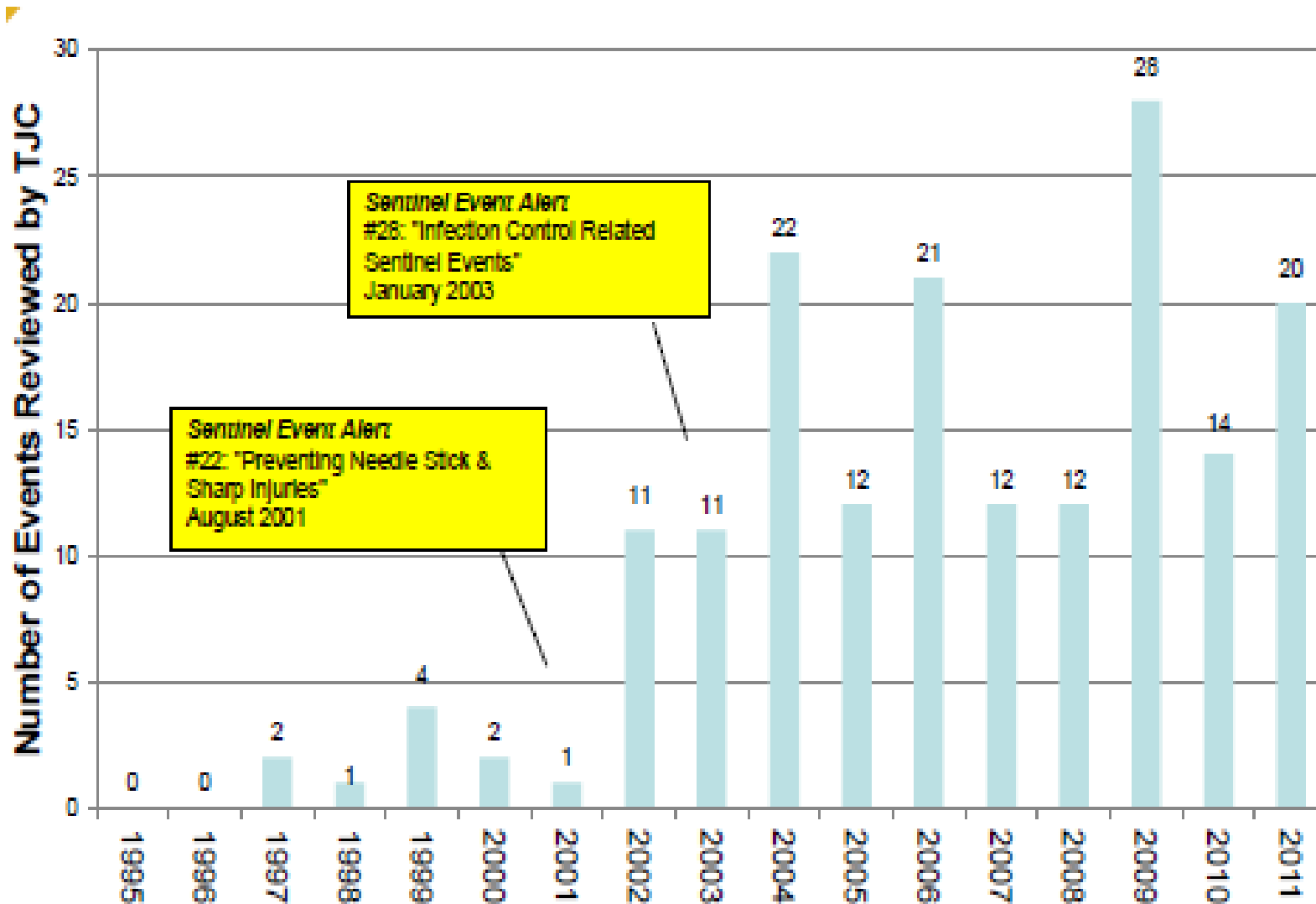


Infection Prevention and Control cont.

- The organization provides barrier precautions and isolation procedures that protect patients, visitors, and staff from communicable diseases . .
- Gloves, masks, eye protection, other protective equipment, soap and disinfectants are available and used correctly when required.



Infection





Reducing Infections

- Managing air quality, e.g. Hepa Filters, UV lights, Laminar flow, air exchanges
- Managing water quality storage, access, waste
- Hand Hygiene with sinks and gel conveniently placed to use between patients
- Ante-rooms for environmental protection rooms either positive or negative
- Sealing Seams of wall and flooring finish products
- Washable surfaces
- Flooring and wall and furniture finishes
- Water Features

Performance Improvement

- Leaders participate in planning and measuring a quality improvement and patient safety program.
- Leaders designs new and modified systems and processes according to quality improvement principles.





Leadership

- The leaders identify and plan for the type of clinical services required to meet the needs of the patients served by the organization.
- Equipment, supplies and medications recommended by profession organizations or by alternative authoritative sources are used.
- Director recommends space, equipment, staffing and other resources needed by the department or service.

