

NEW CODES AND STANDARDS

AHCA VIRTUAL DESIGN & CONSTRUCTION SEMINAR

NOVEMBER 16 -18, 2020

Overview of the 2018 FGI Guidelines and a Sneak Peek at the 2022 FGI Guidelines

Course Number: AHCA2020-04

Credit Designation: 1 LU| HSW

AIA CES Provider Number: E240

November 18, 2020



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1

OBJECTIVE

Understand the changes for the design of clinical spaces in healthcare facilities and the reasoning behind them.

2

OBJECTIVE

Learn about the FGI process to examine, balance, and document its design requirements based on best available evidence.

3

OBJECTIVE

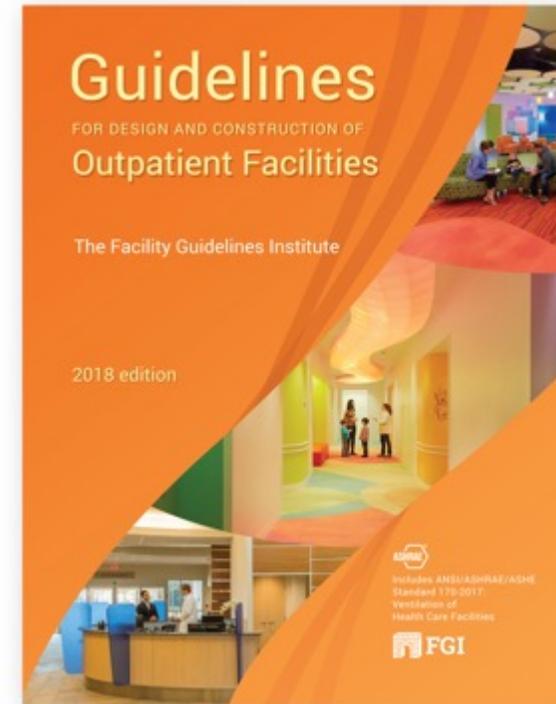
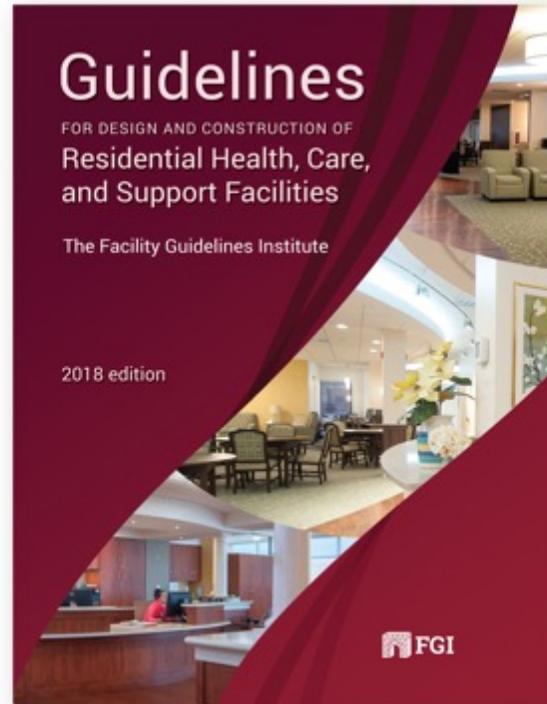
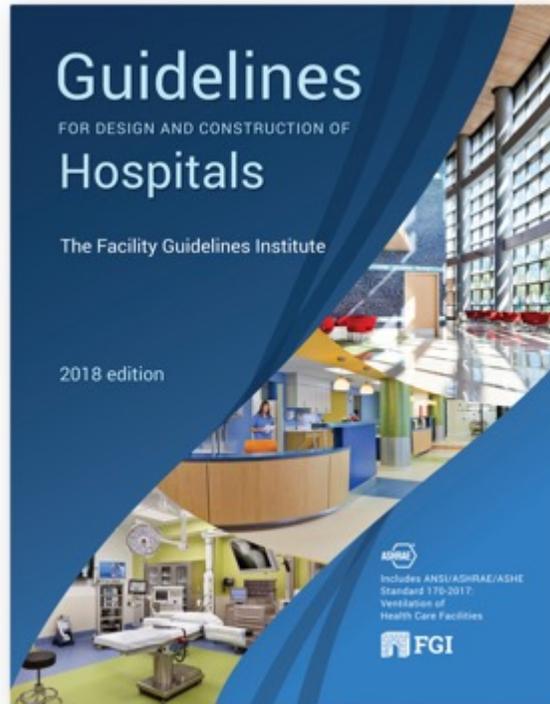
Explore how the updated 2018 *Guidelines* can provide a safe, more effective patient care environment at a reasonable cost

4

OBJECTIVE

Learn about the major changes being proposed for the 2022 Guidelines and how they may shape future design.

Overview of the 2018 FGI Guidelines and a Sneak Peek at the 2022 FGI Guidelines



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Agenda

- Introductions
- Background on the FGI development process
- Major changes for the 2018 Guidelines
- Sneak preview of the 2022 Guidelines



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



Douglas S. Erickson, FASHE, CHFM, HFDP, CHC
CEO, Facility Guidelines Institute
Chair Emeritus 2022, Chair 2010, 2014 and 2018



Who was involved in developing the 2018 *Guidelines*?



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Florida contingent involved in developing the 2018 *Guidelines*?



- Robert Booth, MPH, CIH, LHRM
- Skip Gregory, NCARB
- David Shapiro, MD, CHC, CHCQM, LHRM, CASC
- Michael Sheerin, PE, LEED AP BD+C
- Deborah Smith, AIA, ACHA, LEED AP BD+C
- Scott Waltz
- Greg Pace (added for the 2022 *Guidelines* HGRC)





FGI Participating Organizations

- ACHA
- AIA-AAH
- ASHE
- ACHE
- AHRQ
- AORN
- ASHRAE
- ACS
- CHD
- NIH
- CDC
- TJC
- CMS



2018 HGRC

110+ Multidisciplinary Committee



20% - Architects

18% - Medical professionals

16% - State AHJs

13% - Engineers

10% - HC administrators/HC org. reps

8% - Federal AHJs (IHS, CMS, HUD, VA)

7% - Infection control experts + NIH/CDC

4% - Construction professionals

4% - Interior designers

fgiguideines.org



The screenshot shows the homepage of the Facility Guidelines Institute (FGI). At the top, there is a navigation bar with links for 'About FGI', 'Revision Process', 'Guidelines', 'Resources', and 'News & Updates'. The main heading is 'GUIDELINES', followed by a descriptive paragraph. Below this, there are six categories of guidelines, each with a red icon: '2014 HOSPITAL / OUTPATIENT', '2014 RESIDENTIAL', '2010 EDITION', 'EARLIER EDITIONS', 'INTERPRETATIONS', and 'ADVISORY OPINIONS'. A yellow banner below these categories says 'Submit Your Proposals' with a 'Find out more' link. The next section is 'Get your copy of the latest Guidelines edition.', featuring three book covers: 'Residential Health, Care, and Support Facilities', 'Hospitals and Outpatient Facilities', and 'TWO-BOOK SET: Hospitals and Outpatient Facilities AND Residential Health, Care, and Support Facilities'. Below that is a 'NEWS' section with four articles. At the bottom, there are 'Quick links', 'Contact', and 'Connect' sections. A 'Sign up' form is located in the bottom right corner, featuring fields for 'First Name', 'Last Name', and 'Email', and a 'SIGN UP' button. This form is circled in blue.

