

2014 Guidelines

The Cure for the Common Code



Academy of Architecture for Health

AIA AAH - Liaisons to Health Guidelines Revision Committee - HGRC

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Presentation

- Intro/Background
- FGI Process
- Straw Poll Parameters
- Tier 1 – 25 slides
- Tier 2 – 25 slides
- Tier 3 – 34 Slides

***For 84 proposed changes now
being considered by FGI***

Further Review

- ❖ Go to FGI website to submit your individual comments
 - ❖ Power point presentation available
 - ❖ 'Voting' spreadsheet available
 - ❖ AAH Webinar Part 2 – Tuesday, Oct 2 2:00 - 3:30pm edt
- ❖ We are ready to travel or have add' l 'go-to' meetings*

What are the 'Guidelines'...???

- ❖ Adopted as 'state standard' in 39 states
- ❖ Recommended as 'reference' in the 10 remaining states

Provides minimum 'standards' for:

- **Hospitals:** Primary Care, Critical Access, Rehabilitation, Psychiatric
- **Outpatient facilities:** Primary Care Centers, Freestanding Outpatient Diag./Treatment Centers, Urgent Care Centers, Cancer Treatment, Outpatient Surgical, Office Surgery, Gastro/Endo, Renal Dialysis, Outpatient Psych., Outpatient Rehabilitation
- Minimum site planning, functional program, room sizes/clearances, patient handling, infection prevention, architectural details, and surface and furnishings
- Minimum engineering design criteria for plumbing, electrical, and heating, ventilation, air-conditioning (HVAC), IT, special systems & elevators.

FGI Public Comment Process

- All persons with a direct and material interest in the '**Guidelines**' document have the right to:
 - ❖ **Express a position, with explanation;**
 - ❖ **Have that position considered;**
 - ❖ **Appeal a decision of the Health Guidelines Revision Committee.**

Where are we in the process?

- Public Comment period opened on **June 1** and closes on **November 22, 2012**
- HGRC - 3rd meeting - April 2013 with actions on public comments and vote on content
- 2014 Guidelines available in **January 2014**

Guidelines for Design and Construction of Health Care Facilities

Our Mission:
Promote the process of producing consensus-based guidelines and publications, advised by research, to advance quality health care.

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The Guidelines



The 2010 Edition

Click the button below to access information about purchasing the 2010 edition and links to the 2010 errata sheet and addenda to ANSI/ASHRAE/ASHE 170.

read more

Revision Process



Read about the 2014 FGI *Guidelines* draft and public comment period. Architects, engineers, clinicians, and other interested parties are invited to submit comments until November 22, 2012.

read more

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DRAFT OF 2014 FGI GUIDELINES OPEN FOR PUBLIC COMMENT

The draft manuscript for the 2014 edition of the FGI *Guidelines for Design and Construction of Health Care Facilities* has been posted for public comment:

For more details about the draft and the comment period, visit the [Revisions](#) page of this website.

To see a list of major proposed changes to the 2010 edition, read the [press release](#) announcing the comment period.

To download the 2014 draft and register to submit your comments on the proposed changes, visit the Facility Guidelines Institute [comment site](#).

An Invitation to the 2014 *Guidelines* Revision Cycle Comment Period

(June 4 – November 22, 2012)

Read the [press release](#) announcing the opening of the comment period.

[Download the 2014 draft manuscript](#) for the *Guidelines for Design and Construction of Hospitals and Outpatient Facilities*.

Note: Those who were registered on the FGI proposal site will need to re-register for the comment site. It is fine to use the same login name and password.

BACKGROUND: The *Guidelines for Design and Construction of Health Care Facilities* provides guidance on good practice and emerging trends in the design and construction of health care facilities, recommending minimum program, space, and equipment needs for clinical and support areas of hospitals, ambulatory care facilities, rehabilitation facilities, and nursing and other residential care facilities. The document also addresses minimum engineering design criteria for plumbing, electrical, and heating, ventilation, and air-conditioning (HVAC) systems. The Joint Commission, many federal agencies, and authorities in 42 states use the *Guidelines* either as a code or a reference standard when reviewing, approving, and financing plans; surveying, licensing, certifying, or accrediting newly constructed facilities; or developing their own codes.

A new edition of the *Guidelines* is published every four years based on a three-year revision cycle that offers two opportunities for public participation. First, an invitation is issued to propose changes on any part of the current edition of the *Guidelines*; then a draft version of the next edition is published for public comment. During the comment period, the public may comment only on proposed changes to the document.

INVITATION: To contribute to the development of the 2014 edition of the *Guidelines*, members of the public, particularly interested professionals in the health care industry (clinicians, administrators, facility managers, and design professionals) and AHJs who use the document in the field, are invited to comment on proposed changes to the content of the 2010 edition of the *Guidelines*.

To participate in the comment period, please create a profile on this Web page by clicking Register in the column to the left. Once you have registered, you will be able to log in to submit comments and to review and contribute your opinions on comments made by others.

For more information about the *Guidelines* comment period, read the press release announcing it. Questions may be addressed to info@fgiguidelines.org or 312-422-3821.



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Read the [press release](#) announcing the opening of t

[Download the 2014 draft manuscript](#) for the *Guidelir*

Note: Those who were registered on the FGI propo:

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A new edition of the *Guidelines* is published every fo changes on any part of the current edition of the G proposed changes to the document.

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Chapter:

2.1: Common Elements for Hospitals

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(Appendix or table):

Guidelines text for reference (not for editing):

2.1-2.6.9.2 Clean supply room. If the A room is used only for storage and holding as part of a system for distribution of clean and sterile supplies materials does not require a, ~~omission of the work counter~~ or a ~~and~~ hand-washing station ~~shall be permitted.~~

Proposed changes to existing text

Please use **COLOR** to distinguish your proposed changes from those in the draft manuscript. Use **bright blue underline** for your additions and **bright blue strikethrough** for your deletions. If your changes are still not clear, use highlighting to identify them. Also, please delete text that is not relevant to your comment.

Comment*:



2.1-2.6.9.2 Clean supply room. If the A room is used only for storage and holding as part of a system for distribution of clean and sterile supplies materials ~~does not require a ; omission of the work counter or a and hand-washing station shall be permitted.~~

and a soft serve ice cream maker.

Your changes

Substantiation*:

because you can never have enough ice cream - especially chocolate

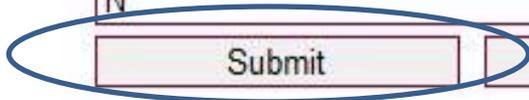
Your justification

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FGI Proposal Process

- ❖ **Proposals were submitted by Public & 'Rep's' of Organizations (AAH, AORN, AHJ's...)**
- ❖ **Already vetted/reviewed at least 5-6 times**
- ❖ **HGRC members (+/- 130) - Architects, Engineers, Facility Mgrs., HC Researchers, Owners, Contractors, Med. Staff, AHJ's.....**
- ❖ **Substantiated by: research, current best practice, operations, code changes.....**
- ❖ **Appendix is for 'supporting information' only**
- ❖ **The main text is written to be 'code'**

AAH 'Straw Poll' Process

- ❖ 84 issues to review
- ❖ AAH 'straw poll' to be submitted as a Group
- ❖ Seeking 'Concept Approval'
- ❖ Not semantics, word-smithing or debate
- ❖ This is a 'quick straw/gut check' poll on the proposals....
(not weighing the evidence...)
- ❖ We will be moving fast.....



AAH 'Straw Poll' Process

- ❖ When giving your 'gut check'....
- ❖ Either vote **'yes' or 'no'** on the recommendation for each issue
- ❖ If you have **'no opinion'**, don't vote....
- ❖ If you wish to **'dig deeper'** – submit your individual comment on the FGI Website....

Part 4

Residential Facilities

***Separate book with approximately
60% total re-write***

Published in approx. late summer 2014

'Top 25' **Issues/Questions/Items**

Common Elements in Multiple Locations

1

2.1 & 3.1 - 6.1.1.1

VEHICULAR DROP-OFF & PEDESTRIAN ENTRANCE

~~This shall be at grade level, sheltered from inclement weather, and accessible to the disabled.~~

A minimum of one well-marked, illuminated drop-off or entrance shall be reachable from grade level.

Appendix: Covered/canopied entrances should be provided as required by the functional program.

- ❖ Covered Entry is 'operational' issue...
- ❖ Same text for OP Facilities Common....

Recommendation:

ACCEPT



2 2.1-7.2.4.2 & 3.1-7.2.4.2 CASEWORK, MILLWORK, AND BUILT-INS

A work space, work area, work counter, or work surface, wherever required in Part 2, shall have a min. of **4 sf of contiguous clear surface** for **each person** programmed to work in the space at the same time.

