# FGI Standards Workgroup

**January 31, 2018**  
**1:00 p.m. (Room 1-D)**

## WORKGROUP ATTENDEES

<table>
<thead>
<tr>
<th>Name</th>
<th>Organization</th>
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<tbody>
<tr>
<td>Jon Anderson (phone)</td>
<td>Anderson Dabrowski Architects</td>
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<tr>
<td>Tom Bickett (phone)</td>
<td>Legacy Health Systems</td>
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<tr>
<td>Gail Borger</td>
<td>LRS Architects</td>
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<tr>
<td>Scott Carroll (phone)</td>
<td>Good Samaritan Regional Medical Center</td>
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<tr>
<td>Elaine Dabrowski</td>
<td>Oregon Health &amp; Sciences University</td>
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<tr>
<td>Brian Dieker</td>
<td>Salem Hospital</td>
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<tr>
<td>Michelle Donohue</td>
<td>Ankrom Moisan</td>
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<tr>
<td>Thane Eddington</td>
<td>PKA Architects</td>
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<tr>
<td>Ruth Gulyas (phone)</td>
<td>Leading Age Oregon</td>
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<tr>
<td>Trisha Hayden</td>
<td>DaVita, Inc.</td>
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<tr>
<td>Annie Hoag</td>
<td>Peacehealth Birthcenter</td>
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<td>Elaine LaRochelle (phone)</td>
<td>Grande Ronde Hospital</td>
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<td>Rick McGuffey (phone)</td>
<td>Sky Lakes Medical Center</td>
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<td>Chris Morris</td>
<td>CBTwo</td>
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<td>Solvei Neiger</td>
<td>ZGF Architects</td>
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<td>John Osborn</td>
<td>ODVA Veterans Home</td>
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<tr>
<td>Matt Ottinger</td>
<td>SRG Partnership, Inc.</td>
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<tr>
<td>Rebecca Pawlak</td>
<td>Oregon Association of Hospitals and Health Systems</td>
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<td>Melinda Perkins</td>
<td>Peacehealth Birthcenter</td>
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<td>Jeff Reynoldson</td>
<td>Myhre Group</td>
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<td>Keith Russell (phone)</td>
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<td>Chris Shelby</td>
<td>The Springs</td>
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<td>Matt Stormont</td>
<td>Oregon Society for Health Care Engineering</td>
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<td>Ben Taylor</td>
<td>Providence Health &amp; Services</td>
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<td>Kristin Videto</td>
<td>DaVita, Inc.</td>
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<tr>
<td>Kimberly Weller</td>
<td>Kaiser Permanente, Facility Planning &amp; Design</td>
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<td>John Wood</td>
<td>Mazzetti and GBA</td>
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<td>Mellony Bernal</td>
<td>Health Care Regulation and Quality Improvement</td>
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<td>Lisa Humphries</td>
<td>Health Care Regulation and Quality Improvement, Facility Planning &amp; Safety</td>
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<td>David Mills</td>
<td>Office of the State Fire Marshall</td>
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<td>Dana Selover</td>
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### Public Health Division staff

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### Guest Speaker

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<tr>
<td>John Williams</td>
<td>State of Washington – Construction Review Services</td>
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### Welcome and Introductions

Dana Selover welcomed workgroup members. Members were asked to introduce themselves and to give a statement on why member is interested in the FGI standards. The following interest was noted:

- Effect on future renovation and expansion;
- Learn about new guidelines and provide input as an operator;
- Streamlining regulatory process;
- Learn how facilities may be impacted by guidelines;
- Offering assistance in guiding change;
- Alignment and consistency across states;
- Code alignment;
- Share best practice and lessons learned;
- Hospital interest in pursuing adoption of FGI;
- Reduce regulatory conflicts;
- Separation of hospital and satellite codes;
- Eliminate or reduce unnecessary costs;
- Alignment with CMS and other accrediting bodies for consistency;
- Staying up to date to share information with membership; and
- Effect on life safety code surveyors.

### Overview, Purpose & Outcomes of FGI Standards Workgroup

#### Overview

While the Authority is referring to this committee as a "Workgroup" it is being used to inform administrative rules (aka Administrative Rules Advisory Committee.) This group, or subcommittees thereof, will give the authority recommendations about adopting the FGI.

