

## NEW CODES AND STANDARDS

AHCA VIRTUAL DESIGN & CONSTRUCTION SEMINAR

NOVEMBER 16 -18, 2020

# Review of the 2018 FGI Guidelines for Design and Construction of Outpatient Facilities

**Course Number:** AHCA2020\_11

**Credit Designation:** 1 LU| HSW

**AIA CES Provider Number:** E240

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# 1

OBJECTIVE

Understand how the new design code for outpatient facilities is organized and why it is now a separate book.

# 2

OBJECTIVE

Learn what the major revisions for outpatient health facilities have been incorporated into this design code for patient health and safety.

# 3

OBJECTIVE

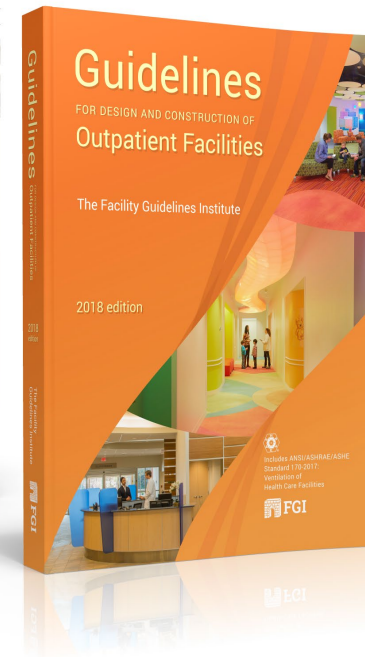
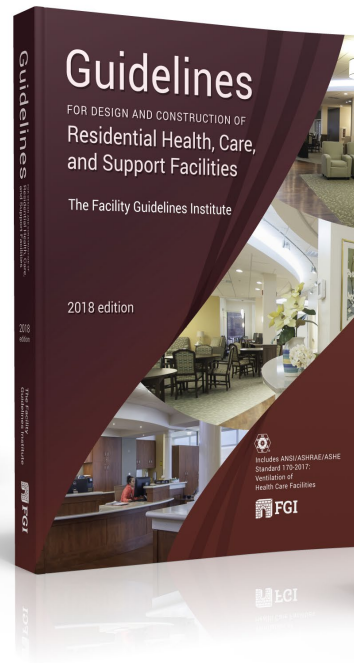
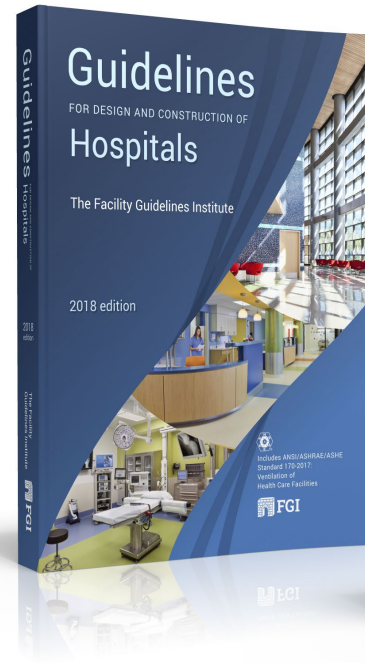
Be able to design the next outpatient health care projects using this new code to improve outpatient health and safety.

# 4

OBJECTIVE

Be able to explain how these new outpatient design standards are different from inpatient design standards while maintaining patient safety in both environments.

# Guidelines for the Design and Construction of Outpatient Facilities 2018



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# Agenda

- Introductions
- Learning Objectives
- Philosophy of the Outpatient Document
- How the Outpatient Document works
- Specialty chapter review
- Specialty chapter highlights

# Presentation Goals

- Participants will understand the FGI philosophy of a separate document for outpatient facilities.
- Seminar participants will learn how the Outpatient Document is organized for future use.
- The presentation will cover the specialty chapters in the Outpatient Document.
- Specialty chapter highlights will be reviewed so participants can track important requirements for each building type.



The views and opinions expressed in this presentation are the opinion of the speaker and not the official position of FGI or the Health Guidelines Revision Committee.