❖ **Enforceability – functional program issue**

❖ **Also in 3.1 OP Facilities**

Recommendation:

REJECT



3 2.1 - 7.2.2.14 & 3.1 - 7.2.2.14 DECORATIVE WATER FEATURES

Installation of indoor, unsealed (open) water features shall **not** be permitted.

❖ Eliminates potential Legionnaires & other infection control issues....

❖ Also in 3.1 OP Facilities

Recommendation:
ACCEPT



4 2.1-2.6.7 & 3.1 – 3.6.7 Nourishment Area or Room

Sink **Hand-washing station**

A hand-washing station shall be located in the nourishment room or adjacent to the nourishment area.

❖ Only 1 'sink' to be required in the room – you can wash hands and dishes in same sink...

❖ Also in 3.1 Outpatient Facilities as well

Recommendation:

ACCEPT



5 2.1 - 8.4.3.2 & 3.1 – 8.4.3.2 HAND-WASHING STATION SINKS

Design of sinks shall not permit storage beneath the sink basin
(in casework) and in areas below the sink open to the floor.

- ❖ Occurs in Op Facilities as well....
- ❖ Proposed by Infection Control Comm. of HGRC
- ❖ Clean storage...??? Trash cans...???



Recommendation:

REJECT – SEND BACK FOR CLARIFICATION

6

2.2 - 3.3.2.1 & 3.7 - 3.6.2.2 OR'S (HOSPITAL & OP SURGERY)

Documentation area.

A counter, table area or desk, or storage for a movable table shall be provided.

the primary

If the documentation area is **built-in feature**, it shall allow for visualization of the patient.

- ❖ AAH Change is to add word 'primary' built-in feature
- ❖ Used by circulating nurse & Anesth. during surgery
- ❖ Planning/layout issue...
- ❖ Patient Safety Issue...
- ❖ Same as OP Surgery...

Recommendation:

ACCEPT W/AAH CHANGE



7 2.2 - 3.3 & 3.7 - 3.3.1.2 OPERATING ROOMS

Operating Room Classifications

~~Class A~~
~~Class B~~
~~Class C~~

- ❖ OR 'Classifications' to be deleted
- ❖ Occurs in both Hospital & OP Surgery
- ❖ Min. standards already exist for OR's & Procedure rms in Guidelines

Recommendation:

Accept

8

2.2 - 3.3.2.2 & 3.7 - 3.3.2.2 OR'S FOR SURGICAL PROCEDURES

that require add'l personnel and/or large equipment (e.g., **some** orthopedic and neurological procedures)

Min clear floor area of 600 sf & min clear dimension of 20 ft

Proposed language

OR's with surgical procedures that require add'l personnel and/or large equipment (e.g., cardio, ortho, and neuro procedures) shall be sized as outlined in the functional program.

Move 'info' to Appendix: A2.2-3.3.2.2

Some complex procedures (orthopedic - hip replacements and neurosurgical operations) may require rooms as large (or larger) than the 600 sf min clear floor area & dimension listed for the Image Guided Surgery above.

❖ What does 'some' mean??? it is un-enforceable language...

Recommendation:

ACCEPT W/AAH CHANGES

9

2.2 - 3.3.6.14 & 3.7 - 3.6.14 SATELLITE STERILE PROCESSING

- Sharing between two or more OR's shall be permitted
- Consists of a decontamination and a clean work area
- Designed to provide a one-way traffic flow of 'dirty' to 'clean' materials/instruments.
- 2 doorways into OR(s) or semi-restricted area (corridor or 'clean core')

Appendix:

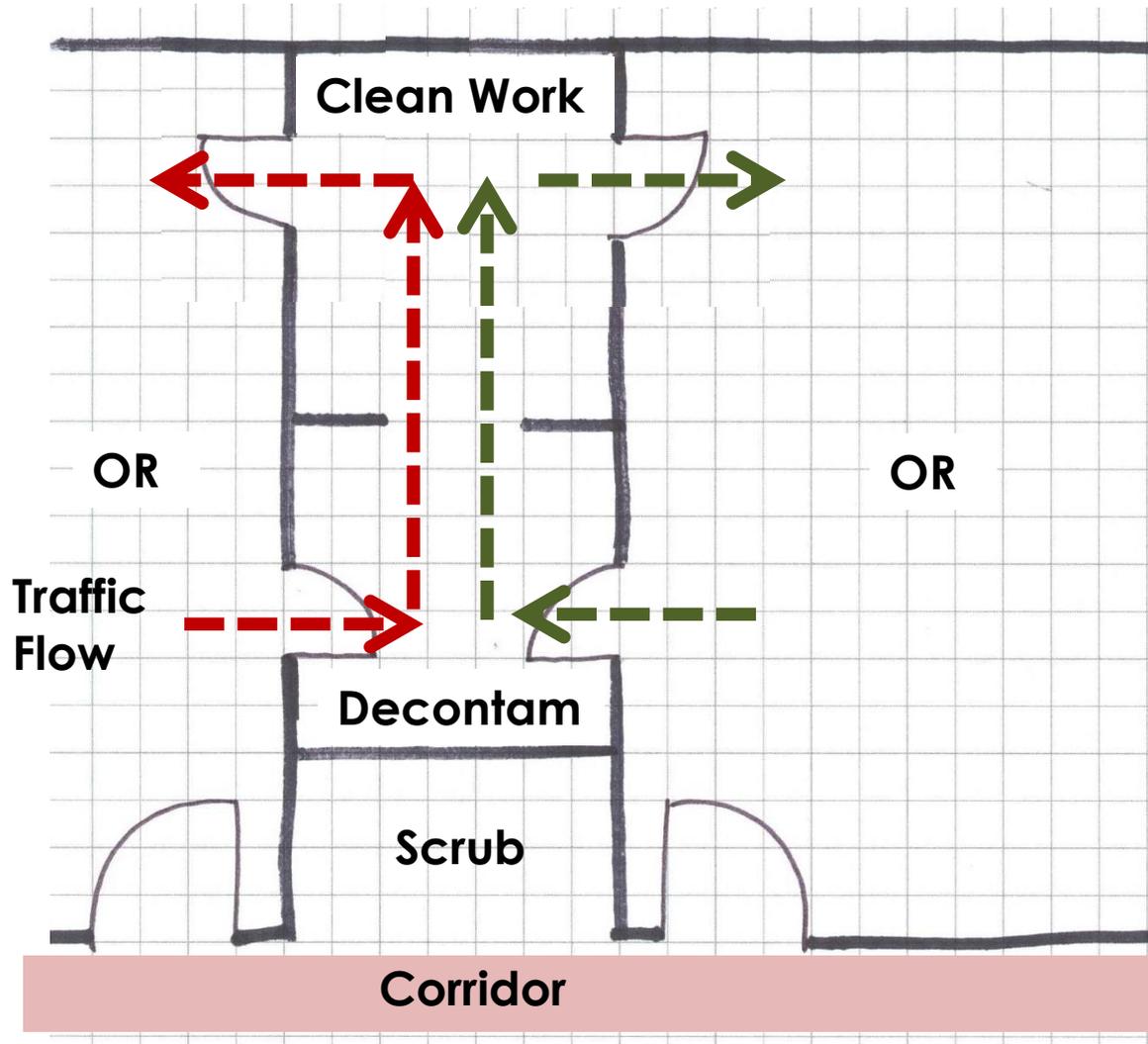
One - way traffic flow of 'dirty' to 'clean' materials/instruments is similar to the cleaning/sterilization flow/process in Central Services or Respiratory Therapy.

