August 30, 2018 Meeting Minutes
FGI Standard Workgroup

Date: August 30, 2018

Time: 9:00am – 12:00pm

Location: Portland State Office Building, 800 NE Oregon St., Rm. 612, Portland, OR

Attendees: Elaine Dabrowski, OHSU Design and Construction; Erin Couch, Providence/St. Joseph Health; Solvei Neiger, ZGF Architects; Thane Eddington, PKA Architects; Melinda Miller, ABD Engineering and Design; Matt Ottinger, SRG Partnerships, Inc; Rebecca Tiel, Oregon Association of Hospital and Health Systems; Matt Stormont, OSHE; Jon Anderson, Anderson Dabrowski Architects Phone: Tom Bickett, Legacy Health; Doug Riggs, Northwest Grassroots and Communication; Chris Skagen, Oregon Association of Hospital and Health Systems; Tammy Spohn, Surgery Center of Southern Oregon; Michelle Donahue, Ankrom Moisan; Chris King, Fresenius Medical Care; Keith Russell, Asante; Brenda Davis, Kaiser Permanente; Brian Dieker, Salem Hospital; Chris Morris, CB Two; Rob Sandmeier, PDX Clinic; Gina Cole, Legacy Health

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

Agenda Item: Welcome and Introductions, Sam Imperati

Sam Imperati welcomed the group and began the meeting with a few housekeeping tasks. Everyone in attendance introduced themselves and gave their affiliation.

Agenda Item: Workplan Review, Agenda Review, Consent Calendar, and Approve Meeting Minutes, Sam Imperati

Sam Imperati gave a brief overview of the workplan with the dates for the upcoming meetings and the filing deadline goals. There was an error on the workplan that listed the November meeting as 11/27, but the meeting will actually be on 11/29.

Sam Imperati reviewed the meeting agenda and the consent calendar that explains two items that will not be covered in detail by the committee any further as they consent to change those items in the FGI rules for all referenced spots. Those items are:

1. All instances of the term ‘and/or’. Language will be resolved by placing language in rule stating that for the purposes of the Oregon adoption of the FGI; the term ‘and/or’ will be revised to mean ‘or’ unless noted otherwise.
2. Workgroup will not discuss any instance where references are made to other OAR sections or regulation sets. Examples: Radiation Protection Services, Food Sanitation Rules, Elevators, other codes and standards not specifically referenced in the FGI.

There were no further questions or comments about the consent calendar or the agenda.
Agenda Item: FGI Provisions Discussion, 2.15 – Extended Stay Centers (ESCs), Patrick Young and Sam Imperati

Patrick Young provided an overview of the ESC rule document noting that this is a newly created chapter and includes both outpatient and inpatient standards to cover items such as patient beds and rooms.

The group requested an overarching discussion about the nature of ESCs to gain clarity on what the ESC will look like and how it will function.

Elaine Dabrowski inquired whether ESCs will be part of a hospital and there were questions about how the licensing structure would work. An ESC:

- Must be affiliated with a licensed, certified and accredited ASC;
- Can have no more than ten recovery beds (two recovery beds for each operating room);
- Must be physically contiguous to the licensed ASC;
- Must discharge patients within 48 hours from admission to the ASC;
- Must be located within an urban area as defined by the Office of Rural Health.

Because a patient stay is extended, the Authority has identified additional needs which are similar to med-surge requirements. The ESC standards will be a hybrid between inpatient and outpatient standards. Outpatient standards do not have a requirement for patient rooms. The addition of some inpatient standards is designed to provide necessary patient support, privacy, and a care environment. Solvei Neiger said she would appreciate learning about what other states have done with their facilities. Regulations from additional states will be shared with the group.

Jon Anderson said he agrees with using some inpatient rules as a hybrid model for physical requirements but issues around Mechanical, Electrical, and Plumbing (MEP) will need to be addressed.

There was a robust discussion about the need to know more from other states and discussion on what the rooms will be like. Some group members had concerns about minimum square footage and said that these rules might be more robust than what is needed. The Authority’s suggestions elect to create patient rooms for this ESC model.

There was also discussion about the level of care necessary and the implications of using inpatient physical environment standards based on the level of care. Workgroup members clearly stated that patient acuity would not increase after being discharged from the ASC and thus a higher level of care would not be necessary. The Authority was in agreement. The group members expressed concern about being priced out of practicality if the design was more like a hospital.