Sign up!

FGI Resources



CONTACT FAQ



FACILITY GUIDELINES INSTITUTE

The keystone to health care planning, design, and construction

About FGI Revision Process Guidelines Resources News & Updates

RESOURCES

Most of the research and knowledge we gather for each FGI Guidelines edition is incorporated into the documents. And some of it is published in papers and reports that can help you go beyond fundamentals to make reliable, longer-lasting decisions.

Search by:

2014 FGI Guidelines Update Series

- Updated Acoustic Criteria Address Noise Issue: FGI Guidelines 2014 Update Series #5
- Operating Room Requirements for 2014 and Beyond
- Medication Safety Zones

Beyond Fundamentals

- Design Guide for the Built Environment of Behavioral Health Facilities
- Beyond Fundamentals
- Sound Vibration Design Guidelines Sound & Vibration: Design Guidelines for Health Care Facilities

Education

- ASHE e-Learning Programs
- FGI Webinars
- 2014 FGI Guidelines program

FGI White Papers

- Common Mistakes in Designing Psychiatric Hospitals: An Update
- The Future of Health Care as Predicted Using Scenario Planning

FGI-Supported Research

- Designing for Patient Safety: Developing Methods to Integrate Patient Safety Concerns in the Design Process
- Current Views of Health Care Design and Construction: Practical Implications for Safer, Cleaner Environments
- Contribution of the Designed Environment to Fall Risk in Hospitals

Other Resources

- Room Ventilation and Airborne Disease Transmission
- Environment of Care and Health Care-Associated Infections

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Errata

Errata for the 2018 *Guidelines for Design and Construction of Hospitals*



Content Corrections

PAGE	SECTION	ERROR	CORRECTED TEXT
53	Table 1.2-6	<p>^aIn cases where greater speech privacy is required between patient care rooms when both room doors....</p> <p>^aThis is the performance required...</p>	<p>^aThis is the performance required</p> <p>^aIn cases where greater speech privacy is required between patient rooms when both patient <u>patient</u> room doors...</p>
67	2.1-1	<p>2.1-1 General</p> <p>...</p>	<p>2.1-1 General</p> <p>...</p> <p>2.1-1.1.4 Outpatient projects located in hospitals shall meet the requirements of the FGI Guidelines for Design and Construction of Outpatient Facilities.</p>
132	Table 2.1-2 Nurse Call Devices	<p>Procedure room/Class 2 imaging room Required stations: Bath, Staff assistance Optional station: Emergency call</p> <p>Operating room/Class 3 imaging room Required stations: Bath, Staff assistance</p> <p>Electroconvulsive therapy treatment room/pre-procedure and recovery patient care stations Required stations: Bath, Staff assistance</p>	<p>Procedure room/Class 2 imaging room Required stations: Staff assistance, Emergency call Optional station: Nurse master</p> <p>Operating room/Class 3 imaging room Required stations: Staff assistance, Emergency call</p> <p>Electroconvulsive therapy treatment room/pre-procedure and recovery patient care stations Required stations: Staff assistance, Emergency call</p>
133	Table 2.1-3 Station Outlets	<p>Class 1 imaging room 1 oxygen, 1 vacuum, 1 medical air</p> <p>Operating room/Class 3 imaging room 2 oxygen, 5 vacuum, 1 medical air, 1 WAGD, 1 instrument air</p>	<p>Class 1 imaging room 1 oxygen, 1 vacuum</p> <p>Operating room/Class 3 imaging room 2 oxygen, 5 vacuum, 1 medical air, 1 WAGD</p>
152	2.2-2.8.2	<p>2.2-2.8.2 NICU Rooms and Areas</p> <p>...</p>	<p>2.2-2.8.2 NICU Rooms and Areas</p> <p>...</p> <p>2.2-2.8.2.6 Reserved</p> <p>2.2-2.8.2.7 Nurse call system. A nurse call system shall be provided in accordance with Section 2.1-8.5.1 (Call Systems).</p>

continued

FGI Bulletin



FGI Bulletin #7



May 16, 2018 | Category FGI BULLETIN

Errata Sheets Posted for 2018 Hospital and Outpatient Guidelines

The errata sheets prepared for all *Guidelines* editions are crucial to users of the documents. An errata sheet presents items that are errors in the published books, whether editorial oversights or discrepancies that were revealed after publication. The corrections shown in the errata sheets are considered part of the official documents and should be applied as part of the standards by all users, including authorities having jurisdiction.

Dated [errata sheets](#) are posted on the FGI website, and we recommend checking back periodically to make sure you have the most current version. We also will continue to let subscribers to the *FGI Bulletin* know when new errata sheets are posted. For the 2018 digital documents available on MADCAD, the goal is to identify corrections in the online version of the documents.

We appreciate hearing from *Guidelines* users who have questions about the content they use. This is often how errors are found. Write to us at info@fgiguidelines.org.

State Adoption Focus: Colorado



The State of Colorado recently adopted Chapter 4.1, Specific Requirements for Assisted Living Facilities, in the 2018 *Guidelines for Design and Construction of Residential Health, Care, and Support Facilities*. Adoption of the assisted living facility standards includes applicable cross-references found in the chapter. Exceptions to the *Guidelines* requirements are parking and elevator standards, which defer to local regulations.

For assisted living residences applying for a new license, application of

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FGI Interpretations



Health Guidelines Revision Committee

A committee of the Facility Guidelines Institute

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info@fgiguidelines.org

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July 11, 2018

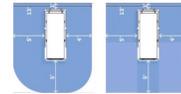
Richard Horeis, AIA
HDR, Inc.
Omaha, NE

Dear Mr. Horeis:

This letter is provided in response to your request for an interpretation of Section 2.2-2.6.2.2 (2) in the 2014 FGI Hospital/Outpatient *Guidelines*.

Question: In Section 2.2-2.6.2.2 (2), regarding clearances for critical care patient care stations, does the 5-foot clearance requirement at the foot of the bed only require clearance for the width of the bed itself, or is the clearance to be extended to include transfer side width (5 feet) and non-transfer side width (4 feet), such that the width of the clearance at the foot of the bed totals 14 feet?

Response: The clearance requirement at the foot of the bed is intended to create sufficient space for care of the patient. Space is needed around the corners of the bed to allow access and movement for equipment, staff, and family members. Staff must be able to easily move around the bed. As well, space is needed for IV and pain management systems, warmers, etc., and for use of patient lifts and gurneys. To accommodate these needs, the full dimension at the foot needs to be as wide as the clearances on the sides of the bed; however, the squared-off space this creates could be rounded off to accommodate structural or other non-movable encroachments. This response applies to all places in the *Guidelines* where clearance requirements are provided. The diagrams below may help clarify this response.

