September 18, 2018 Meeting Minutes  
FGI-ESC Subcommittee Workgroup

Date: September 18, 2018

Time: 1:00pm – 4:00pm

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; Denise Hoover, Salem Hospital; Tom Bickett, Legacy Health; Doug Riggs, Phone: Kristin Downey, Providence; Chris Skagen, Oregon Association of Hospital and Health Systems; Rebecca Tiel, Oregon Association of Hospital and Health Systems; Tammy Spohn, Surgery Center of Southern Oregon

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

Meeting Minutes

Sam Imperati welcomed the group and began the meeting by asking everyone to introduce themselves. There were several people in attendance on the webinar and on the phone.

Matt Gilman provided the context for this meeting, which came from a discussion in the last FGI Standards Workgroup meeting on August 30, 2018. This group with members from the FGI Standards and from the ASC/ESC licensing RAC will discuss the overall view of the ESC building requirements and how much should be taken from inpatient and outpatient facility rules to create the new ESC rules.

Patrick Young reviewed documents including out-of-state regulations; inpatient/outpatient; revised standards. The graphic for the ESC rules included the basis for the rule, which FGI standard it came from, and a rationale for OHA’s recommendation for that rule. Mr. Young said the simplest explanation for why some inpatient rules need to be considered is because the outpatient rules do not have rules for patient rooms with beds, which may be required for extended stays. He said the general rationale was to pull rules from the outpatient FGI standards whenever there were rules available, and to pull from the inpatient FGI rules when there were no rules about a certain feature in the outpatient setting. The Oregon Health Authority recognizes this is a less acute and less intense environment, but the extended nature of the stay may mean patients need certain facilities from an inpatient perspective.

Sam Imperati gave a brief overview of the agenda. The group will have a general conversation about how they envision ESC facilities and what might be needed for those facilities. The group will then go through the proposals on a per-rule basis to discuss details once an agreement has been reached about the nature of the ESCs. There were no questions on the agenda.

Sam Imperati noted the bill HB 4020(2)(e) allows the authority to prescribe by rule the patient safety and facility requirements.

Patrick Young showed the graphic document in more detail to use as the basis for the ESC discussion. He said the one place where both inpatient and outpatient rules might be referenced
was for dietary services, which allowed for different rules depending on the type of dietary service the ESC chose to provide (on-site v. third-party contract).

Kristen Downey asked why the ESC would need to meet any inpatient standard if ASCs only have to meet outpatient facility guidelines, since patients are being discharged from the ASC to the ESC and should require no higher level of care. Patrick Young said outpatient rules do cover ASCs, but patients in the ESC have different needs because their stay may go beyond the 24 hours that someone may be in the ASC.

The group discussed the issue of acuity and Doug Riggs expressed concerns that designing the rules this way suggests that patients have a higher level of acuity than those in the ASC. Group members said that patient acuity should be decreasing from the ASC and if not, patients would need to be transferred to a hospital for acute care. Doug Riggs said he wanted to establish that patients in the ESC are not experiencing increased acuity.

Patrick Young stated that the Authority understands this, but patients may be in the ESC for up to 48 hours. Patients may need facilities such as a room with a bed, sink, and toilet vs. a PACU environment for a lengthier stay. Group members further clarified that the length of stay for a patient in an ESC could be up to 36 hours. The statute specifies up to 48 hours from the time a patient is admitted to the ASC.

Elaine Dabrowski expressed concern about the amount of inpatient-like engineering standards and other requirements that appear to exceed merely providing a room.

Doug Riggs suggested that many outpatient facilities do have beds because people may stay overnight when surgery happens in the evening. He mentioned recovery care centers in Colorado, which have private rooms with their own bathroom and sink. Doug reiterated his concern that rules do not refer to ‘inpatient’ given CMS requirements around ASCs.

Patrick Young clarified that inpatient standards were chosen because there are no standards for patient rooms in the outpatient guidelines. This allows the Authority to create a hybrid rule for ESCs which will include both inpatient and outpatient standards.

Elaine Dabrowski asked about sharing infrastructure and the ability for these two facility types to share sprinkler lines, HVAC systems, and other infrastructure Patrick Young meeting follow-up; Infrastructure may be shared, any code required separations would have to be met. Any systems upgrades required to meet these rules would be required only for licensed spaces.

Doug Riggs said there are three main goals:

- Better patient outcomes,
- Lower costs (health reform), and
- Better patient satisfaction.

He stated that standards should not be added that don’t enhance patient safety. Matt Gilman responded the Authority understands that and the point is to not create rules in a vacuum but rather see which rules make the most sense.

Elaine Dabrowski asked about emergency preparedness requirements for the facility as written in HB 4020. It was discussed that the language likely meant that the facility needs to have an emergency preparedness plan but will not be called upon to switch into an emergency inpatient
facility and would not need design requirements to meet that... The emergency preparedness reference in Section 23 of the enrolled HB 4020 does not pertain to specific standards relating to ESCs. This language is specific to OHA financing and budget limitation. Meeting follow-up; OHA/FPS requirements revolve around emergency power provision, duration and items served.

The group discussed the level of care needed and the kind of recovery that a patient will be going through while in an ESC. A group member asked if it needed to be more than a PACU, and the group discussed the bathroom needs. Elaine Dabrowski asked if the rules could provide for maximum flexibility and allow for an owner to enhance the build if they saw fit.

Erin Couch said she would appreciate feedback from physicians or other practitioners on what kind of care happens at these facilities, particularly as it relates to medical gas. Kristen Downey suggested that piped medical gas should not be needed because a patient should not be discharged from the ASC while on oxygen, and that any use of medical gas after being discharged would indicate a higher level of care or increased acuity. ESCs are primarily to allow for a little extra time for recovery. Patrick Young; A patient discharged from the PACU not needing oxygen may benefit from it during recovery for any number of reasons. Patient not recovering as fast as expected, O2 saturation a little off.

Denise Hoover said there are nurses and physicians on the other RAC, and that she appreciates that the Authority is looking at the comfort of the patient. While the patient may not be sicker, they certainly wouldn’t want to be in a PACU environment for 36 hours. Denise Hoover also said that the nature of the elective surgeries performed at an ASC and then discharged into the ESC should allow for people to be prepared and want to get to their home for recovery as soon as they are able to leave with appropriate transportation, etc. She said she appreciated that they don’t want to overbuild to inpatient standards, but OHA has an opportunity to say what is appropriate for a patient in Oregon.

After robust discussion, the group agreed to move forward examining the OHA guidelines that include some inpatient standards.

Mr. Imperati asked if anyone was opposed to having a room as a minimum requirement, and there were no objections. The group agreed that a sink, bathroom, and doors are minimum requirement for the patients.

The group moved forward with reviewing the additional standards that OHA recommended in the ESC document. Notes on the discussion for particular provisions are provided in that document.

Near the close of the meeting after the discussion of the specific ESC provisions, the group advocated for a hybrid model and suggested that the minimum requirements not be overcomplicated and allow for owners to expand if they felt it was appropriate. The group emphasized patient safety and patient satisfaction as important considerations.

Doug Riggs suggested that moving forward, the ESC standards language should reflect one column that identifies the standards and remove references to inpatient and outpatient Mellony Bernal remarked that the actually rule language will reference both the hospital guidelines and the outpatient guidelines for purposes of the slip sheets.
The meeting was adjourned, and the tabled issues will be discussed at the Friday, September 28 meeting from 9:00am until 4:30pm in Room 1A of the Portland State Office Building located at 800 NE Oregon Street, Portland, OR.