The 2022 FGI Guidelines for Hospitals and Outpatient Facilities

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Chairman – FGI Guidelines 2022 Revision Committee
Principal - Health Facilities Design Consulting
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Health Facilities Management Society of New Jersey

November 17, 2022

Introduction

- What's going on at DCA
- A Brief History of the *Guidelines*
- What's new at FGI
- *Guidelines* 2022
- Beyond Fundamentals
- Emergency Conditions White Paper

Update on DCA

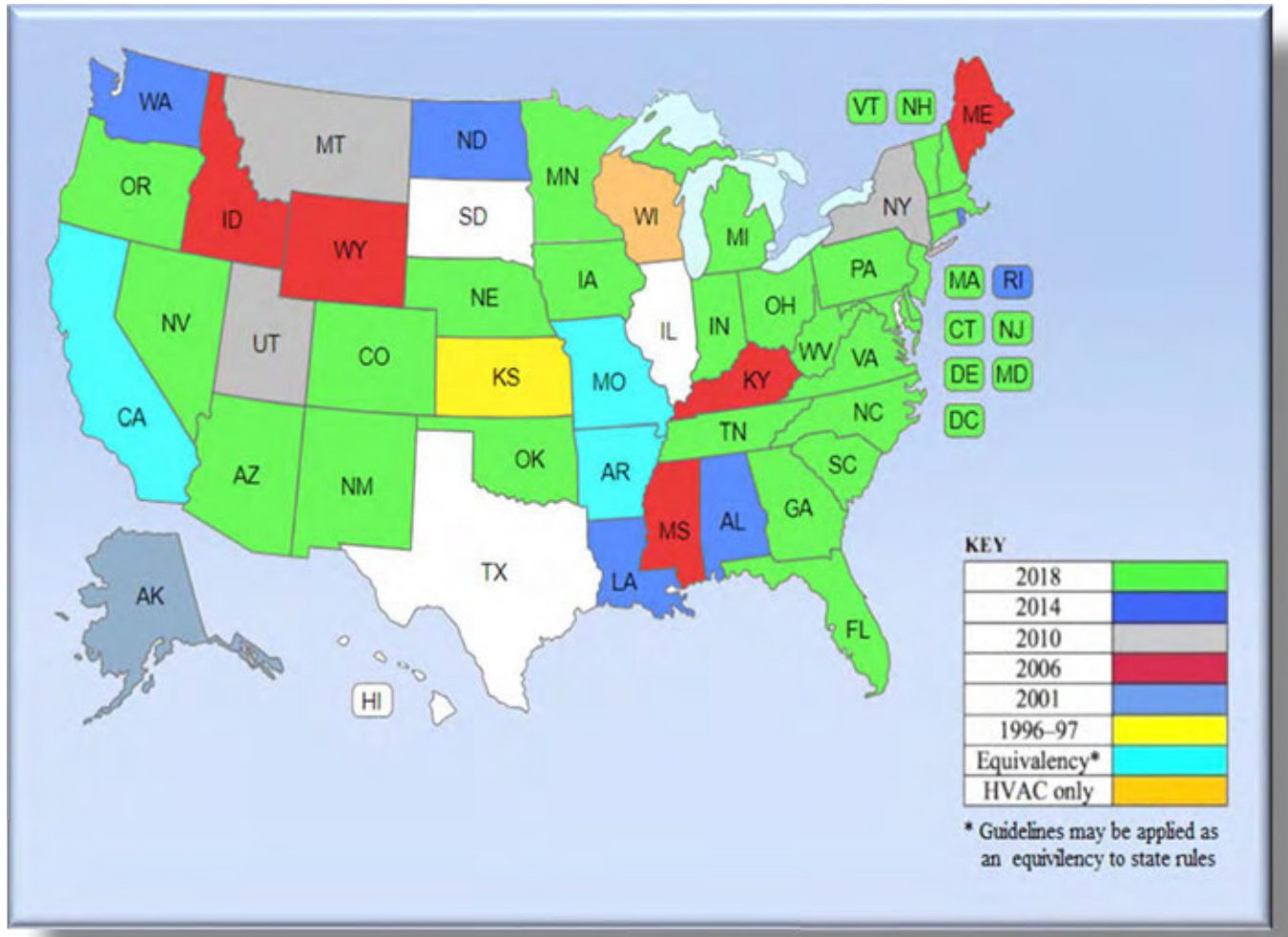
- Employees working both from the office *(3 days/wk)* and remotely
- Submittals are close to normal *(15 to 20 new & 50 to 70 overall per month)* at this time
- They are down to about 60 total employees. (20 field, 8 clerical, 32 reviewers) (*down from 126 in 2015*)
- They are down to only 3 full time health care reviewers *(down from 15 in 2015)*
- The remainder of reviewers are pulled from other units as needed
- Currently holding to the normal 20 Day / 7 Day review schedule
- E-mail is still the best way to contact the reviewers, but phones are available

The "Guidelines"

- The original ***General Standards*** appeared in the *Federal Register* on February 12, 1947, as part of implementing regulations for the 1946 Hill-Burton Act.
- In 1974 the document was retitled ***Minimum Requirements of Construction and Equipment for Hospital and Medical Facilities*** to emphasize that the requirements were minimum, not ideal standards.
- In 1984 the Department of Health and Human Services asked the American Institute of Architects to publish and distribute the ***Guidelines***
- The ***Facility Guidelines Institute*** (FGI) was formed in 1998
- The 2022 edition will be the latest in the 75 year history of the ***Guidelines*** and the 9th edition to be revised through a multidisciplinary consensus process supported by public input and review.

FGI Guidelines Adoption Progress

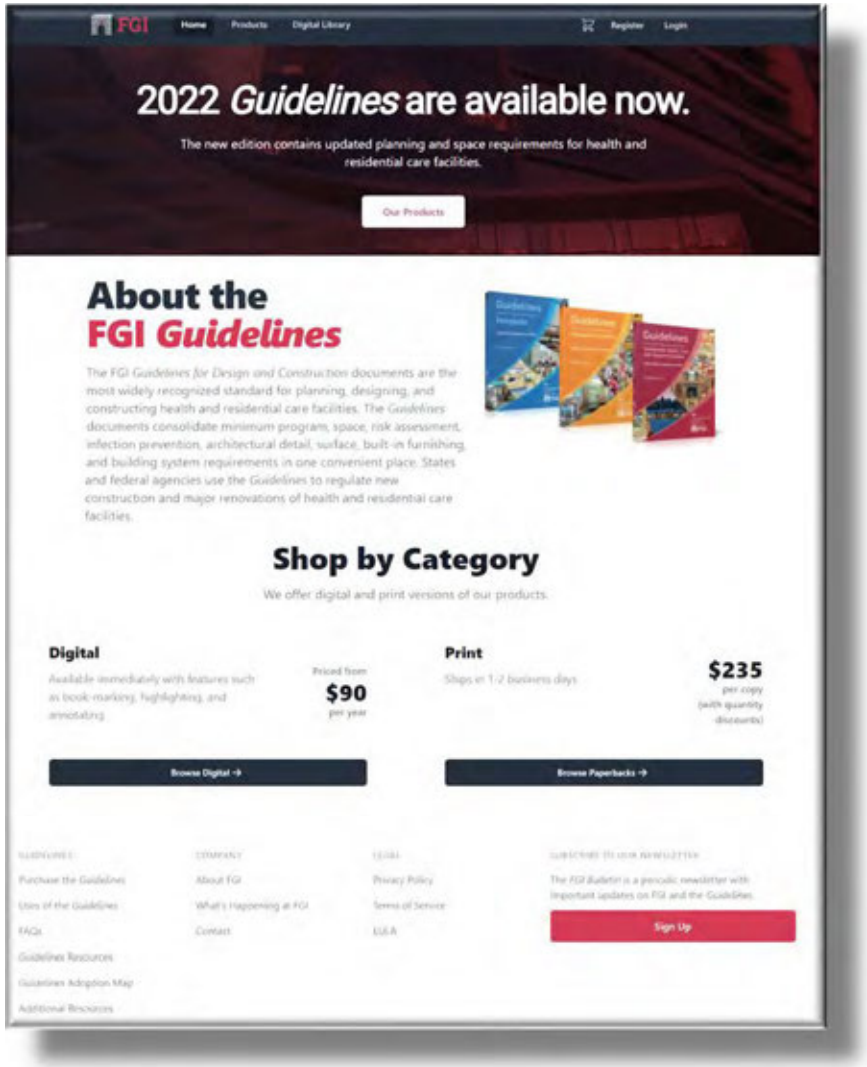
- 43 states adopt some edition of the ***Guidelines***
- 28 states currently use the 2018 edition, with at least 5 other states working on adoption
- 5 states (Idaho, Kansas, Maine, Mississippi, and New York) that adopted earlier editions of the ***Guidelines*** permit use of a more recent edition than that adopted.
- 4 states do not use the ***Guidelines*** officially but do use the documents for reference.
- 3 states do not adopt but allow use of the ***Guidelines*** as an alternate path to compliance.