# Introductions



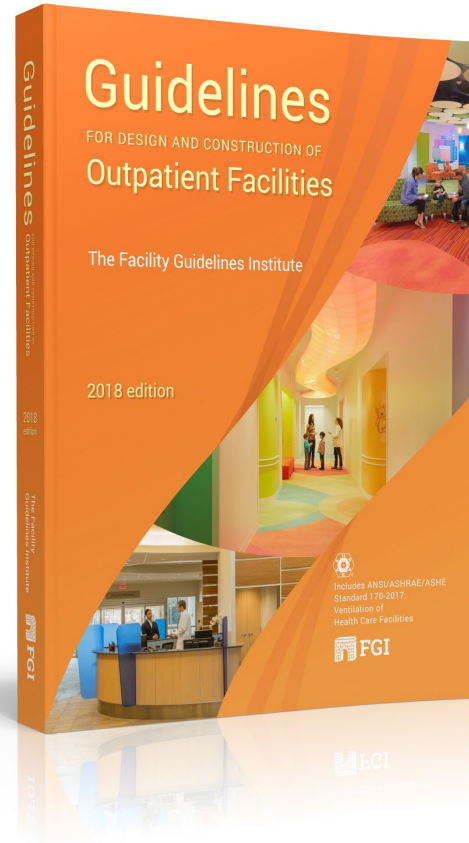
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Member: 2018 Outpatient Document Group



# Guidelines Basics

- As a consensus-based **minimum** standard, the *Guidelines* promotes a level of building performance that will not detrimentally affect the health and safety of patients and staff when buildings are operated as designed.
- The FGI *Guidelines* provides baseline design and construction **recommendations** for health care facilities that (1) recognize the mission of health care, including “first, do no harm,” and (2) consider how the built environment supports safe, effective, and efficient health care delivery.

# Philosophy of the Outpatient Document



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# Why a Separate Outpatient Document?

- **Flexibility** for specialty chapter additions and subtractions.
- The ability of the user to “**combine**” specialty chapters into a single facility.
- **The Environment of Care** is different in an outpatient setting than an inpatient setting.
- **Safety Risk Assessment** for outpatient facilities.
- Balance **cost/benefit** with safe practices.

