#### **HEALTHWEST**

#### Policy and Procedure

No. 10-009

Prepared by: Effective: June 28, 2002 Revised: February 28, 2018

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Approved by: Subject: Environment of Care

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### I. POLICY

It is the policy of HealthWest to require all contracted Providers to comply with applicable State, Federal, and local environment of care/infection control standards and regulations.

### II. PURPOSE

The purpose of this policy is to ensure persons receiving services, staff, and visitors have a safe, accessible, effective, and efficient environment in which services occur.

### III. APPLICATION

All contracted Providers of HealthWest.

### IV. DEFINITIONS

- A. Environment of Care: Site where Behavior Health Services are provided.
- B. Safety Coordinator (or equivalent): Designated individual(s) responsible for safety measures in the environment, including oversight of policy/procedure development and implementation, staff training, inspections and drills, required documentation, and reports and compliance recommendations.
- C. Element of Environment of Care: Elements of Environment of Care include:
  - 1. Safety: Protection from injury.
  - 2. Security: Protection from harm.
  - 3. Hazardous Materials Management: Safe control of HAZMAT.
  - 4. Emergency Preparedness: Effective response to disasters.

- 5. Life Safety.
- 6. Utilities Systems Management: Operational reliability of utilities.
- 7. Equipment: Medical and non-medical equipment maintenance.
- 8. Infection Control: Practices to minimize/prevent occurrence of infections.

# V. <u>PROCEDURE</u>

- A. Network Development staff will assure contract language/Provider Manual includes requirements for compliance with monitoring of and consequences for non-compliance of State, Federal and local environment of care standards/regulations as detailed in A. and B. Responsibilities for orientation, competency, and monitoring activities specific to Licensed Independent Practitioners subcontracted by a Community Mental Health Services Program (CMHSP) accredited Provider are delegated to the accredited Provider.
- B. Requirements and Monitoring:

Provider Type	Requirement	Evidence	Monitoring Schedule	Monitoring Method
Accredited Provider (TJC,CARF And COA only)	Compliance with State, Federal & Local regulations and standards for:	TJC/CARF/COA (Behavioral) Accreditation Report.  Applicable State of Michigan license(s) (full report).	Application/ Re-application. Quarterly (Performance Indicators). Adverse Incident.	Document Review.  Data Analysis by Network staff/designee.
Non-Accredited Provider (or other than TJC/CARF/ COA)	Same as above.	State of Michigan Dept. Health and Human Services License. Other applicable license(s). Policies/	Same as above.	Document Review.  Facility Inspection.  Data Analysis by Network staff/designee.

Provider Type	Requirement	Evidence	Monitoring Schedule	Monitoring Method
		Procedures/Plan.  Orientation/ Training.  Documentation of Inspection and Drill reports (internal/external).  HealthWest/Lakeshore Regional Entity inspection document.  Performance Improvement Actions.		
Licensed Independent Practitioner	If services provider is under contract with an accredited provider, see Accredited Provider.  • regulations  • evidence  • monitoring  If service provider is under contract with a non-accredited provider, see Non-Accredited Provider.			

# C. Consequences for non-compliance:

- 1. If there is a threat to the safety of a person receiving services, the requirement is to correct immediately.
- 2. Completion and implementation of a Plan of Correction.
- 3. Contract termination.

### VI. <u>REFERENCES</u>

Department of Health and Human Services licensing regulations and requirements MIOSHA/OSHA Standards
CARF Environment of Care Standards
Public Health Acts