

AIA Rochester

A001

Course Title

ROC2017- NIAHO Accreditation for Hospitals

Challenges in the Physical Environment

Speaker Name/s

Kelly Proctor CHFM, CHSP, CHOP



Credit(s) earned on completion of this course will be reported to **AIA CES** for AIA members. Certificates of Completion for both AIA members and non-AIA members are available upon request.

This course is registered with **AIA CES** for continuing professional education. As such, it does not include content that may be deemed or construed to be an approval or endorsement by the AIA of any material of construction or any method or manner of handling, using, distributing, or dealing in any material or product.

Questions related to specific materials, methods, and services will be addressed at the conclusion of this presentation.

Learning Objectives for this Session

- This session will enable the attendee to:
 - **Describe the DNV Physical Environment survey process, including unique methods.**
 - **Outline how integration of ISO 9001-2015 requirements affects development of a hospital's system management procedures.**
 - **Discuss in depth the current issues, common findings, code clarifications and infection control integration into NIAHO® Facility Management systems**
 - **Discuss the corrective action plan and appeals process actions expected of DNV client hospitals as a result of NIAHO survey findings.**

NIAHO® Accreditation for Hospitals Challenges in the Physical Environment

Kelly Proctor CHFM, CHSP

Physical Environment Sector Lead

12 January 2017



DNVGL: An Independent Foundation



Our Purpose

**To safeguard
life, property
and the environment**

Our Vision

**Global impact for a
safe
and sustainable
future**

Accreditation and Beyond

Key Features



Feature of NIAHO®

Benefit to Hospital

Stable standards, infrequent change

Sustainable system

Annual Surveys

Constant readiness

ISO 9001 Gradual Introduction
@ no additional staff

More value, lower \$

Focus on sequence and interactions of
processes throughout the hospital

Clear, traceable pathway to improve

Demeanor of the survey team

Collaboration, sharing of ideas

No survey findings “tipping” point

Fear becomes confidence

About ISO 9001

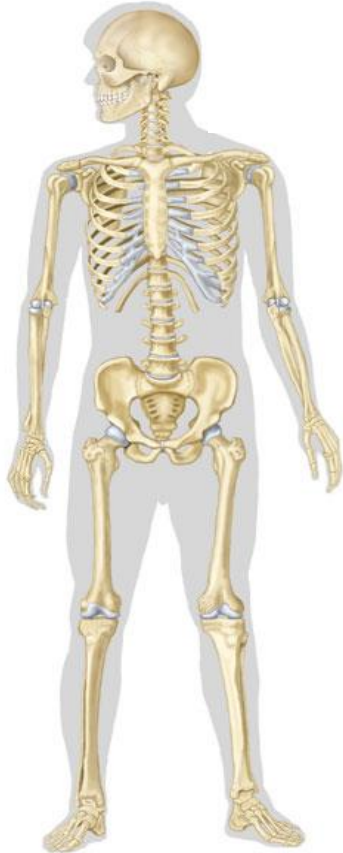
■ Who Developed ISO 9001?

- ISO 9001 was developed through the **International Organization for Standardization**
- This organization began in 1946 and published the first revision of the ISO 9001 standard in 1987
- The current revision of ISO 9001 is the revision four dated 2015
- The 2015 9001 standard is a Quality Management System that requires the organization to perform risk based thinking

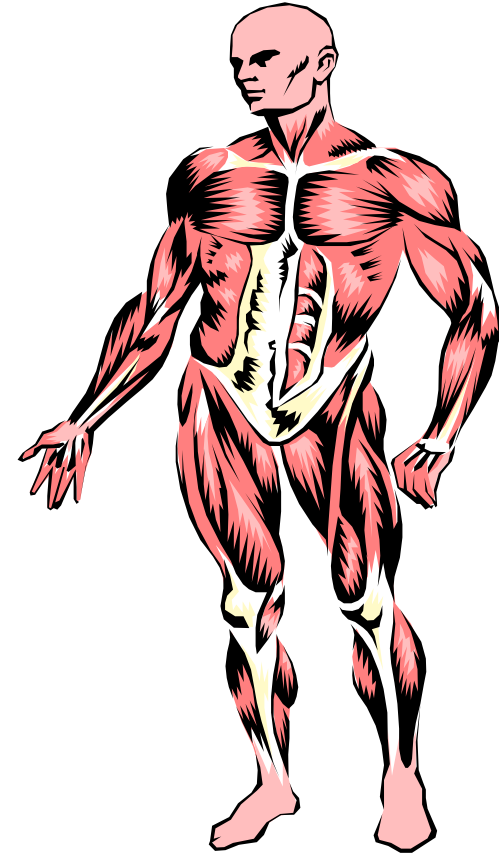
■ When did ISO 9001 become recognized by healthcare?