Environment of Care & Life Safety



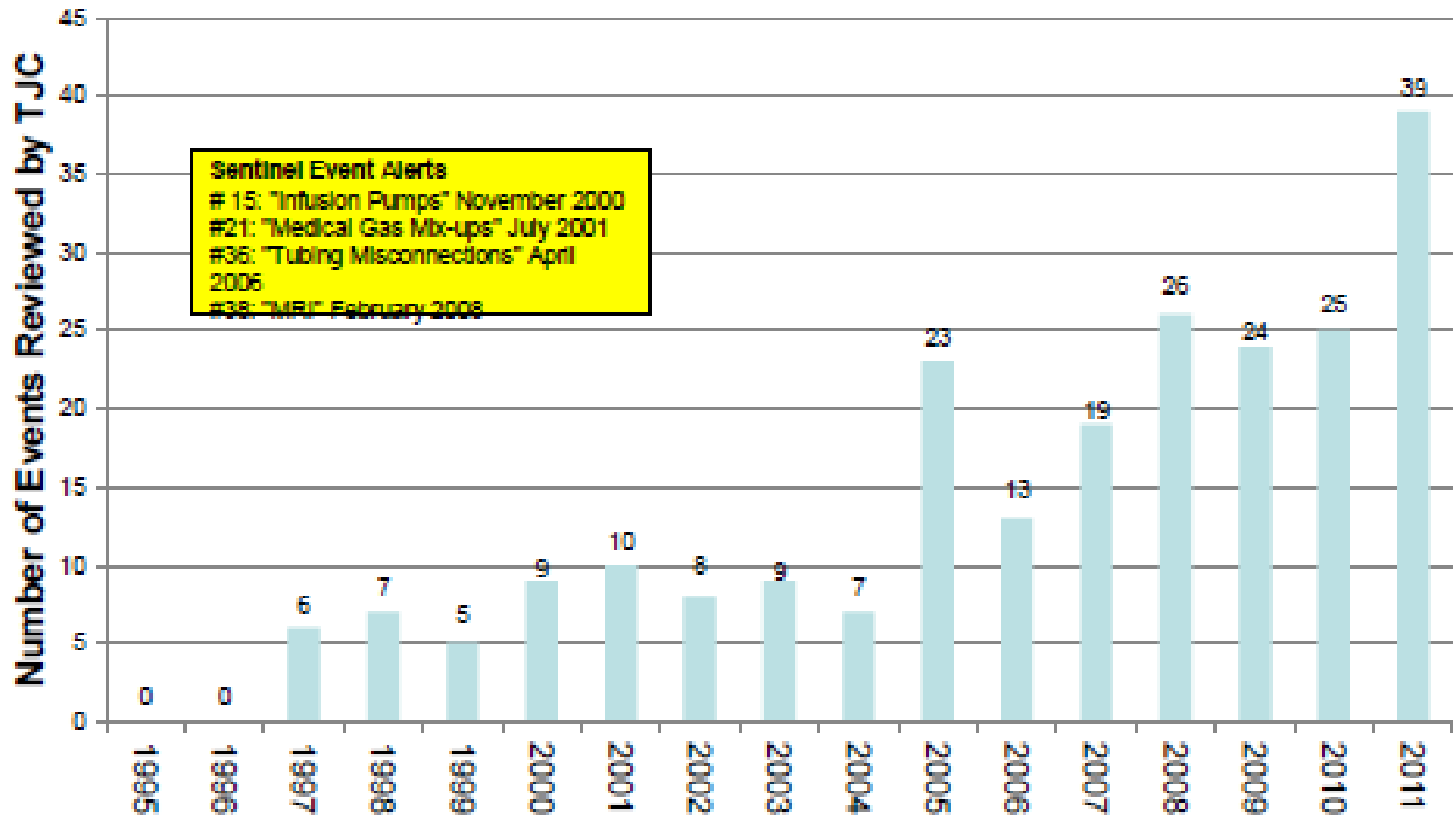
- The organization complies with relevant laws, regulations, and facility inspection requirements.
- Inspects all patient care buildings to provide a safe physical facility for patients, families, staff, and visitors.
- Handling, storage, and use of hazardous materials and the control and disposal of hazardous materials and waste.

Environment of Care & Life Safety



- All occupants are safe from fire, smoke or other emergencies in the facility.
- Potable water and electrical power are available 24 hours a day, seven days a week.

Medical Equipment Related Events

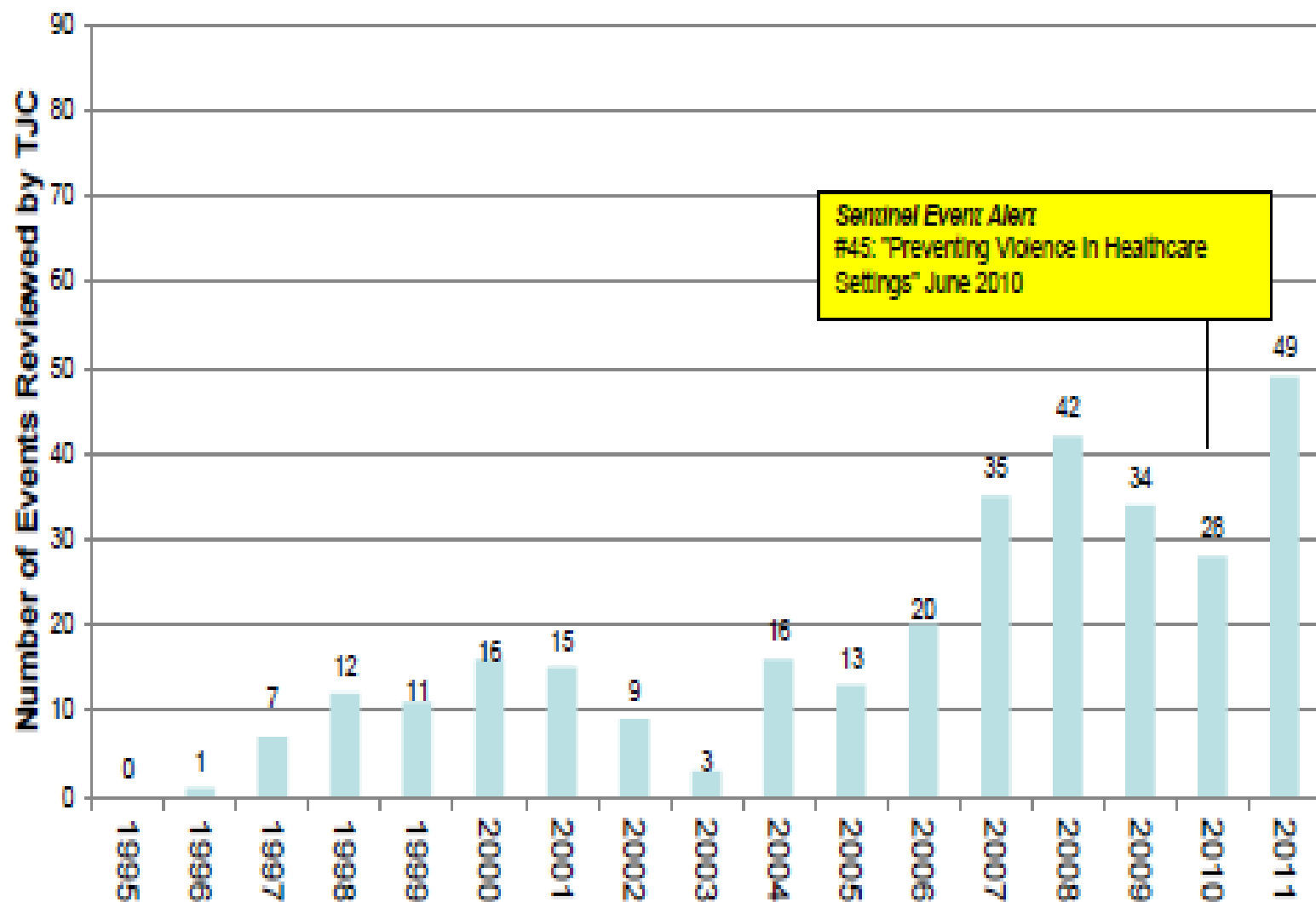




Reducing Potential Equipment Failure

- Know your contractors
- Inspect the work throughout the process
- Commissioning

