June 22, 2018 Meeting Minutes  
FGI Standards Workgroup

**Date:** June 22, 2018

**Time:** 9:00am-12:00pm

**Location:** Portland State Office Building, 800 NE Oregon St., Room 1-D, Portland, OR 97232

**Attendees:** Solvei Neiger, ZGF Architects; Matt Stormont, Oregon Society for Healthcare Engineering; Rebecca Tiel, Oregon Association of Hospital and Health Systems; Matt Ottinger, SRG Partnerships, Inc.; Chris King, Fresenius Medical Care; Michelle Donahue, Ankrom Moisan; Paul Leonetti, GLUMAC; Elaine Dabrowski, OHSU Design and Construction; Erin Couch, Providence/St. Joseph Health; **Phone:** Brian Dieker, Salem Health; Keith Russell, Asante; Elaine La Rochelle, Grand Ronde Hospital; Jeff Reynoldson, Myhre Group; Brenda Davis, Kaiser Permanente; Chris Skagen, Oregon Ambulatory Surgery Centers Association; Melinda Perkins and Annie Hoag, Peacehealth Medical Group Nurse Midwifery Center; Kristen Videto, DaVita; Melinda Miller, ABD Engineering and Design

**OHA staff/Consultants in attendance:** Dana Selover, OHA; Matt Gilman, OHA; Patrick Young, OHA; Mellony Bernal, OHA; John Adams, OHA; Sam Imperati, ICM Resolutions; Devin Howington, ICM Resolutions.

**Agenda Item: Welcome and Introductions, Dana Selover, OHA and Sam Imperati, Facilitator**

Dana Selover thanked everyone for their patience in this process as they procured a facilitator and got this process going. A brief orientation to the technology in the room was provided.

Everyone in attendance introduced themselves and gave their affiliation.

Sam Imperati gave a brief overview of the agenda. There were no questions at this time.

**Agenda Item: Background, Matt Gilman, OHA**

Matt Gilman gave a brief background on OHA’s process. The process will include walking through the FGI books and the goal is to amend current OARs to align with FGI. The program is looking for this to be a collaborative process.

Elaine Dabrowski asked about the adoption of FGI and how exactly this process would consider those. Matt Gilman said we are looking to adopt the FGI standards. Sam Imperati added that in this process we will start with the FGI standards and the OHA will
Elaine Dabrowski asked if they were looking at adopting the books that exist or reformatting the books to make it unique to Oregon. Patrick Young said our charge is to examine both of the books (Hospital and Outpatient). To help explain the process, Patrick Young showed the document format that we will be using during this process. Patrick explained to facilitate the assessment and to be transparent about the changes and the reasoning behind the changes, the document was created that has several columns: 1. Chapter/Section Number; 2. FGI text with OHA language added in as edits if there is a recommended change; 3. OHA comments on those edits; 4. Column for outcome of discussion with group; 5. New language if group comes to consensus on changes to the recommended or original text. Patrick Young said the language they proposed is just a starting point for discussions.

Elaine Dabrowski said this is more like an assessment process, and Patrick Young said yes. He said this document will become a live document of the process, and when completed the FGI with will be adopted with changes/adds/deletes noted on insert pages.

Sam Imperati said the rules are going to look more like the books that they are used to with inserts.

Dana Selover said the administrative rules are a bundle as opposed to one unified set and so as the others mentioned we will be looking at the details and customizing it for Oregon. She said it will be a combination of the books and the Oregon rules, and that we will circle back to the end product later as well.

Patrick Young thanked Matt and Rebecca and Leia for the FGI crosswalk assistance they provided for the project.

Matt Stormont also thanked Rebecca for her organization’s support for that project.

**Agenda Item: Workgroup Scope and Operating Principles Discussion, Sam Imperati**

Sam Imperati reviewed the scope document, which lays out the group's charge, operating principles, meeting mechanics, and schedule for the work plan. Sam Imperati explained that the charge of this group is to advise on the proposed rules and to give input for OHA to consider.

Dana Selover explained that the timeline was important, as the Ambulatory Surgery Centers and Extended Stay Center rules need to be done by January 1. She explained there is a concurrent Extended Stay Center RAC, which will need to dovetail somewhat from this group as the FGI workgroup will be providing the facility and physical environment rules, which have to be done by October. Dana Selover also mentioned
that the Special Inpatient Care Facilities need to be done before December, which may mean a more accelerated timeline than mentioned in the scoping document.

