

ASHE Advocacy Highway: Codes and Standards Update

NSHE 6th Annual Trade
Show & Conference



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Introduction



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Region 8 Director,
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Who is ASHE?

- With more than 11,000 members, ASHE is the largest association devoted to optimizing the health care physical environment. As a trusted industry resource, ASHE is committed to our members, the facilities they build and maintain, and the patients they serve.



Our Mission:

*“Dedicated to improving the healthcare
physical environment”*



What does ASHE do?

- Issue Briefs
- Monographs
- List Serve
- New ASHE APP
- Webinars



Dedicated to optimizing the
health care **physical environment**

Get expert insights on Fire Safety Evaluation System (FSES) submissions from the Joint Commission and a life safety expert with this new ASHE webinar (CEUs available).

Completing a Health Care FSES: What You Need to Know in Order to Execute a Successful Submittal

ONE WEEK AWAY! MUST REGISTER 24 HOURS IN ADVANCE

REGISTER NOW! ▶

Tuesday, Sept. 17, 2013
2 to 3 p.m. CT

Under certain conditions, an FSES can reduce costs and save time. This [webinar](#) will provide the information needed to present alternative compliance solutions for your facility through use of NFPA 101A methodology. Learn how the FSES measuring system differs from the *Life Safety Code*® in terms of the level of safety provided through the use of safeguards, and get tips for expediting your facility's FSES review process.

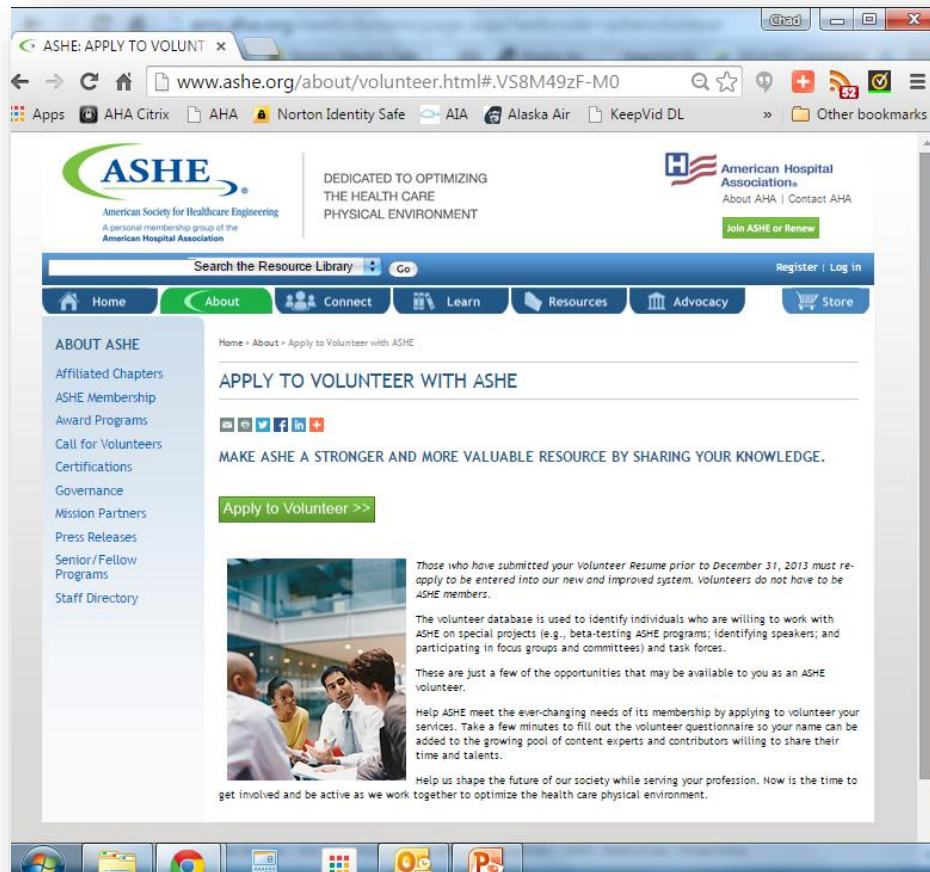
Advocacy Efforts

- Advocacy Alerts – sent out by email when ASHE needs a response from members on an issue
- Issue Briefs – Posted on website and contain talking points and ASHE’s position on hot topic issues

