JOINT COMMISSION™
ELEVATING CARE. TOGETHER.

Creating a Secure and Safe Physical Environment

Safety and security risks are inherent in healthcare settings and can impact patients, visitors, and staff. It is important to have systems and processes in place to identify these risks in advance so the hospital can prevent or effectively respond to such incidents.

Background

Safety incidents are usually accidental — stemming from the structure of the physical environment, routine tasks, or uncontrollable events like weather. However, security incidents can be intentional, involving threats such as violence, theft, infant abduction, or unrestricted access to medication. These risks affect anyone within the hospital environment. Joint Commission's physical environment standards focus on systems and processes to address both patient safety and worker safety and are in alignment with the Conditions of Participation (CoPs) set forth by the Centers for Medicare & Medicaid Services (CMS). *National Performance Goals™* focus on key activities to prevent and mitigate safety and security risks.

Standards

Joint Commission standards augment CMS CoPs to address critical individual and environmental risks. Hospitals are required to:

- Manage security risks
  - Control access to and from areas identified as security sensitive
  - Develop and implement policies and procedures to follow in the event of a security incident, including infant and pediatric abductions
  - Develop and implement policies and procedures to monitor, internally report and investigate injuries; incidents of property damage; safety and security incidents; hazardous materials and waste spills and exposures; fire safety management problems, deficiencies, and failures; medical or laboratory equipment problems; and utility system management problems, systems, and errors.

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- Have written procedures for utility system disruptions and emergency back-up for essential medication dispensing equipment and essential refrigeration, which are not covered under CMS CoPs utility system requirements.
- Coordinate administrative and clinical decisions for incarcerated patients, regarding:
  - Use of seclusion and restraint for nonclinical purposes
  - Imposition of disciplinary restrictions
  - Restrictions of rights
  - Plan for discharge and continuing care
  - Length of stay
- Implement fall reduction interventions based on the patient population, setting, and individual patient's assessed risks

Rationale

Ensuring safety and security is fundamental to providing safe and effective care. Safety and security incidents can disrupt hospital operations, delay care, create legal liabilities, and cause severe harm to patients. The focus on systems failures, rather than individual errors, as the foundation for organizational safety is well-established in healthcare.[i,ii] As such, Joint Commission standards require implementation of hospital-wide policies and protocols to prevent, monitor, internally report, and investigate all security and safety incidents when they happen and ensure all staff know what to do in the event of a security breach, patient abduction, or accident.

Utility system management is governed by CMS under its Emergency Preparedness CoP, as well as the National Fire Protection Association (NFPA), and aligns with 2025 performance goals. However, standards ensuring emergency back-up for essential medication dispensing systems go beyond the CMS and NFPA requirements. Addressing this safety risk is crucial to ensure patients continue to receive medications and thus avoid delays or interruptions that could negatively impact care, and it is aligned with professional pharmacy association guidelines.[iii]

Caring for incarcerated patients can present security risks. Hospitals must ensure the provision of high-quality care for such patients, while also maintaining a secure environment for all patients, staff, and visitors. As such, requirements for coordination of administrative and clinical decisions for these patients are important in keeping this balance.

Patient falls are the most common cause of preventable injury and remain a significant safety risk in hospitals. In US hospitals, between 700,000 and 1 million patients fall each year, and roughly 30% of these falls result in injury.[iv] Joint Commission's requirement to implement fall risk reduction strategies tailored to population, setting, and individual risk aligns with research and key stakeholder best practice recommendations to reduce falls.[v,vi]

i Reason J. *Human Error.* New York: Cambridge University Press, 1990 **ii** Vincent C, Taylor-Adams S, Stanhope N. Framework for analyzing risk and safety in clinical medicine. *BMJ* 1998;316:1154–7. **iii** American Society of Health System Pharmacists (ASHP). ASHP guidelines on the safe use of automated dispensing cabinets. *American Journal of Health-system Pharmacy.* 2022;79: e71-e82. https://www.ashp.org/-/media/assets/policy-guidelines/docs/guidelines/safe-use-of-automated-dispensing-devices.ashx **iv** Agency for Healthcare Research and Quality (AHRQ), Department of Health and Human Services. Falls Dashboard. Accessed at: https://www.ahrq.gov/npsd/data/dashboard/falls.html **v** Rogers, S., Haddad Y.K., Legha J.K., Stannard D. Auerback A., Eckstrom E. CDC STEADI: *Best Practices for Developing an Inpatient Program to Prevent Older Adult Falls after Discharge.* Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention. 2021. https://www.cdc.gov/steadi/pdf/STEADI-inpatient-guide-508.pdf **vi** Agency for Healthcare Research and Quality. Fall TIPS: A Patient-Centered Fall Prevention Toolkit. Content last reviewed February 2021. https://www.ahrq.gov/patient-safety/settings/hospital/fall-tips/index.html