Criminal Events: Assault/Rape/Homicide



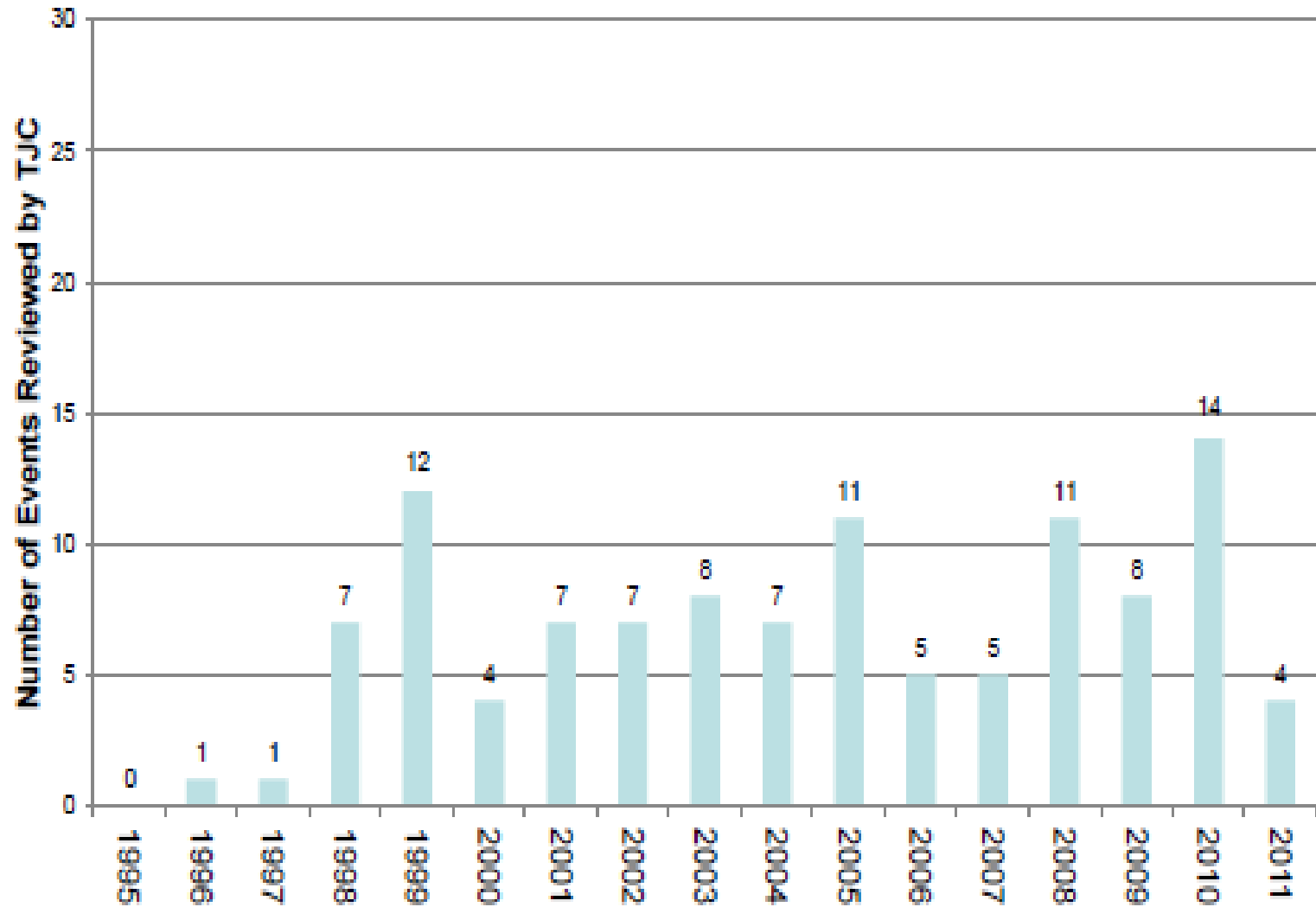


Reducing Physical Assaults

- Secure Holding rooms
- Video cameras
- Observational windows for rooms
- Security doors



