



FGI's *Beyond Fundamentals*

Bryan Langlands NBBJ

October 8, 2019
8:00am-9:00am



FGI the keystone to health care planning, design and construction



Disclaimer

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This course is registered with **AIA CES** for continuing professional education. As such, it does not include content that may be deemed or construed to be an approval or endorsement by the AIA of any material of construction or any method or manner of handling, using, distributing, or dealing in any material or product.

The views and interpretations expressed in this presentation are the opinions of the speaker and may not be the official position of **AIA, FGI, or NBBJ**.

Questions related to specific materials, methods, and services will be addressed at the conclusion of this presentation.

Course Description

A general overview FGI's Beyond Fundamentals effort, the material produced to date, and the focus going forward.

Learning Objectives

1. Explain how the Beyond Fundamentals knowledge library builds on the requirements of the *FGI Guidelines*.
2. Describe how designers can use the Beyond Fundamental library to discuss new ideas with AHJs regarding new trends and spaces.
3. Discuss how FGI is bridging the gap on trends and technologies that occurs between the *Guidelines* editions.
4. Explain how the latest information on health care changes, trends, and innovations is being used to inform future editions of the *Guidelines for Design and Construction*.

What is Beyond Fundamentals?

Current and Future Publications

Focus Going Forward

Beyond Fundamentals *(objective/purpose)*

- The objective of the Beyond Fundamentals is to be **a resource for the health care industry** created by members of the health care industry - to be **relevant, innovative, clarifying, and educational**.
- Conceived as a way to stay current with trends that will impact health care facility design, this resource library **goes beyond the fundamental design and construction** *Guidelines* requirements for which FGI is known.
- The Beyond Fundamentals content will be **updated and supplemented continually**, unlike the *FGI Guidelines for Design and Construction* documents, which are static documents published every four years.

Beyond Fundamentals *(what is it?)*

- The Beyond Fundamentals will provide access to a growing collection of health care design resources, including white papers and reports, case studies, checklists, design recommendations in response to emerging trends in practice (with a focus on “**should**” instead of “**shall**”), and access to the experiences of industry change-makers and advocates for person-centered health care solutions.
- Launched between the release of the 2018 *Guidelines* and the beginning of the 2022 *Guidelines* revision cycle, Beyond Fundamentals has become an important resource for evaluating potential new fundamental requirements.

Beyond Fundamentals *(organization and oversight)*

- BF Oversight Committee operates independently from the Health Guidelines Revision Committee (HGRC), but reports to the HGRC Steering Committee.
- Oversight Committee's task is to **provide direction** on the overall objective; **establish criteria** for evaluation of proposals and material; **solicit** ideas/proposals, **identify** subject matter experts and volunteer reviewers; and responsible for meeting deadlines and publication of materials.
- Oversight Committee comprised of:
 - Bryan Langlands, AIA (NBBJ)
 - Collin Beers, AIA (Stantec)
 - Bob Dehler, PE (Minnesota Dept of Health)
 - Brenda McDermott, RN, MSN (Defense Health Agency)

Beyond Fundamentals *(how is it offered?)*



The screenshot shows the FGI (Facility Guidelines Institute) website. The header includes the FGI logo and the text "FACILITY GUIDELINES INSTITUTE" and "The keystone to health care planning, design, and construction". A navigation bar contains links: "About FGI", "Guidelines", "Beyond Fundamentals" (which is underlined), "Resources", "Revision Process", and "News & Updates". The main content area is titled "Beyond Fundamentals Library". Below this title, there is a link to learn more about the program. Two featured items are listed: "A Case for the Low-Acuity Patient Treatment Station: Reducing the Length of Stay for Emergency Department Visits" by Bryan Langlands, David Vincent, and Christine Carr, and "Checklist for Designing a Geriatric Treatment Room in the Emergency Department" by Kathryn Gallagher. Each item has a download icon and a title.

FGI FACILITY GUIDELINES INSTITUTE
The keystone to health care planning, design, and construction

About FGI Guidelines Beyond Fundamentals Resources Revision Process News & Updates

Beyond Fundamentals Library

Learn more about the Beyond Fundamentals program [here](#).

A Case for the Low-Acuity Patient Treatment Station: Reducing the Length of Stay for Emergency Department Visits
Bryan Langlands, David Vincent, and Christine Carr

As busy emergency departments face significant space constraints, health care organizations are looking for ways to optimize space use and still provide safe, effective patient care. In this white paper, the authors propose use of a low-acuity patient treatment station to address this issue. Diagrams are included. (2018)

 **LOW-ACUITY TREATMENT STATION**

Checklist for Designing a Geriatric Treatment Room in the Emergency Department
Kathryn Gallagher

This checklist was created to provide a quick reference for designing emergency department treatment rooms that meet the specialized needs of older adults. It can also be used to conduct a quick evaluation of patient care locations in an existing emergency department or facility. (2018)

 **GERIATRIC CHECKLIST**

- Complimentary with links to material available on FGI website
- <https://www.fgiguideelines.org/>
- <https://www.fgiguideelines.org/beyond-fundamentals/beyond-fundamentals-library/>
- Also available with license on MADCAD.com

Currently Available

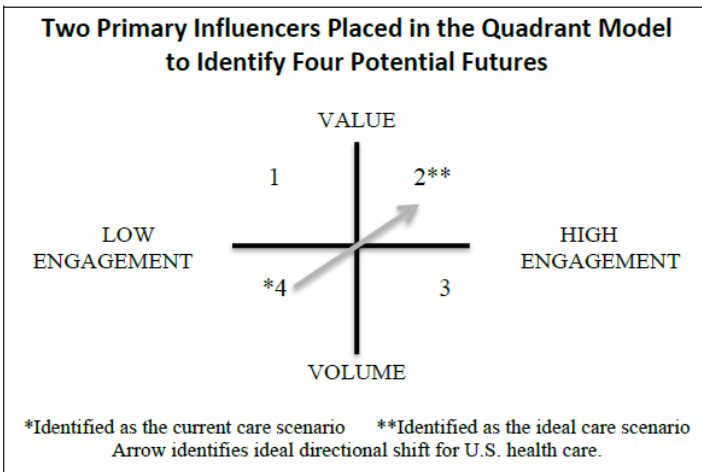
- **Future of Health Care as Predicted Using Scenario Planning**, (2015)
- **Common Mistakes in Designing Psychiatric Hospitals**, (2015)
- **FGI Study: Clearances for Providing Safe Care for Patients of Size**, (2016)
- **Checklist for Designing Geriatric Treatment Room in the ED**, (2018)
- **Responses to Questions about Applying the Guidelines**, (2018)
- **Case Study: Testing Sustainable Flooring - Johns Hopkins Report**, (2018)
- **Case Study: For the Low-Acuity Patient Treatment Station**, (2018)
- **Designing End-of-Life Care Settings to Enhance Quality of Life**, (2018)
- **Design Guide for Long Term Care Homes**, (2018)
- **Reimagining the ED: Ideas for Shaping the ED of the Future**, (2018)
- **Hybrid Operating Room Design Basics**, (2019)

Current and Future Publications

2015 Publication *(FGI colloquium)*

Combining the extremes of the two selected factors yields four distinct futures as indicated below and in the accompanying diagram.

- Future #1: Patients are unengaged and health care providers are reimbursed based on the value of the services they provide.
- Future #2: Patients are highly engaged and health care providers receive reimbursement based on value provided.
- Future #3: Patients are highly engaged and health care providers are reimbursed based on the volume of services they provide.
- Future #4: Patients are unengaged and health care providers receive reimbursement based on volume of procedures.



Future #1: Low Engagement + Reimbursement for Value

Future of HC Scenario Planning

- This paper provides a summary of discussions at the first FGI colloquium, which yielded four views of the future of health care in the United States.
- The problem with attempting to foretell the future is that we cannot possibly be certain we are guessing right.
- Scenario planning is a process intended to overcome these problems. In essence, the idea of scenario planning is to create a set of visions of the future that outline the boundaries, not of what we think *will* happen but of what we think *might* happen in the considered time frame.

2015 Publication *(advisement)*



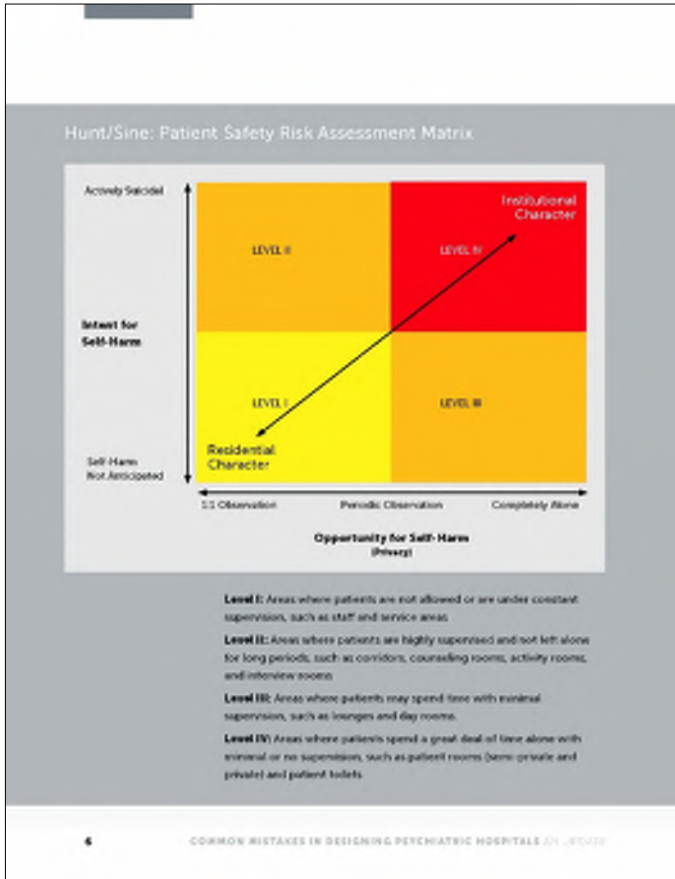
Common Mistakes in Designing Psychiatric Hospitals