- ❖ Supported by AORN & Infection Control - HGRC
- ❖ Significant conceptual change to OR design
- ❖ Provide the same process in OP Surgery

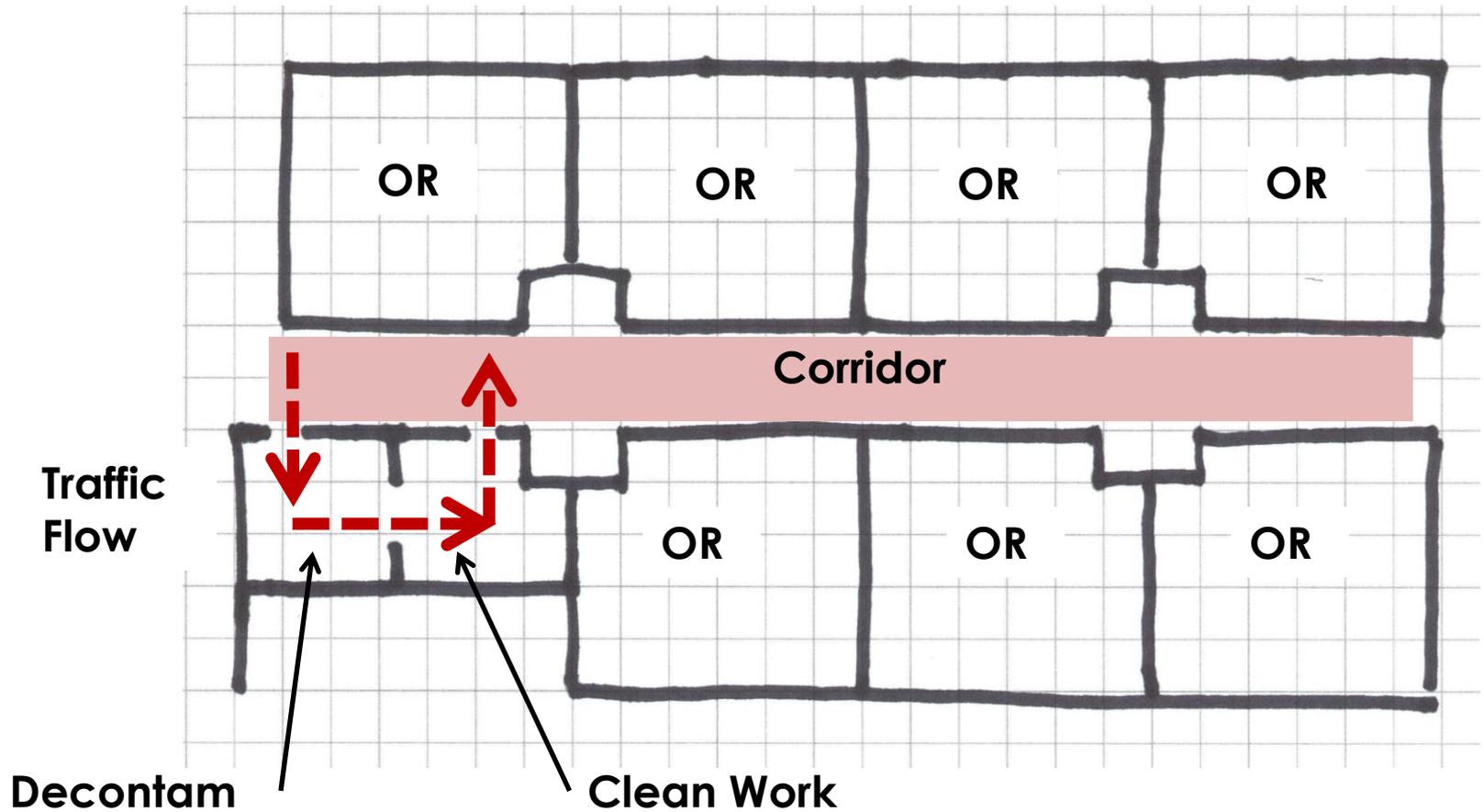
Recommendation:

REJECT & ACCEPT WITH AAH CHANGES

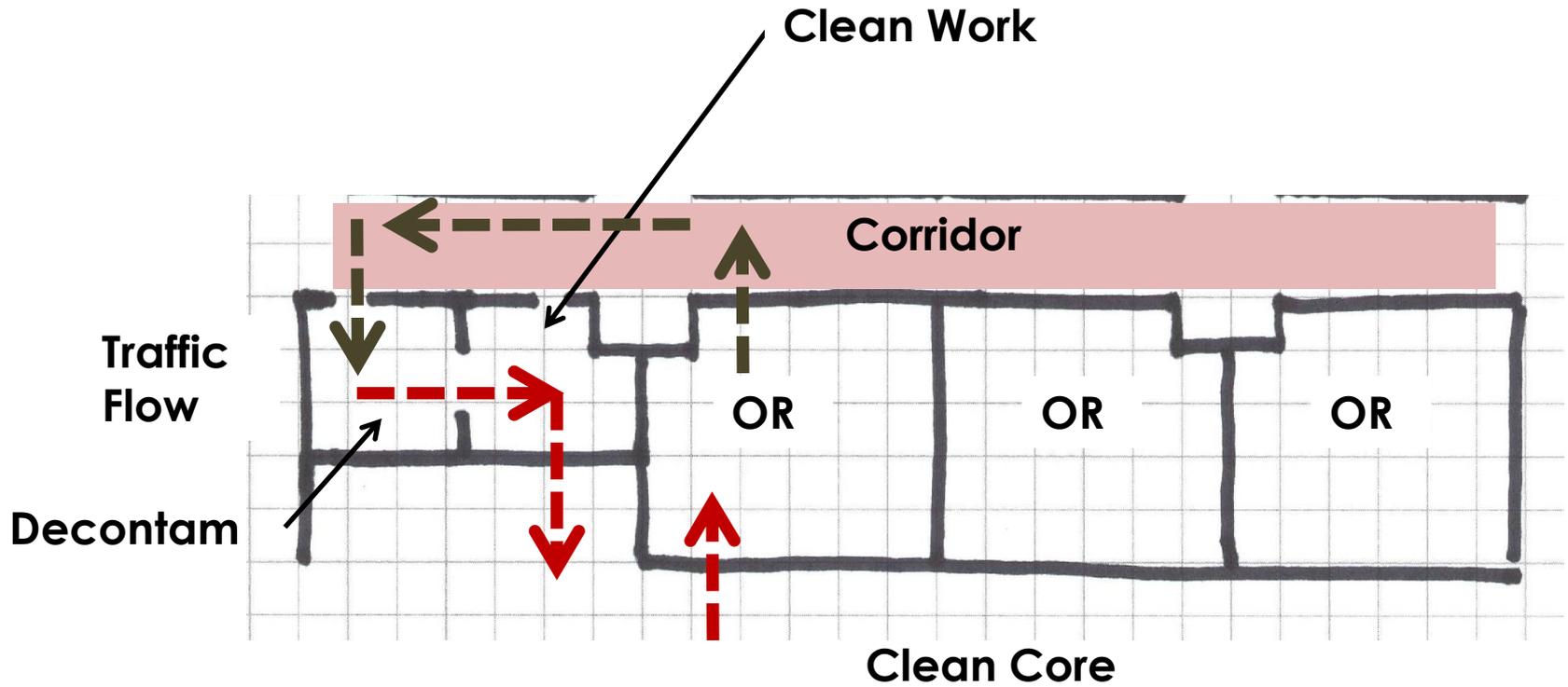
BETWEEN OR'S



ACCESS FROM SHARED CORRIDOR



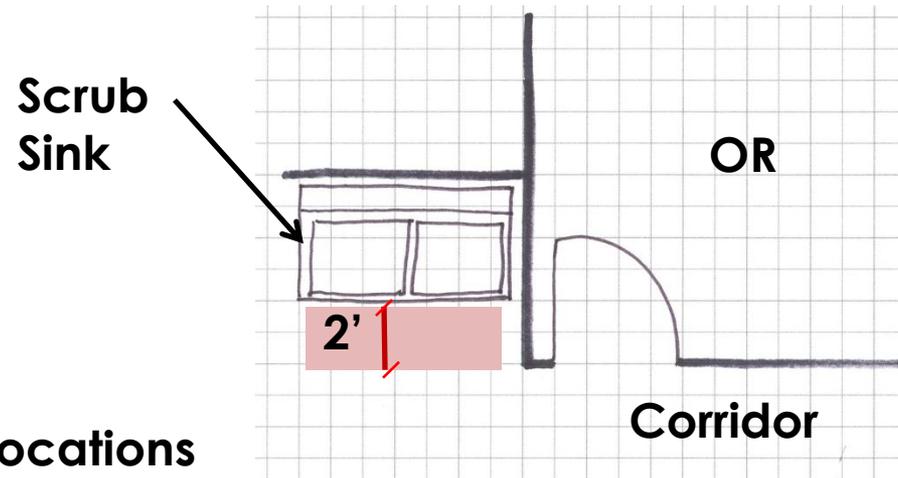
'CLEAN CORE'



10 2.2 - 3.3.6.5 & 3.7..... SURGICAL HAND SCRUB FACILITIES

scrub sinks - located out of main traffic areas

if in an alcove, the alcove no less than 2 ft deeper than sink.



❖ This proposal is in multiple locations throughout Guidelines –
OP Surgery, Endo, OP Endo, Cath Lab...

Recommendation:

ACCEPT

1 1 2.2 - 3.3.3.2 PRE-OPERATIVE PATIENT CARE AREA

Shall be under the direct visual control of the nursing staff

2.2 - 3.3.3.6 Support areas for pre & post-operative patient care

If built-in NS provided, it shall allow for visualization of patient

3.7-3.4.1.1 Pre-operative Patient Care Area

Under the direct visual control of the nursing staff.

3.7-3.4.2.1 Phase I post-anesthesia recovery room(s).

Staff shall have direct sightlines to patients.

❖ What part is visible – patient head/foot, cubicle ‘edge’...???