How to Get Involved

- ASHE Committees and Workgroups
- NFPA Technical Committee's
- Health Guidelines Revision Committee
Specialty Subgroups
- NFPA HCS Codes & Standards Review
Committee

Volunteer



<http://www.ashe.org/about/volunteer.html>



How the industry is changing...

CODES AND STANDARDS



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Patient Care Improvements

- Single Bed Rooms
- Patient Fall Protection
- Infection Prevention

Changes yet to come...

Now is the time to think about improving patient care through physical environment.

- Patient Satisfaction
- Reduction of HAI's
- Reduce Readmissions

ASHE Advocacy Highway

WHAT WE ARE DOING



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Adoption of Unified Codes

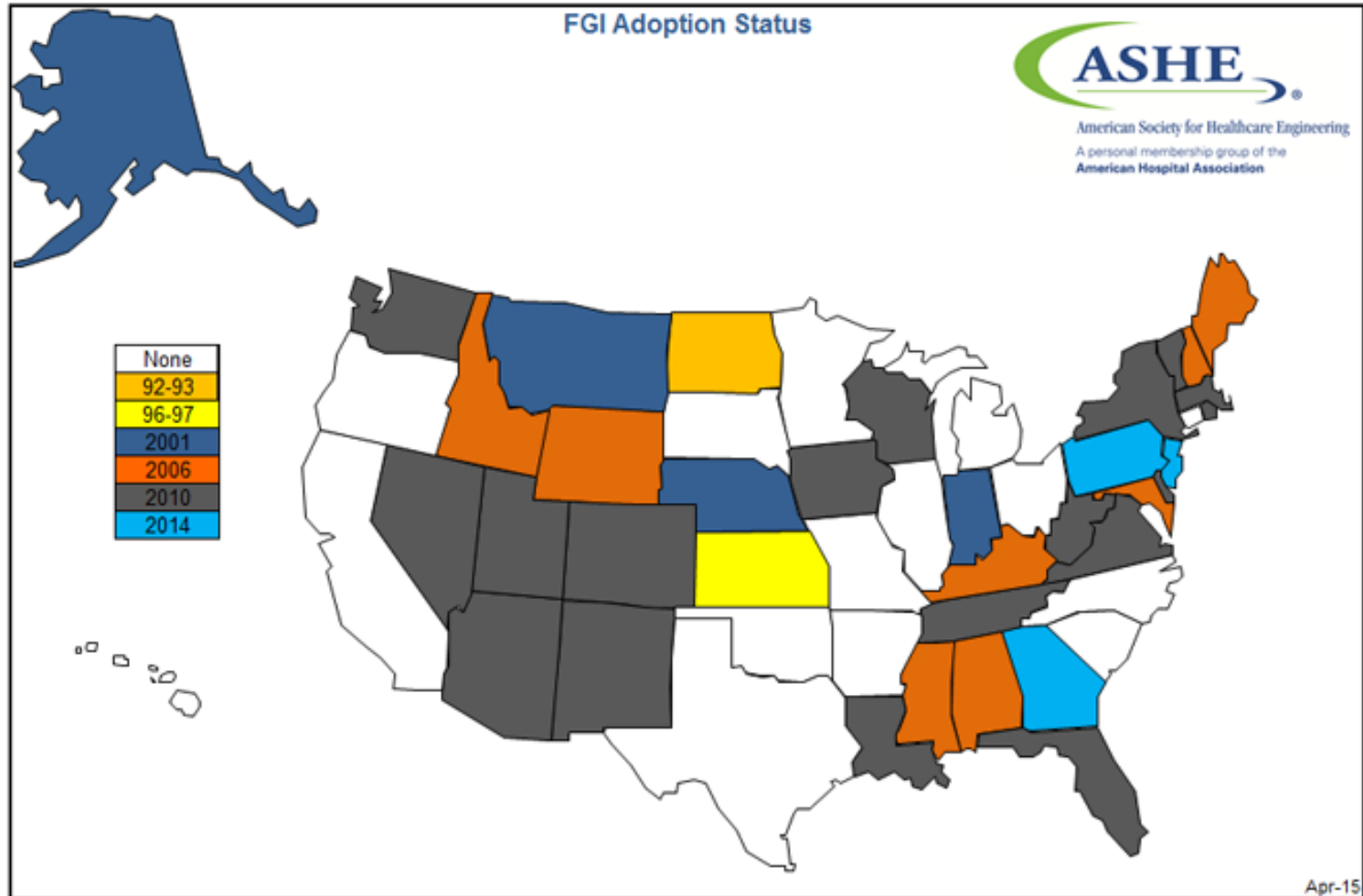
- Working on long term plan to develop a unified set of recommended codes for adoption
- Objectives
 - Improve quality and increase access to healthcare using cost savings from conflicting, unnecessary and costly codes and regulations with little ROI
 - With unified voice, backed by identified values, leading the change to national codes.