James Hunt, AIA, NCARB

David Sine, DrBE, CSP, ARM, CPHRM



2015 Publication *(advisement)*

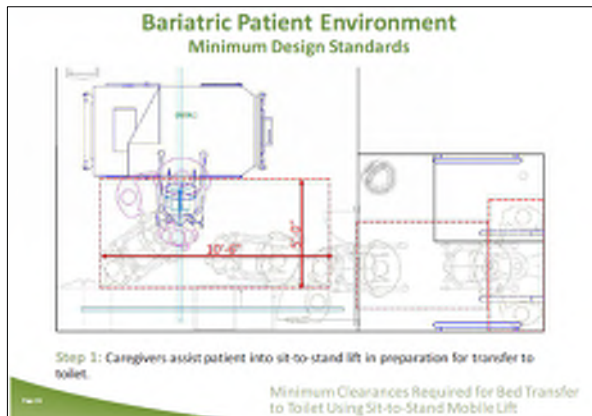


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Common Mistakes in Designing Psychiatric Hospitals



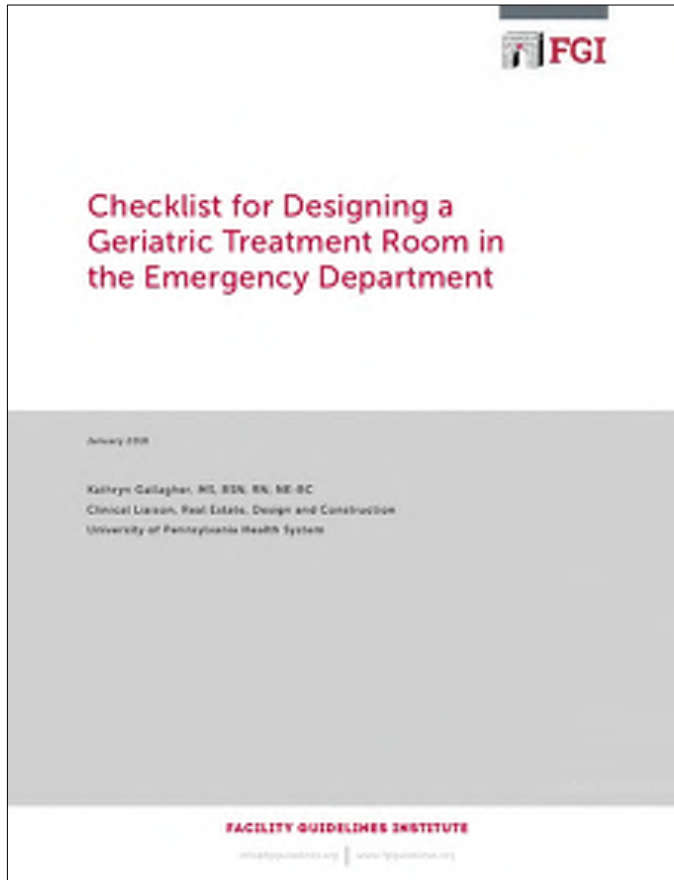
2016 Publication *(informational)*



Individual of Size

- Why should you design space for patients of size?
- Why should you consider safe patient handling and movement?
- (SPHM) in your design plans? What is the value of SPHM, for nurses, patients, and the health care organization?
- Consider the positions of OSHA, the American Nurses Association, and the FGI *Guidelines* patient handling and movement assessment, addressing safe patient handling and mobility
- Visualize high-risk tasks and ergonomic solutions
- FGI room design workshop for bariatric needs

2018 Publication *(checklist)*



Checklist for Designing a Geriatric Treatment Room in the Emergency Department

Objective:

To provide a quick reference resource, with rationale for each recommendation for designing emergency department treatment rooms that meet specialized needs of older adults.

Can also be used to conduct a quick evaluation of patient care locations in an existing emergency department or facility.

2018 Publication *(checklist)*

Checklist for Designing a Geriatric Treatment Room in the Emergency Department

Physical Element or Condition	Features and Characteristics	Rationale
Architectural Details, continued		
Handrails	<input type="checkbox"/> Handrails in colors that contrast with the floor and the wall	→ Helps older adults with visual impairment locate the handrails
	<input type="checkbox"/> Non-scratch finish on walls behind handrails	→ Prevents abrasion injuries to skin/face
Noise control	<input type="checkbox"/> Private treatment rooms	→ Reduces patient —Anxiety —Confusion
	<input type="checkbox"/> Acoustically enhanced design for multiple-patient bays	→ Improves communication with caregivers
	<input type="checkbox"/> Sound absorbing materials for flooring, ceiling tiles, walls, curtains	→ Supports patient's decreased ability to hear high-frequency ranges and increased sensitivity to loud sounds
	<input type="checkbox"/> Quieting equipment: • Without equipment • Paper towel dispensers <input type="checkbox"/> Alarm management <input type="checkbox"/> Soundmasking systems with volume controls <input type="checkbox"/> Earplugs or headphones	→ Reduces environmental noise
Surfaces		
Flooring and wall bases	<input type="checkbox"/> Non-slip floor surfaces	→ Reduces fall risk
	<input type="checkbox"/> Water- and/or glass-free and finish floors	→ Eliminates glare → Reduces falls
Walls	<input type="checkbox"/> Contrasting colors for baseboard/wall	→ Defines floor edge visually to assist with navigation
Color and patterns	<input type="checkbox"/> Use patches of the same color of the equipment (cabinets, pillars, and table)	→ Responds to patient's decreased ability to differentiate color colors (blue, green, and purple)
	<input type="checkbox"/> Avoidance of bold patterns with dominant colors or flashing patterns	→ Reduces: —Excess visual stimulation or appearance of vibration, which can exacerbate confusion and cause vertigo —Misperception of patterns as obstacles or objects to avoid while walking

- Treatment Room
- Toileting
- Mobility devices
- Storage provisions
- Architectural details
- Surfaces
- Furnishings
- Electrical systems

2018 Publication *(application guidance/ interpretation)*



Responses to Questions about Applying the Guidelines

Responses to issues require to FGI for an advisory opinion regarding application of the Guidelines requirements are provided here as a part of the Beyond Fundamentals program. These opinions are neither binding, nor should be relied upon, to provide professional consultation or advice.

2014 Hospital/Outpatient Guidelines

EMERGENCY DEPARTMENT

Q: Section 2.2-3.3.3.6 (H) (4) (Human decontamination area—Location) states the outside entry door for the human decontamination area is to be located no less than 30 feet from the closest "other" entrance. The appendix section for this, A2.2-3.3.3.6 (H)-b, (Decontamination room in the facility) states this minimum separation door ambulance entrances specifically as "no less than 30 feet." Which do I follow?

A: Section 2.2-3.3.3.6 (H) (4) is the basic text and is the minimum requirement, which tower it should apply to all hospital emergency departments and freestanding emergency facilities. Appendix section 2.2-3.3.3.6 (H)-b is not enforceable, but provides recommended design guidance for facilities that are a lot of patients needing decontamination (for example, an emergency facility near an oil drilling site).

NURSING UNITS

Q: Section 2.2-2.6.8.1 (Family and visitor lounge) requires the family and visitor lounge in a critical care unit to be immediately accessible to the unit and to provide seating for no fewer than 1.5 persons per patient bed. We have provided the requisite lounge and have been able to achieve the 66 seats needed to serve the 44 bed floor; however, this arrangement does not allow us to provide the family focused environment we envision for this vital family amenity. Therefore, we have been considering adding space for both families and staff on the floor above the critical care floor in this scenario, we would provide a visitor's lounge with a reduced seat count immediately accessible to the critical care unit and an additional family lounge on the floor above, with amenities such as family showers and consultation rooms. Does this arrangement meet the intent of Section 2.2-2.6.8.1?

A: Since 2014, the FGI Guidelines has required hospital critical care units to provide a family and visitor waiting area/lounge with seating capacity of 1.5 persons per patient bed. Although this ratio has worked well in small facilities, it can lead to overcrowded waiting areas in large facilities, particularly those in which space is provided to allow family to stay by the patient's bedside.

