December 19, 2018 Meeting Minutes
FGI Standards Workgroup

Date: December 19, 2018

Time: 9:00am - 12:00pm

Location: Portland State Office Building, 800 NE Oregon St., Rm. 1-B, Portland, OR

Attendees: Ben Taylor, Providence Health Services; Solvei Neiger, ZGF Architects; Matt Ottinger, SRG Partnerships, Inc; Jon Anderson, Anderson Dabrowski Architects; Chris King, Fresenius Medical Care; Cheryl Pomp, Fresenius Medical Care; Tom Pride, Mazzetti; Phone: Rebecca Tiel, OAHHS; Keith Russell, Asante; Elaine LaRochelle, Grand Ronde Hospital; Karl Atteberry, Mazzetti, Brenda Davis, Kaiser Permanente; Brian Dieker, Salem Hospital

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

Agenda Item: Welcome and Introductions

Sam Imperati welcomed the group and began the meeting with introductions. Everyone in attendance introduced themselves and gave their affiliation. Cheryl Pomp attended as a guest of Chris King; she introduced herself as working in inpatient services for Fresenius, and having worked for a long time in many technical aspects of facilities.

Agenda Item: Review and Approval of November Meeting Minutes

The November meeting minutes were approved without comment.

Agenda Item: Religious Nonmedical Health Care Institutions (RNHCI) Update

Barbara Atkins reported that after last month’s meeting, Erroyl Hawley submitted written suggestions to the rules governing the physical environment of Religious Nonmedical Health Care Institutions. Barbara said the FPS group met and discussed those suggestions and have decided to proceed with the rules as they were originally presented at the November meeting, without any changes.

Mellony Bernal said she did some follow-up on the Ronald McDonald house, following questions from the previous meeting. She said they are not licensed and run like a hotel, but they are not open to the public. Mellony said she also looked into other states’ rules on RNHCIs and said they tend to be licensed as nursing facilities in other states.

Mellony Bernal said the timeline of those rules would follow the SICF timeline; they were submitted the Friday before this meeting and are currently undergoing the approval process. The public hearing will be held on January 18 at 9am.

Agenda Item: Schedule of Revisions

• Hospital 2.2-3.2 Observation Unit – 2.2-3.13 Hyperbaric Treatment Area
The group began their review of the rule text with rules from Hospital sections 2.2-4 in the Hospital FGI rules. The OHA suggestions for revisions to the FGI rules were provided in a revision index with links to the main rule document. The comments on the particular rules are noted in the FGI-OAR Hospitals Part 2_Combined document and marked with the dates of the discussion. There was also some discussion of Outpatient rules, found in the DRAFT FGI-OAR Outpatient Part 2_Combined document.

**Agenda Item: Implementation Discussion: Timeline, Incorporation of Edits, Tools, Lessons Learned**

**Timeline**

Barbara Atkins presented a hypothetical implementation timeline to the group and asked for feedback:

- March 27, 2019: Final FGI Workgroup meeting. Workgroup adjourns.
- From April until August 01, 2019: Rulemaking process will propose finalized edits to FGI including the opportunity via public hearing to make final comments or recommendations. Finalized rules will be filed with Secretary of State beginning of August.
- August until January 01, 2020: FPS Team will familiarize themselves with new ruleset including the development of tools to perform plan review and inspection services.

Mellony Bernal asked for clarification on the review period. She stated that once the FGI is adopted there has to be a firm date identified in rule for implementation, and said she may speak with Shannon on how they can proceed.

Barbara Atkins said she was curious how the building code group can do this because they appear to have a period of review that allows teams to choose their review code.

Matt Ottinger said that design teams will choose anyway regardless of the date; if they want to be reviewed by the OARs, they will rush to get it in and if they want to be reviewed by FGI, they will wait.

Sam Imperati asked for clarification on what will be considered the date of submission and thus indicate which code under which they will be reviewed. Patrick Young said they use the date of application as their date for consideration.

Jon Anderson asked if the group members will we have access to the comments that OHA receives during the review period. Mellony Bernal said they can choose to receive those. She said all comments are public and she can provide the name of the PHD rules coordinator for persons to request receipt of comments. Follow-up: FGI workgroup members who wish to receive copies of written public comments for proposed rulemaking should contact Brittany Hall at brittany.a.hall@state.or.us. Mellony Bernal said she will notify this group when rules are open for public comment.
Dana Selover added that the workgroup members will receive a copy of the hearing's officer report which will summarize public comments received and the agency's response to those comments when the rules are finalized.

