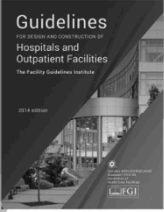


© 2014 American Society for Healthcare Engineering



**The New  
2014 FGI Guidelines**

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

**FGI**  
FACILITY GUIDELINES INSTITUTE

**ASHE**  
ashe.org

---

---

---

---

---

---

---

---

© 2014 American Society for Healthcare Engineering

**Introduction**

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

*This presentation has been developed in part for FGI through the support of ASHE as part of a coordinated educational series.*

**FGI**  
FACILITY GUIDELINES INSTITUTE

**ASHE**  
ashe.org

---

---

---

---

---

---

---

---

© 2014 American Society for Healthcare Engineering

**Presenter**

Douglas S. Erickson, FASHE, CHFM, HFDP, CHC  
President  
TME, LLC

2010, 2014 and 2018 Edition of the *Guidelines*  
Chair

Facility Guidelines Institute  
Founding Board Member

**FGI**  
FACILITY GUIDELINES INSTITUTE

**ASHE**  
ashe.org

---

---

---

---

---

---



---

---

© 2014 American Society for Healthcare Engineering

## FGI History

- ▶ In 1998 the **Facility Guidelines Institute (FGI)** was created as a 501(c)(3) not-for-profit entity to manage the *Guidelines* development process, protect the intellectual property of the *Guidelines*, and manage funding of research supporting *Guidelines* development.
- ▶ **FGI's Mission** is to:  
Establish and promote consensus-based guidelines and publications, ADVISED by research, to advance quality health care.

---

---

---

---

---

---

---

---

© 2014 American Society for Healthcare Engineering

## FGI and HGRC Facts

- Health Guidelines Revision Committee (HGRC)**  
(120 to 135 member multidisciplinary committee)
- HGRC Steering Committee**  
(16 members of the HGRC)
- 17 HGRC Focus and Task Groups**
- 12 Specialty Subgroups**  
(includes non-HGRC participants)
- Facility Guidelines Institute**  
(8-person Board of Directors + CEO)

---

---

---

---

---

---



---

---

© 2014 American Society for Healthcare Engineering

## FGI and HGRC Facts

- ▶ Everyone involved on the previous slide is a 100% **VOLUNTEER** (except the FGI CEO)
- ▶ We do not allow representation on the HGRC from private industries who could benefit from narrow performance specifications which would give benefit to one or a few vendors

---

---

---

---

---

---

---



---

© 2014 American Society for Healthcare Engineering

## FGI Facts

### 2014 HGRC - Multidisciplinary Committee

- 20% - Architects
- 18% - Medical professionals
- 16% - State AHJs
- 13% - Engineers
- 10% - HC administrators/HC org. reps
- 8% - Federal AHJs (IHS, CMS, HUD, VA, ACE)
- 7% - Infection control experts + NIH/CDC
- 4% - Construction professionals
- 4% - Interior designers

---

---

---

---

---

---



---

---

© 2014 American Society for Healthcare Engineering

## Cost Benefit Analysis Committee

- ▶ Considers all proposals and comments that have a cost associated with them.
  - Initial cost
  - Life cycle cost
  - Clinical/functional benefit
- ▶ ASHE performed a cost analysis and has determined that the 2014 edition is equal or slightly less costly than 2010.

---

---

---

---

---

---


---

---

© 2014 American Society for Healthcare Engineering

## FGI Facts

- ▶ **We depend on our strategic partners:**
- ▶ ASHE is our publisher and provides staffing for a variety of functions including editorial staff, marketing, processing, IT support, and educational program support
- ▶ Rothschild Foundation provided financial support for the *New Guidelines for Residential Health, Care, and Support Facilities*
- ▶ Many organizations represented on the HGRC

---

---

---

---

---

---

---

---

© 2014 American Society for Healthcare Engineering

## Major Changes in 2014

Change of name:  
~~*Guidelines for Design and Construction of Health Care Facilities*~~  
***Guidelines for Design and Construction of Hospitals and Outpatient Facilities***

