



May 2003  
Volume 1, Issue 3

*A Newsletter for Healthcare Executives and Facility Managers on Issues  
Related to Accreditation and Regulatory Compliance*

## Does Your Design & Construction Process Include ICRA?



Identify safety and infection control issues proactively.

## ICRA IMPLEMENTATION . . . THE NEXT STEP

Many hospitals recently developed policies to address infection control issues during construction and renovation projects. However, some hospitals are unclear on ways of implementing these new policies into the design and construction process. Additionally, the JCAHO Environment of Care standards, CDC Draft Guidelines for Environmental Infection Control and 2001 AIA Guidelines for Design and Construction of Hospital and Healthcare Facilities do not provide specific, detailed information regarding construction risk management processes.

When a facility undertakes a construction or renovation project, there are many ways of integrating infection control into the design process. Utilizing a professional with knowledge of infection control and extensive expertise in design and construction provides the best chance of a successful project and lowering future risk management implications. The following is one way to accomplish this task. *(Continued on page 3)*

## HEALTHCARE AND THE COMMISSIONING REVOLUTION

Commissioning is becoming more commonplace in the healthcare design and construction industry, and if you have not already been exposed to the commissioning process, odds are you will be soon. **Commissioning** is a formal process documenting that building systems are functionally tested and fully operational *before* the building is turned over to the owner.

**Commissioning is critical for healthcare facilities that have strict environmental requirements (as referenced by JCAHO, CMS, state regulations and OSHA), such as temperature, humidity, pressure relationships, levels of filtration and complex building control systems.**

**Berkeley National Labs** conducted a study of 60 buildings in the year 2000 and determined that:

- 40 percent experience HVAC problems
- 25 percent of facility management systems/economizers/drives don't function

The facilities in the Berkeley study that had used commissioning found that:

- Building performance improved

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## HIPAA-POSSIBLE

**Honest, folks, it is hard but not impossible.** It is challenging but it can be done. Compliance with Health Insurance Portability and Accountability Act (HIPAA) means thinking about patient medical information in a different way. The information belongs to the patient and it must be kept confidential. The implementation of HIPAA may feel burdensome to health care entities, but it actually has a few worthwhile benefits such as:

- Savings through standardization
- Patient and family access and control of personal health information
- Consumer protection
- Patient and family ability to change medical record information
- An established complaint process for violations
- Violators are accountable (through fines, possible litigation and jail time)



Even with the good associated with HIPAA, it is and will continue to be difficult – *not impossible* and costly to implement. The HIPAA privacy standards were designed to ensure confidentiality of protected health information (PHI). Protected health information is defined as any individually identifiable information. HIPAA requires that covered entities provide administrative, technical and physical safeguards that protect PHI. To avoid potential fines and litigation, covered entities must be able to demonstrate *reasonable safeguards*.

Reasonable safeguards do not necessarily mean private rooms, added construction or removal of white boards. It means that the health care organization must develop a plan to assess information flow, and confine access to PHI only to those who need to know information in order to care for the patient.



Develop a flow chart of how information is obtained, stored, used and how it is transmitted throughout the organization today and into projects for the future. In your assessment, consider all forms of communication, paper such as lab reports, medical records, sign-in lists, oral and written communication such as assignment sheets, “white boards” and computer screen access. If construction and renovation are in the plan, work with your health care architect to ensure that creative methods are used to reasonably inhibit the exposure of confidential patient information. Policies and procedure should be developed to include best practices. Plan to educate and monitor the staff to ensure compliance. Document all education and measure the effectiveness the staff’s efforts to keep PHI confidential. Be cautious and think ahead. Reduce HIPAA stress by using the following references to get answers:

- Delanor Manson - [facility\\_services@ssr-inc.com](mailto:facility_services@ssr-inc.com)
- Withrow, Scott, 2001. *Managing HIPAA Compliance*. Health Administration Press
- Office of Civil Rights – [www.hhs.gov/ocr/hipaa](http://www.hhs.gov/ocr/hipaa)
- American Hospital Association - [www.aha.org](http://www.aha.org)
- Federal Register Online [www.access.gpo.gov/nar/index.html](http://www.access.gpo.gov/nar/index.html)
- Office of the Assistant Secretary for Planning & Evaluation - [www.aspe.hhs.gov/admnsimp](http://www.aspe.hhs.gov/admnsimp)
- Cal HIPAA - [www.calhipaa.com/main/hipaa\\_newsletter1.shtml](http://www.calhipaa.com/main/hipaa_newsletter1.shtml)



## JCAHO UPDATE

January 2004 will be a *very* stressful month. Joint Commission on Accreditation for Healthcare Organizations (JCAHO) will implement the use of a Periodic Performance Review process. As part of the Accreditation Participation Requirement (APR) process, JCAHO will require that all ambulatory care, behavioral healthcare, home care, hospital, and long-term care healthcare entities accredited by JCAHO participate in this process. Completion of the periodic assessment tool and development of a corrective action during the 18<sup>th</sup> month of their accreditation cycle will be required by all organizations. The tool and the corrective action plan must be submitted to JCAHO for review and approval.



## FOCUS ON INFECTION CONTROL CONTINUES WITH CMS AND CDC POST-OPERATIVE INFECTION PREVENTION PROJECTS

The Centers for Medicare & Medicaid Services (CMS) announced that CMS and the Centers for Disease Control and Prevention (CDC) are conducting a collaborative national healthcare quality improvement project to prevent post-operative infection. The Surgical Infection Prevention (SIP) Project began in August 2002.

