Todays Speakers

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Chad Beebe

Skip Gregory

Byron Burlingame
The views and opinions expressed in this presentation are the opinions of the speakers and not the official position of the Health Guidelines Revision Committee.

This presentation has been developed in part for FGI through the support of ASHE as part of a coordinated educational series.
In 1998 the Facility Guidelines Institute (FGI) was created as a 501(c)(3) not-for-profit entity to manage the Guidelines development process, protect the intellectual property of the Guidelines, and manage funding of research supporting Guidelines development.

FGI’s Mission is to:
Establish and promote consensus-based guidelines and publications, ADVISED by research, to advance quality health care.
FGI Facts

Health Guidelines Revision Committee (HGRC)
(135-member multidisciplinary committee)

HGRC Steering Committee
(16 members of the HGRC)

17 HGRC Focus and Task Groups

12 Specialty Subgroups
(includes non-HGRC participants)

Facility Guidelines Institute
(8-person Board of Directors + 1 adviser)
Everyone involved on the previous slide is a 100% VOLUNTEER (except the FGI CEO)

We do not allow representation on the HGRC from private industries who could benefit from narrow performance specifications which would give benefit to one or a few vendors
FGI Facts

HGRC Multidisciplinary Committee

20% - Architects
18% - Medical professionals
16% - State AHJs
13% - Engineers
10% - HC administrators/HC org. reps
  8% - Federal AHJs (IHS, CMS, HUD, VA)
  7% - Infection control experts + NIH/CDC
  4% - Construction professionals
  4% - Interior designers
FGI Facts

► FGI depends on strategic partners:

► ASHE is our publisher and provides staffing for a variety of functions including editorial staff, marketing, processing, IT support, and educational program support

► Rothschild Foundation provided financial support for the New Guidelines for Residential Health, Care, and Support Facilities

► Many organizations represented on the HGRC
Major Changes in 2014

Change of name:

*Guidelines for Design and Construction of Health Care Facilities*

*Guidelines for Design and Construction of Hospitals and Outpatient Facilities*
Major Changes in 2014

Standard for Residential Care Facilities
Major Changes in 2014

New Standard for Residential Care Facilities

Guidelines for Design and Construction of Residential Health, Care, and Support Facilities

► Replaces Part 4 of the 2010 Edition
Major Changes in 2014

Chapters: New / Major Changes

- Dental
- Freestanding Emergency Departments (rewrite)
- Children's Hospitals (Expanded)
- Small Inpatient Primary Care (Deleted)
- Critical Access Hospitals (Added)
- ASHRAE 170-2013 (Included)
Major issues NOT in the 2014

► Nap rooms
► Healing gardens
► Water features – Not eliminated, but now requires water features to be enclosed
Major Changes in 2014

Minimum is difficult to define…

**Minimum standard**: The *Guidelines* is considered to be a series of minimum consensus requirements for the design and construction of new or renovated health care facilities. In many instances, health care organizations may need to exceed these guidelines to meet the clinical or staff needs for a safe and effective environment. A health care organization’s functional program must address the need to exceed the stated minimums (scalability).
Major Changes in 2014

Difficult to define…

► Risk of being too minimal
► Risk/benefit for new minimum
► The minimum benchmark changes over time
Major Changes in 2014

The functional program is a very important first step to health care design.
- Develops direction for design team
- Records decisions
- Assesses organizational priorities

The functional program should be developed by the hospital staff, with input and guidance from the design team.
Major Changes in 2014

New Chapter for Critical Access Hospitals
Major Changes in 2014

U.S. Hospitals

- Acute Care Hospitals: 44%
- Critical Access Hospitals: 29%
- Psychiatric Hospitals: 7%
- Long-Term Care Hospitals: 2%
- Inpatient Rehabilitation Facility: 18%
- Inpatient Rehabilitation Facility: 18%
Major Changes in 2014

CAH chapter meets CMS requirements:

- 25 inpatient beds max
- Allows swing beds
- Max 10 rehab. beds
- Max 10 psychiatric beds
- Minimal emergency services
Major Changes in 2014

USP <797> for Sterile Compounding
Major Changes in 2014

USP <797> for Sterile Compounding

- Guidelines exempts mechanical requirements
- State pharmacy boards may not exempt mech.