**FGI**  
FACILITY GUIDELINES INSTITUTE

**ASHE**  
ashe.org

---

---

---

---

---

---


---

---

© 2014 American Society for Healthcare Engineering

## Major Changes in 2014

Standards for Residential Health Care Facilities in a separate document



**FGI**  
FACILITY GUIDELINES INSTITUTE

**ASHE**  
ashe.org

---

---

---

---

---

---

---

---

© 2014 American Society for Healthcare Engineering

## Major Changes in 2014

New Standard for Residential Care Facilities

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

- ▶ Replaces Part 4 of the 2010 Edition
- ▶ Will be available for purchase late June
- ▶ Not sure if NJ will be looking to adopt this new Guideline

**FGI**  
FACILITY GUIDELINES INSTITUTE

**ASHE**  
ashe.org

---

---

---

---

---

---

---

---



© 2014 American Society for Healthcare Engineering

## Major Changes in 2014

Minimum is difficult to define...

**Minimum standard:** The *Guidelines* is considered to be a series of *minimum consensus requirements* for the design and construction of new or renovated health care facilities.

In many instances, health care organizations will need to *exceed* these guidelines to meet the clinical or staff needs for a safe and effective environment based on their model of care and the acuity levels of their patients. A health care organization's functional program must address when there is a need to exceed the *Guidelines* minimums.

---

---

---

---

---

---

---



---

© 2014 American Society for Healthcare Engineering

## Glossary Changes in 2014

► Glossary Changes:

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

---

---

---

---

---

---



---

---

© 2014 American Society for Healthcare Engineering

## Glossary Changes in 2014

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

---

---

---

---

---

---

---

---

© 2014 American Society for Healthcare Engineering

## Glossary Changes in 2014

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

FGI FACILITY GUIDELINES INSTITUTE ASHE ashe.org

---

---

---

---

---

---

---

---

© 2014 American Society for Healthcare Engineering

## Glossary Changes in 2014

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

In	Located within the identified area or room
Directly accessible	Connected to the identified area or room through a doorway, pass-through, or other opening without going through an intervening room or public space
Adjacent	Located next to but not necessarily connected to the identified area or room
Immediately accessible	Available either in or adjacent to the identified area or room
Readily accessible	Available on the same floor as the identified area or room
In the same building	Available in the same building as the identified area or room, but not necessarily on the same floor

FGI FACILITY GUIDELINES INSTITUTE ASHE ashe.org

---

---

---

---

---

---

---

---

© 2014 American Society for Healthcare Engineering

## New vs. Existing in 2014

**Renovation** (Planned changes and updates)

- Meet new to the extent possible
- Determined by the applicable AHJ
- Only the altered, renovated or modernized portion
- If performance of a system is impacted, upgrades shall be required beyond the limits of the project

FGI FACILITY GUIDELINES INSTITUTE ASHE ashe.org

---

---

---

---

---

---

---



---

© 2014 American Society for Healthcare Engineering

### New vs. Existing in 2014

Renovation exceptions allowed:

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

---

---

---

---

---

---

---



---

© 2014 American Society for Healthcare Engineering

### New vs. Existing in 2014

New Construction

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

---

---

---

---

---

---

---



---

© 2014 American Society for Healthcare Engineering

### Major Changes in 2014

Chapters: New / Major Changes

- Dental (new)
- Freestanding Emergency Departments (rewrite)
- Children's Hospitals (expanded)
- Small Inpatient Primary Care (deleted/replaced)
- Critical Access Hospitals (added – based on FGI 2009 White Paper written in conjunction w/CMS)
- ASHRAE 170-2013 (Included)

---

---

---

---

---

---

---

---

© 2014 American Society for Healthcare Engineering

### Major issues NOT required in the 2014

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

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

FGI FACILITY GUIDELINES INSTITUTE ASHE ashe.org

---

---

---

---

---

---

---

---

© 2014 American Society for Healthcare Engineering

### Major Changes in 2014

Difficult to define...

