

ASHE 2016

Advocacy

REPORT

An update on the quest for responsible regulation of health care facilities

- **What you need to know about ASHE's advocacy work**
- **Changes to the accreditation landscape**
- **Upcoming code development meetings**

Photo credit: Prebys Cardiovascular Institute, Scripps Memorial Hospital La Jolla Campus. Architect HOK.

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Securing Your World

What is advocacy?

By Chad Beebe

ASHE deputy executive director for advocacy



ASHE's advocacy work helps shape the codes and standards that regulate health care facilities. But advocacy is more than just regulation. A better definition of advocacy may be "the act or process of supporting a cause or proposal; the act or process of advocating something." I like to think of advocacy as a multifaceted strategy to advance an issue.


Regulation is one piece of advocacy—perhaps one of the easier and more constant pieces of the advocacy puzzle. Typically, prescribed processes exist to change regulations, whether those regulations are federal requirements or building codes and standards. Changing a requirement through the system may seem complex, but once you understand the system and are part of it, it is fairly simple and routine. ASHE participates in many different code development processes and committees to help shape regulation.

Another important part of advocacy is collaboration and coalition building, which sometimes proves to be the most important role in advancing an issue. Working with allies and adversaries on regulations or other issues—especially in the early stages when changes are first being discussed—is paramount to the success of our advocacy work. Building coalitions can make our position stronger by combining the strength of the organizations involved to create a unified voice. ASHE has been using this approach for several years. Preemptively gathering support on issues or working through

solutions with others helps us attain the correct solution quickly. Even organizations or individuals that may have other opinions or want to move in different directions can find common ground with us, and by achieving a consensus on an issue we can move forward to improve health care environments.

Perhaps one of the most overlooked pieces of the advocacy puzzle is knowledge sharing. To make changes to the regulations, you need to share knowledge. Once regulations are changed, those changes need to be shared. Education is a key aspect of advocacy, especially as technology changes and new trends emerge. Most importantly, the reasons or intent behind regulatory changes need to be shared. Most people don't need to know specifically what the code says on any particular issue, but if you understand the intent of the code, the issues that the code addresses, and the philosophy of that code, it's easy to understand what the codes says about an issue. Sharing the intent and philosophy behind codes and standards can help tremendously in the future. Whether we are operating facilities, supplying services or products, or designing facilities, we are often handed interpretations of the regulations that seem to be in error. If you look to the root cause of a misinterpretation of a regulation, it typically comes down to a misunderstanding of the philosophy of the code. The misinterpretation may be on the side of the surveyor or it may be the way you have been looking at the code. It may even be that the committee responsible for the code has lost sight of the original philosophy of the code.

In addition to sharing knowledge, another piece of the advocacy puzzle is providing opportunities for ASHE members' career development. We advocate on behalf of our members' knowledge, resourcefulness, and value to their organizations. The stronger the individuals are within their own organizations, the stronger ASHE is as an organization. To move issues forward, an inherent trust in the expertise of our membership is important. Our members need to be free to speak up on issues that affect the physical environment, whether it is a building code issue or a proposed federal regulation.

Advocacy is a multifaceted strategy that depends on many factors to successfully influence change. No one piece of the puzzle is more important than the other; they all play an important role in ASHE's advocacy efforts and in creating an optimized health care environment. 

12

ways ASHE is working to gain advocacy influence

By Chad E. Beebe

The American Hospital Association (AHA) is working to increase its influence. A personal membership group of the AHA, ASHE is also working to increase its influence and help create better codes and standards regulating health care facilities. Having influence in the field yields many advantages, but one major benefit is that influential organizations are strong organizations and their members can be proud to be a part of them.

ASHE works to gain advocacy influence in 12 ways. The 12 aspects mentioned here can also be used by ASHE affiliated chapters and even by individual members to gain influence in their region, state, or personal career. ASHE is working to improve in these areas in order to increase influence and better guide regulatory authorities and accrediting organizations, allowing ASHE to be an even stronger member organization.

