Upping the Score on Physical Safety

How ambulatory care organizations can better comply with EC.02.06.01

Surgery centers, community health centers, group practices, sleep labs, urgent care clinics, and other ambulatory health care providers face a major responsibility: Ensuring that the environment of care is safe and operational. But this duty can be consistently challenging in a busy facility where outpatients frequently come and go and staffing and resources may be more limited than in inpatient centers.

One Joint Commission Environment of Care (EC) standard that has been particularly challenging for ambulatory care organizations is EC.02.06.01, which requires an organization to establish and maintain a safe, functional environment. During 2016, nearly 24% of surveyed ambulatory care organizations were found noncompliant with this standard—and some of its elements of performance (EPs) get more Requirements for Improvement (RFIs) than others.

For example, approximately 16% of surveyed ambulatory care organizations were deemed noncompliant with EP 1: “Interior spaces meet the needs of the patient population and are safe and suitable to the care, treatment, or services provided.” EC.02.06.01 had an EP, EP 13 (which was incorporated into EC.02.05.01 as EP 16 in 2017; see Sidebar 1 on page 4), that obligated an organization to maintain ventilation, temperature, and humidity levels suitable for the care, treatment, and services provided. This EP garnered nearly a 9% noncompliance rate.

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The following EPs are less commonly cited in surveys but still occasionally problematic:

- EP 7 requires separate waiting and postanesthesia recovery areas in ambulatory surgical centers that elect to use The Joint Commission deemed status option.
- EP 11 requires lighting that’s suitable for care, treatment, or services.
- EP 20 requires that areas used by patients be clean.
- EP 23 requires emergency access to all locked and occupied spaces.

Given how crucial this standard is, it’s important for ambulatory care organizations to evaluate common issues that can prevent them from meeting their requirements, trigger noncompliant findings, and compromise safety in the physical environment. Exploring strategies for better compliance can also result in delivering better-quality care and services.

**A tricky standard to meet**

Jason Beers, CHFM, *Life Safety Code®* surveyor for The Joint Commission, says EC.02.06.01 is vital as well as problematic for several reasons. “It details basic requirements for providing and maintaining a functional environment. Remember—patients and visitors are only as safe as the environment the organization provides,” he says. “Unfortunately, centers with ambulatory health care occupancies many times do not have staff that are dedicated to the safe environment, which makes it harder for these organizations to stay on top of possible issues.”

Adding to the challenge is the fact that EC.02.06.01 and its EP 1 lack specific directives or details in their language, which can lead to misinterpretations and oversights. “It’s a catch-all type of standard that is intended to cover areas in the physical environment not specifically addressed in previous EC standards,” says Kathy Tolomeo, CHEM, CHSP, Joint Commission engineer. “The way EP 1 is worded, it can encompass anything from having appropriate handwashing facilities to removing any trip hazards on the floor. It’s basically trying to alert the organization that it really needs to be looking at everything within the physical environment and questioning whether each of those items is safe and appropriate.”

Tolomeo says part of the problem is that organizations use the EPs in EC.02.06.01 as a checklist, and they often cross off items too quickly. “They come back to EP 1, and it’s so open-ended and subject to interpretation that the organization may score itself as compliant since there are no identified safety issues,” she says. “But EP 1 takes further assessment and is often best evaluated during rounding and environmental tours.” This EP is intended to get organizations to answer questions about the safety of the interior physical environment and to conduct risk assessments to determine whether that environment is appropriate for the safety of patients, staff, and visitors.

**Standing at attention**

Beers notes that this standard and its EPs have received increased attention from surveyors in recent years. Since 2016, *Life Safety Code®* surveyors have been added to most ambulatory surgery center surveys for one day. Beers says, “Because we are focused on the environment of care, we will observe more, which could lead to more findings.”

Surveyors have especially scrutinized EP 1 of this standard due to the numerous types of issues that fall under it. “These include stained ceiling tiles, damage to furniture or equipment that would prevent proper cleaning, and nurse call pull cords in patient bathrooms that are not properly installed,” Beers adds.

The good news is that compliance with EC.02.06.01 is now easier, thanks to Project REFRESH, a recent Joint Commission initiative that aims to improve consistency in standard interpretation, enhance and streamline the postsurvey process, and better position the standards and elements of performance. As an example of this repositioning, EC.02.06.01, EP 13 has been moved and reworded to fit within EC.02.05.01 as new EP 16 (see Sidebar 1). “Also, many observations that were scored in the past at EP 1 today have their own unique standards that went into effect earlier this year,” says Beers.

