

The Blueline

The Newsletter of the Healthcare Facilities Management Society of New Jersey

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Education

The last quarter of the year featured our annual all day seminar. This was held on September 13th at The Galloping Hill Inn. A packed house heard Mr. Bob Bartels and Dr. Bill Wagner of Safety Management Services present a fantastic seminar on JCAHO Environment of Care Standards. This seminar was given WITHOUT Charge to our membership as our way of 'giving back". SMS graciously donated their time to HFMSNJ. Please join me in thanking them for their support of our organization. The regular meeting in September, held just three days later, took a different direction in presentation topic. Instead of a technical topic we had a Time Management seminar given by the Dale Carnegie Organization. If you liked the non-technical point of view please let me know and I will schedule other similar management sessions. October is reserved for Dave Uhaze of DCA and he did his usual great job of updating the membership on Codes and Standards. November gave the membership the opportunity to unwind and enjoy the Holiday season with our second annual Holiday Social. The entertainment was provided by the Doo-wop band Reminisce and a good time was had by all! Some of our members and their guests won some pretty spectacular prizes. Even our President was presented with a TV by Leon Jr. that he should have won last year! The December meeting was for the Executive Committee only and we planned some new and exciting changes that you'll see next year. Have a Healthy and Happy Holiday Season and I look forward to seeing you all next year.

Committee Reports

Advocacy Issues

Summary 2004

Sprinkler Systems Regulations in New Jersey

A letter was sent to George Miller, NJDCA Chief, Fire Code Enforcement. The letter requested a specific interpretation to exempt healthcare facilities and allow each facility's own personnel to perform service on their own equipment and systems.

As of year end, no relief from the regulations has been granted

Hot Water Temperature

The letter to Commissioner Lacey at the NJDOH & SS advocating an increase in the water temperature for adult day care and other extended care facilities was sent.

In a response letter, the Department agreed with our position that hot water temperatures should be allowed up to 120 degrees F for these facilities.

A response to an email inquiry from Sally Roslow, NJHA, on Pennsylvania long term care facility hot water temperature regulations was prepared and sent. Members of The Healthcare Facility Managers Association of Delaware Valley assisted in formulating the response. Sally requested it for use at the February EAB meeting.

NFPA 99, 110 and 111

Comments from members for revisions to these three important standards referenced by JCAHO, CMS and the NJ DOH were solicited:

NFPA 99 – Standard for Health Care Facilities

NFPA 110 – Emergency and Standby

Power Systems

NFPA 111 – Standard on Stored Electrical Energy Emergency and Standby Power Systems

Sentinel Alert, OR fires

An email survey was conducted in 2003 of members. The survey was conducted to determine facilities response to Sentinel Alert #29, OR patient fires.

The results of the survey were reported to the membership in 2004.

Compressed Gas Cylinder Markings –New Jersey

In response to New Jersey Assembly 1987 which directs the Commissioner of Health and Senior Services to establish a uniform color-coding system for cylinders, containers or cryogenic vessels marking, we wrote to the bill's author, Assemblywoman Weinberg requesting the proposed bill be amended to state the uniform color code be the CGA code.

The bill was amended according to our recommendation. A letter of thanks was sent to the bill's sponsor for favorably considering our position.

Boiler Inspection Certificates – New Jersey

In the past, the insurance company issued a certification sticker at the completion of a satisfactory boiler inspection. As of 2004, the insurance company inspection report will be transmitted to the state (DOL, Bureau of Boiler and Pressure Vessel Compliance) and any certification would be issued from there. This has left our members without any certification when local authorities having jurisdiction (AHJs) and the Joint Commission for Accreditation of Healthcare Organizations conduct an inspection. . Waiting for certification from the State could be a lengthy process and leave the plant without proof of inspection.

We requested information from the Bureau Chief of the program status and how quickly certificates from the State will be available after receipt of the insurance company

report. We also requested any suggestion he might have on what to respond to the AHJs who inspect a plant without current certification in spite of having been inspected and showed a draft form that could indicate an inspection had taken place.

We developed a form for members to use to obtain confirmation from the insurance inspector, at the time of his inspection, that the boilers inspected meet current standards for continued safe operation.

No response from the State has been received.

Long Term Care Documentation – New Jersey

A letter was sent to the Commissioner of Health and Senior Services requesting documentation and record keeping for life safety systems at facilities where long term and acute care are combined be simplified.

The Commissioner responded favorably to our request with a letter that duplicate and separate records of testing are unnecessary. Enforcement would be made aware of these changes. A copy of the Department's letter was made available to members.

Diesel Generator Testing – New Jersey

A response to a letter sent in 2003 was received from DOH & SS Deputy Commissioner Dahl. It indicated that future generator testing would be conducted according to NFPA 101 and not the Department CMS-2786U form that was in error in requiring weekly testing.

The response from the Department addressed the concerns in our letter and clarified to requirements to our satisfaction.

Fire Damper Testing

Proposed revisions to NFPA 90A have a requirement to test dampers annually instead of the once every four years according to the current standard. Members were requested to provide data

of their history of damper testing and failure rate and respond to the NFPA proposal on official NFPA comment forms.