ASHE works:

1 With a unified voice: ASHE represents the voice of the entire field and the interests of all of its members. ASHE solicits feedback from its members, the AHA, and other organizations with similar interests. We continue to encourage a unified voice on issues.

2 As a reputation steward: As a personal membership group of the AHA, ASHE works to uphold the reputation of hospitals and health systems. This is important for ASHE as well as our members. We do not want to expose our profession to unneeded criticism. This is also an important job for our members. A hospital may be tempted to delay maintenance of some critical systems, for example; but if one of those systems fail, it could have repercussions that spread beyond that single hospital to affect the reputation of all hospitals.

3 For a multilateral impact: ASHE works effectively across the executive, judicial, legislative, and regulatory branches. ASHE also works with key stakeholders, including independent agencies, accrediting bodies, practice communities, the academic community, and others involved with the field.

4 By lobbying: ASHE does not have a registered Congressional lobbyist. Instead, ASHE works to build direct relationships with policymakers. Predominantly our lobbying efforts occur in committee meetings, but we also work with policymakers to promote the



ASHE is working to improve in these areas in order to increase influence and better guide regulatory authorities and accrediting organizations, allowing ASHE to be an even stronger member organization.

adoption of current codes and specific codes written by standards development organizations.

5 **With bipartisanship:** ASHE works effectively and is viewed favorably by policymakers from across the political spectrum. ASHE works with many organizations, including many groups with differing views and opinions. Union and non-union organizations, for profit and not-for-profit institutions—we work with all of them and treat them all with respect. We are tough on the issues, not the people.

6 **In media relations:** ASHE promotes positive media coverage for the field and its issues. We provide the positive story and our successes when we can, even when some outcomes are undesirable. For example, a hospital that suffers a long-term power outage followed by an essential electrical system failure but still manages to evacuate patients in a safe manner should be recognized for that success even though things did not go according to plan. We recognize that the plan and constant training for this worst case scenario worked, and ASHE will help draw attention to those successes.

7 **For self-regulation:** Self-regulation involves advancing high standards in the field by accelerating performance improvement goals, establishing codes of conduct and guidelines, and highlighting case studies and best practices. A high priority for ASHE is our work on more than 200 codes and standards that regulate health care facilities. Additionally, we encourage our individual members to get involved, either as a representative of ASHE or on their own behalf.

8 **For membership mobilization:** ASHE works to ensure, through field unity, that members actively support the association's positions and initiatives. We also try to mobilize members to take action to directly

contact policymakers and to make changes to improve their own organizations.

9 **On social media:** ASHE uses current technology, including online and social media, to communicate and engage members and other key audiences, including consumers, communities, patients, and others. Social media is a powerful opportunity to share information.

10 **As an information resource:** ASHE provides accurate and reliable information and thought leadership, including research, data collection and analysis, the identification of trends, education, and policy proposals. The information helps influence policy development at all levels and informs the field and our members.

11 **For coalition building:** ASHE participates in and leads effective coalitions with other groups on key priorities. ASHE has promoted many coalitions for many different issues, including relative humidity requirements, maintaining fire barriers, the adoption of current codes, and more. In addition, coalitions with ASHE affiliated chapters help chapters influence local policy.

12 **With events:** ASHE convenes events and conferences that educate and create substantive dialogue for members and other stakeholders. The International Summit & Technical Exhibition on Health Facility Planning, Design & Construction (PDC Summit) and the ASHE Annual Conferences are designed to create these discussions. The PDC Summit is designed to bring together everyone involved with planning, design, and construction to have discussions on ways to improve patient outcomes through planning, design, and construction. The ASHE Annual Conference is designed to do the same for facility operations. 

Become an NFPA member and vote with ASHE in 2017

By Deanna Martin, ASHE membership and communications director

Next year's National Fire Protection Association (NFPA) conference and technical meeting is an especially important event for those interested in health care codes and standards. At the meeting, NFPA members will cast important votes on proposed changes to both NFPA 99: *Health Care Facilities Code* and NFPA 101: *Life Safety Code*®. Changes approved during the 2017 meeting will be incorporated into the 2018 editions of both NFPA 99 and 101, shaping health care regulations for years to come.

