

HEALTH CARE COUNCIL NEWS

2002-2003 HCC Officers:**President:**

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IFMA Fellow

PRESIDENT'S MESSAGE

By Peter J. Adams, CFM

Another term comes to an end, and all I have to say is that it has been a wonderful experience. At times like this I am reminded of the old story about the man who was being tarred and feathered and ridden out of town on a rail. When asked how he felt about it, he said. "If it wasn't for the honor of the thing, I'd just as soon walk". I certainly don't feel that I am being tarred and feathered or ridden out of town on a rail. Quite the opposite. I must tell you that once the realization of the experience sinks in, I am going to be walking on air for some time to come. The honor of serving the HCC is one I shall long remember and prize. I want to thank everybody who has helped me these last two years and extend my heartfelt gratitude. If my efforts have been supportive of the objectives and/or needs of the HCC, it is not a coincidence.

If my participation has aided the betterment of the Council, I can only say that I am grateful for the opportunity. I like to think that the accomplishments of this last administration will be carried on by the new officers to make the HCC one of the best councils IFMA has.

Please welcome and support the new Officer's of the Health Care Council, Stan Kirtley, our new President; Lou Poineau, Vice President; Susan Goeldner, Secretary; Malcolm Lim, Treasurer. The committee chairs who will support this team are Jean Lantrip, Newsletter; Tom Gardner, Web site; Bill Gregory, Membership; and Pete Adams, Benchmarking. See you all in May at the Spring Council Meeting.

Pete Adams



<p>LISTSERV: PROBLEM SOLVER!</p>

After much anticipation, the new council listserves were rolled out on October 16. The L-Soft LISTSERV product has many more features and allows the end user many more choices than any other listserv IFMA has ever used. During the initial rollout, some councils experienced an overflow of user commands to their listserv. IFMA headquarters responded to

(Continued on page 4)

How Hip Are You With HIPPA?

By Pete Adams, CFM

The material for this article is from Mr. Bill Cullen's, Armstrong World Industries, Inc., presentation to the Health Care Council meeting in Toronto, Canada at IFMA World Workplace 2002 on October 6, 2002.

By now everyone should be acutely aware of the new law, Health Insurance Portability and Accountability Act (HIPAA). Implementation has already begun with full compliance required by April 2003. One part of this new law is "Patient Privacy Rules". Basi-

cally, this section of HIPPA deals with all medical records and other individually identifiable health information, be it electronic, paper, or oral, must be kept private. Oral, is the area this article will discuss.

The International Stan-

(Continued on page 3)

WHAT CAN THE HEALTH CARE COUNCIL OFFER ME?

The IFMA Health Care Council was established in 1987 to offer its members the opportunity to focus on facility issues associated with the health care industry. Its mission is to provide a dynamic forum that focuses on the latest trends, research and cost effective technologies in health care facility management. Members learn about the latest innovations in the field, tour health care facilities and network with other professionals.

Benefits of Membership

The council meets twice annually, once in the spring and again at IFMA'S World Workplace. Additionally, the HCC shares research information, holds teleconferences, produces a quarterly newsletter and sponsors an e-mail network allowing members to communicate with one another.

Members include:
Boulder Medical Center
Duke Univ. Medical

(Continued on page 4)

HCC MEETING WORLD WORKPLACE 2002 TORONTO, CANADA

The HCC held their annual meeting at the Royal York Hotel and Conference Center in Toronto Canada. Members from all over the globe attended this meeting. Breakfast was served and the outgoing president Pete Adams opened the meeting by asking all attendees to give a brief statement about what each attendee was doing at their particular organization. This created an atmosphere of sharing and networking among attendees. The principal speaker Bill Cullen, Armstrong World Industries, Inc., addressed Oral Privacy In Healthcare. His main point was that it is possible to achieve oral privacy in a Healthcare Organization using the American Standard for Testing and Methods (ASTM) "Privacy Index" to measure the level of privacy for various Healthcare set-

tings and following the International Standards Organization (ISO) and American National Standards Institution (ANSI) standards to establish standards that will make compliance with HIPAA's (Health Information Portability and Accountability Act) oral privacy section relatively inexpensive. Failure to apply "reasonable measures" to safeguard patient health information is a violation of the Act. He gave attendees four areas that Healthcare Organization's Compliance Officers should do at a minimum to demonstrate "reasonable due diligence". Check out the article "Are You HIP with HIPAA?" in this Newsletter for more detail on this subject. Stan Kirtley, President, Lou Poineau, Vice President, Malcolm Lim, Treasurer, Susan Goeldner, Secretary, were all installed as new

Officers for the 2002 – 2003 term. The members agreed to partner with the Academic Council to have the Spring Conference in Arizona at the University of Nevada in Phoenix, April 5,6,7 tentatively, details to be announced when plans are finalized. The meeting was adjourned with everyone wanting to see and hear the Opening Key Note for World Workplace 2002 speaker, James A. Baker, III former Secretary of State, Secretary of the Treasury, and White House Chief of Staff.