- ▶ Risk of being too minimal
- ▶ Risk/benefit for new minimum
- ▶ The minimum benchmark changes over time
- ▶ Cost is a reality in determining *Minimum Standards*

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

FGI FACILITY GUIDELINES INSTITUTE ASHE ashe.org

---

---

---

---

---

---

---

---

© 2014 American Society for Healthcare Engineering

### Major Changes in 2014

- ▶ The functional program is a very important first step to health care design (rewrite for 2014)
  - Develops direction for design team
  - Records decisions
  - Assesses organizational priorities
- ▶ The functional program should be developed by the hospital staff, with input and guidance from the design team.

FGI FACILITY GUIDELINES INSTITUTE ASHE ashe.org

---

---

---

---

---

---

---


---



© 2014 American Society for Healthcare Engineering

## Major Changes in 2014

New Chapter for Critical Access Hospitals



FGI  
FACILITY GUIDELINES INSTITUTE

ASHE  
ashe.org

---

---

---

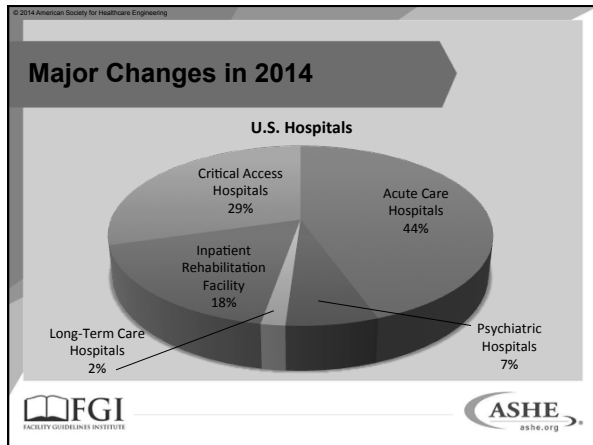
---

---

---

---

---




---

---

---

---

---

---

---

---

© 2014 American Society for Healthcare Engineering

## Major Changes in 2014

CAH chapter meets CMS requirements:

- 25 inpatient beds max
- Allows swing beds
- Max 10 rehab. beds
- Max 10 psychiatric beds
- Minimal emergency services

FGI  
FACILITY GUIDELINES INSTITUTE

ASHE  
ashe.org

---

---

---

---

---

---


---

---

© 2014 American Society for Healthcare Engineering

## Major Changes in 2014

### USP <797> for Sterile Compounding



FGI  
FACILITY GUIDELINES INSTITUTE

ASHE  
ashe.org

---

---

---

---

---

---

---


---

© 2014 American Society for Healthcare Engineering

## Major Changes in 2014

### USP <797> for Sterile Compounding

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



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

FGI  
FACILITY GUIDELINES INSTITUTE

ASHE  
ashe.org

---

---

---

---

---

---

---

---

© 2014 American Society for Healthcare Engineering

## Major Changes in 2014

### Notes on USP <797>

- Low risk level with BUD (beyond use dating) less than 12 hours
- Immediate use CSPs are exempt from USP <797>

FGI  
FACILITY GUIDELINES INSTITUTE

ASHE  
ashe.org

---

---

---

---

---

---

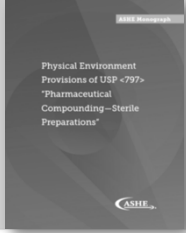
---

---

© 2014 American Society for Healthcare Engineering

## Major Changes in 2014

USP <797> for Sterile Compounding  
 ▶ Refer to ASHE monograph



FGI  
FACILITY GUIDELINES INSTITUTE

ASHE  
ashe.org

---

---

---

---

---

---

---

---

© 2014 American Society for Healthcare Engineering

## Major Changes in 2014

### Outpatient Surgery

<b>2010 Edition</b>	<b>2014 Edition</b>
Class A OR: 150sf – min clear dim 12'	▶ Procedure Room :150sf – min clear dim 12'
Class B OR: 250sf – min clear dim 15'	▶ Outpatient Operating Rooms: 250sf – min clear dim 15'
Class C OR: 400sf – min clear dim 18'	▶ OR for surgical procedures that require additional personnel and/or large equipment: <i>Size as needed.</i>

