

Patient Safety Extends Into Pipes, Drains, and Power Lines

When you hear the phrase “patient safety,” you might think of tending the patient’s medical needs at the bedside, or of various procedures designed to reduce risk of error regarding identification, medicines, lab tests, etc. What you might not think of is the physical environment of the healthcare organization. That’s right: Patient safety includes the pipes, wiring, walls, floors, and even the drains that make up the actual building.

Facility-related issues can adversely affect patient safety just as much as medical errors,” says Mark Bruley, CCE, vice president of ECRI Institute’s Accident and Forensic Investigation Group.

ECRI Institute PSO has seen numerous reports regarding maintenance issues that adversely affected patients, as well as situations that had the potential to do so. For example, construction at one facility contaminated its medical gas and vacuum systems, crossed water lines at another caused a temperature flux during a patient’s dialysis, and switched emergency and standard outlet plates at a third facility resulted in the failure of a patient’s ventilator during an electrical outage.

Organization leadership must take charge and ensure that facility safety is a priority for all staff members; staff should be empowered to call attention to hazardous conditions. In order to focus on the environment of care as a patient safety issue, leaders should:

- ▶ Provide adequate resources to ensure the safety of the environment.
- ▶ Support a culture of safety, enabling staff to identify and report potential hazards.
- ▶ Participate in environment-of-care rounds and visibly demonstrate commitment to safety measures.
- ▶ Involve staff by asking about any concerns they may have and following up regarding these issues.

In this area of patient safety, housekeeping, maintenance, and facilities staff are key players. These staff members are responsible for ensuring that their tasks are completed correctly and that installations are performed properly, as in the case of several reports received by ECRI Institute PSO in which wall-mounted televisions were not mounted securely and pulled away from the wall.

ECRI Institute PSO found that the risk of many such issues can be lessened through the implementation of effective policies and procedures, as well as the development of a culture that rewards proactive behavior and accountability:

- ▶ First, all construction or repair work should be inspected immediately upon completion to verify that all involved systems function properly.
- ▶ Second, routine inspection and preventive maintenance should happen on schedule and in accordance with all applicable state, local, and federal requirements. Such procedures should be documented thoroughly and in a place that is easily accessible.

- ▶ Third, all staff must be empowered to act in the interests of patient safety.
- ▶ Fourth, information about unsafe conditions should be collected, analyzed, and acted on. In this way can everyone within the organization demonstrate a continuing commitment to patient safety.

Further Reading

- ▶ CMS Conditions of Participation and Conditions for Coverage
- ▶ ECRI Institute PSO resources and guidance materials (members only; login required)
- ▶ Joint Commission “Environment of Care” accreditation standards (login required)



How Can We Help You?

Whether you have questions about the final rule or want to learn more about ECRI Institute PSO and/or support for other PSOs, we would be happy to hear from you. Please contact ECRI Institute at psa@ecri.org or call (610) 825-6000, ext. 5558.