

# TSIG NEWS

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## Environment of Care Changes for 2009

Written by: Ode Keil (guest writer)

The Joint Commission has released the prepublication draft of the 2009 accreditation manuals for several of the accreditation programs. Among the released materials are the three chapters that make up what were formerly the Environment of Care requirements. In place of a single chapter there are now three. They include Environment of Care (EC), Emergency Management (EM), and Life Safety (LS). The general content and requirements carry over from the 2008 requirements but there are some noteworthy differences.

Most of the Environment of Care requirements remain as sound and solid components: Safety, Security, Hazardous Materials and Wastes, Fire Safety, Medical Equipment, Utilities, and other Physical Environment requirements such as space management, management of construction risks, and performance measurement and improvement. A couple of changes that are important include:

The updated standards and their respective elements of performance are once again renumbered. Although the Joint Commission does not require accredited organizations to number their related documents and records to match the standards, the reality is that most organizations do this for ease of finding them during surveys and making sure they have addressed all elements of the standards in an appropriate manner. For those of you interested, a cross walk of the 2008 to 2009 standards to is available upon request at: [info@tsigconsulting.com](mailto:info@tsigconsulting.com), and will ease the difficulty of matching items up- should you desire to use a numerical format for document retrieval..

Safety and security are no longer separate sets of standards. The rationale for this change, according to the Joint Commission, was to ensure that standards be program-specific, thus redundant and nonessential standards be deleted, and similar standards be consolidated. While no new requirements were added, chapter overviews, standards, introductions, rationales, and elements of performance (EPs) were designed for ease of use. These two EC components are typically managed separately in many organizations, and this change proceeded despite the contention among the International Association of Hospital Safety & Security during the public review process. Managing security in healthcare today remains a complex and sophisticated problem as the level of violence seen in health care institutions continues to increase.

There are slight changes in the wording of several other elements of performance. It is beyond the scope of this article to try to analyze the impact of each of the changes. The real test will be how they are applied during surveys.

(Continued on Page (5))

*We would like to use this opportunity to thank our good friends at TSIG Consulting for your continued help in preparing Al-Essra Hospital for their recent Joint Commission International survey. Because of your diligent efforts, the hospital received full accreditation without a single recommendation/ observation within the FMS (EC) chapter. Thank you again for your support and help in this process.*

**Reema Al-Najjar**  
Health-Care Management Consulting  
Services- HMCS

# Breathing New Life into Aging Air Handlers

*Remediation of conventional condensate pans with a fail-safe system can dramatically reduce costs by extending air handler reliability and service life – even for aging units.*

Nightmarish air handler problems, ranging from corrosion of mechanical components and biological dilemmas to condensate leakage contaminating sensitive building areas, have led to the untimely and costly replacement or refurbishment of many an air handler unit. Along with those problems come several others, including business disruption, poor air quality, rental of temporary HVAC equipment, and potential for liability for health issues.

One of the primary causes of premature air handler failure is a commonplace and often-chronic problem: Leaking, clogged or otherwise malfunctioning condensate pans.

“Many ventilation systems include condensate pans that do not drain properly,” says Dan Maser, President, Enviroair Consultants, Inc. (Chesterfield, MI). “That can lead to problems ranging from biologically contaminated air to premature air handler replacement.”

Maser, a Certified Industrial Hygienist, says that such problems can occur with either OEM air handler drains or popular retrofit drainage solutions. Regarding the latter, Maser cites the use of quick fix membranes such as epoxy coatings, roofing membrane and roofing tar to solve condensate pan deterioration problems as being ineffectual and possibly non-compliant with building guidelines.

“In almost any case where I have seen quick fix membranes being used for any length of time, the membranes have breached,” he explains. “Eventually water got underneath the membrane and caused it to balloon up. This not only caused a problem with biological activity under the membrane, but also led to worsening the drainage problem. Furthermore it is my understanding that these rubber membranes do not meet the NFPA guidelines for ventilation units.”

## **An inherent pan design problem**

In Maser’s view, the main culprit in water drainage from air handlers is inherent to improper condensate pan design and installation. Built into the air handler, many standard pans are often positioned on a concrete floor where they may not be able to drain correctly. Often, pans are not positioned flush with drains. If the floor is pitching even slightly away from the drain, then the pan is going to end up with standing water in it. Eventually, such improperly engineered drains will become clogged with sediment and biological agents like fungi and bacteria, which will worsen drainage and eventually cause the pan to rust and leak. Ultimately, air handler components such as the filtration system and coils may become compromised.