ASHE encourages its members to join NFPA (or ensure existing memberships are up to date) and to attend the meeting. In order to be eligible to vote, registration for a NFPA membership must be completed by Dec. 1, 2016. ASHE members, or, others interested in the health care physical environment can let ASHE know of plans to attend the meeting by filling out the online ASHE attendance survey, which can be found at www.ashe.org/attendnfpa. ASHE can provide meeting details to those who complete the survey.


ASHE deputy executive director for advocacy Chad Beebe, AIA, SASHE, said



the meeting is critical, stating, "Every edition of these documents is important and could pose significant hardships on your facility if an unnecessary or overly burdensome requirement slips through. ASHE has been working to align codes and standards so that there is less overlap, fewer gaps, and fewer code conflicts. This work doesn't happen over one code development cycle—aligning codes is a long process that occurs over several editions. And we need votes on the floor to help us maintain the improvements we have made and ensure we don't lose ground in our efforts."

Not all code development alignments made in recent years have stuck. For example, ASHE worked to align the

Life Safety Code® with the *International Building Code*, which revised its long-standing smoke compartment size limitation from 22,500 square feet to 40,000 square feet. ASHE successfully lobbied to change the *Life Safety Code* to also include a similar 40,000 square foot smoke compartment size limitation. ASHE asked members to attend and vote at the NFPA 2014 Technical Meeting, but not enough hospital members attended to support the initiative. An appeal was upheld to revert the code back to 22,500 square feet.

If enough health care facility professionals can attend the 2017 meeting, efforts to better align codes can succeed. As Beebe said, "We need your votes." 

Be ready for 2017 by taking these three steps:

- 1) Save the date: June 4-7, 2017; Boston Convention and Exhibition Center, Boston, Mass. Talk to your hospital leadership now about the importance of this meeting and reserve time on your calendar to attend.
- 2) Become a member: Join NFPA before Dec. 1, 2016 to ensure you can vote at the meeting. Visit www.nfpa.org/join to sign up today.
- 3) Let ASHE know if you'll be attending (or, if you are interested in more information). Complete our online attendance survey at www.ashe.org/attendnfpa. ASHE will be in touch with meeting details for those who complete the survey.

Hospital accreditation update

By Lynn Kenney, ASHE senior analyst for advocacy

Introduction

Health care facilities must demonstrate compliance with the Centers for Medicare & Medicaid Services (CMS) conditions of participation (CoPs) or conditions for coverage (CfCs) to be eligible for Medicare and Medicaid reimbursement. Hospital participation in the Medicare and Medicaid programs is voluntary. However, American Hospital Association statistics show that Medicare and Medicaid account for nearly 60 percent of all care provided by hospitals, and very few hospitals elect not to participate in these programs.

Hospitals demonstrate compliance with CoPs or CfCs either through a federal survey and certification process offered through state survey agencies or by working with a private, CMS-approved accrediting organization. Most facilities opt to work with a private accreditation partner to demonstrate their compliance with Medicare and Medicaid requirements. Working with an accrediting organization can also help hospitals differentiate themselves in an increasingly competitive market.

Benefits of Working with Accrediting Organizations

Most hospitals choose to partner with an approved accrediting organization to evaluate and accredit their facility. There are several reasons for this.

- Accrediting organizations develop their own set of standards to help hospitals demonstrate that they have voluntarily gone beyond minimum federal standards to provide a higher level of quality, health, and safety.
- For the 1,400 teaching hospitals in the United States, accreditation is mandatory for practicing interns.
- Accreditation helps the facility meet the necessary criteria for Medicare and Medicaid reimbursement.

Even hospital systems that do not participate in the Medicare or Medicare reimbursement program—such as Indian Health Services, Veterans Administration, Department of Defense, and international facilities—apply for private accreditation to demonstrate compliance with best practices for health, safety, and quality.

