

CLINICAL ENGINEERING

Facilities Management

Fake Invoices Turn Up at 17 Air Force Medical Facilities

As first reported in AHA News last month, hospitals in 27 states have received phony invoices from a non-existent company calling itself by three different names: Starr Heating and Cooling, Coastal Cooling and Heating, or GH Waste Collection Inc. The fake invoices are for emergency heating/cooling system repairs in the amount of \$3,907.53.

Civilian hospitals were not the only ones to get hit. As of the time of this article, seventeen Air Force medical facilities reported receiving one of these fake invoices. These facilities include Ellsworth, Edwards, Dover, Holloman, Shaw, FE Warren, Malmstrom, AF Academy, Hill, Kirtland, Moody Laughlin, Dyess, Patrick, Luke, Eglin, and Maxwell. Of course, all our Air Force sites had processes in place to validate charges, and none of the fake invoices were paid.

In an effort to minimize possible USAF victimization and gauge the extent of this particular fraudulent activity, the HQ Air Force Office of Special Investigations (AFOSI) has instructed all AFOSI detachments worldwide to contact the hospital logistics/facility managers to see if this activity has occurred. If any medical facilities are in receipt of one of these invoices, regardless of whether the invoice has been paid, you should notify your local AFOSI detachment and provide them any original documents.

I want to thank Mr. Jim Vandrais, Facilities Manager at Edwards AFB, for initially bringing this matter to our attention so we could alert all our facilities. This is a reminder to us all how important it is to have processes in place for validating charges so we don't pay for services we didn't order or receive. A timely article appears in the November 2000 issue of *Health Facilities Management* magazine titled "You Paid What!?" that I recommend you read. The article can also be found online at <http://www.hfmmagazine.com>. Paying too much for a simple repair job or a part is very common, yet we can save thousands of dollars through careful review of service documentation. (AFMLO/FOM-F, Maj Gil Weston, DSN 343-4972, commercial 301-619-4972, gil.Weston@ft-detrick.af.mil).

Changes to Environment of Care Chapter for 2001

Beginning 1 Jan 01, significant changes go into effect regarding the Emergency Management and Utilities Management portion of the Environment of Care (EC) standards as reported in the September Air Force Medical Logistics Letter. These changes are also detailed on the Joint Commission's web site www.jcaho.org, under "Top Spots." However, there are some subtle changes you should also be aware of for 2001.

In a move to introduce the concept of "core standards," the Environment of Care chapter has been reshuffled, renumbered, and reworded. For example, the standard for Life Safety Management (EC.1.7) has been renamed "Fire Prevention" (thought to be more descriptive) and will be renumbered as EC.1.5 in 2001. An advantage of the renumbering system is that the management plan standard will coordinate with the implementation standard (i.e. Fire Prevention plan will be EC.1.5, and its implementation will be EC.2.5).

Everyone is encouraged to read an article titled "Coming Up in 2001," in the November issue of

Health Facilities Management magazine. You can also access the article online at www.hfmmagazine.com under the Codes and Standards section. It provides a good explanation of all the subtle changes to the EC Chapter in addition to the significant changes in Utilities Management and Emergency Management portions for 2001. (AFMLO/FOM-F, Maj Gil Weston, DSN 343-4972, commercial 301-619-4972, gil.Weston@ft-detrick.af.mil).

Use of Cellular Phones Revisited

Allowing the use of cellular telephones in the medical facility has been debated for some time. Currently the Air Force has no established guidance governing the use of cellular phones in medical facilities. ECRI's Center for Healthcare Environmental Management (CHEM) has published guidance addressing the use of cellular phones and walkie-talkies in the medical facility. This guidance should be useful in establishing policies for your medical facility. CHEM suggests that the use of cellular telephones be allowed in the medical facility; however, the use of cellular phones by patients and visitors should be prohibited in areas that are highly instrumented. Examples of highly instrumented areas are critical care units, emergency rooms, operating rooms, diagnostic imaging rooms, and clinical laboratories.

The full report can be found in ECRI's Healthcare Hazard Control, under Radiation 3.2.1. If your facility does not receive this publication, contact Captain Schlevensky at DSN 343-4081. (AFMLO/FOM-F, Capt David Schlevensky, DSN 343-4081, commercial 301-619-4081, david.schlevensky@ft-detrick.af.mil)

Aspergillus and the Importance of Respiratory Infection Control

Medical treatment facilities are climate controlled, clean, and relatively safe. However, even with

these factors, medical staff are not immune to illness such as nosocomial infections.

Nosocomial infections are very common in medical facilities. One major contributor to nosocomial infections is a fungus called *Aspergillus*. *Aspergillus* is generally found in soil, decaying vegetation, and in molding areas. Most people are able to fight an infection caused by this fungus. However, in immunosuppressed people, such as the elderly, infants, and HIV infected persons, the *Aspergillus* fungus poses a great potential threat. Unsafe levels of exposure can cause *Aspergillosis*, a condition identified by small, inflamed lesions of the skin, various organs, respiratory tract, or bones. In extreme cases, *Aspergillosis* can lead to paralysis or death.

The *Aspergillus* fungus is often seen in medical and dental treatment facilities. Ventilation systems can agitate the fungus from its stagnant stage and allow the spores to become airborne. Therefore, it is vitally important that maintenance, including periodic duct cleaning and filter changes, be performed. Cooling towers are also notorious for molds and fungus and should also be checked on a regular basis. Infectious bacteria and fungi can enter the facility either through the water supply, or through a nearby air intake vent.

Within the building, maintenance personnel can reduce the exposure of respiratory contaminants to both patients and staff. *Aspergillus* fungi live and thrive in dirty or soiled ceiling tiles. This is because molding allows for an excellent habitation environment. The fungi pose little threat, until the tile is moved. Therefore, maintenance workers should take the following precautions:

- Wear a mask when replacing older tiles or any group of tiles.
- If possible, evacuate the surrounding area until the tiles have been replaced.
- Contain the area by closing any doors or drapes in the immediate area
- Clean the area of any fallen debris

Respiratory infection control is covered under the Utilities Management standards (EC 1.7 for 2001). Changes in this section, to take effect 1 Jan 00, address the need for medical facilities to control airborne illness by properly maintaining ventilation systems. (AFMLO/FOM-F, 1LT Robert Foote, DSN 343-2117, commercial 301-619-2117, robert.foote@ft-detrick.af.mil)

Air Handling Unit Recall

A safety notice is being extended to the owners of Mini-Mate2 Environmental Units, manufactured by Liebert Corporation. The unit has been linked to potential fire hazards due to arcing in the reheat assemblies.

The recall follows a fire at a Lansing, MI hospital. Officials believe that the incident may have initiated by the Liebert air handling unit. Only the 2-ton, 3-ton, and 277-volt Mini-Mate 2 models are affected by this recall. For more information, contact Liebert Corporation at (800) 543-2778 or at www.liebert.com. (AFMLO/FOM-F, 1LT Robert Foote, DSN 343-2117, commercial 301-619-2117, robert.foote@ft-detrick.af.mil)

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-E, Capt P.J. Toth, DSN 343-7445, commercial 301-619-7445, paul.toth@ft-detrick.af.mil)

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