

### **Introduction**

*The Joint Commission on Accreditation of Healthcare Organizations (JCAHO), is the regulatory agency responsible for the accreditation of hospitals. The JCAHO standards affect all of the technologies (fire alarm systems, emergency evacuation systems, security systems and nurse call systems) that GE Security offers to a hospital; thus, understanding the JCAHO standards is critical for all who sell into the healthcare environment. Since JCAHO is responsible for the accreditation of hospitals, hospital administration places heavy weight on compliance.*

*We have selected some of the key items as they apply to our business and provided them in this brief JCAHO standards paper. While these are not all of the Environment of Care standards, they do provide a good summary of the key items that affect our business. While hospital technology and staff vary from facility to facility, a common theme that doesn't vary is the importance facility managers, security directors, and hospital administrators place on a thorough understanding of the JCAHO standards as a critical element in a successful vendor / owner relationship.*

### **Joint Commission on Accreditation of Healthcare Organizations (JCAHO) Standards**

#### **Management of Environment of Care (EOC)**

*Most standards that affect our business are within the EOC section. The goal of the EOC function is to provide a "safe, functional, supportive, and effective environment for patients, staff members, and other individuals in the hospital."*

#### **EC.1.10 The hospital manages safety risks.**

#### **EC.2.10 The hospital identifies and manages its security risks.**

##### *Rationale for EC.2.10*

It is essential that a hospital manage the physical and personal security of patients, staff (including the potential for violence to patients and staff in the workplace), and individuals coming to the hospital's buildings. In addition, security of the established environment, equipment, supplies, and information is also important.

##### *Elements of Performance for EC.2.10*

1. The hospital develops and maintains a written management plan describing the processes it implements to effectively manage the security of patients, staff, and other people coming to the hospital's facilities.
2. The hospital identifies a person(s), as designated by leadership, to coordinate the development, implementation, and monitoring of the security management activities.



3. The hospital conducts proactive risk assessments that evaluate the potential adverse impact of the external environment and the services provided on the security of patients, staff, and other people coming to the hospital's facilities.
4. The hospital uses the risks identified to select and implement procedures and controls to achieve the lowest potential for adverse impact on security.
5. The hospital identifies, as appropriate, patients, staff, and other people entering the hospital's facilities.
6. The hospital controls access to and egress from security-sensitive areas, as determined by the hospital.
7. The hospital identifies and implements security procedures that address actions taken in the event of a security incident.
8. The hospital identifies and implements security procedures that address handling of an infant pediatric abduction, as applicable.
9. The hospital identifies and implements security procedures that address handling of situations involving VIPs or the media.
10. The hospital identifies and implements security procedures that address vehicular access to emergency care areas.

**EC.4.10 The hospital addresses emergency management.**

*(Must maintain a written plan.)*

**EC.4.20 The hospital conducts drills regularly to test emergency management.**

1. The hospital tests the response phase of its emergency management plan twice a year, either in response to an actual emergency or in planned drills.

**EC.5.10 The hospital manages fire safety risks.**

*(Must have written plan to effectively manage fire safety.)*

3. The hospital identifies processes for regularly inspecting, testing, and maintaining fire protection and fire safety systems, equipment, and components.

**EC.5.20 Newly constructed and existing environments are designed and maintained to comply with the *Life Safety Code*®. (NFPA)**

**EC.5.30 The hospital conducts fire drills regularly.**

**EC.5.40 The hospital maintains fire-safety equipment and building features.**

**EC.5.50 The hospital develops and implements activities to protect occupants during periods when a building does not meet the applicable provisions of the *Life Safety Code*®.**



1. Each hospital develops a policy for using **interim life safety measures (ILSMs)**.
2. The policy includes written criteria for evaluating various deficiencies and construction hazards to determine when and to what extent one or more of the following measures apply:
  - Ensuring free and unobstructed exits. Staff receives additional information/communication when alternative exits are designated. Buildings or areas under construction must maintain escape routes for construction workers at all times, and the means of existing construction areas are inspected daily.
  - Ensuring free and unobstructed access to emergency services and for fire, police, and other emergency forces.
  - Ensuring that fire alarm, detection, and suppression systems are in good working order. A temporary but equivalent system must be provided when any fire system is impaired. Temporary systems must be inspected and tested monthly. (The *Life Safety Code*®, NFPA 101-2000 edition, requires that the municipal fire department is notified (or applicable emergency forces group) and a fire watch is provided whenever an approved fire alarm or automatic sprinkler system is out of service for more than four hours in a 24-hour period in an occupied building.)
  - Ensuring that temporary construction partitions are smoke-tight and built of noncombustible or limited combustible materials that will not contribute to the development or spread of fire.
  - Providing additional fire-lighting equipment and training staff in its use.
  - Prohibiting smoking throughout the hospital's buildings and in and near construction areas.
  - Developing and enforcing storage, housekeeping, and debris-removal practices that reduce the building's flammable and combustible fire load to the lowest feasible level.
  - Conducting a minimum of two fire drills per shift per quarter.
  - Increasing surveillance of buildings, grounds, equipment, with special attention to excavations, construction areas, construction storage, and field offices.
  - Training staff to compensate for impaired structural or compartmentalization features of fire safety.
  - Conducting hospital-wide safety education programs to promote awareness of fire-safety building deficiencies, construction hazards, and ILSMs.
3. Each hospital implements ILSMs as defined in its policy.



**National Patient Safety Goals**

*The purpose of the Joint Commission's National Patient Safety Goals is to promote specific improvements in patient safety, which applies to our nurse call systems.*

**Goal 2**

**Improve the effectiveness of communication among caregivers.**

Requirement 2C: Measure and assess and, if appropriate, take action to improve the timeliness of reporting, and the timeliness of receipt by the responsible licensed caregiver, of critical test results and values.

**Improving Organization Performance**

*"Performance Improvement is a continuous process. It involves measuring the functioning of important processes and services, and, when indicated, identifying changes that enhance performance."*

*JCAHO requires hospitals to continuously measure their performance on key metrics and work to improve them. Understanding the JCAHO language and being aware of these types of requirements will allow you to sell more effectively in hospitals. Users have told us numerous times that the best integrators and vendors are those whom not only understand the products they are selling but more importantly that they intimately understand their end customer's environment.*

PI.1.10 The hospital collects data to monitor its performance.

PI.2.10 Data are systematically aggregated and analyzed.

PI.2.20 Undesirable patterns or trends in performance are analyzed.

PI.2.30 Processes for identifying and managing sentinel events are defined and implemented.

PI.3.10 Information from data analysis is used to make changes that improve performance and patient safety and reduce the risk of sentinel events.

PI.3.20 An ongoing, proactive program for identifying and reducing unanticipated adverse events and safety risks to patients is defined and implemented.



**Contact Information**

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