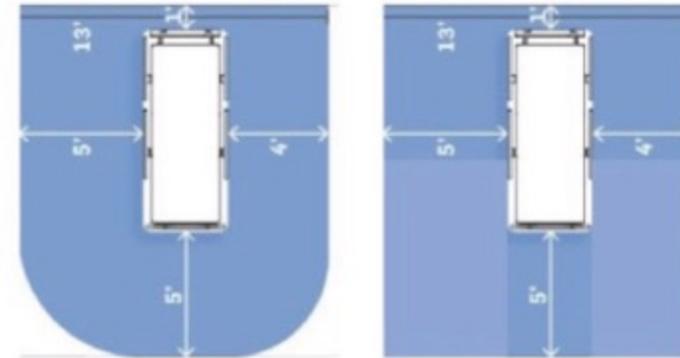


Radius Full area

This correspondence is neither intended, nor should it be relied upon, to provide professional consultation or services.

Sincerely,

Douglas S. Erickson, FASHE, CHFM, HFDP, CHC
Chair, HGRIC Interpretations Committee
314-800-7896
doug@fgiguidelines.org



Radius

Full area



2018 Guidelines



An overview of major topics that were addressed and some of the proposed changes discussed



Hospital Guidelines Major Topics Addressed

- Design of Telemedicine Services
- Emergency preparedness
- Single bed ICUs
- Design/clearances to accommodate individuals of size
- Pre- and post-procedure patient care areas – flexibility to combine areas and correct ratios
- Procedure and operating room sizes that reflect space requirements for anesthesia team and equipment
- Classification system for imaging rooms



Hospital and Outpatient Guidelines Major Topics Addressed

- Guidance for when exam/treatment, procedure, and operating rooms are needed
 - Clearances and spatial relationships
 - Locations for procedure types
- Sterile processing facilities
- Mobile/transportable medical unit revisions
- Telecommunication Requirements





Telemedicine Services

- Requires telemedicine space when clinical telemedicine services are provided
- May be a bay, cubicle, or room, permitted to be used for other purposes: e.g., patient room, physician's office, conference room
- Appendix recommendations on:
 - Room features
 - Placement of cameras and microphones
- Addresses privacy, acoustics, lighting, site identification (for reimbursement and orientation)





Telemedicine Services



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Emergency preparedness



- The design must provide space for resources needed to respond in an emergency.
- Design supports:
 - Sheltering in place
 - Continuance of service
- New appendix provides guidance on creating an emergency preparedness assessment, infrastructure assessment, and resiliency plan of resiliency and recovery from adverse events.





Accommodations for Individuals of Size

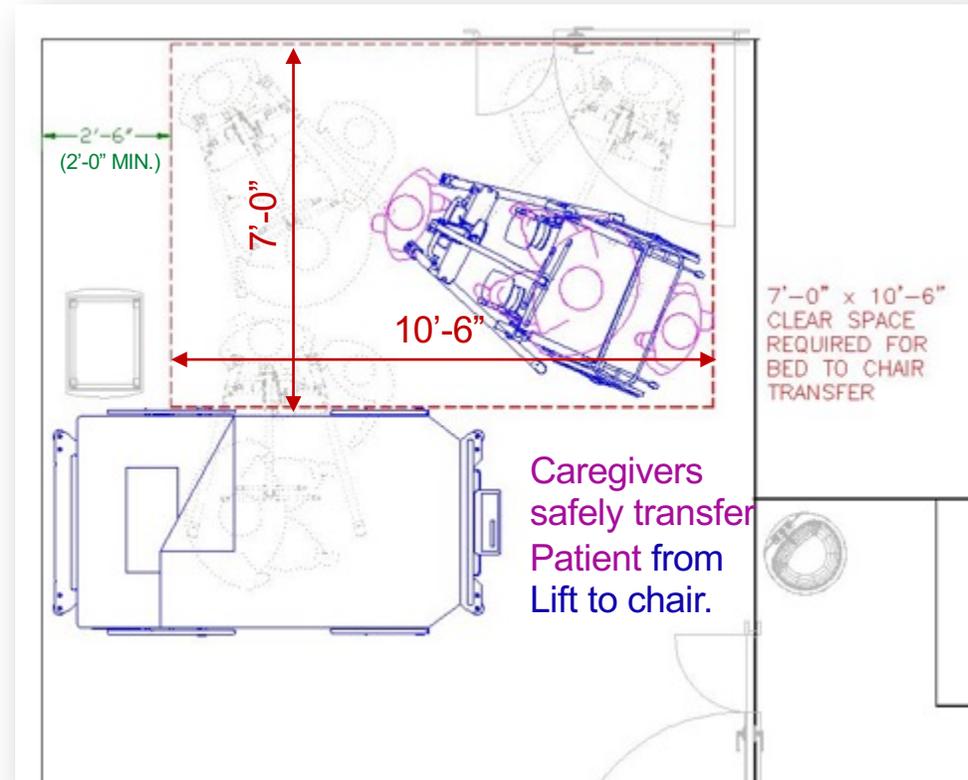
- Determining “individual of size”:
 - Patient’s weight
 - Distribution of the patient’s weight throughout the body
 - Patient’s height
- In the Hospital document: Bariatric nursing unit removed from facility chapters and accommodations for individuals of size added as a common element to address the need for serving individuals of size throughout a health care facility
- Accommodations for individuals of size also added to Outpatient and Residential documents





Patient Rooms for Individuals of Size

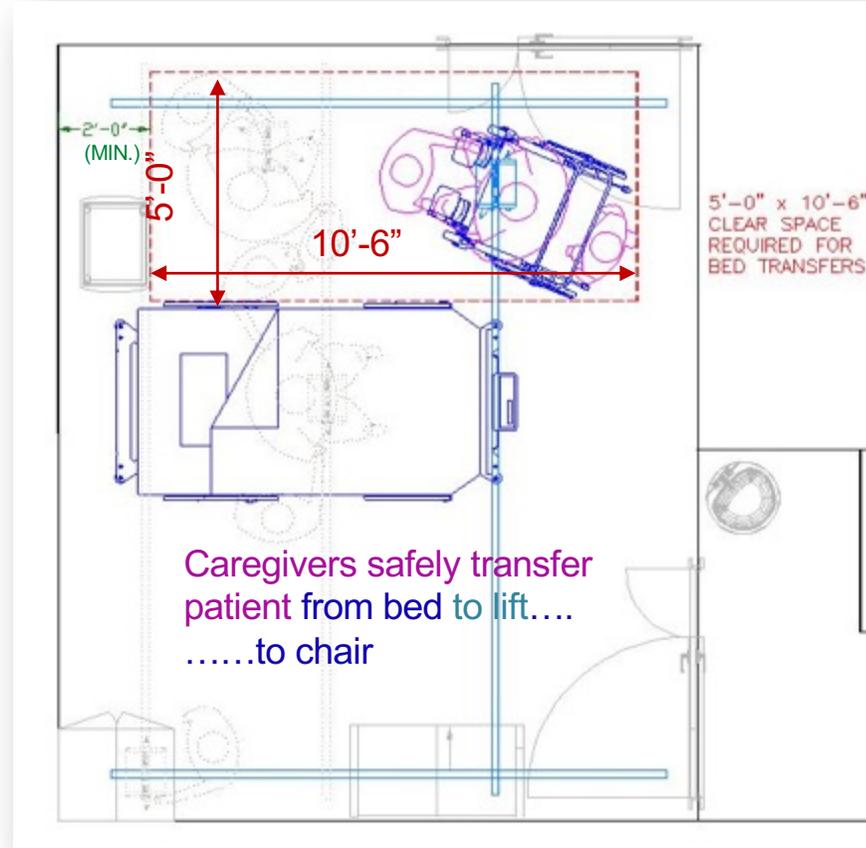
**Minimum
Clearances
Required for
Bed to
Wheelchair
Transfer Using
Floor-based
Full Body Sling**





Patient Rooms for Individuals of Size

**Minimum
Clearances
Required for
Bed to Chair
Transfer Using
Ceiling Lift**





Intensive Care Unit

- Each patient care station shall be a single-patient room.
- In renovation, cubicles would be permitted.