- Healthcare has started to embrace ISO 9001 within the last several years, (primarily since 2008)
- More recently with DNV-GL receiving deeming authority from the Centers for Medicare and Medicaid Services, (CMS) to accredit hospitals in 2008, ISO 9001 is rapidly gaining recognition in healthcare

ISO System Structure

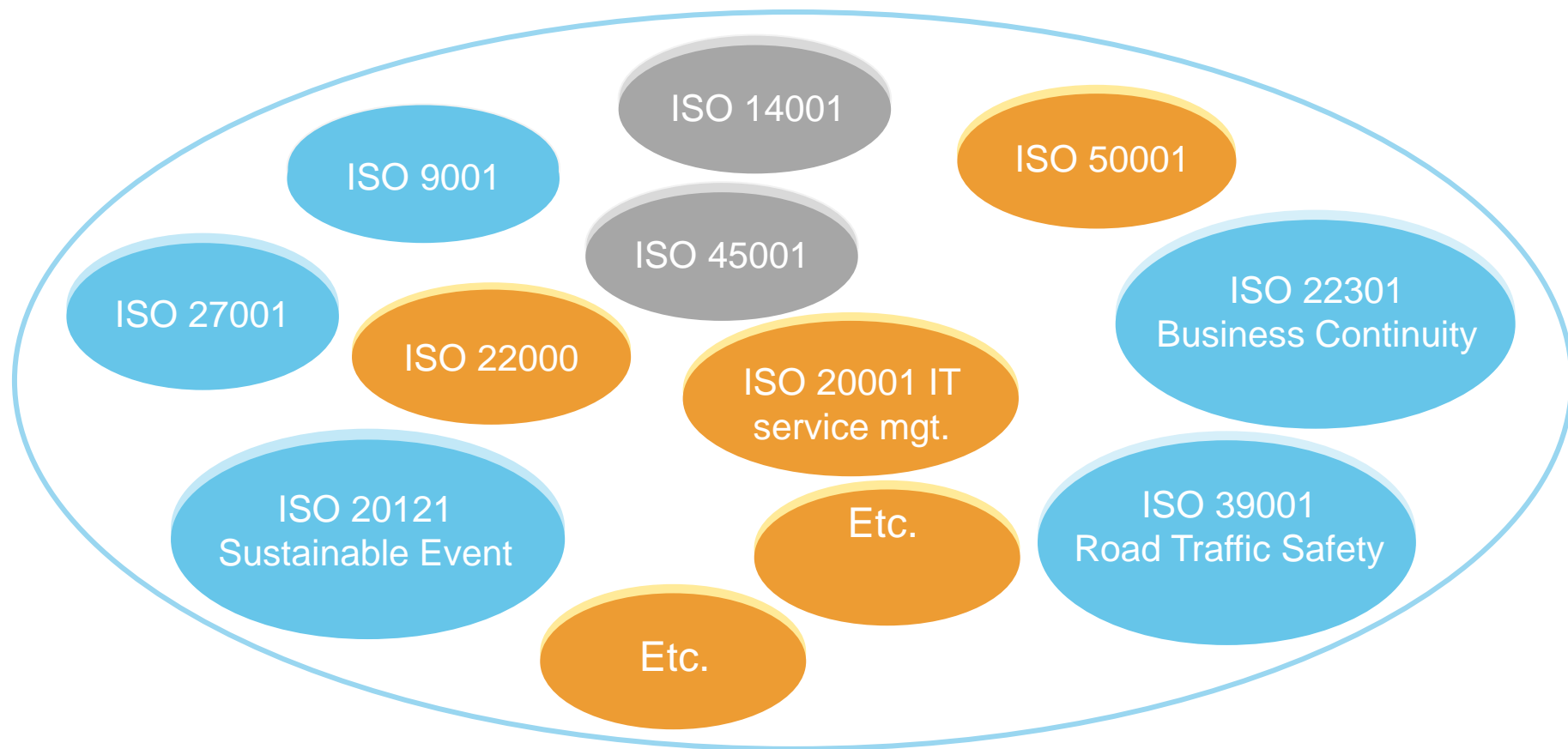


ISO 9001 Systems



Operational-Business
Practices-Regulatory

ISO Management System Standards - Examples



 Under revision based on new common framework

 All other standards will be revised to the new common framework

 Already published with new common framework

Ungraded

Management System Approach

- If your organization is currently receiving reimbursement from Medicare/Medicaid, then you are already ~70% compliant with the ISO 9001:2015 Quality Management Standard.