❖ Are cameras acceptable...???



Recommendation:

REJECT & SEND BACK FOR CLARIFICATION....

12 2.2 - 3.3.3.2 & 3.7..... PRE-OPERATIVE PATIENT CARE AREA

Hand-washing station - **located no more than 15 ft from each patient care station.**

- ❖ 15' from where??? Edge of stretcher??? Foot of stretcher??? cubicle curtain??? Head of patient.....???
- ❖ This proposal is in multiple locations throughout Guidelines



Recommendation:

Reject - use '1 per 4 beds - uniformly distributed'

13 2.2 - 3.3.3.3 & 3.7 - 3.4.2.1 PHASE I - PACU

min. of 1.5 post-anesthesia patient care stations
per OR or major fraction thereof...

- ❖ New min. standard from American Society of Anesth....
- ❖ Uses same requirements for both Hospital & OP Surgery

Recommendation:

Accept

14 2.2 - 2.11.11.2 / 3.3.7.2 / 3.3.7.1 & 3.7 - 3.7.2.2 STAFF CHANGING AREAS

Existing text to be deleted

~~laid out to encourage one-way traffic and eliminate cross-traffic between clean and contaminated personnel.~~

Proposed text

provided immediately accessible to the cesarean delivery (Surgical Suite) suite.

- ❖ Eliminates 'one - way traffic' concept
- ❖ Uses same language in Surgery & OP Surgery

Recommendation:

ACCEPT

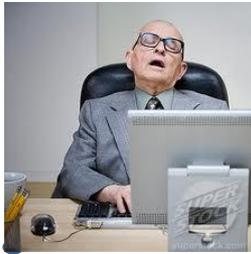
Chapter 2.1 & 2.2

Hospitals

15 2.1-2.7.4 STAFF REST AREAS

A designated nap room to facilitate rest for staff - in nursing units and patient care areas that have 24 hour/7 day-a-week missions.

- ❖ Every patient unit, Emergency, Imaging – would each have their own ‘nap’ room...
- ❖ Operational issue - not a building problem



Recommendation:
Reject

16

2.1- 5.2.2.1 & 2.1- 5.2.3.2

SOILED AND CLEAN LINEN HANDLING AREAS

Linen processing - located in separate building on the hospital campus, a service entrance protected from inclement weather shall be provided for loading and unloading of linen

as required by the functional program.

- ❖ 'functional program' added by AAH
- ❖ Operational issue – not enforceable
- ❖ Not req'd for mat'ls dock...

Recommendation:

Accept w/ AAH Changes...



17

2.2 - 2.6.2.6

CRITICAL CARE UNIT - TOILET RM OR SOILED UTILITY RM

The toilet or soiled utility room – shall be equipped with bedpan washer or a flushing clinical sink with a bedpan-washing/rinsing device.

A hand-washing station shall **NOT** be required in the toilet or soiled utility room.

❖ Not an **'issue'** with Infection Control people on HGRC

❖ **No 'hand-wash sink' in room with bed pan washer...???**

Recommendation:

REJECT

18 2.2 - 3.1.3.3 EMERGENCY - RECEPTION, AND TRIAGE AREAS,

The waiting area shall be visible to clinical staff from the reception or triage areas to permit observation of patients waiting for treatment.

- ❖ What does 'visible & observation' mean...???
- ❖ Planning/layout solution issue...
- ❖ Does 'observation include 'cameras'...???



Recommendation:

REJECT & SEND BACK FOR CLARIFICATION...

19 2.2 - 3.1.6.2 SECURITY CONTROL STATION.

Where required by the functional program , a security station system shall be located near the ED entrances and triage/reception area

to permit observation of the public waiting area and main ED entrances, including pedestrian and ambulance entrances, for control of access to the treatment area.

- ❖ Note - that 'system' is to be deleted
- ❖ What does 'observation' mean...???
- ❖ Planning/layout solution issue...
- ❖ Does 'observation include 'cameras'...???



Recommendation:

REJECT & SEND BACK FOR CLARIFICATION...

20 2.1-2.2.6.4 SPECIAL DESIGN ELEMENTS

**Grab bars shall be provided on both sides of the toilet.
(In all patient toilets.....)**



- ❖ Easier for patients to get up from toilet –
- ❖ But, more restrictive than ADA – **Guidelines is min. standard**

Recommendation:

REJECT

Chapter 2.4

Critical Access Hospitals

21

2.4 - 7.1.1 BUILDING CODES

The diagnostic and treatment locations, service areas, and public and administrative areas –

fall under the business occupancy provisions of the applicable life safety and building codes -

if separated from the inpatient portion of the facility by two-hour construction.

- ❖ Business occupancy can be non-sprinklered and un-rated construction
- ❖ Not accepted by CMS

Recommendation:

REJECT...SHOULD BE BUILT TO LOCAL BLDG. CODE

Chapter 3.1

Outpatient Facilities

22

3.1 - 8.7.2.3 ELEVATORS - DIMENSIONS

Where outpatients are expected to be transported between different levels on stretchers – (such as facilities with OR's & recovery rooms on different floors), elevator cars shall have a min. inside floor dimension of not less than 5 ft. ←

Proposed size....

❖ Option A: 5' – 8" x 9' - 0" (2010 Guidelines (Inpatient))

❖ Option B: 5' – 8" x 8' - 5" (5,000lb. elevator)

❖ Option C: 5' – 8" x 7' - 9" (4,500lb. elevator)

❖ Option D: 5' – 8" x 7' - 3" (4,000lb. elevator)

(Transport stretcher is approx. 7' – 1" to 7' – 3" long)

Recommendation:

YOU 'MAKE' THE CALL...



23

3.1- 3.2.2

GENERAL PURPOSE EXAMINATION/OBSERVATION RM

Area.

Each exam/observation room - min. clear floor area of 80 sf.

Clearances.

Room arrangement shall permit a min. clear dim. of **2' – 8"** at each side & foot of the exam table, recliner, or chair.

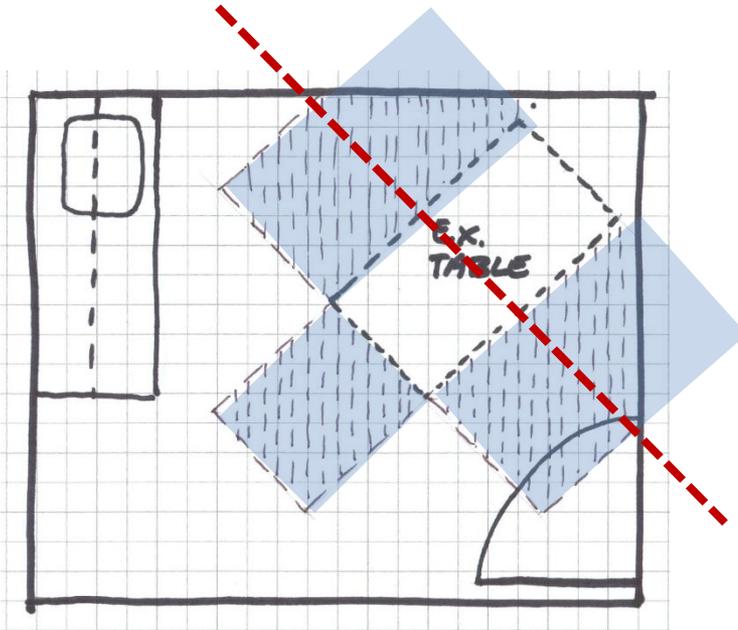
❖ **Option A: 2' – 8"**
clearance halfway down the length of exam table

❖ **Option B: 2' – 8"**
clearance down the entire length of exam table

Recommendation:

YOU MAKE THE 'CALL'....

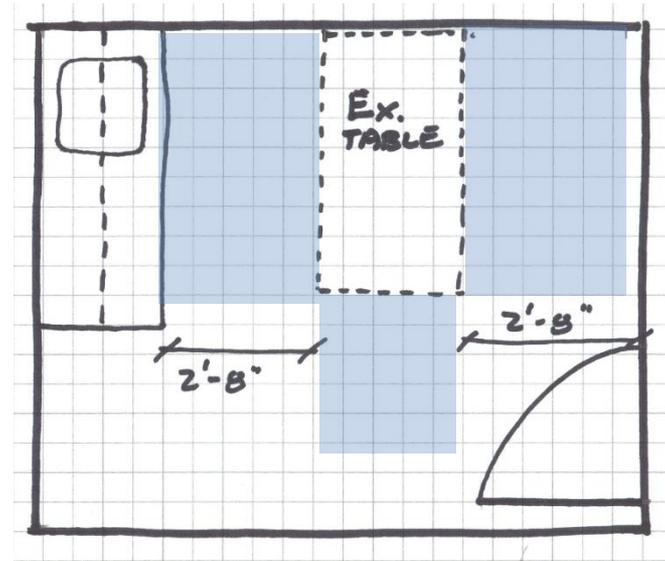
Outpatient Facilities – Common Element



Option A

Exam Rm – 80sf 'clear'
area

clearance halfway
down the length of
exam table



Option B

Exam Rm – 80sf 'clear'
area

clearance down the
entire length of exam
table

Chapter 3.7

Outpatient Surgery

24 3.7 - 6.1.1 OP SURGERY ENTRANCE

~~A covered entrance shall be provided for pickup of patients after surgery.~~

~~The entrance covering shall not be required to cover the driveway or street areas but only the patient entrance of the building.~~

A minimum of one well-marked, illuminated drop-off or entrance shall be reachable from grade level.