An overview of the rulemaking process was provided:

1. RACs are convened to address proposed changes to administrative rules due to new (or changes to) state or federal laws, implementing national guidelines, stakeholder request, health care innovation, housekeeping clean-up, etc.
2. Generally, the program will have proposed text drafted for the RAC to respond to; however, in this case we are asking the workgroup's assistance in reviewing the FGI guidelines in relation to the current rules to recommend changes. The program will seek input on prioritizing physical environment rules since the FGI guidelines will impact birthing center rules (OAR 333-076), ambulatory surgery center rules (OAR 333-076), renal dialysis facilities (OAR 333-700), special inpatient care (OAR 333-071) and hospital rules (OAR 333-535).
3. The committee will be responsible for reviewing the Statement of Need and Fiscal Impact. This document must identify the possible economic impact on state agencies, facilities, etc.
4. Final proposed rules will be filed with the Secretary of State’s Office identifying proposed rulemaking changes and possible fiscal impact;
5. A public hearing will be scheduled and interested parties notified to obtain public comment. Both oral and written comments may be submitted.
6. HCRQI program staff will review public comment, respond to comments received and revise rules if necessary including identifying effective date;
7. Final rule text will be filed with Secretary of State’s office.
Workgroup member asked whether the program has identified a time line for the review of the guidelines to time of filing with the Secretary of State’s office. Program staff asked to defer the question until the conclusion of Mr. Williams overview of the State of Washington process.

**Purpose**

The purpose of this workgroup is to inform the administrative rule revisions for birthing centers, ambulatory surgery centers, renal dialysis facilities, special inpatient care facilities and hospital rules. It was further noted that separate FGI Guidelines exist for long term care facilities; however, this office is not responsible for long term care facility rules. The Department of Human Services, Safety Oversight & Quality unit would be responsible for any changes to those rules.

**Outcomes**

The program is seeking to have revised rules in place for all health care facilities including facilities that are tied to a hospital license (for example, satellite clinics.)

Question was asked by workgroup member whether the guidelines could be made available? Staff noted that the program has received approval for electronic access to the guidelines while the workgroup works on considering adoption of the guidelines. Information on accessing will be shared with the group.

Question was asked what version of the FGI Guidelines the state will be reviewing. Staff responded that it will be using the most current 2018 edition.

**ACTION:** Provide access to 2018 FGI Guidelines.

**State of Washington Overview**

John Williams with the Washington State Department of Health, Construction Review Services (CRS) program provided an overview of the FGI adoption process when they moved to adopt the FGI Guidelines. Washington's CRS program is similar to Oregon's Facility Planning and Safety Program in that they both review construction for licensed health care facilities including hospitals and ambulatory surgery centers (ASC) as well as for nursing homes and assisted living facilities. Like Oregon, the Washington Dept. of Health licenses hospitals and ASCs while the Washington State Dept. of Social and Health Services licenses the long-term care component. The CRS program reviews all construction for federal certification rules (NFPA Conditions of Participation), state licensing rules, and the state building code.

**Adoption Process**

In early 2000, there was a set of Washington Administrative Codes similar to Oregon's current administrative rules although much older. The administrative code primarily focused on performance criteria not covered by building code or life safety code in a physical environment (how large rooms should be, square feet in operating room, how big windows should be, etc.). The following was noted:

- Administrative code old and prescriptive. Designs were being enforced that did not make sense.
- Health care rapidly changing industry and thus the way buildings are built and the types of buildings needed is constantly changing.
- Struggle to keep abreast of the rule process.
- Struggle to keep up with new treatment modalities.
CRS was aware of the FGI Guidelines and often used them as an alternate standard or to augment understanding of how a health care building should be put together.

History of the FGI:

- Initially published in federal register in 1947 as part of Hill-Burton program, called General Standards;
- Retitled Minimum Requirements of Construction and Equipment for Hospital and Medical Facilities in 1974 and updated on a regular basis;
- In the mid-80s, the DHHS removed the construction requirement standards from federal regulations. The American Institute of Architects formed a committee that continued to review and revise throughout the 90s and published the standards as guidelines.
- The Facility Guidelines Institute was founded in 1998 as an independent, not-for-profit and has been publishing the guidelines since the 2001 edition.

In 2005-06, Washington State began formally looking at their rules and the FGI Standards for hospitals only.