MESSAGE FROM OUR NEW PRESIDENT

Hello, I am Stanley Kirtley, the new incoming President of the IFMA Healthcare Council. First, I would like to thank Pete Adams the outgoing President for the fine job he did over the past year to move the Healthcare Council forward. Our Spring meeting this year in Seattle, Washington was very exciting and informative. Pete worked very hard to increase the exposure of the council and create interesting and informative programs for our members. Pete spearheaded the launch of our benchmarking program and will continue with

leading and expanding the benchmarking effort this year. Again, many thanks to Pete for a great job!

As incoming President, my vision for the Healthcare Council is to create a council which serves as a conduit to assist its members to be innovative and progressive facility managers in the healthcare industry. Also, the council will be seen as a catalyst for interaction and exchange of ideas between those in the healthcare industry to advance the field of facility management.

My goals for the upcoming

year are to:

- Work with the HCC leadership to develop a Strategic Plan for the council for 2002 – 2005
- Increase the active membership by 15%, and professional members by 20%
- Increase the participation of professionals at the Spring & Fall Council meetings, including more presentations by professional members
- Develop programs/ presentations which are timely and beneficial to the members covering

(Continued on page 4)

(Continued from page 1)

standards Organization (ISO), American National Standards Institute (ANSI), and the American Society of Testing and Materials (ASTM), have established standards that make compliance with HIPAA's oral privacy section relatively inexpensive. Failure to apply "reasonable measures" to safeguard patient health information is a violation of the act.

Through Armstrong's research with the Health Care Council of the International Facility Management Association (IFMA), they are able to use the ASTM, "Privacy Index" to measure and predict the level of privacy for various healthcare settings. In many instances it is possible to achieve "confidential privacy" without resorting to expensive wall construction. They have demonstrated that by adding background sound privacy speakers in each office or exam room it will accomplish the needed signal to noise ratio needed to achieve confidential privacy, even with walls that stop at the ceiling.

Mr. Cullen reported that: "Privacy is a central value in healthcare". Americans are increasingly concerned about the loss of privacy in everyday life, and especially about their health information. The lack of privacy has forced people to withdraw from full participation in their own healthcare benefits because they are afraid that their most sensitive health record will fall into the wrong hands leading to discrimination, loss of benefits, stigma, and unwanted exposure. One out of every six people engages in some form of privacy protective behavior to shield from misuse of health information,

including withholding information, providing inaccurate information, doctor-hopping to avoid a consolidated medical record, paying out of pocket for care that is covered by insurance and in the worst case, avoiding care altogether. (Survey conducted by the Princeton Survey Research Associates for the California Health Care Association 1999). Unfortunately, people's fears are warranted. Medical privacy breaches are reported with increasing frequency by the media.

While some organizations may feel that oral privacy is unimportant or there is no way to fix it or is immeasurable, they could be setting up their companies for litigation. With all the changes and modification to the original oral privacy requirement of HIPAA, Congress' original intent, with respect to oral privacy, is still explicitly embodied in it; i.e., "an incidental use or disclosure (of oral patient health information) is permissible only to the extent that the covered entity has applied reasonable safeguards... "and" ... disclosure that occurs as a result of a failure to apply reasonable safeguards... is, therefore a violation of the Privacy Rule". Disregard or misinterpretation of this language by healthcare organizations would be a serious mistake. As stated previously there are specific recognized and unobtrusive, inexpensive technologies for creating oral privacy conditions, often without architectural construction. The key phrase here is: "reasonable safeguards" and how a judge or insurer (the party most likely asked to reimburse a Health Care Organization's HIPAA claim)

will identify and use available best practices. As outlined in comments to Congress by the consulting firm of CSM/Acentech, it is likely that judges and insurers will interpret the phrase "reasonable safeguards" to mean that a Health Care Organization's Compliance Officer had done at a minimum, the following four pieces of "reasonable due diligence":

He/she checked to see if the term "oral privacy" had a precise, professionally recognized definition and a related set of useful "best practices" for applying it. For example, looking up "oral privacy" and related terms like "speech intelligibility" on the internet search engine quickly reveals a precise definition, one which can be quantitatively measured by readily-available instruments embodied in a suite of published, widely practiced standards of long standing from three recognized standards authorities: ISO (International Standards Organization), ANSI (American National Standards Institutes), and ASTM (American Society of Testing and Materials).

