

WELCOME

Thank you for joining us for today's webinar

Healthcare 101 - FGI Primer

Wednesday, July 29, 2015

2:30 pm – 4:00 pm EDT

1:30 pm – 3:00 pm CDT

12:30 pm – 2:00 pm MDT

11:30 am – 1:00 am PDT



Presenter

Douglas Erickson, FASHE, CHFM, HFDP, CHC
CEO, Facility Guidelines Institute



Emerging Professionals Education Series – HC 101

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Emerging Professionals Education Series – HC 101

The Academy of Architecture for Health wants to cultivate interest and career development in this specialized field. HC 101 Series sessions are web-based 90 minute seminars by nationally recognized experts tailored to provide budding healthcare design professionals with conceptual and practical primer-level knowledge.

The HC 101 Series is a cost effective option for those lacking the time and money to attend a conference or other Academy event.

Series topics include: Master planning; Programming; Ambulatory care; Clinical support services; Emergency; ICI-acute care; Imaging; Long-term care; Maternal care; Mental health; Surgery.



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Course Description

This is a primer on how to use the FGI Guidelines in the course of planning and design of healthcare facilities. We will quickly review the background of the “Guidelines” and its *raison d'être*. We will review the essential elements of the Guidelines, available formats and how to best go about retrieving information. We will cover definitions of Acute, Ambulatory and Residential Care as well as other terms commonly used throughout the Guidelines. In closing we will cover opportunities this year to participate in the next edition’s revision process.



Learning Objectives

1. Communicate with healthcare planning, design and construction professionals using common Guidelines Terms and Acronyms.
2. Check your work for Critical Factors to Guidelines compliance.
3. Access and incorporate Basic Requirements and Processes from the Guidelines into your work.
4. Further expand your expertise on this topic by knowing where to Learn More.



AIA/CES Reporting Details



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1.5 HSW LU (AIA continuing education)

All attendees at your site will submit for credit by completing the webinar survey/report form **at the conclusion of the presentation.**

In order to receive credit, you will need to follow the link provided:

- **in the Chat box** at the conclusion of the live presentation;
- **in the follow-up email** you will receive one hour after the webinar.



Presenter

***Douglas Erickson, FASHE, CHFM,
HFDP, CHC***

CEO, Facility Guidelines Institute.



Douglas Erickson
FASHE, CHFM, HFDP, CHC

CEO
Facility Guidelines Institute

Having served as deputy executive director of the American Society for Healthcare Engineering; director of planning, design & construction for the American Hospital Association & director of engineering for the Joint Commission.

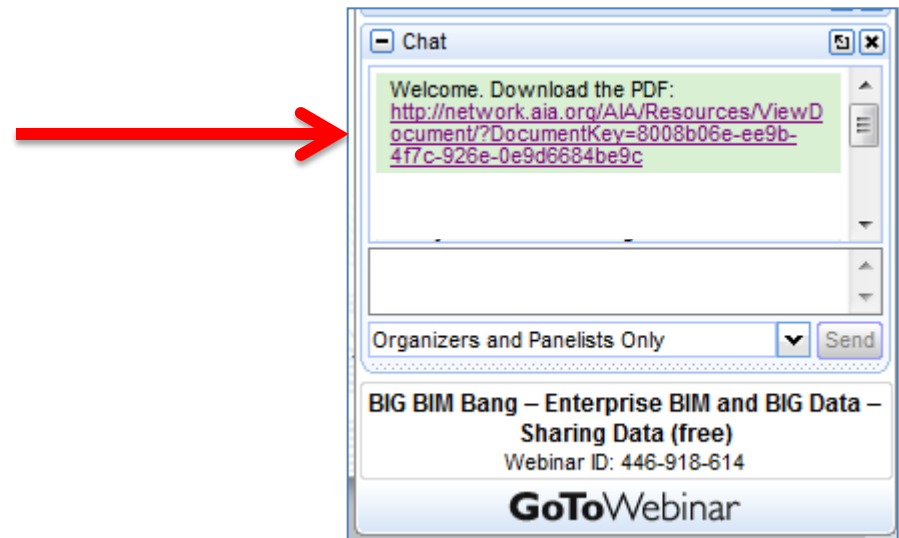
Mr. Erickson is a founding member (since 1978) of the Facility Guidelines Institute (FGI), the not-for-profit organization responsible for producing the Guidelines for Design and Construction documents.



Questions?

Submit a question to the moderator via the chat box.

Content related questions will be answered during the Q&A portion as time allows.



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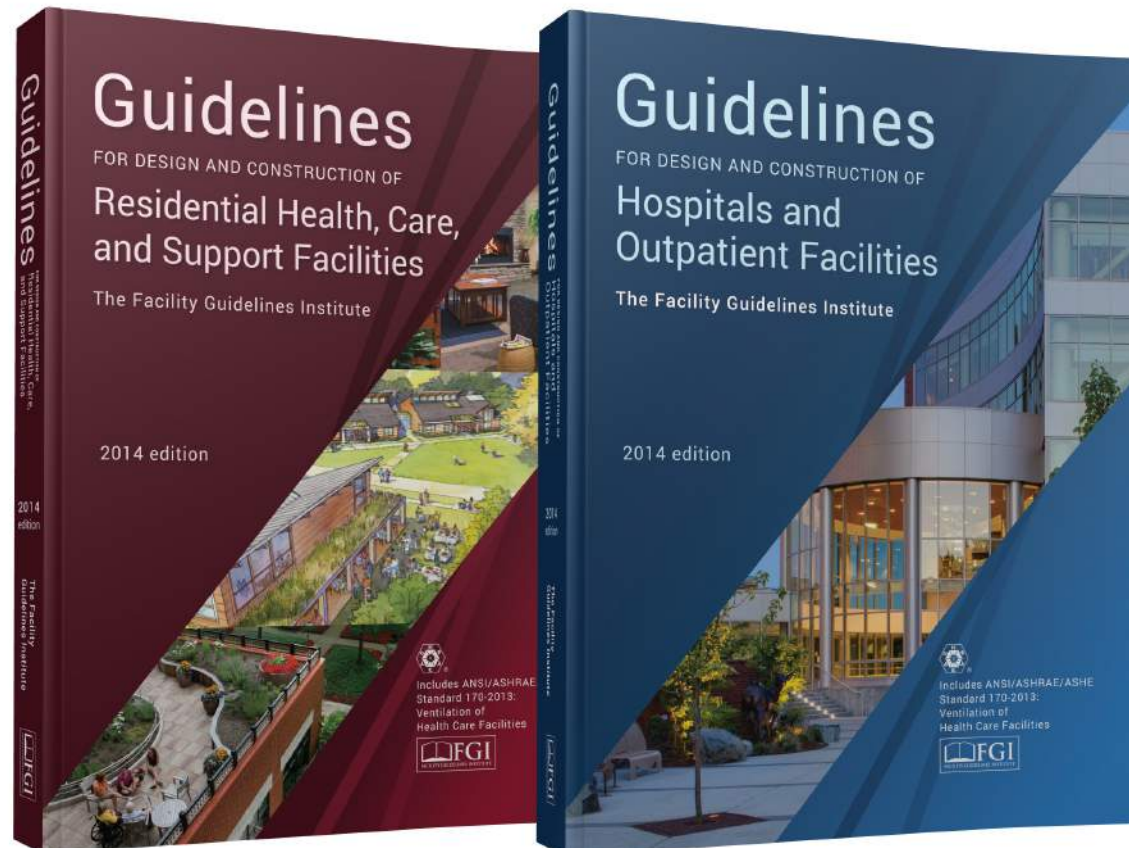