Maser’s firm, Enviroair Consultants, is an expert in Industrial Hygiene (IH) consulting ranging from safety to healthful environments. Services include testing, risk assessment, solutions and training. Enviroair clients include a broad range of industrial, corporate and institutional firms. A few years ago Enviroair began working with AQUIS or Air Quality Innovation Solutions (Orlando, FL) in order to provide reliable recommendations to clients needing repair or replacement of air handler condensate pans in order to make their HVAC systems more reliable, and thereby extend the life of air handlers.

“At first I thought the AQUIS solution was too good to be true,” Maser says. “We had seen any number of retrofit and repair ‘systems’ devised to improve condensate pan integrity and efficiency. Almost invariably they were not readily applicable to existing installations, were not strong enough or not compliant with NFPA code. But AQUIS was a much different system.”

The difference was in the overall design and construction of the AQUIS condensate pan remediation system, known as the CPR-1 System. Whereas most condensate pans are composed of metal, which will rust, clog and

## Breathing New Life into Aging Air Handlers (continued)

Installed by certified specialists, the AQUIS system can be used for most industrial, commercial and institutional applications, minimizing downtime and extending the service life of even older air handlers by years.



### Breathing new life into failing air handlers

For example, the Oakwood Annapolis Hospital, a 259-bed facility in Wayne, Michigan, faced a situation where three large air handlers that evidently were failing due to condensate pan problems. Two of the air handlers were located above laboratory facilities, while the biggest one was in the basement.

“The air handler in the basement is as big as a small school bus,” says Wade Phillips, Facilities Manager. “It was almost inconceivable how we would remove this large unit and then replace it with a like-size one. The cost was far beyond our budget, plus we’d have to put in a temporary system to handle our HVAC needs while the replacement work was going on. The whole project was close to impossible.”

Phillips says the only apparent solution was to initially replace the worst air handler, and then ultimately replace two others of the total five units at some point in the future. Inside the worst unit, the basement air handler, there was a lot of standing water containing rust and sediment due to a rusted-out condensation pan. Two other units were also in need of refurbishment.

“The ones located over the lab area in the hospital were also a pressing concern,” Phillips explains. “Naturally, we didn’t want any leakage from these units entering the lab area. We were actually unable to fully clean the coils because of the fear of leakage. For that reason, we were having an extremely difficult time controlling the growth of biological organisms within those units.”

At the same time, the coils, motors and internals of the units were in relatively good shape, making refurbishment a reasonable answer – if the pan problems could be addressed.

Phillips said when he heard about the AQUIS solution he thought it would enable refurbishment to be effective and to last for some time to come.

“It was a very unique approach to ensuring that the pans would function properly,” he says, “and that we could do the refurbishment without incurring a lot of downtime.”

The much lower cost of refurbishing the air handlers gave the hospital a very attractive alternative to the cost and tribulations of replacement with new units. Instead of replacing the basement air handler first, then replacing the other two in the future, the hospital was able to successfully refurbish all three units in succession.

“Due to the AQUIS solution, we were able to completely remediate the three air handlers using the AQUIS CPR-1 System,” Phillips explains. “And we completed all three for considerably less than the cost and trou-

# **Is Your New Building Expansion Compliant with Life Safety Code?**

*Written by Brian Wade*



Did you know that within 30 days of occupancy a facility has to have a Statement of Conditions done on any new building expansion or addition? If new patient beds are added, your Joint Commission 'Connect' (extranet site) electronic Basic Building Information (eBBI) documents should also be updated to reflect any changes related to the new bed count. It is also within your best interest to ensure that the existing life safety floor plans should also be modified to reflect the new construction project. Far too often organizations fail to achieve this until it's too late, only to result receiving a Recommendation for Improvement (RFI) due to inaccurate barrier drawings.

