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C&A E-Newsletter

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**CMS Releases New Guidance Related to
"Occupancy" and "Interior Finishes"**

Marty Piepoli, MSW, LISW/CP

If you have not had an opportunity to review your "regular CMS updates," two Survey and Certification (S &C) guidance letters were released on December 17, 2010 with impact to hospitals and critical access hospitals. S&C-11-05-LSC addresses guidance on Occupancy Classifications, while S&C-11-07-LSC addresses clarifications for Interior Finishes. For those of us in Engineering and Plant Operations and our Survey Readiness teams, you can recall several times when the question was asked about what type of occupancy a certain area or facility was considered to be and what parts of the Life Safety Code apply. Additionally, questions are asked about the fire safety or flame-proof rating of the materials on the walls, or other interior finishes. These updates provide a little more clarification on those topics.

Interior Finishes

All hospitals and critical access hospitals participating in the Medicare program are required to meet applicable provisions of the 2000 edition of the NFPA-101 (LSC). The S&C guidance related to Interior Finishes is a component of the LSC found in section 19.3.3.1 and 10.2, which requires organizations to present documentation regarding fire safety of Interior Finishes. The corresponding conditions of participation governing the physical environment are found at CFR482.41 (b)(1-3) for hospitals and CFR 485.623(d) for critical access hospitals which address expectations for maintaining a safe environment for the delivery of patient care.

What does it mean for your organization? There is no longer a requirement to provide documentation on the flame spread rating for existing interior finish materials. Documentation of

for your organization to stay up to date on the latest accreditation and regulatory news, changing standards, and best practices for compliance throughout the year.

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flame spread rating is only required for *newly installed* interior finish materials.

Occupancy Classifications

The LSC has a methodology for determining the appropriate type of occupancy classification to ensure an adequate level of fire protection for patients and all other building occupants. The updated guidance in [S&C-11-05-LSC](#) addresses all healthcare related occupancy types in addition to other types of occupancy for *component facilities* of hospitals and critical access hospitals. In the updated guidance, definitions for mixed, healthcare, business, ambulatory health and other types of occupancy are defined and clarified with examples. The main focus is making sure that the appropriate level of fire safety is always provided in each setting. The Interpretive Guidelines for both hospitals and critical access hospitals have been updated as part of the S&C guidance. This is effective immediately and surveyors at the CMS and State Agency level will immediately begin applying the changes.

What does it mean for your organization? For both hospitals and critical access hospitals, a current review of the Statement of Conditions (SOC) and the Basic Building Inventory (BBI) should be done in order to assure compliance with the new guidance provided. Since there have been gray areas related to LSC expectations in the mixed occupancy and those patients rendered incapable of self-preservation in the ambulatory health care occupancy, we now have clarification. In the case of ambulatory surgery centers and stand-alone dialysis centers, the only consideration for occupancy classification under AHC is whether the patient is capable or incapable of self-preservation.

Here' a summary of the guidance (see S&C memo for detail):

- If a component facility is not adequately separated from other building occupancies, the most stringent occupancy classification applies
- Healthcare Occupancy if the facility:
 - Provides sleeping accommodations
 - Provides medical treatment or services on a 24 hour basis; and
 - Patients are not capable of self-preservation
- Ambulatory Healthcare Occupancy if the facility:
 - Does not provide sleeping accommodations
 - Does not provide medical services on a 24 hour basis
 - Provides anesthesia services; and
 - Patients are incapable of self-preservation
- Business Occupancy if the facility:
 - Does not provide sleeping accommodations

- Does not provide medical treatment/services on a 24 hour basis
- Does not provide anesthesia
- Patients are capable of self-preservation

As we move into 2011, Life Safety surveyors for CMS, State Agency, the Joint Commission and other Accrediting Organizations will apply this new guidance, so be sure you're your organization has correctly defined the types of occupancy within your facilities in order to assure patient safety.



Were You Aware?

1. Recent survey experiences have demonstrated some trending areas of focus:
 - a) Increased scrutiny of infection prevention and control activities, including the impact of renovation and construction, and outbreak management in preventing infection
 - b) Tracer activity related to nutrition and dietary issues
 - Review of diet orders, nutrition assessment and patient education
 - Kitchen tour to include infection control issues, storage of food and food products, temperature logs, safe food handling
 - c) Keen attention to documentation of fire alarm and suppression system testing according to your inventory of each item
 - d) Continued review of H&P update documentation
 - Be sure to include the following components
 - Original H&P was reviewed
 - Physical exam was performed

- Document changes noted or none (as appropriate to the patient)
 - e) Emergency management planning and evaluation
 - Be sure evaluation includes all components outlined in EC.03.01.03
 - f) Use of proactive risk assessment to identify and prioritize risks throughout the organization – especially infection prevention, environment of care and safety and security
 - Include all areas on your survey application in risk assessments or perform risk assessments by area
 - Consider hospital-based ambulatory, behavioral health services, home care, rehabilitation and laboratories
 - g) Interdisciplinary care planning
 - Communication among disciplines should be evident
 - Treatment goals must be defined and measureable
2. When an organization receives a CMS Condition-Level finding during a TJC survey, a follow-up survey will be conducted within 45 days of the accreditation survey
- a) Some guidance
 - Clarify findings when possible
 - Simultaneously develop and implement corrective actions for all RFIs associated with the Condition-Level finding
 - Prepare staff and leadership for the follow-up survey

Don't Miss Out on Our Fire Safety Webinar!

"So we thought Fire Safety was just about drills and closing the doors." Boy, were we wrong!!!!

It's 3:40 a.m. on a cold Saturday morning and fire is reported on one of the patient care units. The alarm system is activated to notify responders of the location of the alarm and the fire response team is in route to the location. This is not a drill and hopefully everyone follows the fire safety management plan. The desired outcome in a hospital is not evacuation, but the safe management of our patient population. Fire and life safety requirements are essential and necessary with the focal point of that guidance and direction being found in the requirements

and text of the National Fire Protection Association (NFPA) 101: Life Safety Code and its healthcare related chapters.

In a two part C & A webinar scheduled for March 7, 2011, we will examine the importance Maintaining Fire Safety and Assuring Safe Buildings. In our examination of fire safety and assuring safe buildings, we will visit some of the history in the evolution of fire safety, life safety building codes, and the impact of sprinkler systems in healthcare occupancies to decrease the risk of fire. We will address the rules with the Life Safety Code for existing healthcare occupancies, related Joint Commission and CMS requirements and the risk exposure that awaits each organization if we fail to follow applicable law and regulation. There will be an interactive portion of the presentation with a fire safety professional from one of our client facilities to engage in dialogue about best practices, management of fire safety plans, critiquing the process and improving effectiveness. Join us for this important topic on March 7th.

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Courtemanche & Associates
Charlotte, NC | Parsippany, NJ
Phone 704-573-4535 | Fax 704-573-4538
info@courtemanche-assocs.com | www.courtemanche-assocs.com