FGI  
FACILITY GUIDELINES INSTITUTE

ASHE  
ashe.org

---

---

---

---

---

---

---

---

© 2014 American Society for Healthcare Engineering

## Major Changes in 2014

### OR Flow / Sterile Processing

**OLD**



**NEW**



FGI  
FACILITY GUIDELINES INSTITUTE

ASHE  
ashe.org

---

---

---

---

---

---

---

---

© 2014 American Society for Healthcare Engineering

## Major Changes in 2014

### OR Flow / Sterile Processing

- ▶ One-way traffic flow of "dirty" to "clean"
- ▶ Decontamination area and clean work area in a sterile processing room
- ▶ Doorway between clean core and operating room

*Appendix:*  
*One-way traffic flow of "dirty" to "clean" materials/ instruments helps decrease the potential for cross-contamination of sterile instruments.*

FGI FACILITY GUIDELINES INSTITUTE ASHE ashe.org

---

---

---

---

---

---


---

---

© 2014 American Society for Healthcare Engineering

## Major Changes in 2014

### Hybrid Operating Rooms



FGI FACILITY GUIDELINES INSTITUTE ASHE ashe.org

---

---

---

---

---

---

---

---

© 2014 American Society for Healthcare Engineering

## Major Changes in 2014

### Hybrid Operating Rooms

*A room that meets the definition of an operating room and is also equipped to enable diagnostic imaging before, during, and after surgical procedures. Imaging equipment is permanently installed in the room and may include MRI, fixed single-plane and bi-plane tomographic imaging systems, and computed tomography equipment.*

**Note:** *Use of portable imaging technology does not make an OR a hybrid operating room.*

FGI FACILITY GUIDELINES INSTITUTE ASHE ashe.org

---

---

---

---

---

---

---

---

© 2014 American Society for Healthcare Engineering

## Major Changes in 2014

Hybrid Operating Rooms

- Clear dimensions
- Structure
- Control rooms
- Equipment rooms
- Vibration control

FGI FACILITY GUIDELINES INSTITUTE

ASHE ashe.org

---

---

---

---

---

---


---

---

© 2014 American Society for Healthcare Engineering

## Major Changes in 2014

Staff Changing Areas and OR Lounges



FGI FACILITY GUIDELINES INSTITUTE

ASHE ashe.org

---

---

---

---

---

---

---

---

© 2014 American Society for Healthcare Engineering

## Major Changes in 2014

Staff Changing Areas

*"Staff changing areas shall be provided."*

~~"directly accessible to the semi-restricted area"~~

FGI FACILITY GUIDELINES INSTITUTE

ASHE ashe.org

---

---

---

---

---

---

---


---

© 2014 American Society for Healthcare Engineering

## Major Changes in 2014

Other Changes Worth Mentioning

- Requirement for scrub station windows removed
- Number of required scrub stations clearer
- Hand-washing stations