The FGI E-Commerce Store

In May of 2022 the Facility Guidelines Institute (***FGI***) released the 2022 *Guidelines for Design and Construction* documents and simultaneously launched our new dedicated e-commerce site and digital licensing platform.

The new FGI e-commerce site delivers a user-friendly checkout process for paperbacks and digital products and provides a new digital platform, which features a suite of functional tools to increase ***Guidelines*** users' productivity.

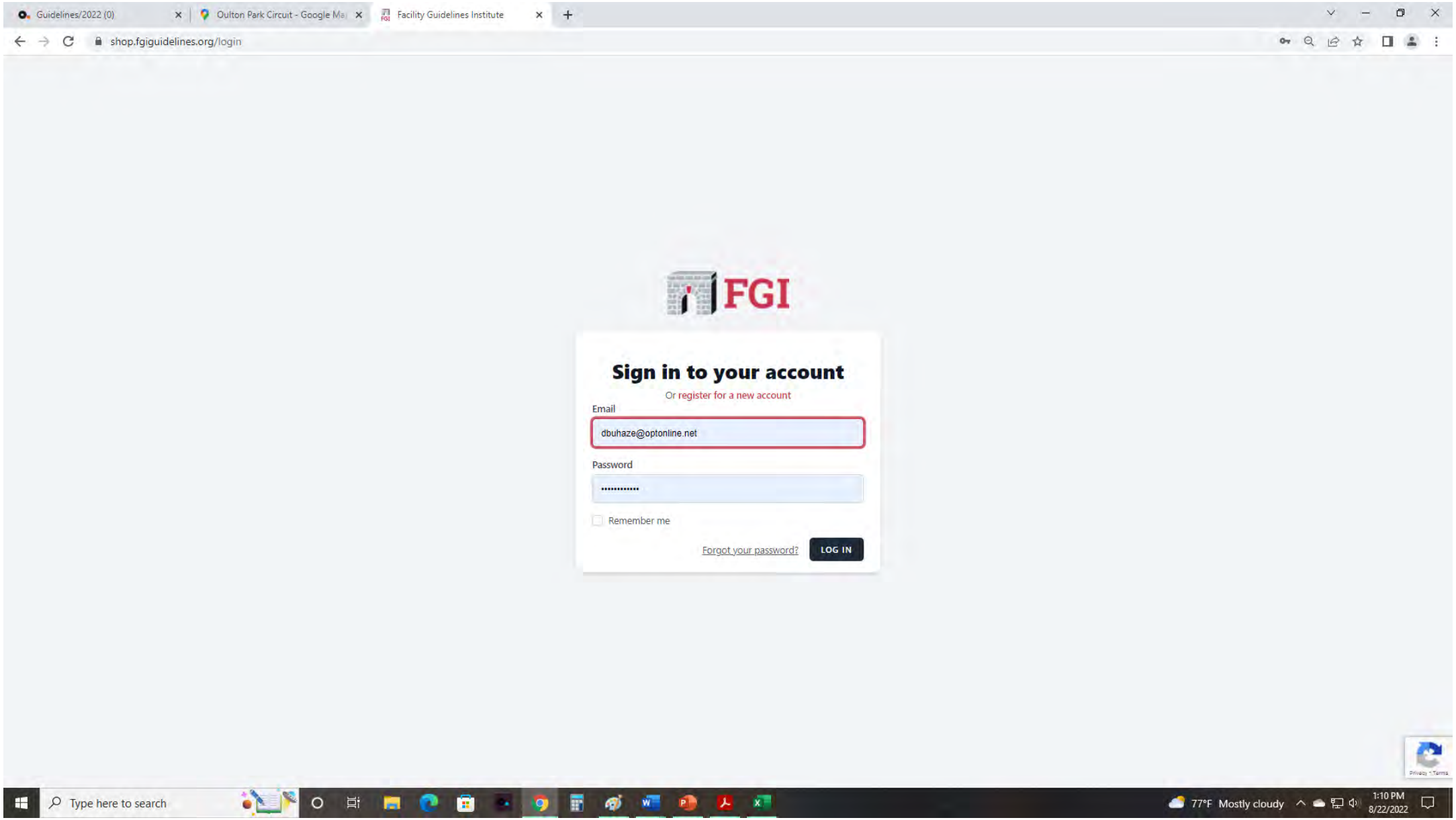


The FGI Guidelines Digital Licenses

- Subscribers to the digital licenses will be able to highlight ***Guidelines*** text, create notes on the content, bookmark frequently used sections, and locate errata, formal interpretations, and application guidance at the associated sections. Cross-references to other sections in the same document are linked.
- Both single- and multiple-user licenses are available, depending on the level of access needed.
- Single-user licenses are a cost-effective option for small organizations or for individual users.
- For larger organizations, multiple-user licenses are an effective way to provide access to the ***Guidelines*** for different user groups. For example, a hospital system with multiple locations can create one licensed account and designate the number of simultaneous users who can access the ***Guidelines*** in each facility.
- A multiple-user license gives organizations the ability to provide access to as many employees as needed; the cost being determined by how many employees need to view ***Guidelines*** content at the same time.
- Bundling discounts for multiple-user licenses and paperback purchases are automatically applied at the time of purchase.