❖ **AAH Proposed Change - Make the same as Hospital....**

❖ **These entries meet current 'Guidelines'...**

Recommendation:

ACCEPT



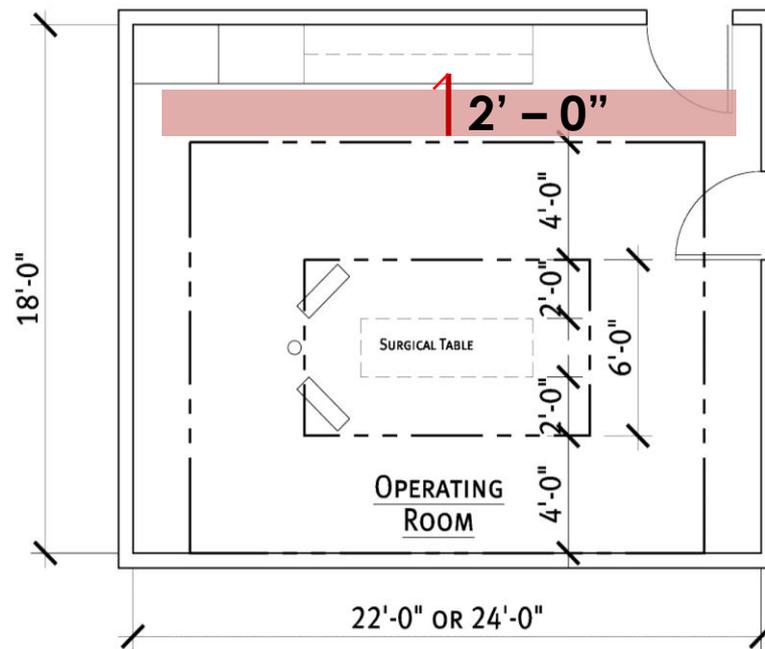
25 3.7 - 3.3.2.1 GENERAL OPERATING ROOMS

In new construction & renovation,
min clear floor area of 360 sf,
min clear dimension of ~~18~~ 16 ft

- ❖ Is this 'OR' of 360sf OK...???
- ❖ AAH proposed change - 18' to 16'
- ❖ Current 'Class C' - 400 sf & min. clear dimension of 18 ft and is also the current minimum for renovated Hospital OR's...

Recommendation:

- 1) ACCEPT 'OR' SF
- 2) ACCEPT W/AAH CLEAR DIMENSION



The 'Middle 25' Issues/Questions

Chapter 2.1

Hospitals

26

2.1-2.2.6.2

PATIENT TOILET ROOM

The patient toilet room shall serve no more than

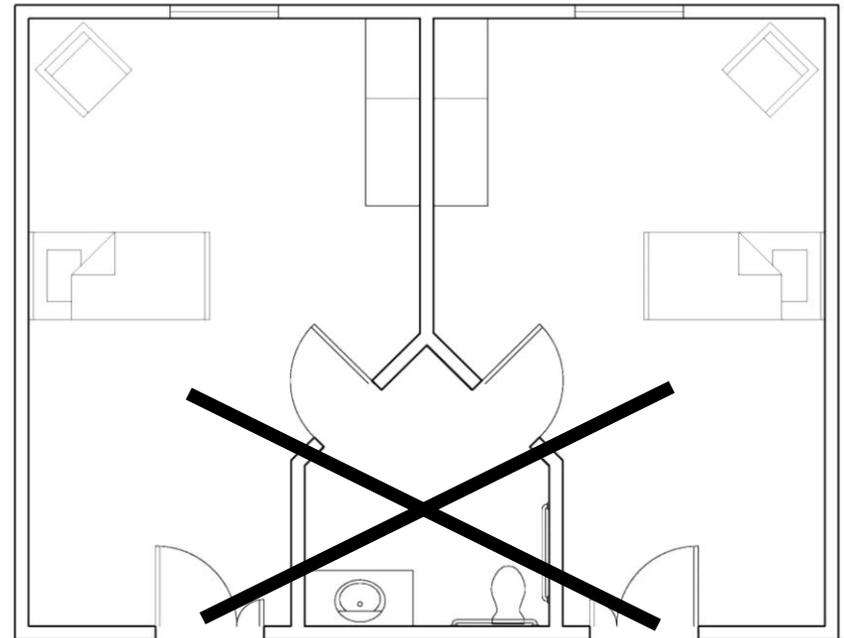
~~two~~ one patient rooms and no more than two ~~four~~ beds

❖ Infection control & patient safety issue.....

❖ Eliminates the 'shared' patient toilet between 2 patient rooms

Recommendation:

ACCEPT



27

2.1-3.2.2.1

SINGLE - PATIENT EXAMINATION ROOM

minimum clear floor area of 120 sf

with a min. room dimension of 10 ft.

~~(a) A minimum clear dimension of 5 feet shall be provided between the sides of adjacent patient beds.~~

(b) min. clear dim. of 4 ft - between the sides of patient beds and adj. walls or partitions.

❖ (a) AAH deletion – not req'd in single patient rm...

❖ (b) Adds min. room dimension and clearances...

Recommendation:

(A) ACCEPT W/ AAH CHANGE....

(B) ACCEPT

28

2.1-3.2.3

MULTIPLE - PATIENT EXAMINATION ROOM

shall have separate patient cubicles with a minimum clear floor area of 80 sf per cubicle.

(a) min. clear dim. of 5 ft - between sides of adj. patient beds.

(b) min. clear dim. of 4 ft - between the sides of patient beds and adj. walls or partitions.

❖ **Adds min. clearances**

Recommendation:

ACCEPT

- ❖ **100% re-write of the entire section**
- ❖ ***Written by ‘workgroup’ of Food Service Consultants – from 3 different firms***
- ❖ ***Oversight by AAH Standing Committee***
- ❖ ***Section hasn’t been touched in over a decade***
- ❖ **See website for actual language....**

Recommendation:
ACCEPT



30

2.1- 6.3.5

MEDICAL RECORDS AREA

(1) Space & shall be provided as required by the functional program.

(2) Storage area(s) shall be provided as required by the functional program for forms/documents, electronic media, or electronic storage devices used to create medical records.

- ❖ **Same throughout entire Guidelines**
 - ❖ **Functional program to be 'driver' of spatial needs**
 - ❖ **Technology is changing rapidly – space needs should be operationally driven**
-

Recommendation:

ACCEPT

31

2.1-2.6.12.2

ENVIRONMENTAL SERVICES ROOM

Each environmental services room shall be provided with the following:

- (1) A service sink or floor receptor
- (2) Provisions for storage of supplies and housekeeping equipment
- (3) A hand sanitation station –

if required by the functional program

❖ **Proposed 'functional program' Text by AAH**

❖ **Operational issue – Not Guidelines...**

Recommendation:

ACCEPT W/ AAH CHANGE



32

2.1-7.2.2.8 HAND-WASHING STATIONS

Hand sanitation dispensers shall be provided in addition to hand-washing stations **if required by the functional program**

- ❖ Add'l Proposed Text by AAH
- ❖ Operational issue – Not a Guidelines issue...
- ❖ This in multiple locations throughout Guidelines

Recommendation:

ACCEPT W/ AAH CHANGES

33

2.1 - 7.2.3.2 FLOORING

The floors of soiled workrooms, environmental services rooms with mop sinks, public bathrooms, and other areas subject to frequent wet cleaning shall be:
monolithic and the flooring material carried up the walls to provide an integral coved wall base

- ❖ Would require monolithic floor & integral coved bases in all Toilets, Jan Closets...
- ❖ Operational issue vs. building problem...

Recommendation:

MOVE TO APPENDIX



34

2.1 - 8.4.2.5 HOT WATER SYSTEMS.