This issue was highlighted in an email to all members. Many responded and the information was transmitted to Dale Woodin for compilation into an ASHE response to NFPA.

Proposed Legislation

The New Jersey Senate and Assembly considered three different bills that could adversely impact healthcare:

Senate 1748 would shift liability for damage to underground facilities from the excavating contractor to the facility owner under certain circumstances.

Assembly 2996 would require a construction permit be obtained each time a shower valve was replaced.

Assembly 2685 would require placards be placed at every entry notifying the public of any hazardous materials within the facility as well as notification to public safety officials.

Letters to the bill's sponsors and co-sponsors were sent. The letters pointed out the deficiencies in the proposals, suggested alternatives and improvements at least as they impact healthcare.

As of year's end, no action on any of the bills had been taken by the legislature.

Third Party Performance Surveys

A member initiated advocacy issue: Third party surveys prompt patients to comment on their experiences in the healthcare facility. Some questions elicit responses that do not fully describe conditions or are misleading. We will inquire of one such service, Press Ganey, the process to be followed to request a modification to a survey question.

Codes and Standards

ADA Compliance Strategies

Michael A. Pomarico Architect NCARB ASHE

Last of a 3 Part Article

Make Recommendations

Prepare preliminary recommendations for remediation. To better evaluate the extent of corrective measures that will be required to remediate non-compliance, filter the documentation identified in your findings into three categories ranging from low to high. Low shall represent the least extensive work necessary for compliance, and high shall represent the most work necessary to bring the item into compliance. Additional integration of the risk analysis will help prepare a matrix to assist in prioritizing compliance.

Typical recommendations can be summarized as follows:

- Removal and replacement of existing curb ramps.
- Removal and replacement of noncompliant sidewalks.
- Modification to driveway slopes to accommodate designated loading zone requirements.
- Reconstruction of ramps to eliminate settlement slope problems.
- Construction of new ramps to allow compliant access between elevations of various points along designated accessible routes.
- Modifications to striping, including revisions to parking bays in lots or garages.
- Meetings with a sign vendor to develop a comprehensive, ADA compliant signage program.

Engage a Professional Engineer

Enlist the services of a Licensed Professional Civil Engineer. Be sure your professional is well-versed in the requirements of the ADA. Ask that your engineer review your documentation, and analyze your findings. Normal site engineering practice should be applied to the conceptual work performed and documented in your findings report. This would include surveys for topographic studies, confirmation of slopes and changes in grade, etc. The engineer should be required to prepare a comprehensive corrective schematic site plan for all areas of non-conformance identified.

Establish Budget Requisites and Develop an

Implementation Plan

As part of the engineer's services, budget requisites for each of the non-compliant conditions should be established. These budgets can then be integrated into the recommendations matrix already developed, furthering the hospital's capacity to understand the extent of work necessary to achieve compliance, not only physically, but monetarily.

Upon completion of the budget analysis the hospital, working in conjunction with the professional engineer, can complete their ADA compliance strategy, integrating a scope of work, budget, and long-term plan for implementation.

Finally, request that your engineer develop a schedule in association with the hospital's completed compliance strategy for release of production drawings for the compliance plan, coordinated with the implementation schedule.

Maintain a Quality Assurance Program

Establish a quality assurance program to promote a successful implementation of your ADA compliance strategy. This would include pre-construction conferences with contractors, sub-contractors or hospital maintenance personnel. Educate these individuals as to the requirements of the contract documents, including installation details, cross slope criteria, compaction of sub-grade requirements, etc. Perform inspections of layout work prior to placement of concrete to assure slopes meet the minimum standards, landings are level, etc. A successful implementation of the engineering documents will yield long-term, lasting compliance for the hospital.

Kudos

To John DiGirolomo & Bill Berkeyheiser who are now Joint Commission Inspectors.

The editor would like to thank the following members who continually supported me in the production of The Blueline in 2004, Ben DiFranco, Michael Pomarico, Robert Roop, Frank Keller, Oscar Gonzalez and John DiGirolomo.

Good and Welfare

Fire extinguisher manufacturer KIDDE has issued a service bulletin and replacement program for one type of commercial and industrial extinguisher they make. The thread on certain nylon valve assemblies are degrading with time and are

spontaneously separating from the steel cylinder during handling and inspection. This is happening only to 10 lb. extinguishers with cylinders that have been welded on and were manufactured between 1991 and 2000. The link below has more information on the replacement program and the types of extinguishers involved with the recall. For more information, contact KIDDE or your fire extinguisher service company.
www.kiddeus.com/Service+Bulletin+7.shtml

Odds and Ends-

By the members for the members

Ben DiFranco, CHFM

I would like to thank all the executive committee members for submitting their monthly reports on time this helped me prepare and get the minutes out in as timely fashion. Also this year we put a system in place that allows us to account for all our education and provides the CHFM members with documents to use in the Certification renewal process. I look forward to another year as secretary of the HFMSNJ

THOUGHT FOR THE DAY

Wouldn't it be nice if whenever we messed up our life we could simply press 'Ctrl Alt Delete' and start all over?