Unified Code Change Success*

- ICC Success: 93%
- NFPA Success: 87%
- FGI 97%

*Success rate based on proposals submitted and accepted as well as testimony given to successfully overturn proposals submitted by others.

FGI Guidelines Adoption Effort



Why FGI adoption is so important

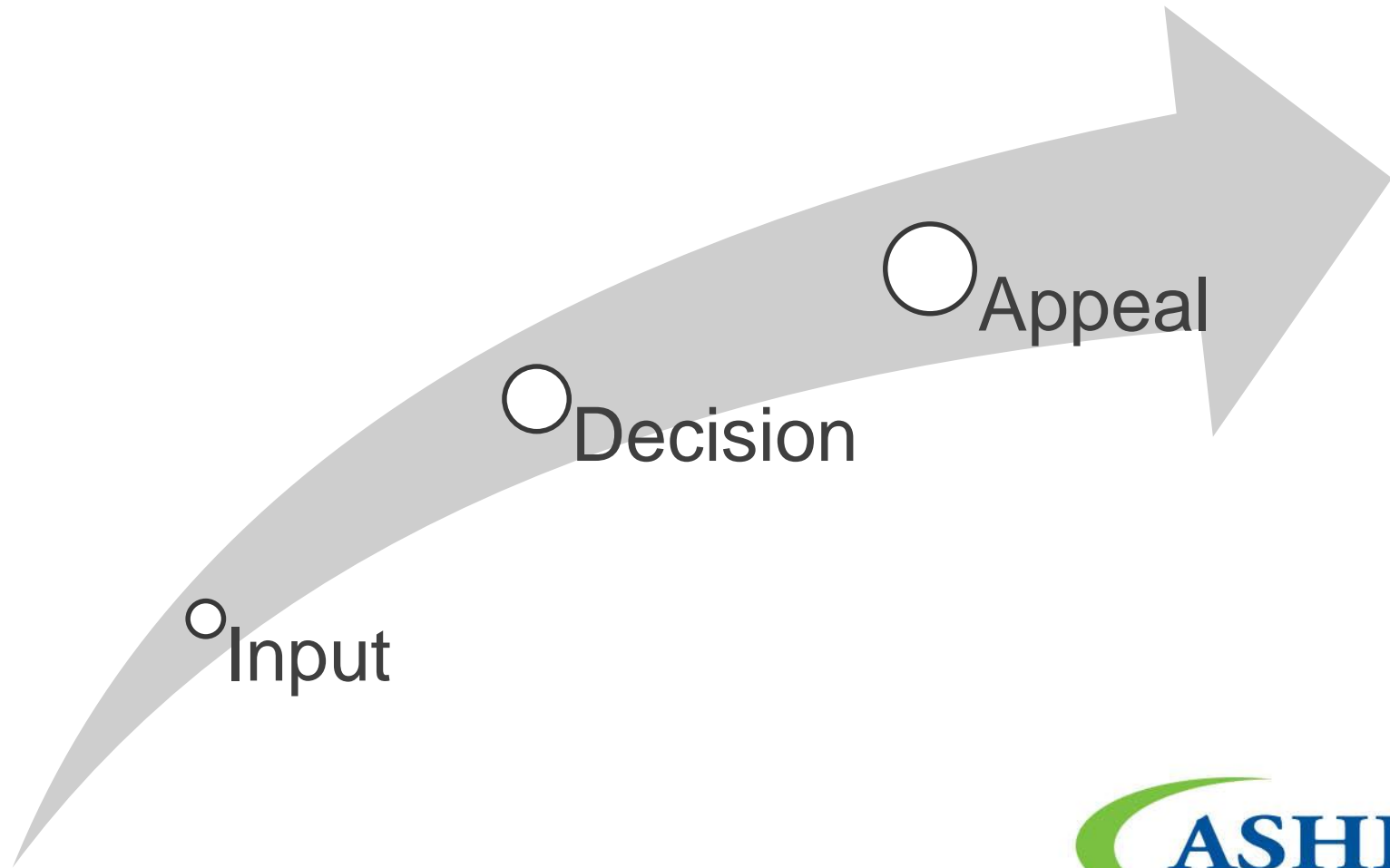
- The Guidelines keep pace with evolving health care requirements.
- Major issues and changes reflected in the 2014 edition:
 - Safe patient handling and movement
 - Critical Access Hospitals
 - Dental Facilities
 - Hybrid Operating rooms
 - Freestanding Emergency Departments
 - Clarified Language

