



February 2017

6th Edition in Depth: Structural Integrity of Patient Care Environments in the Event of a Disaster

Each month the JCInsight newsletter highlights a section of the new 6th edition hospital standards. These articles provide a closer look at areas of concern for JCI-accredited hospitals and any health care organization focused on patient safety and quality improvement. We hope you enjoy this new feature.



Standard FMS.6: The hospital develops, maintains, and tests an emergency management program to respond to emergencies and natural or other disasters that have the potential of occurring within the community.

An important element of disaster planning is determining the impact on the structure of the patient care environment if a disaster were to occur. A new requirement was added to the Facility Management and Safety (FMS) chapter related to the need for organizations to determine “the structural integrity of existing patient care environments” in the event of a disaster. This requirement was added as letter b to the intent and addressed in ME 3 of FMS.6, requiring the hospital to establish and implement a disaster program that identifies its response to likely disasters (including items a through h in the intent).

The organization must first perform a hazard vulnerability analysis by identifying the likelihood and consequences of hazards, threats, and events. For example, is the organization in a location that is at risk for geological phenomena, such as earthquakes, landslides, or tsunami? Or is it in an area at risk for chemical or other technological phenomena such as explosions or hazardous material spills? Is the organization at risk for environmental emergencies such as infectious disease epidemics or system contaminations (for example, bacterial contamination in the water system)?

Once the types and likelihood of emergencies are identified, the organization should determine the structural integrity of the building(s) where patient care is provided based on the most common types of disasters. For example, if the organization is in an area where hurricanes are likely, are the roof and windows capable of withstanding the storm surge generated by extremely high winds?

Are there mechanisms in place to manage the flooding that is likely to occur as a result of the heavy rains that follow a hurricane?

If earthquakes are likely, is the building seismically sound? If utilities such as power and water are disrupted from the earthquake, is there an adequate emergency power system and an alternative water supply? (See also FMS.9.2 and FMS.9.2.1.) As part of the facility analysis, if there is a high probability of an airborne pandemic, are the facilities capable of isolating patients to prevent further spread of the airborne illness? (See also PCI.8.1 and PCI.8.2.)

The intent of this requirement is for organizations to know their own structural limitations and to begin to develop plans to mitigate these risks over time in order to ensure the safety of their patients and to ensure their availability as a community resource during disasters. There are tools and websites to help organizations with their planning to meet this requirement. Some examples are:

- The [World Health Organization's](#) (WHO's) website dedicated to emergency planning and information
- The [European Commission](#)
- The [California Hospital Association](#)
- [U.S. Federal Emergency Management Agency](#)



Reminder: New Laboratory Standards Now in Effect

JCI's 3rd edition accreditation standards for laboratories went into effect 1 January 2017. [Learn more](#). This recently updated accreditation manual contains JCI's standards, intent statements, and measurable elements in the following categories:

- International Patient Safety Goals
- Governance, Leadership, and Direction
- Management of Information
- Staff Qualifications and Education
- Facility Management and Safety
- Quality Control Processes



New Book Helps Hospitals Build a Safe Culture

JCI requirements call for a culture of safety—marked by mutual respect, effective teamwork, psychological safety, learning, and driving continuous improvement—to be present and supported by leadership in all accredited organizations. The second edition of *Strategies for Creating, Sustaining, and Improving a Culture of Safety in Health Care* expands the idea of “building” a culture of safety by spotlighting the best articles related to this topic from *The Joint Commission Journal on Quality and Patient Safety*®.

These real-world experiences provide tested solutions that health care organizations can use to begin safety culture discussions or adapt to strengthen the existing culture of safety within the organization. [Learn more here](#).

First 2017 JCI Practicum in Singapore 3-7 April

JCI's first Practicum of the year—and the first to cover JCI's new 6th edition hospital accreditation standards—will take place in Singapore 3-7 April. This is JCI's most comprehensive education program: a 5-day immersion in the essential elements of JCI accreditation, patient safety, and continuous improvement. [Learn more about the upcoming Practicum here.](#)

Want to see what happens at a JCI Practicum? [Click here for an informative video.](#)



Don't forget: JCI Accreditation Updates are scheduled for March and April and a few openings still remain. [Read more about those events here.](#)



2017 SINGAPORE PRACTICUM

(3-7 April)

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