- Workgroup was formed including hospital owners and designers to compare rules and standards and educate stakeholders;
- Gauged interest in moving forward which was supported by the local Society for Health Care Engineering;
- Acknowledged importance of obtaining a broader perspective from persons in other states but decided it was important to carefully consider impact first with Washington stakeholders;
- Entered into public meeting process using ANSI model that is often used by the International Code Council and NFPA:
  - Call for proposals (code change and support data) from the public;
  - Proposals gathered and collated into document;
  - Committee reviewed the proposals individually and collated into another document which was then sent out again for public comment:
    - Persons were told that new change proposals would not be considered rather comments had to be limited to those proposals made at initial comment period which limited additional number of changes necessary;
  - Committee gathered again to review public comment;
  - Biggest controversy was single patient rooms (semi-private rooms not allowed by FGI) and how do you deal with existing facilities licensed under a previous rule:
    - Identified which facilities would be "grandfathered" under previous code and when a facility will be required to meet new construction rules according to the guidelines;
    - Considered other concepts such as access to care, affordability, etc.;
    - Created an amendment to the FGI that limits the number of patients to 2 per room (old rules allowed 4). Encouraged people to go to 1 but gave people option to pursue other designs if clinical or procedural necessity warranted going to a higher number of patients per room. (Have subsequently approved a number of scenarios that allows more than 2 per room based on number of factors.)
- Practical look at what the construction review process is and identified in rule so that people clearly understood what to do at various stages of design.
  - Staff noted that Oregon rules generally do not add a lot of specific process detail given how frequently a process may change. Interpretive guidance is used instead. J. Williams noted
that WAC ended up at a high level and concurred that forms or specific ways of doing things that are going to change should not be specified in rule.

- Question was asked whether Washington adds timelines to rule that sets expectations for both the applicant and the agency for accountability and enforcement purposes? J. Williams responded they do not have that in rule but is addressed in policy and there has not been a need to codify those timelines.

- Question was asked whether documents could be shared that identify decisions made by Washington’s code review process.
  - J. Williams responded yes and noted that every code amendment made to the current version of the FGI is published.
  - Examples can be provided in terms of identifying what the FGI code says and how it was changed in Washington. Many of the changes are not substantial.
  - Staff e-mailed relevant documents to workgroup participants and a hard copy was passed around.

- Question was asked how long it took Washington to update rules and adopt the FGI Guidelines.
  - J. Williams responded approximately 2 years.
  - A lot of time was spent educating staff and other stakeholders about the standards which move towards a less prescriptive approach. Many people were more comfortable with the more rigid approach.
  - He suggested that the time frame could be shortened significantly if the workgroup is engaged in trying to identify what the guidelines mean and how they can be enforced.

- Staff asked what how much time was given to facilities to come into compliance with the new guidelines.
  - J. William replied that existing facilities that were approved at the time of construction under existing code could remain in their current design and configuration until such time that renovations were made.
  - Renovations would have to comply with the portion of the guidelines that applied to the renovation (similar to NFPA 101 and International Code Council.)
  - Some facilities requested to build to the new standard prior to adoption and gave plans reviewers experience in enforcing the new standard.
    - Applications and fees received by a specified date could be grandfathered under the old code. Many applicants who met the deadline later changed to have the FGI code apply.
  - Facilities had to comply with new standards 6 months from time administrative code was adopted.
  - It was further noted that agreement was made with stakeholders that every time the FGI is updated, the State would reconsider administrative code to keep current with the revised guidelines. (12-18 month process).

- J. Williams noted that the Washington State Dept. of Social and Health Services is responsible for the administrative code relating to long-term care facilities. They have been encouraged to adopt the FGI Standards but at this time have chosen not to.

- 2018 FGI Standards will be composed of three books – 1) hospitals; 2) outpatient facilities and 3) residential care. Washington will be looking at adopting the hospital and outpatient chapters for hospital licensed facilities and will encourage ambulatory surgery centers look at 2018 as well.
  - Risks are significantly different in outpatient clinics and the standards recognize that. Provides flexibility and affordability options.
Prescriptive code versus performance based code and waivers

Under previous administrative code, everything is written in very rigid, prescriptive manner while the FGI Guidelines are more performance based.

- **Old code:**
  - Benefits – everyone knows what to design to;
  - Barrier – not very flexible. (Example – operating room for eye surgery only with limited equipment and defined scope...less square footage should be okay but rule don't allow.)

- **Performance based code:**
  - Benefits - Allows consideration of other options; more flexible.
  - Barriers - Requires a conversation about the needs, risks, and how to mitigate risks.

FGI Guidelines provided a balanced approach by incorporating both of these methods. Some standards are very prescriptive and others take into consideration what a room is being used for (example hand sanitation versus plumbed sinks based on what rooms is being used for.)

- Requires documentation of functional program and risk assessment.
- Suggested that this leads to better answers by allowing designers and facilities to design to risk and put money where most needed to address the risk to patients and staff.

Staff asked how do you address the inconsistency and potential conflicts that the performance based approach fosters? J. Williams noted that adopting of FGI is a cultural change that must be acknowledged in the beginning.

