



# COMPLIANCE NEWS

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## New Names for JCAHO and Jayco

by Dean Samet, CHSP - DSamet@ssr-inc.com

In January 2007, the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) launched a new “Brand Identity,” including officially shortening its name to “The Joint Commission.” TJC will be the new acronym and replace JCAHO. Also, the “Jayco” extranet will now be called “The Joint Commission Connect.” New logos have also been introduced for The Joint Commission, Joint Commission Resources, Joint Commission International, and the Joint Commission International Center for Patient Safety.

These changes were announced in a December 18, 2006 letter to colleagues from TJC president, Dennis S. O’Leary, M.D. He stated, “These changes and the brand initiative underlying them are intended to both symbolize and guide our ongoing commitment to achieve excellence in our daily work and in service to our accredited organizations.” The Joint Commission Perspectives issue, dated February 2007, Volume 27, Issue 2, goes on to say, “With this recommitment to quality, The Joint Commission will continue to strive for excellence in helping healthcare organizations continuously improve the quality and safety of care it provides to the public.” **SSR**

## The Joint Commission National Patient Safety Goals: Standards by Another Name?

by Dean Samet, CHSP - DSamet@ssr-inc.com

The first Joint Commission's National Patient Safety Goals (NPSGs) were developed in 2002 and implemented January 1, 2003 to promote specific improvements in patient safety. According to The Joint Commission (TJC), these goals “highlight problematic areas in healthcare and describe evidence and expert-based consensus to solutions to these problems. Recognizing that sound system design is intrinsic to the delivery of safe, high quality healthcare, the goals generally focus on system-wide solutions, wherever possible.”

Today, just like with TJC standards, accredited organizations are evaluated for continuous compliance with the specific requirements associated with the NPSGs. (For a list of all of the 2007 NPSGs, see the 2007 *(Continued on page 4)*)



*" . . . sound system design is intrinsic to the delivery of safe, high quality healthcare . . . "*

# Compliance News

## The Joint Commission Advisory Bulletin: AB #02-2007 - National Patient Safety Goal 15 & 15A - Preventing Patient Suicides in Hospitals

by Dean Samet, CHSP - DSamet@ssr-inc.com

**E**ffective January 1, 2007, National Patient Safety Goals 15 and 15A address the need for organizations to identify safety risks inherent in their patient populations in psychiatric hospitals and general hospitals treating patients for emotional or behavioral disorders, specifically for those patients at risk for suicide. According to The Joint Commission (TJC), suicide of care recipients while in a staffed 24-hour care setting has been the number one most frequently reported type of “sentinel event” since the inception of the Joint Commission’s Sentinel Event Policy in 1996.

**NPSG 15:** The organization identifies safety risks inherent in its patient population.

**NPSG 15A:** The organization identifies patients at risk for suicide.

### Joint Commission Implementation Expectations for NPSG 15A:

- 1) The risk assessment includes identification of specific factors and features that may increase or decrease risk for suicide.
- 2) The patient’s immediate safety needs and most appropriate setting for treatment are addressed.
- 3) The organization provides information such as a crisis hotline to individuals and their family members for crisis situations.

Note: There is a white paper entitled “Guidelines for the Built Environment of Behavioral Health Facilities” by David M. Sine, ARM, CSP, and James M. Hunt, AIA, available on the National Association of Psychiatric Health Systems (NAPHS) web site [www.naphs.org](http://www.naphs.org) to help you think through the many aspects of the environment that can have a significant impact on patient safety. **SSR**

## Daylight Saving Time Information

by Christopher Robinson - CRobinson@ssr-inc.com

**I**n August 2005, Congress passed the Energy Policy Act of 2005. Among other things, the act made changes to Daylight Saving Time (DST): beginning this year, DST will be extended an additional four weeks. DST previously started on the first Sunday of April; this year it started three weeks earlier on the second Sunday of March. It previously ended on the last Sunday of October; now it will end one week later on the first Sunday of November. Specifically for this year, DST started on March 11, 2007 and will end on November 4, 2007.



States and territories that currently do not change time for DST (Arizona, Hawaii, Puerto Rico, Virgin Islands, and Samoa) will continue to keep their own time. Some countries outside of the United States, including Canada, have adopted these changes to match the U.S. Currently however, Mexico has chosen to not follow the new DST rules.

Anything that keeps track of time zone and Daylight Saving Time information could be affected during the extra four weeks of DST (the “extended DST period”). This includes calendar and scheduling applications, hardware that calculates dates and times, and applications that generate log files with date and time information. Obviously, items that are not updated to follow the new rules will be off by one hour during the extended DST period. **SSR**

## CMS Advisory: Medical Gas Storage Requirements per 2005 NFPA 99

by Dean H. Samet, CHSP - [DSamet@ssr-inc.com](mailto:DSamet@ssr-inc.com)



**E**ffective January 12, 2007, the Centers for Medicare and Medicaid Services (CMS) has adopted language from the 2005 edition of the NFPA 99 Health Care Facilities Code, Section 9.4.3, for storage of nonflammable gases with a total volume (compressed) equal to or less than 300 cu. ft. (12 E sized cylinders). The CMS Ref. S&C-07-10 Memorandum Summary states, “Up to 300 cu. ft. of nonflammable medical gas may be accessible as an operational supply rather than storage, when properly secured [in a maximum 22,500 sq. ft. smoke compartment]. An individual container of medical gas placed in a patient room for “as needed” (but regular) individual use is not required to be stored in an enclosure, when properly secured.”