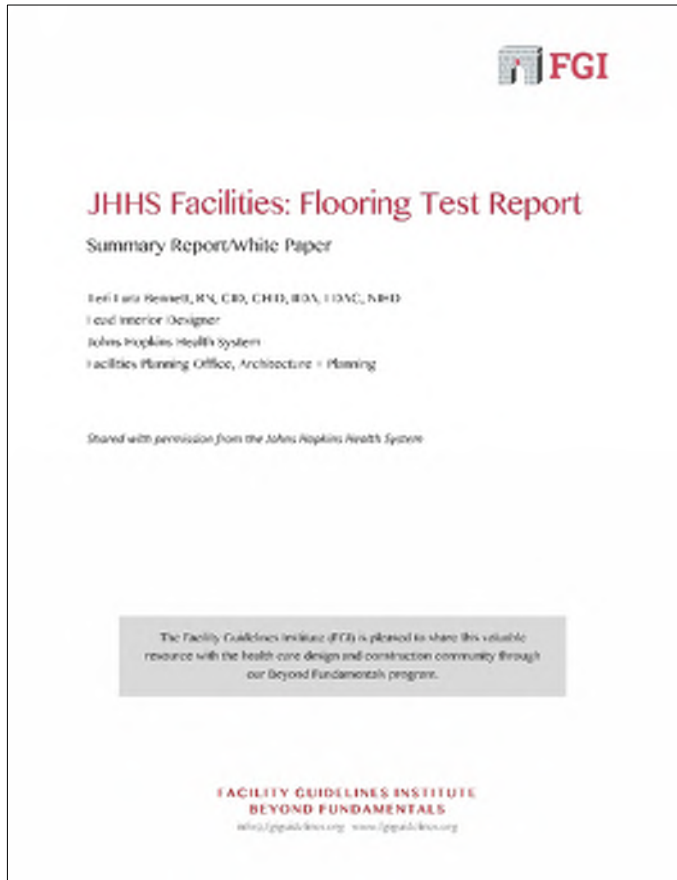
Although the Guidelines does not require a family support room in any patient room, when hospitals choose to provide this space, appendix language recommends a larger room size as well as 30 square feet of floor floor area per family member permitted in the room at one time. This larger size can result in families and visitors using the lounge only sporadically (e.g., during nurse staff changes or

Responses to Questions

- ED – Human Decontamination
- ED – Entry, Waiting, Secure Holding
- Nursing Unit – Family Waiting, Bathing
- Imaging – MRI Gauss Line, Equipment
- Outpatient – Multipurpose Room
- Outpatient – Clean Core Flooring



2018 Publication *(research)*



Testing Resilient Flooring

Teri Lura Bennett, RN, CID, CHD, IIDA, EDAC, NIHD

Lead Interior Designer

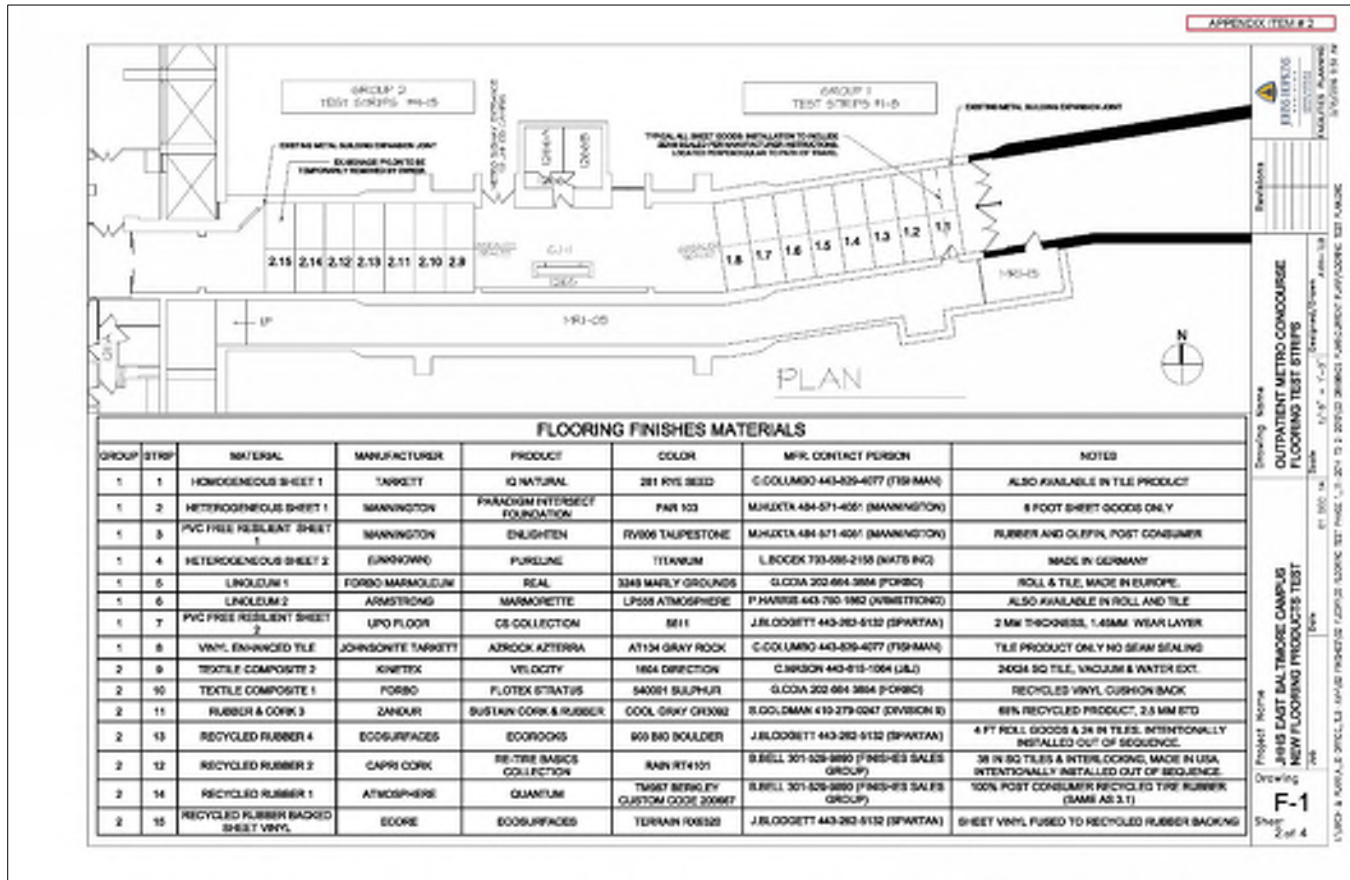
Johns Hopkins Health System

Facilities Planning Office

The goal of the JHHS Facilities Architecture + Planning Office in conducting this study was to improve the performance, safety, and cost-efficiency of flooring materials and flooring care while supporting the health and safety of patients and staff and safeguarding capital investment. In 2014 the project team launched a system-wide multidisciplinary floor testing study.

2018 Publication *(research)*

Testing Resilient Flooring



2018 Publication (research)

[illegible]

5/15/2016 9:22 AM TFLB

JHHS - NEW FLOORING PRODUCT TEST				Appendix 4: CLEAN Graph		
OBSERVATION - DATA COLLECTION 11/2014 to 2/2015				TEST LOCATION: BR DC1		
Date Evaluated: Test:						
Strip #		1 = Fairly	2 = Poor	3 = Acceptable	4 = Good	5 = Like New
Group 1: Hardwood						
11-04-00014		1.1		3		
14-02-015		1.1			4	
20-02-015		1.1			4	
11-04-00014		1.2			4	
14-02-015		1.2		3		
20-02-015		1.2		3		
11-04-00014		1.3			4	
14-02-015		1.3			4	
20-02-015		1.3		3		
11-04-00014		1.4		3		
14-02-015		1.4			4	
20-02-015		1.4				
11-04-00014		1.5		3		
14-02-015		1.5			4	
20-02-015		1.5			4	
11-04-00014		1.6		3		
14-02-015		1.6			4	
20-02-015		1.6			4	
11-04-00014		1.7		3		
14-02-015		1.7			4	
20-02-015		1.7			4	
11-04-00014		1.8			4	
14-02-015		1.8				5
20-02-015		1.8			4	
Group 2: Acoustical Ceiling (Non-Carpet)						
11-04-00014		2.0		3		
14-02-015		2.0	2			
20-02-015		2.0	2			
11-04-00014		2.10		3		
14-02-015		2.10		3		
20-02-015		2.10		3		
11-04-00014		2.11				
14-02-015		2.11	2	3		
20-02-015		2.11	1			
11-04-00014		2.12		3		
14-02-015		2.12				5
20-02-015		2.12				5
11-04-00014		2.13			4	
14-02-015		2.13	1			
20-02-015		2.13		3		
11-04-00014		2.14		3		
14-02-015		2.14	1			
20-02-015		2.14	1			
11-04-00014		2.15		3		
14-02-015		2.15				5
20-02-015		2.15			4	

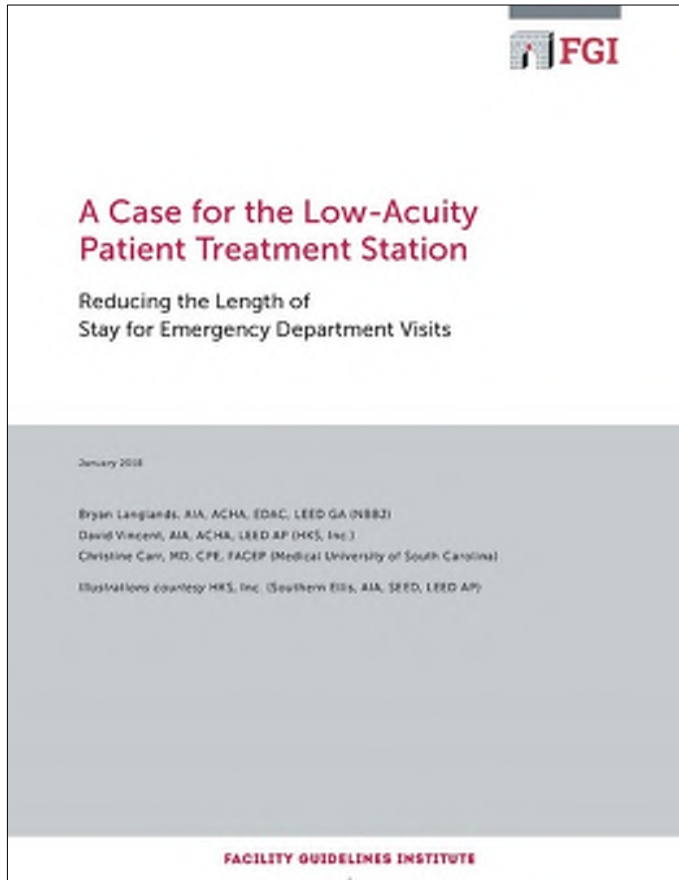
11-04-00014 - JHHS - NEW FLOORING PRODUCT TEST PHASE 1, 11/2014 to 2/2015 FINAL REPORT APPENDIX A - FLOORING EVALUATION - CLEAN/Acoustic Graphs, CLEAN

1 of 1

Testing Resilient Flooring



2018 Publication *(position paper)*



A Case for the Low-Acuity Patient Treatment Station

Christine Carr, MD, FACEP

Professor, Emergency Medicine and Public Health, MUSC
Senior Clinical Advisor, South Carolina Hospital Association
Clinical Director, Carolina eHealth Alliance

David Vincent, AIA, ACHA, LEED AP

Principal & Senior Vice President
HKS Inc.