Presenter

Douglas Erickson, FASHE, CHFM, HFDP, CHC

CEO, Facility Guidelines Institute





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Academy of Architecture for Health

July 29, 2015

Introduction

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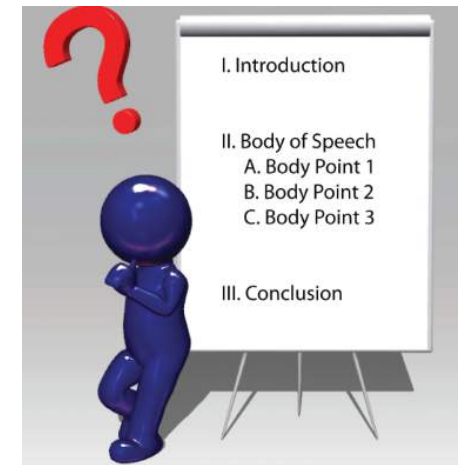
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Outline

- Introduction to the Facility Guidelines Institute's *Guidelines for Design and Construction* documents
- How the documents are used
- How the documents are organized
- Public proposal process and getting involved

Presenters

- Douglas Erickson, CEO, Facility Guidelines Institute and chair of the 2018 revision cycle
- Pamela James Blumgart, Managing Editor, Facility Guidelines Institute



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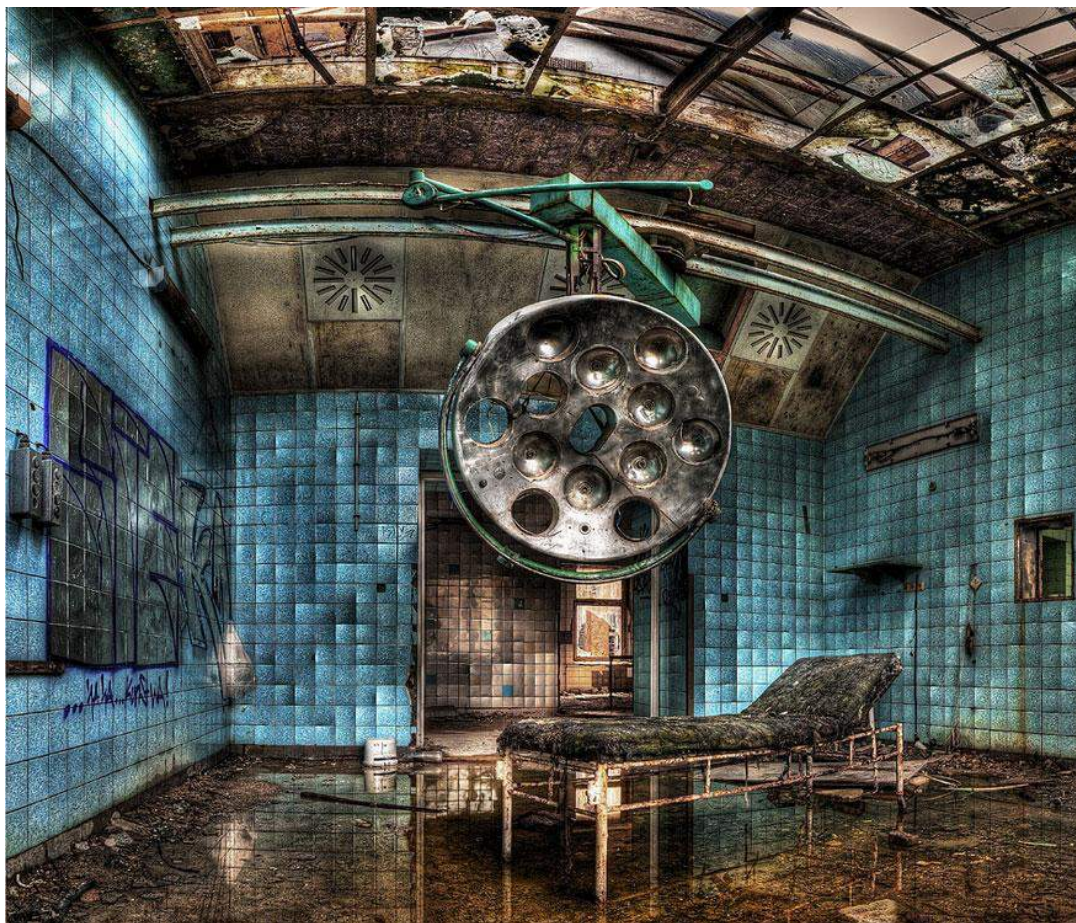


The views and opinions expressed in this presentation are the opinions of the speaker and not the official position of the Health Guidelines Revision Committee.

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- Minimum construction requirements, 1947 – 84
 - First published in 1947 to support the Hill-Burton Act
- Turned over to the public sector in 1985 and called the *Guidelines* ever since
- Published by the AIA: 1987 – 2006
- Published by ASHE: 2010 – 2014
- Since 2001:
 - The Facility Guidelines Institute (FGI) holds the copyright in the *Guidelines* documents.
 - FGI is responsible for development of the content of the *Guidelines* documents.



Guidelines Purpose and Use

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- Sets minimum standards for program, space, and equipment for hospitals, nursing homes, outpatient, rehabilitation, psychiatric, mobile and LTC facilities
- Referenced by TJC, PHS, IHS, HUD 242 Hospital Mortgages more than 40 states for licensure or accreditation of health care facilities requiring clinic licensure
- Referenced in more than 60 countries



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How the *Guidelines* documents are used:

- Used by the design industry as a reference for planning and design of health care and residential health, care, and support facility projects
- Adopted or referred to by authorities having jurisdiction that regulate facility construction:
 - State departments of health
 - The Joint Commission
 - Federal agencies such as the Bureau of Indian Affairs, the Veterans Administration, the Army Corps of Engineers, the Public Health Service



Use of the *Guidelines* Varies

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- Used by public and private entities
- Adopted by reference or used as a reference document without adoption
- Adopted as a regulatory requirement (in full or in part)
- States can/do modify in state generated document(s)
- Sometimes a requirement of lending institutions
- Helps to strengthen and standardize the fundamentals of patient-centered healthcare facility design and construction worldwide