Elopement

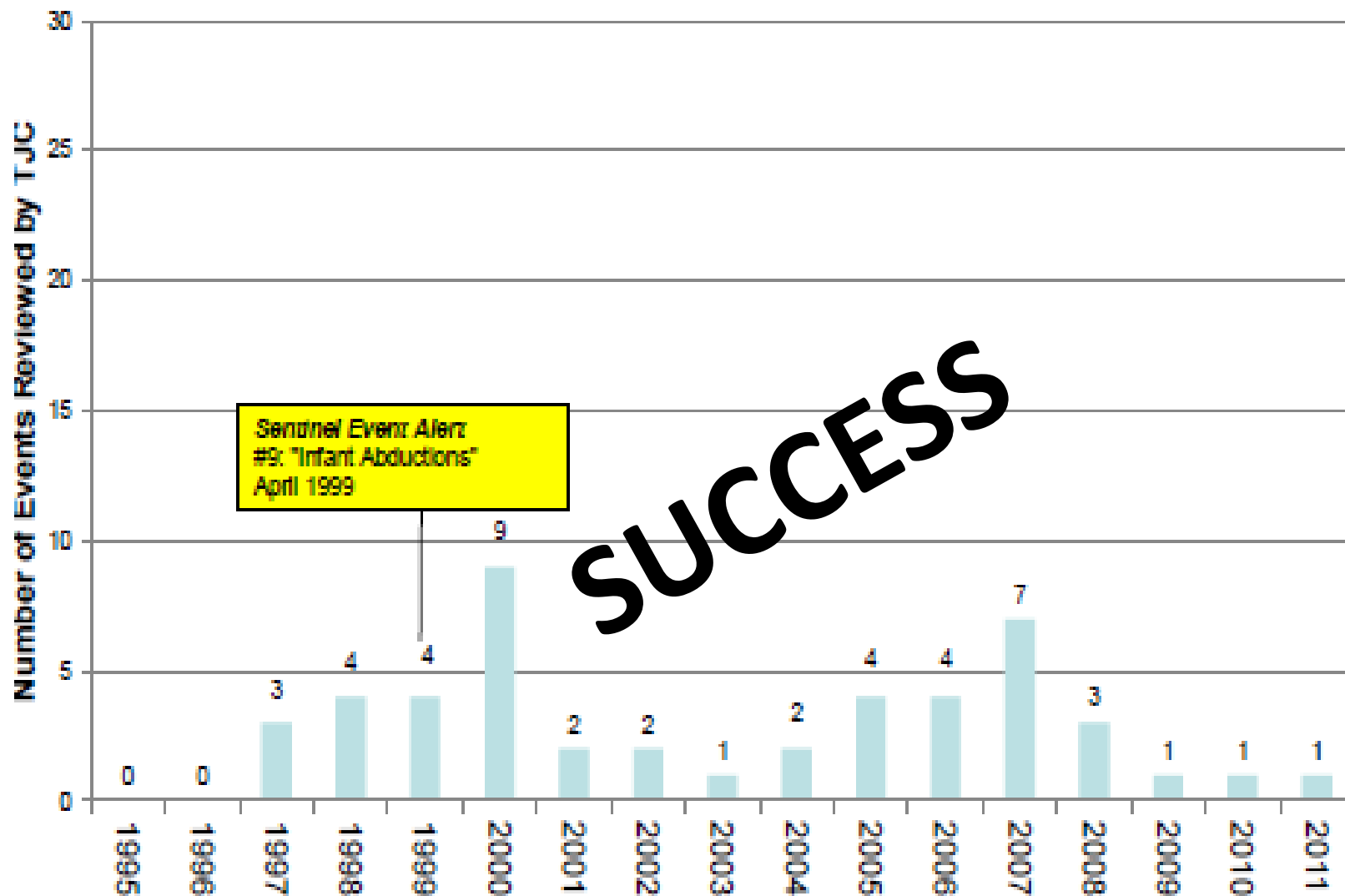




Reducing Elopements

- Secure Hold Rooms for Emergency Department
- Locked units for Psychiatry
- Alarm Systems for Dementia units

Abduction





Strategies to Reduce Abduction

- Securing the environment
 - ✓ Electronic
 - ✓ Manual
- Coded Badges
- Parent training

Human Resources



- Each staff member receives ongoing in-service and other education and training to maintain or to advance his or her skills and knowledge.

Sentinel Alert!

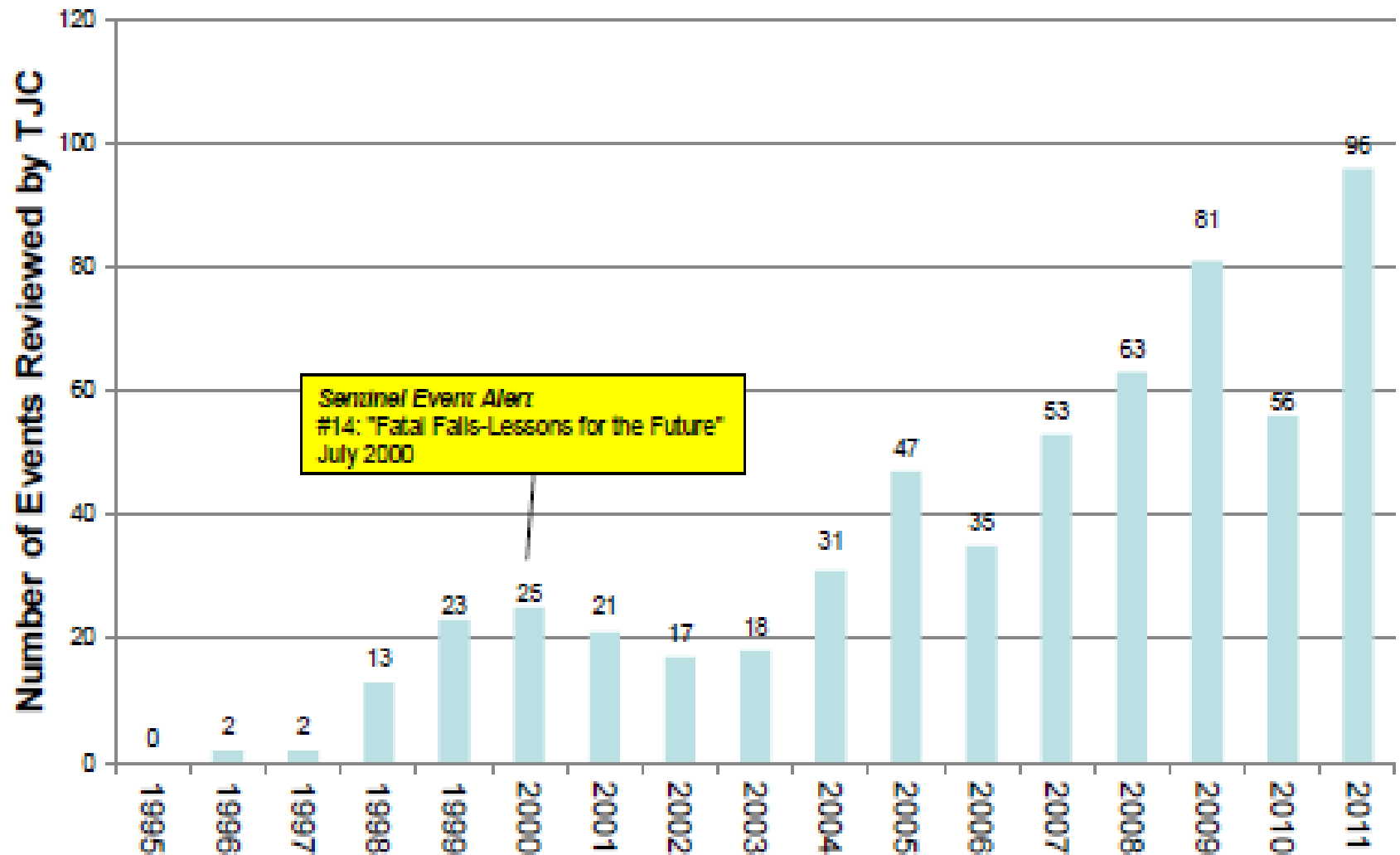
- Healthcare Worker Fatigue
- Alarm Fatigue