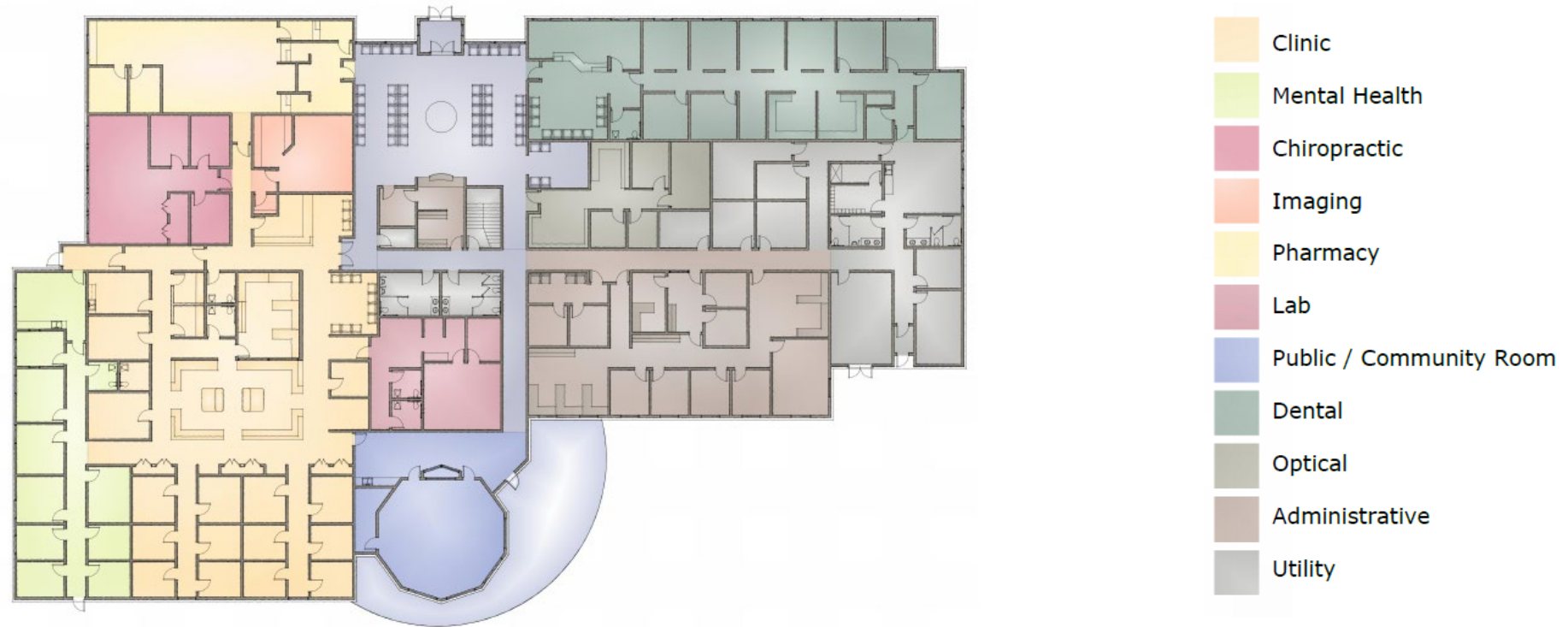
# Rapid Evolution of the Building Type

- Growth of stand alone facilities historically tied to hospitals such as Surgery Centers, Freestanding Emergency Facilities and Imaging Centers. These have become outpatient facility types.
- The need for regulations for outpatient facilities such as Dental Clinics, Infusion Centers, and Dialysis Centers.
- New outpatient facility types that may develop between cycles of the *Guidelines*.
- Easy for the “first time user”.

# Flexibility

- A separate document allows the HGRC to:
  - Add or subtract specialty chapters in response to industry demands.
  - Create combinations of requirements depending on new uses.
  - Allow for additional supportive language to be easily added and updated.
  - Customize the Environment of Care for an outpatient setting.

# Facilities that “Combine”





# Environment of Care Differences

- Inpatient
  - Overnight stay.
  - Assessments focus on longer patient stays and higher level interactions.
  - Delivery of Care models differ.
  - Access and view to nature are of high importance given length of stay.
  - Inpatient culture.
- Outpatient
  - No overnight stay.
  - Assessments for safety. Infection control and patient handling differ.
  - Wide spectrum Delivery of Care models.
  - Short facility visits often do not include access to nature.
  - Outpatient culture.

# Environment of Care

- **1.2-5 Environment of Care Requirements**

In addition to the functional requirements of the space being designed, the following components and key elements of the physical environment **shall be evaluated** during project planning and design. The evaluation shall be documented.

- “Evaluated” was previously “Addressed”. Why the change?
  - Provide flexibility and to promote outpatient facilities in underserved communities.

# Environment of Care

- Acoustics
- Wayfinding
- Accommodations for Patients of Size
- Emergency Preparedness
- Delivery of Care Model Concepts
- Patients, Visitors, Physicians, and Staff Accommodation and Flow
- User Control of the Environment
- Privacy and Confidentiality
- Security
- Architectural Details, Surfaces, and Built-In Furnishings
- Cultural Responsiveness

# Safety Risk Assessment

**A multidisciplinary, documented assessment process to proactively identify hazards and risks and mitigate underlying conditions of the built environment that may contribute to adverse safety events.**

## Responsibility and Scope

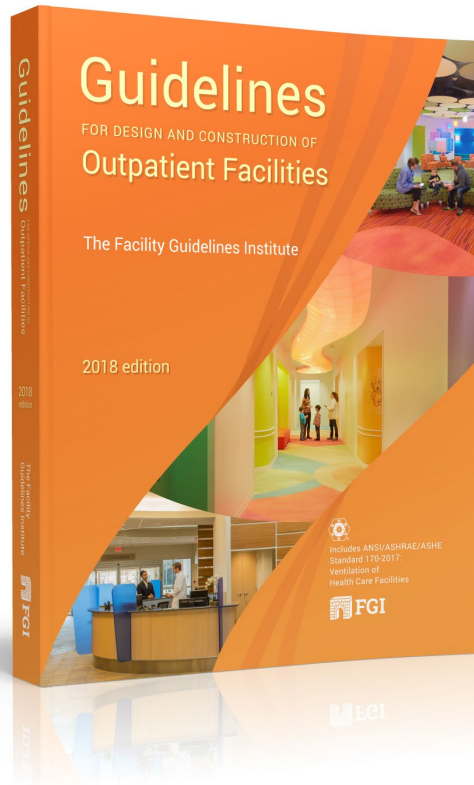
- Initiated and managed by the governing body early in the planning phase of a project.
- Details added as needed to support creation of a safe environment throughout design, construction, and commissioning.

# Cost/Benefit Balance

- In 2018, every proposal was reviewed and ranked by the Cost/Benefit Committee. This provided representation of the cost impact to be part of the proposal comment period.