Who Writes this Stuff?

CODE DEVELOPMENT



Consensus Process

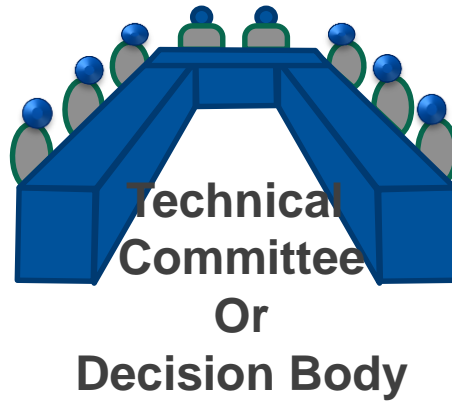
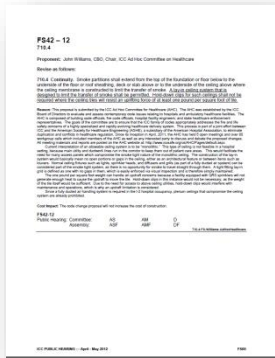


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Consensus Process: First Stage

DECISION

Public
Input



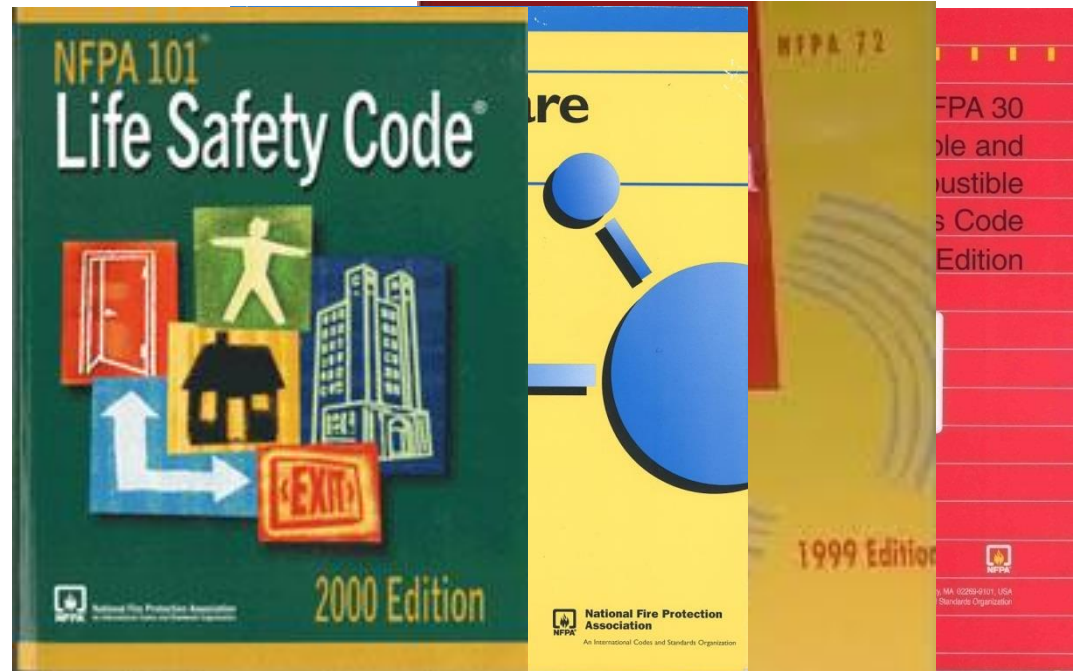
DENIED

APPROVED

APPROVED/MODIFIED

Output: results of
decisions and
substantiation

Who writes the CMS rules?