- Washington still has an alternative method and waiver process, where a facility identifies something they want to do differently, document request, look at existing intent of the code, and compare with what they are trying to do.
- Program staff would consider request, review and make a decision.
- Very structured process and benefits from addressing what type of risk does each code try to address [NFPA = life safety (fire, egress); FGI = operational safety, infection control, efficiency]
- Takes structured approach internally and get minds around risk factors and internalize it.
- Be transparent with stakeholders and identify what is under consideration. Provide examples that have worked and ones that haven't. Can be challenging if you choose not to provide any advice.
  - Workgroup member remarked that the hope is that Oregon will be open to looking at subject matter experts when evaluating specifics on projects and be flexible on solutions.
  - J. Williams noted that FGI allows for robust and pragmatic discussions with facilities and designers; creates relationships and trust that didn't exist before; creates an opportunity to work together.

Staff asked whether decisions are documented, tracked and published.

- Decisions are tracked and a log is kept internally for reference;
- Decisions are not published but it was noted that if the decision is made repeatedly, a change to code would be requested either nationally or on a state level.
- Workgroup member remarked that the City of Portland publishes building code appeals and people can search. It is helpful in informing decisions from designer standpoint.

Workgroup member asked whether feedback had been received from owners and designers on their perspective of the adoption of FGI, especially from individuals that may have facilities in multiple states.

- Feedback has been good.
- Continual ongoing attention needs to be made around what is a minimum standard and what is a best practice.
• FGI does not prescribe process which is handled by each individual state.

• Tough calls still need to be made about infection control, immediate harm, immediate jeopardy and many people do not like some of the decisions made, but it's part of job. Workgroup member asked when making tough calls and there is questioning about intent of the guidelines, do you go back to the people that were on the FGI committee to review what the initial discussion was?
  - Yes. Go to FGI Committee and ask for interpretation or go back to the code change documentation of why a section came into the code, or compare notes with other states.
  - A benefit of using a national standard is that you reach out to other states to get different perspectives.
  - Staff questioned whether Washington has used the formal FGI interpretation. Response was yes and acknowledged that they may not always agree with them but information provided is very useful which includes multiple perspectives.

Staff asked what Washington would have done differently.

• Take time before the formal rulemaking process to do some joint training/education and research sessions with the designers and facilities in the community to review the book together.

• Any additional thoughts will be shared.

Workgroup member asked if there are other states that are considered an active, progressive, model on codes and keeping up with changes in the medical field besides Washington?

• Several states participate in the FGI adoption process and every state has a different approach. Wisconsin and Minnesota are active participants with straightforward perspectives on how to adopt the guidelines. Roger Gehrke with State of Idaho who is now retired was a great resource and very active in FGI Committee. The states of Florida and New York were also noted. Contact information will be shared.

• Workgroup member commented that looking at the states in Region X should also be considered.

Workgroup members thanked John for sharing information and his time.

**Next Steps**

Staff shared that contact has been made with a professional facilitator to assist the workgroup and work will be modeled on a consensus based approach.

Decisions have not been made yet on splitting up the facility types. It was further noted that workgroup members would not be expected to attend all facility type discussions although some members may have an interest in participating in more than one. Hospital rules will be the priority and discussions will take place on how to prioritize the other facility types.

Staff noted that the hope is to have the workgroup complete its work within one year. Filing rules with the Secretary of State's office, holding a public hearing and responding to comments, and finalizing rules can take 3-6 months.

Workgroup member asked what the state's intention in terms of FGI. Staff responded that the intent is to adopt the 2018 FGI Guidelines and consider what changes from these standards will be necessary.

Workgroup member remarked that it would be very helpful for Oregon and Washington to be in alignment when adopting the 2018 guidelines including addendums and changes. The state of Washington is in the process of reviewing the 2018 FGI standards and will have public meetings in late summer/fall. Adoption would be sometime in 2019.
Workgroup member asked whether having more representation from the construction side would be helpful. Staff noted that balanced representation is needed and the program will pay close attention to this.

Prior to developing a timeline with milestones, the program needs to identify the process first.

The program is intending on developing a document to compare the FGI standards to the current administrative rules. Workgroup member asked if the program is looking for assistance in this effort as such a document would be very helpful. Staff noted that besides paying for the facilitator and staff time, there are no additional resources to put towards paying for someone to develop a 'cross walk.' OSHE will discuss with the Hospital Association to see if some resources can be dedicated to the cross walk.

Workgroup member asked about background of facilitator. Information will be shared with workgroup.

Staff will provide an overview and discuss further with David Allm of DHS. Information will be shared with workgroup on whether DHS rules will be considered at this time.

**ACTION:**

1) Meeting notes will be shared with workgroup members.

2) OHA will finalize contract with facilitator and will consider what the workgroup meeting process will look like moving forward.

3) OAR/FGI crosswalk will be developed and shared. OAHHS and OSHE will consider what type of support for this endeavor might be feasible.

4) OHA staff will check in with DHS about the FGI standards adoption for residential care and support facilities and report back to the workgroup.

5) Invitation to next meeting to be sent out in March.