National Patient Safety Goals

- #7 Reducing HAI's
- #9 Harm from Falls
- #15 Suicide Risk



Fatal Falls

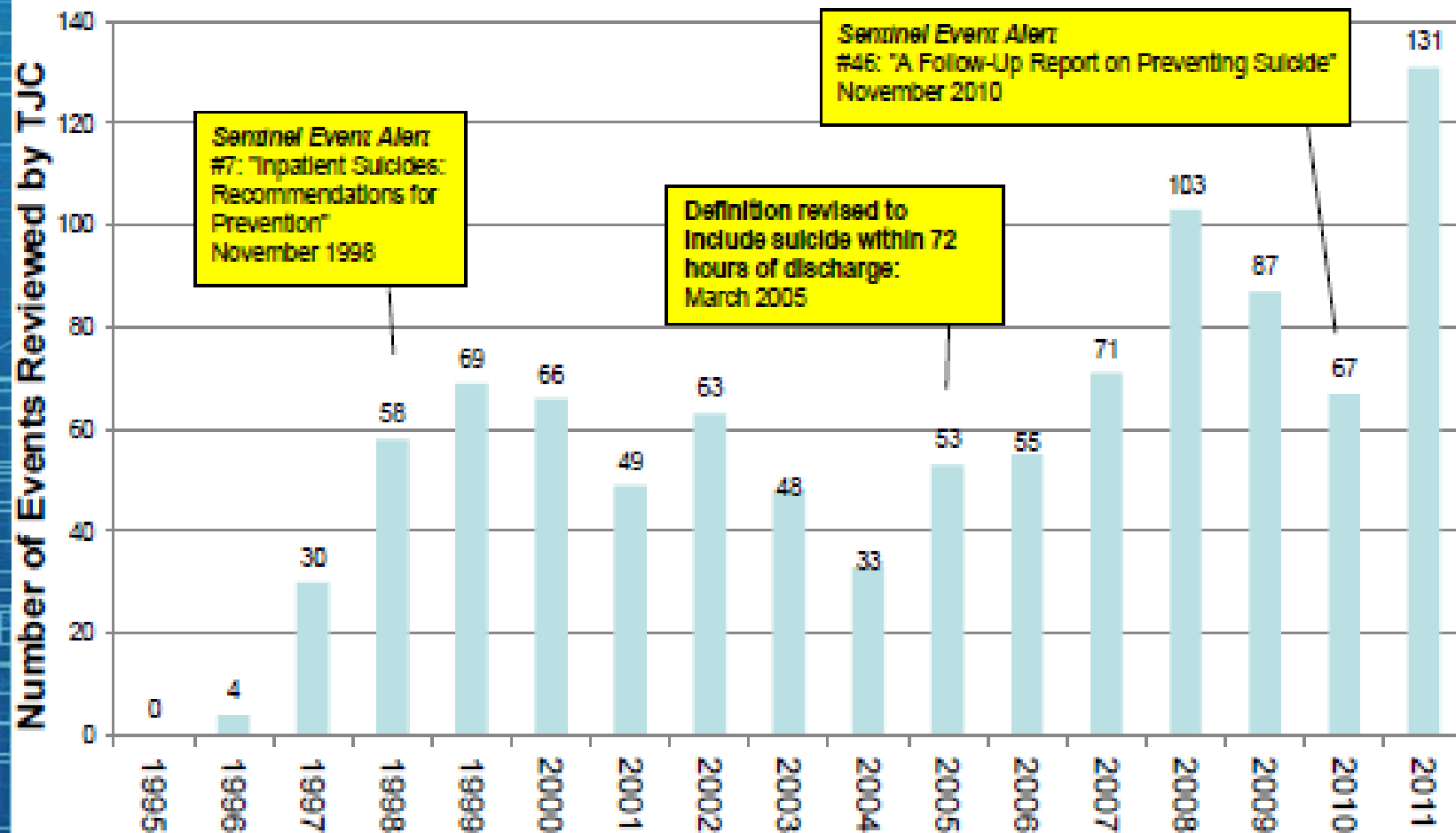




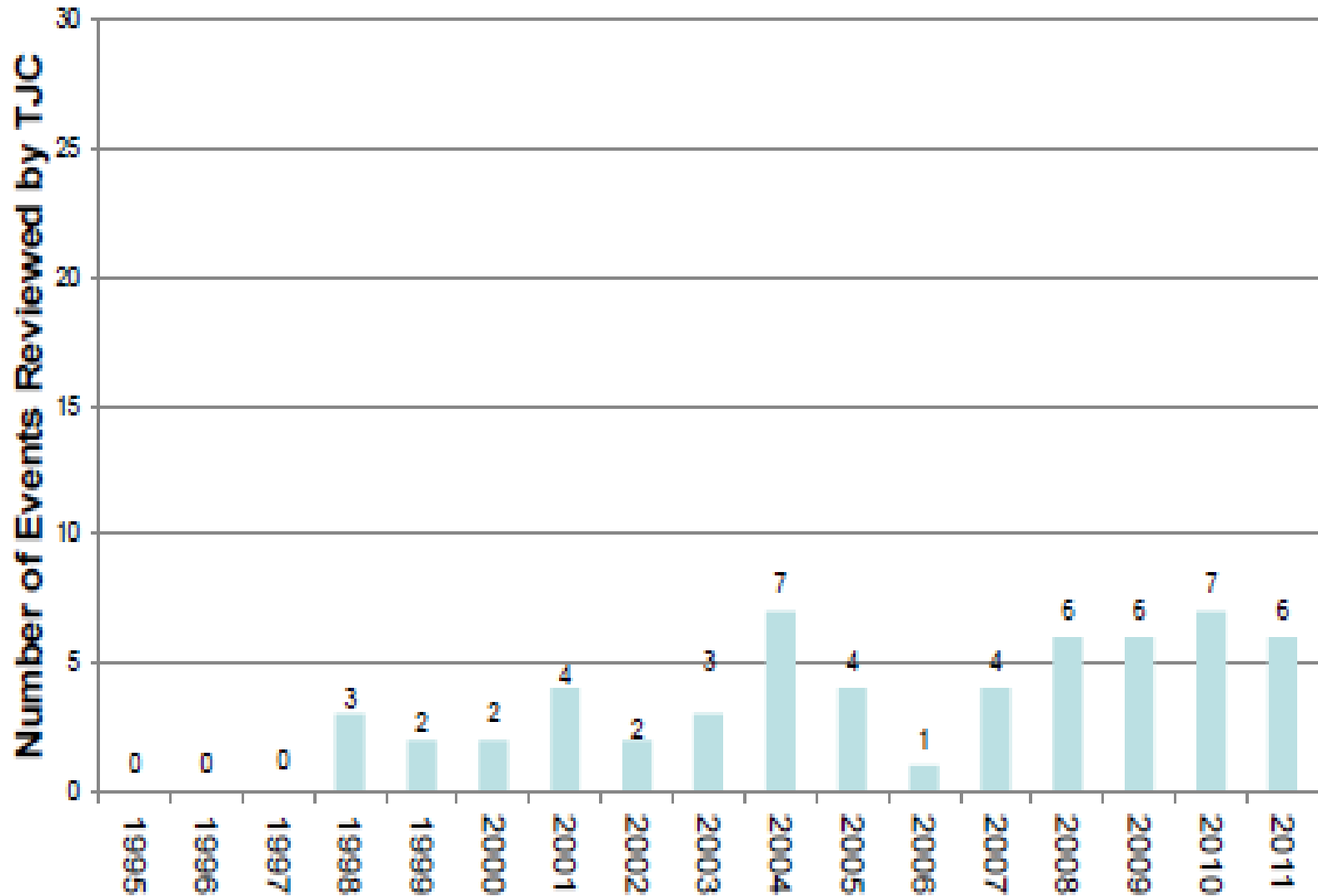
Reducing Falls

- Lower Beds
- Open Access to Bathroom, visually and physically
- Lifts into bathrooms
- Lifts in corridors for rehab centers
- Handrails
- 90° pivot turns for toilet transfer
- Convenient sink placement
- Flooring?

Suicide



Self Inflicted Injuries





Reducing Self Inflicted Injuries and Suicide

- Secure Holding Rooms
- Direct Visualization of patients with severe behavioral issues

Information Management & Record of Care, Treatment and Services



- The patient's record(s) is available
- Information privacy and confidentiality are maintained
- Information security is maintained
- Records and information are protected from loss, destruction, tampering and unauthorized access or use



Emergency Management

- Decontamination
- Surge



Transplant Safety

- Storing Tissues and biologicals



Waived Testing

- Space for equipment
- Proximity to POC

Topic 2:

Engaging JCR in Your Next Project with the Safe Health Design™ Service

