

DECREASE BUILDING RISK

Healthcare needs are rapidly expanding. Many activities are poised to help address the issues of today, such as staffing shortages, the expanding patient population and the inevitable demise of 20 to 30-year old facilities.

Projects which address the issues of today are springing up from coast to coast. In an effort to prepare for the future, successful healthcare entities are replacing or renovating outdated, dilapidated hospitals and adding beds and wings while embracing time saving technology with fervor.

Healthcare facility leadership is constantly looking for ways to meet demands. Utilization of a Project Manager (PM) is strongly recommended to ensure a scope-driven, on-time, within budget project. Not just any PM will do to oversee the successful completion of your project. The project that is destined to succeed will have a Project Manager with experience in implementation of similar projects. Skills such as effective communications with team members and clients, efficient organizing, planning, prioritizing and tracking activities are critical. To ensure compliance with accrediting and regulatory agencies, the superior PM will have an in-depth knowledge base and access to countless resources. Everyday occurrences such as risk or delay issues will be anticipated and addressed with an effective resolution plan. *All actions and activities will be outcome-focused.*

In general, facilities addressing the changing healthcare environment with construction, renovation or technology upgrades are in a time sphere. An experienced, qualified **Project Manager** is a requirement to meet deadlines and challenges associated with growing healthcare needs.

For more information on effective project management, contact:
Todd Taylor, RCDD, LAN at ttaylor@ssr-inc.com.



PUBLICATIONS & SEMINARS

Look for these articles in publication

“Safety Training is Priority for OSHA Compliance,” *Kentucky Society of Healthcare Engineers Newsletter*, July 2003.

“All Things Considered - An Emergency Power Management Program Has Many Variables,” *Health Facilities Management* magazine, June 2003.

“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.

Upcoming seminars in 2003

- Sept 8 West Tennessee Chapter Tennessee Hospital Engineers Association: “ICRA’s Impact on the Design Process”
- Oct 15 Tennessee Hospital Engineers Association: “JCAHO Update”
- Nov 11 Indianapolis Midwest Healthcare Engineering Conference: “Effective Infection Control for Healthcare Construction”
- Nov 13 Indianapolis Midwest Healthcare Engineering Conference: “Surgery HVAC Systems”

JCAHO UPDATE

JCAHO will not conduct a formal document or medical record review in 2004. No more extra typing and killing trees while getting 15 binders ready for surveyor review. Policies and procedures will be reviewed on the patient care units. JCAHO will review medical record(s) on the units and may ask for more charts of patients similar to the one they are “tracing.” JCAHO surveys in 2004 are going to be different . . . and, hopefully, more effective.

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Related to Accreditation and Regulatory Compliance

WORKPLACE SAFETY

“Over the next five years, we want to reduce the rate of workplace fatalities by at least 15% and we want to reduce the rate of workplace injuries and illnesses by at least 20%.” (John Henshaw, Assistant Secretary of Labor for Occupational Safety and Health, 5/12/03.)

With that statement, Henshaw revealed the expected results of OSHA’s (Occupational Safety and Health Administration) new strategic management plan for the next five years. OSHA’s new strategic management plan has three major goals:

1. Reduce occupational hazards through direct intervention.
2. Promote a safety and health culture through compliance assistance, cooperative programs and strong leadership.
3. Maximize OSHA effectiveness and efficiency by strengthening its capabilities and infrastructure.

One means of accomplishing these goals is through enforcement (i.e., inspections). Consequently, we can expect to see an increase in the number of inspections occurring within workplaces. OSHA readily uses inspections to promote safety in the workplace and ultimately reduces the number of workplace injuries and illnesses.

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It is possible that
OSHA will assess the
safety training
program of an
institution during an
inspection.

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DATA MANAGEMENT IMPACTS JCAHO SURVEYS

Hospitals around the country are using a Central Information Management System (CIMS) to meet regulatory requirements. The ideal CIMS is a user-friendly, browser-based system that enables hospital administration personnel or staff to access operations information with a simple “mouse-click.”

JCAHO compliance information is entered directly into the CIMS by nurses, maintenance personnel or automatically from electronic instruments. The CIMS web server can be located at the hospital or hosted off-site. A CIMS system does not replace a facility’s existing software. It integrates with existing software packages (i.e., building maintenance, inventory tracking, utility metering, CAD drawing management) and fills the

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JCAHO is undertaking a major change in the survey process that will significantly impact most organizations.



OUTSOURCING SAVES MONEY

Healthcare organizations have been stretched to capacity trying to meet government regulatory mandates with shrinking budgets. These regulatory pressures include HIPAA, the Patient Bill of Rights legislation, emphasis on patient safety after the release of the Institute of Medicine (IOM) report during early 2000, and the responding Leapfrog initiatives. As if that's not enough reason to be frustrated with trying to keep up, JCAHO is undertaking a major change in the survey process that will significantly impact most organizations. Leaders are beginning to recognize if they don't take a proactive approach to these driving forces in the healthcare industry, they will be left on the reactionary side of the curve.