However it also important to recognize that with all the new construction going on in the healthcare industry today, each facility should be maximizing space allocation and seeking optimal efficiency during construction without sacrificing code compliance as a result new healthcare expansions or building of new patient care areas / buildings. As the nation's largest EC consulting group, we at TSIG are in a position to recognize this as a priority and often times witness the failures of poorly managed healthcare construction projects in advance of survey. We understand the importance of knowing that to know the hospital funding is not only well spent, but also assuring you are getting a NFPA *Life Safety Code* compliant building. The EC standard 5.20 states: the *Life Safety Code* requires that a building be designed, constructed and maintained with the capability of being fire safe. Hospitals often get occupancy approval by local inspectors only to get blind-sided by the keen eyes of detailed Joint Commission surveyors whose focus is on *Life Safety Code* compliance. This is generally because each agency that comes to inspect a facility may not be looking for Life Safety Code compliance with equal attention and/or knowledge of the code.

Life Safety Code compliance depends greatly on the experience level of your architects, engineers and contractors. Just because your facility was built to the local building codes doesn't necessarily mean it will comply with the Joint Commission standards- whom adopts the NFPA 101 Life Safety Code (2000 ed.). Everyone involved in the project needs to be clear of their objectives in order to maintain compliance with the Life Safety Code throughout the life of each project. In the end it is the hospitals responsibility to ensure a Life Safety Code compliant building.

More hospitals are realizing once the construction team hands a new building over it is more difficult to remediate items that were installed incorrectly. Having a qualified consultant come through your facility before the construction team has left can prove very beneficial to assuring the structural integrity of the code, and often times saving the organization money in the end. A thorough assessment using the Life Safety Code 101 Chapter 18 will ensure the building is LSC compliant. At the request of many of our nation's healthcare institutions, code experts from TSIG Consulting group are often contracted to visit new construction site before occupancy occurs. This visit usually occurs toward the tail end of final completion, when all the final touches are being placed but allowing a window of opportunity to make necessary code compliance changes, repairs and/or corrections. With a list of items which are deficient the hospital can now have the contractor repair these items before the final punch list and without inconveniencing patient care activities. And after all, who winds up paying for these problems once the contractors are gone- why should the hospital be responsible for items that were not constructed correctly leading to Life Safety Code deficiencies? It can be very costly for a hospital to repair items after occupancy which should have been built correctly in the first place. A proactive approach will not only provide piece of mind in knowing the building is code compliant but also knowing that the money associated with construction was spent wisely.



For more information on services related to reviewing pre-construction documentation, floor plans or a pre-occupancy surveys, please contact us at 1-877-GET-TSIG or on the web at :

<http://www.tsigconsulting.com>

## Environment of Care Changes for 2009 (Continued from cover story)

The Emergency Management standards are now a separate chapter from the Environment of Care. This change was announced over a year ago when the EM standards underwent extensive revision. A quick read of the prepublication standards did not reveal any major changes from the 2008 requirements. The most significant change likely during 2009 surveys will be stepped up expectations for compliance. Organizations surveyed during 2008 were not given a free ride but were given a fair amount of latitude when surveyors were evaluating compliance with the revised requirements. If the Joint Commission follows past practice the level of compliance expectations will increase over time as organizations become more familiar with the standards and elements of performance.

The Life Safety standards are also now a separate chapter. This too was announced as part of the standards improvement initiative the Joint Commission has been pursuing for several years. The two significant issues related to the 2009 standards are the massive increase in the number of elements of performance included in the standards and the elimination of the Building Maintenance Program (BMP) option. The details of the *Life Safety Code* that were previously only in the Statement of Conditions are now part of the standards. There are about 175 additional Elements of Performance related to life safety. This structure creates many more opportunities for surveyors to directly score deficiencies as part of the survey findings. It is reasonable to assume that the added details may result in a significant increase in life safety specific finding's during surveys. This will replace the previous system where all life safety deficiencies were lumped into a single recommendation as a list.

While the revised standards do not break any significant new ground for requirements the restructuring does create some administrative challenges and, I believe, creates a much greater probability of surveyor findings and possible Recommendations for Improvement (RFI's). Hospital and other healthcare organization leaders would do well to become familiar with the changes of their current programs and develop a plan to address them by January 2009.

# Recent Survey Experiences

## Survey #1

The following are the notes from a Midwestern hospital that just underwent their survey in July. The survey included 7 total surveyors, each for varying time lengths. Only 3 (RN, MD and Administrator) were onsite the entire 5 days. The Life Safety surveyor was here for 2 days, toured the buildings (main hospital, behavioral health hospital and hospice house), and did review all of the life safety documents for each. The administrative surveyor oversaw the EC Document review: 3 hours with the last 1 ½ hours devoted entirely to emergency management.