Presenter:

David Grazman, PhD
Global Manager, Safe Health Design



Engaging JCR in Your Next Project: Goals

- Overview of Joint Commission Organization
- Foundations of the Safe Health Design™ Service
- Review of other JCR Resources useful to Healthcare Architects and Planners



An Overview of the Joint Commission



Joint Commission Resources

Knowledge transfer agent of the Joint Commission

- Founded in 1986, conducts all consulting, education and publishing for the Joint Commission
- Patient safety and quality innovations



The Joint Commission

Leading accrediting body for health care institutions in the US

- Founded in 1951
- 20,000+ accredited institutions



Transforming
Patient
Safety and
Quality of
Care



Joint Commission International

Improving the quality and safety of patient care in the international community

- Founded in 1998
- 520+ accredited organizations in more than 53 countries



Joint Commission Center for Transforming Healthcare

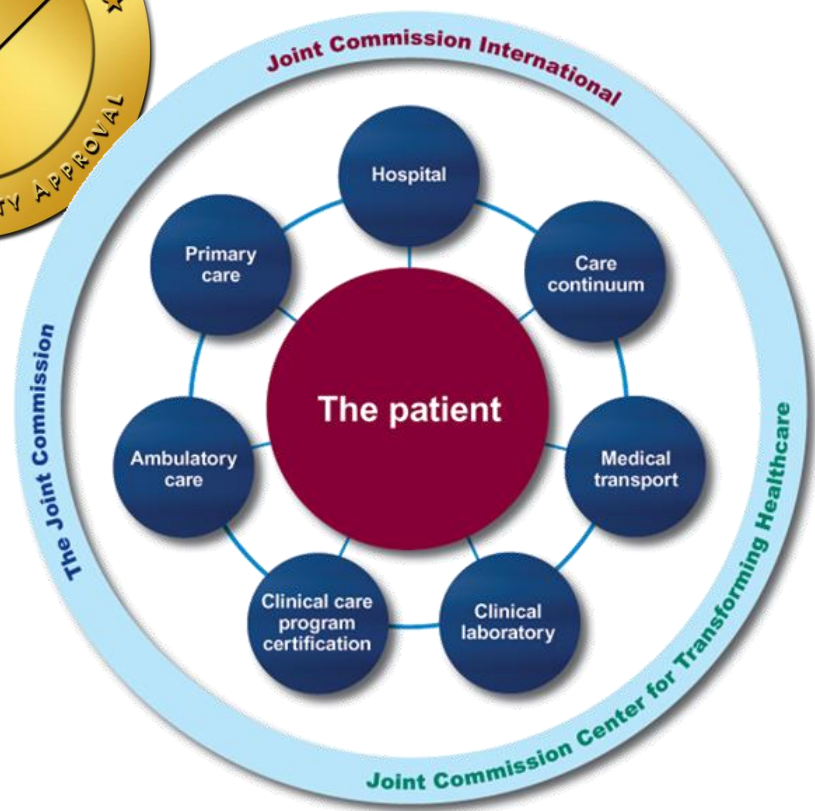
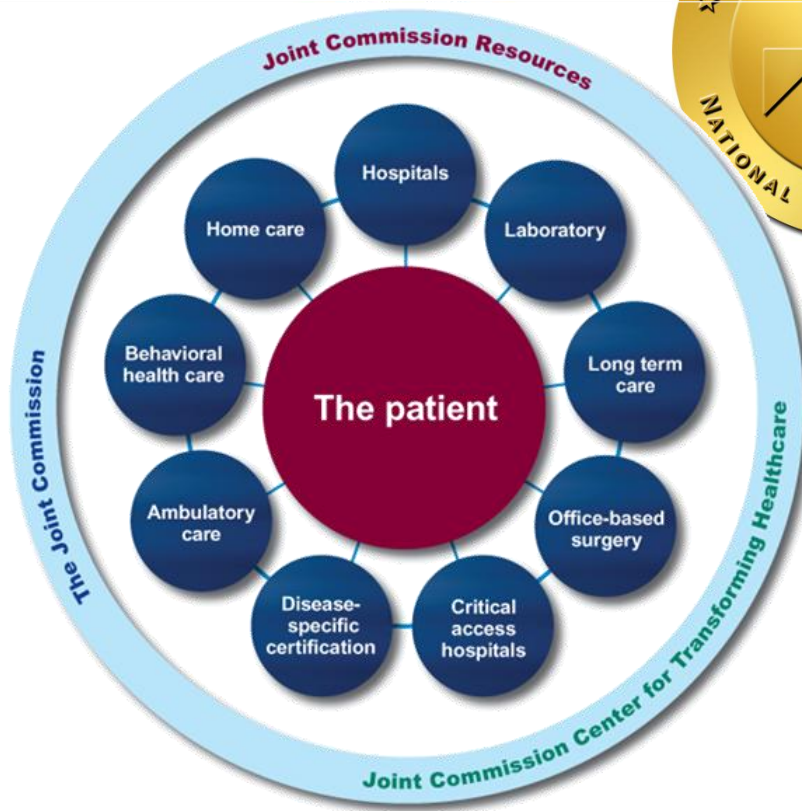
Transforming healthcare into a high-reliability industry