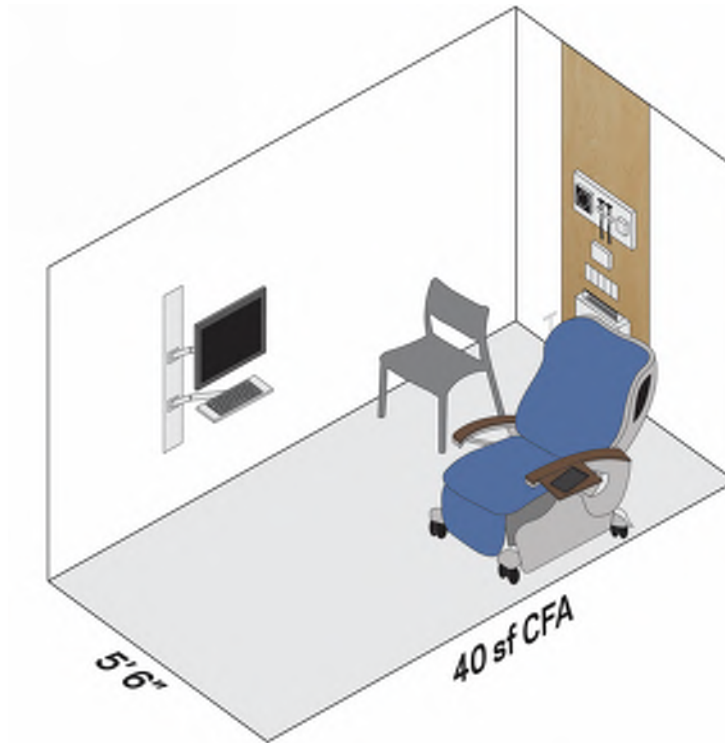
Bryan Langlands, AIA, ACHA, EDAC, LEED GA

Principal, NBBJ

2018 Publication *(position paper)*

A Case for the Low-Acuity Patient Treatment Station

← 5' - 6" →



Sizing the treatment space less than 40 SF and 5' - 6" in width would compromise patient safety.

2018 Publication *(position paper)*

Proposed Language for Inclusion in the 2022 Guidelines

This language is proposed for the emergency department and freestanding emergency facility chapters in the 2022 Guidelines for Design and Construction of Hospitals and Guidelines for Design and Construction of Outpatient Facilities.

(Note: Indented section numbers that begin with an A are appendix items and therefore advisory information, not requirements.)

2.2-3.1.3.6 Emergency department treatment room or area

*[8] Low-acuity patient treatment station.

Where low-acuity patient treatment station(s) are provided in the emergency department, they shall meet the requirements in this section and in Section 2.1-3.2.3.2 (Patient care station features):

A2.2-3.1.3.6 (8) Low-acuity patient treatment stations. Efficient space utilization in emergency settings is paramount to serving increasing numbers of patients and sustaining operational success. Low-acuity patient treatment stations provide an option that accommodates the needs of patients who do not require a bed and thus optimize space use. These treatment stations are intended to complement single- and multiple-patient treatment rooms and fast-track areas.

Implementing use of low-acuity treatment stations may result in patients being served more quickly because those with minor injuries do not have to wait for an available

gurney or treatment room. Types of patients appropriate for a low-acuity patient treatment station may include ESI Level 5, ESI Level 4, and some ESI Level 3 patients as identified in the Emergency Severity Index (Agency for Healthcare Research and Quality) as well as patients with less urgent needs such as prescription renewals, minor lacerations, a sprained ankle, or a rash.

(a) Space requirements

(i) Area. Each low-acuity patient treatment station shall have a minimum clear floor area of 40 square feet.

(ii) Width. Each low-acuity patient treatment station shall have a minimum width of 5 feet 6 inches.

*[b] Privacy. Where two or more low-acuity patient treatment stations are provided, they shall be separated by curtains, privacy screens, or partitions.

A2.2-3.1.3.6 (8)(b) Privacy. Provision of a means to separate low-acuity treatment stations that complies with HIPAA and affords visual and speech privacy should be considered. Use of partitions with sound-absorbing panels and sound-masking devices may improve privacy for these patients.

(c) Hand-washing stations

(i) A minimum of one hand-washing station that complies with Section 2.1-2.8.7.2

(ii) Where more than four low-acuity treatment stations are provided, see Section 2.1-2.8.7.3 (Hand-Washing)

Table 2.1-1: Electrical Receptacles for Patient Care Areas in Hospitals

Section	Location	Number of Single Receptacles	Receptacle Locations
DIAGNOSTIC AND TREATMENT AREAS			
2.2-3.1.3.6 (8)	Emergency low-acuity treatment station	4	Convenient to chair/recliner

Table 2.1-2: Location for Nurse Call Devices in Hospitals

KEY: ● Required □ Optional

Section	Location	Patient Station	Bath Station	Staff Assistance Station	Emergency Call Station	Nurse Master Station	Duty Station	Notes
DIAGNOSTIC AND TREATMENT AREAS								
2.2-3.1.3.6 (8)	Emergency low-acuity treatment station	●						

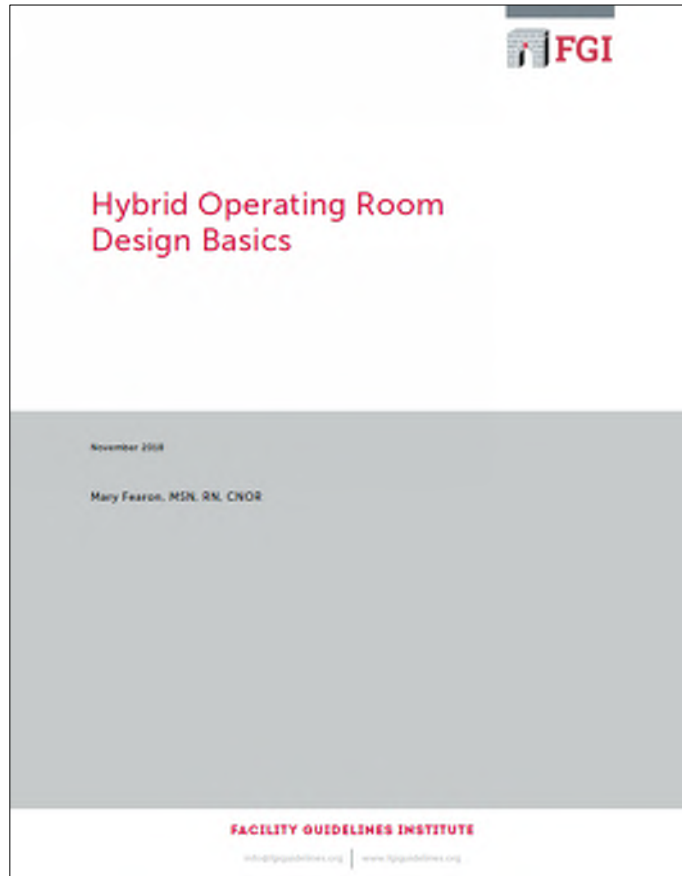
Table 2.1-3: Station Outlets for Oxygen, Vacuum (Suction), Medical Air and Instrument Air Systems in Hospitals

Section	Location	Oxygen	Vacuum	Medical Air	WAGD ¹	Instrument Air
DIAGNOSTIC AND TREATMENT AREAS						
2.2-3.1.3.6 (8)	Emergency low-acuity treatment station	— ¹	— ²	—	—	—

¹ Use of portable equipment in lieu of a piped gas system shall be permitted.

