



October 9, 2010

Jim Ross
Chief Executive Officer
University Hospitals and Clinics
1 Hospital Drive - DC031.00
Columbia, MO 65212

Joint Commission ID #: 8330
Program: Hospital Accreditation
Accreditation Activity: Unannounced
Extension Event New Service
Accreditation Activity Completed:
10/08/2010

Dear Mr. Ross:

The Joint Commission would like to thank your organization for participating in the accreditation process. This process is designed to help your organization continuously provide safe, high - quality care, treatment, and services by identifying opportunities for improvement in your processes and helping you follow through on and implement these improvements. We encourage you to use the accreditation process as a continuous standards compliance and operational improvement tool.

With that goal in mind, your organization received Requirement(s) for Improvement during its recent survey. These requirements have been summarized in the Accreditation Report provided by the survey team that visited your organization.

Please be assured that The Joint Commission will keep the report confidential, except as required by law. To ensure that The Joint Commission's information about your organization is always accurate and current, our policy requires that you inform us of any changes in the name or ownership of your organization or the health care services you provide.

Please visit [Quality Check®](#) on The Joint Commission web site for updated information related to your accreditation decision.

Sincerely,

Ann Scott Blouin, RN, Ph.D.
Executive Vice President
Accreditation and Certification Operations



University Hospitals and Clinics
1 Hospital Drive - DC031.00
Columbia, MO 65212

Organization Identification Number: 8330

Program(s)
Hospital Accreditation

Surveyor(s) and Survey Date(s)
Daniel H.Booth, MD - (10/07 - 10/08/2010)
Peter M.Jaroscak - (10/07 - 10/07/2010)

Executive Summary

Hospital Accreditation : As a result of the accreditation activity conducted on the above date(s), Requirements for Improvement have been identified in your report.

You will have follow-up in the area(s) indicated below:

- Evidence of Standards Compliance (ESC)

If you have any questions, please do not hesitate to contact your Account Executive.

Thank you for collaborating with The Joint Commission to improve the safety and quality of care provided to patients.

The Joint Commission Summary of Findings

Evidence of DIRECT Impact Standards Compliance is due within 45 days from the day this report is posted to your organization's extranet site:

Program:	Hospital Accreditation Program	
Standards:	EC.02.01.01	EP3
	EC.02.03.01	EP1

The Joint Commission Findings

Chapter: Environment of Care
Program: Hospital Accreditation
Standard: EC.02.01.01 ESC 45 days
Standard Text: The hospital manages safety and security risks.
Primary Priority Focus Area: Physical Environment
Element(s) of Performance:

3. The hospital takes action to minimize or eliminate identified safety and security risks in the physical environment. 3

Scoring Category : C
Score : Insufficient Compliance

Observation(s):

EP 3

Observed in Building Tour at Missouri Orthopedic Institute (1100 Virginia Ave., Columbia, MO) site.

A Condition of Participation does not apply to this observation.

The trash compactor is located outside on the loading dock. It is accessible to the public. There was no key switch on the controls to make it inoperable. A key switch should be installed to assure the safety of anyone not trained and authorized to use the compactor.

Observed in Building Tour at Missouri Orthopedic Institute (1100 Virginia Ave., Columbia, MO) site.

A Condition of Participation does not apply to this observation.

Penthouse area:

The portable fire extinguisher was not mounted on the wall as required by NFPA 10. The extinguisher was placed on the floor.

Observed in Building Tour at Missouri Orthopedic Institute (1100 Virginia Ave., Columbia, MO) site.

A Condition of Participation does not apply to this observation.

Room 1111-A:

The portable fire extinguisher was not mounted on the wall as required by NFPA 10. The extinguisher was placed on the floor.

Observed in Building Tour at Missouri Orthopedic Institute (1100 Virginia Ave., Columbia, MO) site.

A Condition of Participation does not apply to this observation.

There are two fire extinguishers located within the MRI area. One was clearly marked as non-ferrous and approved for MRI use. The other extinguisher was not marked as approved or non-ferrous. Utilizing a magnet, it was found that this extinguisher was non-ferrous, except for the tab which holds the inspection tag. This extinguisher should be labeled and the tab replaced with a non-ferrous tab.

Chapter: Environment of Care
Program: Hospital Accreditation
Standard: EC.02.03.01 ESC 45 days
Standard Text: The hospital manages fire risks.
Primary Priority Focus Area: Physical Environment

The Joint Commission Findings

Element(s) of Performance:

1. The hospital minimizes the potential for harm from fire, smoke, and other products of combustion.



Scoring Category :C

Score : Partial Compliance

Observation(s):

EP 1

Observed in Building Tour at Missouri Orthopedic Institute (1100 Virginia Ave., Columbia, MO) site.

A Condition of Participation does not apply to this observation.

3rd floor, staff room:

The alcohol based hand wash dispenser was mounted within 6 inches of the electrical switch plate.

Observed in Building Tour at Missouri Orthopedic Institute (1100 Virginia Ave., Columbia, MO) site.

A Condition of Participation does not apply to this observation.

PT/OT, Room 2157:

The alcohol based hand wash dispenser was located within 6 inches of the electrical switch plate.