The FGI Guidelines Digital Licenses & MadCad

- The 2022 ***Guidelines*** digital licenses and paperback books can be purchased at https://shop.fgiguidelines.org/.
- Digital and Paperback copies of the 2014 and 2018 editions of the ***Guidelines*** documents are also available for purchase on the FGI e-commerce site.
- Subscribers who signed up for the 2018 edition and previous editions of the ***Guidelines*** documents and have renewed their subscriptions to MADCAD will still have access to those documents until June 30, 2023.
- FGI's partnership with MADCAD will terminate at the end of this coming June.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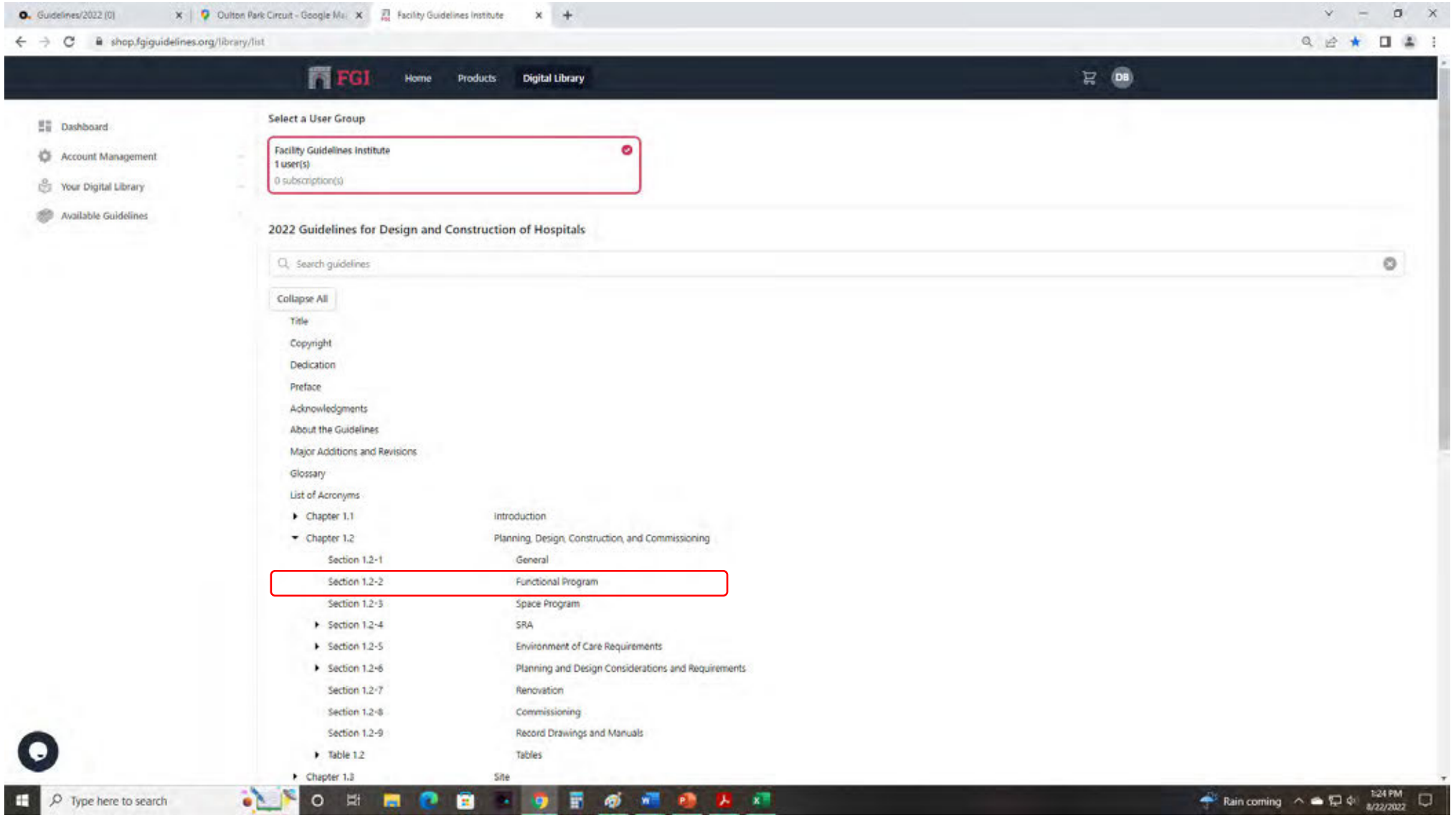
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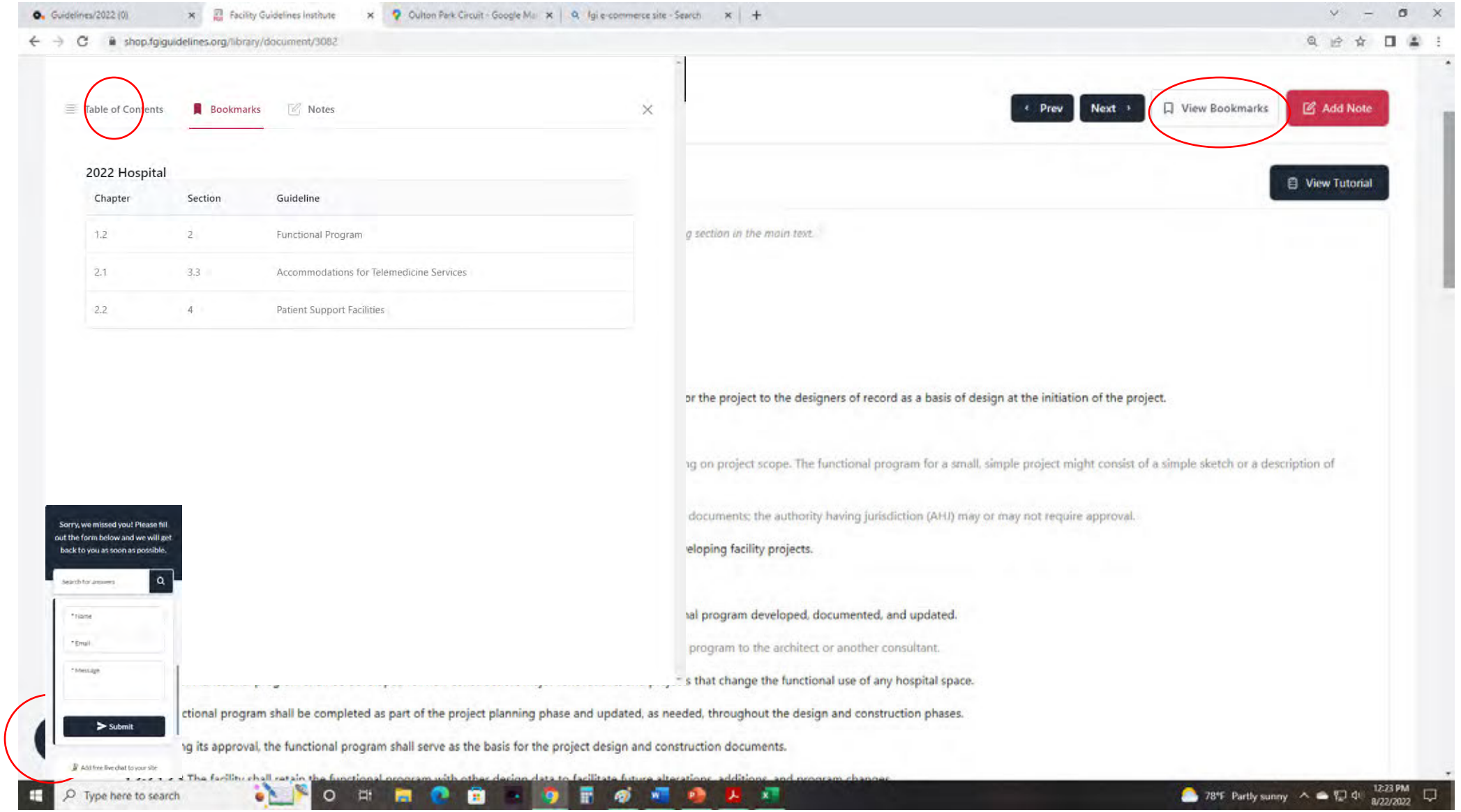
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2022 Guidelines Revisions process

2022 Health Guidelines Revisions Committee

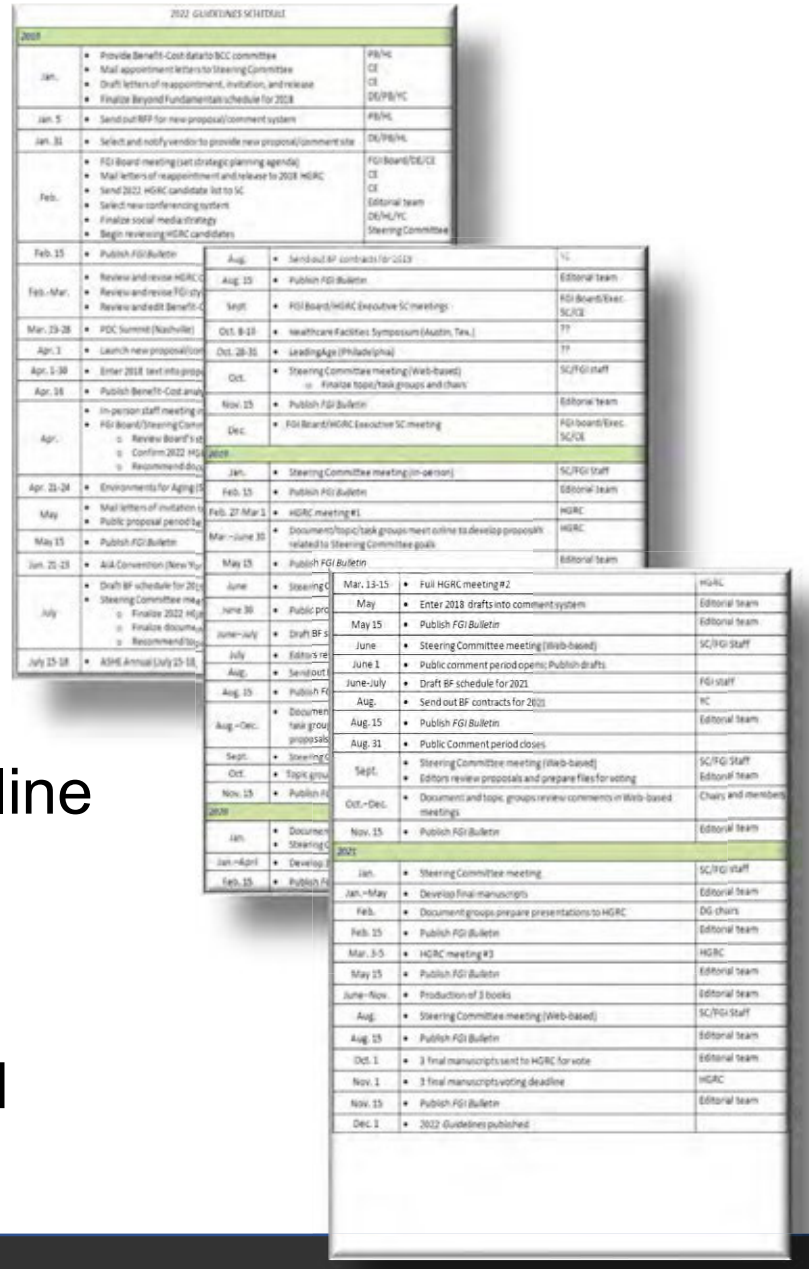
- The ***HGRC*** is a select, multi-disciplinary, consensus body of more than 130 professional volunteer representatives from across the nation.

- The ***HGRC*** includes:
  - State authorities and Federal agency representatives
  - Non-governmental professional society members
  - Facility owners and Administrators
  - Architects and Engineers
  - Clinical practitioners

- ***HGRC*** members spend countless hours each cycle in subcommittees and focused task groups reviewing proposals for change, revising existing language and authoring new up-dated standards.

2022 Edition Revisions Progress

- ✓ Nov. 2018 to Jun. 2019 – 1st open proposal period for public comment
- ✓ Sept. 2019 to Mar. 2020 – Vetting of proposals via online conferencing by the HGRC
- ✓ July 2020 to Sept. 2020 – 2nd open proposal period for public comment
- ✓ Nov. 2020 to Apr. 2021 - Vetting of proposals via online conferencing by the HGRC
- ✓ Apr. 2021 – Full HGRC voting on final Document
- ✓ May 2022 – 2022 Edition of the Guidelines released



Overview of FGI 2022 Proposed Changes

Changing to Keep Pace with Clinical Practices

Hospital Guidelines Major Items

- Sustainability / Energy Conservation
- Palliative care
- Lighting
- Burn Trauma Care
- Hospice Patient care
- Behavioral Health
- Emergency Departments
- ER Low Accuity Treatment
- Neonatal Care
- Behavioral & Mental Health Hospitals

ANSI / ASHRAE

Energy efficiency. Mechanical and electrical systems shall be selected and sized to support reduced energy demand and consumption.