YOU



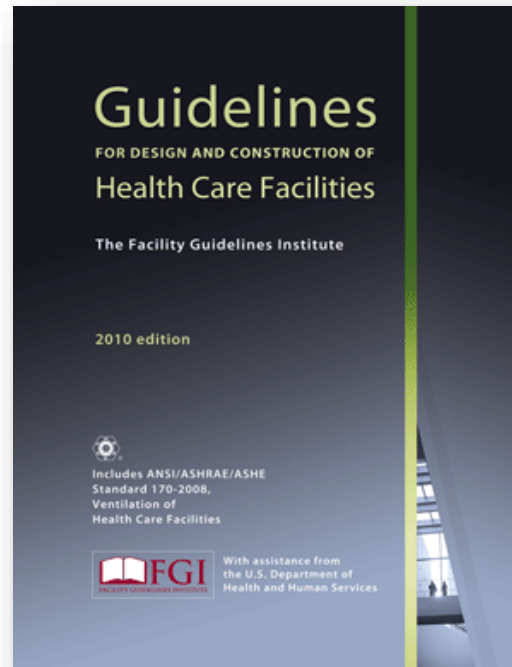
Who writes the State and Local rules?



YOU



Who writes the Guidelines?

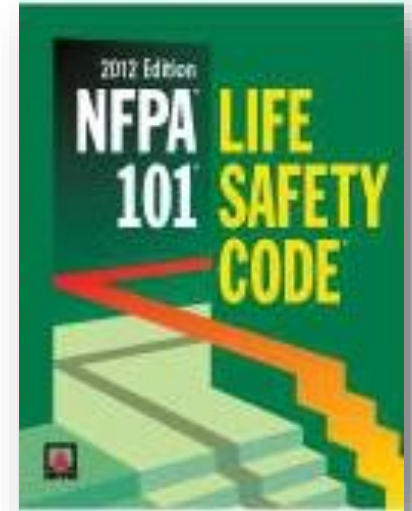


YOU



When will CMS adopt the 2012?

- Notice of intended rulemaking posted
- CMS has evaluated the 2012 edition
 - Received support from AHA/ASHE
 - Received support from TJC
 - Received support from other Org's.
- The adoption date is.....



