

### Master Plan Your Success (Continued from Page 2)

Facility owners approach master plans with a variety of objectives; the first task is to understand the purpose, intent and format of the master plan process and outcome. Some exercises are prioritized on hospital function with little regard to systems or their impact to planning, while other studies are more focused on producing detailed growth plans for specific systems.

Work typically begins with learning the existing hospital systems with respect to:

1. General system type and layout
2. Overall condition of components and distribution
3. General evaluation of load vs. capacity, including runtime, standby capacity, redundancy and peak load
4. Code related issues that may be triggered by changes to the facility

This would typically be the first stage of any study regardless of the purpose or scope, as the master plan depends on the starting point in terms of physical facilities. The systems involved in these types of studies generally include:

1. Central chilled water/refrigeration
2. Central steam and heating hot water production
3. Major airside systems
4. Normal and essential power systems, including standby power generator
5. Fire alarm
6. Domestic hot and cold water production and distribution
7. Medical gases
8. Fire Protection
9. Specialty water systems
10. Medical communication systems, including voice and data systems

As a facility master plan begins to take shape, inevitably there will be general outlines of modifications contemplated in terms of expansion, renovation or reuse of existing space. While some superficial master planning efforts don't take into account the impact to building systems and infrastructure, most do because those systems can account for up to 50% of the cost of

the required changes.

Frequently, the master plan needs to test certain facility development alternatives to determine feasibility, cost, phasing, downtime or other impact to building systems.

While the resulting system response may not drive the decision process in facility development, knowing the options, constraints and scope commitment are critical to a successful master planning process. Each engagement is specific, usually targeted, and often constrained by budget, timeframe or other drivers.

A system specific plan that considers growth, upgrade or replacement plan over a set period of time is the best plan. These plans are usually in response to situations involving inadequate capacity or performance, code required upgrades, poor reliability or standby capability, or other operational issues. Once developed, these plans can be executed on their own or in conjunction with ongoing facility renovation and upgrade.

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### Spend Your Money Wisely - Patient Safety Depends on IT (Continued from Page 3)

Major questions and issues may include:

- Space and utility planning to accommodate systems and equipment (that janitor's closet just won't do).
- Proper cable technology to support expected applications and bandwidth.
- Network backbone redundancy.
- Wireless Ethernet and telephony for enhanced clinician mobility.
- Proper outlet and receptacle placement and planning to support all anticipated connectivity requirements, **coordinated with clinician workflow.**

So, spend your money wisely, but don't skimp on the basics. Make sure your infrastructure planning can support patient safety and your dreams. Your facility can't be state-of-the-art without a viable framework.

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## Compliance News



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

### EMPLOYEE SAFETY NO LONGER A BUSINESS BURDEN

"Safety and health add value to your business, to your workplace, and to your life," said John Henshaw, Assistant Secretary for Occupational Safety and Health, to an audience gathered 3 months ago at the National Occupational Injury Research Symposium. Actually, Henshaw has repeated this statement often during the past year. The Occupational Safety and Health Administration (OSHA) is using this philosophy as a means to promote responsible safety and health programs at America's workplaces.

Over 5.2 million non-fatal occupational injuries and illnesses were reported in U.S. private industry workplaces during 2001 (the most recent year with available data). This results in an annual incidence rate of 5.7 occupational *(Continued on Page 3)*

### AOA HOSPITAL ACCREDITATION AN OPTION TO JCAHO

For more than 50 years the American Osteopathic Association (AOA) has been recognized as an alternative to Joint Commission on Accreditation of Healthcare Organizations (JCAHO). The AOA's Healthcare Facility Accreditation Program (HFAP) encompasses not only acute care hospitals, but also includes critical access hospitals, laboratories, ambulatory care/surgery, mental health, substance abuse and physical rehabilitation medical facilities.

AOA has been granted "deeming authority" for acute care hospitals by the Centers for Medicare and Medicaid Services (CMS), and has been validating the quality of care in facilities under CMS for over 30 years. There are approximately 125 hospitals accredited nationally under HFAP, which is recognized by federal and state agencies, insurance carriers, managed care organizations and the National Committee for Quality Assurance.

The AOA web site ([www.aoa-net.org](http://www.aoa-net.org)) offers an application, as well as samples of their accreditation requirements. It provides an opportunity to purchase several AOA resources, including the Accreditation Requirements for Healthcare Facilities Manual for \$250.

Regardless of which quality validation route your organization selects, CMS conditions of participation, JCAHO accreditation standards or the AOA accreditation requirements, their similarities far exceed their differences.



Workplace safety saves time and money.

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## IS THERE A CONTRACT IN YOUR FUTURE?

We live and work in a complex society of laws, rules and regulations that have developed over a long period of time. Using sports as a metaphor, people and businesses are supposed to play the “game” of life by the rules. These rules establish boundaries and provide opportunities to control or predict what will happen in the future. If one breaks the rules, there are penalties, such as fines or jail (or free throws).