A Case for the Low-Acuity Patient Treatment Station

2019 Publication *(informational)*



Surgical Specialty		
Cardiovascular	Cardiothoracic	Neurovascular
Abdominal aortic aneurysm repair	Transcatheter valve replacement (TAVR)	Coil embolization or microsurgical clipping of cerebral aneurysms
Aortic stent grafting	Percutaneous removal of cardiac device leads	Intracranial stenting of cerebral arteries
Carotid stent grafting	Minimally invasive endoscopic bypass surgery	Cerebral balloon angioplasty
Endovascular aortic repair (EVAR)	Minimally invasive direct coronary artery bypass grafting	Microneurosurgical resection of brain tumors
Thoracic endovascular aortic repair (TEVAR)	Robotically enhanced minimally invasive direct coronary artery bypass	Combined carotid surgical cutdown followed by endovascular coiling for bypass of tortuous anatomy
	Pediatric aortic and pulmonary stenosis	Combined arteriovenous malformation embolization followed by microneurosurgical resection
	Hypoplastic left heart syndrome treatment	Cerebral vascular tumors
	Off-pump coronary artery bypass	Spinal vascular tumors
	Atrial fibrillation/flutter ablation	
	Hybrid maze	

Hybrid Operating Room Design Basics

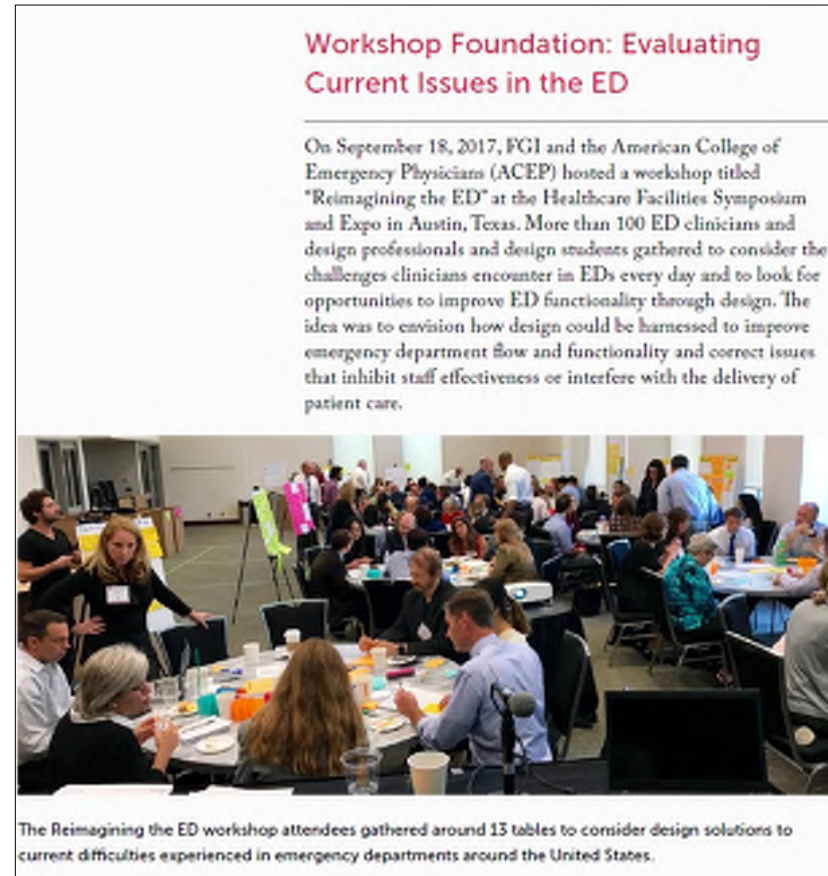
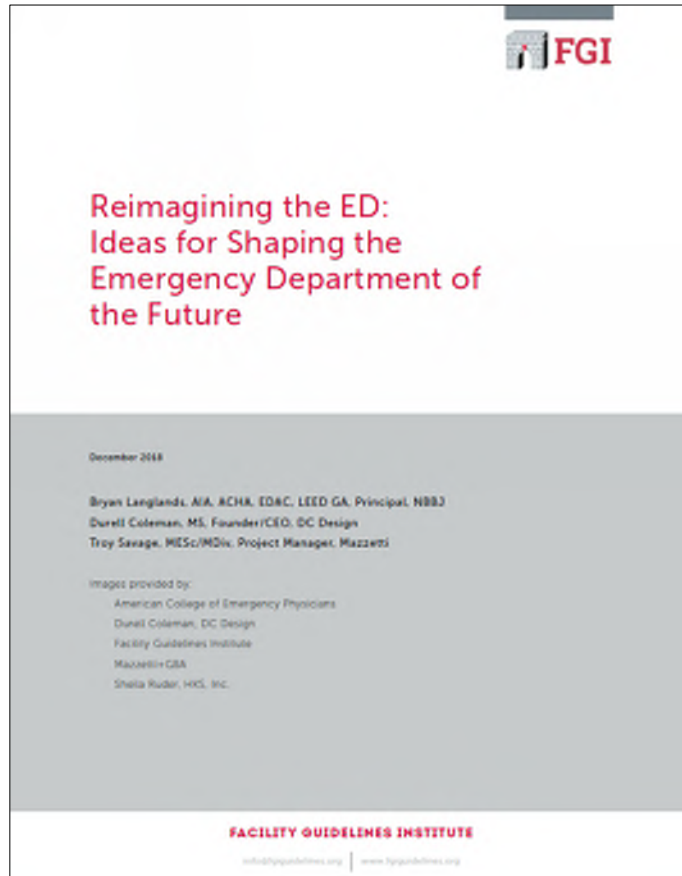
Mary Fearon, MSN, RN, CNOR
Eastside Health Alliance

Based on research and presentation given at HCD 2018

Basic planning principles, advisement, information based on experience and practice



2019 Publication *(workshop)*



Reimagining the ED: Ideas for Shaping the ED of the Future

**Bryan Langlands, AIA, ACHA,
EDAC, LEED GA**
Principal, NBBJ

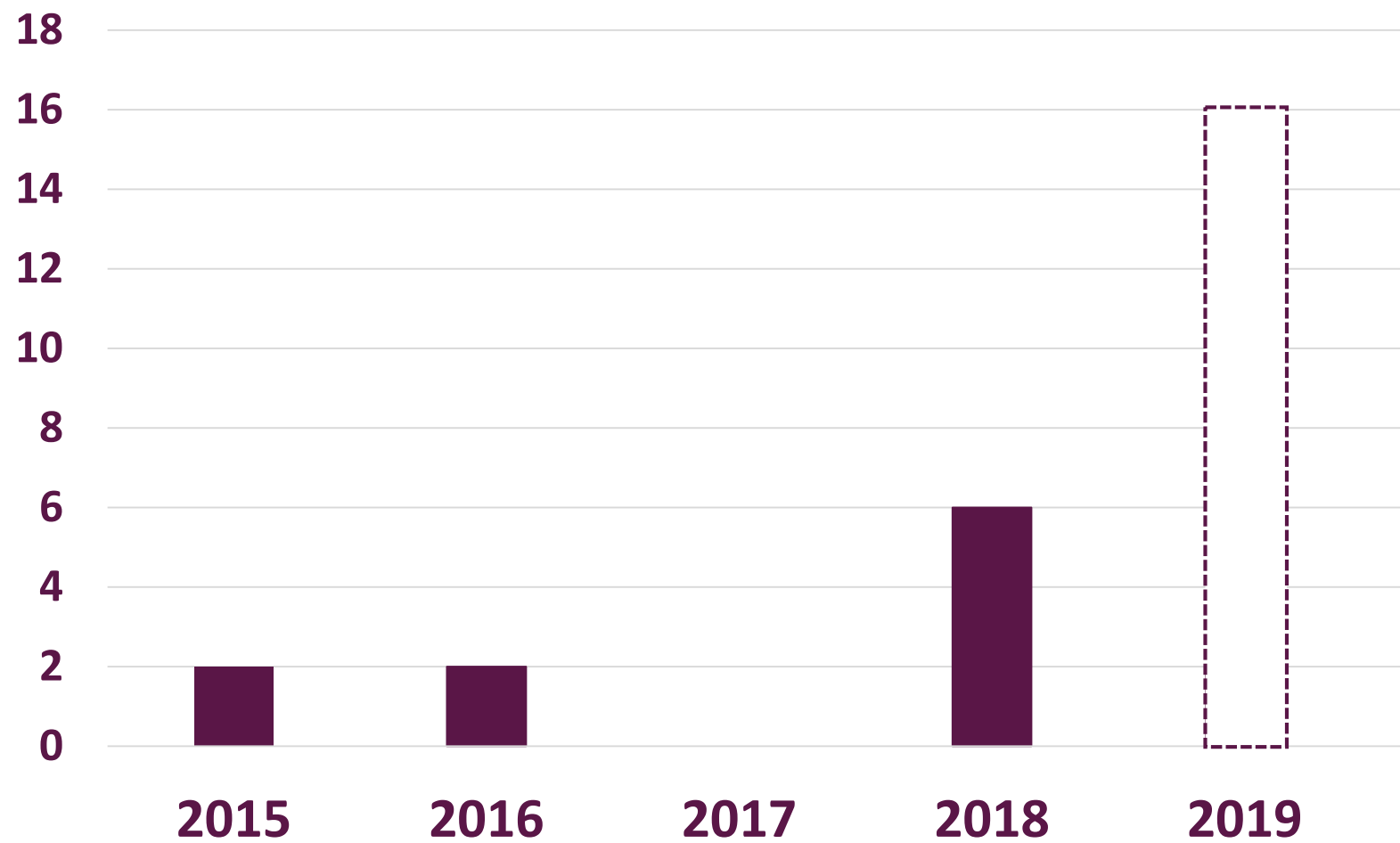
Durell Coleman, MS
Founder/CEO, DC Design