Hospital Accreditation Programs

Private accreditation programs require approval from CMS. The Social Security Act, Section 1875(b) requires a performance evaluation of each CMS-approved accreditation organization to verify that each accreditation organization demonstrates compliance with the Medicare CoPs. Once CMS verifies this, the accrediting organization gains “deeming authority,” giving it the ability to deem that hospitals are in compliance with CMS CoPs or CfCs.

The Joint Commission and Healthcare Facilities Accreditation Program (HFAP) have had deeming authority from CMS since 1965. In 2008, CMS granted deeming authority to European-based DNV GL Healthcare. In 2013, deeming authority was granted to a fourth organization, the Center for Improvement in Healthcare Quality (CIHQ). While four hospital programs currently have deeming authority, CMS grants deeming authority to a total of nine accrediting organizations. Some accrediting organizations offer programs for specific facility types and may include hospitals, critical access hospitals, home health agencies, hospices, ambulatory surgical centers, psychiatric hospitals, outpatient physical therapy, and rural health clinics. Accreditation organizations are adding programs to meet the changing needs of their customers.

Total Number of Deemed Hospital Facilities by Hospital Accreditation Program (FY 2014)

Note: Nine accrediting organizations have been granted deeming authority; those listed in

Accrediting organizations survey hospitals, and CMS surveys the accrediting organizations via validation surveys.

| Accreditation Program | URL | Deemed Hospitals |
|---|--|------------------|
| Healthcare Facilities Accreditation Program | www.hfap.org | 157 |
| Center for Improvement in Healthcare | www.cihq.org | 7 |
| DNV GL | www.drivg healthcare.com | 271 |
| The Joint Commission | www.jointcommission.org/accreditation/hopitals | 3,629 |

The accrediting organization ensures that the facility is in compliance and, in turn, CMS state agencies ensure that each of the approved accrediting organizations is in compliance.

the chart are the four hospital programs included in the nine.

These accrediting organizations evaluate hospital facilities by conducting an on-site survey to ensure compliance with CMS requirements. The surveys include a comprehensive review of care processes in the facility, the physical environment, administrative and patient medical records, and staff qualifications. The accrediting organization may award accreditation for up to three years. A renewal survey is conducted every three years.


Validation Surveys

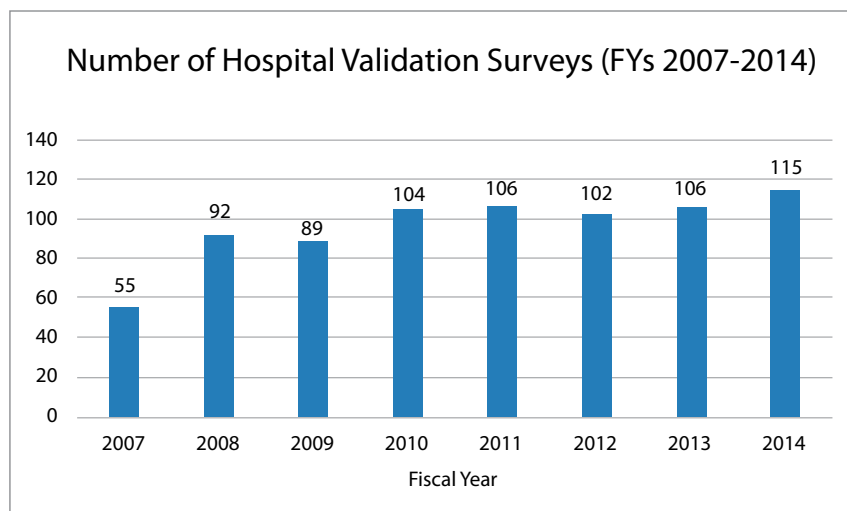
The accrediting organization ensures that the facility is in compliance and, in turn, CMS state agencies ensure that each of the approved accrediting organizations is in compliance. Accrediting organizations survey hospitals, and CMS surveys the accrediting organizations via validation surveys. Each year, state agency surveyors conduct validation surveys at a representative sampling of facilities for each accrediting organization. According to the CMS Annual report, the number of hospital validation surveys has increased by 109 percent, from 55 surveys in FY 2007 to 115 surveys in FY 2014. Full results for FY 2014 (October 1, 2013 –

September 30, 2014) are available at www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/Survey-and-Cert-Letter-16-07.pdf

Will the Accrediting Landscape Continue to Change?