### Life Safety focuses:

#### Reviewed:

Construction risk assessment for current project and then walked the project: process follows policy:

- ILSM
- Linen chutes: close and latch
- Exit lights: appropriate (in the right places) and working
- Corridors: are items stored there or just "in use" (anything other than isolation carts or crash carts if there for more than 30 minutes is considered storage and not allowed: all the surveyors tuned into this issue, looking at COWs (Computers on Wheels) and other associated medical equipment.
- Penetrations in fire walls
- Flammable decorations
- Smoke and fire dampers testing
- Generator testing
- How does infant security tie into fire alarm system
- Main drain tests
- Telephone switch room: UPS and SEPPS
- Fire extinguisher maintenance and clearance
- Electrical panel clearance
- Radiology film storage: appropriate fire protection in place

He followed the matrix from top to bottom looking at records for maintenance and testing of all life safety equipment.

#### All surveyors, relative to EC issues:

- DOT training for staff signing manifests (DOT)
- Training for use of hazardous chemicals (i.e. glutaraldehyde)
- Oxygen cylinder storage and use
- Hand hygiene
- Equipment tracer - followed through from use to Bio Med, also PMs done as per policy
- Medical waste tracer - appropriate processes in place for segregation
- Oxygen rich environment policy
- Infant abduction policy, risk assessment for security

# Survey #1 (continued)

All 7 management plans and annual evaluations provided prior to session and were read.

The first 1 ½ hours devoted to 6 of the plans: Safety, Security, Haz Mat, Fire Prevention, Utilities and Patient Care Equipment. The last 1 ½ hours was conducted in the Command Center and discussed only Emergency Management.

## **Safety: environmental rounds, data collection/aggregation and trends**

- Proactive risk assessment

## **Security: Infant/child security**

- Proactive risk assessment
- Suicide risk patients in med/surgical areas

## **Haz Mat: organization of waste management**

- DOT training for signing manifests
- Pharmaceutical waste process

## **Fire Prevention: lessons learned from drills**

- Critiques with staff positives as well as negatives

## **Utilities:**

- Goals
- Patient Care Equipment: failures causing harm
- How does unusable equipment get to Bio Med/how fast after a problem identified

## **Emergency Management:**

- Provided the HVA with the other documents
- Discussion of drill or real event this year/review of action plan
- Asked who was first to get hands on this situation, then followed through process for calling Code Orange and getting patients into the system
- Asked everyone present their role in a disaster
- We talked about community involvement, Bio terrorism and pan flu planning, grant dollars and how spent
- Never asked about the 96 hour rule or planning for it (we did provide some information on what we are looking into with fiscal, payroll, billing, supplies and food)

The organization received one EC RFI in LSC (EC 5.20): basically the Life Safety surveyor said “anyone

***Please be advised that although these summary reports contain valuable information to better prepare your organization for your next survey, some of the questions and comments made by the survey team members are subjective in nature and do not reflect actual standard and/or code requirements. Should you have any questions, please feel free to contact us via email at: [info@tsigconsulting.com](mailto:info@tsigconsulting.com)***

# THE GOOD, THE BAD & THE UGLY



BY GEORGE A. RIVAS, CHSP

## Clearing Up Emergency Eye Wash / Shower Requirements

We at TSIG offer a service appropriately called the 'Continuous Readiness Program' (CRP), whereby we establish regular and ongoing visits to our clients to conduct periodic Environment of Care reviews / audits. It truly is a fantastic means of assuring that an organization's EC Program is in good order and consistently well maintained.

During one of my recent visits, I noticed during a building tour that the organization had installed eyewash stations at sinks located by every Nurse's station. And I'm thinking to myself: "this is really a **GOOD** thing- that they really are practicing the use of applying their proactive risk assessment and implementing safeguard measures as a result". However, I just couldn't figure out what the risk factors were for installing the eyewashes at so many locations so I asked the Senior Leader on tour with us: "what made you decide to install eyewashes at every nurse station", to which she replied: "we recently had a Joint Commission mock survey and the nurse surveyor (consultant) said that eyewashes are required at each nurse station." Now I am thinking: this is **BAD**, very bad. This decision is not based on any risk assessment, this is the result of another subjective, pinheaded opinion of a poorly guided consultant. My next question was:" who exactly is testing these eyewashes, because now that you installed them, they are required to be tested every week, and then there's an annual test as well." To which she responded: "Well the surveyor never told us we had to do that!".