Troy Savage, MEdSc/MDiv
Project Manager, Mazzetti

In the Pipeline

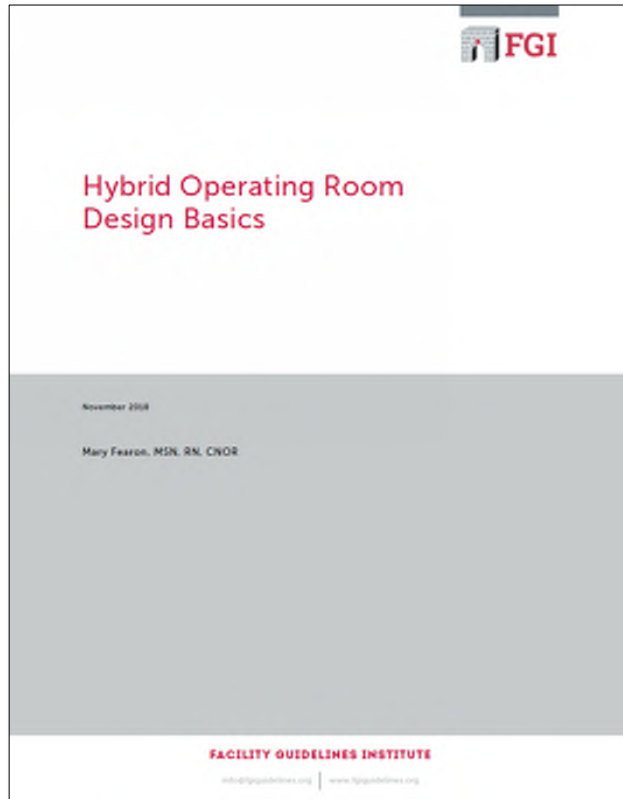
- **Residential Care Guidelines:** A Provider, Designer and Regulator Perspective
- **Functional Programming** as Part of the Design Process
- **HAIO Competition:** From Competitors to Collaborators
- **Case Study:** Implementing Resiliency at MSKCC
- **Guide:** Low-voltage Systems in Health Care
- **Design Updates for Rural Critical Access Hospitals**
- **Behavior Crisis in Emergency Departments**
- **Update PHAMA Paper** (October 2019)
- **CMS Patient Room Windows:** Interpretation and Application

BF Publications (2015 - 2019)



Focus Going Forward

Ongoing *(whitepapers, checklists, etc.)*



Whitepaper

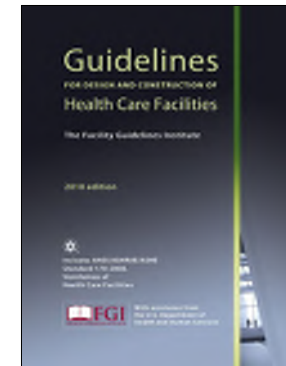
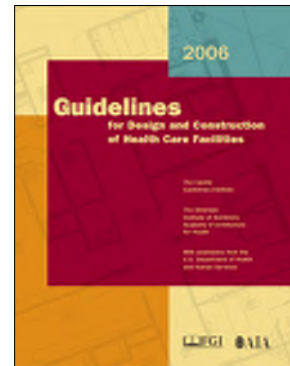
The image shows a checklist titled 'Designing a Geriatric Treatment Room'. It has three columns: 'Physical Element or Condition', 'Features and Characteristics', and 'Rationale'. The checklist is organized into two main sections: 'Treatment Room' and 'Means for patient privacy'. The 'Treatment Room' section includes items like 'Space considerations', 'Clearance for turning wheelchair or other equipment', 'Comfortable seating for visitors', 'Secure place to store personal belongings', 'Commode or bedside', 'Monitoring equipment', and 'Patient ID'. The 'Means for patient privacy' section includes 'Privacy curtains in multiple patient bays', 'Private treatment rooms', and 'Blinds, shades, draping, or curtain to shield patient from hallway traffic'. Each item has a corresponding feature and a rationale.

Physical Element or Condition	Features and Characteristics	Rationale
Treatment Room		
Space considerations	<input type="checkbox"/> Exam or reclining chair with sturdy armrests	<input checked="" type="checkbox"/> Increase comfort for vertical patients (e.g., - Facilitates transfer process - Decreases - Fall risk during patient maneuvering - Safety of a fall)
	<input type="checkbox"/> Gait chair that converts to a gurney	
	<input type="checkbox"/> Bed or gurney that lowers to sitting height	
	<input type="checkbox"/> Clearance for turning wheelchair or other equipment	<input checked="" type="checkbox"/> Provides space for: - Wheelchair/walker-dependent patients needing transfer assistance - Temporary placement of patient-specific equipment - Reduces obstacles and tripping hazards
<input type="checkbox"/> Comfortable seating for visitors		<input checked="" type="checkbox"/> Provides comfort for caregiver or family member who may also be present
<input type="checkbox"/> Secure place to store personal belongings		<input checked="" type="checkbox"/> Protects property and reduces anxiety
<input type="checkbox"/> Commode or bedside		<input checked="" type="checkbox"/> Provides immediate toileting option - Reduces fall risk
<input type="checkbox"/> Monitoring equipment		<input checked="" type="checkbox"/> Allows monitoring of patient status
<input type="checkbox"/> Patient ID		<input checked="" type="checkbox"/> Improves staff and patient safety
Means for patient privacy		
<input type="checkbox"/> Privacy curtains in multiple patient bays		<input checked="" type="checkbox"/> Facilitates communication between patient and staff
<input type="checkbox"/> Private treatment rooms		<input checked="" type="checkbox"/> Decreases likelihood patients will - Mimic portions of their medical history - Refuse part of physical exam
<input type="checkbox"/> Blinds, shades, draping, or curtain to shield patient from hallway traffic		

Checklist

In Development *(edition comparison)*

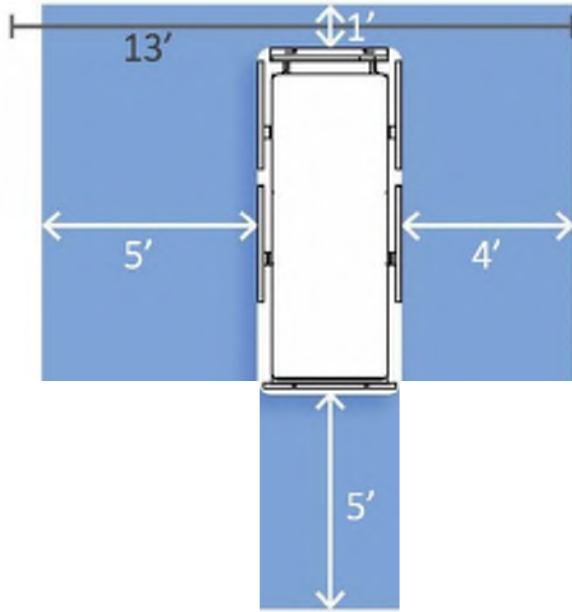
Edition	AIA 1996/97	AIA 2001	AIA 2006	FGI 2010	FGI 2014	FGI 2018
Section	7.8.A.3	7.8.A.3 (b)	4.4.3	2.2-2.11.3.2	2.2.-2.11.3.2	2.2-2.9.3.2
Requirement CFA	300 SF CFA	300 SF CFA	300 SF	340 SF	340 SF CFA	325 SF CFA
Clear Dimension			13' clear dimension	13' clear dimension	13' clear dimension	13' clear dimension



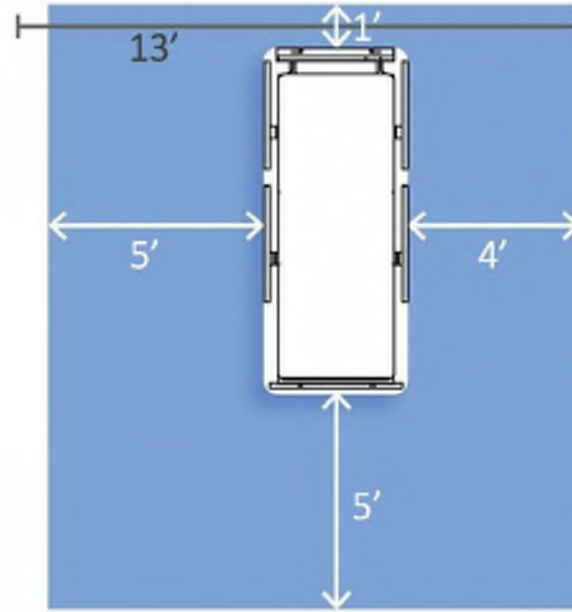
In Development *(compliance checklist)*

	Architectural Requirements	Building Systems Requirements
2.2-2.2	<u>MEDICAL/SURGICAL NURSING UNIT</u>	
2.2-2.2.2	PATIENT ROOM	
2.2-2.2.2.1	Capacity:	
	New Patient Room:	
(1)	<input type="checkbox"/> check if <u>not</u> included in project	
	___ 1 bed per room	
	Existing Patient Room:	
(2)	<input type="checkbox"/> check if <u>not</u> included in project	
	___ maximum room capacity no more than present capacity, with maximum of 4 patients in each room	
2.2-2.2.2.2	Space Requirements:	Ventilation*:
(1)	___ patient rooms sized to accommodate needs of clinical services	___ Min. 4 air changes/hour Table 7.1
(a)	___ single-bed rooms	Power*:
	<input type="checkbox"/> check if <u>not</u> included in project	___ Min. 12 receptacles Table 2.1-1
		___ Min. 2 receptacles at each side of the head of the bed
		___ Min. 2 receptacles on all other walls (may be omitted on exterior wall)
(1)(b)	___ min. clear floor area 120 sf	Nurse Call System*:
(2)(a)	___ min. clearance 3'-0" between sides of bed & any wall or any other fixed obstruction	___ Patient station Table 2.1-2
		___ Emergency staff assistance station