Source: http://www.clinicaliq.com/797-state-survey
Major Changes in 2014

Notes on USP <797>

- Low risk level with BUD less than 12 hours
- Immediate use CSPs are exempt from USP <797>
Major Changes in 2014

USP <797> for Sterile Compounding
▶ Refer to ASHE monograph
Major Changes in 2014

Outpatient Surgery

**2010 Edition**

Class A OR: 150sf – min clear dim 12’

Class B OR: 250sf – min clear dim 15’

Class C OR: 400sf – min clear dim 18’

**2014 Edition**

► Procedure Room: 150sf – min clear dim 12’

► Outpatient Operating Rooms: 250sf – min clear dim 15’

► OR for surgical procedures that require additional personnel and/or large equipment: Size as needed.
Major Changes in 2014

OR Flow / Sterile Processing

OLD

NEW
Major Changes in 2014

OR Flow / Sterile Processing

► One-way traffic flow of “dirty” to “clean”
► Decontamination area and clean work area in a sterile processing room
► Doorway between clean core and operating room

Appendix:

One-way traffic flow of “dirty” to “clean” materials/instruments helps decrease the potential for cross-contamination of sterile instruments.
Major Changes in 2014

Hybrid Operating Rooms
Major Changes in 2014

Hybrid Operating Rooms

A room that meets the definition of an operating room and is also equipped to enable diagnostic imaging before, during, and after surgical procedures. Imaging equipment is permanently installed in the room and may include MRI, fixed single-plane and bi-plane tomographic imaging systems, and computed tomography equipment. **Note:** Use of portable imaging technology does not make an OR a hybrid operating room.
Major Changes in 2014

Hybrid Operating Rooms
- Clear dimensions
- Structure
- Control rooms
- Equipment rooms
- Vibration control
Major Changes in 2014

Staff Changing Areas and OR Lounges
Major Changes in 2014

Staff Changing Areas

“Staff changing areas shall be provided.”

“directly accessible to the semi-restricted area”
Major Changes in 2014

Other Changes Worth Mentioning

■ Requirement for scrub station windows removed
■ Number of required scrub stations clearer
■ Hand-washing stations
## Major Changes in 2014

**Location terminology** (terms for relationship to an area or room)

<table>
<thead>
<tr>
<th>Term</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>In</td>
<td>Located within the identified area or room</td>
</tr>
<tr>
<td>Directly accessible</td>
<td>Connected to the identified area or room through a doorway, pass-through, or other opening without going through an intervening room or public space</td>
</tr>
<tr>
<td>Adjacent</td>
<td>Located next to but not necessarily connected to the identified area or room</td>
</tr>
<tr>
<td>Immediately accessible</td>
<td>Available either in or adjacent to the identified area or room</td>
</tr>
<tr>
<td>Readily accessible</td>
<td>Available on the same floor as the identified area or room</td>
</tr>
<tr>
<td>In the same building</td>
<td>Available in the same building as the identified area or room, but not necessarily on the same floor</td>
</tr>
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Major Changes in 2014

Bariatric Requirements
Major Changes in 2014

Bariatric Requirements

► Weight limits have been removed
► Determining bariatric requirements for a project is a planning decision
Major Changes in 2014