Case in point: Oxygen cylinder storage requirements used to be scored at EC.02.06.01, EP 1, but now there is a separate standard for this observation at EC.02.05.09, EP 6 (see Sidebar 1). “Removing these frequently cited items from EP 1 will likely reduce the noncompliance with this EP,” Beers notes.

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It also allows organizations to identify problematic items and proactively address them.

**Strategies for improved compliance**
The following measures can help an ambulatory care organization create a safer environment and better adhere to EC.02.06.01 and its EPs:

- **Conduct risk assessments to identify any hazards in the physical environment.** These hazards include trip risks, unsecured equipment and supplies, poor room design and maintenance, and items that could roll off a cart and injure someone.
  
  “Another example is cardboard or corrugated boxes,” says Tolomeo. “While there are no specific Joint Commission standards or regulations that prohibit cardboard boxes, The Joint Commission would expect an organization to conduct a risk assessment, per EC.02.01.01, to determine if using these types of boxes creates a safety risk in the physical environment. The two areas of concern are infection control, due to possible contamination from the boxes, and fire safety, since this is a combustible material. If the organization has not identified the risk, nor conducted a defensible risk assessment, this item could be scored at EC.02.06.01, EP 1.”

- **Increase and improve rounding and environmental tours.** “Self-evaluate the environment as often as needed to ensure that it is safe for patients, visitors, and staff,” Beers suggests.

- **Refer to important codes and guidelines.** Organizations can consult policies, guidelines, and recommendations from industry associations to improve their knowledge and support their compliance efforts. Examples include NFPA 99—The Health Care Facilities Code (2012 edition), the Facility Guidelines Institute’s *Guidelines for Hospitals and Outpatient Facilities*—2014 edition, and recommendations provided by the American Society for Healthcare Engineering.

- **Access Joint Commission literature and videos on this standard, including the following:**
  - “The Built Environment—EC.02.06.01—Leadership” videos (www.jointcommission.org/topics/ec020601__leadership.aspx)
  - “EC.02.06.01—Clinical Impact” (www.jointcommission.org/topics/ec020601_clinical_impact.aspx)

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101-2012: 18/19.2.2.2.2. If the room exceeds 1,000 square feet, a second exit access door (remote from the first) is required (see NFPA 101-2012: 18/19.2.5.5.1).

Suites

Current EP 28 requires that suites be separated from other areas in the building by corridor walls and corridor doors, as described in NFPA 101-2012: 18/19.3.6.2–18/19.3.6.5. In new and sprinklered buildings, corridor walls are not required to be rated but must resist the passage of smoke. These corridor walls are allowed to terminate at ceilings (provided that they resist the passage of smoke), including suspended ceilings. Nothing has to be added to the suspended ceiling; lights, vents, and sprinkler heads may penetrate and still be considered able to resist the passage of smoke. Corridor doors must be 1¾ inches thick, made of a solid-bonded wood core material that restricts fire in a corridor wall, into an exit stair, into another. One of the two doors must exit directly to a corridor. The second door may exit into several different protected environments, including into another suite (if the wall separating the two suites is a corridor wall), into an exit passageway, or into an exit door to the exterior.

Illumination and visibility

Existing EP 39 requires light fixtures to be designed so that the failure of a single light fixture or bulb doesn’t leave the area in darkness. The revised language includes a definition of darkness as “less than 0.2 foot-candles.” What is a foot-candle? Dusk is 10 foot-candles, twilight is 1 foot-candle, and full moon is 0.01 foot-candle. The simplest method of compliance is to install and maintain two fixtures, both supported with emergency power that can supply lighting even if one of the two fixtures fails.

Also clarified in EP 39 for 2018 is how long the emergency lighting must be automatically provided: ½ hours.

Revised EP 40 clarifies that an exit sign is required when the path to the exit is not readily apparent. An exit sign should be provided wherever a decision needs to be made to exit the building. Exit signs, where required, must be visible at all times, hence the requirement for either internal illumination or external illumination and increased letter sizing.

For 2018, EP 40 includes the requirement for exit signs to be served by the emergency lighting system, unless the building has fewer than 30 occupants and is one story, with obvious exit travel.

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• Keep an open mind. Remember that EC.02.06.01, and EP 1, in particular, is intended to cast a wide net over a number of potential deficiencies in your physical environment that could decrease safety and impede the functionality of your organization. It’s intended to keep your environment, patients, visitors, and staff safe.