CHAPTER 70-4 INTERNAL AND EXTERNAL REVIEWS

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70-4.1 INTRODUCTION

The fact that we are a government entity and in addition we are in the health care business means we are subjected to numerous reviewing bodies. The bodies which review our programs do so as a result of on-going government audits, accreditation requirements to evaluate our standard of care, compliance with laws and regulations and as an internal control on the effectiveness of program elements. The organizations which impact on your facilities program which may require you to interface with them are listed below.

70-4.2 REVIEWING ORGANIZATIONS

A. JOINT COMMISSION ON ACCREDITATION OF HEALTHCARE ORGANIZATIONS (JCAHO) - JCAHO is the foremost accrediting body for health care organizations (hospitals, nursing homes and ambulatory care facilities) in the country. In the private sector, accreditation is essential for Medicare reimbursements from the government, and consequently, is necessary for financial survival. In IHS, participation in the JCAHO accreditation process is required to assure that quality patient care is maintained.

(1) The accreditation period is three years, and all facilities strive to receive an accreditation decision with no contingencies. Failure to achieve an accreditation may result in replacement of management personnel.

(2) Manuals containing the accreditation standards are published by JCAHO. Separate standards are established for hospitals, nursing homes/long term care, and outpatient clinics.

(3) For the facilities engineering department, pertinent JCAHO requirements in each health care program are organized into a chapter titled Environment of Care (EC). They are organized under eight elements of Design, Safety, Security, Emergency Preparedness, Hazardous Materials and Wastes, Life Safety, Equipment Management, and Utilities Management.

B. COLLEGE OF AMERICAN PATHOLOGISTS (CAP) - CAP is the accrediting body for clinical laboratories. Accreditation of a laboratory by CAP is usually accepted by JCAHO without a need for a separate survey except for the laboratory quality assurance program and the fire and safety of the structure where the laboratory is located. The CAP inspection cycle is two years. From the facilities engineering standpoint, facilities managers must ensure that all non-clinical equipment in the laboratory has been considered for inclusion in a preventive maintenance program. Records must be made available to the CAP surveyors.

C. INSPECTOR GENERAL (IG) - The Inspector General is the arm of the agency whose purpose it is to audit programs to identify waste, fraud and abuse in government operations. IG inspections and/or investigations are normally generated as a result of congressional inquiries, comments from reviewing agencies, and complaints or perceived vulnerabilities in IHS operations. Special problem focused audits can occur at any time.

D. HEALTH CARE FINANCE ADMINISTRATION (HCF) - HCF is the government agency that conducts audits which are essential for Medicare/Medicaid (M&M) reimbursements. M&M reimbursements are essential for supplementation of financial resources at IHS facilities. M&M funding is used in facilities engineering for construction projects to correct cited or potential life safety deficiencies, to correct work flow deficiencies, and to purchase and install equipment that will enhance program effectiveness.

E. OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION (OSHA) - OSHA is the federal agency under the Department of Labor charged with occupational safety oversight for government and private sector employees. OSHA does not conduct routine inspections at IHS but they may be scheduled in response to employee complaints of unsafe working conditions. OSHA also has a "targeting" program, designed to identify and inspect facilities whose lost time claims rate (LTCR) is above the federal average. IHS facilities have been targeted, as the LTCR for medical facilities is generally higher than that of other agencies, due to the risks involved in patient care.

F. ENVIRONMENTAL PROTECTION AGENCY (EPA) - EPA is the federal agency charged with environmental compliance responsibilities. EPA is concerned with air and water pollution and hazardous waste management at IHS sites. EPA inspections are rare, but some facilities have had inspections due to asbestos, underground

storage tanks or solid waste related problems. It should be noted that EPA has delegated enforcement authority to certain States.

G. MANAGEMENT ADMINISTRATIVE REVIEWS - These reviews are conducted by Headquarters upper management personnel who visit the Areas on a cyclical basis. The intent of this review is to evaluate the quality of patient care and administrative patient care support.