Pre- and Post-Procedure Patient Care Areas

- Direct access to the semi-restricted area without crossing unrestricted public corridors
- Ability to combine all patient care stations (pre-, Phase I, Phase II) in one area
 - Must meet the most restrictive requirements
 - Where combined into one area, at least two patient care stations per procedure, operating, Class 2, or Class 3 imaging room





Pre- and Post-Procedure Patient Care Areas

Stations can be bays, cubicles, or single-patient rooms.

Clearances

- Bays (5 feet between gurneys, 3 feet between sides and adjacent walls, and 2 feet from foot of bed to the cubicle curtain)
- Cubicles (3 feet between sides and adjacent walls, 2 feet from foot of bed to the cubicle curtain)
- Where bays/cubicles face each other, need 8-foot aisle
- Room (3 feet between sides and foot to the wall)





Pre- and Post-Procedure Patient Care Areas

- If separate pre-procedure room
 - Minimum of one patient care station per imaging, procedure, or operating room
- Phase I PACU
 - One per operating room (was 1.5)
- Phase II recovery room
 - Minimum of one per imaging, procedure, or operating room





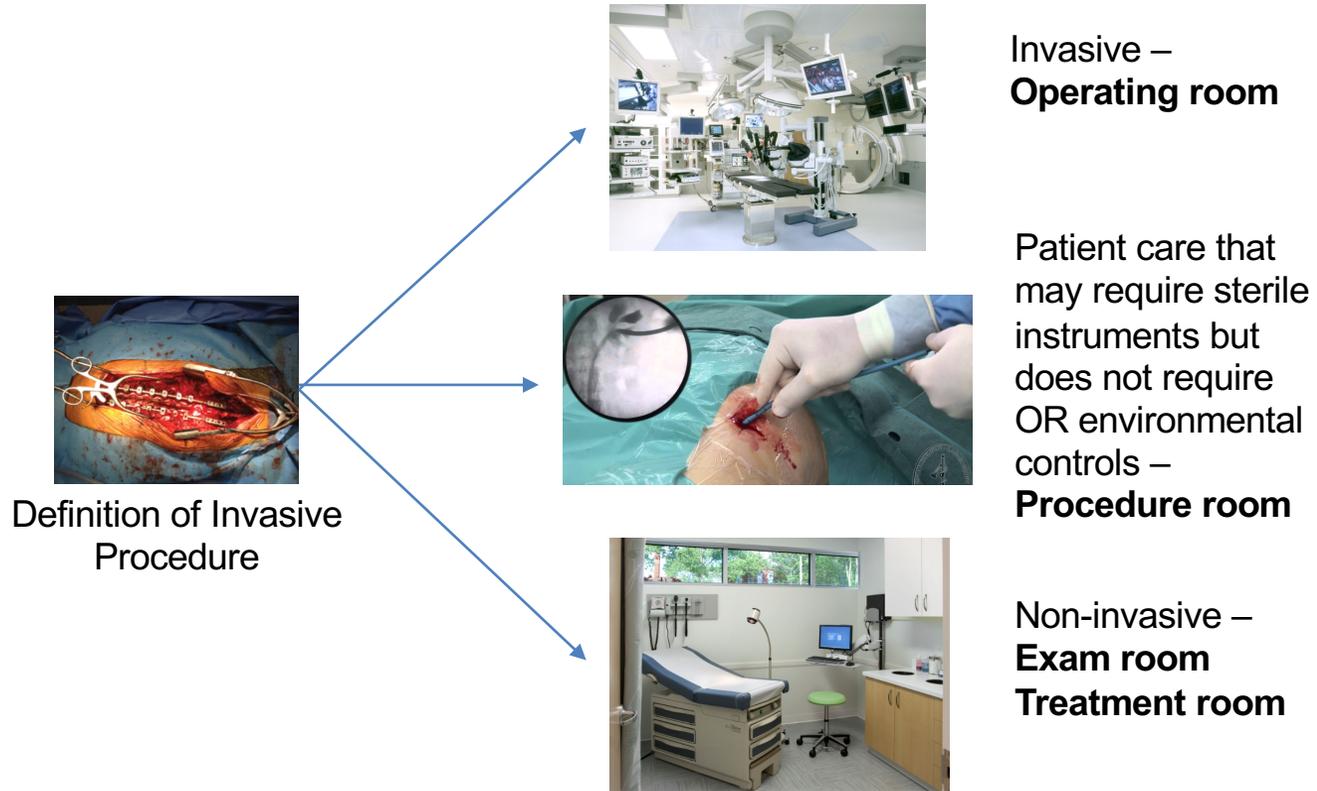
Invasive Procedure Definition

A procedure that is performed in an aseptic surgical field and penetrates the protective surfaces of a patient's body. May fall into one or more of the following categories:

- Requires entry into or opening a sterile body cavity
- Involves insertion of an indwelling foreign body
- Includes excision and grafting of burns that cover more than 20 percent of total body area
- Does not begin as an open procedure but has a risk, as determined by the physician, of requiring conversion to an open procedure



Why does it matter?





Operating Rooms

Minimum clear floor area

- Hospitals: Still 400 sq. ft. or 600 sq. ft. for special procedures
- Outpatient: 255 sq. ft. unless general anesthesia administered, then 270 sq. ft.





Operating Rooms

- Clearances for 400-sq-ft OR:
 - 8 feet 6 inches on each side
 - 6 feet at the head
 - 7 feet at the foot



Monolithic ceilings still required



Procedure Room Definition

- For procedures that do NOT meet the glossary definition of “invasive procedure”
 - Can be performed outside the restricted space of the surgery department or facility
 - May require use of sterile instruments or supplies
 - Requires some environmental controls but not OR-level environmental controls

(Procedures performed in former Class A OR occur in procedure rooms.)