I then explained to their EC team exactly what the location and hazard present requirements were for eyewash stations and they decided that since they were not required by code, and really did not prove a necessary safeguard measure, that they would remove them all from the Nurse stations, rather than establish a time consuming test process. It gets pretty **UGLY** when one considers the cost of not only purchasing these eyewashes, but also the time and labor for installing, and then removing the devices that now reside on a shelf in the plumbing shop.

So, in hopes that we might provide some relevant and accurate guidance that helps better serve you to assess the risk and need for eyewashes and showers, here is the inside skinny on said requirements:

The Occupational Safety and Health Administration (OSHA) has two different types of regulations, general and specific, which apply to emergency eye wash and shower equipment.

The first type of regulation is a general requirement for emergency eye wash and shower equipment. This general regulation is as follows:

"Where the eyes or body of any person may be exposed to injurious corrosive materials, suitable facilities for quick drenching or flushing of the eyes and body shall be provided within the work area for immediate emergency use."

This general regulation is applicable to all facilities that require the installation of emergency eye wash and shower equipment as a form of first aid. [29 CFR 1910.151 (c)]

The second type of regulation is specific to certain industries. These industries include: Activities Utilizing an Open Surface Tank, Storage and Handling of Anhydrous Ammonia, Powered Industrial Trucks, Pulp, Paper and Paperboard Manufacturing, Telecommunications, and Hazardous Materials.

These two types of OSHA regulations specify where and when emergency eye wash and shower equipment must be available. These regulations do not specify minimum operating requirements or installation set-up requirements.

The American National Standards Institute (ANSI) developed the ANSI standard Z358.1-1990 and was revised in 2004. This "Emergency Eye Wash and Shower Equipment" standard helps the user in selecting and installing emergency equipment to meet OSHA requirements.

The following specifications are taken directly from the ANSI Z358.1-2004 standard.

### **EYE WASHES (Plumbed and Gravity-Feed)**

**Plumbed Eye Wash:** An eye wash unit permanently connected to a source of potable water.

**Gravity-Feed Eye Wash:** An eye wash device that contains its own flushing fluid and must be refilled or replaced after use.

#### **Heads**

- A. Positioned 33"-45" from floor.
- B. Positioned 6" from wall or nearest obstruction.
- C. 0.4 gallons per minute (GPM) for 15 minutes for plumbed units shall provide flushing fluid at 30 PSI.
- D. 0.4 gallons per minute (GPM) for 15 minutes for gravity-feed units.

#### **Valves**

- A. Activate in 1 second or less.
- B. Stay-open valve (leaving hands free).

#### **Installation**

- A. Eyewash equipment shall be located in an area that requires no more than 10 seconds to reach.
- B. The location of the eye wash unit shall be in a well-lit area and identified with a sign.
- C. Eyewash equipment shall be on the same level as the hazard.

#### **Maintenance and Training**

- A. Plumbed eye wash units shall be activated weekly to verify proper operation.
- B. Gravity-feed units shall be maintained according to the manufacturer's instructions.
- C. All employees who might be exposed to a chemical splash shall be trained in the use of the equipment.
- D. All eyewash equipment shall be inspected annually to make sure they meet ANSI Z358.1 requirements.

### **SHOWERS (Plumbed and Self-Contained)**

**Plumbed Shower:** An emergency shower permanently connected to a source of potable water.

**Self-Contained Shower:** A shower that contains its own flushing fluid, and must be refilled or replaced after use.

***The specifications below are for plumbed showers only.***

#### **Heads**

- A. Positioned 82"--96" from floor.
- B. Spray pattern will have a minimum diameter of 20" at 60" above the floor.
- C. Flow Rate=20 gallons per minute (GPM) at 30 pounds per square inch (PSI).
- D. The center of the spray pattern shall be located at least 16 inches from any obstruction.

#### **Valves**

- A. Activate in 1 second or less.
- B. Stay-open valve (no use of hands).
- C. Valve remains on until the user shuts it off.