H. FACILITIES ENGINEERING PROGRAM REVIEW - These reviews are conducted by a team composed of Headquarters personnel who visit all the Areas on a three year cycle. The intent is to review how effectively the facilities engineering program is being accomplished at Area and service units. The review analyzes the level of technical practice by field facilities personnel through examination of compliance with policies and procedures. The review is conducted at the Area office level in the elements of administration, energy management, financial management, environmental management, and construction management. The review is conducted at the service unit level in the elements of preventive maintenance, work management, equipment management, utilities management, grounds management, energy management, financial management, occupational health, and support to other departments.

70-4.3 MANAGEMENT CONTROL

A. The purpose of management controls is to "continuously monitor" performance in key areas that affect patient care or accreditation and ensure that operations comply with the government standards for fraud, waste and abuse. Continuous monitoring should reveal if minimum acceptable standards of critical program elements are not being met. Corrective actions may be initiated internally if elements are not operating as required.

B. The benefits of periodic reviews of critical facilities engineering program elements is to review departmental performance, compliance with accreditation standards and the maintenance of a historical data base. A strong internal management review program is the key to successful external reviews. Problem areas should be identified internally and corrected before external reviews.

70-4.4 GUIDELINES FOR REVIEW TECHNIQUES

A. JCAHO - JCAHO publishes standards for accreditation requirements in the various health care occupancies at an installation. In addition, JCAHO publishes the Plant, Technology and Safety Management series which consists of handbooks, designed to assist facilities personnel in understanding and interpreting the standards and performing self assessments. The handbook and monographs may be purchased individually or as a subscription series from JCAHO. Surveys generally consists of a 5-day visit to a hospital, 2 days at a health center and 1 day at a clinic. The actual facilities engineering portion amounts to only 8 hours over a 2-day period. Facilities engineering should integrate compliance into regular day-to-day activities to avoid last minute activity prior to a scheduled accreditation survey.

B. CAP - CAP standards that affect facilities engineering can be obtained from your Laboratory Service, or may be ordered from the College of American Pathologists. The facilities manager should consult with the laboratory well in advance of the scheduled CAP inspection to review areas of deficiency identified during the self-inspection process. Surveys generally consists of a one-day visit to the laboratory with only 30 minutes involvement of the facilities manager.

C. IG - Prior to an inspection or audit, the IG will forward a letter indicating what program areas will be reviewed, and what data will need to be made available. During this audit, it is advisable to frequently review any findings developed or concerns expressed by the surveyor or auditor. This should be done at least weekly so that items that are in dispute can be addressed before a final report is prepared. Inspection can amount from one day to several weeks depending on the magnitude and character of the incident being investigated.

D. HCF - This review process does not affect the facilities department directly. Preparation and/or involvement is only upon request.

E. OSHA - OSHA regulations are published as Code of Federal Regulations 29 CFR 1900. New OSHA standards and revisions to existing standards are published in the Federal Register. OSHA has published several booklets that summarize program elements and requirements. Review of OSHA standards and past safety

inspections at your facility should highlight any areas of deficiency. Inspection can amount from one day to a week depending on the magnitude and character of the incident being investigated.

F. EPA - EPA regulations are published in the Federal Register. They are too numerous to list here. Valuable information can also be obtained from bulletins and newsletters of the American Society of Hospital Engineers (ASHE).

G. Area Administrative Review - The review process does not affect facilities engineering directly. Preparation and/or involvement is only upon request.

H. Facilities Engineering Program Review - The criteria used to evaluate facilities engineering program elements are found in the Facilities Engineering Operations Manual Part 7, Program Review. Facilities manager's involvement includes an extensive review of accomplishments and documentation of program element actions for the three fiscal years prior to the review. The review includes a cross section of the program at the Area Office and two service units selected by Headquarters . The entire review consists of a 5-day visit in the Area. Preparatory requirements and criteria used in the review are contained in the Handbook.