As models of care change, additional accrediting programs will emerge. For example, the growth of outpatient and ambulatory procedures in small hospitals led to the expansion announcement earlier this year by the Accreditation Association for

Ambulatory Healthcare (AAAHC). AAAHC has had deeming authority for ambulatory health care since 1996. Its new program, called the Accreditation Association for Hospitals/Health Systems, focuses on rural hospitals, critical access hospitals, and small hospitals with less than 200 beds. In October of 2015, AAAHC announced its purchase of HFAP from the American Osteopathic Association. As changes occur, ASHE will continue to keep members informed about the latest options for accreditation. 



2015 Advocacy highlights:

Where we have been and where we are going

By Lynn Kenney and Jonathan Flannery

ASHE represents professionals who design, build, and operate hospitals and other health care facilities. The ASHE advocacy team works to monitor and unify the many overlapping codes and standards regulating the health care physical environment. Revamping codes—and reducing code conflicts—allows health care facilities to optimize their physical environment and focus more of their valuable resources on patient care. The ASHE advocacy team also provides up-to-date tools and resources to help members keep their health care facilities in compliance.

How do we do this? The advocacy team travels the country to represent and advocate for ASHE membership, as well as the field at code hearings, conferences, trade association meetings, committee meetings, educational events, and other events. The team also authors articles, presents on important topics, teaches courses, and meets with various members, hospitals, and other associations and organizations that affect the health care physical environment.

The advocacy team may help lead the direction on advocacy issues, but the voices and actions of members and advocacy liaisons in affiliated ASHE chapters are what move the field forward. Every ASHE chapter designates an advocacy liaison. Liaisons play an important leadership role for both their chapters and the field. The work done by advocacy liaisons improves health care regulation and helps strengthen the reputation of facility professionals. ASHE relies on the relationship with advocacy leaders and chapter advocacy liaisons to collect information and initiate conversations that facilitate collaboration on important

regulatory issues at the national and local level. For more information on advocacy liaisons, visit your local ASHE chapter. A listing of chapters is available at www.ashe.org/chapters.

Below are advocacy highlights from the last year:

Education **Preparing for 2012** **Life Safety Code®**

ASHE has been busy preparing facility managers for the Centers for Medicare and Medicaid Services (CMS) adoption of the 2012 edition of NFPA 101: *Life Safety Code®*. Updated e-learning on managing life safety and the 2012 edition of NFPA 99—along with a webinar series specifically focused on the 2012 *Life Safety Code*—are aimed at helping facility managers manage the transition. For additional resources on this topic, see the article on page 28 of this edition of *Inside ASHE*.

Barrier Management **Symposium**

The Firestop Contractors International Association presented ASHE and the Joint Commission an advocate of the year award for their involvement in the barrier management program, which has been of help in multiple ASHE regions and facilities in implementing an effective barrier management program, improving passive fire protection, and reducing joint commission findings in this area.

Army Corps of Engineers

The Army Corps of Engineers offers a course called Medical MILCON/SRM (Military Construction/ Medical Sustainment, Renewal and Modernization) program execution. The

course deals with the unique aspects of performing design and construction for new health care facilities and the renovation and sustainment of existing facilities. The ASHE Health Care Construction (HCC) certificate program is a part of this program.

University Programs

ASHE has supported Purdue University (which now offers a bachelor's degree in health care construction management) in a variety of ways, including assisting in development competencies for the program. Under this program, students graduate with their degree and an ASHE Health Care Construction (HCC) certificate. In other university news, the first participants in the Owensboro Community and Technical College Health Facilities Leadership Program will graduate this year. Students at Texas A&M University are involved in developing a "One Health" plan for expanding accessibility to health clinics in Kenya.