NIAHO® Surveyors & Survey Activities

12 January 2017

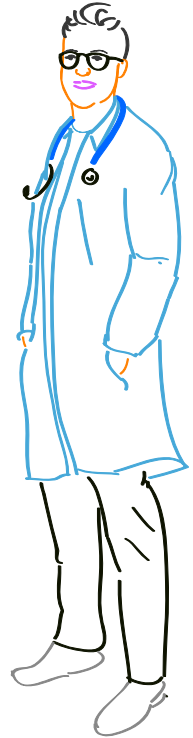
Ungraded

DNVGL Accreditation Progression

- **1st visit:**
 - Gain Accreditation to NIAHO® - meet the requirements of CMS
 - ISO introduction & education; compliance or certification within 3 years
- **2nd visit:** 1 year after accreditation
 - Continue Accreditation by undergoing a survey to NIAHO®
 - Survey for progress in implementing ISO 9001
- **3rd visit:** 2 years after accreditation
 - Continue Accreditation by undergoing survey to NIAHO®
 - Continue to work toward ISO 9001 Implementation (ISO dress rehearsal)
- **4th visit:** 3 years after accreditation
 - NIAHO® survey and last year to achieve ISO 9001 compliance/certification
 - If in compliance with ISO 9001 – a statement included in Certificate of Accreditation
 - May choose to demonstrate compliance by obtaining a separate ISO 9001 Certificate

DNV Survey Process Innovations

- Annual on-site surveys
- Collaborative
- Less prescriptive
- Allows organization innovation
 - More than one way to accomplish a goal
 - Encourages best practices
 - ISO Tenets
 - Document what you do
 - Do what you document
 - Prove it
 - Improve it



Survey Team Composition

➤ **Clinical Surveyor**

- Patient Care Unit Visits (Clinical Settings)
- Med/ Surg, ICU, CCU, Obstetrics, Emergency Department
- High acuity units

➤ **Generalist Surveyor**

- Quality Management Review
- Medication Management
- Medical Staff and Human Resources Review
- Utilization Review Interview
- Patient Grievance Interview
- Med/Surg & Ancillary / Support Services Review (Lab, Medical Imaging, Rehab, etc.)

➤ **Physical Environment / Life Safety Surveyor**

- All Physical Environment aspects and Management Plans
- Physical Environment / Comprehensive Building Tour
- Biomedical Engineering & Calibration of Equipment



Survey Activities

- Survey activities are carried out as follows:
- A comprehensive review includes observation of care/services provided to the patient in all patient care areas, patient and/or family interview(s), staff interview(s), and medical record review.
- Using Tracer methodology, department/patient unit visits to include staff interviews and open medical record review as appropriate (both clinical and support departments)
 - identify performance issues
 - handoff between steps
 - tracer methodology
- **Visits to non-clinical support areas**
- **Comprehensive Building Tour (days, not hours)**

NIAHO® Standard Requirement Chapters

- Quality Management System
- Governing Body
- Chief Executive Officer
- Medical Staff
- Nursing Services
- Staffing Management
- Rehabilitation Services
- Obstetric Services
- Emergency Department
- Outpatient Services
- Dietary Services
- Patient Rights
- **Infection Control**
- Medical Records Service
- Medication Management
- Surgical Services
- Anesthesia Services
- Laboratory Services
- Respiratory Care Services
- Medical Imaging
- Nuclear Medicine Services
- Discharge Planning
- Utilization Review
- **Physical Environment**
- Organ, Eye and Tissue Procurement