Mellony Bernal clarified that the SICF and ASC/ESC rules will go into effect in the beginning of 2019. Mellony said that currently the SICF rules state that FGI standards will be effective 6 months from the effective date of the rules, but the ASC and ESC rules will be effective upon filing. She said that the program is looking at amending this timeline to allow time to get the necessary tools in place. Barbara Atkins said that FPS will be scrambling if the ESC and ASC rules get implemented with just a 15-day window because they do not have the tools prepared for that. Dana Selover indicated the program will discuss off-line further.

Incorporation of Edits

Barbara Atkins polled the group on their preferences for how the FGI rules and edits by this group would be incorporated. She asked them their favorite of the following options:

A) To utilize a digital subscription access to FGI via MadCad where I will find an Oregon specific FGI ruleset with all Oregon amendments fully integrated.

B) To utilize printed non-state specific FGI books. Our group will either slip-sheet Oregon amendments or make the amendments available for separate reference. We will find the slip sheets and amended text available for download from the FPS website in pdf form.

C) To abstain from the vote or to voice another recommendation after this poll.

There was discussion about the options before a consensus was reached.

Ben Taylor asked if Option B was similar to what Washington does, and if Option 1 would be full text in MadCad.

Patrick Young said FGI can provide an integrated text, but they do not do that a lot, because they provide a “state” link that provides two files on MadCad. Patrick said if we provide FGI the files as fully integrated they can offer that, so Option A is the integrated version.

Dana Selover said FGI owns their text, so we have to work with them on how we provide this. She said we should clarify who pays for what.

Patrick Young said MadCad is a paid service and you rent it and pay for a subscription fee, vs a book that your facility owns.

Matt Ottinger asked if FGI offers a three-ring binder version. Patrick Young said the FGI group doesn’t offer the binders very often anymore, so that will be a discussion with them going forward.

Matt Ottinger said he would like both options, because his team would use a digital and a print form.

Matt Gilman said we could do both if there is not a cost to us, and we can also have the slip-sheets. We can have a PDF binder on our website for our edits. Dana Selover said the slip-sheets will have a code that says where to put them and then you have to assemble them yourself.
Ben Taylor said the MadCad version is great for those that can get the subscription, but it would be nice to have an accessible version.

Matt Gilman asked the group members if they use the book version or other versions.

Solvei Neiger said they use both, and that was the consensus of the group. The group concurred that they would like both Option A and B.

**Tools and Lessons Learned**

Barbara Atkins said the FPS team is already workshopping how they will develop the tools for the new rules. She asked if there were any insights or lessons learned from other states as they have implemented the FGI.

Ben Taylor said that other states have offered a searchable set of rules, which is nice.

Solvei Neiger said she can check with their DC and LA teams. Chris King said he could also put them in touch with people that work across the country.

Dana Selover said she wants to talk about the outreach plan. She asked if OHA would be bringing things to various meetings, what will be posted to the web, and other tactics they might have.

Patrick Young said they do not own the text for FGI, so he is not sure what all they can post to the web. He said that tools used have previously been posted on the web and hope to continue this practice. Patrick mentioned that Massachusetts offers a form that can be filled out and sent back to the review team, but not all states have tools which requires a deep knowledge of the rules. He said the group in FPS are still working out what the tools will look like.

Matt Gilman noted that the current tools are copy and paste language from the OARs, and the program would need to figure out if it will be infringing on copyright laws if information is copy and pasted into tools.

Matt Gilman said they are also thinking about doing some mailings announcing that the program is switching to FGI. The other option is to host and record a couple of webinars and make it available on the website. Finally, providing some interpretive guidance will be helpful for those that have not been in on the discussion from the beginning.

Dana Selover said they usually have a factsheet online that says what has changed and how it affects them, and there may or may not be an FAQ. She said they also usually include the process materials and the guidebook and how the new code/rules will affect their processes. Dana said the interpretive guidance is provided in the book itself. Dana said the program can hope to do a searchable document but it will have to see how it can allocate resources to that. She said they will do their best to make user-friendly documents.

Ben Taylor said the Portland BDS interface is very user friendly, and suggested that was a good place to start.

Dana Selover agreed and mentioned they may have some resource challenges with rolling that out.

**Agenda Item: Interpretive Guidance: Extended Stay Centers (ESC) and Crossing the 24-hour Threshold**
Matt Gilman asked Jon Anderson to brief the group on some ESC issues he wanted to bring to the group’s attention.

