



# 2014 FGI Guidelines Adoption Tools- Q4 Advocacy Webinar 12/8/15



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# Housekeeping

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- Please mute your line to reduce background noise.
- Do not put us on hold if you have background music on your hold line.
- We will unmute for the interactive discussion.
- This session will be recorded. The slides will be distributed after the meeting.



# Chapter Attendance Poll

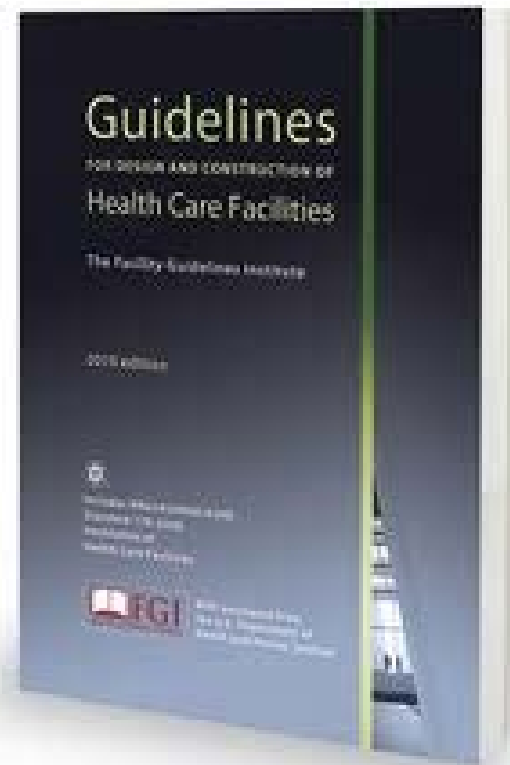
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- Please enter your name and chapter name in the text
- Contact Avis Gordon [agordon@aha.org](mailto:agordon@aha.org) with updates or changes to your Chapter's advocacy liaison appointment



# FGI Guidelines Adoption

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# Agenda

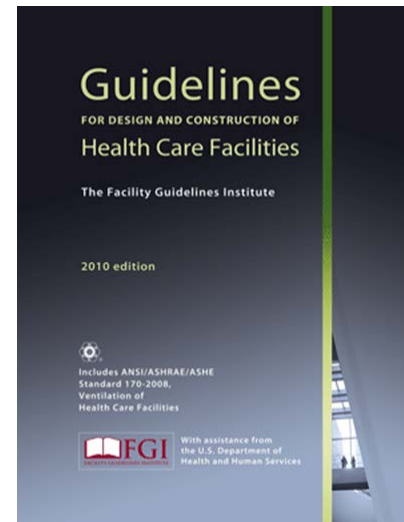
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- History of the FGI
- Current adoption
- Why is it important
- Major changes in the 2014 edition
- Stakeholder Support
- Adoption kit
- Case studies (WA and PA)
- Questions and next steps