Endoscopy

- **Endoscopy procedure rooms** shall meet the requirements for procedure rooms...except as follows:
 - Minimum clear floor area of 180 sq. ft. (reduced from 200)
 - Clearance of 5 feet at each side
 - Clearance of 3 feet 6 inches at head and foot
- **Endoscope processing room** is a semi-restricted area
 - Both decontamination and clean work areas with one-way traffic flow
 - Entrance and exit permitted to be from the procedure room



Endoscope Processing Room Design

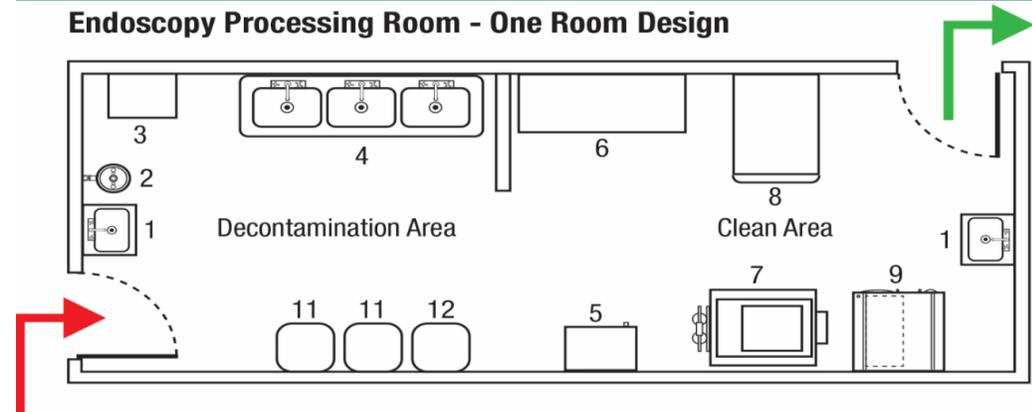
Reprinted with permission from *Guidelines for Perioperative Practice*. Copyright © 2016, AORN, Inc, 2170 S. Parker Road, Suite 400, Denver, CO 80231. All rights reserved.

FGI Guidelines

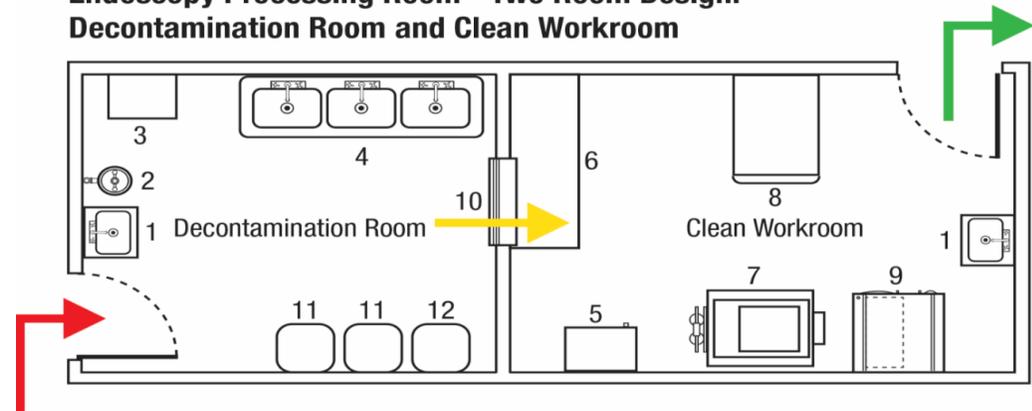
Designed to provide a **one-way traffic** of **contaminated** materials/instruments to **cleaned** materials/instruments to the sterilizer or mechanical processor.

Minimum clearance of 3 feet (91.44 cm) provided between the decontamination area and the clean work area.

Endoscopy Processing Room - One Room Design



Endoscopy Processing Room - Two Room Design: Decontamination Room and Clean Workroom





Classification of Imaging Room Types

Class 1 imaging room

- Diagnostic in nature (CT, MRI, fluoroscopy)
- Services that utilize natural orifice entry
- Accessed from an unrestricted area
- Basic environmental controls (ventilation, surfaces)





Classification of Imaging Room Types

Class 2 Imaging room

- Procedures:
 - Diagnostic and therapeutic
 - Electrophysiology
 - Endoscopic
- Accessed from an unrestricted or semi-restricted area
- Some environmental controls for procedures such as cardiac cath





Classification of Imaging Room Types

Class 3 imaging room and operating room

- Invasive procedures
- Any Class 2 procedure the physician identifies with a risk of needing conversion to an open procedure
- Accessed from a semi-restricted area
- Environmental controls of an operating room





Sterile Processing

- Sterile processing areas shall:
 - Be a semi-restricted area
 - Support a one-way traffic pattern
 - Have at least two entrances
 - Consist of a decontamination room and a clean workroom, separated by a wall with a door or pass-through

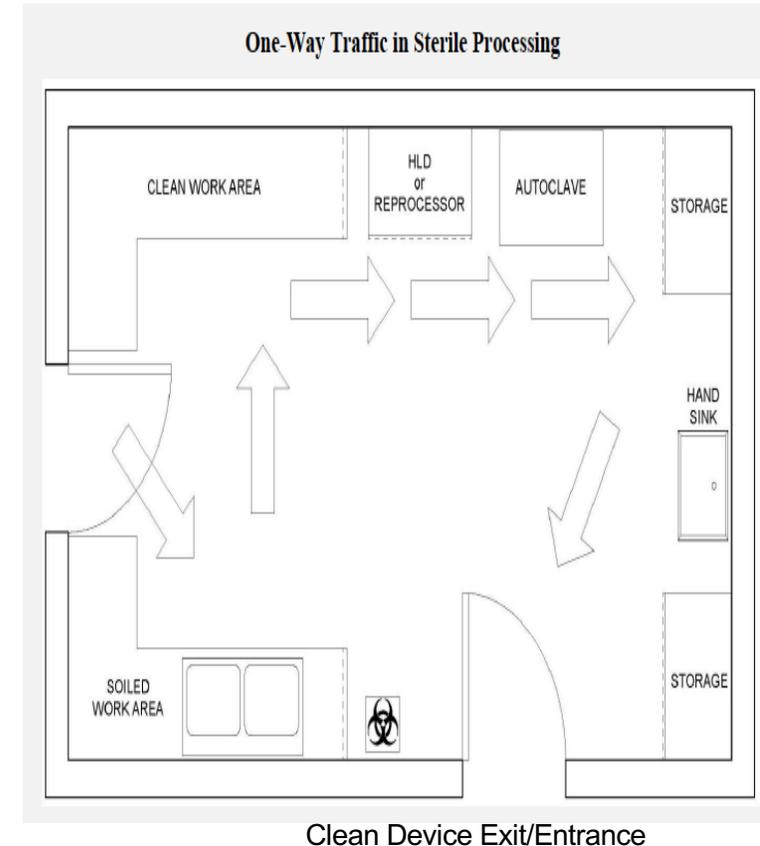




Sterile Processing

Facilities outside a sterile processing department shall comply with all requirements for two-room sterile processing areas unless the equipment is limited to a table-top or similar-sized sterilizer, in which case a single room is acceptable.

Decontamination
Entrance





Technology Distribution Room Size

All TDRs shall provide a minimum 3-foot clearance on all sides of the equipment rack(s).



Major changes being recommended for the *2022 Guidelines*.



Mobile/Transportable Medical Units

This topic will be covered in the program by Mr. Gregory.





Changes to the 2018 Outpatient Guidelines

This topic will be covered in the program by Ms. Lewis.