1. He/she considered whether these standards could be applied as a set of "available best practices to a Health Care Organization in order to measure, mitigate, and monitor, oral privacy conditions. In fact, these standards can be and have been widely disseminated and used over several decades during which they were developed, approved and implemented in appropriate setting with the support of several large government agencies working with recognized non-profit professional associations. The effectiveness of

these approaches has been demonstrated by years of successful application in office work environments.

2. He/she considered whether these standards could be implemented "reasonably", i.e., inexpensively, quickly, and without disruption, in order to meet the April 14, 2003 compliance deadline. In fact, many privacy improvements can be achieved without requiring walls or expensive "build-out", without making large capital purchases, and without retraining, reorganizing, or inconveniencing healthcare professionals, or, for that matter, disrupting in any way the delivery of essential healthcare services.

He/she considered the risk-management aspects of not adequately complying with this part of the HIPAA Privacy Rule. In fact, typical property and casualty insurers' existing exclusion clauses could result in a Health Care Organization lacking adequate coverage against oral privacy claims.

In April of 2001, President George W. Bush signed a law that included "The Privacy Rule" for healthcare. Six years in the making, this landmark law, which takes effect on April 14, 2003, gives citizens new rights to privacy by requiring all organizations which handle healthcare information, whether written, oral or computer-based, to "reasonably safeguard" that information. Penalties for organizations that fail to comply are severe and include jail terms of up to ten years and fines of up to \$250,000.

(Continued on page 4)

Health Care Council of IFMA

IFMA Health Care Council
1 Greenway Plaza
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"Caring people in healthcare"

We are on the Web
www.ifma.org/hcc

**If you are interested
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HCC...

(Continued from page 2)

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St. Louis Children's Hos-
pital

Membership costs \$30 per year, a terrific value! If you would like to join the HCC you may do so when you renew your IFMA membership, or contact www.ifma.org

(Continued from page 3)

For more information about HIPAA you can go to www.hhs.gov/ocr/hippa.html

Bill Cullen has been dealing in acoustical issues in various facility segments for over 25 years with Armstrong. He keeps an active dialog with acousticians, researchers, and academics. Mr. Cullen is responsible for sharing information with the design community by putting together educational CEU's. The information presented is taken from the CEU submitted to the AIA for release entitled, "Oral Privacy In Health Care". He can be reached at:

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Message...

(Continued from page 2)

topics such as:

- HIPAA and its impact on Healthcare facilities
- The effects of homeland security and the threat of bio-terrorist on Health-care facilities
- Outsourcing (The Good, Bad, and Ugly)
- Managing with on-going expense budget reductions
- Innovations in new construction for Healthcare facilities

The leadership team meets every month on a teleconference on the 3rd Wednesday of each month. We will be getting more information out to the members about upcoming events such as the Spring Council to be held in Tempe, Arizona. We are looking forward to an exciting year. We need the participation of each member to make this a successful year. If you have any ideas or want to volunteer, please contact me at skirtley@rscservices.com. We want to make this the

most active council in IFMA and provide useful information and networking opportunities to our members. I look forward to working with each of you to achieve this success.

LISTSERV...

(Continued from page 1)

this issue by assigning a moderator to each council listserv to monitor and intercept postings that do not need to go to the entire council. This has alleviated the massive amounts of e-mail hitting the council member's e-mail box, while still allowing members to share ideas, solutions and comments with one another. For council members who need the basic listserv commands handy, we have put together a quick reference guide for listserv commands.

LISTSERV QUICK REFERENCE:

(Don't forget, to send a com-

mand it should go to listserv@listserver.ifma.org and should not contain any text in the subject header, or any additional text in the body of the e-mail other than the command itself.)
--This list is available in digest form. If you wish to receive the digested version of the postings, just issue a SET HCC DIGEST command to listserv@listserver.ifma.org.
--To remove yourself from the listserv, send the SET HCC NOMAIL command to listserv@listserver.ifma.org.
--To receive copies of your own listserv postings, send the SET HCC REPRO command to listserv@listserver.ifma.org
If you have any difficulty sending a command to the listserv, contact Erica Oliver at erica.oliver@ifma.org for assistance.