The New 2014 FGI Guidelines

Healthcare Facility Management Society Of New Jersey
Thursday June 19, 2014

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Introduction

The editorial views and opinions expressed in this presentation are the opinions of the speaker and not the official position of FGI, ASHE or the 2014 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.

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Presenter

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Facility Guidelines Institute Founding Board Member
FGI History

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 and HGRC Facts

Health Guidelines Revision Committee (HGRC)
(120 to 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 + CEO)

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

2014 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, ACE)
7% - Infection control experts + NIH/CDC
4% - Construction professionals
4% - Interior designers

Cost Benefit Analysis Committee
► Considers all proposals and comments that have a cost associated with them.
■ Initial cost
■ Life cycle cost
■ Clinical/functional benefit

► ASHE preformed a cost analysis and has determined that the 2014 edition is equal or slightly less costly than 2010.

FGI Facts
► We depend on our 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*

Standards for Residential Health Care Facilities in a separate document

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
► Will be available for purchase late June
► Not sure if NJ will be looking to adopt this new Guideline
**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 will need to exceed these guidelines to meet the clinical or staff needs for a safe and effective environment based on their model of care and the acuity levels of their patients. A health care organization’s functional program must address when there is a need to exceed the Guidelines minimums.

**Glossary Changes in 2014**

► Glossary Changes:

- **Exam Room**
  - Removed the use of treatment room from the Guidelines
  - A room in which procedures that do not require a specialized suite can be performed

- **Procedure Room**
  - A room for procedures that do not require a restricted environment
  - Used for procedures that do not meet the definition of invasive procedure
  - Conscious, minimal or local anesthesia
Glossary Changes in 2014

Invasive Procedure
• Requires an aseptic environment
• Penetrates the protective surfaces of the body
• Entry is made into a closed body cavity
• Insertion of an indwelling foreign body
• Does not include – placement of intravenous needles or catheters, dialysis, bronchoscopy, endoscopy, or urethral catheters

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

<table>
<thead>
<tr>
<th>Term</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Directly accessible</td>
<td>Located within the identified area or room</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>
</tbody>
</table>

New vs. Existing in 2014

Renovation (Planned changes and updates)
• Meet new to the extent possible
• Determined by the applicable AHJ
• Only the altered, renovated or modernized portion
• If performance of a system is impacted, upgrades shall be required beyond the limits of the project
New vs. Existing in 2014

Renovation exceptions allowed:
• Routine repairs and maintenance
• Replacement of building furnishings and equipment
• Minor changes to the configuration of space
• Cosmetic changes or upgrades to a space
• Improvements to a system or a space that cannot reasonably meet new requirements
• Existing systems not in strict compliance
• Replacement of infrastructure equipment

New vs. Existing in 2014

New Construction
• Site preparation for, and new construction of, entirely new structures
• Structural additions to existing facilities resulting in increased occupied floor area
• Complete change of function of space

Major Changes in 2014

Chapters: New / Major Changes
• Dental (new)
• Freestanding Emergency Departments (rewrite)
• Children's Hospitals (expanded)
• Small Inpatient Primary Care (deleted/replaced)
• Critical Access Hospitals (added – based on FGI 2009 White Paper written in conjunction w/CMS)
• ASHRAE 170-2013 (Included)
Major issues NOT required in the 2014

► Nap rooms (in Appendix)
► Healing gardens
► Water features – Not eliminated from Appendix, but now requires water features to be enclosed

None of these were considered *Minimum Standards* by the HGRC

Major Changes in 2014

Difficult to define…
► Risk of being too minimal
► Risk/benefit for new minimum
► The minimum benchmark changes over time
► Cost is a reality in determining *Minimum Standards*

The HGRC has a Cost Review Committee that reviews the financial impact of every proposed change

Major Changes in 2014

► The functional program is a very important first step to health care design (rewrite for 2014)
  o Develops direction for design team
  o Records decisions
  o 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

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

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

Source: http://www.clinicaliq.com/797-state-survey

Notes on USP <797>
- Low risk level with BUD (beyond use dating) 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

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

Bariatric Requirements

- Weight limits have been removed
- Determining bariatric requirements for a project is a planning decision based on acuity of the population served
Major Changes in 2014

Safety Risk Assessments

Infection Control

Patient Movement and Handling
Major Changes in 2014

Medication Safety Zones
► Reduce interruptions
► Quiet Areas
► Task Lighting
► Organized Workspaces
► Standardized beside medication areas

Patient Fall Prevention

Psychiatric Patient Injury and Suicide
Major Changes in 2014

Patient Immobility
- Decreased circulation & blood clots (DVT's)
- De-conditioning & loss of muscle mass
- Orthostatic hypotension
- Increased falls
- Decreased bone density
- Kidney stones
- Decreased cardiac output
- Insulin resistance > diabetes
- Compromised peristalsis
- Reduced field of vision
- Compromised breathing

Immobility-related Adverse Events

Major Changes in 2014

Security (interior threats for patients and caregivers)

Major Changes in 2014

► Safety Risk Assessments
  • Article can be found at:
    http://www.fgiguidelines.org/2014articles.php
Commissioning

► Systems to be commissioned:
  ■ HVAC
  ■ Automatic temperature control
  ■ Domestic hot water
  ■ Fire alarm and fire protection systems
  ■ Essential electrical power supply systems

Commissioning Activities:

► Owner's Project Requirements (OPR)
► Basis of Design (BOD)
► Commissioning plan, specifications and construction checklists
► Performance of functional/operational tests
► Commissioning report

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.
► Change driven by infection prevention

Major Changes in 2014

► Exam room configuration

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
FGI Research Initiatives

► Alarm Fatigue
  - ~ 40 person multidisciplinary Task Force
  - Developing Guidelines regarding what we can do in design of the physical space to help alleviate Alarm Fatigue

► Acoustics in Elder Care Facilities
  - ~ 25 Person Task Force
  - Funded through the Rothschild Foundation and FGI
  - All day meeting at SBA May 16th
  - Focused on the elder care occupancies found in the new Guidelines for Residential Health, Care, and Support Facilities

► White Paper on Finishes and Furnishings in Health Care Facilities

► Post Occupancy Evaluation of the 2010 Acoustic Guidelines
  - Study of 3 wings at BMC
  - FGI/AWG/RPI joint initiative
FGI Research Initiatives

► Future of Health Care Colloquiums
~ Series of 3 Colloquiums
~ Involves internationally recognized health care futurists, providers, AHJs, administrators and patient advocates
~ Focused on the major drivers that will help defining future models of care and the facilities needed for health care delivery

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.

Q & A

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