~~(2) Hot water distribution systems serving patient/resident care areas shall be under constant recirculation to provide continuous hot water at each hot water outlet. Non-recirculated fixture branch piping shall not exceed 25 ft in length.~~

~~*(4) Provisions shall be included in the domestic hot water system to limit the amount of *Legionella* bacteria and opportunistic waterborne pathogens.~~

- ❖ AAH change – don't delete this text
- ❖ Same text was 'kept' in OP Facilities – Common Elements

Recommendation:

REJECT THE DELETION... KEEP IN THE GUIDELINES

35 2.1-7.2.2.10 & 3.1-7.2.2.10 HANDRAILS

Handrails be installed on both sides of the patient use corridor.

- ❖ In both Hospital & OP Facilities
- ❖ Current text - handrails to be located as per the functional program
- ❖ Added for increased patient ambulation & safety



Recommendation:

- 1) ACCEPT FOR HOSPITALS
- 2) REJECT FOR OP FACILITIES

Chapter 2.2

Specific Requirements - Hospitals

100% re-write of the entire section

New text incorporates:

- ***support space (nour, office, clean/soil rms, exam rm, office....)***
- ***patient care space sized the same as private patient rm.***
- ***With same clearances around bed as typ. patient rm or recovery bay.....***

❖ **See website for actual language....**

❖ **Original language wasn't 'complete'...**

Recommendation:

ACCEPT

37

2.2 - 3.13

HYPERBARIC SUITE

Hyperbaric facilities designated for clinical hyperbaric oxygen therapy, including hospital-affiliated and freestanding facilities.

100% new section

New text incorporates:

- ❖ **Min. sizes, clearances & types of chambers**
- ❖ **Support spaces**
- ❖ **Patient care spaces**
- ❖ **Facility/environment requirements**

Recommendation:

ACCEPT

Nursing Units

38

2.2 - 2.2.4.5

COMBINATION AIRBORNE INFECTION ISOLATION/PROTECTIVE ENVIRONMENT (AII/PE) ROOM

A door from the AII/PE room directly to the corridor shall be permitted with door seals & sweeps

❖ **Access to room can be from corridor - not only Ante Room**

Recommendation:

ACCEPT

39

2.2 - 2.10.2

NICU ROOMS AND AREAS

bed areas – min. clear dim of 4 ft between the sides of infant care beds and any wall or other fixed obstruction.

❖ **Adds min. dimension...**

Recommendation:

ACCEPT

Emergency

If required by the functional program, communication connections to the regional emergency medical service (EMS) shall be provided and meet the following requirements:

The communications center shall be **directly accessible** ~~convenient~~ to the nurse station **and shall be permitted to be part of the nurse station and documentation area.**

❖ **New text allows radios to be part of NS**

Recommendation:

ACCEPT



Surgery

41

2.2 - 3.3.2.3 HYBRID OPERATING ROOM

Hybrid operating rooms - comply with the requirements in Section 2.2 - 3.3.2 (OR's) and in this section.

Totally new section.....

- *Clear dimensions*
- *Space requirements*
- *Delivery routes*
- *Structure*
- *Support areas (control, equipment, computer....)*
- *MEP systems*

❖ See website for actual language....

Recommendation:

ACCEPT



42

2.2 - 3.3.3.2 & 3.7..... PRE - OPERATIVE HOLDING

cubicle curtains - a min. clear floor area of **50 sf**

permanent partitions - (full or partial height or width) a min. clear floor area of **80 sf**

single-patient rooms - a min. clear floor area of **100 sf**

Clearances

(i) **walls/partitions** - min. clear dimension of **4 ft** between the sides of lounge chairs/stretchers, and **3 ft** between walls or partitions and the sides and/or foot of lounge chairs/stretchers.

(ii) **cubicle curtains** - a min. clear dimension of **5 ft** between the sides of patient beds/stretchers

❖ **In numerous locations throughout Guidelines**

❖ **Gives consistent floor areas and clear dimensions**

Recommendation:

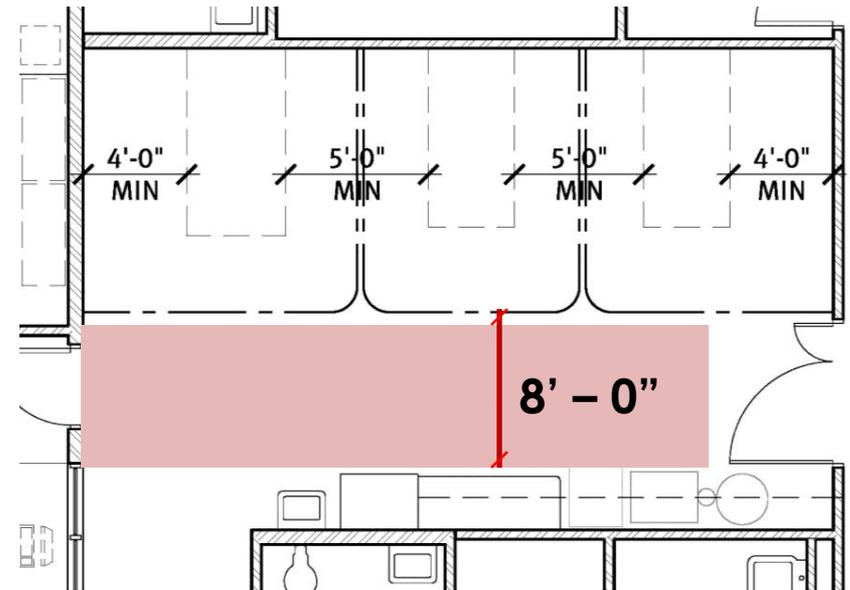
ACCEPT

43

2.2 - 3.3.3.2

PRE - OPERATIVE AREA

Aisle with a min. clearance of 8 ft between patient stations or other fixed objects.



❖ **Proposed Text - Hospital requirement to have 8' aisle**

Recommendation:

ACCEPT

44 2.2-3.3.6.1 & 3.7 - 3.6.1 NURSE OR CONTROL STATION

A nurse/control station - in the unrestricted or semi-restricted area with direct visual observation of **all** traffic into the suite.

AAH Change - Delete this text

❖ **AAH Change – Both Hospital & OP Surgery the same**
All other entries shall be restricted and controlled by an access control system.

❖ **AAH change to ‘delete’ the word ‘all... & Add new text**

Recommendation:

- 1) ACCEPT DELETION of ‘ALL’
- 2) ACCEPT NEW AAH ‘ ENTRIES” TEXT

2.2 - 3.3.6.9 CLEAN WORKROOM

(3) The clean workroom shall not be used for food preparation.
(existing language – we couldn't help ourselves.....)



Recommendation:

YOU HAVE GOT TO BE KIDDING....

45

2.2 - 3.3.6.15 ANESTHESIA STORAGE

Existing Text

~~An anesthesia workroom for cleaning, testing, and storing anesthesia equipment shall be provided.~~

Proposed Text

Space for storing and testing clean anesthesia equipment shall be provided as a portion of an equipment and supply storage room or in a separate anesthesia storeroom.

- ❖ Eliminates the 'anesth work rm' –
- ❖ makes it a functional program or operational decision

Recommendation:

ACCEPT

Imaging

46

2.2-3.4.4.2

MRI SCANNER ROOM SPACE REQUIREMENTS

Clearances

min. clear dim. of 3 ft on all sides of the gantry or table -
for main. access and clearance around the table
sufficient to facilitate patient transfer.

❖ Adds minimum clearances around gantry/table

Recommendation:

ACCEPT



Chapter 3.7

Outpatient Surgical Facilities

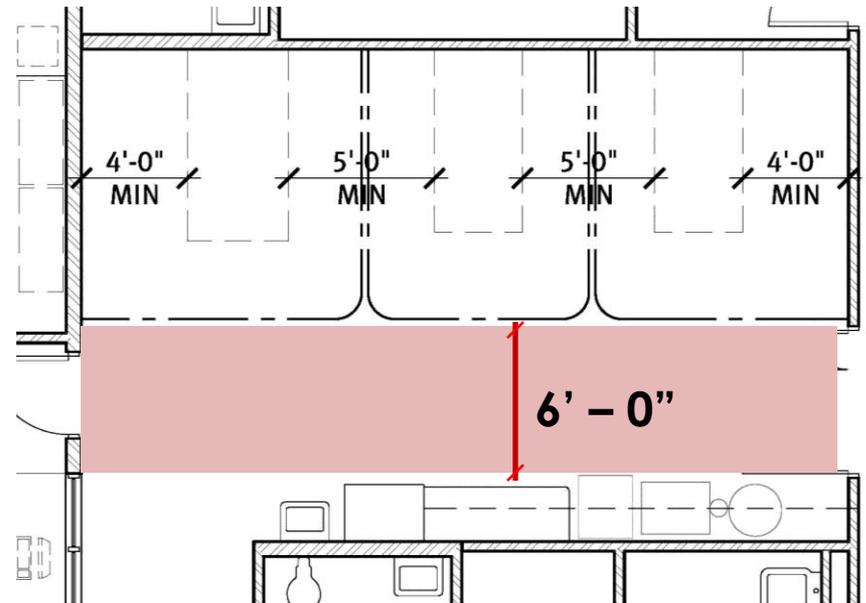
47

3.7 - 3.4.1.2

PRE - OPERATIVE AREA

Aisle with a min. clearance of 6 ft between patient stations or other fixed objects.

