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



**Director of Regulatory
Compliance Services,
Dean Samet, CHSP**

I would like to take this opportunity to introduce myself to our Smith Seckman Reid, Inc.

Compliance News recipients. My name is Dean

Samet and I am very pleased and excited to announce that I accepted a position with SSR as Director of Regulatory Compliance Services. I am responsible for leading and coordinating efforts of SSR's Compliance Management Services & Facility Management Services team.

Before joining SSR, I accrued 30 years of combined experience in construction management, safety management, and Joint Commission on Accreditation of Healthcare Organizations. Over the past 15 years I have served with JCAHO, most recently as Associate Director & Senior Engineer and as a Certified Joint Commission Surveyor with the Accreditation Operations Department, Standards Interpretation Group. My responsibilities included developing, interpreting and surveying for JCAHO Environment of Care Standards and serving as a JCAHO/Joint Commission Resources faculty member, speaker and surveyor trainer. Also, I was the chief liaison for JCAHO to NFPA, ASHE, AIA, DOD, VA, IHS, and CMS for EC issues.

It is my sincere desire to bring all my years' experience to SSR and ultimately help educate and provide assistance to you and healthcare facility professionals across the country.

Suggestions and comments from you, our readers, on how we can continue to provide articles of interest in future issues of *Compliance News*, is also welcomed.

Wishing each of you a happy, healthy and prosperous new year!

*For more information about SSR's compliance management and
facility management services, please contact*

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... this change will enhance JCAHO's ability to better evaluate hospitals' compliance ...



JCAHO ADDS LIFE SAFETY CODE SPECIALIST SURVEYORS

Commencing in January 2005, the Joint Commission on Accreditation of Healthcare Organizations will be adding a Life Safety Code Specialist surveyor to its standard survey team which is comprised of a physician, nurse and administrator for hospitals of 200 beds or more. This change is intended to enhance the Joint Commission's ability to better evaluate compliance with the National Fire Protection Association's 2000 NFPA 101 Life Safety Code.

During the fall of 2004, JCAHO embarked on an energetic recruiting process to hire Life Safety Code Specialists. After hundreds of resumes were received and scores of potential candidates were interviewed, 50 qualified individuals were chosen and hired. Their backgrounds consist mostly of healthcare facilities management and engineering types, as well as hospital safety officers. Most of the LSC Specialist surveyors are professionals who maintain full-time positions in healthcare facilities. The primary focus for hiring these specialists was their familiarity and working knowledge of the Life Safety Code and the JCAHO Statement of Conditions for hospitals.

Most of the LSC Specialist surveyors will be what the Joint Commission calls "intermittent surveyors." They will commit up to five days per quarter and join the survey team for at least one full day to assess hospital facilities for compliance with the LSC. Surveys for larger hospitals typically last from

three to five days for other members of the survey team.

A first round of initial training and JCAHO indoctrination was provided for these specialists in November 2004. They and the Joint Commission Hospital and Long-Term Care surveyors completed two full days of intense training the first week of January 2005 at the annual JCAHO surveyor conference. The faculty, consisting of experts in the Life Safety Code and JCAHO Environment of Care standards, was chosen and brought on board via a collaborative agreement with the American Society for Healthcare Engineering. ASHE and the Joint Commission have been working together over the past several years to help improve the EOC standards and survey process. Hopefully, these latest efforts will result in a more comprehensive LSC survey and a safer environment for all patients, staff and visitors.

For more information, please contact Dean Samet at DSamet@ssr-inc.com

JCAHO EC ADVISORY BULLETIN: ECAB #05-01

Many times in previous years, Health Care Organizations (HCOs) have undergone a significant increase/decrease in volume of services. HCOs which either add or delete a new type of health service or site of care must notify JCAHO in writing within 30 calendar days of such changes. Notification is required by the Accreditation Policies and Procedures (APP "Handling Changes Affecting the Application Information") and the Accreditation Participation Requirements chapter (APR 2).

Previously during a triennial survey, as long as a surveyor saw a Statement of Conditions (part 3B) *(Continued on Page 3)*

CLARIFICATION OF FIRE RESPONSE TEAM vs. FIRE BRIGADE



“Fire response team” and “fire brigade” are synonymous terms. Both represent “an organized group of employees who are knowledgeable, trained and skilled in at least basic fire fighting operations.” OSHA acknowledges that the many fire brigades covered by the OSHA fire brigade standard (29 CFR 1910.156) vary widely in type, function and size. Most hospitals choose to maintain fire brigades (or fire response teams) that perform only basic fire fighting operations for incipient stage fires (i.e., not interior structural fire fighting). Incipient stage fires include beginning stage fires, which can be controlled or extinguished by portable fire extinguishers, Class II standpipe or small hose systems without the need for protective clothing or self-contained breathing apparatus.

An important part of a fire response program is the preparation and maintenance of an *organizational statement*, which establishes the existence of a fire brigade. The organizational statement should include the following:

- Basic structure of fire brigade,
- Type, amount and frequency of training for fire brigade members,
- Members of the fire brigade, and
- Functions.