ASHE runs a student internship program to help students gain experience in the health care facility management field. At the International Summit & Technical Exhibition on Health Facility Planning, Design & Construction (PDC Summit), a design challenge brings together students from various universities. The students, coming from architecture, design, and construction backgrounds, have 48 hours to plan and design a health care facility.

Focus on Compliance

ASHE and the Joint Commission are working together to provide resources and guidance that are helping facility professionals keep their organizations in compliance. The Joint

Commission identified the top eight physical environmental standards that are frequently cited during surveys of hospitals and other health care facilities. Every two months, ASHE and the Joint Commission focus on one of these eight standards. Previous information is archived to create a library of compliance resources. Visit www.ashe.org/compliance to view the topics and resources available.

Regulatory Coalition for Current Safety Codes

ASHE members and ASHE staff worked with support from the Coalition for Current Safety Codes to defeat bills that were designed to delay the adoption of updated codes and standards in Utah, New Mexico, and South Carolina. These bills were successfully defeated.

ICC Code Hearings

The International Code Council (ICC) Ad Hoc Committee on Healthcare (AHC) has continued its efforts to unify the ICC family of codes with other health care codes and standards. The AHC has had several successful committee action hearings. One of the most notable proposals is that the AHC was able to gain consensus on 40,000 square feet smoke compartments with agreement from the interested parties to work toward approval of this proposal in the *Life Safety Code*. The committee also had great success in avoiding unfavorable additional requirements by defeating several proposals suggesting the use of new equipment requirements for scald prevention.

ASHRAE 188

ASHRAE Standard 188: *Legionellosis: Risk Management for Building Water Systems*, was approved by the American Society of Heating, Refrigerating and Air-Conditioning Engineers (ASHRAE) standards administration council and was published in June, 2015.

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This standard provides a risk assessment-based program to manage legionellosis risk within building water systems. The standard applies to human-occupied commercial, institutional, multi-unit residential, and industrial building. This also covers the design, construction, commissioning, operation, maintenance, repair, replacement, and expansion of new and existing buildings and their associate water systems. With the collaboration of ASHE representatives, Normative Appendix A of the standard was designed to help accredited health care organizations meet current utility management requirements via a single water management plan.

Operating Room Humidity Levels

With the continued confusion surrounding the conflicting and sometimes unclear heating, ventilation, and air-conditioning (HVAC) standards for operating room humidity and temperature guidelines established by a variety of professional organizations, ASHE worked together with ASHRAE, the Association for the Advancement of Medical Instrumentation (AAMI), the Association of periOperative Registered Nurses (AORN), the Facility Guidelines Institute (FGI), and experts in the field to develop a joint interim guidance document regarding HVAC in operating rooms (ORs) and sterile processing departments (SPDs).

The interim guidance recommends that health care organizations that provide surgical services should determine the HVAC operating parameters for ORs, SPDs, endoscope procedure rooms, and sterile storage rooms that meet their patient, personnel, and product storage needs. These parameters should be developed by a multidisciplinary team. The team should review the current HVAC operating practices and perform a risk assessment of the affected area(s). The team should develop the values and parameters they will follow on a day-to-day basis and document these within the organization's HVAC system policy, along with appropriate corrective measures to mitigate risk and restore the HVAC system to the desired parameters when conditions fall outside of the established values. The team should identify medical products and devices that require tightly controlled storage conditions and move those products to a location where the humidity and temperature are

maintained within the manufacturer-prescribed parameters (e.g., a temperature and humidity controlled cabinet).

ASHE continues to work with the aforementioned organizations and CMS to achieve consensus among task force members and develop the necessary proposals to align and coordinate the various industry standards.

Wireless Medical Telemetry Service (WMTS)

In August 2015, the Federal Communications Commission (FCC) adopted new rules allowing unlicensed devices to operate on TV channel 37 (608-614 MHz). These are the same frequencies as wireless patient monitoring devices such as heart monitors and fetal monitors. More than 3,500 hospitals are registered to use WMTS with more than 200,000 devices registered to use Channel 37. Channel 37 is the only WMTS band that supports fetal monitoring. These life-monitoring devices could be subjected to interference from unlicensed devices. As ASHE and the American Hospital Association continue to work diligently to secure a safe level of protection for registered, licensed devices, it is imperative that members confirm that WMTS devices are properly registered with ASHE's technical partner Comsearch (visit www.wmtssearch.com or call 703-726-5711). More information on this issue is available at www.ashe.org/wmts.