Ungraded

NIAHO® Physical Environment Management Systems

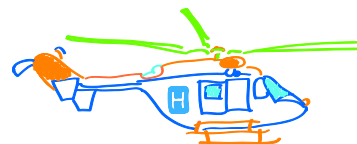
- PE.1 Facility
- PE.2 Life Safety Management System
- PE.3 Safety Management System
- PE.4 Security Management System
- PE.5 Hazardous Material (Hazmat) Management System
- PE.6 Emergency Management System
- PE.7 Medical Equipment Management System
- PE.8 Utility Management System



NIAHO® and ISO 9001 Quality Management System

Hospital Accreditation: Integration of NIAHO® Standards with ISO 9001 Quality Management System Standards

12 January 2017



Ungraded

NIAHO® PE.1 Facility

Ungraded

NIAHO® PE.1 FACILITY

- **The facility shall be constructed, arranged, and maintained to ensure patient safety, and to provide areas for diagnosis and treatment and for special organization services appropriate to the needs of the community.**
- **SR.1** The condition of the physical plant and the overall hospital environment must be developed and maintained in such a manner that the safety and well-being of patients, visitors, and staff are assured.
- **SR.2** The hospital must **maintain adequate facilities for its services.**
 - ❖ **SR.2 a** Diagnostic and therapeutic facilities must be located for the safety of patients.
 - ❖ **SR.2 b** Facilities, supplies, and equipment must be maintained to ensure an acceptable level of safety and quality.
 - ❖ **SR.2 c** The extent and complexity of facilities must be determined by the services offered.

NIAHO® PE.1 FACILITY

ISO 9001-related Requirements

- **SR.3** The organization shall have policies, procedures and processes in place **to manage staff activities**, as required and/or recommended by local, State, and national authorities or related professional organizations, to maintain a safe environment for the organization's patients, staff, and others.
- **SR.4** The organization shall have a **documented process, policies and procedures to define how unfavorable occurrences**, incidents, or impairments in the facility's infrastructure, Life Safety, Safety, Security, Hazardous Material/Waste, Emergency, Medical Equipment, and Utilities Management Systems are **prevented, controlled investigated, and reported throughout the organization**.
- **SR.5** The organization shall evaluate the facility's physical environment management systems at least annually. This evaluation shall be **forwarded to Quality Management oversight**.
- **SR.6** Occurrences, incidents, or impairments shall be measured and analyzed to **identify any patterns or trends**.
- **SR.8** Significant physical environment data/information shall be **disseminated regularly to Quality Management oversight**.

Ungraded

NIAHO® PE.1 FACILITY Common Findings

- Failure to have and/or maintain Physical Environment Management Systems
- Failure to evaluate Physical Environment Plans
- Failure of Leadership to provide support to assure that CAP's are effective

NIAHO®PE.2 Life Safety Management System



Ungraded

NIAHO® PE.2 LIFE SAFETY MANAGEMENT SYSTEM

- **SR.1** The organization shall meet the applicable provisions of the **2012 edition** of the Life Safety Code® of the National Fire Protection Association.
 - ❖ Note: A hospital must have replaced 1 hour batteries with 1 ½ hour batteries in emergency lighting systems that use batteries as power sources, Chapter 19.2.9, Emergency Lighting.
- **SR.2** RESERVED (original standard deleted)
- **SR.3** After consideration of the State survey agency findings, CMS may waive specific provisions of the Life Safety Code®, which, if rigidly applied, would result in unreasonable hardship upon the facility, but only if the waiver does not adversely affect the health and safety of patients.
 - ❖ **SR.3a** The provisions of the Life Safety Code® do not apply in a State where CMS finds that a fire and safety code imposed by State law adequately protect patients.

NIAHO® PE.2 LIFE SAFETY MANAGEMENT SYSTEM

- **SR.4** The organization must have written fire control plans that contain provisions for prompt reporting of fires; extinguishing fires; protection of patients, personnel, and guests; evacuation; and cooperation with firefighting authorities.
 - ❖ The fire control plan shall provide for the following (NFPA 101-2012, 18.7.2.2 & 19.7.2.2):
 - SR.4a. Use of alarms
 - SR.4b. Transmission of alarm to fire department
 - SR.4c. Response to alarms
 - **SR.4d. Isolation of fire**
 - SR.4e. Evacuation of immediate area
 - SR.4f. Evacuation of smoke compartment
 - SR.4g. Preparation of floors and building for evacuation
 - SR.4h. Extinguishment of fire