#### **Installation**

- A. Shower shall be located in an area that requires no more than 10 seconds to reach.
- B. Shower location shall be in a well-lit area and identified with a sign.
- C. Shower shall be located on the same level as the hazard.

#### **Maintenance and Training**

- A. Plumbed showers will be activated weekly to verify correct operation.
- B. All employees who might be exposed to a chemical splash shall be trained in the use of the equipment.
- C. All showers shall be inspected annually to make sure they meet with ANSI Z358.1 requirements.

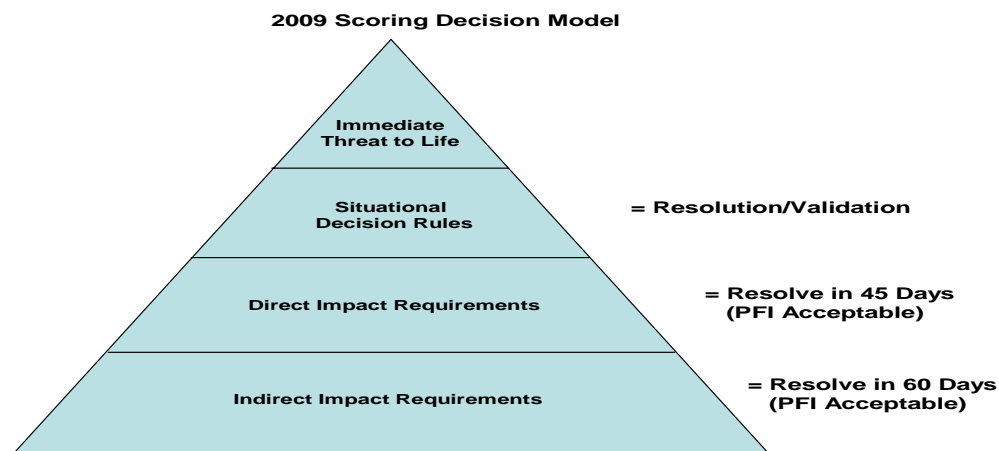
# 2009 Scoring Process Simplified

The Joint Commission developed a new scoring and decision process, effective Jan 1, 2009 that they hope simplifies and better reflects an organization's performance regarding compliance with all standards and elements of performance (EP's). The new scoring process is based on the premise that some requirements are more critical than others. Although the existing EP scoring scale still remains the same, (satisfactory compliance = 0 / partial compliance = 1 / insufficient compliance = 2)

there are various other scoring changes that include:

- Bulleted lists of expectations have been minimized
- Compliance problems previously cited as supplemental findings will be cited as requirements for improvement
- EPs will be divided into two scoring categories: A and C. Scoring category B will be eliminated.
- Category A EPs: Usually related to structural requirements (for example, policies or plans) that either exist or do not exist, and are scored either 0 or 2. They may also be related to a Medicare Condition of Participation that must always be fully compliant.
- Category C EPs: Scored based on the number of times an organization does not meet a particular EP. They are scored 2 if there are one or no occurrences of noncompliance; they are scored 1 if there are two occurrences of noncompliance; and they are scored 0 if there are three or more occurrences of noncompliance.
- All findings of less than full compliance require resolution through an Evidence of Standards Compliance (ESC) submission. The timeline for completing the ESC submission will depend on the criticality of findings and immediacy of risk.
- If one or more Direct Impact EPs under a standard are found to be partially or insufficiently compliant, then all EPs under that standards that have been found to be partially or insufficiently compliant must be addressed in an ESC submission within 45 days.

If no Direct Impact EPs under a standard are found to be partially or insufficiently compliant, then all EPs under that standard that have been found to be partially or insufficiently compliant must be addressed in an ESC submission within 60 days.



# **TSIG Consulting, Inc.**

Was proud to attend this year's

## **45th Annual Conference & Technical Exhibition of the American Society for Healthcare Engineering (ASHE) of the American Hospital Association (AHA) *Always Ready!***

TSIG was proud to attend the 45<sup>th</sup> Annual ASHE conference. Mark Agan, George Rivas, Ken Gregory and Brian Wade would like to thank all of the attendees that visited our booth. It was great to see a lot of dear old friends, as well as make acquaintance with some new and interesting people as well. For those of you who joined us afterwards at one of our post conference hospitalities, I hope you had an enjoyable reprieve from the daily sessions. It's no wonder George had all the pretty women around him at his end of the bar, once we caught a glimpse of his bar tab, but I'm sure you all had a great time and we appreciate you paying us a visit.