Sam Imperati said that the next steps for the rules will be to file the proposed rules with the Secretary of State, the fiscal impact statements will be submitted as well, there will be a public comment period, and they will proceed as usual through that process.

Rebecca Tiel asked for clarification on the timeline and asked if the timeline in the scope document meant that those were the dates we would be working on the topics, or if those were the deadlines to turn in those sections. Dana Selover responded that this is the range of the time that we are working on these topics, and these dates are tied to the Secretary of State deadlines.

Sam Imperati asked if there were any more questions about the document, and there were none. He asked for any objections for adopting the document, and there were none. The scoping document was adopted unanimously.

**Agenda Item: Overview of Master Document, Patrick Young, OHA**

Mellony Bernal pulled up the General Provisions, an example of the 333-535 Rule set to show the group the familiar document. She explained that as we work through the FGI document and as we decide on changes, they will be required to use this format for the final rule set. She said that is how the rule set will look, and they have done this for every set of facility rules. She pointed out several large sections of deletions that will make way for the new FGI rules and explained that they will be making the inserts as noted previously.

Dana Selover pointed out that hospitals are more complicated because they have multiple rules, whereas some other facility types have only one rule set. She mentioned that they will be watching and doing a lot of cross-referencing to ensure that the rules are directing people to the proper places and making sure everything fits together nicely.

Matt Stormont thanked OHA for explaining this process and taking on the project to adopt the FGI standards. He said that the slip-sheets will be helpful for their architects. He said that he likes the comparative process and appreciates all the hard work that went into the meeting materials.

**Agenda Item: General Provisions Discussion, Sam Imperati**

Patrick Young directed the group’s attention to the general provisions that we were to cover today. He said that the two books, Outpatient and Hospital, were very much parallel, and said that the language was very similar, Proposed language changes agreed upon for one of the books will likely work for the other book.
Sam Imperati went through the master document that Patrick Young discussed earlier and the mechanics of the process in more detail.

Sam Imperati asked if there were any comments on the process or any suggested changes before we get started.
- RAC members expressed appreciation for the hard work placed on creating a document that shows a clear decision path and the facilitation process.
- Some RAC members noted that feedback will need to be obtained from other stakeholders and asked how the timeline would work for getting additional feedback.

Sam Imperati said that it might be challenging to revisit things after each meeting, and that the hope is to get the materials out sufficiently in advance to get comments before each meeting.

Program staff will be exploring posting information on a central website to keep parties up to date.

RAC members requested that material be sent out as soon as possible and then give a reminder a week prior to the meeting.

Sam noted that the goal is to get through the Outpatient and Hospital Section 1 chapters and reminded the group that they can make comments on provisions anywhere in the FGI document; they are not restrained to only those provisions that OHA has recommended for changes.

Rebecca Tiel asked for clarification on the Hospital sections we are working on today. Sam Imperati clarified that we would be working on only the first general overview provisions today for both the outpatient and the hospital chapters. Chapters 1.1 to 1.4 of the Outpatient book and Chapters 1.1 to 2.1-1 of the Hospital book are on the agenda today.

Matt Stormont asked how many opportunities we would have to comment on the documents. Sam Imperati said that we hoped that the majority of comments would be made during the first round of comments. He said that we would see how this process goes and be flexible should we need to change things, and that we will have a somewhat iterative process.

Patrick noted that in the master document, the things in grey are “should's” and are considered appendix. There are not any “must do” provision in those; rather, they are explanatory guidance. The things in white are FGI rules and will be considered “shall” language.

RAC member inquired whether the $50,000 threshold for plan submission could be changed based on previous discussions relating to fees. Mellony Bernal noted the budget and the new fees that were determined were based on that figure and cannot be changed at this point in time. The program will need to re-look at the budget in a
separate budget cycle in the future. Other RAC members agreed that the threshold is too low and needs to be reconsidered.

The FGI language as written will be the basis for acceptance. Each OHA suggested change to the FGI language is noted, along with their reasoning for the change. Those will be the points of discussion for the group to accept, reject, or modify the OHA suggestion.

Sam Imperati and Patrick Young facilitated the discussion of the changes and ensured consensus for each point as we moved through the document. The discussion of each point is listed below. Please see the FGI- OAR Outpatient Part_1_Combined Word document, which covered FGI – Outpatient (Chapters 1.1 through 1.4; pages 3-61), for reference.