Guidelines Limitations

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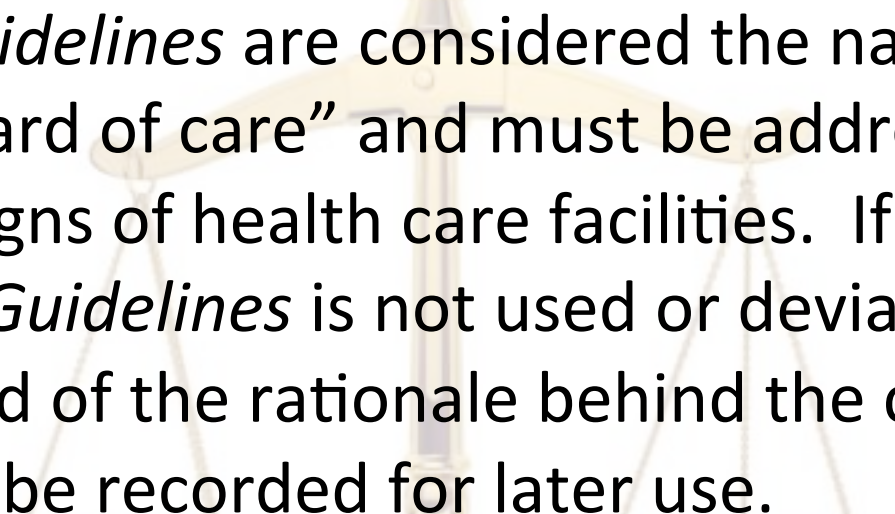
- The *Guidelines* recommendations do not become a regulatory document until formally adopted as law by a governing entity.
- Compliance with the *Guidelines* recommendations does not guarantee that a project will meet all the additional needs of a health care organization.



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The *Guidelines* are considered the national “standard of care” and must be addressed in all designs of health care facilities. If a portion of the *Guidelines* is not used or deviated from, a record of the rationale behind the change should be recorded for later use.

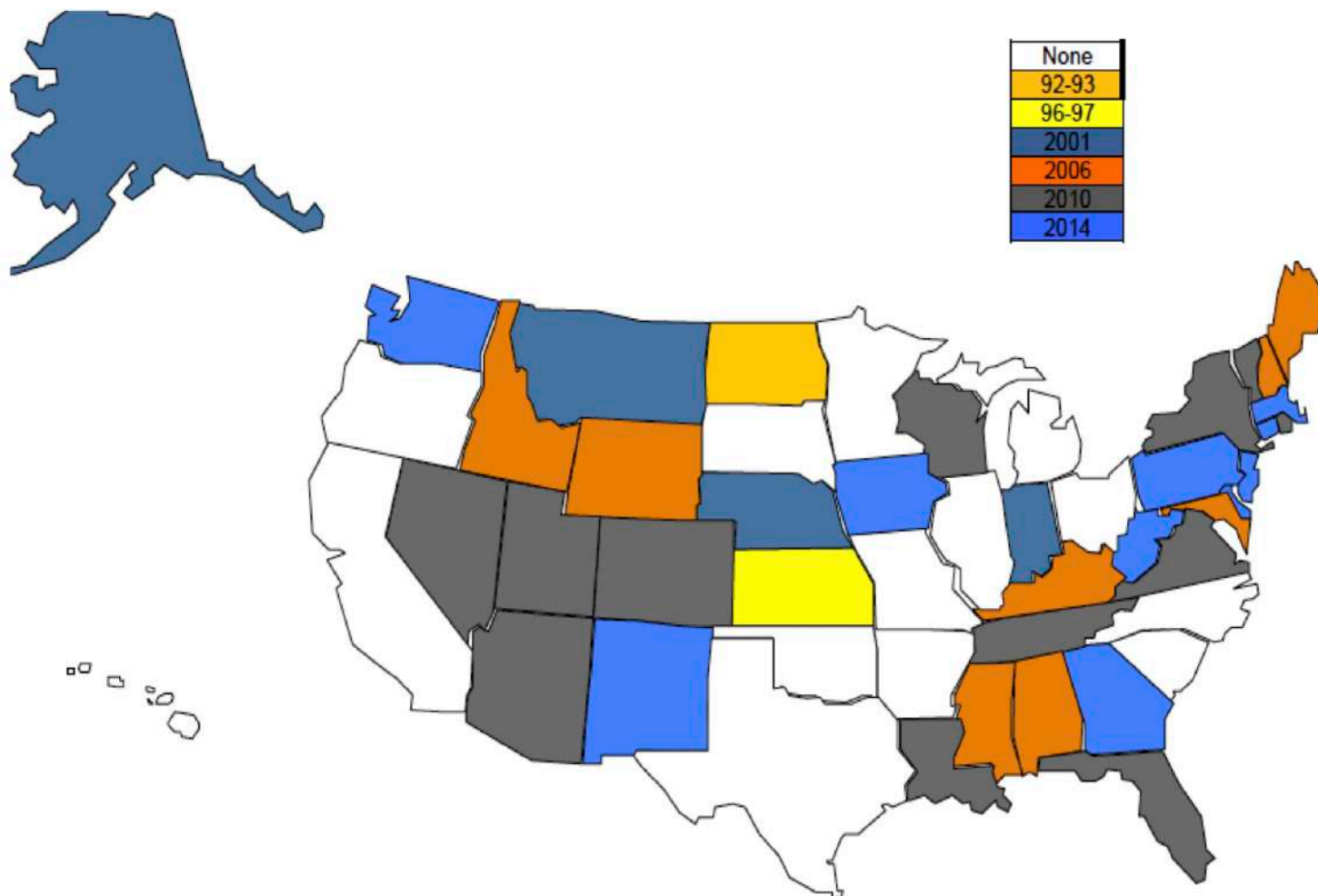
Prominent Healthcare Construction Attorney

State Adoption Map

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Why the *Guidelines* are Special

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Why do people use the *Guidelines*?

- *Guidelines* requirements are considered:
 - Baseline (reflect the “standard of care”)
 - Non-biased (multidisciplinary development)
- Vendors and manufacturers have no direct influence on the final vote.
- FGI is a credible source of up-to-date information.
- The *Guidelines* revision process is increasingly research-informed, striving for the most objective and universal standards.



Consumer Reports

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- We view ourselves as the Consumer Reports of the health care physical environment.
- We have a similar view and mission...

Consumer Reports is an expert, independent, nonprofit organization whose mission is to work for a fair, just marketplace for all consumers and to empower consumers to protect themselves.