This year's theme of "Always Ready!" fits perfectly into the TSIG Consulting, Inc philosophy. As healthcare professionals, we understand that many of you are under constant pressure to meet the demands of the ever changing Joint Commission accreditation requirements and we at TSIG are committed to providing you the solutions to ensure continuously ready know what it takes willing to aid you accreditation needs.



We were proud to gigabyte memory 2009 Life Safety Record keeping who stopped by.

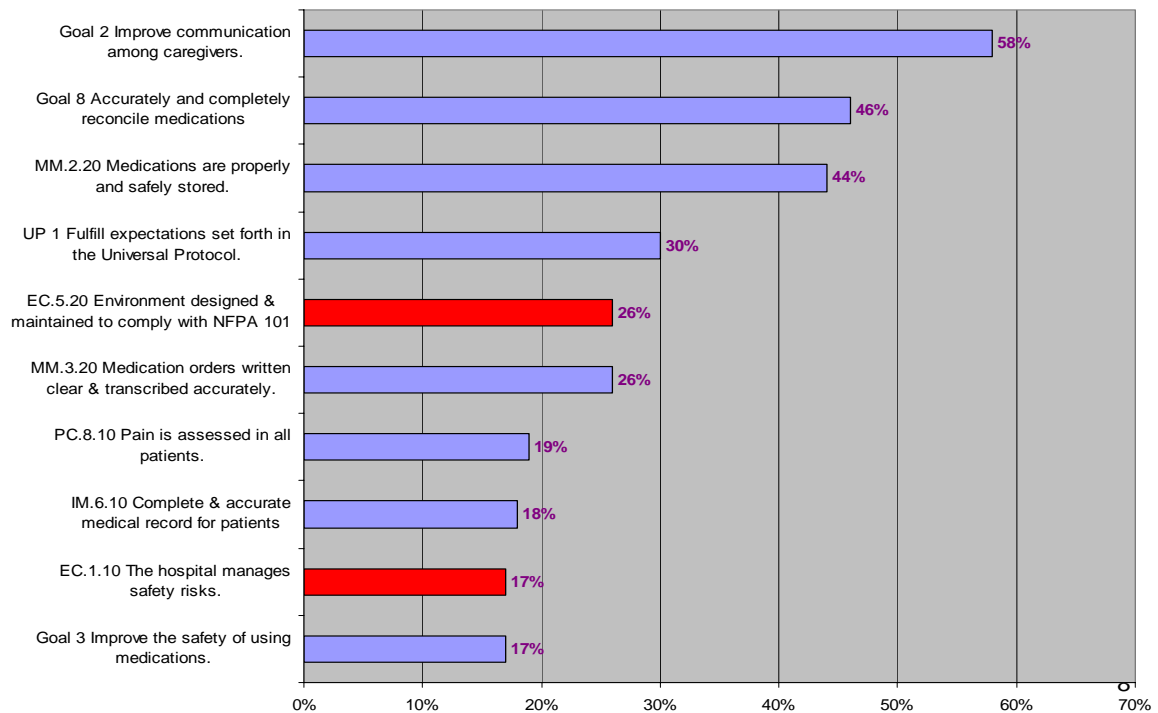
in the field to offer one of the most effective means for organizations to monitor, record and illustrate compliance for all your fire alarm and suppression testing and maintenance. In fact, one Life Safety Code surveyor stated that it is the best evidence of recordkeeping he has seen for demonstrating compliance for those Elements of Performance. For those of you were either unable to stop by, or couldn't attend the conference and would like a copy of this tool, feel free to contact Mark Agan, Vice President, Business Development at [aganm@tsigconsulting.com](mailto:aganm@tsigconsulting.com) or call 610-721-6146.

best possible your facility is and compliant. We and are always with all of your

offer our free 1 stick with the new Fire Alarm Testing Tool / Matrix to all This tool has proven



## DON'T LET YOUR HOSPITAL BE JUST ANOTHER STATISTIC!



**Did you know that during recent surveys, two of the top ten RFI's are Environment of Care Issues**