CMS goes on to say, “The purpose of this memorandum is to answer questions regarding storage requirements for small quantities of medical gas and what is considered when determining if a medical gas container is ‘in use’.”

CMS has also provided Q&As regarding this issue:

**Q.** Can up to 300 cu. ft. of nonflammable medical gas (12 E sized cylinders) associated with patient care be located outside of an enclosure at locations open to the corridor in a healthcare facility?

**A.** Yes, up to 300 cu. ft. of nonflammable medical gas can be located outside of an enclosure (per smoke compartment) at locations open to the corridor, such as at a nurse’s station or in a corridor of a healthcare facility. This amount of nonflammable medical gas per smoke compartment is not considered a hazard if the containers are properly secured, such as in a rack to prevent them from tipping over or being damaged. In this case the medical gas is considered an “operational supply” and not storage. If the cylinders are placed in a corridor, they should be placed so as not to obstruct the use of the corridor. This amount of medical gas is in addition to those cylinders contained in “crash carts” and in use on wheelchairs or gurneys.



**Q.** When medical gases are used by patients on a “PRN” basis, does the container have to be stored in an approved gas storage room when not being used?

**A.** The term “PRN” means “as needed.” An individual cylinder placed in a patient room for immediate use by a patient is not required to be stored in an enclosure and is considered in use. It should be secured to prevent tipping or damage to the cylinder. If the resident does not need the use of oxygen for an extended period of time, such as several days, then the medical gas container should be removed from the room and properly secured in an approved storage room.

For any further CMS questions regarding the storage of medical gas cylinders, James Merrill of CMS can be contacted at [James.Merrill@cms.hhs.gov](mailto:James.Merrill@cms.hhs.gov). **SSR**

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# Compliance News

## The Joint Commission National Patient Safety Goals: Standards by Another Name?

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Hospital Accreditation Standards manual chapter entitled National Patient Safety Goals). The NPSG chapter has been reformatted so that it is consistent with the structure of the standards in the various accreditation manuals. It contains the NPSGs and requirements, as well as implementation expectations which appear in a similar format as elements of performance (EPs) found in the accreditation standards. Rationales have also been added to some of the requirements. The Joint Commission says, "Organizations providing care relevant to these goals are responsible for implementing the applicable requirements or effective alternatives. Compliance with these requirements is assessed throughout the accreditation cycle, through on-site surveys, and the Periodic Performance Review (PPR) [for those programs required to complete a PPR]. When an organization does not fully comply with a requirement, the organization will be assigned a requirement for improvement (RFI) in the same way that noncompliance with an element of performance generates an RFI at a standard. All requirements for improvement must be addressed in an Evidence of Standards Compliance (ESC) Report. Failure to resolve an RFI affects an organization's accreditation decision, which could ultimately lead to a loss of accreditation."

Note: TJC provides guidance on how to effectively comply with each goal's requirements, including detailed answers to Frequently Asked Questions (FAQs) on their web site at <http://www.jointcommission.org>. **SSR**

## Publications & Seminars

### Seminars in 2007

- |              |   |
|--------------|---|
| April 19     | California Society for Healthcare Engineering, San Diego, CA, "A-Z of BMP"  |
| April 19     | Texas Association of Healthcare Facilities Management, San Antonio, TX, "Life Safety Code & Electronic SOC"   |
| April 20     | ASHE Region 6 Annual Conference, Mankato, MN, "A-Z of BMP"  |
| April 25-27  | South Carolina Society of Hospital Engineers Spring Meeting, Charleston, SC, "A-Z of BMP," "e-SOC," and "Life Safety Code"  |
| May 3        | Alabama Society of Healthcare Engineers, Pensacola, FL, "Rx for Emergency Power Reliability"  |
| May 3        | HPro BHS Symposium, Las Vegas, NV, "The Joint Commission EOC Standards 2006/2007 Survey Focus"  |
| June 6-8     | Kentucky Society of Healthcare Engineers Annual Conference, Bowling Green, KY, "Electrical Systems and Medical Gas Systems"   |
| June 8       | Georgia Society for Hospital Engineers Annual Meeting, Calloway, GA, "The Joint Commission EOC and e-SOC Update"  |
| July 10      | ASHE Annual Meeting, New Orleans, LA, "Planning for Power Failures" and "Selling the Maintenance Mission"   |
| November 7-9 | Midwest Healthcare Engineering Conference, Indianapolis, IN, "Planning for Power Failures," "2007 Environment of Care Survey Focus," "The Value of a Post Occupancy Evaluation," and "Integration of Communications and Technology Systems in the Planning, Design and Construction of Healthcare Facilities" |



### Compliance News

A Newsletter Dedicated to Accreditation, Regulatory Compliance and Facility Management Issues for Healthcare Executives and Facility Managers

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