▲ AAH proposal for OP Surgery...



❖ This is an AAH proposal for OP Surgery

❖ Aisle at foot of patient station – patients typically walk or wheelchair to the OR....

Recommendation:

ACCEPT AAH PROPOSAL

A patient toilet - direct access to the Phase II recovery unit for the exclusive use of patients.

Add'l toilets – 1 per 8 patient stations

**❖ Same as 'existing' Hospital – PACU - Phase II requirements....
for continuity on language/care...**

Recommendation:

ACCEPT

49

3.7 - 3.6.9.2

CLEAN SUPPLY ROOM

The clean supply room shall not be used for food preparation.



Recommendation:

ACCEPT – BUT, YOU HAVE GOT TO BE KIDDING...

50 3.7 - 3.6.11 EQUIPMENT AND SUPPLY STORAGE

min. floor area of 50 70 sf per OR(s) up to two rooms

an additional 25 50 sf per add'l OR, whichever is greater.



❖ **Surgery suites are using corridors for overflow storage...**

Recommendation:

ACCEPT



'The Bottom 34'

Issues/Questions

Chapter 1.2

Planning, Design, Construction, and Commissioning

How Section 1.2 - P.D. & C. was viewed by AAH Standing Committee

1. It is a legal & public document
2. Does it put your client at 'legal' risk by requiring these items to be documented/published...???
3. Does every project require a Functional Program, PaSCRA.... regardless of the size....???
4. At what point is the Functional Program, PaSCRA....a document for the designer only and not for public dissemination...???
5. To be provided by the owner....
6. How is it enforceable...???
7. Does it expose your owners business plan to their competition...???

1.2 - 2.1.1	Functional Program Requirement
1.2 - 2.2.1	Exec Summary - Purpose of the Project
1.2 - 2.3.1	Detailed Program - Purpose of the Project
1.2 - 2.3.3	Indirect Support Functions
1.2 - 2.3.4	Operational Requirements
1.2 - 2.3.5	Environment of Care Requirements
1.2 - 2.3.6	Technology Requirements
1.2 - 2.3.8	Short- and Long-Term Planning Considerations

❖ All these sections put your owner **'at risk'** in a public/legal document that can be **'disseminated'** in **their** marketplace

Recommendation:

SEE INDIVIDUAL SECTIONS FOR 'VOTING'

51

1.2 - 2.1.1

FUNCTIONAL PROGRAM REQUIREMENT

The owner or legal entity responsible for the outcome of the proposed health care facility design and construction project shall be responsible for providing a functional program to the project's architect/engineer and the authority having jurisdiction (AHJ).

- ❖ Every project - 'regardless of size' - requires a functional program

Recommendation:

MOVE TO APPENDIX

52

1.2 - 2.2.1

EXEC. SUMMARY - PURPOSE OF THE PROJECT

The narrative shall explain the circumstances that necessitate the project and how the proposed modifications will address, change, or improve these circumstances.

- ❖ Does your client want to put this information in writing for the public/competition to read...??? Or their lawyer...???

Recommendation:

MOVE TO APPENDIX

53

1.2 - 2.3.1

FUNCTIONAL PROGRAM CONTENT - PURPOSE OF THE PROJECT

The physical, environmental, or operational factors, or combination thereof, driving the need for the project and how the completed project will address these issues shall be described.

- ❖ Does your client want to put this information in writing for the public/competition to read...??? Or their lawyer...???

Recommendation:

MOVE TO APPENDIX

54

1.2 - 2.3.3

INDIRECT SUPPORT FUNCTIONS

The increased (or decreased) demands, throughput, workloads, staffing requirements, etc. imposed on support functions affected by the project shall be described.

- ❖ Does your client want to put this information in writing for the public/competition to read...??? Or their lawyer...???

Recommendation:

MOVE TO APPENDIX

55

1.2 - 2.3.4

OPERATIONAL REQUIREMENTS

The operational requirements, which include but are not limited to the following, shall be described:

1.2-2.3.4.1 Projected *operational use and demand loading* for affected departments and/or project components

1.2-2.3.4.2 Relevant *operational circulation patterns*, including staff, family/visitor, and materials movement

1.2-2.3.4.3 Departmental *operational relationships* and required adjacencies

❖ Does your client want to put this information in writing for the public/competition to read...??? Or their lawyer...???

Recommendation:

MOVE TO APPENDIX

56

1.2 - 2.3.5

ENVIRONMENT OF CARE REQUIREMENTS

Describe the functional requirements and relationships between the environment of care and the physical environment.

- **Delivery of care model concepts**
- **Patients, visitors, physicians, and staff accommodation and flow.**
- **Systems design criteria.**
- **Physical environment.**
 - Light and views
 - Way-finding
 - Control of environment
 - Privacy and confidentiality
 - Security
 - Arch details, surfaces, furnishings characteristics and criteria
 - Cultural
 - Views of and access to nature

Recommendation:

MOVE TO APPENDIX

57

1.2 - 2.3.6

TECHNOLOGY REQUIREMENTS

Technology systems for the project shall be identified

to serve as a basis for project coordination and budgeting.

- ❖ **Does your client want to put this information in writing for the public/competition to read...??? Or their lawyer...???**

Recommendation:

MOVE TO APPENDIX

A statement addressing accommodations for the following as appropriate for the project shall be included:

- **Future growth**
 - **Impact on existing adjacent facilities**
 - **Impact on existing operations and departments**
 - **Flexibility**
- ❖ **Does your client want to put this information in writing for the public/competition to read...??? Or their lawyer...???**

Recommendation:

MOVE TO APPENDIX

Multidisciplinary assessment process to proactively:

- **Identify and mitigate the conditions of the environment that can lead to adverse patient and caregiver safety events (infections, falls, errors, and immobility injuries....)**
- **Identifies - patient and caregiver population at risk, the nature and scope of the project, functional program, models of care, operational plans, and performance improvement initiatives**
- **Determines the potential risk associated with a hazard and identifies proposed solutions to mitigate the potential adverse event.**
- ❖ **Does your client want to put this information in writing for the public/competition to read...??? Or their lawyer...???**

Recommendation:

MOVE TO APPENDIX

Multidisciplinary, documented assessment process:

- **Direct/assist the design team in incorporating appropriate patient handling and movement equipment into the health care environment.**
- **Equipment is to increase or maintain patient mobility, independent functioning, and strength**
- **And provide a safe environment for staff and patients during performance of high-risk patient handling tasks.**

- ❖ **Un-enforceable language – who determines appropriate...???**
- ❖ **Definition of ‘Safe environment’...???’ ‘High-risk’...???’**

Recommendation:

MOVE TO APPENDIX

61

1.2 - 3.5

Medication Safety Risk Assessment (MRA)

Multidisciplinary assessment conducted by the PaCSRA

- Identify and plan design elements to improve medication safety.
- Identify medication safety zones and design features to mitigate risk based on the nature and scope of the project and the functional program.

❖ Does your client want to put this information in writing for the public/competition to read...??? Or their lawyer...???

Recommendation:

MOVE TO APPENDIX

Multidisciplinary, assessment conducted by the PaCSRA:

- Identify and plan design elements to prevent falls and mitigate associated injuries.
 - Identifies the patient population at risk
 - Identifies the design features to mitigate fall and injury risk based on the nature and scope of the project and the functional program.
- ❖ Does your client want to put this information in writing for the public/competition to read...??? Or their lawyer...???

Recommendation:

MOVE TO APPENDIX

63

1.2 - 3.8

SECURITY RISK ASSESSMENT (SRA)

Addresses the unique characteristics of the facility

- Specific needs related to the protection of vulnerable patient populations,
- the security of sensitive areas,
- the application of security and safety systems,
- the infrastructure required to support these needs.

- Addresses external and internal security needs

- Security needs related to emergency management and response.

- ❖ Does your client want to put this information in writing for the public/competition to read...??? Or their lawyer...???

Recommendation:

MOVE TO APPENDIX

64

1.2 - 6.1

COMMISSIONING REQUIREMENTS

new or modifications to existing physical environment elements

critical to patient care and safety or facility energy utilization,

at minimum the following systems shall be commissioned:

- HVAC, Automatic temperature control,
 - Domestic hot water
 - Fire alarm and fire protection systems (integration with other systems)
 - Essential electrical power systems
- ❖ Who enforces 'critical to patient care'...???
- ❖ Every project - regardless of size - requires commissioning...