- ANSI/ASHRAE/IES 90.1as adopted by the U.S. Department of Energy, shall be used in the absence of a locally or state adopted energy code.

Also Recommends

- ANSI/ASHRAE/ASHE Standard 189.3: Standard for Design, Construction, and Operation of Sustainable High-Performance Health Care Facilities
- ANSI/ASHRAE/USGBC/IES Standard 189.1: Standard for Design of High-Performance, Green Buildings

Palliative Care

Design Considerations for Palliative Care Settings

Palliative care is an approach to clinical care that focuses on symptom management and accommodations for and support of quality of life for the patient, their family and friends, and their caregivers.

- Currently, there are more than 1,400 hospital **palliative care** programs in the U.S.
- About 80% of large U.S. hospitals with more than 300 beds have a **palliative care program**

Lighting Considerations

Additional information regarding proper lighting levels has been added to the Guidelines via 2 publications, developed by IES that apply to healthcare settings:

- ANSI/IES RP28: Lighting and the Visual Environment for Seniors and the Low Vision Population to address the special lighting needs of older adultcare populations.
- ANSI/IES RP-29: Lighting for Hospitals and Health Care Facilities addresses recommended practices for lighting for the general population in health care facilities and special lighting for medical procedures.

Burn Trauma Critical Care Unit (NEW*)

- An operating room that meets the requirements for a standard OR shall be readily accessible to the BTCCU.
- The temperature in operating rooms used for burn patients shall be able to be increased to 95°F, as burn patients are unable to regulate their body temperature and are susceptible to hypothermia.
- The patient room shall be designed as a protective environment room.
- The Burn Trauma patient rooms shall have radiant heating panels located over the bed.

- Radiant heat panels shall be individually controlled in each patient room.
- Each Burn Trauma patient room shall have direct access to an enclosed toilet room

Hospice Patient Care Unit

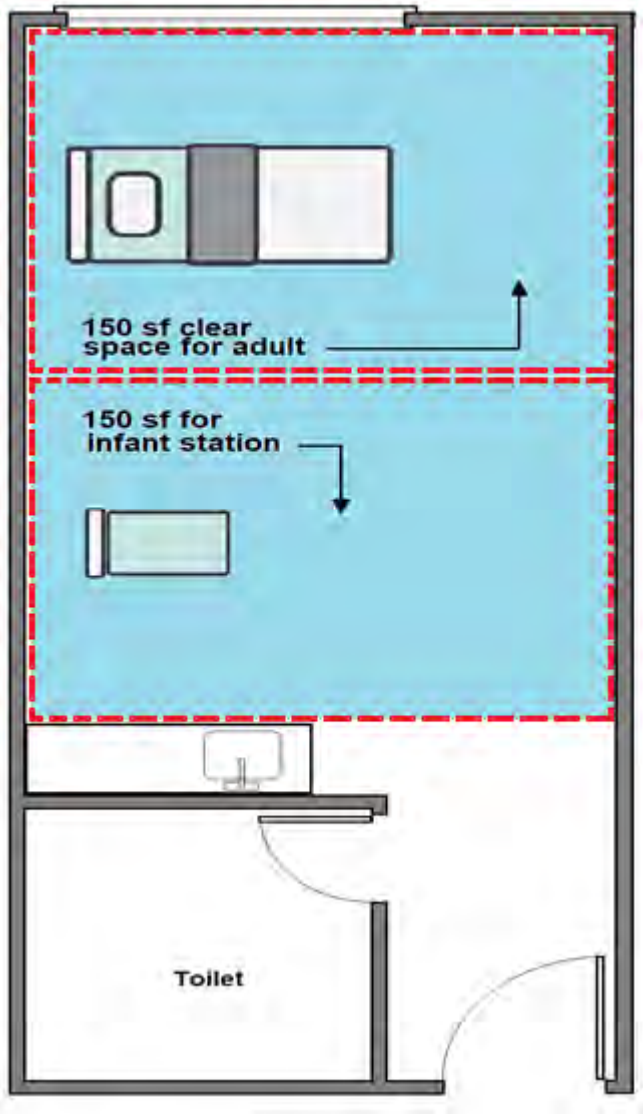
- Minimum clear floor area of 153 sf with a min wall width at the head of the bed of 10 ft
- Family support zone with a minimum clear floor area of at least 33 sf
- Movable seating with a minimum of one seat for a family member or visitor and one seat for the individual receiving care
- At least one chair for long-term sitting
- Space for family member overnight stay
- Patient Toilet Room) shall be provided.

Hospice Patient Care Unit

- Designed and located to prohibit nonrelated traffic through the unit
- Access and service arrangements shall be such that staff, care providers, and visitors can access other services without traveling through the hospice area
- Each hospice care room shall have an outside window
- Bathing facilities shall be provided
- Considerations for creating a homelike atmosphere, including furniture arrangement and orientation to the patient bed and room windows, should reflect the needs of the patient population

Neonatal Couplet Room (NEW*)

- This room accommodates a hospitalized mother and a NICU patient to be cared for in the same room.
- 300 sf min. clear area, including 150 square feet for the infant care station and 150 square feet for the mother's bed.
- Clearances for the adult bed shall meet the requirements for Care of Individuals of Size
- Clearances for the infant care station shall meet the requirements in Section 2.2-2.8.2.2



Neonatal Couplet room

- Each room accommodating an adult shall meet the requirements in the following sections:
  - Section 2.1-2.2.3 (Windows)
  - Section 2.1-2.2.4 (Patient Privacy)
  - Section 2.1-2.2.5 (Hand-Washing Station in the Patient Room)
  - Section 2.1-2.2.6 (Patient Toilet Room)
  - Section 2.1-2.2.8 (Patient Storage)
- Support areas for the neonatal couplet care room shall be permitted to be shared with the NICU and the obstetrical unit.

Emergency Department

Sections revised

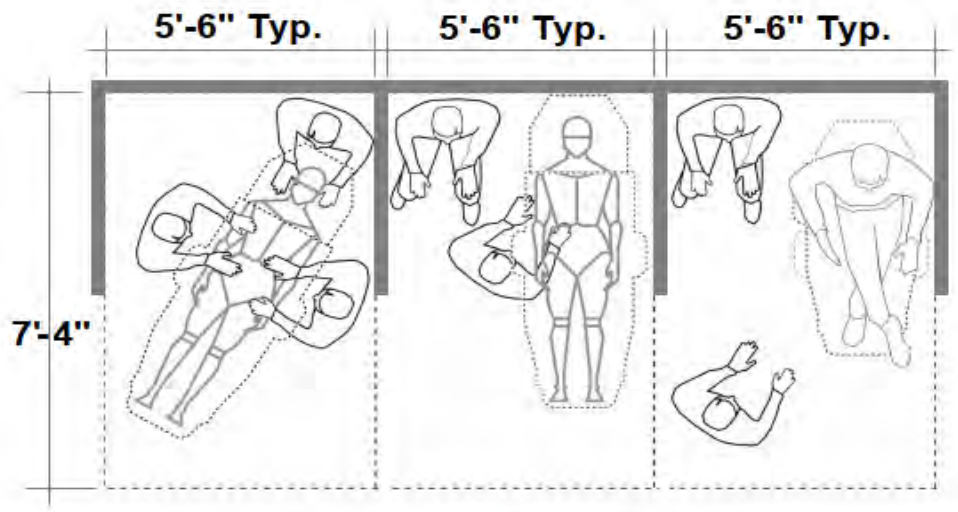
- Guidance on pediatric treatment areas
- Accommodations for patients of size
- New appendix language for treatment areas for Geriatric patients
- New section on Low Accuity treatment stations
- Revised Behavioral Health requirements
- Revised requirements for Decontamination Rooms

ER Low Accuity Treatment Area (NEW*)

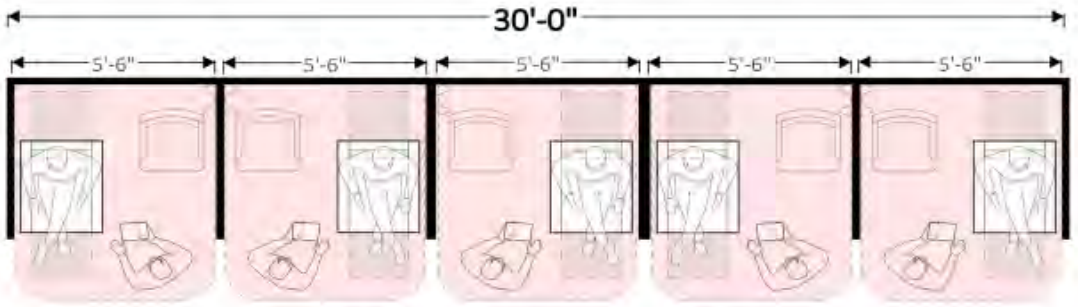
- Low-acuity patient treatment stations are intended to complement single- and multiple-patient treatment rooms and fast-track areas.
- The size and ratio of low acuity treatment bays or cubicles provided in an emergency department will depend on the expected patient acuity mix and planned use of the facility.
- Low-acuity patient treatment stations can not be used to replace other emergency department treatment room types in their entirety.