Overview of the FGI Revision Process

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- Consensus based process for *Guidelines* development utilizing:
 - Collective multi-disciplinary experience
 - Professional stakeholder consensus including many AHJs (no manufacturers)
 - Public review process
 - Clinical & evidence-based research
 - Continual Improvement Process
 - Every new edition of the FGI *Guidelines* is different, and an “evolution” from previous editions
- Multiple editions of the *Guidelines* are currently in use



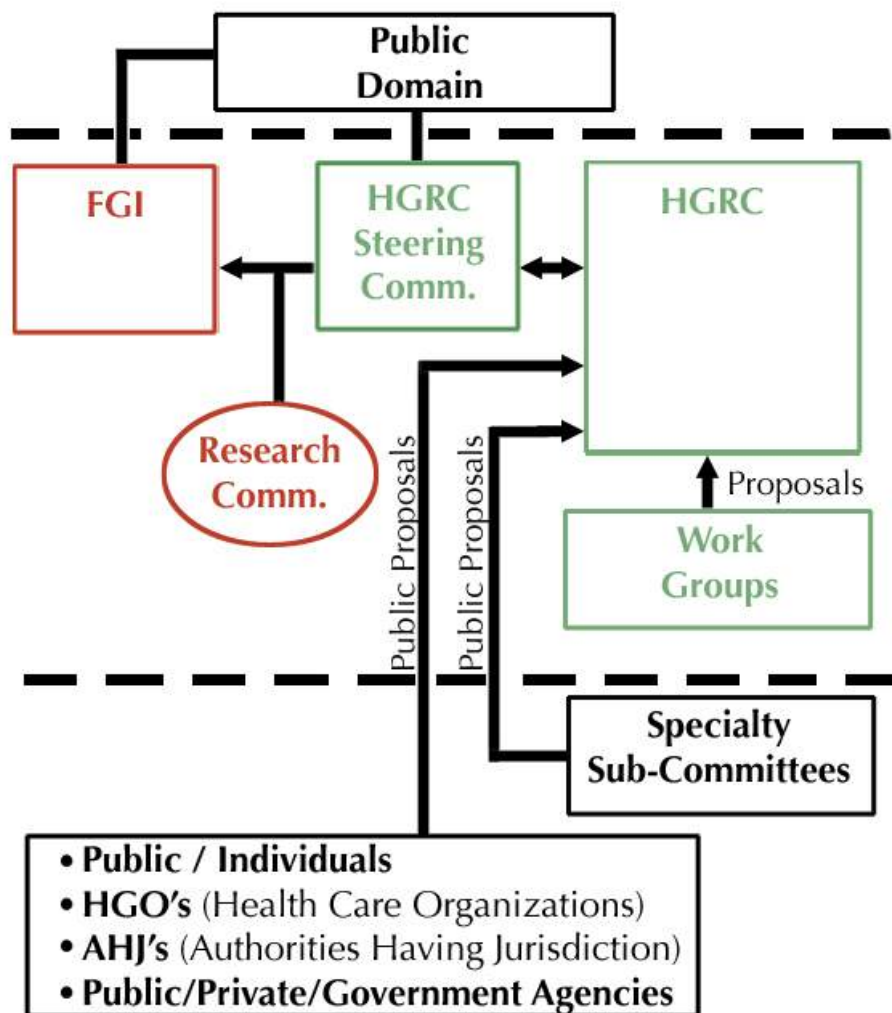
Revision Process Chart

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Guidelines Organization Chart



2018 HGRC Makeup

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- 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



FGI and HGRC Participants

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- Health Guidelines Revision Committee (HGRC)
(100-member multidisciplinary committee)
- HGRC Steering Committee
(16 members of the HGRC)
- 3 document groups
- 8 topic groups
(include non-HGRC participants)
- Facility Guidelines Institute
(8-person Board of Directors + CEO)



The Role of the *Guidelines*

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- As a consensus-based minimum standard, the *Guidelines* documents promote a level of performance of buildings that, when operated as designed, will not detrimentally affect the health and safety of patients and staff.
- The FGI *Guidelines* provides baseline design and construction recommendations for health care facilities that (1) recognize the mission of health care, including “first, do no harm,” and (2) consider how the built environment supports safe, effective, and efficient health care delivery.

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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.



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Minimum is Difficult to Define

- In many instances, health care organizations will need to exceed *Guidelines* requirements to meet 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.



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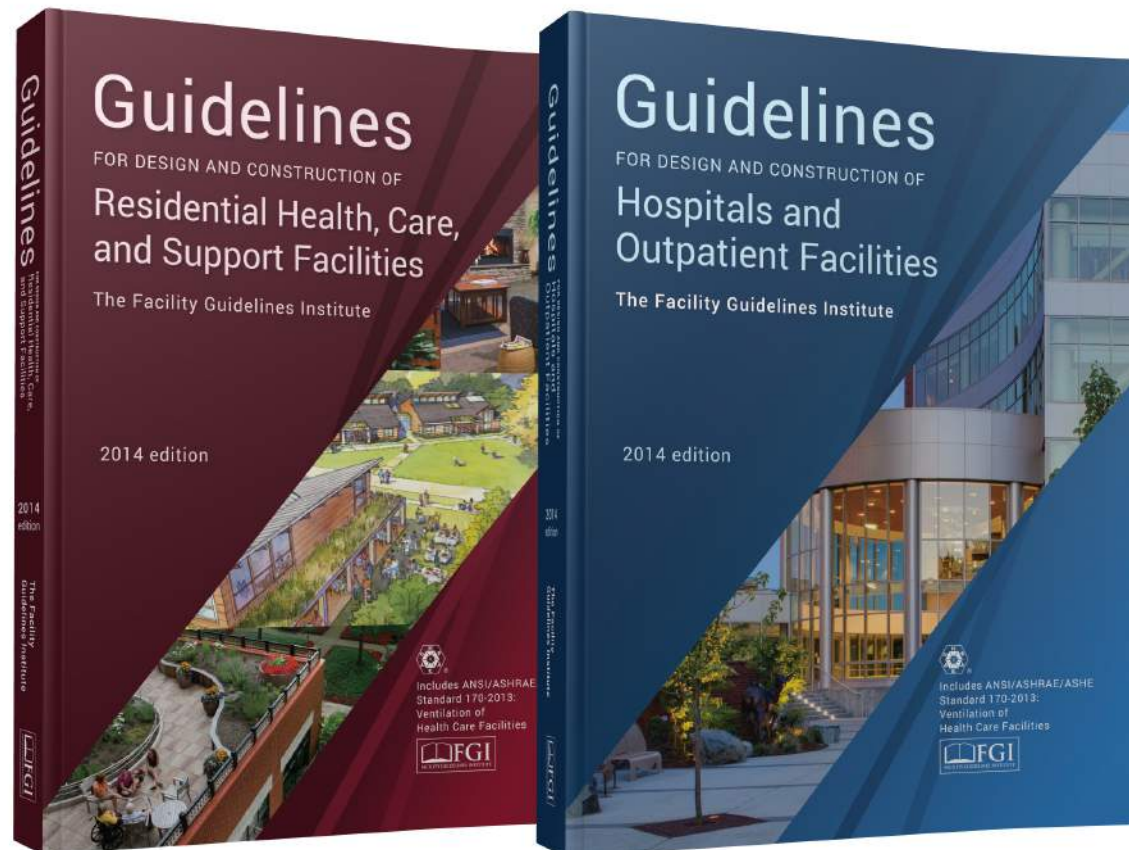
Minimum is Difficult to Define

- Risk of being too minimal (create opportunity for harm)
- Consider risk/benefit for new minimum
- The minimum benchmark changes over time
- Cost is a reality in determining minimum standards

The HGRC has a Cost/Benefit Committee that reviews the financial impact of every proposed change.