- Founded in 2007
- Utilizes a systematic approach to analyze the root causes of breakdowns in care

Joint Commission Accreditation and Consulting in the U.S. and Abroad

Organizations in the U.S.

Outside the U.S.



TJC Standards and the Built Environment

- International Patient Safety Goals
- Access to Care and Continuity of Care
- Patient and Family Rights
- Assessment of Patients
- Care of Patients
- Anesthesia and Surgical Care
- Medication Management and Use
- Patient and Family Education
- Quality Improvement and Patient Safety
- Prevention and Control of Infections
- Governance, Leadership, and Direction
- Facility Management and Safety
- Staff Qualifications and Education
- Management of Communication and Information



A Foundation for Safe Health Design™



Safe Health Design™ Service

Integration of Evidence-based design principles, Joint Commission standards, and the best practices of our experienced practitioners to achieve the best possible outcomes for new healthcare facilities





Safe Health Design™ Modules

Early Planning

- Establish Guiding Principles for Safety by Engaging Stakeholders

Facility Design

- Review Hospital Schematics and Plans against Joint Commission Standards, Evidence-Based Design and Clinical Best Practices

Readiness Preparation (*during construction*)

- Design processes, policies and educate staff on how to utilize new space, with an eye towards Standards and Best Practices

Pre-Occupancy (*months and weeks prior to occupancy*)

- Identify and minimize safety risks in new building by executing safety scenarios and systems testing prior to go-live date

Post-Occupancy (*weeks and months after occupancy*)

- Ensure systems, processes and staff are operating well in terms of safety and in preparation for accreditation



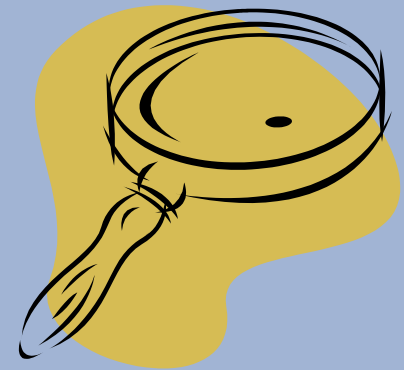
SAFE HEALTH DESIGN™ Framework

Flows

- Patients
- Providers
- Information
- Supplies/Waste
- Equipment
- Medication
- Family/Visitors

Functions

- Patient Safety
- Access
- Efficiency
- Care Provision
- Technology
- Infection Control
- Education/Training
- Privacy/Confidentiality
- Waiting/Delays
- Storage
- Regulatory Compliance
- Facility Management (LSC, Disaster, Security, EOC)



Benefits of Safe Health Design™

1. Greater focus on patient safety throughout project, which contributes to better safety outcomes and operations throughout entire life of the building
2. Adjustment of schematics earlier to reduce cost of rework, while ensuring standards compliance for hospital
3. Better alignment of built environment with care environment, helping to create conditions for reduced patient safety errors and cost savings
4. Faster adoption and refinement of process and policies aimed at minimizing preventable safety risks, such as falls, medication errors, HAI's, etc.
5. Proactively identifying and addressing safety risks arising from the built environment, the care environment, and how they interact
6. Increased staff preparedness and confidence (1) to competently and safely provide care in new facility, and (2) to successfully participate in accreditation survey

Other Related JCR and JCI Resources

Books, Periodicals & Manuals



Gimme Shelter

How hospitals can support public shelters during a disaster
This article takes on special significance given the events of late October 2012, Hurricane Sandy. In a matter of hours, hundreds of patients, many of whom could have been released or



Education

Safe Health Design™
Learning Academy



Software Solutions



<http://store.jcrinc.com/>

Step 1: Choose the Standards





























Wolters Kluwer Smart Charts

The Joint Commission Resources ECM Plus Interactive Smart Chart

E-dition Compliance Monitor v0.0.0.0 © The Joint Commission, © Joint Commission Resources [E-dition™ License Agreement](#). This Smart Chart contains over 80,000 rows of data. Because of this, it may take more time to process. To expedite your search results, please limit your selections to only those chapters, standards, and EPs needed for your research purposes.

1 Select Standards and/or EPs **2 Select States** **3 Go To Results**

	<input type="checkbox"/> Accreditation Participation Requirements (APR)
	<input type="checkbox"/> Emergency Management (EM)
	<input checked="" type="checkbox"/> Environment of Care (EC)
	<input checked="" type="checkbox"/> EC.01.01.01: The hospital plans activities to minimize risks in the environment of care.
	<input checked="" type="checkbox"/> EC.02.01.01: The hospital manages safety and security risks.
	<input type="checkbox"/> EC.02.01.03: The hospital prohibits smoking except in specific circumstances.
	<input checked="" type="checkbox"/> EC.02.02.01: The hospital manages risks related to hazardous materials and waste.
	<input type="checkbox"/> EC.02.03.01: The hospital manages fire risks.
	<input type="checkbox"/> EC.02.03.03: The hospital conducts fire drills.
	<input checked="" type="checkbox"/> EC.02.03.05: The hospital maintains fire safety equipment and fire safety building features.
	<input type="checkbox"/> EC.02.04.01: The hospital manages medical equipment risks.
	<input type="checkbox"/> EC.02.04.03: The hospital inspects, tests, and maintains medical equipment.
	<input checked="" type="checkbox"/> EC.02.05.01: The hospital manages risks associated with its utility systems.
	<input type="checkbox"/> EC.02.05.03: The hospital has a reliable emergency electrical power source.
	<input type="checkbox"/> EC.02.05.05: The hospital inspects, tests, and maintains utility systems.
	<input type="checkbox"/> EC.02.05.07: The hospital inspects, tests, and maintains emergency power systems.
	<input type="checkbox"/> EC.02.05.09: The hospital inspects, tests, and maintains medical gas and vacuum systems.
	<input type="checkbox"/> EC.02.06.01: The hospital establishes and maintains a safe, functional environment.
	<input type="checkbox"/> EC.02.06.05: The hospital manages its environment during demolition, renovation, or new construction to reduce risk to those in the organization.
	<input type="checkbox"/> EC.03.01.01: Staff and licensed independent practitioners are familiar with their roles and responsibilities relative to the environment of care.
	<input type="checkbox"/> EC.04.01.01: The hospital collects information to monitor conditions in the environment.
	<input type="checkbox"/> EC.04.01.03: The hospital analyzes identified environment of care issues.