ER Low Accuity Treatment Area

- Each patient care station shall have a minimum clear floor area of 40 square feet with a minimum clear dimension of 5 feet 6 inches
- Each bay or cubicle shall accommodate a minimum clearance of 3 feet at the side(s), head, or foot of the patient chair that corresponds with the care provider's expected work position(s).



40 sf Typical at ea. station



40 sf Typical at ea. station

ER Low Accuity Treatment Area

As a permitted treatment area, the low-acuity treatment station would carry minimum requirements to support the standard of care, including those for:

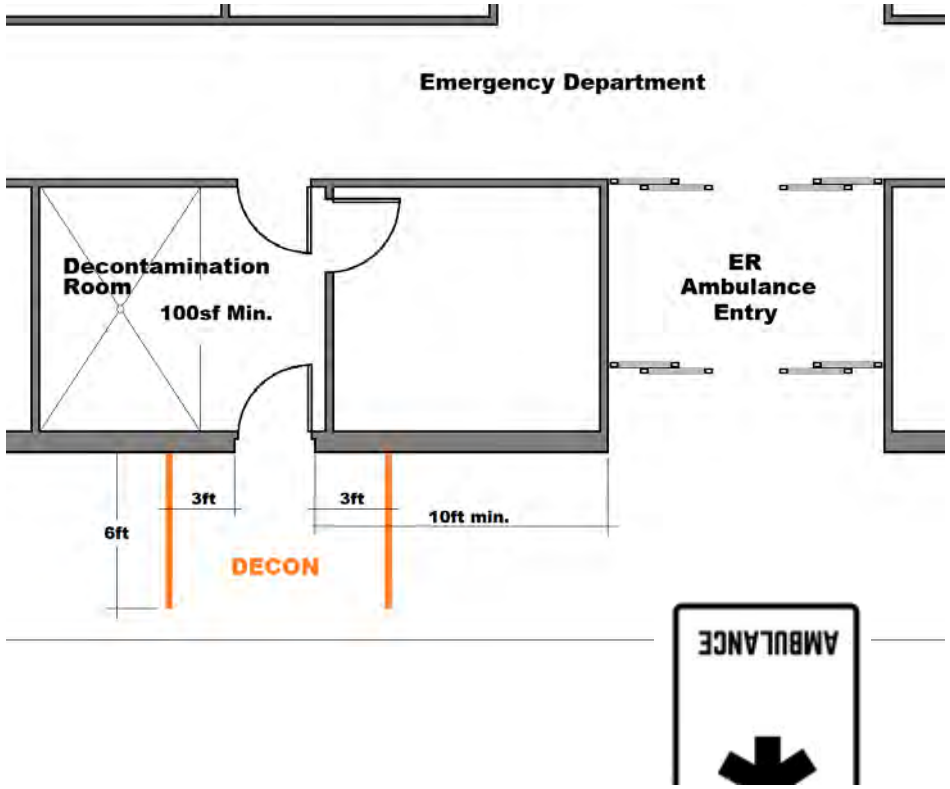
- Hand-washing stations (one per four treatment stations)
- Patient toilet rooms (one per six treatment stations)
- Privacy (in the form of curtains, screens, or partitions)
- Examination light (portable or fixed)
- Accommodations for documentation (written or electronic)
- Space for a visitor's chair
- Electrical receptacles (four outlets ea. chair/ recliner)
- Nurse call devices for each patient station required
- Medical gas station outlets (allowed but not required)

ER Behavioral Health Area

- Secure holding rooms shall have a min. clear floor area of 60 sf with a min. wall length of 7 ft and a max. wall length of 11 ft
- A minimum ceiling height of 9 ft) shall be provided
- All door hardware, sinks, finishes, light fixtures, sprinklers, and outlets shall be tamper- and ligature-resistant
- Rooms shall be designed to limit the patient's ability to convert architectural features or equipment into weapons
- Ligature-resistant design criteria shall be considered for all spaces
- Where provided, behavioral and mental health treatment rooms shall meet the single-patient treatment room requirements for ER treatment rooms

Decontamination Areas (Interior)

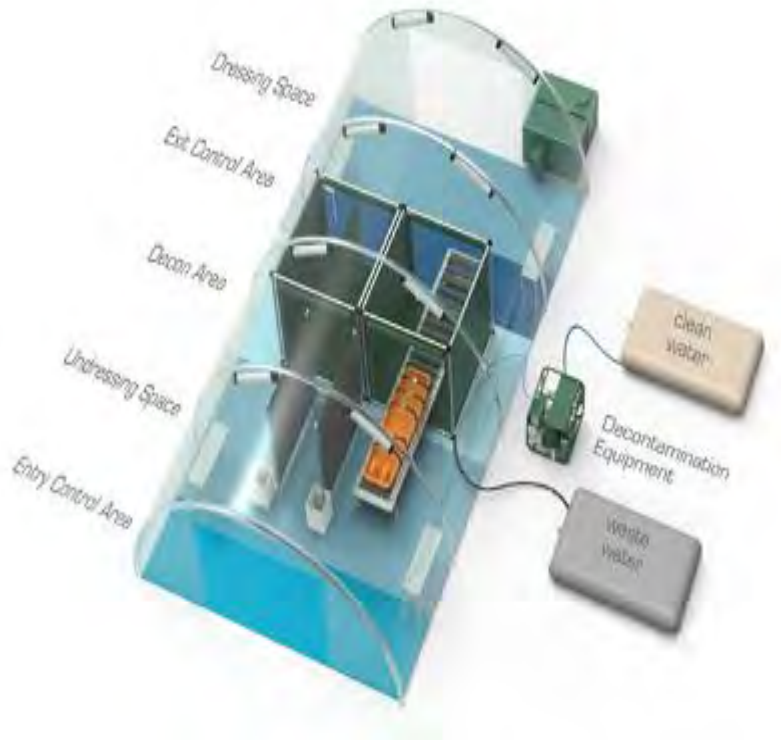
- Outside entry door located 10 feet min. in any direction from the closest other entrance.
- A separate, independent, secured external entrance adjacent to the ambulance entrance.
- lighted and protected from the environment in the same way as the ambulance entrance.
- Contrasting boundary line on the ground 3 ft from each side of the door that extend 6 ft out from the exterior wall



- The word “DECON” shall be marked on the ground within these boundaries

Decontamination Areas (Exterior)

- Located 30 feet or greater from entrances, operable windows, and outdoor air intakes.
- At least two temperature-controlled shower heads, separated by at least 6 feet, with a separate spigot for attachment of a hose
- Provision for containment of the contaminant/infectious agent
- Water runoff capability to prevent contaminated water from entering community drainage systems
- Lighting appropriate for patient care and staff safety