ASHE utilized the Cost/Benefit Committee to help conduct an analysis of impact on FIRST COST of construction of the 2010 and 2014 *Guidelines* and previous editions.





General Layout of the *Guidelines*

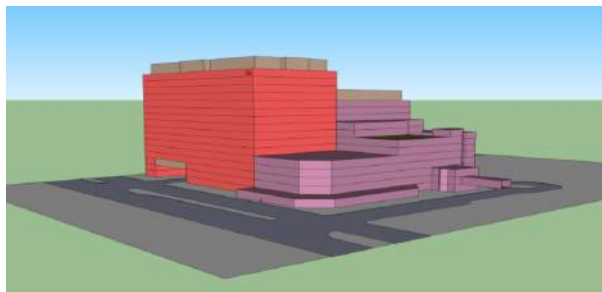
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2014 Hospital/Outpatient *Guidelines*

- Opening Section
 - Acknowledgments
 - Major Additions and Revisions
 - Glossary of Terms
- Part 1: General
 - Chapter 1.1, Introduction
 - Use of the *Guidelines*
 - Government Regulations
 - Building Codes and Standards
 - Equivalency Concepts



2014 Edition

Guidelines for Design and Construction of Hospitals and Outpatient Facilities

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

2014 Hospital/Outpatient *Guidelines*

- Part 1: General
 - Chapter 1.2, Planning, Design, Construction (PDC) and Commissioning
 - Functional Program
 - Owner-driven
 - Completed during planning stage
 - Updated as the project is designed and constructed
 - Safety Risk Assessment
 - Infection Control
 - Patient Handling and Movement
 - Patient Fall Prevention
 - Medication Safety
 - Behavioral Health
 - Patient Immobility
 - Security



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2014 Hospital/Outpatient *Guidelines*

- Part 1: General
 - Chapter 1.2, PDC and Commissioning, *continued*
 - Environment of Care Requirements
 - Delivery of Care Model Concepts
 - Physical Environmental Elements
 - Planning and Design Considerations
 - Acoustics
 - Sustainable Design
 - Wayfinding
 - Bariatric-Specific Design Considerations
 - Provisions for Disasters



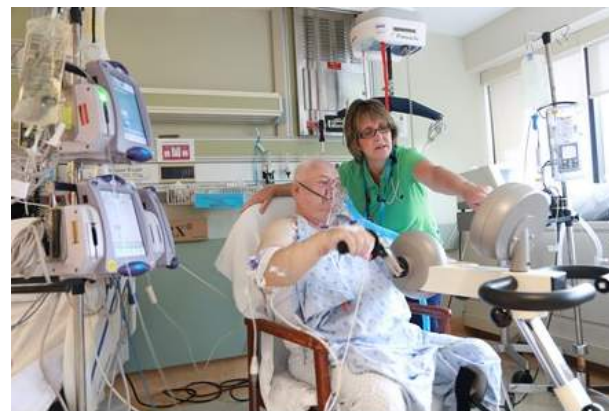
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- Part 1: General
 - Chapter 1.2, PDC and Commissioning, *continued*
 - Renovation
 - Commissioning
 - Chapter 1.3, Site
 - Location
 - Site Features
 - Chapter 1.4, Equipment Requirements
 - Classification
 - Space



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- Part 2: General Hospitals
 - Chapter 2.1, Common Elements for Hospitals
(This section needs to be reviewed prior to going to the specific requirements.)
 - Chapter 2.x, Specific Requirements for:
 - 2.2 General Hospitals
 - 2.3 Freestanding Emergency Departments
 - 2.4 Critical Access Hospitals
 - 2.5 Psychiatric Hospitals
 - 2.6 Rehabilitation Hospitals
 - 2.7 Children's Hospitals



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- Part 3 Outpatient Facilities
 - Chapter 3.1, Common Elements
(This section needs to be reviewed prior to going to the specific requirements.)
 - Chapter 3.x, Specific Requirements for:
 - 3.2 Primary Care
 - 3.3 Outpatient Diagnostic and Treatment
 - 3.4 Birth Centers
 - 3.5 Urgent Care
 - 3.6 Cancer Treatment
 - 3.7 Surgical Facilities



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- Part 3: Outpatient Facilities
 - Chapter 3.x, Specific Requirements for:
 - 3.8 Office-Based Procedure and Operating Rooms
 - 3.9 Endoscopy
 - 3.10 Renal Dialysis
 - 3.11 Psychiatric Centers
 - 3.12 Rehabilitation Therapy
 - 3.13 Mobile, Transportable, and Relocatable Units
 - 3.14 Dental



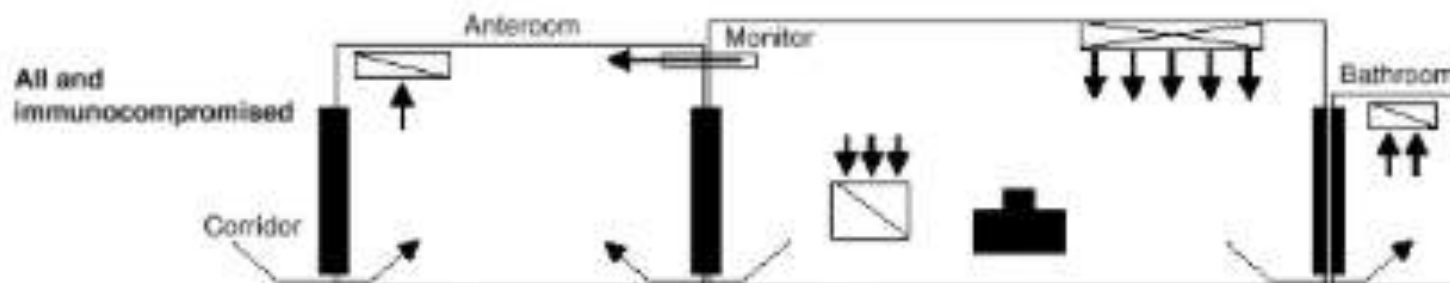
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- Part 4: Ventilation of Health Care Facilities
 - This section is a reprint of the 2013 edition of ASHRAE Standard 170: *Ventilation of Health Care Facilities*. FGI and ASHRAE have a partnership to work on the content together and to publish Standard 170 as a part of the *Guidelines*.