Jon Anderson first asked for clarification if there would be a maximum number of ESCs allowed. Mellony Bernal said that HB 4020 did not specify a maximum or minimum number of ESCs. Mellony said they asked the HB 4020 RAC how many ESCs might be “shovel-ready,” and were informed that many facilities are waiting to see the final rules. Dana Selover mentioned that in some of the early versions of the bill there was a maximum number, but was removed from the final version.

Jon Anderson said the issue is that once a facility goes over the 24-hour period, from a building code standpoint it is automatically an IA2 occupancy. Jon said this has a big impact on where these buildings can be built. He further stated that facilities are trying to see if they can balance the total 48-hour occupancy time into 24 hours (ASC) and 24 hours (ESC). He asked if there was any way to encourage an ASC to discharge from the ASC and ensure that a patient is kept no more than 24-hours in either facility. Jon said if they exceed the 24 hours, then it becomes a different construction type and therefore not allowed in some buildings.

Patrick Young said his understanding was that it is not differentiated between the two facilities.

Dana Selover said the rule and statute states a patient can spend up to 48 hours in the ASC/ESC together, and the program is unlikely to license a facility that specifies they are self-selecting and will only have a patient stay in the ESC portion for a maximum of 24 hours. Dana indicated that she is hearing that the idea is to do 24 hours (ASC) plus 24 hours (ESC), and is not sure this can be accomplished under the current legislation; it is not under the program’s control and stakeholders would probably have to go back to the legislature for changes. Dana said she understands the issue but is unsure the program has a mechanism to address this issue at this time.

Jon Anderson said he is only bringing this up is because he sees a maximum time but not a minimum time on the rules.

Dana Selover said that from a CMS perspective a patient who is discharged actually has to be able to go home. Facilities are still required to comply with CMS regulations so they have to follow the CMS regulations when discharging from ASCs.

Jon Anderson said these are two separately licensed facilities, and they are adjacent rooms in an ideal world. He said the types of construction either have to be able to build new next to them or have to build somewhere else because there are plenty of ASCs that will not be able to build under the more strict building code if they go over 24-hour occupancy. Jon said he needs some clarification so he can communicate to his clients and make this very clear.

Dana Selover asked him to send an email outlining the issues and then the program can have a conversation with its Assistant Attorney General. Dana said she appreciates that he is trying to be creative and the points are good. She said this would have been a good conversation with the HB 4020 Rules Advisory Committee and discussions during legislation session.

Jon Anderson said he has also been working with the building codes as well and will focus his efforts there. He said this situation is very unique and the program should understand how these codes affect what can actually be done.
Agenda Item: Infection Control Risk Assessments

Jon Anderson brought up concerns over the ICRA requirements. Jon asked how the program will enforce requirements and if it wants to be the group that enforces those requirements.

Patrick Young said there are multiple parts to the ICRA, many are policy-based. He said the part of the ICRA that is being discussed is A through D in current OARs which talks about the construction requirements. Patrick said an unoccupied building doesn’t require an ICRA because there’s no one present. Patrick said that the requirements for meeting the standards are answering the questions in a topical fashion; issues with ICRA come when the questions are not answered or the topic is not addressed. He said the program is less concerned with the particular content of the answers and do not have much enforcement capabilities beyond requiring answers to the questions.

Jon Anderson said he was trying to educate clients because some of them are overworking the answers to the questions. He concurred with Patrick’s assessment and clients need to stick to the question and answer them efficiently.

Matt Gilman said this discussion is important for the broader group and there are issues that we need to look at to figure out what problems we are trying to solve.

Barbara Atkins said there was a survey insert letter from November of 2014 that provided some guidance to hospital surveyors on how to assess ICRA. She said one of the challenges is that some of the surveyors are reviewing material outside of program’s area of expertise. Dana Selover said the guidance has been changed since then and now health and safety surveyors look at infection control.

Solvei Neiger asked if this group had already reviewed ICRA. Patrick Young said that it had, as they are in the front part of both books and were reviewed early on in this process.

There were no further comments, and the meeting was adjourned.
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Summary of Evaluations

Total Responses: 4

Frequency Tables:

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7. Most Useful?

- The open discussion
- Appreciate that the team reached out for industry professional specific items for Acute Dialysis, and that Cheryl and I were able to provide some insight.

8. Suggestions for Improvement?

- Nope

9. Additional Comments or questions?

- Nope
- Thanks for the donuts Sam!