Changes to the 2018 Residential Guidelines

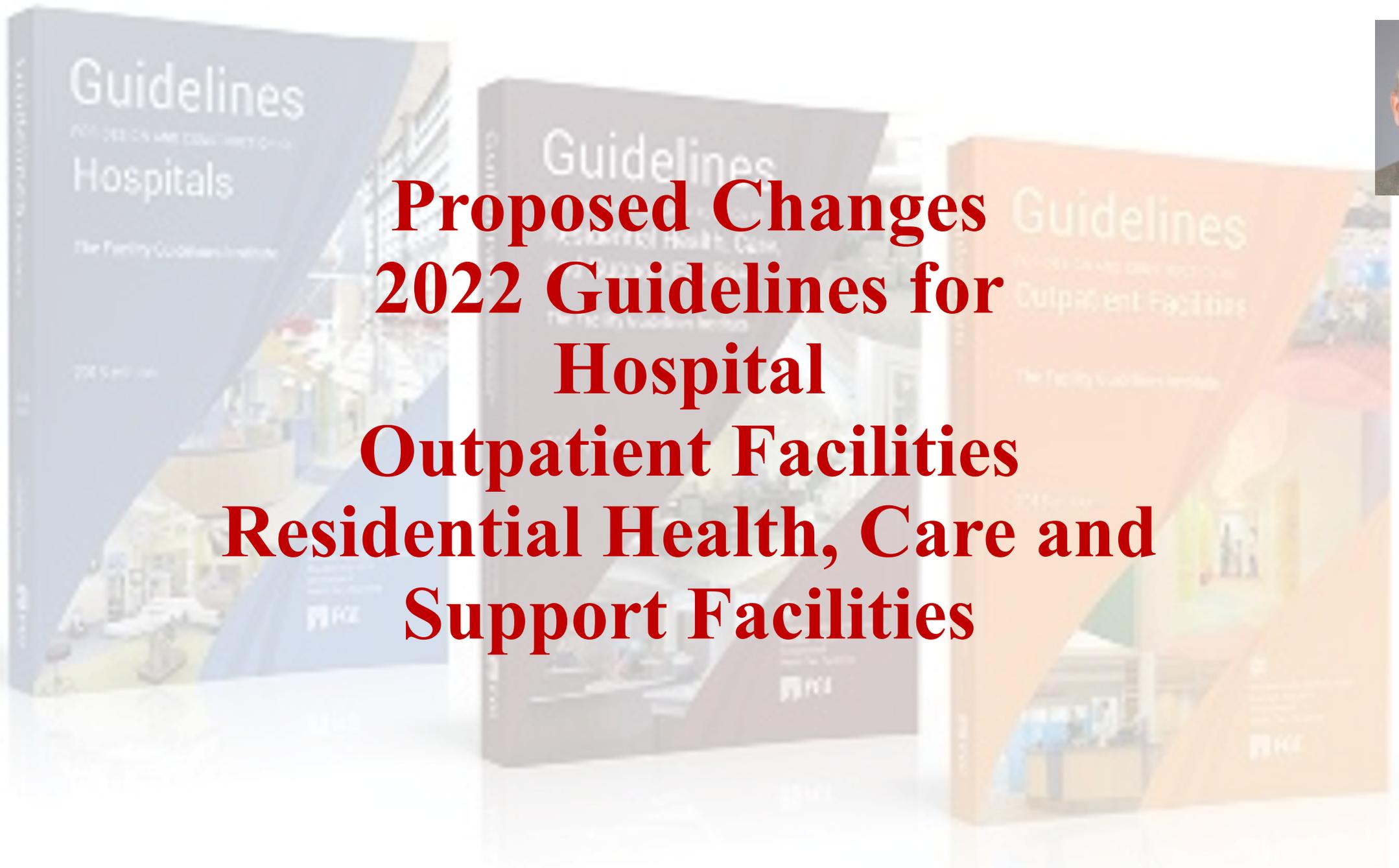


This topic will be covered in the program by Ms. Rohde.





**Proposed Changes
2022 Guidelines for
Hospital
Outpatient Facilities
Residential Health, Care and
Support Facilities**





Hospital Guidelines

Proposed Changes for Hospital Guideline Common Elements

- Safety Risk Assessment
Added a recommendation for an
acoustics and noise assessment



Proposed Changes for Hospital Guideline Common Elements



- Emergency Access Site
 - Video surveillance system for public entrances
 - Duress alarm system where entrances are locked

(This is as a result a Laura's law. Her husband cites his wife's inability to find the right door to the emergency room given the lack of signage, and the lack of monitoring of the area by hospital staff was the cause of her death. She succumbed to an asthma attack just feet away from the hospital's front door.)

Proposed Changes for Hospital Guideline Common Elements



- Airborne Infection Isolation Rooms
Analysis of number required in the hospital is based on emerging infectious diseases or a pandemic
- All Anterooms
 - **An anteroom is not required**
 - Whether an anteroom is required shall be determined by the ICRA
 - Added space in the anteroom for doffing PPE before leaving



Proposed Changes for Hospital Guideline Common Elements

- Window size in patient rooms
Still 8% of min. floor area but
struck out for renovations ~~not possible~~
and included impractical or impossible
- Handrails
Where features the preclude
continuous handrails, handrails
installed on one side or the other shall
be permitted



Proposed Changes for Hospital Guideline Common Elements

- Elevators
Minimum door opening
reduced from 54 to 48 inches
- WAGD systems
A lot of discussion about where
WAGD is deemed necessary, the
proposed language is anywhere
inhalation anesthesia is administered.
To me this is a red flag.



Proposed Changes for Hospital Guideline General Hospital

- NICU room size
 - Multiple-infant rooms
 - Minimum clear floor area ~~120~~ to 150 sq. ft.
 - Single-infant rooms
 - Minimum clear floor area ~~165~~ to 180 sq. ft.
- **Windows are not required in individual rooms if daylight can be viewed**



Proposed Changes for Hospital Guideline Hospice and/or Palliative Patient Care Unit



- Minimum Room Dimensions
 - 153 sq. ft. clear floor area
 - Minimum headwall of 10 feet
 - Room size includes 33 sq. ft of family support zone
 - In renovation – may be reduced to 120 sq. ft.



Proposed Changes for Hospital Guideline Burn Trauma Critical Care Unit

- Meet Critical Care Unit criteria
- Available OR with temp of 95 degrees
- Maximum of one patient per room
- Protective Environment (PE)
- Radiant heat panels over bed
- Direct access to a patient toilet





Proposed Changes for Hospital Guideline Emergency Services

- Duress system as previously discussed
- Trauma/Resuscitation
 - When not in use for a T/R room can be subdivided with cubicle curtains
- Low acuity pods
 - 40 sq. ft. clear floor area
 - 5'-6" minimum clear dimension
- Decontamination Room
 - Increased from 80 sq. ft. to 100 sq. ft.