Although healthcare has lagged behind general industry, hospital executives are now becoming more aware of the credibility and proven track records of outsourcing services. Examples of outsourced services include financial audits, project management, information technology, facility operation and maintenance, food services, housekeeping and many others. Healthcare leaders realize that although they have talented, motivated and dedicated people managing their regulatory and accreditation processes, they just don't have the time or resources needed to effectively respond to the uncertainties and demands accompanying an evolving healthcare industry. Consequently, innovative CEOs are now turning to outsourcing services to bridge the gap between internal resources and these external demands.

An outsourcing partnership to help manage regulatory and accreditation processes offers the organization a teamwork approach to maintain a stable environment while implementing necessary changes. The organization gains access to focused experts with refined skills, a depth of resources far beyond what is available internally, and a way to keep pace with best practices in the healthcare industry. These outsourcing partners are skilled in change management, as well as consolidating functions and streamlining work initiatives. They offer flexibility, innovation and collaboration while resolving issues and establishing workflow processes to meet the organization's stated objectives. With a "holistic approach" the organization will be capable of sustaining changes over the long term, and continuing improvement upon those changes long after the outsourcing initiative has been completed.

For more information on outsourcing, please contact:
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JCAHO UPDATE

JCAHO has announced that they will no longer be utilizing the 5 point scoring system when rating the Elements of Performance during the survey process. Effective January 1, 2004, JCAHO surveyors will begin utilizing a 3 point scoring system where a "2" reflects "compliance," "1" reflects "partial compliance," and "0" reflects "not compliant." The number of standards receiving a "not compliant" or "0" score will most likely be the determining factor in the accreditation decision.



Data Management Impacts JCAHO Surveys

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gaps where needed. The ideal CIMS is a non-proprietary, Microsoft-based system that utilizes an MS-SQL database.

For example, the Building Maintenance Program (BMP) and Statement of Conditions™ (SOC) information is entered by a staff member or consultant through a wireless, tablet PC. This system interfaces directly into the hospital work-order system, which dispatches maintenance personnel to correct the problem. An up-to-date JCAHO compliance report can be printed at any time with a simple "mouse-click." This is essential for hospitals as they prepare for JCAHO unannounced surveys. Applicable standards include: NFPA 70 - testing electrical systems; NFPA 99 - emergency and standby power systems maintenance; NFPA 101 - emergency generator testing and maintenance; NFPA 110 - installation and performance of electrical power systems.

CIMS does not require special software to be installed on computer workstations and allows information access from any computer connected to the hospital intranet or over the internet. All information is secure and meets HIPAA requirements.

CIMS has several benefits which enable the end-user to save money, time and energy by creating an easy-to-use interface to enter, manage and access key hospital compliance information. This reduces the time required to find material and access valuable information needed to make important business and management decisions, such as adding an FTE or allocation of funds for utility upgrades.

For more information about CIMS, please contact:
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Workplace Safety *(Continued from Page 1)*

Based on this recent data, it is possible that OSHA will assess the safety training program of an institution during an inspection. With increased enforcement of OSHA standards expected, now may be a good time to critique safety training programs.

Dozens of OSHA standards require training as part of compliance with the standards. Healthcare institutions are affected by several of these OSHA standards. The table below lists select OSHA training-related standards that apply to healthcare institutions and the required minimum training frequency for each.

OSHA Standard	OSHA 29 CFR Reference	Minimum Training Frequency
Occupational Noise Exposure	1910.95	Annually
Hazardous Waste Operations and Emergency Response	1910.120	Annually
Personal Protective Equipment	1910.132	Prior to changes in workplace or PPE
Respiratory Protection	1910.134	Annually
Respiratory Protection for M. Tuberculosis	1910.139	Prior to changes in respirator type
Permit-Required Confined Spaces	1910.146	Prior to changes in workplace or duties
Lockout / Tagout	1910.147	Prior to changes in workplace or duties
Fire Brigades	1910.156	Annually
Portable Fire Extinguishers	1910.157	Annually
Blood-borne Pathogens	1910.1030	Annually
Ethylene Oxide	1910.1047	Annually
Formaldehyde	1910.1048	Annually
Hazard Communication	1910.1200	Prior to introduction of new hazard
Occupational Exposure to Hazardous Chemicals in Laboratories	1910.1450	Prior to new exposure situations
Scaffolding	1926.454	Prior to changes in workplace or duties
Fall Protection	1926.503	Prior to changes in workplace or duties

Table 1: OSHA Training-Related Standards Applicable to Healthcare

Training should be an integral part of the safety program of your institution. Through effective health and safety training, you should be able to minimize the number of workplace injuries and illnesses among your employees.

For more information on safety training, please contact:
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Watch for tips on patient safety in the next issue of *Compliance News*.