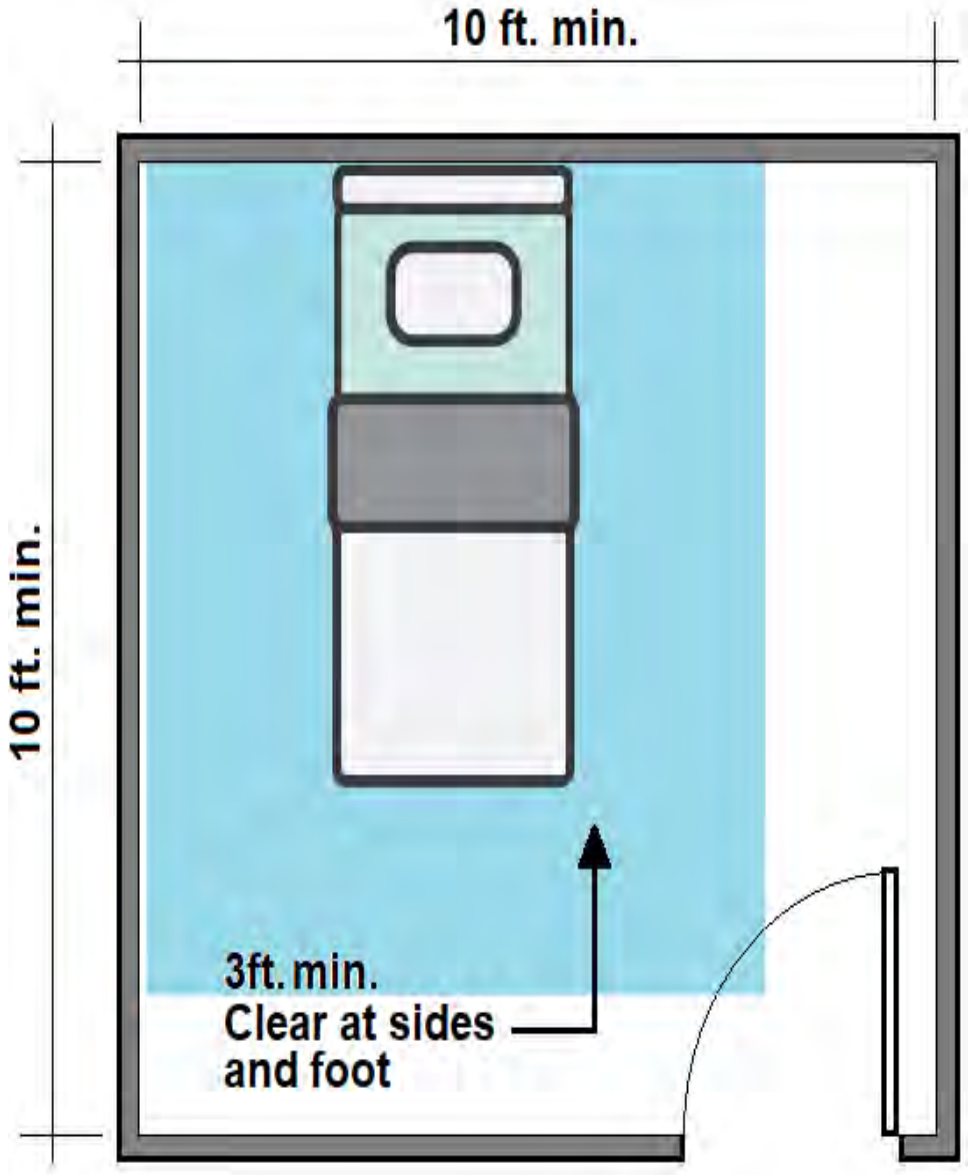


Behavioral Health Crisis Unit (NEW*)

- A dedicated emergency services unit to respond to behavioral health patients presenting in a state of crisis
- The unit shall be in or readily accessible to the emergency department.
- Where the behavioral health crisis unit is in or readily accessible to the emergency department, shared ancillary and clinical services shall be permitted when these shared services are located and configured to accommodate programmatic requirements for safety, security, and other clinical considerations

Behavioral Health Crisis Unit

- Means for visual observation of unit corridors and patient care areas shall be provided.
  - Electronic surveillance shall be permitted but shall not be the only means of visual observation.
- An examination/treatment room shall be provided for medical assessment or triage of patients in the unit.
- The number of observation rooms in the behavioral health crisis unit shall be determined by the health care organization during the planning phase. The maximum number of beds per room shall be one.

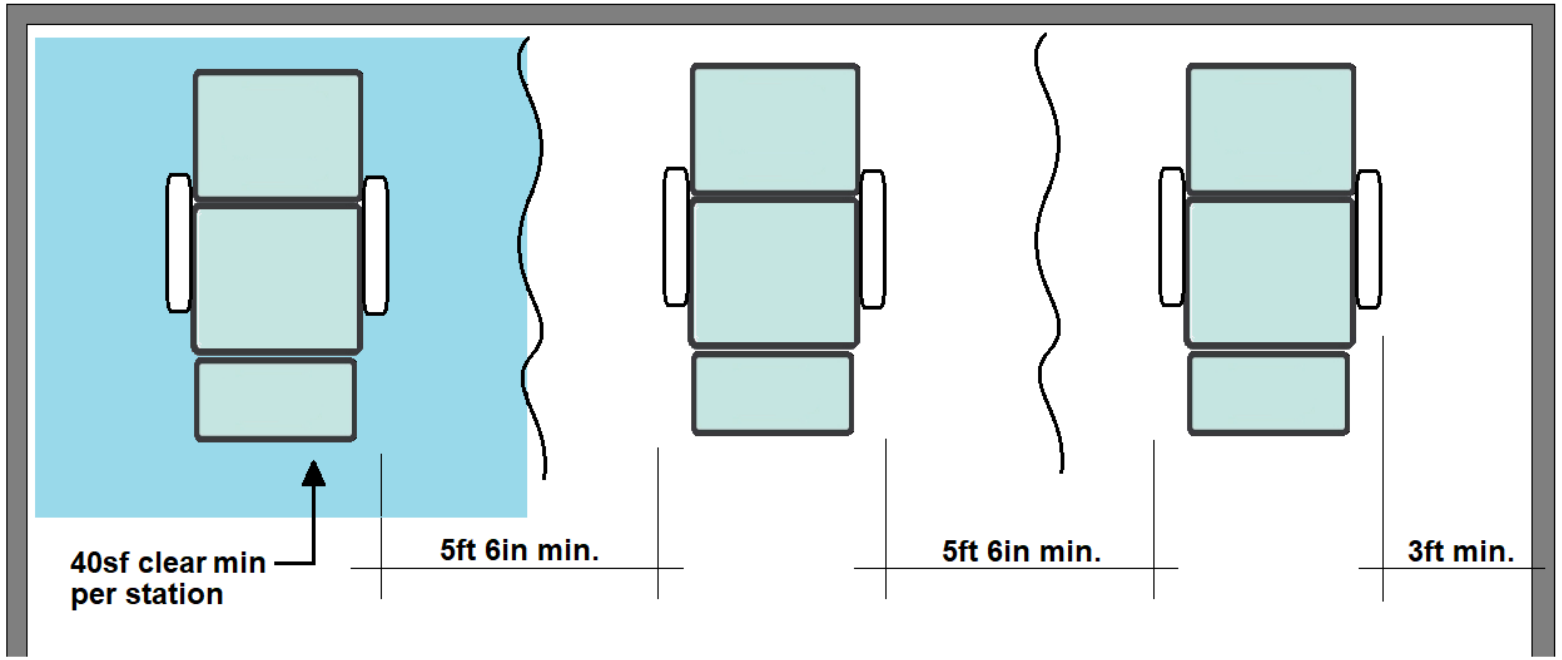


Behavioral Health Crisis Unit

- A single observation room shall have a minimum clear floor area of 100 sf with a minimum clear dimension of 10 feet
- Room size shall permit a room arrangement with a minimum clearance of 3 ft on each side and at the foot of the bed/ recliner
- At least one toilet room shall be provided for each six single-patient observation rooms and for each major fraction thereof.

Behavioral Health Crisis Unit

- A multiple-patient observation area shall have a minimum clear floor area of 40 square feet per station
- Additional space may be required for equipment and furnishings.



- A minimum clearance of 3 feet shall be provided between walls or partitions and the sides of recliners
- 5 feet 6 inches shall be provided between recliners.

Behavioral & Mental Health Hospitals

Environmental Safety and Prevention of Harm

- New appendix material emphasizing patient safety and self risk minimalization
- Emphasis on security and elopement prevention
- Perimeter locking
- Patient observation

Behavioral & Mental Health Hospitals

Patient Care Units

- Directly accessible toilet room (changed from *access to a toilet room*)
- The door to the toilet room shall not create a positive latching condition that will support a ligature condition.
- Where indicated by the safety risk assessment, replacing the toilet room door with other means of providing visual privacy shall be permitted.
- Where a shower is provided, it shall be designed for use without shower curtains

Behavioral & Mental Health Hospitals

Geriatric Patient Care Unit (NEW*)

- Where a geriatric behavioral and mental health unit is provided, patient care areas shall be separate and distinct from adult or child patient care areas.
- Each patient shall have a toilet room directly accessible from the patient room
- At least one accessible bathtub in a locked room shall be provided in each geriatric patient care unit.
- Door openings to patient bedrooms shall have a minimum clear width of 48 inches

Behavioral & Mental Health Hospitals

Transcranial Magnetic Stimulation Room (NEW*)

- The TMS room shall have a minimum clear floor area of 80 square feet
- Accommodations for documentation shall be provided
- A hand-washing station shall be provided in the TMS room
- Depending on the type of stimulator equipment provided in the TMS room, radiofrequency (RF) shielding may be necessary to control interference.
- Consideration should be given to providing light dimming controls in the TMS room to promote patient relaxation.