Proposed Changes for Hospital Guideline Behavioral Health Crisis Unit

- Readily accessible to the emergency department
- Single patient observation room
 - Single patient room 100 sq. ft.
 - 10 ft.
- Multiple-patient room
 - 40 sq. ft. per station
 - 5'-6" between stations
 - 3' clearance between walls or partitions



Proposed Changes for Hospital Guideline Mobile/Transportable Medical Units



- Defined temporary as 6 months during any 12-month period
- Does not apply to mobile/transportable units on site for less than 96 hours

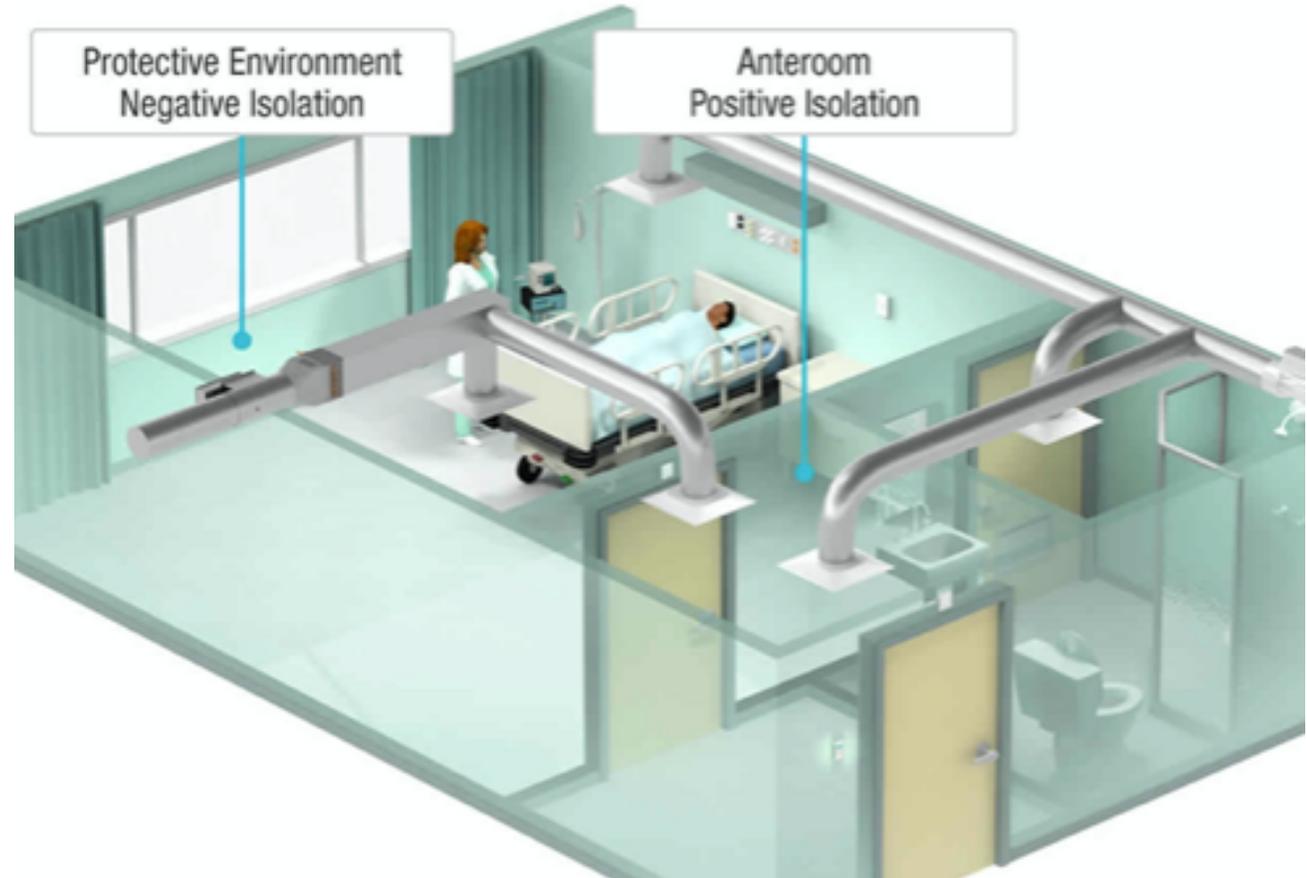


Outpatient Guidelines



Proposed Changes for Outpatient Guideline PDC and Commissioning

- Strengthened Functional Program requirements
- Airborne Infection Isolation room anteroom considerations
 - Define intended use
 - Facility location
 - Long-range infection prevention planning



Proposed Changes for Outpatient Guideline PDC and Commissioning

- Safety Risk Assessment

Added Behavioral and
Mental Health to the list



Proposed Changes for Outpatient Guideline for Common Elements



Single- patient exam/observation
room with dual entry

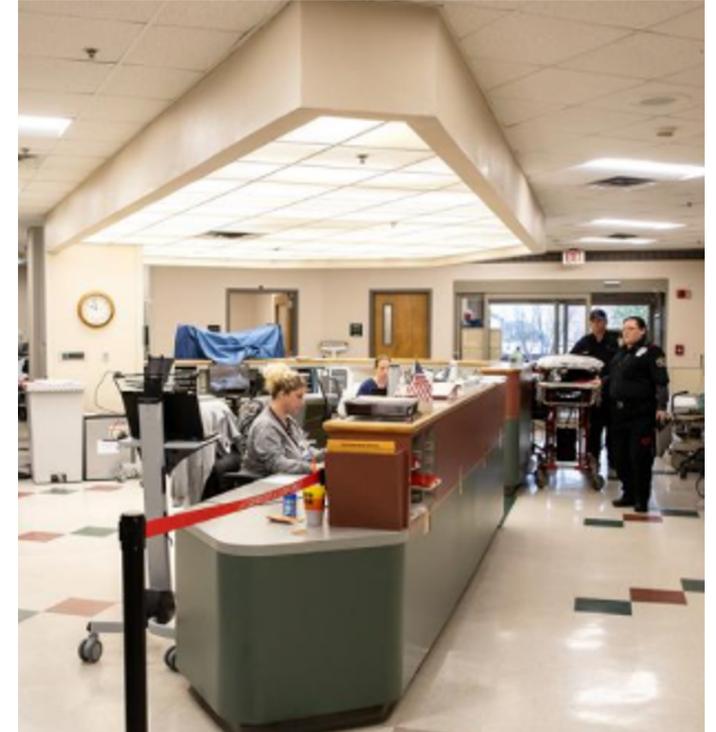
- Each room shall be 100 sq. ft.
- Min. clearance of 2'-8" at each
side of the patient station and
at the foot



Proposed Changes for Outpatient Guideline Freestanding Emergency Care

New requirements:

- Low-acuity pods are permitted
- Flexible secure treatment room (can be used as a single-patient treatment room if appropriately designed)
 - Hand-washing station can be located outside the room
 - Room shall have a max. wall length of 12 feet
- If provided the behavioral health unit would be equivalent to that in the Hospital