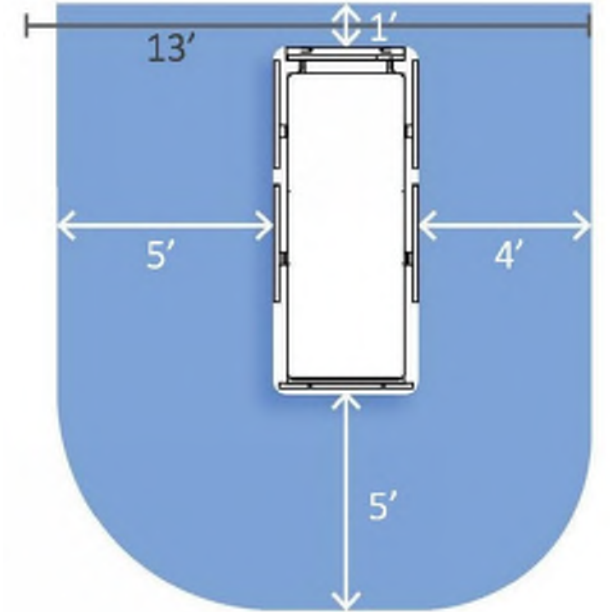
In Development *(diagram clarification)*



Extruded

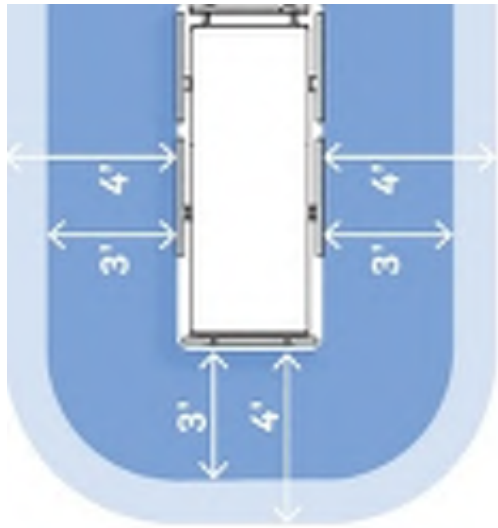


Square

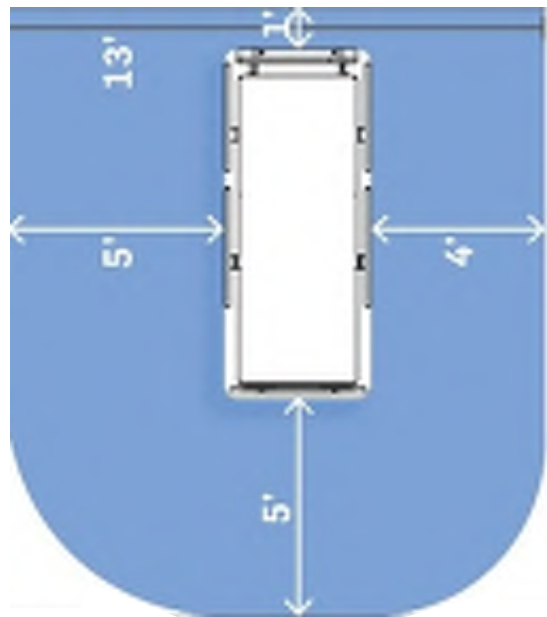


Radius

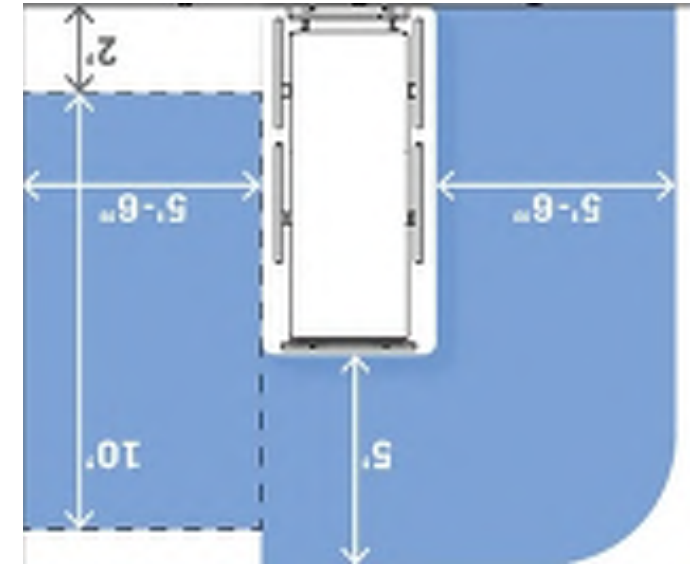
In Development *(diagrams clearance)*



Med/Surg &
Intermediate Care

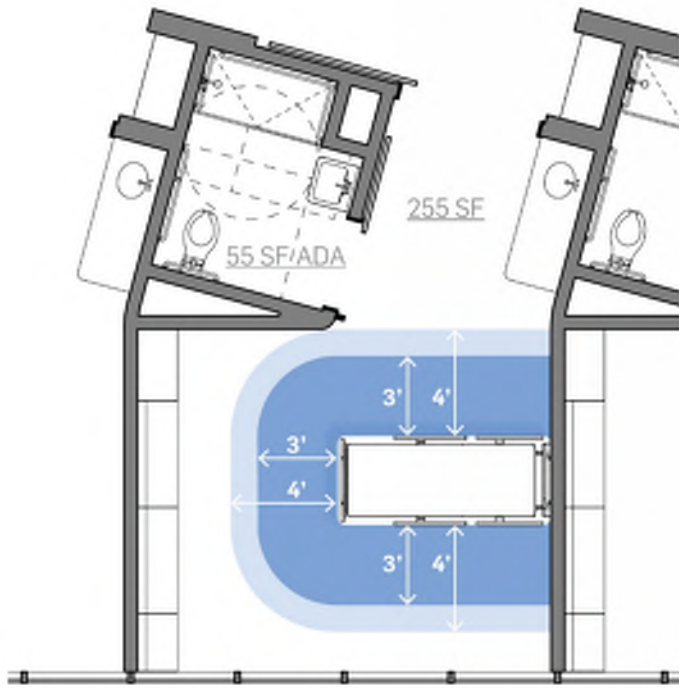


Critical Care

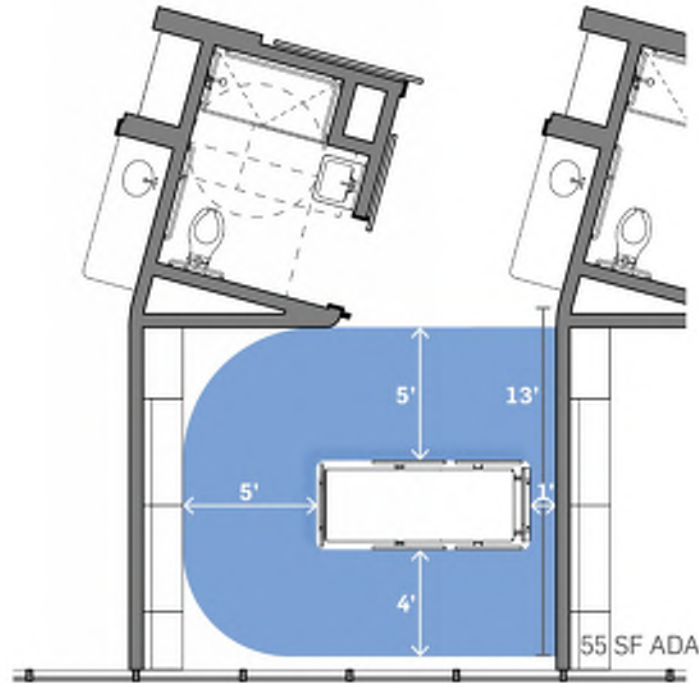


Patient of Size

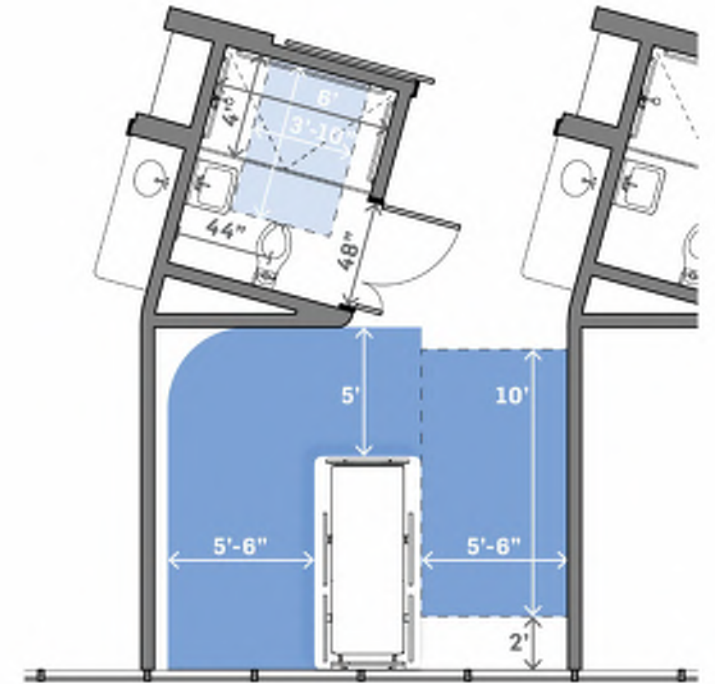
Diagram Application *(in development)*



**Med/Surg &
Intermediate Care**



Critical Care



Patient of Size

In Development *(terminology/ definition clarification)*

- Measurement with bed rails up or down?
- What is a vestibule?
- What is an alcove?
- What is “circulating side?”
- What is an encroachment?