Appendix Often References Other Documents

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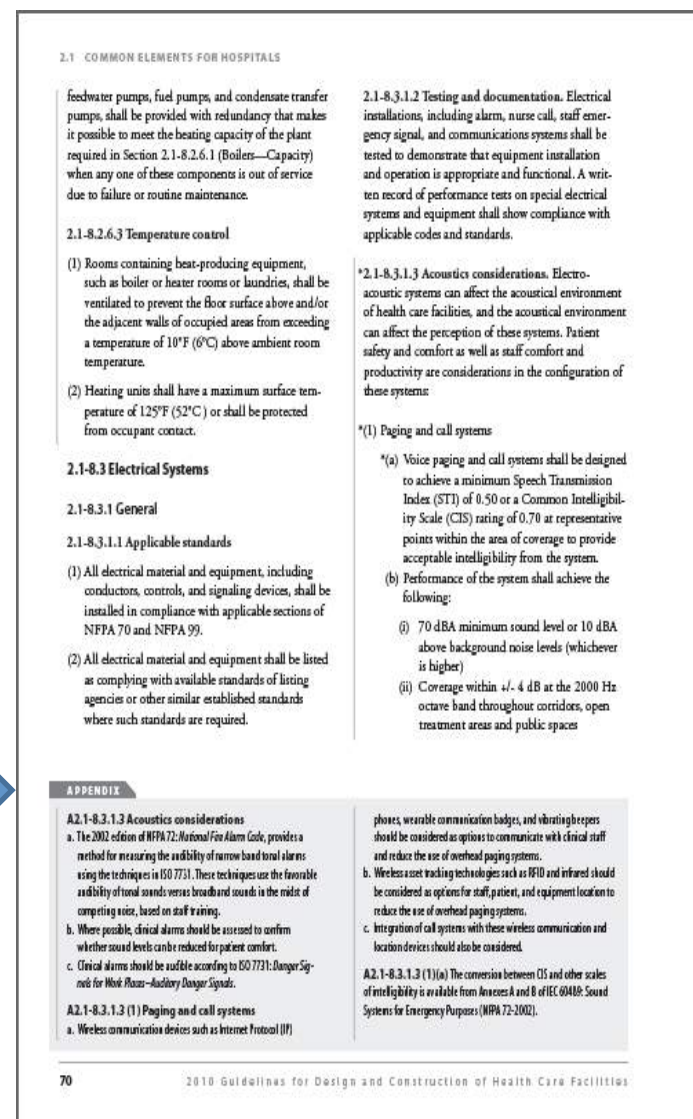
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The appendix is located at the bottom of each page in a shaded box.

The appendix is **not** considered part of the document that is adopted as code.

It functions as a reference and educational tool that discusses concepts that are “beyond minimum” standards and also provides clarification information.



Questions?

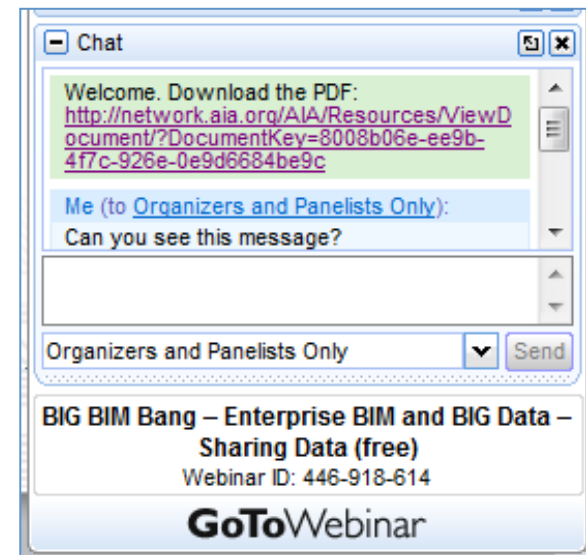
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Past Major Issues...Innovations

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- Functional program
- Safety risk assessment
- Single-bed room
- Infection control (hand-washing, surfaces, etc.)
- Acoustics
- Medication safety zones
- Patient handling and movement
- Critical access hospitals
- Person-centered care



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Formal Interpretations

Interpretations of the FGI *Guidelines*

FGI offers a forum for obtaining interpretations of the Guidelines. Since 1999, a number of formal interpretations have been issued. The request process gives designers, owners, and authorities having jurisdiction the opportunity to request an interpretation from the FGI. The FGI is responsible for developing the document regarding the interpretation of the document.

Requests need to be submitted using the electronic form on the FGI website.

To ask a question:

Before submitting a request for an interpretation, please [read the rules](#) that requests receive are actually requests for an advisory opinion; we are usually able to provide an advisory opinion.

[Request a formal interpretation.](#)

Request an advisory opinion through our [Contact](#) page.

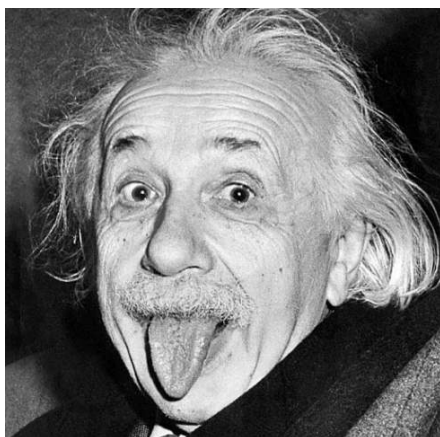
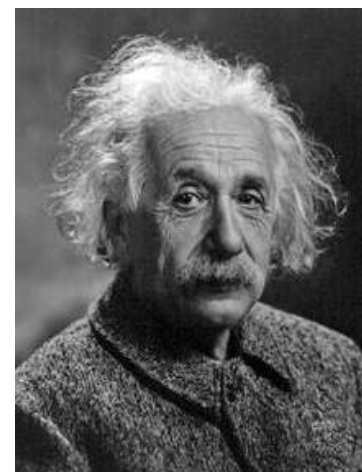
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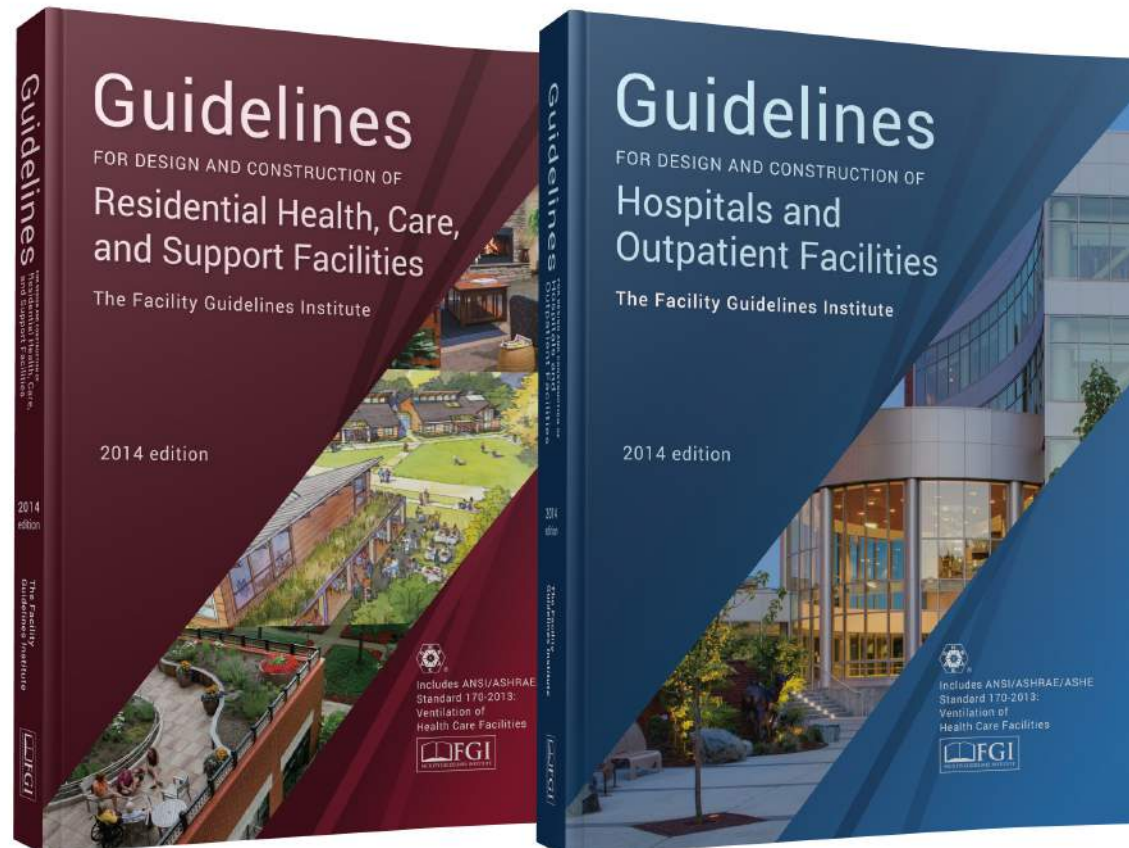
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- New interpretations submitted to:
 - interpretations@fgi-guidelines.org
 - advisoryopinions@fgiguideelines.org