FGI  
FACILITY GUIDELINES INSTITUTE

ASHE  
ashe.org

---

---

---

---

---

---

---

---

© 2014 American Society for Healthcare Engineering

## Major Changes in 2014

### Bariatric Requirements



FGI  
FACILITY GUIDELINES INSTITUTE

ASHE  
ashe.org

---

---

---

---

---

---

---

---

© 2014 American Society for Healthcare Engineering

## Major Changes in 2014

### Bariatric Requirements

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

FGI  
FACILITY GUIDELINES INSTITUTE

ASHE  
ashe.org

---

---

---

---

---

---

---

---

© 2014 American Society for Healthcare Engineering

## Major Changes in 2014

### Safety Risk Assessments



Component	Guideline	Requirement	PSAT
Identify potential safety hazards	1.1	1.1.1. New introductions 1.1.2. All introductions	2.0.0
Patient handling and movement	2.1	2.1.1. New introductions 2.1.2. New introductions and modifications (changing the way the patient is moved) 2.1.3. New introductions and modifications (changing the way the patient is moved) 2.1.4. New introductions and modifications (changing the way the patient is moved) 2.1.5. New introductions and modifications (changing the way the patient is moved)	2.0.0
Patient fall prevention	3.1	3.1.1. New introductions 3.1.2. New introductions and modifications (changing the way the patient is moved) 3.1.3. New introductions and modifications (changing the way the patient is moved) 3.1.4. New introductions and modifications (changing the way the patient is moved) 3.1.5. New introductions and modifications (changing the way the patient is moved)	2.0.0
Medication safety	4.1	4.1.1. New introductions 4.1.2. New introductions and modifications (changing the way the patient is moved) 4.1.3. New introductions and modifications (changing the way the patient is moved) 4.1.4. New introductions and modifications (changing the way the patient is moved) 4.1.5. New introductions and modifications (changing the way the patient is moved)	2.0.0
Food and water safety	5.1	5.1.1. New introductions 5.1.2. New introductions and modifications (changing the way the patient is moved) 5.1.3. New introductions and modifications (changing the way the patient is moved) 5.1.4. New introductions and modifications (changing the way the patient is moved) 5.1.5. New introductions and modifications (changing the way the patient is moved)	2.0.0
Fire safety	6.1	6.1.1. New introductions 6.1.2. New introductions and modifications (changing the way the patient is moved) 6.1.3. New introductions and modifications (changing the way the patient is moved) 6.1.4. New introductions and modifications (changing the way the patient is moved) 6.1.5. New introductions and modifications (changing the way the patient is moved)	2.0.0
Security	7.1	7.1.1. New introductions 7.1.2. New introductions and modifications (changing the way the patient is moved) 7.1.3. New introductions and modifications (changing the way the patient is moved) 7.1.4. New introductions and modifications (changing the way the patient is moved) 7.1.5. New introductions and modifications (changing the way the patient is moved)	2.0.0
Other	8.1	8.1.1. New introductions 8.1.2. New introductions and modifications (changing the way the patient is moved) 8.1.3. New introductions and modifications (changing the way the patient is moved) 8.1.4. New introductions and modifications (changing the way the patient is moved) 8.1.5. New introductions and modifications (changing the way the patient is moved)	2.0.0

FGI FACILITY GUIDELINES INSTITUTE

ASHE ashe.org

---

---

---

---

---

---

---

---


---

---

© 2014 American Society for Healthcare Engineering

## Major Changes in 2014

### Infection Control



**STOP INFECTION**  
Fight germs by making sure your hands are clean before and after you come in contact with a patient.

FGI FACILITY GUIDELINES INSTITUTE

ASHE ashe.org

---

---

---

---

---

---

---

---

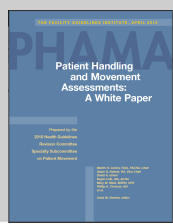
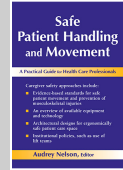
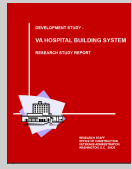
---

---

© 2014 American Society for Healthcare Engineering

## Major Changes in 2014

### Patient Movement and Handling

FGI FACILITY GUIDELINES INSTITUTE

ASHE ashe.org

---

---

---

---

---

---

---

---

---

---

© 2014 American Society for Healthcare Engineering

## Major Changes in 2014

### Medication Safety Zones

- ▶ Reduce interruptions
- ▶ Quiet Areas
- ▶ Task Lighting
- ▶ Organized Workspaces
- ▶ Standardized beside medication areas



*Respect the belt - Saul E. Bilboat, RN and Thomas Gruffy, a Medical Student at Metropolitan Hospital Center.*

**FGI**  
FACILITY GUIDELINES INSTITUTE

**ASHE**  
ashe.org

---

---

---

---

---

---

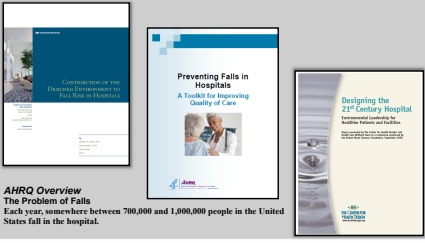
---

---

© 2014 American Society for Healthcare Engineering

## Major Changes in 2014

### Patient Fall Prevention



**AHRQ Overview**  
The Problem of Falls  
Each year, somewhere between 700,000 and 1,000,000 people in the United States fall in the hospital.