Dana Selover said she is supportive of the approach presented because there are no rules on beds in the outpatient standards, so new, hybrid rules are a result. She said that although the ESC is meant to provide additional support for ASC patients for an extended period, the ESC is not necessarily a recreation of a PACU. She concurred with a hybrid model and to gain input on how to scale it back, and ensure we are not pricing out of practicability. Dana Selover expressed the need to be thoughtful about patients and their care and thoughtful about what an emergency response would look like if needed for some patients.
Jon Anderson suggested that the family might be more involved at an ESC than the ASC given the extended time period. Tom Bickett said that he agrees that the costs are an important issue but that he sees major differences between the ASC and ESC facilities because of the length of stay.

Jon Anderson said the OARs will provide the MEP infrastructure, and had questions about the alignment with other code. He said he will reach out to Richard Rogers at the OSSC to have a discussion about the code and how these facilities are defined. Chris Morris asked to be included on that correspondence and said he wanted to make sure OSSC has a way to define this new facility type.

The discussion on the overall nature of the ESCs was resolved by the group asking the Authority to consult what other states, what caregivers might want out of this physical environment, and what the licensing requirements might be, which would involve discussing the issue with members of the HB 4020 licensing RAC. It was determined that the threshold issue of the hybrid model and how much inpatient rules were modeled vs how much outpatient rules were modeled will be tabled and discussed in an ESC Subcommittee. This subcommittee will be created from members on both the FGI Standards workgroup and the HB 4020 licensing RAC.

FGI Workgroup members that volunteered and other group members suggested to be on the Subcommittee included: Jon Anderson, Erin Couch, Elaine Dabrowski, Rebecca Tiel, Solvei Neiger, Doug Riggs, Tom Bickett, Keith Russell, Denise Hoover, and Chris Skagen.

Matt Gilman said he will reach out to those people to schedule a subcommittee meeting in the next couple of weeks, which will then report out to this group at the September 28 meeting.

**Agenda Item: FGI Provisions Discussion, Patrick Young and Sam Imperati**

- Continue 2.1 – Common Elements Outpatient Facilities (pp. 70-245 of DRAFT FGI-OAR Outpatient Part 2_Combined To Be Continued for 8.30 Meeting)
  - Rules were discussed on this topic and the notes are provided in the rule document.

- 2.2 – General and Specialty Med. Services (pp. 246-259 of DRAFT FGI-OAR Outpatient Part 2_Combined To Be Continued for 8.30 Meeting)
  - Rules were discussed on this topic and the notes are provided in the rule document.

- 2.7 – Outpatient Surgery Facilities (pp. 303-330 of DRAFT FGI-OAR Outpatient Part 2_Combined To Be Continued for 8.30 Meeting)
  - Rules were discussed on this topic and the notes are provided in the rule document.

- 2.9 – Endoscopy Facilities (pp. 361-372 of DRAFT FGI-OAR Outpatient Part 2_Combined To Be Continued for 8.30 Meeting)
  - Rules were discussed on this topic and the notes are provided in the rule document.
There were no public comments at the end of the meeting. The meeting was adjourned.

**August 30, 2018 FGI Workgroup Meeting Evaluations Summary**

**Frequency Tables, Averages, and Comments**

(9 evaluations)

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*One person did not answer the question, and one person circled just a tiny bit too slow, but it was coded as a 3 for this purpose.*

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**7. Most Useful?**

- Group Discussion from subject matter experts and being allowed to voice concerns $\times$ 5
- It is clear OHA has done a thorough review of the FGI so I appreciate the suggested edits, even if the group disagrees.
- Input from Dana S. re: wording and rule changes (supportive to keep FGI language where there is no "value add" to the proposed revision)
- The fact that we are finally moving forward

**8. Suggestions for Improvement?**

- Can we flag or bookmark the proposed changes in the documents sent out to be reviewed so we can jump to these items quicker?
- Multiple emails from Devin with different attachments caused confusion on my part. It would be helpful to attach all docs for RAC discussion as a reminder a few days prior to the meeting.
- Need materials in one email please. Need to plan more time for discussion
- The ESC section could have used a context setting presentation by OHA but I'm glad we are convening a joint meeting.
- I like the idea of pre-submitting questions and comments 2 days prior
• None

9. Additional Comments or Questions?
• Identify need for clinical input on physical environment prior to RAC meeting.
• Appreciate moving the process along.