Additional Hospital Guidelines Revisions

- Updated appendices for the behavioral and mental health risk portion of the safety risk assessment
- Provision of an anteroom for an airborne infection isolation room predicated on an infection control risk assessment (ICRA); with design considerations for anterooms added to the appendix
- Clarifications on clean and sterile storage in operating suites in the Hospital and Outpatient documents

Additional Hospital Guidelines Revisions

- New guidance on ED design to improve flexibility, accessibility, and safety
- New information to encourage small and specialty hospitals, where appropriate, to use the critical access hospital chapter
- New guidance to increase flexibility of room use in critical access hospitals – Universal rooms

Outpatient Guidelines Revisions

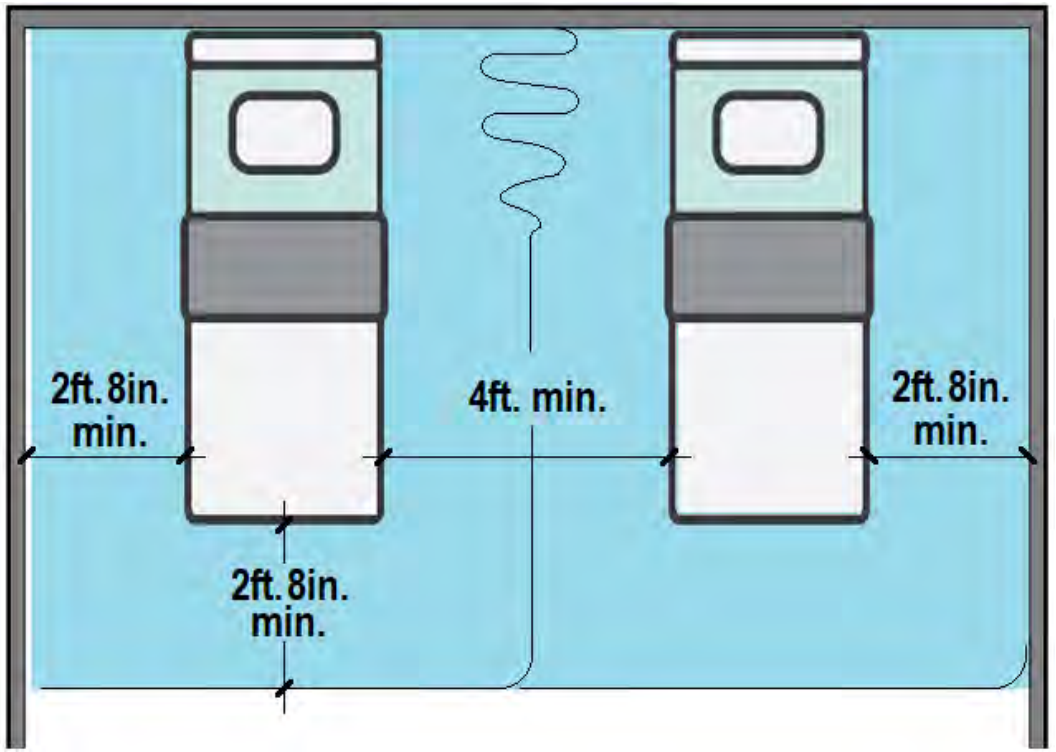
- Freestanding ED requirements now appear in Outpatient Guidelines only
- Removal of clear floor area requirements for several patient care stations, with clearances determining their size
- New appendix table with examples of how Chapter 2.2, Specific Requirements for General and Specialty Medical Facilities, can be applied to specialty care facilities

Outpatient Guidelines Revisions

- Minimum size for birthing rooms reduced from 200 to 120 square feet
- Multiple-patient exam room added to the urgent care center chapter
- Added Language for Sexual Assault Forensic Exam Room
- Chapter for extended stay centers affiliated with outpatient surgery and freestanding emergency facilities will be considered for the next revision cycle

Multiple Patient Exam Room

- Where an exam room with multiple-patient care stations is provided, it shall meet the following requirements:
- Clearances shall be measured from the extended lounge chair/gurney position.
- Where bays are used, 4 feet shall be provided between the sides of gurneys /lounge chairs

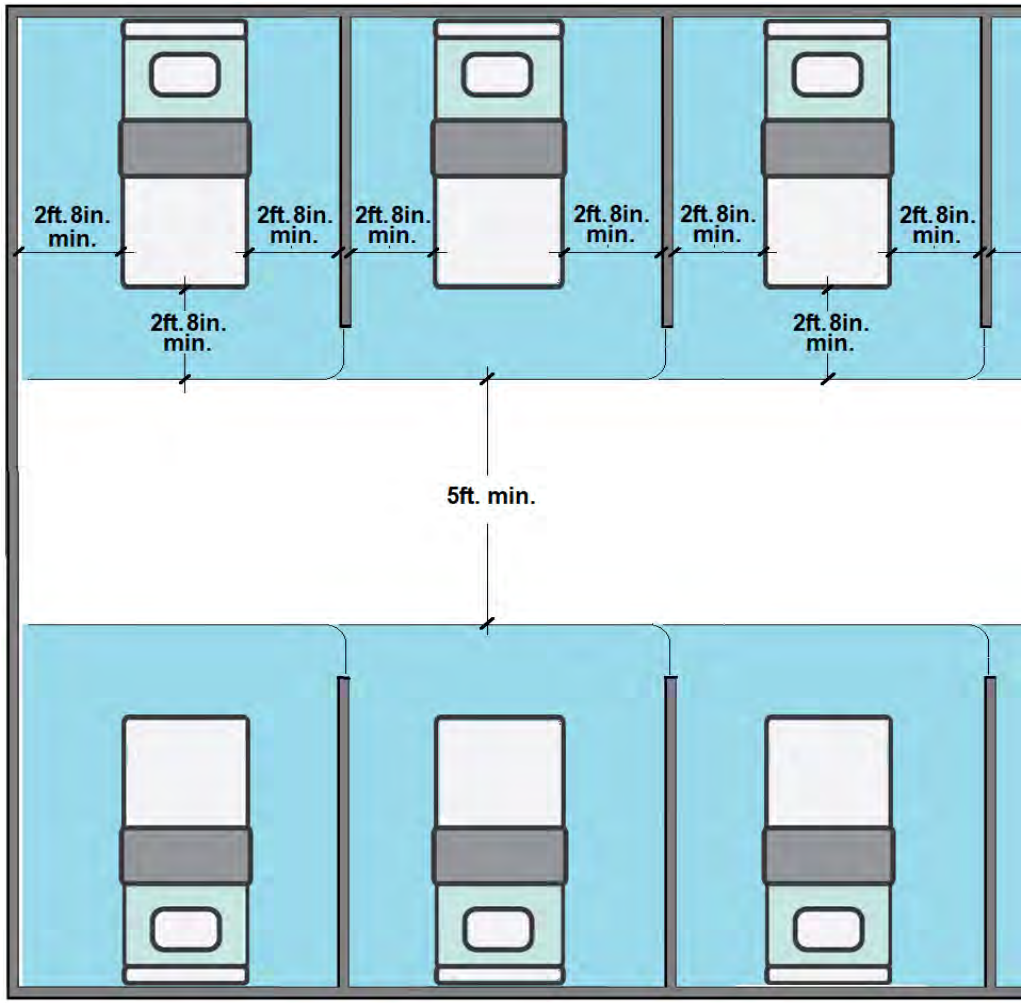


- 2 feet 8 inches between the sides of gurneys/lounge chairs and adjacent walls or partitions
- 2 feet 8 inches between the foot of gurneys/lounge chairs and the cubicle curtain

Multiple Patient Exam Room

- Where cubicles are used, a minimum clearance of 2 feet 8 inches shall be provided between the sides and of gurneys/lounge chairs and adjacent walls, partitions, or cubicle curtains.

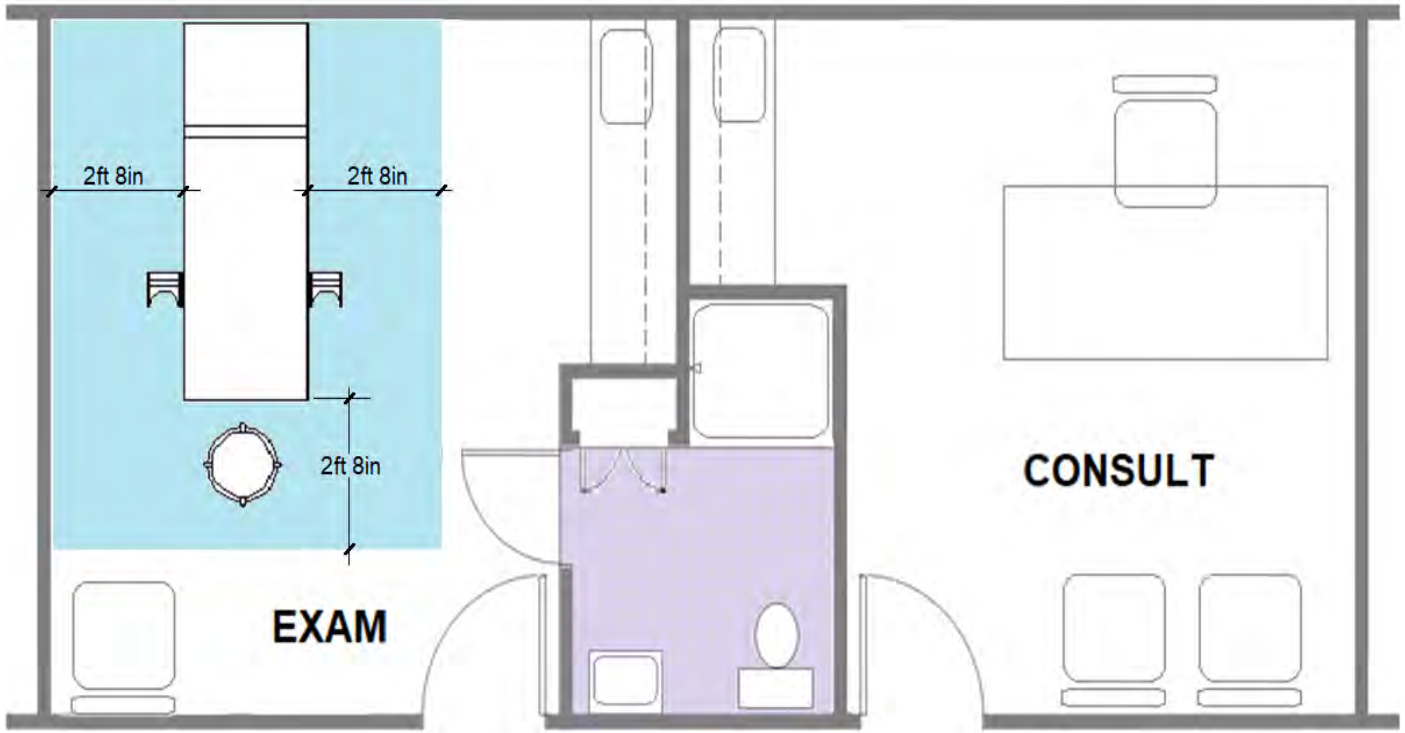
- Where bays or cubicles face each other, an aisle with a min clearance of 5 ft independent of the foot clearance between patient care stations or other fixed objects shall be provided.