**Preventing Falls in Hospitals**  
A Toolkit for Improving Quality of Care

**Designing the 21st Century Hospital**  
A Toolkit for Improving Quality of Care

**FGI**  
FACILITY GUIDELINES INSTITUTE

**ASHE**  
ashe.org

---

---

---

---

---

---

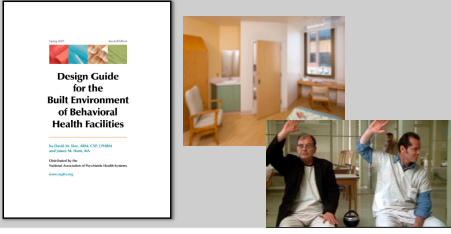
---

---

© 2014 American Society for Healthcare Engineering

## Major Changes in 2014

### Psychiatric Patient Injury and Suicide



**Design Guide for the Built Environment of Behavioral Health Facilities**

**FGI**  
FACILITY GUIDELINES INSTITUTE

**ASHE**  
ashe.org

---

---

---

---

---

---

---

---



© 2014 American Society for Healthcare Engineering

## Major Changes in 2014

### Patient Immobility

Immobility-related Adverse Events

FGI FACILITY GUIDELINES INSTITUTE

ASHE ashe.org

---

---

---

---

---

---

---

---

© 2014 American Society for Healthcare Engineering

## Major Changes in 2014

### Security (interior threats for patients and caregivers)

FGI FACILITY GUIDELINES INSTITUTE

ASHE ashe.org

---

---

---

---

---

---

---

---

© 2014 American Society for Healthcare Engineering

## Major Changes in 2014

### ► Safety Risk Assessments

- Article can be found at:  
<http://www.fgiguideines.org/2014articles.php>

FGI FACILITY GUIDELINES INSTITUTE

ASHE ashe.org

---

---

---

---

---

---

---

---

© 2014 American Society for Healthcare Engineering

## Commissioning

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

FGI FACILITY GUIDELINES INSTITUTE ASHE ashe.org

---

---

---

---

---

---

---

---

© 2014 American Society for Healthcare Engineering

## Commissioning

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

FGI FACILITY GUIDELINES INSTITUTE ASHE ashe.org

---

---

---

---

---

---

---


---

© 2014 American Society for Healthcare Engineering

## Major Changes in 2014

### Medication Safety Zones

- Consistent use of this term throughout the 2014 Guidelines
- Number and location of medication safety zones determined during the safety risk assessment
- Descriptive appendix language



FGI FACILITY GUIDELINES INSTITUTE ASHE ashe.org

---

---

---

---

---

---

---



---

© 2014 American Society for Healthcare Engineering

### Major Changes in 2014

**Medication safety zone:** A critical area where medications are prescribed, orders are entered into a computer or transcribed onto paper documents, or where medications are prepared or administered. (Definition from the *U.S. Pharmacopeia and National Formulary*, or USP–NF). *Also see Zone.*

**Zone:** A space in an area or room that is dedicated to a particular function and is not separated from the rest of the area or room by walls, partitions, curtains, or other means (e.g., family zone, medication safety zone).

---

---

---

---

---

---

---

---



© 2014 American Society for Healthcare Engineering

### Major Changes in 2014

“Medication safety zone” is a common element.