- There were no changes prior to 1.1-2.
- 1.1-2 > No comments. Accepted.
- 1.1-3.1.1.2 > No comments. Accepted.
- 1.1-3.1.2.2 > No comments. Accepted.
- A1.2-2.1.1 > Matt Stormont asked if there were specific guidelines about what is needed in a functional program, and Patrick Young said yes those were noted elsewhere in the document. There were no further comments. Accepted.
- 1.1-2-2.1.1.1 > Sam Imperati asked about the capitalization of “Contract Document” and asked if it was a defined term.
  - A group member said it was an industry standard term. Sam said to consider not capitalizing here if the term is not defined within this document.
  - Solvei Neiger said her recommendation would be to strike “Contract Documents” from this provision here because these documents are not always completed simultaneously.
  - A group member on the phone asked if they were specifically discussing contract documents or construction documents.
  - There was discussion Solvei reiterated that contract documents should not be referenced in the functional program. Elaine Dabrowski said that the functional program is a stand-alone document.
  - Matt Ottinger said it was his understanding that the AIA language was “contract documents” was the legally binding language that they used.
  - Michelle Donahue said there were design drawings that went in with early review that might be a sketch or illustration for a concept. She suggested a functional narrative and then attached illustrations might work in place of contract documents.
  - Sam Imperati summarized the two main points under consideration: Remove phrase “contract documents” and What does "contract document" mean versus "construction document"?
  - Solvei Neiger said removing would make more sense given the timeline of events.
- Matt Ottinger said there might be a need for more definitions in the future and he said he agrees with Solvei and that this provision should not include “contract documents.”
- Dana Selover asked if there was another place where we can put the term contract documents. Patrick Young said that if they feel it is in the wrong place that he will continue to look for where this term appears and consider moving the term somewhere more appropriate.
- Elaine Dabrowski said that when they submit for schematic review they are asked to submit Functional program but no reference to contract documents in that.
- Solvei Neiger said there was a reference to the contract documents in an earlier provision to the point about where else this term needs to appear.

This item will be reviewed by OHA.

- **1.2-2.1.2.1** Patrick Young said this change was in hopes of having a hospital overview of the functional program.
  - Chris King asked how they would determine that this requirement was met? Patrick Young said any project manager for a facility are assigned by the governing body to do this, and we assume that they have consulted with relevant people and will take responsibility. Patrick said that they cannot assume that if it comes from architect or designer’s letterhead.
  - Elaine Dabrowski said that the responses from the architect are vetted through the assigned project manager and are acting as their agent. Elaine said at the end of the day the owner is responsible and you should know that the owner has approved.
  - Patrick said this ensures that layer of review.
  - Dana Selover said we are talking about a provision in the functional program phase. Dana said this just acts as a safety valve for the state to have some confirmation of signoff.
  - Elaine Dabrowski asked if the goal is to stress to the governing body that they do their due diligence and have appropriate subject matter experts reviewing? She said every institution should already want to be doing that.
  - Rebecca Tiel made the point that certain areas may not have access to healthcare architects. She said not everyone understands the need for a subject matter expert.
  - Sam Imperati summarized the conversation that the language is trying to say that the documentation needs to show that it was reviewed and approved prior to submission.
  - Elaine La Rochelle said that they use technology to use healthcare architects for their projects, and that building expertise is harder to come by.

- **1.2-2.1.2.3** Patrick Young explained this was a strikeout of some text.
Erin Couch said before this there was not a need for a submission for certain things previously and asked if this would change that. Patrick Young said that only the things that fall under their review are required to submit a functional program under this provision.

Elaine La Rochelle said they have to submit to FPS because it breaks the $50K dollar barrier.

Accepted.

1.2-2.2.7.3 > Patrick Young said these were items added for purposes of functional program. OARs had these but FGI did not have these. This is current based on 675 rules and want to make sure included and not lost.

- Solvei Neiger said a previous provision mentioned size and function of the space and asked if they were requiring square footage. Patrick said that has always been in there so he left it there. Solvei said what struck her was that the size of the space was required.
- Sam Imperati provided a process tip to lead with the suggested edit to the language and then provide the reasoning for that change.
- Michelle Donahue said that the bullet point might be misplaced. Bullet point one is where most of this information seems applicable, but bullet point three seems more like relationships.
- There was a proposal to delete “size” from A.
- There was a proposal that bullets move to 1.2-3.
- There was a proposal to eliminate reference to “occupant load”.
- Elaine Dabrowski asked for some cleanup of the various Chapter and bullet point /lettering systems.
- A group member said the Functional Program should be able to take you to relevant sections.
- Paul asked if we move this down to 3, to space program, will that get us what we need? Patrick Young said that once the functional program is done that will take you to those sections that do apply. He said he would like to think the space program is a part of this. Solvei Neiger said that 1.2-2.1.3 has an item after it that references the space program under the Functional Program.