Insanity: doing the same
thing over and over again
and expecting different
results.



We cannot solve our
problems with the same
thinking we used when
we created them.
Albert Einstein



2018 Revision Cycle: Overview of Process

Planned Final Products for 2018 Cycle

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Until 2014

- *Guidelines* developed and published as a single book

2014 edition

- *Guidelines* developed and published as two books:
 - Hospitals and Outpatient Facilities
 - Residential Health, Care, and Support Facilities

2018 edition

- *Guidelines* to be developed and published separately for:
 - Hospitals
 - Outpatient Facilities
 - Residential Health, Care, and Support Facilities

Planned Final Products for 2018 Cycle

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Fundamental requirements and companion information

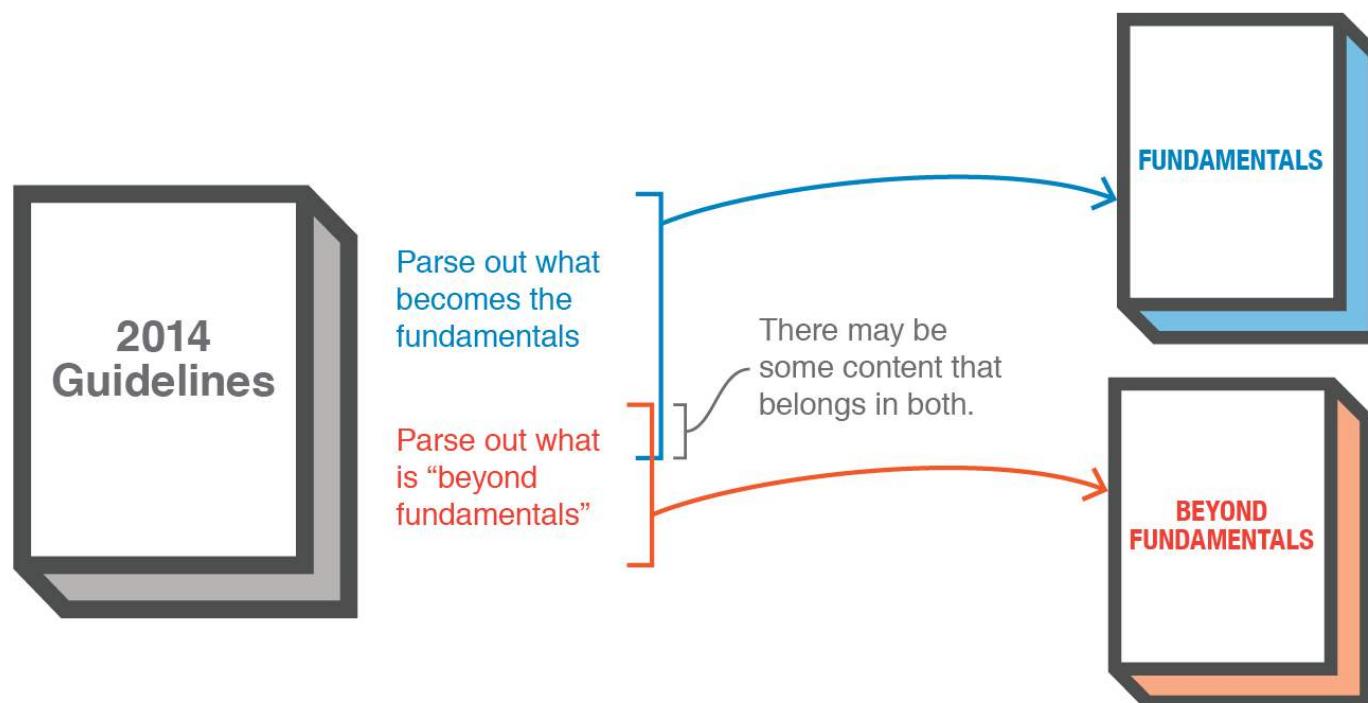
- Fundamental design requirements
 - Primary purpose:
 - To provide the minimum or baseline requirements necessary to design and build safe, efficient, and effective care environments
 - Written to facilitate adoption and enforcement by state and federal agencies
- Companion information
 - “Beyond fundamentals”
 - Exceed fundamental requirements
 - Not intended for adoption or enforcement

New Organization for 2018 *Guidelines*

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Revision Process

HGRC mission: To create documents, using a multidisciplinary consensus process advised by research, for design and construction of the health care built environment.



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Revision Process

HGRC vision: Application of the HGRC documents published by the Facility Guidelines Institute results in health care facilities that are safe, are versatile, support the delivery of quality care, and optimize costs and benefits.



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Outpatient
Facilities

Guidelines
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Residential
Health, Care,
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Health Guidelines Revision Committee (HGRC)

- HGRC makeup
 - Clinicians
 - Designers (architects, engineers, interior designers)
 - Health care administrators, including facility managers
 - Authorities having jurisdiction (federal, state) who regulate health care and residential health, care, and support facility construction
- Topic groups reporting back to the HGRC
- HGRC and topic groups may assign task groups for a specific assignment

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HGRC topic groups

- Working groups to review topics identified by the Steering Committee – include outside subject matter experts
- The goal is to determine how each topic is addressed across all the FGI *Guidelines* documents
 - Hospitals
 - Outpatient facilities
 - Residential health, care, and support facilities

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- Acoustics
 - Already in place: the Acoustics Working Group (AWG)
 - Publish a white paper to accompany the FGI *Guidelines* (began with the 2010 edition).
 - Determine physical environment response to alarm fatigue (this effort has been under way for a year).
- Bariatric Accommodations
 - Review *Guidelines* requirements to support building features that accommodate the obese population and storage and space for oversize equipment.
 - Determine what proportion of the population must be obese to justify modifications to CT or MRI or similar large equipment.