The purpose of the project is to decrease morbidity and mortality, decrease length of stay and cost of hospitalization incurred by those patients with post-operative infections by focusing on improving the selection and timing of administration of prophylactic antibiotics. CMS notes that the project will be phased in at different times in different states. Indicators for the project include:

- Antibiotic prophylaxis within 1 hour
- Appropriate prophylactic antibiotics
- Discontinuation of antibiotics within 24 hours after surgery

Surgical procedures included in the project include:

- CABG
- Cardiac Surgery
- Colon Surgery
- Hip Arthroplasty
- Knee Arthroplasty
- Abdominal Hysterectomy
- Vaginal Hysterectomy
- Repair of Aneurysm
- Thromboendarterectomy
- Vein Bypass

The project incorporates general inclusion and exclusion criteria with accompanying flow charts and algorithms, the ICD-9 Codes for the surgical procedures of interest and recommendations for antibiotics relative to each procedure.

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## JCAHO UPDATE

If you think 2004 is going to be challenging, fast forward two years to 2006. The year 2006 will be an even more stressful year for JCAHO-accredited facilities. JCAHO survey procedure schedules will change from regularly scheduled triennial surveys to resurveys in which facilities will not be given notice of an impending visit. Surveys will be conducted between two and four years of the time that would normally have been scheduled.

### *ICRA Implementation . . . The Next Step* (Continued from page 1)

Consider the following sample project: a multi-phase renovation of an inpatient unit on one floor of a hospital. Proposed process:

1. The Hospital's multi-disciplined Risk Assessment Team meets early in the design process to perform the first part of the Infection Control Risk Assessment (ICRA). The Risk Assessment Team considers patient relocation and phasing issues to verify the feasibility of the project. The Risk Assessment Team also determines the need for permanent infection control features (e.g., isolation rooms, hand washing sinks, special air handling needs) of the renovated space.
2. The Risk Assessment Team submits these preliminary ICRA concepts to the design architect. The architect integrates the permanent infection control features into the design.
3. The Hospital's ICRA Coordinator works with the architects and engineers during the design process. The ICRA Coordinator serves as a liaison between the design architect and Risk Assessment Team.
4. The Risk Assessment Team and ICRA Coordinator develop a phasing plan (with assistance from the design architect).
5. After completion of construction documents and before construction, the Risk Assessment Team performs the second part of the ICRA. The Risk Assessment Team determines the temporary infection control measures that will be needed during the construction (e.g., barriers, negative pressure, dust control).
6. The Risk Assessment Team may develop a separate set of ICRA drawings and specifications. The Risk Assessment Team submits the infection control requirements to the contractor.
7. Contractors will need education to understand the infection control requirements. Lastly, the contractor implements the infection control measures as part of construction and enhances patient and staff safety.

*For questions on implementation of an ICRA program, contact:*  
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## Healthcare and the Commissioning Revolution

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- Systems operate at designed efficiencies
- Annual energy costs were reduced
- Construction costs were reduced
- Building turnover was smoother
- O & M staff were properly trained
- Building documentation was more accurate
- Owner satisfaction increased

**Retrocommissioning**, defined as the commissioning of a building and its systems *after* the building has been occupied for a period of time, also offers similar immediate and long-term benefits. The **Building Commissioning Association**, a national organization that promotes building commissioning practices, is in the process of establishing criteria to certify the qualifications of commissioning providers, also known as the Commissioning *Authority*.

Until an accepted certification process is determined, look for commissioning providers who have:

- Successfully provided commissioning services of similar size and complexity in the past year
- Greater than 20 customer references
- Specific healthcare design, construction and operations experience
- Experience in quality processes
- Demonstrated knowledge in building operation and maintenance, including operations and maintenance training
- Excellent verbal and written communication skills, are highly organized and have the ability to work with healthcare architecture and engineering team, management and trade contractors
- A registered professional engineer (PE) as the lead commissioning authority on the project with knowledge of JCAHO, CMS, OSHA and state regulations

The need to increase healthcare facility bed capacity by 250,000 requires continued building construction. The commissioning process can reduce operations costs and improve building systems performance, as well as increase patient and staff safety and satisfaction. With this vital information in mind, perhaps the healthcare sector will lead the commissioning revolution.

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## PUBLICATIONS & SEMINARS

### Look for these articles in publication

“Managing Hospital Emergency Power Testing Programs,” *ASHE Management Monograph*, April 2003.

“Joining Forces - Integrating Utility and Emergency Management for Better Patient Safety,” *Health Facilities Management Magazine*, April 2003.

“Making The Case - Selling maintenance and engineering initiatives to hospital executives,” *Health Facilities Management Magazine*, January 2003.

### Upcoming seminars

5/08/03 South Carolina Society of Hospital Engineers  
“HVAC and Mold”

5/29/03 Alabama Society for Healthcare Engineering  
“Effective Infection Control for Healthcare Construction and Renovation”

8/06/03 Houston:  
“Infection Control Risk Assessments from Plan to Implementation”

11/11/03 Indianapolis Midwest Healthcare Engineering Conference:  
“Effective Infection Control for Healthcare Construction”

11/13/03 “Surgery HVAC Systems”

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