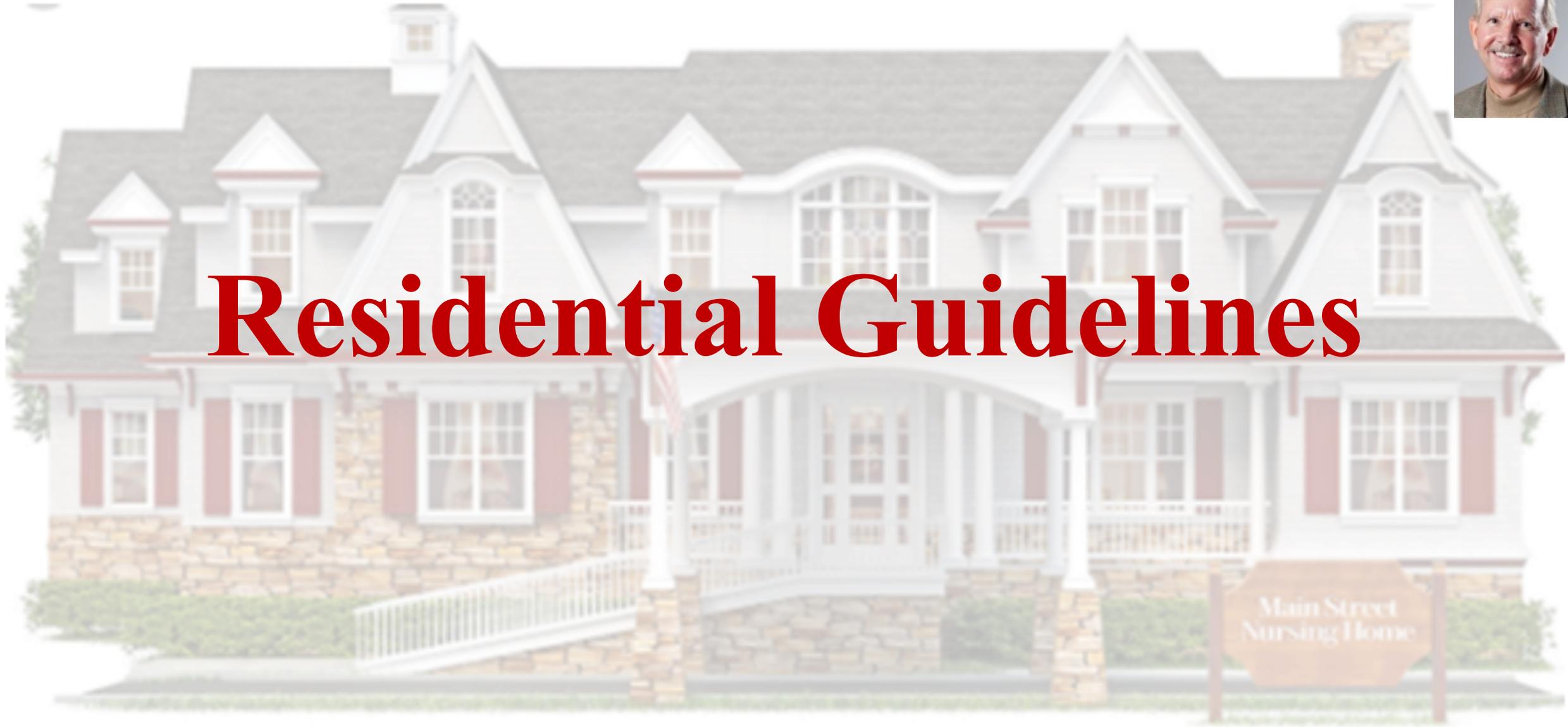


Proposed Changes for Outpatient Guideline Extended Stay Centers

New chapter for 2022

Extended stay centers are intended for patients who are stable and don't need intensive monitoring or hospital-level care.





Residential Guidelines

Proposed Changes for Residential Guideline General Statements

- Designed with provisions for inclusive environments
- Telemedicine services
- Social activity kitchens are not central to regular meal delivery
- Telecommunications

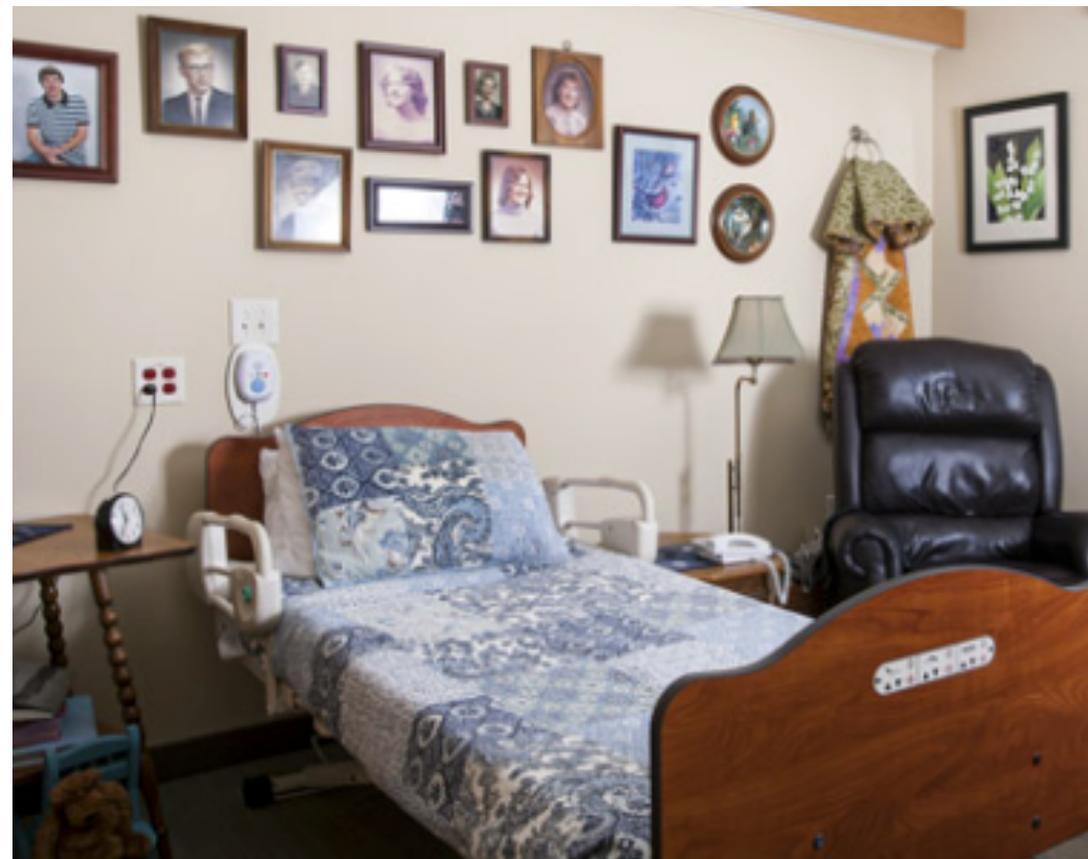


Proposed Changes for Residential Guideline Nursing Homes



Resident Rooms

- Single-resident room
 - 120 sq. ft.
 - Min. clear dimension of 11 feet
- Multiple-resident room
 - 108 sq. ft. per bed
 - Min. clear dimension of 9'-6"
- Clearances
- Need to take into account the type of program and need for circulation and arrangement of furniture



NEW CODES AND STANDARDS

AHCA VIRTUAL DESIGN & CONSTRUCTION SEMINAR

NOVEMBER 16 -18, 2020

Thank you for your attention!