Codes and Standards

APPLICABLE NOW



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Survey and Certification Letters

- CMS Memo's to State Agencies
- Revisions to State Operations Manual

Medical Gas Master Alarms

- Allows substitution of a centralized computer system for one Category 1 medical gas master alarm.



Openings in Exit Enclosures

- Permits existing openings in exit enclosures to mechanical equipment spaces if they are protected by fire-rated door assemblies.



Em. Gen. and Standby Power Systems

- Reduces the annual diesel-powered generator exercising requirement from two (2) continuous hours to 90 minutes.



Delayed Egress

- Allows more than one delayed-egress lock in the egress path where the clinical needs require specialized security measures or when a patient requires specialized protective measures for safety.



Suites

- Accommodates the use of suites by allowing:
 - 1) one of the required means of egress through another suite
 - 2) an increase in sleeping room suite size up to 10,000 s.f.



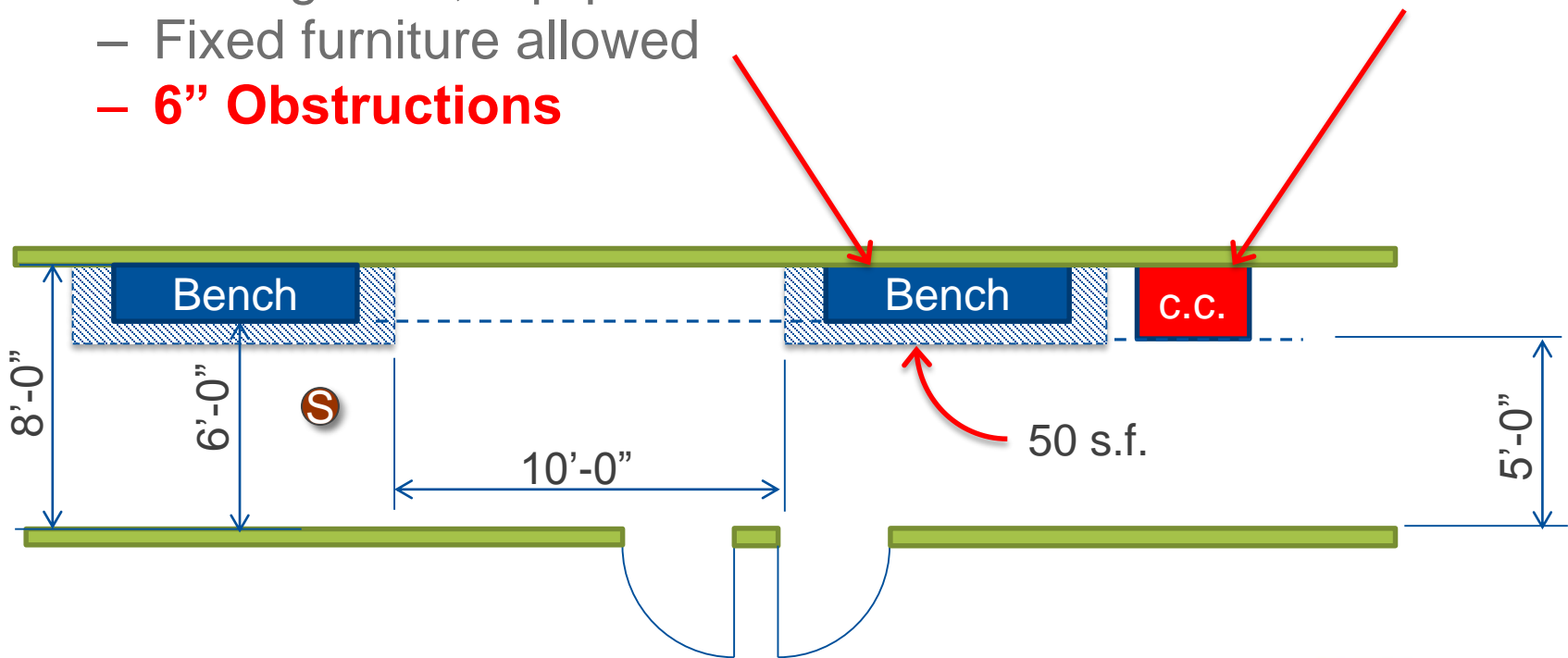
Clean Waste & Patient Record Recycling

- Allows the increase in size of containers used solely for recycling clean waste or for patient records awaiting destruction outside of a hazardous storage area to be a maximum of 96-gallons



