

# Environment Of Care Rounds

Debra Fawcett

The talk on the street is all about patient safety. Institutions are striving to improve care and improve outcomes. The Centers for Medicare and Medicaid Services (CMS) is no longer going to reimburse for preventable healthcare acquired conditions or for healthcare acquired infections. CMS had appointed the Joint Commission as their watchdog. To achieve this end, institutions have formed coalitions, safety committees and established policies designed to improve patient outcomes, protect staff and prevent iatrogenic events.

One tool designed to ensure patient safety and staff safety is the occurrence of Environment of Care (EOC) rounds. EOC rounds are required by the Joint Commission to all areas of a hospital. EOC rounds foster a high standard of care of the patients, assist in improved patient outcomes and allow hospitals to maintain a safe functional environment (TJC Standard, EC .02.06.01, 2012). The EOC team should consist of a multi-disciplinary membership. The team should include but not be limited to: the hospital safety officer, a representative from the facilities department, biomed, pharmacy, a privacy officer, an infection preventionist, a staff nurse and then a member from the unit being assessed. Each member of the team should focus on their area of specialty. During EOC rounds the team identifies deficiencies, hazards, and unsafe practices. The team leader reports to leadership of the unit and hospital. The hospital then uses the results of the rounds to identify opportunities to resolve safety issues that impact care and to provide a safe working environment for all. In addition the TJC reviews, reports, and then forwards to the CMS.

Why is this important to the OR? For years the OR has been behind closed doors. No outsiders allowed. Now that the doors are open, patients and the public expect transparency. The public want to know that if they have a procedure at your institution they are going to have the best outcome possible. Quality of care and rating of hospitals are now available to the public through the internet. EOC rounds must be conducted in the OR to allow for improved patient outcomes and staff safety. The OR is rife with opportunities for unexpected events to occur. The purpose of rounds is not punitive in nature but should be considered as a proactive endeavor to ensure compliance with all safety and Joint Commission requirements. Staff and leadership must participate to identify opportunities for improvement practice, adherence to standards and to foster adherence to polices.

During rounds in the OR team members will review infection prevention practices such as following aseptic technique, flow of traffic, handling of red bag trash, and surgical attire. All are dictated by standards. All have great potential of causing an infection in a surgical patient. Other members of the team will review the environment for safety issues such as eye wash systems, is the trash picked up, can anyone access the patient chart, or are there building problems, etc. During rounds the OR team member should ask questions regarding regulations and standards so

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that they understand the expectations of leadership and regulatory agencies. All are designed to improve the environment for both patient and staff.

Participating in rounds as a staff member allows the opportunity learn regulatory requirements and expectations as well as become aware of the dynamic nature of regulatory visits. Participation in rounds also prepares the OR staff to practice responding to regulatory surveyors during an actual survey. Knowledge is often said to be power. The OR staff need to understand what the Joint Commission expects, how they will survey, and what questions may be asked. Surveyors are focusing heavily on sterilization, transport of sterilized goods, and documentation of immediate steam sterilization, just to mention a few items. EOC team members can fill in the gaps of knowledge for the perioperative nurse on the spot so that surveys can be completed successfully.

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