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- Emergency Preparedness
 - Identify physical environment features to support a health care organization's ability to respond in an emergency or disaster.
 - Identify other industry guidance on emergency preparedness to determine if *Guidelines* requirements are consistent and complimentary.
- “Geriatric” Accommodations
 - Consider what “residential” features would be appropriate for inclusion in all facility types to accommodate the aging population and others with similar mobility and vision issues. (The concept could be described as universal design to support health, wellness, and preventive care.)

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- Infection Prevention
 - Consider physical environment responses to address current and developing IP challenges:
 - Clean and soiled workflows
 - Airborne infection isolation needs in outpatient facilities
 - Novel and emerging pathogens
- Security
 - Determine minimum physical environment features to address violence in the workplace.
 - Identify security design measures that support safety in outpatient facilities without security staff.
 - Review *Guidelines* text re: equipment and pharmacy security and balance between security and patient/resident experience.

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- Sustainability

(Reduce waste; conserve energy and water; provide safe, healthy environment for staff, residents, patients, families)

- Evaluate opportunities for sustainable practices that can be facilitated and promoted by physical environment features.
- Evaluate emerging technologies for inclusion in the Guidelines.

- Technology

(Medical and diagnostic equipment, communication systems)

- Evaluate current and emerging technology to identify future needs to be accommodated in facilities.
- Identify changes needed in the Guidelines to support flexibility of facilities to accommodate new tech.

Overview of the Revision Process

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- Public proposal period – June to October 15, 2015
- Suggestions are accepted to change the language in any part of the current FGI *Guidelines* documents:
 - 2014 *Guidelines for Design and Construction of Hospitals and Outpatient Facilities*
 - 2014 *Guidelines for Design and Construction of Residential Health, Care, and Support Facilities*



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Enter proposals in the FGI electronic proposal system for the appropriate 2018 book:

- Hospital: www.fgiguideelines.net/proposals_H
- Outpatient: www.fgiguideelines.net/proposals_OP
- Residential: www.fgiguideelines.net/proposals_RES



Login ID: SampleUser

Logout

Submit a Proposal

View All Proposals

View by Chapter (list)

View by Chapter
(detail)

View by Topic Grp.
(list)

View by Topic Grp.
(detail)

An Invitation to the 2018 *Guidelines* Revision Cycle Comment Period

(The proposal period will close on October 15, 2015 at 7:00 a.m.)

Please note that the Facility Guidelines Institute will publish the requirements for hospitals and outpatient facilities separate documents for the 2018 edition of the Guidelines. A separate proposal system has been provided for the Hospital, Outpatient, and Residential Guidelines content. To submit your proposals, please visit the appropriate address:

Hospital Guidelines: http://www.fgiguideelines.net/proposals_H/

Outpatient Guidelines: http://www.fgiguideelines.net/proposals_OP/

Residential Guidelines: http://www.fgiguideelines.net/proposals_RES/

BACKGROUND: The FGI *Guidelines for Design and Construction of Hospitals and Outpatient Facilities* and *Guidelin for Design and Construction of Residential Health, Care, and Support Facilities* provide fundamental, or baseline,

Overview of the Revision Process

Enter your opinion on proposals submitted by others.

- Use the window below, which appears at the bottom of each submitted proposal when you open

NGRC Reason	
Opinion Posted By	Opinion

Enter your opinion on this comment

Submit

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- Public comment period – September to November 2016
- Draft manuscripts are published showing changes to the 2014 documents accepted by the HGRC.
- Comments are accepted only on proposed changes as shown in the drafts.
- Enter comments in the FGI electronic system for the appropriate 2018 book:
 - Hospital: www.fgiguideines.net/comments_H
 - Outpatient: www.fgiguideines.net/comments_OP
 - Residential: www.fgiguideines.net/comments_RES
- Submit your opinions on comments submitted by others.

Cost/Benefit Analysis

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- FGI encourages consideration of costs/benefits.
- HGRC committees will consider cost/benefit information in their review of proposals and comments.
- Submitters must fill out a cost/benefit matrix in the FGI electronic proposal system.





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

FGI Guidelines Cost/Benefit Matrix

[illegible]

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Publication of 2018 edition fundamentals documents

- Manuscripts approved by the HGRC and the Steering Committee are published in electronic and print formats.

Development of “beyond fundamentals”

- Items identified during the revision process as “beyond fundamental” will be developed and published (new for 2018 cycle – process to be developed)



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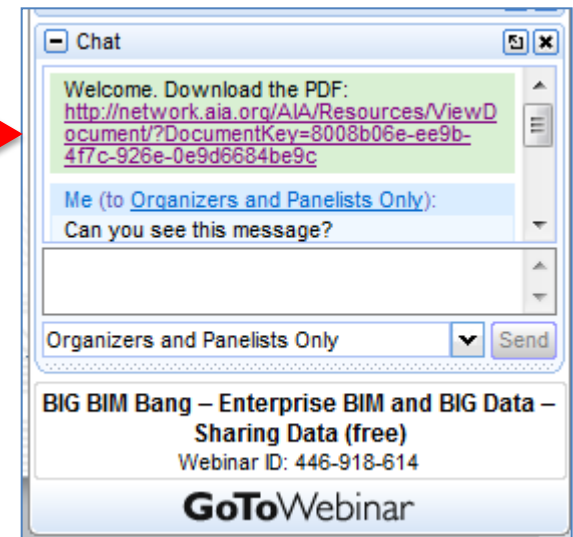
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ANY
QUESTIONS?

Q&A

If you have questions for today's presenter, please type them into the chat box. The moderator and presenter will address questions as time allows.



Thank you for joining us for today's webinar.

Healthcare 101 - FGI Primer

AIA CES Course # **AAH1502**



Presenter

Douglas Erickson, FASHE, CHFM, HFDP, CHC
CEO, Facility Guidelines Institute

doug@fgiguideines.org



You deserve credit – *here is how to get it*

This concludes the AIA/CES Course #AAH1502. The webinar survey/report form URL is listed in the chat box **and** will be included in the follow-up email sent to you in the next hour.

Survey Link: <https://www.research.net/s/AAH1502>

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Emerging Professionals Education Series – HC 101

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The HC 101 Series is a cost effective option for those lacking the time and money to attend a conference or other Academy event.

Series topics include: Master planning; Programming; Ambulatory care; Clinical support services; Emergency; ICI-acute care; Imaging; Long-term care; Maternal care; Mental health; Surgery.



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Questions related to specific materials, methods, and services will be addressed at the conclusion of this presentation.



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