Guidelines for Design and Construction of...

Doug Erickson, FASHE, CHFM, HFDP, CHC
CEO, Facilities Guidelines Institute

Today, the role of Doug, will be played by Ellen

Co-sponsored by:
The views and opinions expressed in this presentation are the opinion of the speaker and not the official position of the Health Guidelines Revision Committee.
Background and History of the Guidelines

1947: 1st published - supported the Hill-Burton Act
Minimum construction requirements through 1984
1985: Turned over to the public sector; called the Guidelines
1987-2006: Published by the AIA
2010-2014: Published by ASHE
Since 2001:
• The Facility Guidelines Institute (FGI) holds the copyright
• FGI responsible for content development

Moses H. Cone Memorial Hospital: Greensboro, N.C., partially funded by the Hill-Burton Act. circa 1973
Sets minimum standards:

- Program, space, and equipment
- 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
Minimum is Difficult to Define

Risk of being too minimal (create opportunity for harm)
Consider risk/benefit for new minimums
The minimum benchmark changes over time
Cost is a reality in determining Minimum Standards
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: Bureau of Indian Affairs, Veterans Administration, Army Corps of Engineers, Public Health Service
Use of the *Guidelines* Varies

Used by public and private entities

 Adopted by reference/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
The Guidelines recommendations do not become a regulatory document until formally adopted as law by a governing entity.

- Multiple editions of the Guidelines are currently in use

Compliance with the Guidelines recommendations does not guarantee that a project will meet all the additional needs of a health care organization.
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/universal standards.
Consensus based process for Guidelines development

Health Guidelines Revision Committee

• Collective multi-disciplinary experience

• Professional stakeholder consensus including many AHJs (no manufacturers)

Clinical & evidence-based research

Every new edition is different: an “evolution” from previous editions

Year 1: Proposal period

• HGRC
  – Topic groups (includes non HGRC outside experts)
  – Task groups

• Open to the public

Year 2 (DRAFT): Comment period

Year 3: Publication

Continual Improvement Process
Overview of the FGI Revision Process

Topic Groups

- Acoustics (aka Acoustics Working Group)
- Bariatric Accommodations
- Facility Management/Emergency Preparedness
- Geriatric Accommodations
- Infection Prevention
- Security
- Sustainability
- Technology
Public Invited to Comment on Draft 2018 Guidelines

Comment Period is Open: www.fgiguidelines.org

The Facility Guidelines Institute (FGI) invites users of the FGI Guidelines to comment on its draft 2018 documents, posted for public review beginning September 29, 2016. Input from the field is critical to revising the Guidelines documents, which provide fundamental standards for design and construction of hospitals, outpatient facilities, and residential health, care, and support facilities.

- Comment period closes on December 12th
- Only electronic submittals are accepted
- Access to the comment process is through –Looking for cost/benefit information
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.
Final Products for the 2018 Editions

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
Fundamental requirements & companion information

- Fundamental design requirements
  - Primary purpose:
    - Provide 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
Proposed New Structure

2014 Guidelines

Parse out what becomes the fundamentals

Parse out what is “beyond fundamentals”

FUNDAMENTALS

There may be some content that belongs in both.

BEYOND FUNDAMENTALS
References to Lighting in the 2014 Guidelines

- ANSI/IES RP-29 Recommended Practices for Lighting for Hospitals and Health Care Facilities
- ANSI/IES RP-28: Recommended Practices for Lighting and the Visual Environment for Senior Living
Specific requirements for lighting are spread throughout the documents

- For the elderly
- Medication preparation areas
- Patient rooms
- NICUs
- Imaging
- Residential fall risk prevention