Corridor Width

- New “Effective” Corridor width
 - Rolling carts, equipment and movement aids allowed
 - Fixed furniture allowed
 - **6” Obstructions**



Decorations

- Increases the amount of wall space that may be covered by combustible decorations
 - 20% Not Sprinklered
 - 30% Sprinklered
 - 50% Sprinklered in patient room (less than 4)

Fireplaces

- Allows the installation of direct vent gas fireplaces in smoke compartments containing patient sleeping rooms and the installation of
- solid fuel burning fireplaces in areas other than patient sleeping areas

S&C 13-25

- OR Relative Humidity
- lowering the humidity requirement for operating rooms and other anesthetizing locations from at least 35 percent to at least 20 percent.
- Latest Guidance from AHA/ASHE/AHRMM

S&C 14-46

- Power Strip Use in Patient Care Areas
- Allows the use of power strips in existing and new health care facility patient care areas.

S&C 14-46

- **Power Strip Use in Patient Care Areas**
- Allows the use of power strips in existing and new health care facility patient care areas.
- Power strips may be used in a ***patient care vicinity*** to power....patient care-related electrical equipment assemblies....

S&C 14-46

- “***Patient Care Vicinity***” is defined in section 3.3.139 (NFPA 99, 2012) as a space, within a location intended for examination and treatment of patients (i.e. patient care room) extending 6 ft. beyond the normal location of the bed, chair, treadmill, or other device that supports the patient during examination and treatment and extends vertically 7 ft. 6 in. above the floor.



S&C 14-46

- ... provided ***all*** of the following conditions are met:
 1. The receptacles are permanently mounted to the equipment assembly
 2. The sum of the ampacity of all appliances connected...shall not exceed 75 percent of the ampacity of the flexible cord supplying the receptacles

S&C 14-46

3. The ampacity of the flexible cord is suitable in accordance with the current edition of NFPA 70, National Electric Code
4. The electrical and mechanical integrity of the assembly is regularly verified and documented through an ongoing maintenance program

S&C 14-46

5. Means are employed to ensure that additional devices or nonmedical equipment cannot be connected to the multiple outlet extension cord after leakage currents have been verified as safe.

S&C 14-46

- Power strips may not be used in a patient care vicinity to power non-patient care-related electrical equipment (e.g. personal electronics).
- Power strips may be used outside of the patient care vicinity for both patient care-related electrical equipment & non-patient-care-related electrical equipment.

S&C 14-46

- Power strips providing power to patient care-related electrical equipment must be Special-purpose Relocatable Power Taps (SPRPT) listed as UL 1363A / UL 60601-1
- Power strips providing power to non-patient-care related electrical equipment must be Relocatable Power Taps (RPT) listed as UL 1363.

How to request a categorical waiver

- Document your desire and that you comply with the waiver provisions.
- For LS standards, document in your eSOC comments section in the BBI.
- For EC standards, document in your EC Meeting Minutes.
- Check with your State Agency and verify the waivers will be accepted for licensing

How to request a categorical waiver

- Inform that LSC Surveyor that you are using waivers at the opening conference.
- Indicate LSC waivers on your Life Safety Plans (i.e. sleeping suite that exceeds 10,000 SF)
- Utilize the ASHE categorical waiver template to document your use and the location(s) where each waiver applies.

The ASHE Advantage

- Education
- Certification
- Networking
- Energy to Care
- Advocacy
- Career Advancement



Contact

- ASHE is available to assist you –

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