Required Barrier Penetration Permit Programs

- The Life Safety Management System shall: include in the elements of SR.4d a **written plan for the protection of the integrity of hospital smoke and fire barriers.**
- The plan should include:
 - Name(s) of **Responsible hospital staff** for barrier protection program
 - Requirement for **written permission for anyone** (including all hospital staff, contractors and vendors) to penetrate a smoke or fire barrier wall, ceiling or floor
 - **Input from Infection Control and Prevention Practitioner** on critical clinical areas prior to issuance of written permit for performing work on barriers
 - **Establishment of monitoring process** to ensure all work is completed correctly

NIAHO® PE.2 LIFE SAFETY MANAGEMENT SYSTEM

- **SR.5** The organization shall maintain **written evidence of regular inspection** and approval by State or local fire control agencies.
- **SR.6** Health care occupancies shall conduct unannounced fire drills, but not less than one (1) drill per shift per calendar quarter that transmits a fire alarm signal and simulates an emergency fire condition. When fire drills are conducted between 9:00 p.m. (2100 hours) and 6:00 a.m. (0600 hours), a coded announcement shall be permitted to be used instead of audible alarms. (NFPA 101-2012, 18.7.1.2. & 19.7.1.2). False alarms may be used (up to 50% of total drills) if all elements of the fire plan are exercised.
 - ❖ Business occupancies shall conduct at least one unannounced fire drill annually per shift.
- **SR.6a** Fire drills must be thoroughly documented and evaluate the organization's knowledge to the items listed in PE.2, SR.4
 - ❖ **SR.6 a(1) At least annually, the organization shall evaluate the effectiveness of the fire drills, The report of effectiveness shall be forwarded to Quality Management oversight.**

Ungraded

NIAHO® PE.2 LIFE SAFETY MANAGEMENT SYSTEM

- **SR.7** The Life Safety Management System shall address applicable Alternative Life Safety Measures (**ALSM**) that shall be implemented whenever life safety features, systems, or processes are impaired or deficiencies are created or occur. Thorough documentation is required.
 - ❖ **SR.7a.** All alternative life safe measures **must be approved** by the authority having local jurisdiction.
- **SR.8** The Life Safety Management System shall require that Life Safety systems (e.g., fire suppression, notification, and detection equipment) shall be tested and inspected (including portable systems).
- **SR.9** The Life Safety Management System shall require a process for **reviewing the acquisition** of bedding, draperies, furnishings and decorations for fire safety.

NIAHO® PE.2 LIFE SAFETY MANAGEMENT SYSTEM

- **SR.10** Construction, Repair, and Improvement operations shall involve the following activities:
 - ❖ **SR.10a** During construction, repairs, or improvement operations, or otherwise affecting the space, the *Guidelines for Design and Construction of Hospitals and Health Care Facilities*, 2010 edition, published by the American Institute of Architects shall be consulted for designing purposes.
 - ❖ **SR.10b** The organization shall assess, document, and minimize the impact of construction, repairs, or improvement operations upon occupied area(s). The assessment shall include, but not be limited to, **provisions for infection control**, utility requirements, noise, vibration, and alternative life safety measures (ALSM).

NIAHO® PE.2 LIFE SAFETY MANAGEMENT SYSTEM

- **SR.10c** In occupied areas where construction, repairs, or improvement operations occur, all required means of egress and required fire protection features shall be in place and continuously maintained or where alternative life safety measures acceptable to the authority having local jurisdiction are in place.
- **SR.10d** All construction, repairs, or improvement operations, shall be in accordance with applicable NFPA 101-2012 standards, and State and local building and fire codes. **Should standards and codes conflict, the most stringent standard or code shall prevail.**

NIAHO® PE.2 LIFE SAFETY MANAGEMENT SYSTEM

Common Findings

- Failure to evaluate fire drills
- ALSM not appropriate or lacking approval from AHJ
- Items attached to sprinkler pipe
- No Emergency lighting units in *areas where deep sedation and general anaesthesia is administered* – Condition Level NC

NFPA 99, Health Care Facilities Code, 2012 Edition

6.3.2.2.11 Battery-Powered Lighting Units

6.3.2.2.11.1 *One or more battery-powered lighting units shall be provided within locations where deep sedation and general anaesthesia is administered*

- *Failure to correct deficiencies identified on reports*
- *Fire Barrier Program lacking input from Infection Prevention or no evidence of program*

