

# CLINICAL ENGINEERING

---

## Facility Management

---

### Joint Commission on Accreditation of Healthcare Organizations (JCAHO) Compliance Statement of Conditions

Important topic? I think so. Is it part of your daily routine or is it something you think about three months before an inspection? Activity never “slows down” in Facilities Management; however, January seems to be a good period to devote some time to yourself and your operation. You need to evaluate your entire function and ensure your operation meets all requirements of the JCAHO Environment of Care (EOC) Standards. Establish some New Year’s resolutions for your office!

If you haven’t already, you need to obtain a copy of the 1996 JCAHO EOC Standards. If you were inspected in 1994, did very well, and have continued to operate the same way thinking you are still exceeding all standards, you may be operating under a false sense of security. The 1995 Standards differ considerably from 1994; the 1996 codes differ only slightly from 1995.

Take a look at the “Statement of Conditions (SOC)” of the JCAHO EOC Standards. The SOC is over 60 pages long so we have only included section 1, Introduction & Instructions, as an attachment. The SOC is designed to meet EC.1.1.1 and EC.2.4.2 and replaces the “Statement of Construction.” It is considerably more comprehensive, lengthy, cumbersome, time consuming, technical, ..... you get the picture. If you do not have an SOC on file, you should assemble one now due to the time it takes to evaluate and input the necessary data. The SOC

should mirror your Facility Master Plan so you should update them both at the same time. This will result in a road map for planning and prioritizing future projects which bring your building(s) into Life Safety Code (LSC) compliance. If you are already in compliance, this will provide proper documentation.

The SOC is divided into four sections:

- (1) Introduction & Instructions, **Attachment 1**
- (2) Basic Building Information
- (3) Life Safety Assessment
- (4) Plan for Improvement

As you can see by the title of the sections, the SOC is a continually changing document, much like your Facility Master Plan, and must be periodically updated and maintained.

The intent of the SOC is for you to implement and support a “process that continually assesses, identifies, and resolves LSC deficiencies” for each of your buildings. As stated in section 2 of the SOC, you must complete an SOC “for each building occupied by **patients/residents/clients** regardless of ownership.” It is not restricted to buildings which only house patients overnight or renders patients “staff dependent” which is a common misnomer.

You are neither required to follow the format presented nor does the SOC have to be performed by a certified engineer or professional. Actually, the only requirement is that it be performed by “persons who have both a strong knowledge of the requirements of the LSC and the building(s)...There are no prescriptive requirements for the education or experience of persons who complete the SOC.” This means YOU can perform the survey. However, the SOC is quite lengthy and comprehensive so you may want to acquire some help. You should first consult your regional Health

Facilities Office (HFO) for assistance; they have performed many SOCs already. If the HFO cannot meet your suspenses, you may want to contract an Architectural & Engineering (A-E) firm or other agency through your Base Civil Engineer or the Toolbox.

Do you want to see more articles on JCAHO EOC compliance? Give me a call and let me know what you are interested in or if you require any assistance. I'd love to hear from you! (AFMLO/FOMF, 1Lt Dennis Ford, DSN 343-4119)

**American Society for Healthcare  
Engineering to offer Programs on 1996  
Joint Commission on Accreditation of  
Healthcare Organizations (JCAHO)  
Environment of Care Standards**

Once again, the American Society for Healthcare Engineering (ASHE) is offering a program on how to comply with the 1996 JCAHO Environment of Care (EC) Standards. The program entitled, *The New 1996 JCAHO Environment of Care Standards: Practical Strategies for Compliance*, will be offered four times during the first half of 1996:

- 29 Feb - 1 Mar 96 in Los Angeles, CA
- 28 - 29 Mar 96 in Milwaukee, WI
- 29 - 30 Apr 96 in Tampa, FL and
- 20 - 21 May 96 in Newark, NJ

Attendees will learn how the 1996 standards differ from both the 1995 EC standards and the old Plant Technology and Safety Management (PTSM) standards. Attendees will also learn how to interpret and effectively comply with the new standards.

If your MTF will be surveyed by the JCAHO during 1996, you may find this program a valuable investment of your time. You will learn strategies

for compliance from recognized experts in the areas of health care facilities and safety management, and will have the opportunity to network with civilian health care personnel who are also preparing for JCAHO surveys.

**Attachment 6** is a registration form and information on program locations, accommodations, schedule, transportation arrangements, registration fees, etc. (AFMLO/FOM, Capt Rhonda Hillman, DSN 343-2117)

---

## **Quality Assurance**

---

### **Food and Drug Administration (FDA) Recalls/Alert Notices**

**Attachment 2**, paragraph 1, provides information on FDA medical equipment recalls and alerts. Personnel from clinical engineering, biomedical equipment maintenance, quality assurance, and safety should follow the guidance provided to ensure the effective maintenance and management of medical equipment. (AFMLO/FOM, Capt William Wood, DSN 343-4024)

---

## Medical Equipment Management

---

### Investment Equipment Threshold Change for Fiscal Year 96

The threshold for medical investment equipment changed from \$50,000 to \$100,000, effective 1 October 1995. As a result of this change, several Medical Logistics System (MEDLOG) record changes are required:

- 1) Identify all equipment master records which have an expendability code of "3" and a unit price less than \$100,000.
- 2) Review the records to ensure there are no due-ins against the master record. *IF THERE ARE DUE-INS AGAINST THE MASTER RECORD, DO NOT CHANGE THE EXPENDABILITY CODE UNTIL AFTER THE DUE-INS ARE RECEIVED AND ISSUED.*
- 3) Verify the record is not a component record of an end item of investment equipment whose unit price is greater than \$100,000. Equipment records for components of an end item of equipment should retain the same expendability code as the end item. For example, an x-ray system may cost \$400,000 and would have an expendability code of 3 for investment equipment. Any component of that x-ray system; e.g., the table, generator, bucky, tube stand, tomographic attachment, etc., would be maintained as expendability code 3 even though the unit cost of each component might be less than \$100,000.
- 4) If there are no due-ins and the record is not a component of investment equipment, process an "EXZ" transaction to change the expendability code from 3 to 2.

Please contact AFMLO if you have any questions concerning the threshold change or the medical investment equipment program. (AFMLO/FOM, Capt David Zemkosky, DSN 343-4028)

### Shared Procurement Equipment Items Currently Available

AFMLL 17-95, Attachment 1, pages 16 and 17, contains a list of all current Shared Procurement contracts and optional contracts available through DPSC. If you plan to order any of these items for your facility, use the specific ordering instructions and overall program guidance contained in AFMLL 5-95, pages CE-5 and CE-6. (AFMLO/FOM, 1Lt Dave Zemkosky, DSN 343-4028)



### "Piggyback" Contracts Currently Available

AFMLL 24-95, Attachment 1, pages 6 and 7, contains a list of all current "piggyback" contracts currently available through DPSC. The list includes available quantities and "Order By" dates. To order, send your requisitions to DPSC (using the MILSTRIP process), Attn: Mr. J. Gallagher, and reference the contract number (from the listing) in the notes section. For more information on "piggyback" contracts, see AFMLLs 7-94 and 24-94. (AFMLO/FOM, 1Lt Dave Zemkosky, DSN 343-4028)

WILLIAM H. HILL, Deputy Chief  
Air Force Medical Logistics Office