1.2-4.6.1 > Patrick Young said this Safety Risk Assessment encompasses multiple facets that we have needed in the past. This language just says you need to send that along you are your documents because they contain those pieces.

- Erin asked that if the acronym has not been spelled out prior to this to spell it out here.
- Accepted.

1.2-4.6.1 > FGI has a simpler version of this, so they have added back in pieces that Oregon has more detail on.

- Accepted.
- Matt Stormont asked about provision 1.2-4.7. He said there is a new requirement for a Security Vulnerability Assessment and that it would be nice to be in alignment with what the State needs as well. He said the requirements were in the NFPA 99-2012 edition that they could examine.
- Matt Stormont asked to look at 1.2-6.1.2.3. The State currently has a table for noise vibration and the FGI seems to be referencing some other table. He asked if we would strike out all the tables in the current OAR and adopting anything that is included in the FGI. Patrick said that is the intent. Patrick said FGI tables very closely resemble the OAR tables.
- Matt Stormont said that the FGI also includes some tables on ASHRAE standard and said that he suggests we adopt the FGI table to avoid conflicting information in that table. He said consistency would be really helpful.
- **1.2-8.3.3** - Patrick Young said the State added “with healthcare expertise” to this provision about agents.
  - There was discussion on the word “expertise.” RAC members discussed the issues with using the word expertise and also considered using the word “experience.” Several members felt that “experience” was a better term to use.
  - Elaine Dabrowski asked if the state get involved with the people that institution hires. She said she wants to understand what you are after and asked about the ramifications of this oversight.
  - Dana Selover said that the was giving them the ability to enforce standards and there are situations where we do enforce that.
  - Patrick Young said there are things in rule that are attested to versus enforced. They are not intending to ask for more than what we already do with other sections.
  - Sam Imperati asked about the word “comply;” is it equivalent to shall or is it something that you are not going to enforce?
  - Elaine Dabrowski said that as on owner any requirement is a shall because it is a liability.
  - Michelle Donahue said that FGI is leaving it open by just using the word expertise or experience. She said there are certified Commissioning Agents.
  - Elaine Dabrowski said that she likes the provision that gives owners flexibility in who they can use.
  - There was a proposal to strike out 1.2-8.3.3 completely. Patrick Young said that they need to be sure they think about the ramifications of striking that out.
  - Rebecca Tiel proposed that we change the “and” to an “or” in 1.2-8.3.1.
  - Dana Selover asked what the danger in leaving in “another agent” in there; is it that someone is going to use someone without healthcare expertise? She said she believes this is circuitous and is wondering
why the design engineer is also not mentioned here as needing expertise.

- Michelle Donahue said that the Commissioning agent is certified nationally. There was discussion about certification and what that means practically. Michelle Donahue said that if they are not specifying that they need to be certified then the state will have to figure out then who is qualified.

- Elaine La Rochelle concurred with changing “and” to “or” and striking 1.2-8.3.3. Elaine also said that the cost of her projects and the ability to do those projects gets harder for her as these titles become requirements.

- Patrick Young commented that the Design Engineer would be qualified, and on down the line except for med gassing, and so it is possible you could have the people you need already.

- Matt Ottinger said he was going along with this conversation about Commissioning Agents and said that the nice thing about the Commissioning Agent was that they made sure nothing was missed.

- Patrick Young said that was the last item in the Outpatient document. He said we did not get into the Hospital document, but that they were very parallel and so what we decided worked in this section was likely to work in the Hospital section as well, and so those changes will be added over and sent out for review.

1.2-8.3.3 was the last edit in the Outpatient Master document; the group made it to the end of the Outpatient document with their discussion in this meeting.

**Agenda Item: Public Comment Period and Meeting Wrap-up, Sam Imperati**

Sam Imperati opened the meeting up for public comment at this point. There were no members of the public present, and thus no public comment was made.

Sam Imperati suggested that we get the documents ahead of time, and maybe there is some kind of polling mechanism that says which items they support and which items they want to discuss. He said we do not know how that might work exactly.

Matt Stormont asked what the long-term plan was? Is the plan to reform this group every four years when the FGI gets updated? Dana Selover said that the process is to do the update when the new books come out. However, she said that the first time is always the slowest.

Sam Imperati pointed out the proposed dates for the next meetings. People said they would prefer the morning timeframe still.

The meeting was adjourned.