Although your fire brigade may only perform basic fire fighting operations, OSHA still requires such members to receive training. The frequency and content of your training depends on the duties of your fire response team. As a minimum, fire brigade members should receive annual training. Fire brigade leaders and instructors shall be provided training, which is more comprehensive than that provided to other members of the fire brigade.

Lastly, fire brigade training should not be confused with fire extinguisher training for other employees. As an additional standard, OSHA requires fire extinguisher training for employees (including those not on the fire brigade), who have access to portable fire extinguishers for use in the workplace (29 CFR 1910.157(g)).

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JCAHO EC Advisory Bulletin: ECAB #05-01 *(Continued from page 2)*

for a new health care occupancy, whether it be a major renovation project or building addition, they were content and did not pursue it further (most of the time).

With JCAHO’s introduction of Life Safety Code Specialists in 2005, beware.

JCAHO, under APR 2, mandates that HCOs notify JCAHO in writing not more than 30 days after an addition, new building construction, major renovation project, relocation of services to another site, or significant increase or reduction in number of beds, etc., takes effect. More than likely, JCAHO will not schedule a resurvey for these changes but may schedule a resurvey when a significant merger or consolidation has taken place.

Failure of the HCO to provide a timely notification (within 30 days of changes in effect) to JCAHO of ownership, merger or consolidation and service changes “may result in interruption or loss of accreditation.”

From an Environment of Care standpoint, an HCO that undergoes a major renovation project which impacts services provided (by relocation or introduction of a new service to an existing site), has completed a building addition, has added a new building to an existing site or constructed a new building on a new site will need to submit the following to JCAHO within 30 days of commencement of use of the building/area:

- A letter to their JCAHO account representative advising of the changes, square footage, use, building construction type (NFPA 220), schedule, care treatment and services added/deleted. (It is recommended you not wait until the building/area, construction/renovation is completed to send this letter, but rather send it approximately 30 days prior to the completion of the project.)
- A revised Statement of Conditions (SOC) must be completed (part 2): Basic Building Information (check block for new health care occupancy and list number of beds if beds were added on this project).

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- A copy of Plan for Improvements (PFIs) SOC part 4 associated with the project. If there are no PFIs then submit a blank PFI form, including a statement, “no deficiencies noted.” JCAHO will review these PFIs and return a signed copy to the HCO.

Months or a year after completing a major renovation or building addition project, an HCO administrator does not want to, during a triennial survey, give the JCAHO Life Safety Code Specialist an SOC with an Existing Health Care Occupancy or a New Health Care Occupancy, without having a JCAHO-signed PFI for the renovation/addition project. The surveyor, in his astuteness, may cite you for noncompliance with APR 2 if you don’t have signed PFIs and a letter to JCAHO advising them of the change.

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WHAT IS A SAFETY OFFICER

The goal of an effective “Safety Management Plan” is to provide a safe, functional, supportive and effective environment consistent with the goals and objectives of the hospital **AND** which meets required regulations from multiple regulatory agencies. The hospital is required by JCAHO standard EC.1.10{3} to identify a person(s) (*Safety Officer* is the typical title) to intervene whenever conditions immediately threaten life or health or threaten damage to equipment or buildings. However, the role of *Safety Officer* in today’s hospital setting is usually much broader than simply stepping in to stop an immediate threat. This individual typically oversees the entire safety management process and aids in the development and monitoring of all issues related to each EOC management plan since each plays a significant part in overall safety.

Filling the role of a hospital *Safety Officer* is full of challenges and constant opportunities for advancing your knowledge of ever changing regulations, and tests your abilities to implement those changes in “real world” day-to-day hospital operations. Effectively enforcing regulations and keeping areas functional and productive at the same time can be extremely challenging. However, a thorough knowledge of safety practices, a consistent means of development/implementation/monitoring of needed policies/procedures, and a good working relationship with ALL staff members can make the job much easier to perform successfully.

Future issues will discuss specific duties. Stay tuned!

*For more information, please contact
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SSR PUBLICATIONS & SEMINARS

Look for these articles in publication

- “Full Power?,” *Health Facilities Management* magazine, November 2004
- “Infection Control Evolution,” *Inside ASHE*, November-December 2004

Seminars in 2005

- Jan. 14 Arkansas Association for Healthcare Engineering, Little Rock, “Life Safety Compliance for Healthcare” and “USP 797”
- Feb. 23 Texas Association of Healthcare Facilities Management, Houston, “Life Safety Code”
- Mar. 7 ASHE PDC Conference, Nashville, “Overcoming Infection Control Challenges During Healthcare Construction”
- Apr. 21 California Society for Healthcare Engineering, Newport Beach, “JCAHO EC Standards & Survey Update for 2005”
- May 13 Florida Healthcare Engineering Association, Gainesville, “JCAHO EC Update for 2005/2006; What You Should Know and Prepare For”
- July 28 AHA Leadership Summit, San Diego, “2005 JCAHO Update”
- Oct. 5 New England Healthcare Engineers Society, Burlington, VT, “EC/JCAHO 2005 Update”



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