Sexual Assault Forensic Exam Room

If provided, must meet the requirements of a single patient exam room. SAFE room contains:

- 80sf. min. clear floor area
- Pelvic examination bed/table
- Lockable storage area for forensic collection kits
- Private toilet and shower
- Readily accessible Consultation room



Hyperbaric Oxygen Therapy Facilities (NEW*)

- The hyperbaric treatment area shall meet the requirements of the “Hyperbaric Facilities” chapter in NFPA 99: Health Care Facilities Code.
- Requirements for :
- Multi-place (Class A chamber) facilities
- Mono-place (Class B chamber) facilities
- The support areas in Section 2.6-3.8 (Support Areas for the Infusion Center) shall be provided for the hyperbaric facility

Extended Stay Centers

- This proposed chapter of the Guidelines was intended to apply to extended stay centers that serve outpatient surgery facilities, including ambulatory surgery centers, freestanding emergency care facilities, or other licensed facilities.
- It would be limited only to facilities for patients who receive medical/surgical care.
- After much consideration, we determined that this just wasn't ready to include in the Guidelines for this edition.

Beyond Fundamentals

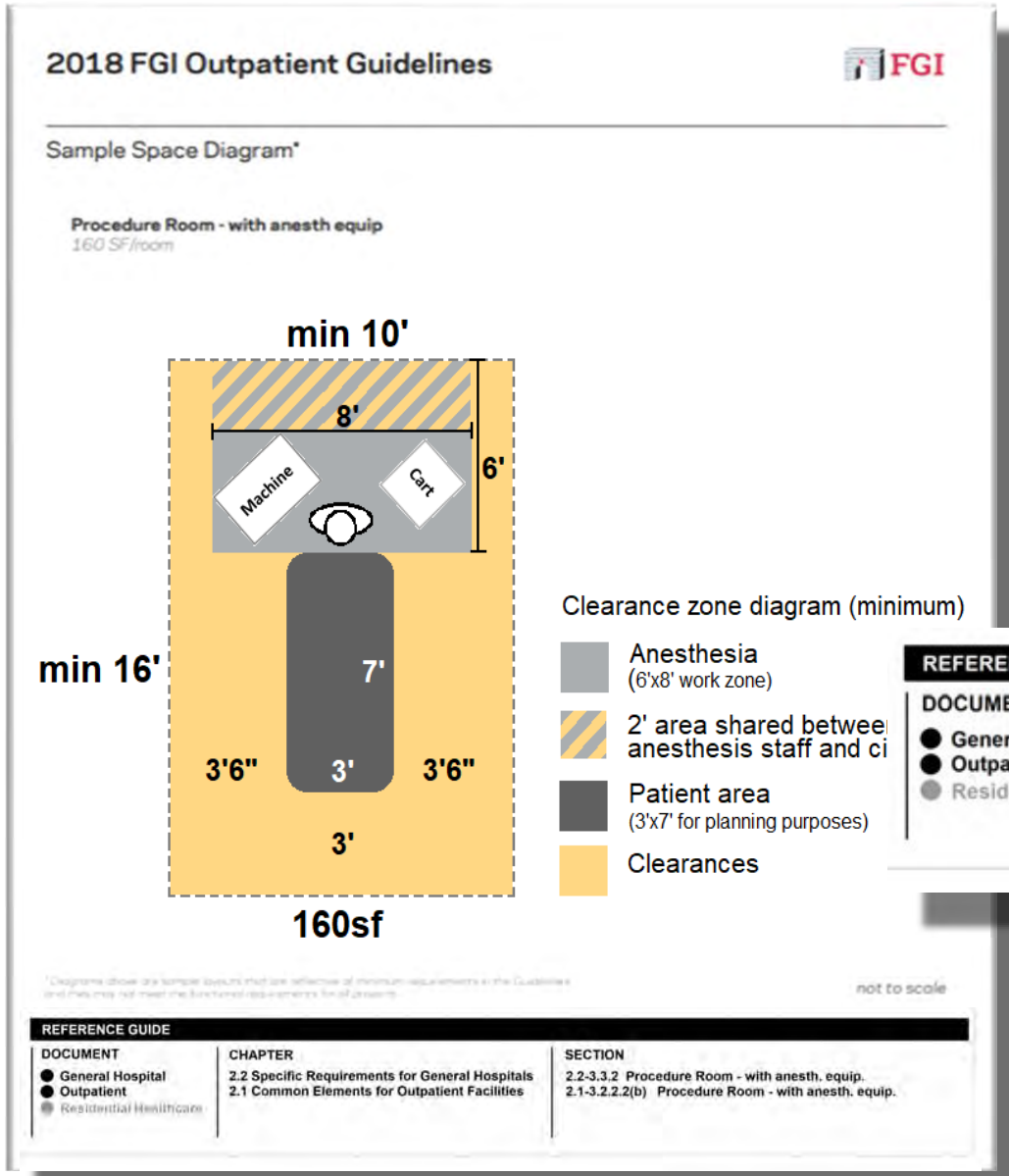
Beyond Fundamentals

- Provides access to a growing collection of health care design resources, including white papers, reports, checklists, design for emerging trends in practice, and access to the experiences of industry change-makers
- The Beyond Fundamentals content is updated and supplemented continually, unlike the FGI *Guidelines for Design and Construction* documents, which are static documents published every four years.
- Conceived as a way to stay current with trends that will impact health care facility design
- A digital library featuring new and unique content that reaches beyond the minimum requirements to reflect the latest health care design thinking
- Best practices, design recommendations, evidence-based research, and new applications of technology.

Beyond Fundamentals

- Patient Handling and Mobility Assessments
- A Case for the Low-Acuity Patient Treatment Station: Reducing the Length of Stay for Emergency Department Visits
- FGI Study of Clearances Needed to Provide Safe Care for Patients of Size
- Behavioral Health Design Guide
- Testing Sustainable Flooring: A Johns Hopkins Health Systems Report
- Hybrid Operating Room Design Basics

The Illustrated Guide to the FGI Guidelines



REFERENCE GUIDE
DOCUMENT
General Hospital
Outpatient
Residential Healthcare
CHAPTER
2.2 Specific Requirements for General Hospitals
2.1 Common Elements for Outpatient Facilities
SECTION
2.2-3.3.2 Procedure Room - with anesth. equip.
2.1-3.2.2.2(b) Procedure Room - with anesth. equip.

Guidelines for Emergency Conditions

- FGI received numerous requests for guidance on setting up temporary facilities and adapting existing facilities in response to the COVID-19 pandemic
- FGI assembled a special committee to formulate design guidance for facilities during emergency situations caused by not only the COVID-19 emergency but weather, other pandemics, wildfires, and other emergency situations
- The committee was hand picked by FGI reaching out to individuals from around the country who had extensive experience in emergency response

Guidelines for Emergency Conditions

- The committee created a white paper which includes draft Guidelines requirements and lessons learned from past local and national emergencies such as COVID-19
- The white paper was made available for public review and comment from April 1 to June 30, 2021 was revised per those comments and is now in the FGI resource library.
- Many of the recommendations and draft Guidelines requirements in this white paper will be used as the basis for changes to the 2026 edition of the Guidelines
- Available for free download at www.fgiguidelines.org

2026 Guidelines Revisions Cycle

- The first open public comment period to begin the revision process for the next edition of the ***Guidelines*** will open on February 1st , 2023 and will run through June 30th, 2023.
- FGI encourages all users of the ***Guidelines*** documents to take this opportunity to make proposals that add to, delete from or modify the language of these standards.
- Your help makes this a better and more valuable design and regulatory tool.

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