*Contract review can keep you “in the game.”*

There are many rules that govern what you can and cannot do when agreeing to a contract. At the same time, the law allows people and businesses a significant amount of flexibility in writing their own rules. They can decide what the price of a widget will be, when it will be shipped, and the terms of payment, as well as many other specifics. Contracts can be oral, such as a handshake, or written. Contracts can be detailed and lengthy, or they can be very short. If a party breaks a contract, the law usually requires that the party that broke the contract pay damages to the other party in the contract.



As a hospital administrator, someone gives you a contract to review and sign. What should you look (or look out) for? Below are some suggestions that are by no means exhaustive.



**CLARITY.** Do you understand what the hospital is supposed to do or what services are provided under the contract provisions? In other words, do you fully understand what the rules are for playing this particular game? This is one of the chief reasons for using a written contract.

**COMPLETENESS.** Does the contract deal with all the readily foreseeable events? There are good reasons why most contracts are lengthy. It is impossible to predict everything that

might happen in the future, so a good contract needs to be somewhat expansive.

**DISPUTE RESOLUTION.** How does the contract deal with future disputes? You can count on questions and/or disagreements to arise over the term of the contract; otherwise, there would hardly be a need for a contract. Who serves as the referee when there is a dispute?

**CONTROLLING EXPOSURE.** You expect to pay for goods and services, but you do not expect to assume the liabilities of your vendors. Does the contract contain an indemnity provision shifting some vendor responsibilities to the facility or owner? Does the vendor have adequate insurance?

Depending on the nature and the purpose of the contract there may be a number of other questions to ask. Hopefully, these suggestions will get you started in the right direction.

Lawrence Maxwell, Dinsmore & Shohl, LLP

## MASTER PLAN YOUR SUCCESS

A standard feature in the process of developing and operating healthcare facilities is the creation and execution of a facility master plan. Typically in response to the long-term strategic plan for the healthcare organization, the master plan outlines physical changes needed for the facility to allow that plan to be achieved. The master plan will identify specific industry and departmental growth expectations that will result in hospital expansion, renovation or replacement. Frequently, when dealing with existing facilities, the master planning process considers the physical condition of existing structures and systems. There may be features that limit growth, re-use or expansion from codes, costs or other perspectives. *(Continued on Page 4)*



## PATIENT SAFETY MEASURES IDENTIFIED IN UNIVERSAL PROTOCOL

In the pursuit of eliminating wrong site, wrong procedure, wrong patient surgery, the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) created a new Universal Protocol. The protocol was released on December 2, 2003 and has already been endorsed by more than 40 of the nation’s leading healthcare organizations. Has your organization committed to adding another patient safety measure? The principle components of the JCAHO Universal Protocol are:

1. Pre-operative verification process
2. Marking the operative site
3. Taking a “time out” immediately before starting the procedure
4. Adaptation of the requirements to non-operating room settings, including bedside procedures

The need to improve patient safety by reducing surgical complications has been approached by challenging organizations to design systems that standardize procedures and improve communications among team members. Phasing in this multidisciplinary approach to improving processes is a structured attempt to overcome the resistance to standardization often identified in healthcare. The protocol goes into effect July 1, 2004.

The final Universal Protocol and its Implementation Guidelines are available on the JCAHO website, [www.jcaho.org](http://www.jcaho.org).

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## Employee Safety No Longer a Business Burden *(Continued from Page 1)*

injuries and illnesses per 100 full-time workers. Additionally, over 5,200 occupational fatalities were reported in private industry workplaces during the same time period. Some workplaces, including hospitals and nursing homes, traditionally experience higher incidence rates than others (incidence rates of 8.8 and 13.5, respectively).

Associated with these occupational injuries, illnesses and fatalities are substantial costs to employers. Liberty Mutual estimates that U.S. businesses spend between \$155 billion and \$232 billion annually on expenses

associated with worker compensation. This figure includes both direct and indirect costs associated with workplace injuries and illnesses. Direct costs include medical expenses and health insurance administration costs. Indirect costs include the overtime, training and lost productivity related to an injured employee not being able to perform his or her normal work. Indirect costs often exceed direct costs for an occupational injury or illness.

Instituting and maintaining a safety and health program within a workplace offers several advantages. A company’s commitment to a safer workplace boosts employee morale and reduces occupational injury and illness incidence rates. Positive effects of improved morale and a safer work environment include increased productivity and reduced worker compensation costs. With lower injury and illness rates, companies pay less for insurance premiums, medical expenses and legal services.

Henshaw and OSHA hope to reduce injury and illness incidence rates by convincing employers and workers that safety and health add value to one’s life and to businesses.

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## SPEND YOUR MONEY WISELY - PATIENT SAFETY DEPENDS ON IT

There’s a good chance that Information Technology (IT) will play a critical role in improving patient safety in your facility. In the emerging healthcare landscape, automation, the electronic medical record and systems integration are nearly pre-requisites for maintaining safety, achieving profitability and beating your competition. Not to mention that intelligent healthcare consumers expect it. Keep up or be left behind, or worse, left out.

The choices in software and equipment, both business and clinical, are staggering to say the least. But to be successful, one must lay a good foundation with compatible, flexible **IT infrastructure** to accommodate current and future technologies. Often ignored, a solid infrastructure plan can be the difference in successful, long-term technology deployment. *(Continued on Page 4)*