# How the Outpatient Document Works



## Two Approaches

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# The Common Elements

**Approach 1** and **Approach 2** to finding requirements for outpatient facility projects

## 2.1-1.1 Application

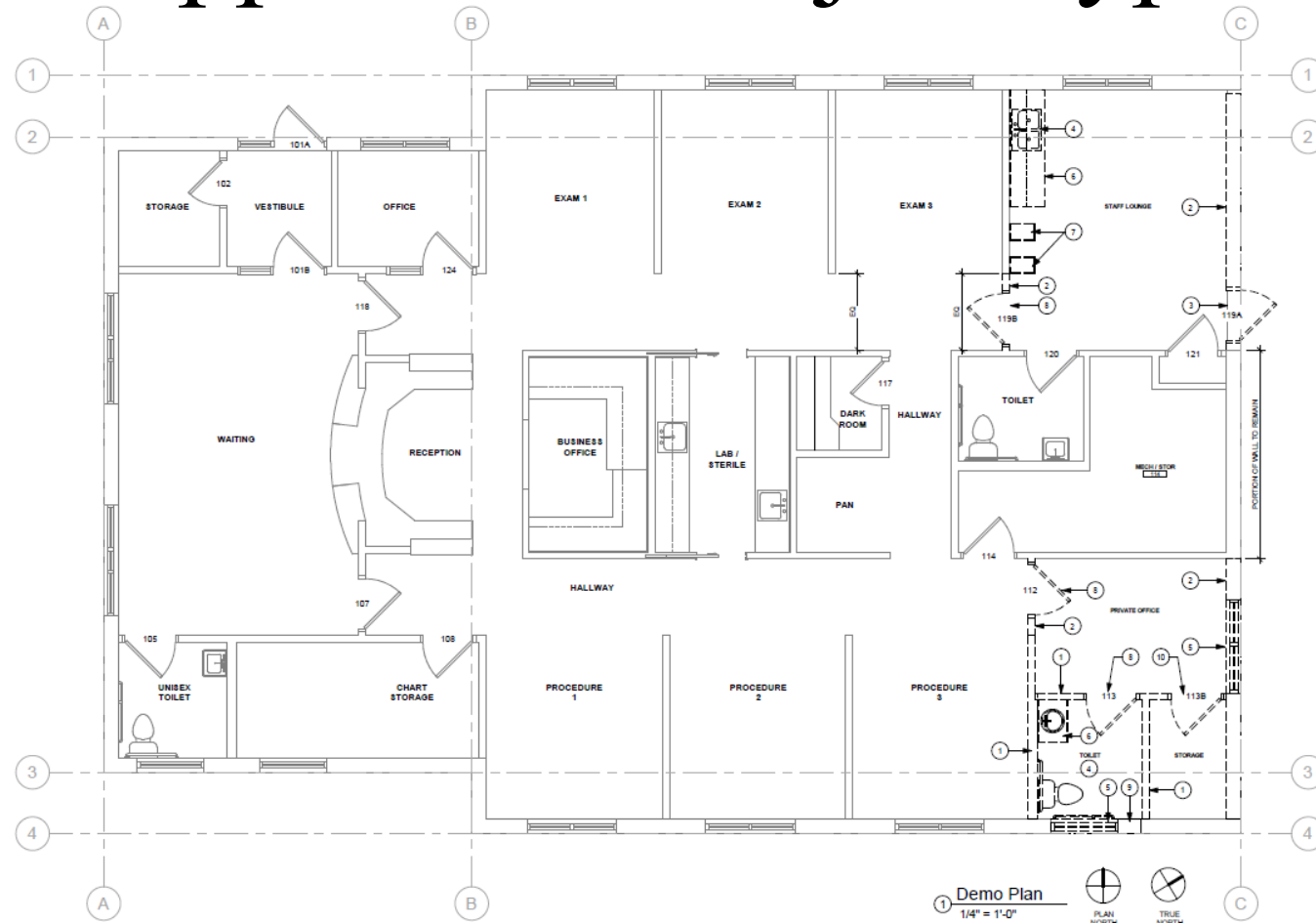
Two approaches shall be permitted to applying the requirements in the Outpatient *Guidelines*—Approach 1 and Approach 2.

- 1:** For projects for which the scope of services is comprehensively described in a facility chapter
- 2:** For projects for a facility type that doesn't fall into a facility chapter but includes elements from one or more facility chapters and the common elements chapter

# Approach 1

- Go to the Specialty Chapter if it matches your project.
  - There are 13 Specialty Chapters in the Outpatient Document 2018.
  - If the Common Elements are directly referenced in the Specialty Chapter, go there for general requirements.