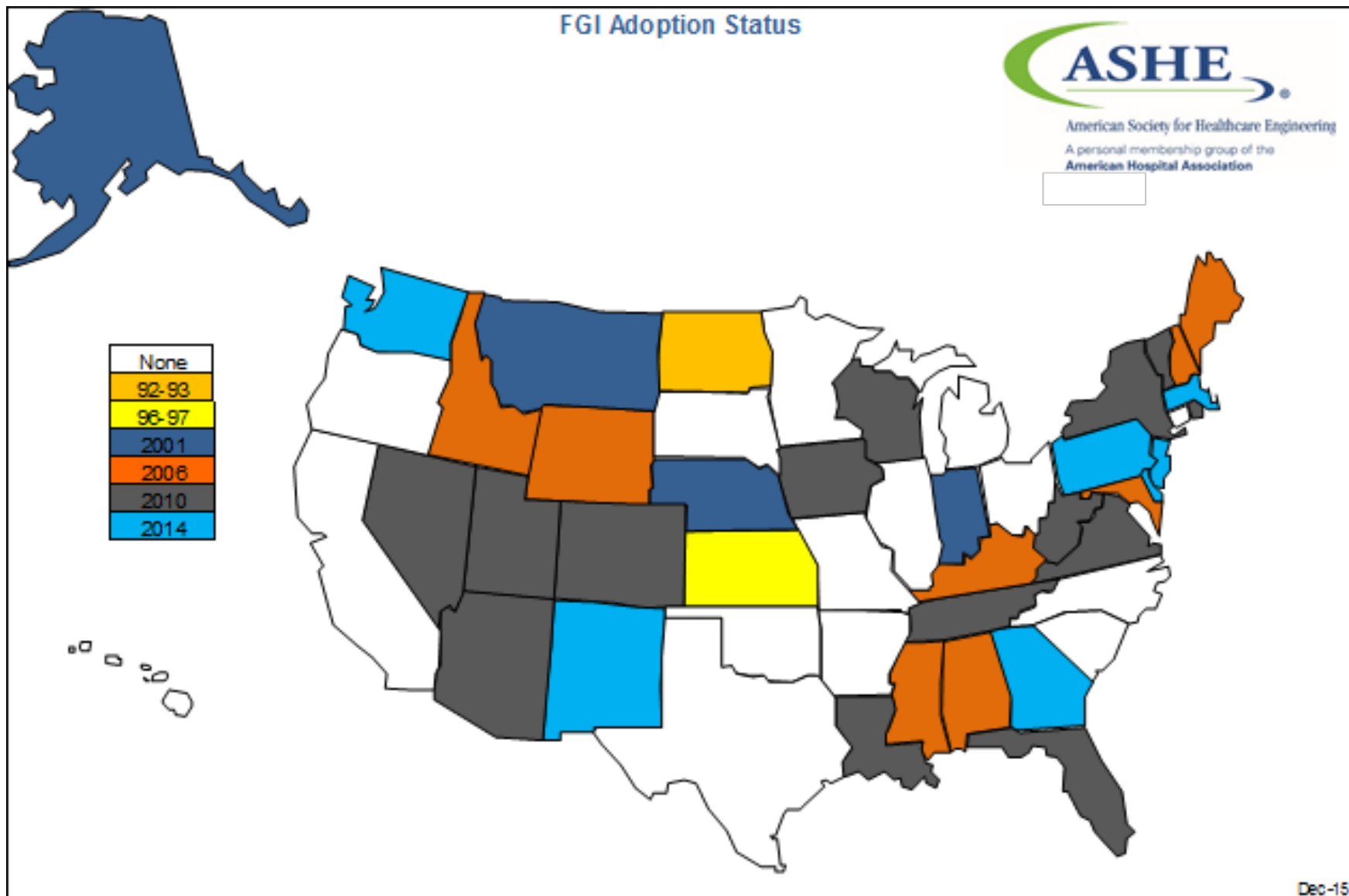


# FGI Guidelines

- Nationally-recognized
- Research-advised
- Minimum standard
- Aids in the design and construction of health care facilities
- Updated every four years to keep pace with evolving health care needs
- Varying versions are currently adopted in 44 states



# Varying versions are adopted in part or in whole in more than 44 states





# Why 2014 FGI adoption is so important

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- *The Guidelines* keep pace with evolving health care requirements, changing models of care and new technologies
- Adopting the latest edition ensures that all new U.S. hospitals meet these important minimum requirements
- Hospital design teams may design in multiple states and efficiencies are lost when the same hospital system has to comply to varying requirements across state lines
- Different editions being used in different states can lead to confusion

# Major Changes and Updates

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- Safe patient handling and movement
- Updated information specific to the general hospital (Chapters 2.1 and 2.2)
- Hybrid operating rooms
- Medication safety zones
- Bariatric patient accommodations
- Updated cancer treatment/infusion therapy services
- Free-standing cancer treatment facilities
- Fall prevention and patient safety assessments
- Outpatient rehabilitation facilities
- Updated mechanical ventilation standards

# Stakeholder Support

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# Adoption Toolkit

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1. Side-by-side analysis of the current adopted version vs. the 2014 edition
2. Presentation explaining the importance of adopting the Guidelines
3. Cost impact statement
4. Draft adoption language
5. ASHE support



# Streamline your process

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- Rulemaking is a time consuming and potentially expensive process.
- Utilize the national public input process administered by the Facility Guidelines Institute to solicit valuable stakeholder input.
- State Authorities responsible for the enforcement of the FGI Guidelines are invited to participate in the consensus review of the Guidelines.

[www.fgiguideines.org](http://www.fgiguideines.org)



# Model Rule

The following chapters of the 2014 edition of the *Guidelines for Design and Construction of Health Care Facilities* as published by the American Society for Healthcare Engineering of the American Hospital Association, 155 North Wacker Drive Chicago, IL 60606, as amended in **[APPLICABLE RULE]**:

- (I) 1.1 Introduction
- (ii) 1.2 Planning, Design, Construction, and Commissioning
- (iii) 1.3 Site
- (iv) 1.4 Equipment
- (v) 2.1 Common Elements for Hospitals
- (vi) 2.2 Specific Requirements for General Hospitals
- (vii) 2.4 Specific Requirements for Critical Access Hospitals
- (viii) 2.5 Specific Requirements for Psychiatric Hospitals
- (ix) 2.6 Specific Requirements for Rehabilitation Hospitals and Other Facilities
- (x) 3.1 Common Elements for Outpatient Facilities
- (xi) 3.2 Specific Requirements for Primary Care Outpatient Centers
- (xii) 3.3 Specific Requirements for Small Primary Care (Neighborhood) Outpatient Facilities
- (xiii) 3.4 Specific Requirements for Freestanding Outpatient Diagnostic and Treatment Facilities