NIAHO®PE.3 Safety Management System

Ungraded

NIAHO® PE.3 SAFETY MANAGEMENT SYSTEM

- **SR.1** The organization shall provide a Safety Management System that shall maintain safe and **adequate facilities for its services**. Diagnostic and therapeutic facilities must be located for the safety of patients.
- **SR.2** The Safety Management System shall require that facilities, supplies and equipment be maintained and ensure an acceptable level of safety and quality. The extent and complexity of facilities shall be determined by the **services offered**.
- **SR.3** The Safety Management System shall require **proper** ventilation, light and temperature **controls** in pharmaceutical, food preparation, and other appropriate areas.
- **SR.4** The Safety Management System shall require that the organization maintain an **environment free of hazards** and **manages staff activities** to reduce the risk of occupational related illnesses or injuries.
- **SR.5** The Safety Management System shall require **periodic surveillance** of the hospital grounds to observe and correct safety issues that may be identified.
- **SR.6** The Safety Management System shall **address safety recalls and alerts**.

Ungraded

NIAHO® PE.3 SAFETY MANAGEMENT SYSTEM

- DNV-GL has adopted Chapter 13 Of NFPA 99 2012
- Requires an SVA

NIAHO® PE.3 SAFETY MANAGEMENT SYSTEM

Common Findings

- Open junction boxes
- Wires not properly terminated
- Breaker boxes not properly labelled
- Unsafe environments in CEP on roof tops

Ungraded

NIAHO®PE.4

Security Management System

Ungraded

NIAHO® PE.4 SECURITY MANAGEMENT SYSTEM

SR.1 The organization shall develop a Security Management System that provides for a secure environment.

SR.2 The Security Management System shall provide for identification of patients, employees and others.

SR.3 The Security Management System shall address issues related to **abduction, elopement**, visitors, **workplace violence**, and investigation of property losses.

SR.4 The Security Management System shall establish emergency security procedures to include **all hazard events**

SR.5 The Security Management System shall require vehicular access to emergency service areas.

SR.6 The Security Management System shall require a **process for reporting and investigating** security related issues.

Ungraded

NIAHO® PE.4 SECURITY MANAGEMENT SYSTEM

Common Findings

- Data not analysed
- No clinical restraint training

Ungraded

NIAHO®PE.5 Hazardous Materials (Hazmat) Management System

Ungraded

SR.1 The organization shall provide a Hazmat Management System to manage hazardous materials and waste.

SR.2 The HAZMAT Management System shall provide **processes to manage** the environment, selection, handling, storing, transporting, using, and disposing of hazardous materials and waste.

SR.3 The HAZMAT Management System shall provide processes to manage **reporting and investigation** of all spills, exposures, and other incidents.

SR.4 The organization **monitors staff exposure levels in hazardous environments and report the results of the monitoring to the Quality Management System.**

NIAHO® PE.5 HAZARDOUS MATERIAL (HAZMAT) MANAGEMENT SYSTEM

SR.5 Not withstanding any provisions of the 2012 edition of the Life Safety Code to the contrary, a hospital may install alcohol-based hand rub dispensers in its facility if:

SR.5a. Use of alcohol-based hand rub dispensers does not conflict with any State or local codes that prohibit or otherwise restrict the placement of alcohol-based hand rub dispensers in health care facilities;

SR.5b The dispensers are installed in a manner that minimizes leaks and spills that could lead to falls;

SR.5c The dispensers are installed in a manner that adequately protects against inappropriate access

SR.5d The dispensers are maintained in accordance with dispenser manufacturer guidelines.

SR.5e If dispensers are stored in corridors, the corridor must be a minimum of 72 inches.

SR.5f The maximum individual dispenser fluid capacity shall be:

- 1.2 liters (0.3 gallons) for dispensers in rooms, corridors, and areas open to corridors.
- 2.0 liters (0.5 gallons) for dispensers in suites of rooms.

SR.5g The dispensers shall have a minimum horizontal spacing of 4 ft (1.2m) from each other.

SR.5h Not more than an aggregate 37.8 liters (10 gallons) of ABHR solution shall be in use in a single smoke compartment outside of a storage cabinet.

SR.5i Storage of quantities greater than 18.9 liters (5 gallons) in a single smoke compartment shall meet the requirements of NFPA 30, Flammable and Combustible Liquids Code.

SR.5j The dispensers shall not be installed over or **directly adjacent to an ignition source**.