# Approach 1 Project Type



# Approach 2

- If your facility plan does not fit into only one Specialty Chapter start with the Common Elements.
  - After outlining the basic common features, combine the Specialty Chapters to create the requirements for your facility.
  - Where there is overlap with the Common Elements, use the Specialty Chapter requirements.

# Approach 2 Project Type

- Administration
- Physical Therapy
- Community Room
- Business Offices
- Dental
- Optical
- Pharmacy
- Behavioral Health
- Clinic
- Education/Nutrition/Diabetes
- X-Ray
- Lab
- Community Health
- Mechanical
- Maintenance Storage
- I.T.





# Approach 1 Example

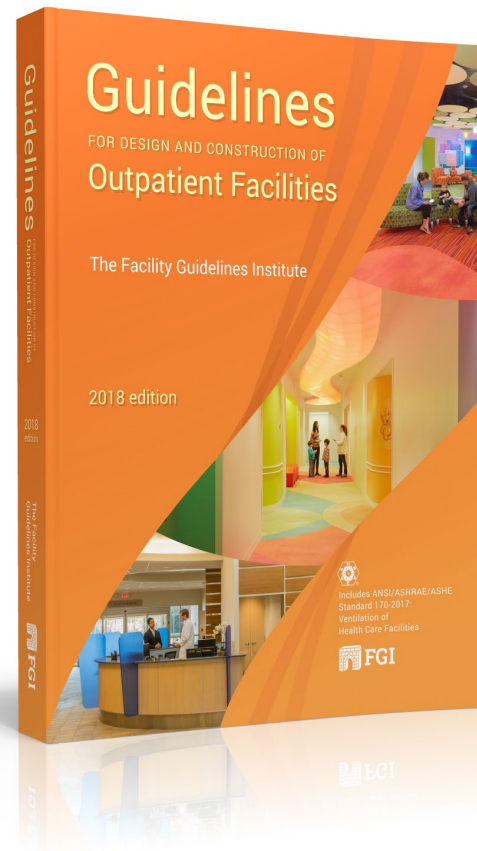
- Project Description:
  - A 5,000 sq. ft. addition to an existing 12,000 sq. ft. Rehab Therapy facility.
  - Step 1. Determine if this project serves only outpatients.
  - Step 2. Address the Environment of Care requirements.
  - Step 3. Go to Specialty Chapter 2.12 for requirements.
  - Step 4. Use the Common Elements requirements where referenced from the Specialty Chapter.



# Approach 2 Example

- Project Description:
  - A new 30,000 sq. ft. primary care clinic with Dental Department, Imaging, and Behavioral Health. The clinic shall have access to mobile unit support for additional imaging services.
  - Step 1. Determine if this project serves only Outpatients.
  - Step 2. Address the Environment of Care requirements.
  - Step 3. Start with the Common Elements for general requirements.
  - Step 4. Review each Specialty Chapter represented in the program: 2.2 General and Specialty Medical Services Facilities, 2.3 Imaging Facilities, 2.14 Dental Facilities, 2.11 Psychiatric Centers, 2.13 Mobile and Transportable Units.

# Chapter Review



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# The Common Elements

- Application of common elements
- Patient care and diagnostic areas (clinical rooms, telemedicine, imaging, support areas, etc.)
- Patient support areas (pharmacy, lab, linen, sterile processing)
- Building support areas (environmental services, waste management, materials management)
- Public and administrative areas
- Architectural details, surfaces, and furnishings
- Building systems