- (xiv) 3.6 Specific Requirements for Freestanding Cancer Treatment Facilities
- (xv) 3.7 Specific Requirements for Outpatient Surgical Facilities
- (xvi) 3.8 Specific Requirements for Office Surgical Facilities
- (xvii) 3.9 Specific Requirements for Gastrointestinal Endoscopy Facilities
- (xviii) 3.10 Specific Requirements for Renal Dialysis Centers
- (xix) 3.11 Specific Requirements for Psychiatric Outpatient Centers
- (xx) 3.12 Specific Requirements for Outpatient Rehabilitation Facilities
- (xxi) 4.3 Specific Requirements for Hospice Facilities
- (xxii) 5.1 Mobile, Transportable, and Relocatable Units
- (xxiii) 5.2 Freestanding Birth Centers
- (xxiv) Part 6: Ventilation of Health Care Facilities  
Including ASHRAE 170 through addendum ab



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# State of Washington Adoption Process

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- John Williams
  - Manager of Washington Department of Health's Construction Review
  - Chair of ICC-Ad Hoc Committee
  - [John.Williams@DOH.WA.GOV](mailto:John.Williams@DOH.WA.GOV)



# State of Washington Adoption Process

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- **Internal review (May 2014)**
- **First draft (June-August 2014)**
- **Training (August 2014)**
  - 2014 Changes
  - Rule revision Process
- **Public review (September 2014-April 2015)**
  - First Draft
  - Proposals
  - Comments on Proposals







# State of Washington Key Interested Parties

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- Washington State Society for Healthcare Engineering
- Washington State Hospital Association
- American Institute of Architects
- Engineers, patient advocates, labor, rural hospitals



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# State of Washington Adoption Process

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## Key Resources:

- ASHE comparison
- FGI members
- AORN/AAMI
- ASHRAE



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# State of Pennsylvania Adoption Process

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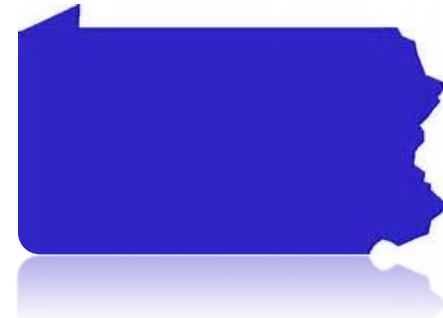
- **Charlie Schlegel**, Director
- PA Department of Health, Division of Safety Inspection
- [cschlegel@pa.gov](mailto:cschlegel@pa.gov)



# State of Pennsylvania Adoption Process

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- State regulation is written for adoption flexibility
- “New construction, renovations and alterations of Hospitals and Ambulatory Surgical Facilities shall meet the edition of the Guidelines as adopted by the Department of Health”
- After internal review, a notice is published in the Pennsylvania Bulletin detailing the adoption of the new edition of the Guidelines
- For the 2014 edition, voluntary use for new projects started June 2, 2014, to provide time for staff training prior to use, and mandatory use for new projects started December 1, 2014
- Note that existing projects approved under the 2010 edition continue to be reviewed under the 2010 for the life of the project (2 years to start and 5 years to finish)



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# State of Pennsylvania Adoption Process

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- The notice was published in May 2014 to give facility representatives the opportunity to have over 6 months to either finish project designs in preliminary stages prior to the use of the new edition or adjust the design as needed to meet the new edition
- Representatives from the Hospital Association of PA, PA Ambulatory Surgery Association and the two ASHE Chapters in PA (PA Society for Health Facility Engineering and the Healthcare Facility Managers Association of Delaware Valley) are kept informed of the process and are given the opportunity to review any concerns or issues



# State of Pennsylvania Adoption Process

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- Process has been in place for over 15 years and has become somewhat routine and seamless
- PA Department of Health has representation on the FGI Health Care Revisions Committee, which is extremely helpful with adoption and implementation
- PA Department of Health reviews plans by mail or by in-person appointment, and the latter is beneficial in keeping appropriate parties informed of any upcoming changes



# Next Steps

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- Request an adoption tool kit
- State AHJs can partner with regional ASHE advocacy liaisons
- We are here to help!
  - Lynn Kenney [lkenney@aha.org](mailto:lkenney@aha.org)
  - Jonathan Flannery [jflannery@aha.org](mailto:jflannery@aha.org)
  - Chad Beebe [cbeebe@aha.org](mailto:cbeebe@aha.org)





# Questions

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# Advocacy Liaisons

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**Thank you for all your efforts in 2015!**



# Mark Your Calendars

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2016 webinars will be held Wednesdays at 12 CT on the following dates:

- Q1-3/2
- Q2-6/8
- Q3-9/21
- Q4-12/7