General requirements include:

- Location to limit distraction and interruptions
- Workspace organization
- Lighting
- Noise and sound

---

---

---

---

---

---

---



---

© 2014 American Society for Healthcare Engineering

### Major Changes in 2014

Specific medication safety zone requirements include:

- ▶ Work areas (rooms)
  - Security
  - Necessary equipment
  - Space for self-contained medication dispensing unit
- ▶ Work areas (in patient care areas)
  - Location (AHJ approval)
  - Hand-washing

---

---

---

---

---

---

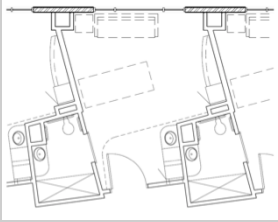
---

---

© 2014 American Society for Healthcare Engineering

## Major Changes in 2014

- ▶ The patient toilet room shall serve no more than one patient room and no more than two beds.
- ▶ Change driven by infection prevention



FGI FACILITY GUIDELINES INSTITUTE

ASHE ashe.org

---

---

---

---

---

---

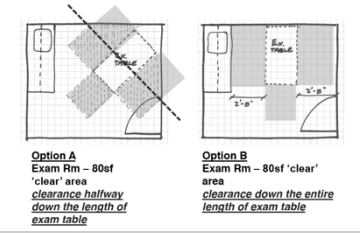
---

---

© 2014 American Society for Healthcare Engineering

## Major Changes in 2014

- ▶ Exam room configuration



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

FGI FACILITY GUIDELINES INSTITUTE

ASHE ashe.org

---

---

---

---

---

---

---

---

© 2014 American Society for Healthcare Engineering

## Major Changes in 2014

Other Changes Worth Mentioning

- Hyperbaric requirements clarified and moved from appendix to the main text
- Inpatient facilities – handrails to be installed on **both** sides of the patient use corridor
- Food service section rewritten

FGI FACILITY GUIDELINES INSTITUTE

ASHE ashe.org

---

---

---

---

---

---


---

---

© 2014 American Society for Healthcare Engineering

## More Information

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



**FGI**  
FACILITY GUIDELINES INSTITUTE

**ASHE**  
ashe.org

---

---

---

---

---

---

---

---

© 2014 American Society for Healthcare Engineering

## FGI Research Initiatives

- ▶ **Alarm Fatigue**
  - ~ 40 person multidisciplinary Task Force
  - ~ Developing Guidelines regarding what we can do in design of the physical space to help alleviate Alarm Fatigue
- ▶ **Acoustics in Elder Care Facilities**
  - ~ 25 Person Task Force
  - ~ Funded through the Rothschild Foundation and FGI
  - ~ All day meeting at SBA May 16<sup>th</sup>
  - ~ Focused on the elder care occupancies found in the new *Guidelines for Residential Health, Care, and Support Facilities*

**FGI**  
FACILITY GUIDELINES INSTITUTE

**ASHE**  
ashe.org

---

---

---

---

---

---

---

---

© 2014 American Society for Healthcare Engineering

## FGI Research Initiatives

- ▶ **White Paper on *Finishes and Furnishings in Health Care Facilities***
- ▶ **Post Occupancy Evaluation of the 2010 Acoustic Guidelines**
  - ~ Study of 3 wings at BMC
  - ~ FGI/AWG/RPI joint initiative

**FGI**  
FACILITY GUIDELINES INSTITUTE

**ASHE**  
ashe.org

---

---

---

---

---

---

---

---

© 2014 American Society for Healthcare Engineering

## FGI Research Initiatives

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




---

---

---

---

---

---



---

---

© 2014 American Society for Healthcare Engineering

## Educational Programs

- FGI and ASHE are developing a series of webinars and online educational programs that do a “deep dive” into specific occupancies and topics addressed in the *Guidelines*.
- Please check the ASHE and FGI websites for more information on these future programs.

---

---

---

---

---

---

---

---



© 2014 American Society for Healthcare Engineering

## Q & A

Douglas S. Erickson, FASHE, CHFM, HFDP, CHC  
President  
TME, LLC

501-765-7633

derickson@tmecorp.org

---

---

---

---

---

---

---

---