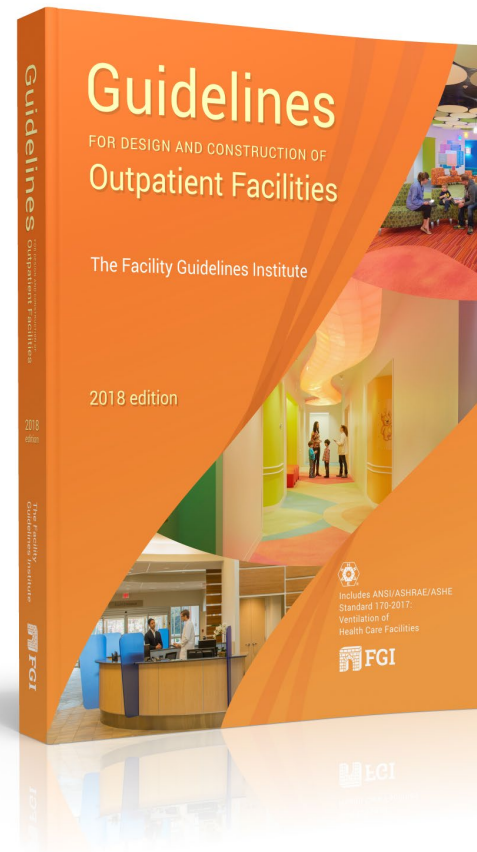
# Specialty Chapter Review

- 2.2 General and Specialty Medical Services Facilities (formerly: Primary Care/Neighborhood Clinic chapter)
- 2.3 Outpatient Imaging Facilities
- 2.4 Birth Centers
- 2.5 Urgent Care Centers
- 2.6 Infusion Centers
- 2.7 Outpatient Surgery Facilities (ASC)

# Specialty Chapter Review

- 2.8 Freestanding Emergency Care Facilities
- 2.9 Endoscopy Facilities
- 2.10 Renal Dialysis Centers
- 2.11 Outpatient Psychiatric Centers
- 2.12 Outpatient Rehabilitation Therapy Facilities
- 2.13 Mobile/Transportable Medical Units
- 2.14 Dental Facilities

# Specialty Chapter Highlights



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# 2018 Specialty Chapter Highlights

- 2.2 General and Specialty Medical Services Facilities facility types can include:
  - Micro-clinics, Neighborhood/storefront clinics, Retail clinics, sole practitioner clinics, Primary care centers, Community-based clinics, Physician practices, Multi-specialty medical clinics/office buildings, Single-specialty medical clinics/office buildings.

# 2018 Specialty Chapter Highlights

- 2.7 Outpatient Surgery Facilities
  - Note: pay close attention to Table 2.1-4 for room classifications.
  - Operating Rooms are referred back to the Common Elements 2.1-3.2.3
  - Valuable appendix language
  - Three sizes of operating rooms described in 2.1-3.2.3 (1) Area.
    - Type A: A 255 sq. ft. minimum operating room
    - Type B: An operating room utilizing anesthetics 270 sq. ft. minimum operating room.
    - Type C: An operating room where surgery may require additional staff and equipment is a 400 sq. ft minimum operating room. Note: appendix language lists additional equipment to consider.

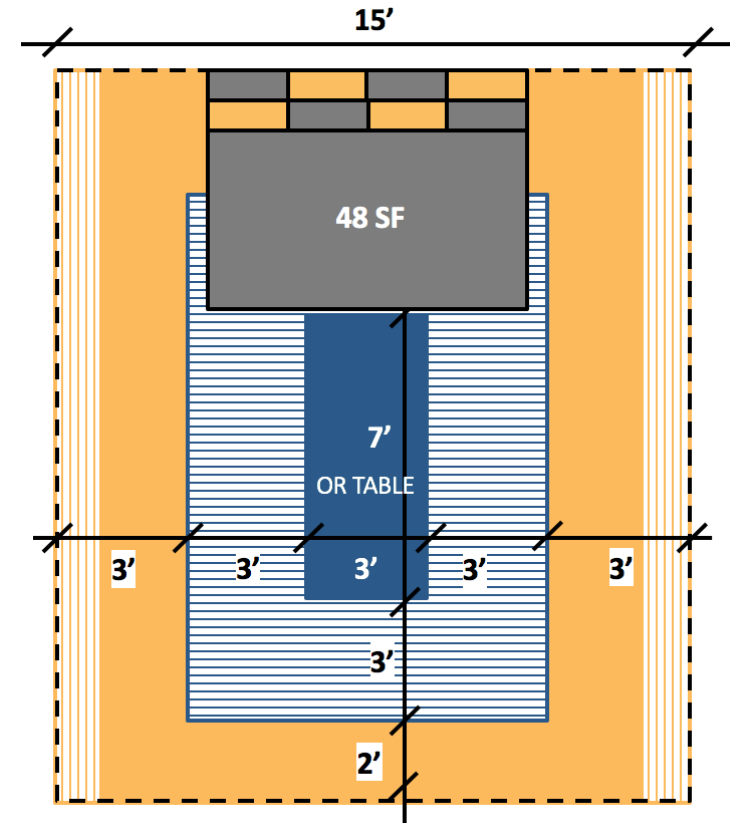
# 2018 Specialty Chapter Highlights

## Minimum Planning for Clearances

Example:

### Outpatient Operating Room Type A

- Minimum clear floor area: 255 sq. ft.
- Clearances:
  - 6 ft. on sides of table/chair
  - 5 ft. at head and foot
- EXCEPTION with anesthesia machine and cart (as shown in the diagram) :
  - Clear floor area: 270 sq. ft.
  - Clearances: 6 ft. x 8 ft. at head  
6 ft. on sides, 5 ft. at foot



# 2018 Specialty Chapter Highlights

- 2.7-3.7 thru 2.7-3.8 appropriate locations of support areas related to restricted areas
  - In the semi-restricted area:
    - Nurse or Control Station, Scrub, Equipment Storage, Environmental Services, and Sterile Processing.
  - Directly accessible to the semi-restricted area:
    - Soiled Workroom/Soiled Holding, Clean Equipment, and Supply Storage
    - Note: Soiled Workroom/Soiled Holding have important general requirements 2.7-3.7.12.1 (1), (2), and (3).
  - Other required support areas:
    - Soiled Workroom/Soiled Holding (see 2.7-3.7.12.1 (2), Equipment and Supply Storage, Medical Gas Storage, Large Equipment Storage, Storage for Blood, Tissue, and Pathological specimens.

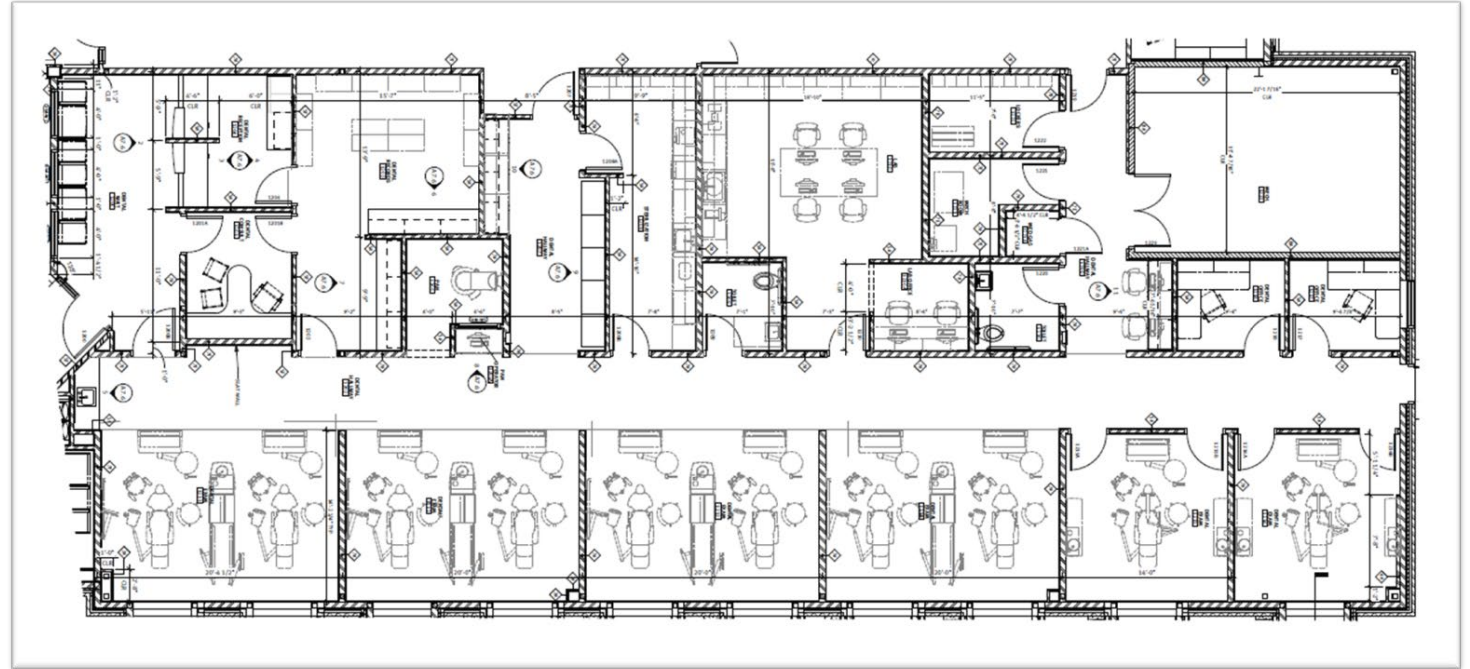
# 2018 Specialty Chapter Highlights

- 2.4 Birth Centers. Application: “... any health care facility, place, or institution that is not a hospital or in a hospital where birth is planned to occur away from the mother’s residence following a low-risk-uncomplicated pregnancy.”
  - Birthing rooms minimum clear floor area of 200 sq. ft.
  - Required to have windows, privacy, and bathroom with sink.
  - Multipurpose room: health education and library.
  - Medication Safety Zone, Nourishment Area, Clean and Soiled Workrooms, Equipment Supply, and Environmental Service Room.
  - Staff areas.



