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Public Proposal Period Opens for Health Care Design and Construction Guidelines

April 25, 2011 – The public proposal period to recommend updates to the nationally accepted *Guidelines for Design and Construction of Health Care Facilities* opened April 20, 2011. Architects, consulting engineers, administrators, facility managers, interior designers, medical professionals, and other interested parties are invited to submit proposals that suggest changes to the 2010 edition of the *Guidelines* until October 31, 2011.

The Health Guidelines Revision Committee (HGRC) is the oversight body responsible for updating each edition of the *Guidelines*. The group has begun the process of updating the 2010 *Guidelines* and is soliciting proposals for changes to its content through October 31, 2011. All proposals for change must be submitted through an electronic proposal system hosted by the Facility Guidelines Institute, the nonprofit organization founded to support the *Guidelines* revision process and ensure the document is updated regularly using a public, multidisciplinary process. The 126-member HGRC will review all submitted proposals.

Included in the text open for revision is a new chapter with requirements for critical access hospitals. This material was prepared at the conclusion of the 2010 *Guidelines* revision cycle and posted on the FGI website (www.fgiguideines.org/interim_pubs.html) as draft guidelines. At its introductory meeting in April 2011, the 2014 HGRC voted to accept the chapter and make the text available for public proposals.

Also during its recent meeting, the 2014 HGRC was charged by its chair, Douglas Erickson, FASHE, CHFM, HFDP, CHC, with focusing on four key criteria throughout the revision process. He challenged them to:

1. Reflect on the language currently in the *Guidelines* to make sure the requirements are still relevant for current practices in medicine and patient care,
2. Think about how health care will be delivered in 2020 and how the physical environment will need to be designed and constructed to support innovative delivery methodologies,
3. Write minimum requirements rather than lofty best practices, and
4. Consider the initial, life-cycle, and patient/staff safety costs and benefits of each major change being considered for the 2014 edition.

Topics the 2014 HGRC has highlighted for its efforts during the 2014 *Guidelines* revision cycle include functional programming, the patient safety risk assessment, operating room requirements, imaging facilities, ambulatory surgery centers and other outpatient facilities, and residential care facilities (nursing homes, assisted living, hospice). Also considered will be water use for health care facilities, including infection prevention and emergency availability issues, and identification of differing requirements for new construction and renovation projects. Another goal of the committee members will be to consider the costs and benefits of the proposals they consider.

Adopted by the Joint Commission and federal and state authorities having jurisdiction (AHJs) for planning and design of health care facilities and used widely by health care facility managers, architects, and consulting engineers, the *Guidelines for Design and Construction of Health Care Facilities* provides minimum recommendations for new construction and renovation of health care facilities in the United States. The document addresses space, functional programming, patient handling, infection prevention,

architectural detail, and surface and furnishing requirements for hospitals, including critical access and psychiatric hospitals and rehabilitation facilities; ambulatory care facilities of many types; residential health care facilities, including nursing homes and hospice and assisted living facilities; and birth centers and adult day health care facilities. The *Guidelines* also details minimum design requirements for plumbing, medical gas, electrical, low voltage, IT, HVAC, and medical support systems related to the built environment. ASHRAE 170: *Ventilation of Health Care Facilities* has been incorporated into the document as Part 6 and provides guidelines for ventilation, humidity, and temperature in various areas in health care facilities.

All individuals and organizations that wish to propose an addition, deletion, or revision to the 2010 *Guidelines for Design and Construction of Health Care Facilities* should visit the FGI website at www.fgiguideines.net/proposals, where instructions for submitting a proposal can be found along with an electronic proposal submittal form. The *Guidelines* is a vital resource for national, state, and local authorities, architects, planners, interior designers, facility managers, constructors, and medical professions. Input from all *Guidelines* stakeholders is essential to maintain the document's relevance and importance for its users.

Chairman Erickson emphasized to the HGRC that “the *Guidelines* publication needs to be publicly driven by quality input generated through the public proposal and comment periods. While the HGRC is made up of experts representing all aspects of patient care, design, administration, safety, and authorities having jurisdiction, it is the users of the *Guidelines* that need to engage in submitting quality proposals for change if the current content needs to be modified.”

Proposals that are accepted for consideration in the forthcoming edition will be made available for public review and comment in the draft 2014 *Guidelines*, scheduled to be released in 2012. For more information and to propose changes, visit www.fgiguideines.net/proposals.

About the *Guidelines for Design and Construction of Health Care Facilities*

The *Guidelines for Design and Construction of Health Care Facilities* is updated every four years to keep pace with new concepts, capabilities, and technologies in the delivery of health care. The revision cycle for the 2014 *Guidelines* document began in April 2011, with the first meeting of the 2014 Health Guidelines Revision Committee (HGRC) and the subsequent call for public proposals to update the document. The *Guidelines* is used in more than 40 states to regulate health care facility design and construction. State use of the document varies; states adopt the *Guidelines* as code, use it to write their own codes, and use it for reference in the absence of state code language.

About the Facility Guidelines Institute (FGI)

The FGI is a nonprofit organization that was established in 1998 to provide leadership and continuity to the development and publication of the *Guidelines for Design and Construction of Health Care Facilities*. FGI functions as a contractual, fundraising, and coordinating entity for the quad-annual *Guidelines* revision process, supporting the work of the independent Health Guidelines Revision Committee in its goal to update and improve the content of the *Guidelines* document to encourage its adoption and use. FGI uses revenue from sales of the *Guidelines* document to support the revision process and to fund research that can inform the *Guidelines* development process. For more information, visit the FGI website at www.fgiguideines.org.

About ASHE

The American Society for Healthcare Engineering (ASHE) is the publisher of the *Guidelines for Design and Construction of Health Care Facilities*. ASHE is a personal membership group of the American Hospital Association (AHA). ASHE represents a diverse network of 10,000 members dedicated to optimizing the health care physical environment. For information about ASHE, please visit www.ashe.org or call 312-422-3800.