Other work


Reducing Health Care Associated Infections

The Health Research & Educational Trust (HRET) of the American Hospital Association (AHA) and the Centers for Disease Control and Prevention (CDC) joined forces to launch a three-year initiative to improve the implementation of infection prevention and control efforts in U.S. hospitals. HRET and ASHE will develop resources to help design and redesign hospitals in ways that reduce infection risks to patients and staff.

Powered for Patients

ASHE and Powered for Patients are working together on a Health Care Leadership Initiative on Maintenance of Power—a project that aims to start a conversation about providing appropriate backup power in hospitals. ASHE has long been focused on this critical issue and has been working with Powered for Patients to address the lessons learned from Hurricane Sandy.

Patient Experience

ASHE has worked in recent years to guide members on ways to improve the patient experience. ASHE produced a new Hospitals in Pursuit of Excellence (HPOE) white paper titled, *Improving the Patient Experience Through the Health Care Physical Environment*. The free guide can be downloaded at www.ashe.org/patientexperience. The white paper is based on the "people, process, place" framework. ASHE also has a monograph on this topic titled *HCAHPS Scores, the Patient Experience, and the Affordable Care Act from the Facility Perspective*. ASHE members can download a free copy of that monograph at www.ashe.org/monographs. 



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ASHE needs your help

You can help improve health care regulations no matter what your role

- **Lawmakers:** ASHE urges lawmakers to support local and national efforts to streamline codes and standards while protecting patients. Lawmakers at every level can check with local hospitals to see if a facility manager there is an ASHE member, and can encourage hospital leaders to support ASHE advocacy efforts. State lawmakers can urge their legislatures to adopt the most recent edition of the FGI Guidelines as soon as new editions are released. Senators and Congresspersons can urge the Centers for Medicare & Medicaid Services to adopt the most recent edition of the Life Safety Code. For more ideas on how lawmakers can get involved and help direct more hospital resources to patients, contact ASHE.
- **Health care administrators:** ASHE encourages health care administrators to ensure that their facility managers, as well as others in related positions, are members of ASHE and are actively engaging in ASHE's codes and standards efforts. ASHE is always looking for active volunteers to help promote better codes and standards, and it is important for health care administrators to support these undertakings. Administrators can also reach out to local building officials to discuss code issues and explain the ways hospitals protect their patients. To learn more about the advantages of ASHE membership for hospital employees, contact ASHE.
- **Code development organizations:** ASHE urges code development organizations to develop and maintain procedures to ensure codes are minimum requirements based on science. ASHE is a resource for learning how various proposed changes would affect the health care environment.

To learn more about this issue, contact ASHE. The goal of creating streamlined, science-based codes and standards is a major undertaking that requires support from people in a wide variety of professional positions.

- **Health care accrediting organizations:** ASHE is a helpful resource for accrediting organizations that survey health care facilities to ensure compliance with codes. ASHE wants to work with these organizations to help optimize the health care physical environment. To learn more about this topic, contact ASHE.
- **State and local building officials:** ASHE encourages code officials and those involved in the code development process to learn more about hospitals and the regulations affecting them. Many building officials and other authorities involved in the code development process do not have hospitals in their jurisdictions and may not fully understand the regulatory measures in place to ensure safe operation and maintenance of health care facilities. ASHE encourages code officials to talk to local ASHE members about the safety measures hospitals take. Officials can contact ASHE using the contact information on the back of this report.
- **ASHE members:** ASHE members can turn to the weekly electronic newsletter included as part of ASHE membership, the ASHE Insider, for information about upcoming ways to get involved with advocacy efforts, including public comment periods on various codes. ASHE members can talk to their local chapter's advocacy liaison for more information, or contact ASHE.



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