Step 2: Choose the Locations

Wolters Kluwer Smart Charts

The Joint Commission Resources ECM Plus Interactive Smart Chart i

1 Select Standards and/or EPs > 2 Select States > 3 Go To Results

✓ ✕

<input type="checkbox"/> Alabama	<input type="checkbox"/> Kentucky	<input type="checkbox"/> North Dakota
<input type="checkbox"/> Alaska	<input type="checkbox"/> Louisiana	<input type="checkbox"/> Ohio
<input type="checkbox"/> Arizona	<input type="checkbox"/> Maine	<input type="checkbox"/> Oklahoma
<input type="checkbox"/> Arkansas	<input type="checkbox"/> Maryland	<input type="checkbox"/> Oregon
<input type="checkbox"/> California	<input type="checkbox"/> Massachusetts	<input type="checkbox"/> Pennsylvania
<input type="checkbox"/> Colorado	<input checked="" type="checkbox"/> Michigan	<input type="checkbox"/> Rhode Island
<input type="checkbox"/> Connecticut	<input type="checkbox"/> Minnesota	<input type="checkbox"/> South Carolina
<input type="checkbox"/> Delaware	<input type="checkbox"/> Mississippi	<input type="checkbox"/> South Dakota
<input type="checkbox"/> District of Columbia	<input type="checkbox"/> Missouri	<input type="checkbox"/> Tennessee
<input type="checkbox"/> Florida	<input type="checkbox"/> Montana	<input type="checkbox"/> Texas
<input type="checkbox"/> Georgia	<input type="checkbox"/> Nebraska	<input type="checkbox"/> Utah
<input type="checkbox"/> Hawaii	<input type="checkbox"/> Nevada	<input type="checkbox"/> Vermont
<input type="checkbox"/> Idaho	<input type="checkbox"/> New Hampshire	<input type="checkbox"/> Virginia
<input checked="" type="checkbox"/> Illinois	<input type="checkbox"/> New Jersey	<input type="checkbox"/> Washington
<input checked="" type="checkbox"/> Indiana	<input type="checkbox"/> New Mexico	<input type="checkbox"/> West Virginia
<input type="checkbox"/> Iowa	<input type="checkbox"/> New York	<input type="checkbox"/> Wisconsin
<input type="checkbox"/> Kansas	<input type="checkbox"/> North Carolina	<input type="checkbox"/> Wyoming

Step 3: SmartChart Created

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1 Select Standards and/or EPs

2 Select States

3 Go To Results



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Environment of Care (EC) > EC.01.01.01: The hospital plans activities to minimize risks in the environment of care. > EP 1: Leaders identify an individual(s) to manage risk, coordinate risk reduction activities in...

States	Standard	Element of Performance (EP)	Condition of Participation (CoP)	State Operations Manual (SOM)	State Regulations	Additional Resources	Date Stds & EPs Last Updated
Illinois	EC.01.01.01 : The hospital plans activities to minimize risks in the environment of care. Note: One or more persons can be assigned to manage risks associated with the management plans described in this standard.	EP 1 : Leaders identify an individual(s) to manage risk, coordinate risk reduction activities in the physical environment, collect deficiency information, and disseminate summaries of actions and results. Note: Deficiencies include injuries, problems, or use errors.	§482.41(a) : Condition of Participation: Physical Environment; Standard: Buildings	TAG: A-0701 : Condition of Participation: Physical Environment; Standard: Buildings	77 Ill. Adm. Code 250.130(c)(3) : Administration by the Department; 77 Ill. Adm. Code 250.160(A)(1)(L) : Incorporated and Referenced Materials; 77 Ill. Adm. Code 250.620 : Radioactive Isotopes; 77 Ill. Adm. Code 250.630 : General Policies and Procedures Manual	NFPA: There are no NFPA codes that relate directly to this EP.	01/01/2011 12:00:00 AM
Indiana	EC.01.01.01 : The hospital plans activities to minimize risks in the environment of care. Note: One or more persons can be assigned to manage risks associated with the management plans described in this standard.	EP 1 : Leaders identify an individual(s) to manage risk, coordinate risk reduction activities in the physical environment, collect deficiency information, and disseminate summaries of actions and results. Note: Deficiencies include injuries, problems, or use errors.	§482.41(a) : Condition of Participation: Physical Environment; Standard: Buildings	TAG: A-0701 : Condition of Participation: Physical Environment; Standard: Buildings	410:15-1.5-8(a) : Provisions for Safety Management Program	NFPA: There are no NFPA codes that relate directly to this EP.	01/01/2011 12:00:00 AM
Michigan	EC.01.01.01 : The hospital plans activities to minimize risks in the environment of care. Note: One or more persons can be assigned to manage risks associated with the management plans described in this standard.	EP 1 : Leaders identify an individual(s) to manage risk, coordinate risk reduction activities in the physical environment, collect deficiency information, and disseminate summaries of actions and results. Note: Deficiencies include injuries, problems, or use errors.	§482.41(a) : Condition of Participation: Physical Environment; Standard: Buildings	TAG: A-0701 : Condition of Participation: Physical Environment; Standard: Buildings	R 325.1021(4) : Compliance With Law and Regulations; R 330.1267(2)(b) : Administrator and Chief of Service	NFPA: There are no NFPA codes that relate directly to this EP.	01/01/2011 12:00:00 AM

Thank You and Contact Information



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