Section	Classification/ Room Type
	Vestibule
	Alcove
	Encroachment
Glossary	Clear Dimension
Glossary	Clear Floor Area
Glossary	Location Terminology - In
Glossary	Location Terminology - Directly Accessible
Glossary	Location Terminology - Adjacent
Glossary	Location Terminology - Immediately Accessible
Glossary	Location Terminology - Readily Accessible
Glossary	Patient Care Locations - Bay
Glossary	Patient Care Locations - Cubicle
Glossary	Patient Care Locations - Patient Care Station
Glossary	Room

Potential Beyond Fundamentals Topics

**FACILITY GUIDELINES INSTITUTE**
The keystone to health care planning, design, and construction

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Potential Beyond Fundamentals Topics

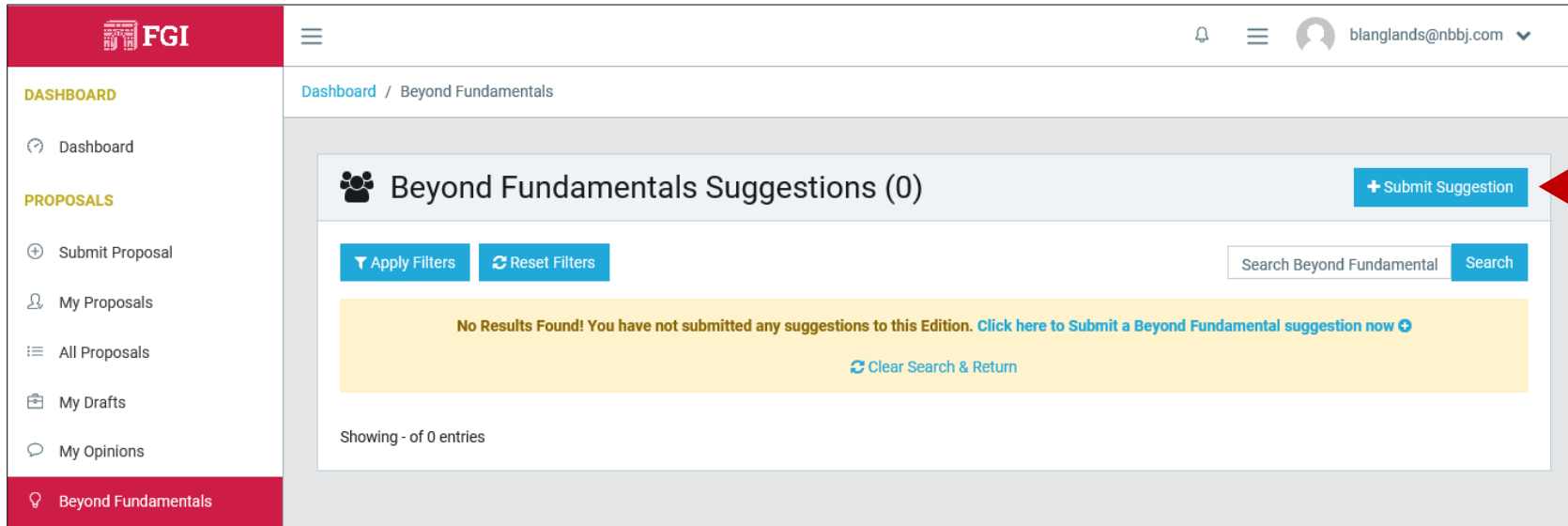
FGI has received many ideas for Beyond Fundamentals topics related to design and construction of health and residential care facilities from the public and members of the Health Guidelines Revision Committee. These ideas may ultimately be expressed as white papers, presentations, case studies, checklists, or other formats. Beyond Fundamentals material is intended to supplement and expand on the baseline requirements in the Guidelines.

The following list provides a window into the potential Beyond Fundamentals pipeline. **If you have an idea for a Beyond Fundamentals item or expertise in any of the topics listed**, please let us know at info@fgiguideines.org.

- Designs to accommodate geriatric patients in the ED
- Designs to support palliative care areas
- Design ideas for microhospitals
- Needs of health care facilities in rural settings
- Hospice designs for different settings
- Designs for anterooms
- Design guidance for family zones
- Case studies of successful implementations of telemedicine spaces
- Case studies of facility resiliency design, retrofit, implementation, or results
- Designs for a containment OR suite
- Helping facilities transition to person-centered care models

OVERVIEW
BEYOND
FUNDAMENTALS
LIBRARY
POTENTIAL BEYOND
FUNDAMENTALS
TOPICS

How to Submit BF Proposal *(select to submit)*

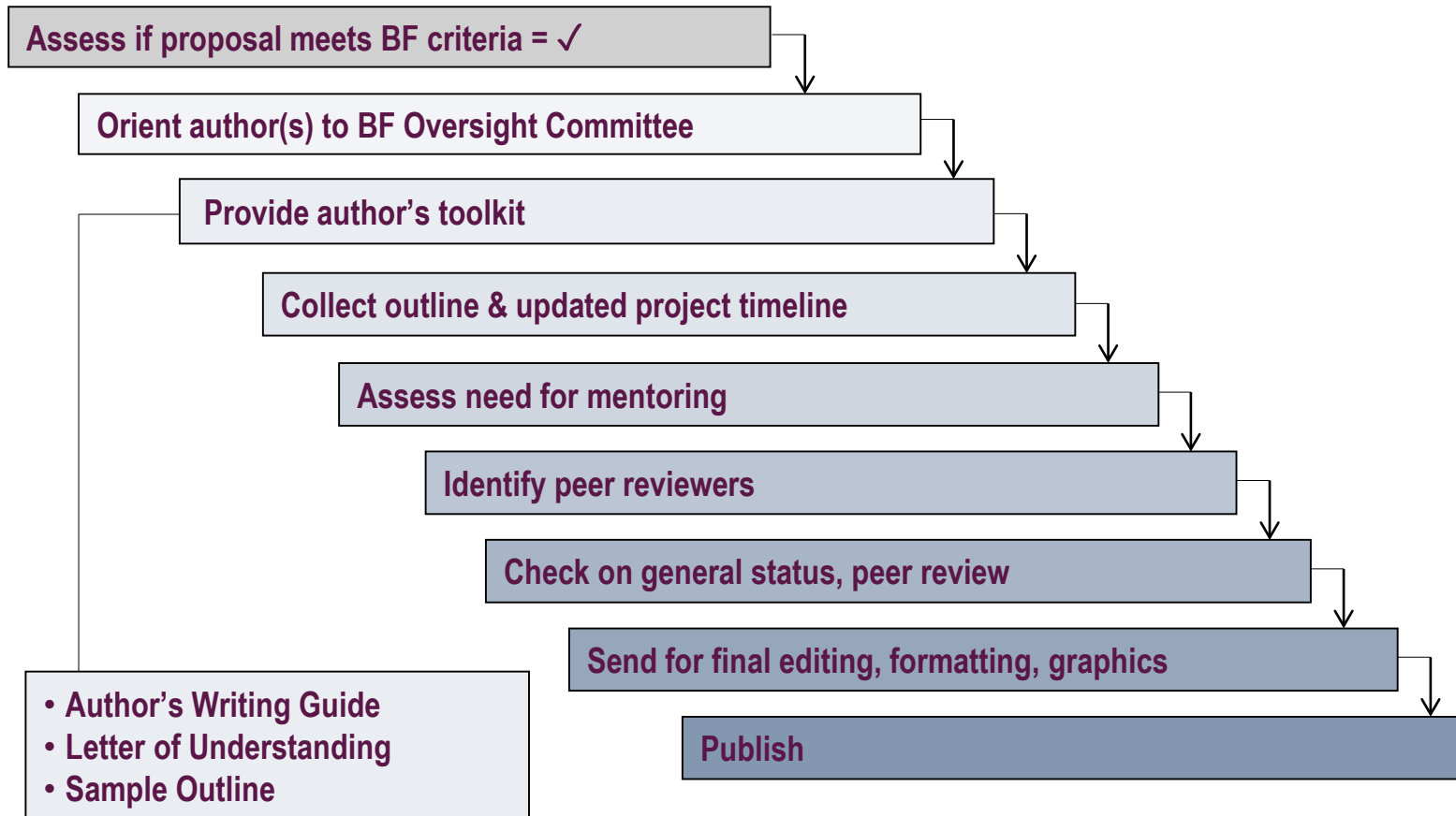


<https://www.fgiguideelines.net/register>

Is It a Beyond Fundamentals Piece? *(criteria)*

✓	Assessment Criteria and Attributes
✓	Aspect demonstrating the topic is beyond fundamental requirements <i>(required)</i>
	Graphical representation of a requirement with explanation, logic and applications
	Best practice
	Evidence-based research
	Application of new technology
	New approach to design that focuses on specific populations
	Information supporting the fundamental requirements
	Deeper dive about a <i>Guidelines</i> topic or a topic that should be included in the <i>Guidelines</i>
	Draft fundamental requirements for next edition of the <i>Guidelines</i>
	Sample designs/precedents
	Case study
	Checklist/Guide
	Position paper about trending or controversial industry topic – personal or FGI position

Beyond Fundamentals *(process)*



Where are we in the FGI Process? *(status)*



June 30, 2019	Public proposal period ended.
Aug. 30, 2019	Proposal comment period closes.
Sep.–Dec. 2019	Document and topic groups review/vote on proposals and assign task groups to write proposals in response to public proposals.
Apr. 1–3, 2020	Full HGRC meeting #2
Jun. 1–Aug. 31 2020	Public comment period—opportunity to comment on 2022 draft
Oct.—Jan. 2021	Document and topic groups review/vote on comments in online meetings.
Feb. 8–11, 2021	HGRC meeting #3
Jul.– Nov. 2021	Production of three books
Nov. 30, 2021	2022 <i>Guidelines</i> published



Thank you

FGI the keystone to health care planning, design and construction



This concludes The American Institute of Architects Continuing Education
Systems Course