SR.5k In locations with carpeted floor coverings, dispensers installed directly over carpeted surfaces shall be permitted only in sprinklered smoke compartments.

SR.5l Where minimum corridor width is 72 inches (1830 mm), projections of maximum 6 inches (152 mm) from the corridor wall, above the handrail, shall be permitted for the installation of hand-rub dispensing units.

NIAHO® PE.5 HAZARDOUS MATERIAL (HAZMAT) MANAGEMENT SYSTEM

- **SR.6** RESERVED
- **SR.7** In anesthetizing locations, which use **alcohol-based skin preparations**, have implemented effective fire risk reductions measures which include:
 - ❖ **SR.7a** The use of unit dose skin prep solutions.
 - ❖ **SR.7b** Application of skin prep follows manufacture/supplier instructions and warnings.
 - ❖ **SR.7c** Sterile towels are used to absorb drips and runs during the application and then removed from the anesthetizing location prior to draping.
 - ❖ **SR.7d** Verifying that all of the above has occurred prior to initiating the surgical procedure.
- **SR.8** Verify that nonflammable medical gas **stored outside of an enclosure** does not exceed 300 cubic feet per smoke compartment.

Ungraded

NIAHO® PE.5 HAZARDOUS MATERIAL (HAZMAT) MANAGEMENT SYSTEM

- No proper training for handling hazardous and bio hazardous materials
- Failure to verify that contractors are competent
- Waste not properly stored

NIAHO® PE.6

Emergency Management System

Ungraded

NIAHO® PE.6 EMERGENCY MANAGEMENT SYSTEM

- **SR.1** The organization must provide a comprehensive Emergency Management System to respond to emergencies **in the organization or within the community and region** that may impact the organization's ability to provide services.

- **SR.2** The organization shall meet the requirements set forth in **NFPA 99 (2012), Chapter 12, Emergency Management.**

- **SR.3** The Emergency Management System shall require that the organization conduct a **hazard vulnerability analysis** to identify potential emergencies in the organization and the community.

NIAHO® PE.6 EMERGENCY MANAGEMENT SYSTEM

- **SR.4** The Emergency Management System shall establish an emergency process to address the potential hazards to the organization and the community. The hospital shall conduct an organization-wide emergency management exercise, including the triage and disposition of patients. The organization-wide emergency management exercises, including the triage and disposition of patients, shall be conducted no less frequently than **twice per year**
 - ❖ **SR.4a** Emergency management exercises **shall test the most threatening hazard(s) identified in the HVA** and tax the resources of the organization.
 - ❖ **SR.4b** At least every other emergency management exercise shall be **conducted with the community** to evaluate surge capacity, the integration of Incident Command and intraoperability of communications.
 - ❖ **SR.4c** The organization shall formulate an **After Action Report** of all emergency management exercises to identifying opportunities for improvements and revise its emergency management plan according to the identified opportunities for improvement.

NIAHO® PE.6 EMERGENCY MANAGEMENT SYSTEM

- **SR.5** The Emergency Management System processes shall address alternative means to support essential building functions such as electricity, water, ventilation, fuel, medical gas and vacuum systems, and other identified utilities.

- **SR.6** The Emergency Management System shall include **memorandums of understanding** for utilization of resources (space, personnel, and equipment) with local and regional healthcare facilities and public health agencies in cases of organizational, community, or regional crisis.

- **SR.7** The organization shall have policies, procedures, and **decision criteria** for the determination of protection in place or evacuation of patients in the event of a disaster.

Ungraded

NIAHO® PE.6 EMERGENCY MANAGEMENT SYSTEM

Common Findings

- HVA not updated
- HVA not effective
- No HVA for off-sites or sister properties
- Failure to establish CAP for opportunities for Improvement found during drills
- Failure to follow up on CAP's

Ungraded

NIAHO®PE.7

Medical Equipment Management System

Ungraded

NIAHO® PE.7 MEDICAL EQUIPMENT MANAGEMENT SYSTEM

- **SR.1** The organization shall establish a Medical Equipment Management System that provides processes for the acquisition, safe use, and the appropriate selection of equipment.
- **SR.2** The Medical Equipment Management System shall address issues related to the organization's initial service inspection, the orientation, and the demonstration of use for rental or physician owned equipment.
- **SR.3.** The Medical Equipment Management System shall address criteria for the selection of equipment.
- **SR.4** The Medical Equipment Management System shall address incidents related to serious injury or illness or death (See SMDA 1990).