Recommendation:

MOVE TO APPENDIX

Chapter 2.1

Hospital Common Elements

Reorganized & some new specific info

- **Lighting. Task-specific lighting levels for health care settings**
- **Noise and sound attenuation**

(c) medicine prep rm to compound sterile preparations

- **Chapter <797> of the USP-NF: *Guidebook to Pharmaceutical Compounding—Sterile Preparations***
- **Ventilation requirements Part 6 (ANSI/ASHRAE/ASHE Standard 170)**

(a) Self-contained medication dispensing units - approved by AHJ – NS, clean workroom, patient room

- **If mobile medication-dispensing carts are used, space shall be provided in the patient room to accommodate the cart.**

Recommendation:

ACCEPT w/MINOR EDIT REQ'D



66

2.1-2.6.11.4 & 3.1-3.6.11.4 EMERGENCY EQUIPMENT STORAGE

- (1) Emergency equipment storage locations and types shall be provided as per the functional program.
- (2) Each location shall be under visual observation of staff.
- (3) There shall be a minimum of one Emergency equipment storage location provided on each nursing unit floor.
- (4) Emergency equipment storage locations in corridors shall not infringe on the minimum required corridor width.

❖ New text – with identical language – throughout entire ‘Guidelines’...

Recommendation:

ACCEPT



67 2.1-7.2.2.1 CORRIDOR WIDTH

For corridor width requirements, see applicable building codes.



❖ **Guidelines will now reference the Building Codes**

Recommendation:

ACCEPT

68

2.1-7.2.2.3

2.1-7.2.2.4

2.1-7.2.2.9

2.1-7.2.2.10

2.1-7.2.3.2

2.1-7.2.4.1

Doors and door hardware

Thresholds and expansion joints

Grab bars

Handrails

Flooring

Casework, millwork, and built-ins

comply with all local, state, and federal requirements

~~the Americans with Disabilities Act Guidelines.~~

Recommendation:

ACCEPT

- (1) Sliding doors with breakaway features - used for clinical access in the full open position – shall be permitted to restrict the minimum corridor width req'd by building codes.**
- (2) Sliding doors shall not have floor tracks.**

AAH Proposed Change

- (1) For corridor width requirements, see applicable building codes.**

❖ **New text to clarify - 'no' floor tracks**

Recommendation:

- (1) REJECT & ACCEPT W/PROPOSED AAH CHANGES**
- (2) ACCEPT**



70

2.1-7.2.3.2 & 3.1-7.2.3.2 FLOORING

~~*(9) Highly polished flooring or flooring finishes that create glare shall be avoided.~~

- ❖ Proposal is to delete this text..
- ❖ In both Hospital & OP Facilities
- ❖ 'Avoided' is unenforceable language



Recommendation:

ACCEPT THIS DELETION

71 2.1 - 8.3.3.1 EMERGENCY ELECTRICAL SERVICE

For hospitals built in FEMA Flood Zones A or V,
emergency generators/accessories/components of the elect
system of the emergency power system -
locate on levels of the hospital above the floodplain.



Recommendation:
ACCEPT

Provisions for potable water in the event of a utility failure or disaster.

(a) A well, storage tank, or building system piping connection shall be permitted

(b) Areas to be served – defined by owner's facility operation plan (e.g., cooling tower or boiler make-up water, minimal clinical uses).

(c) Equip. needed to provide potable water - served by emergency power.

- ❖ Already covered in other section...
- ❖ 'Provisions' is not well defined...

Recommendation:

REJECT - SEND BACK FOR CLARIFICATION

73

2.2 - 2.16.9.1

BARIATRIC UNIT - DOOR OPENINGS

(1) All doorways, corridors, and vertical transportation (e.g., elevators) used and/or required to provide access from the building perimeter or lower floor(s) to the bariatric exam room and to the bariatric unit (including public dining areas w/in the facility)

Min. clear width/height of 4' – 6" x 7'

(2) bariatric patient rooms –

Min. clear width/height of 4' – 6" x 7'

(3) bariatric inpatient toilet rooms –

Min. clear width/height of 3' – 8" x 7'

❖ Also coordinated with Elev. door opening

Recommendation:

ACCEPT



Nursing Units

74

- 2.2-2.6.6 Critical Care Unit
- 2.2-2.6.6.7 Nourishment area.
- 2.2-2.6.6.9 Clean workroom or clean supply room
- 2.2-2.6.6.10 Soiled workroom or soiled holding room.
- 2.2-2.6.6.11 Equipment and supply storage

More than one critical care unit shall be permitted to share this area provided **direct** access is available from each unit **without travel through a public corridor.**

- ❖ Clarifies that staff do not have to 'leave the CCU environment' to get supplies

Recommendation:

ACCEPT

75 2.2 - 2.15.8.1 REHAB UNIT RECREATION SPACES

In new construction and renovation, the total area ~~set aside~~ for dining, patient lounges, and recreation/rehabilitation functions shall be no less than ~~25~~ 30 sf per bed with a min. total area of ~~at least 225~~ 300 sf.

- ❖ Proposed 'renovation' text by AAH
- ❖ Add'l space needed for patient therapies and recreation equipment

Recommendation:
ACCEPT W/AAH ADDED TEXT – and renovation
ACCEPT WITH NEW SF



76

2.2 - 2.15.8.1 DINING SPACES

In new construction, a dining area of no less than 20 sf per bed shall be provided.

For renovations, the total area provided for dining shall be no less than 14 20 sf



❖ Equalizes the space req'd for both new construction & renovation

Recommendation:

ACCEPT



77

2.2 - 2.16.1.1 BARIATRIC UNIT

For purposes of design, the functional program shall identify the maximum weight of a bariatric patient.

Recommendation:

ACCEPT

Emergency

78

2.2 - 3.1.3.5

EMERGENCY - COMMUNICATIONS CENTER.

~~If the functional program requires a regional EMS base station,~~ the communications center shall be **located in a dedicated room** to reduce noise, distractions, and interruptions during radio transmissions.

❖ *Eliminate the strike-thru text*

Recommendation:

ACCEPT W/AAH CHANGE



79

2.2 - 3.1.3.6

EXAMINATION/TREATMENT ROOM OR AREA

*(9) Human decontamination area



Recommendation:

REJECT – BUT, YOU HAVE GOT TO BE KIDDING....

Surgery

The surgical suite divided into ~~two~~ **three** designated areas - ~~unrestricted~~, semi-restricted, and restricted - defined by the physical activities performed in each area.

Appendix:

Semi-restricted area: The peripheral support areas surrounding a restricted area that include, but are not limited to, storage areas for clean and sterile supplies, work areas for storage and processing of instruments, scrub sink areas, and corridors leading to the restricted area.

Restricted area: A designated space contained within the semi-restricted area and accessible only through a semi-restricted area.

Recommendation:

ACCEPT

3.7 Outpatient Surgery

81

3.7 - 3.4.1.2

PRE - OPERATIVE HOLDING AREA

Proposed

Where cubicle curtains are used to define patient care stations, the design shall provide a minimum of **60 sf**

❖ AAH Recommendation – make the same as Hospital

Where cubicle curtains are used to form patient care stations, a minimum clear floor area of **50 sf**

❖ Matches Hospital sf/area – continuity of language/care

Recommendation:

ACCEPT W/ AAH CHANGES....

82

3.7 - 3.4.2.1

PHASE I POST-ANESTHESIA RECOVERY ROOM(S).

Room(s) for Phase I post-anesthesia recovery in outpatient surgical facilities shall be provided as required by the functional program.

- ❖ AAH proposed change – delete this text
- ❖ Proposed text is opposite from ‘1.5 factor’ used later on in this section

Recommendation:

REJECT - ACCEPT AAH DELETION

83

3.7 - 3.4.2.1

PHASE I POST-ANESTHESIA RECOVERY ROOM(S).

Number

When determining the number of recovery positions required,

recovery area design shall, at minimum, **take into consideration**

the types of surgery and procedures performed in the facility,

the types of anesthesia used, average recovery periods, and

anticipated staffing levels.

❖ **‘take into consideration’ is not ‘enforceable’...**

Recommendation:

MOVE TO APPENDIX

3.8 Office Surgical Facilities

84

3.8 OFFICE SURGICAL FACILITIES

This Chapter is to be deleted

- ❖ Treatment areas already covered in 3.7 Outpatient Surgery
- ❖ Not applicable to 'current practices'
- ❖ Unenforceable/vague language

Recommendation:

ACCEPT

Further Review

- ❖ Go to FGI website to submit your individual comments
- ❖ Power point presentation available
- ❖ 'Voting' spreadsheet available
- ❖ AAH Webinar Part 2 – Tuesday, Oct 2 2:00 - 3:30pm edt

- ❖ *We are ready to travel or have add' l 'go-to' meetings*