Safety Risk Assessments

Table 1: FGI Guidelines Requirements for Safety Risk Assessment (SRA) Components

<table>
<thead>
<tr>
<th>Assessment</th>
<th>Facility Type/Area</th>
<th>Project Scope</th>
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<tbody>
<tr>
<td>Infection control risk assessment (ICRA)</td>
<td>All</td>
<td>1. New construction 12-3-2</td>
</tr>
<tr>
<td>Patient handling and movement assessment (PHAMA)</td>
<td>Where patient handling, transport, transfer, and movement occur</td>
<td>1. New construction 12-3-3, Major renovations changing functional use of space 12-3-3, Minor and minimal renovations where patient handling occurs 12-3-3</td>
</tr>
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<td>Patient fall prevention</td>
<td>Any area to which a patient or family member has access</td>
<td>1. New construction 12-3-4, Major renovations changing functional use of space 12-3-4, Minor and minimal renovations where patient falls may occur 12-3-4</td>
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<tr>
<td>Medication safety</td>
<td>Medication safety zones</td>
<td>1. New construction 12-3-5, Major renovations changing functional use of space 12-3-5, Minor and minimal renovations where medication preparation, processing, and distribution occur 12-3-5</td>
</tr>
<tr>
<td>Psychiatric injury and suicide risks</td>
<td>Any area where behavioral health patient care is provided</td>
<td>1. New construction 12-3-6, Major renovations changing functional use of space to include the care of behavioral health patients 12-3-6, Minor and minimal renovations where behavioral health patient treatment occurs 12-3-6</td>
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<tr>
<td>Patient immobility</td>
<td>Inpatient</td>
<td>1. New construction 12-3-7, Major renovations changing functional use of space to inpatient use 12-3-7, Minor and minimal renovations where inpatient care occurs 12-3-7</td>
</tr>
<tr>
<td>Security risks</td>
<td>All</td>
<td>1. New construction 12-3-8, All renovations 12-3-8</td>
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*References to the 2014 Guidelines for Design and Construction of Hospitals and Outpatient Facilities
## Major Changes in 2014

### Safety Risk Assessments

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<td></td>
<td>2. All renovations</td>
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<td>2. Major renovation and renovations changing functional use of space</td>
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<td>2. Major renovation and renovations changing functional use of space</td>
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## Major Changes in 2014

### Safety Risk Assessments

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Major Changes in 2014

► Safety Risk Assessments

• Article can be found at:
  http://www.fgiguailines.org/2014articles.php
Chad E. Beebe, AIA, SASHE

Director, Codes and Standards
American Society for Healthcare Engineering
Major Changes in 2014

Medication Safety Zones

- Consistent use of this term throughout the 2014 Guidelines
- Number and location of medication safety zones determined during the safety risk assessment
- Descriptive appendix language
Major Changes in 2014

**Medication safety zone:** A critical area where medications are prescribed, orders are entered into a computer or transcribed onto paper documents, or where medications are prepared or administered. (Definition from the *U.S. Pharmacopeia and National Formulary*, or USP–NF). Also see Zone.

**Zone:** A space in an area or room that is dedicated to a particular function and is not separated from the rest of the area or room by walls, partitions, curtains, or other means (e.g., family zone, medication safety zone).
Major Changes in 2014

“Medication safety zone” is a common element.

General requirements include:
- Location to limit distraction and interruptions
- Workspace organization
- Lighting
- Noise and sound
Major Changes in 2014

Specific medication safety zone requirements include:

► Work areas (rooms)
  ■ Security
  ■ Necessary equipment
  ■ Space for self-contained medication dispensing unit

► Work areas (in patient care areas)
  ■ Location (AHJ approval)
  ■ Hand-washing
Major Changes in 2014

The patient toilet room shall serve no more than one patient room and no more than two beds.
Major Changes in 2014

Other Changes Worth Mentioning

- Hyperbaric requirements clarified and moved from appendix to the main text
- Inpatient facilities – handrails to be installed on both sides of the patient use corridor
- Food service section rewritten
More Information

www.fgiguide.org
Can’t attend the PDC Summit? Participate via ASHE Connect Live!

- Access live sessions from the 2014 PDC Summit at home, including the FGI Guidelines: Maximizing the Benefit of the Functional Program plenary session.
- Earn up to .25 CEU credits (2.5 contact hours) and interact with top PDC Summit presenters online.
Educational Programs

► FGI and ASHE are developing a series of webinars and online educational programs that do a “deep dive” into specific occupancies and topics addressed in the *Guidelines*.

► Please check the ASHE and FGI websites for more information on these future programs.
Learning Units

To obtain learning units for today's webinar all registrants will be provided a link to a survey. To obtain AIA LU/HSW continuing education credits you will need to provide your AIA membership number with that survey.

Survey will expire 1 week after today.

Everyone that has registered will earn .1 CEU (1 Contact Hour) AHA cont. education credit.
Q & A

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