Ungraded

NIAHO® PE.7 MEDICAL EQUIPMENT MANAGEMENT SYSTEM

- **SR.5** The Medical Equipment Management System shall have a process for reporting and investigating equipment management problems, failures, and user errors.
- **SR.6** The Medical Equipment Management System shall address a process for determining timing and complexity of medical equipment maintenance.
- **SR.7** The Medical Equipment Management System shall address the process of receiving and responding to recalls and alerts.

Ungraded

CMS S&C 12-07-Hospital Superseded

We are updating previously provided guidance to clarify:

- Hospital facilities, supplies and equipment must be maintained to ensure an acceptable level of safety and quality.
- **A hospital may adjust its maintenance, inspection, and testing frequency and activities for facility and medical equipment from what is recommended by the manufacturer, based on a risk-based assessment by qualified personnel, unless:**
 - ❖ Other Federal or state law; or hospital Conditions of Participation (CoPs) require adherence to manufacturer's recommendations and/or set specific requirements. For example, **all imaging/radiologic equipment must be maintained per manufacturer's recommendations**; or
 - ❖ The equipment is a **medical laser device**; or
 - ❖ **New equipment** without a sufficient amount of maintenance history has been acquired.
- Hospitals electing to adjust facility or medical equipment maintenance **must develop policies and procedures and maintain documentation supporting their Alternate Equipment Management (AEM) program. They must adhere strictly to the AEM activities and/or frequencies they establish.**

NIAHO® PE.7 MEDICAL EQUIPMENT MANAGEMENT SYSTEM

- No process for “Out of Tolerance ” certificates
- Reports not accurate
- AEM programs not proper
- Failure to analyse data

NIAHO®PE.8

Utility Management System

Ungraded

NIAHO® PE.8 UTILITY MANAGEMENT SYSTEM

- **SR.1** The organization shall require a Utility Management System that provides for a safe and efficient facility that reduces the opportunity for **organization-acquired illnesses**.
- **SR.2** The Utility Management System shall provide for a process to **evaluate critical operating components**.
- **SR.3** The Utility Management System **shall develop maintenance, testing, and inspection processes for critical utilities**.
- **SR.4** The Utility Management System shall contain a process to address medical gas systems and HVAC systems (e.g., includes areas for negative pressure).
- **SR.5** The Utility Management System shall provide for emergency processes for utility system failures or disruptions.
- **SR.6** The Utility Management System shall provide for reliable emergency power sources with **appropriate maintenance** as required

NIAHO® PE.8 UTILITY MANAGEMENT SYSTEM

- **SR.7** The Safety Management System shall require **proper ventilation, light and temperature controls** in operating rooms, sterile supply rooms, special procedures, isolation and protective isolation rooms, pharmaceutical, food preparation, and other appropriate areas.
- **SR.8** There shall be emergency power and lighting in at least the operating, recovery, intensive care, emergency rooms, and in other areas where invasive procedures are conducted, stairwells, and other areas identified by the organization (e.g., blood bank refrigerator, etc.). In all other areas not serviced by the emergency supply source, battery lamps and flashlights shall be available.
 - ❖ Emergency lighting standards shall comply with Section 7.9 of Life Safety Code, 101-2000, and applicable references, such as, NFPA-99: Health Care Facilities, for emergency lighting and emergency power.
- **SR.9** There shall be facilities for emergency gas and water supply.
- **SR.10** All relevant utility systems shall be maintained, inspected, and tested.

NIAHO® PE.8 UTILITY MANAGEMENT SYSTEM

Common Findings

- Numerous findings for generators
- No data being reported to leadership

Ungraded

Number 1 DNV-GL finding in the country

What is the number 1 finding in the country with DNV-GL??

Failure to analyse
data

CHOP

Certified Healthcare Operations Professional



DNV GUIDING PRINCIPLE

*We are judged by the level attained by
those whom we serve,
and we strive to raise that level as high as possible!*

Kelly Proctor CHFM, CHSP

Kelly.Proctor@dnvgl.com

678-787-9274

www.dnvgl.com

www.dnvaccreditation.com

SAFER, SMARTER, GREENER

Ungraded

This concludes The American Institute of Architects Continuing Education Systems Course

AIA Rochester

Linda Hewitt
585.232.7650