# 2018 Specialty Chapter Highlights

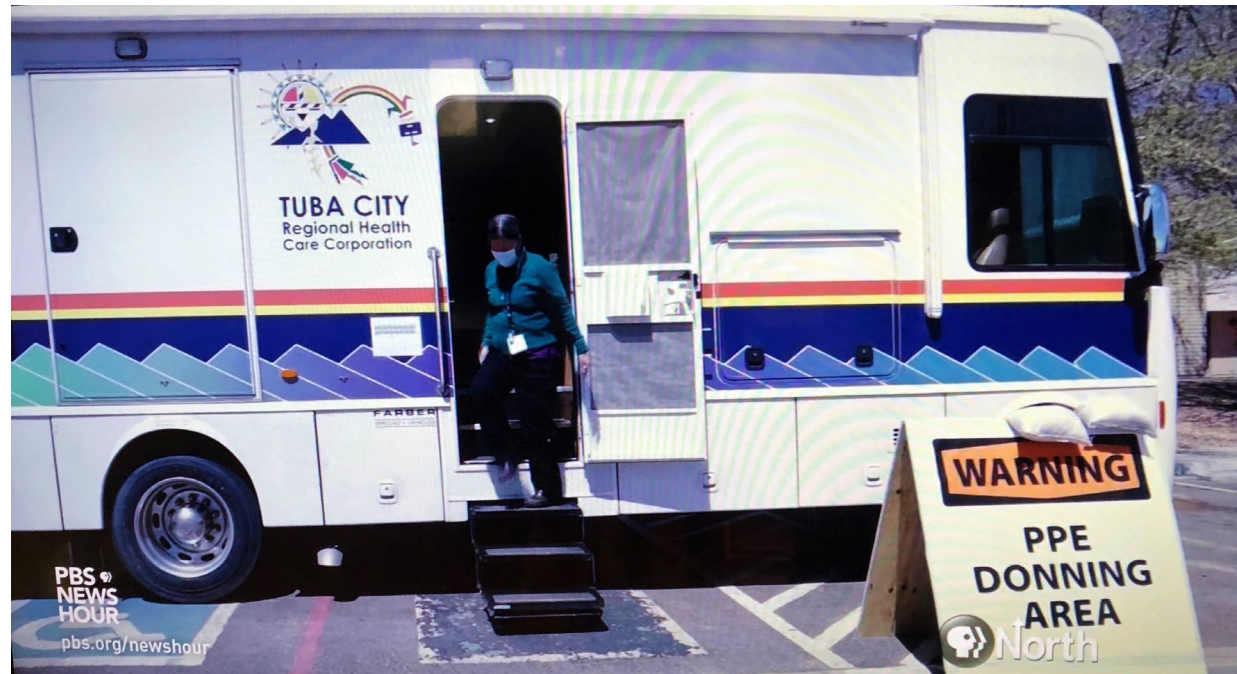
- 2.14 Dental Facilities
  - Clearances of 2'-8" on all sides of the chair





# 2018 Specialty Chapter Highlights

- 2.13 Mobile/Transportable Units



# Other Highlights

- Waiting Area Seating Capacity – Table A2.1-a
- Classification of Room Types for Imaging Services – Table 2.1-5
- Telemedicine Services – Appendix A3.1-3.2.4.1
- Ventilation requirements

Comply with ASHRAE/ASHE 170: Outpatient surgery facility,  
Endoscopy facility

Individual rooms comply with 170: Imaging facility, Infusion center,  
Dialysis center

Comply with state and local building codes: General and Specialty Medical  
Services Facilities, Imaging Facilities with Class 1 imaging rooms, Urgent Care  
Centers, Outpatient Rehab, Outpatient Psych, Birth Center, and Dental Facility.

# Conclusions

The Outpatient Document creates an industry specific set of regulations built on a platform of flexibility and cost / benefit balance.





# Questions

- Thank you for being part of this presentation!  
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## **NEW CODES AND STANDARDS**

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# **Thank you for your attention!**

