Get the Latest Insights
FGI’s Beyond Fundamentals
March 19, 2019
8:15am-9:15am
PDC 1119
Bryan Langlands, AIA, ACHA, EDAC, LEED GA
Principal, NBBJ

Doug Erickson, FASHE, CHFM, HFDP, CHC
CEO, Facility Guidelines Institute
Bryan Langlands, AIA, ACHA, EDAC, LEED GA
Principal, NBBJ

Heather Livingston
Managing Editor/Director of Operations
Facility Guidelines Institute
Outline

What is Beyond Fundamentals?
Current and Future Publications
Focus Going Forward
How to Get Involved
Beyond Fundamentals (objective/purpose)

• The objective of the Beyond Fundamentals is to be a resource for the healthcare industry created by members of the healthcare 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.

- It also includes draft fundamental requirements for consideration for inclusion in the Guidelines documents and information supporting the fundamental requirements in the Guidelines.
Beyond Fundamentals (organization and oversight)

• Responsible to the Steering Committee and is separate from the Healthcare Guidelines Review Committee, however Oversight Committee made up with members from HGRC.

• 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?)

- Complimentary and links to material available on FGI website
  - https://www.fgiguidelines.org/
  - https://www.fgiguidelines.org/beyond-fundamentals/beyond-fundamentals-library/
- Also available on MadCad
Current and Future Publications
Currently Available

- 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: 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)
- Hybrid Operating Room Design Basics, (2019)
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.
Common Mistakes in Designing Psychiatric Hospitals

James Hunt, AIA, NCARB
David Sine, DrBE, CSP, ARM, CPHRM
2015 Publication (advisement)

Common Mistakes in Designing Psychiatric Hospitals

This level of precaution may be suitable for security reasons and only with staff nurses, such as therapy rooms andProgress. As patients are in the room, they are under constant observation. The level of observation is increased when patients are close to the patient area. However, the decision to apply Level III precautions in such areas should be carefully considered, with facility staff and any potentially hazardous situations that are included should be closely identified and documented.

Light fixtures in spaces with Level III precautions should have additional features, such as illuminated signs and automatic systems. The design should be considered to provide adequate lighting in all areas and also to prevent patients from seeing through the windows.
Patients 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
Checklist for Designing a Geriatric Treatment Room in the Emergency Department

Objective:
To provide a quick reference resource, with rational 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.
**Checklist for Designing a Geriatric Treatment Room in the Emergency Department**

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

### Physical Elements or Condition

<table>
<thead>
<tr>
<th>Feature/Characteristics</th>
<th>Rationale</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Handrails</strong></td>
<td>Helps older adults with visual impairment improve their balance.</td>
</tr>
<tr>
<td><strong>Non-slip floor in walk behind handrails</strong></td>
<td>Prevents allegations injuries to individuals.</td>
</tr>
<tr>
<td><strong>Privacy treatment room</strong></td>
<td>Reduces patient anxiety.</td>
</tr>
<tr>
<td><strong>Acoustically treated finishes for multiple patient room</strong></td>
<td>Improves communication among nurses.</td>
</tr>
<tr>
<td><strong>Sound-absorbing materials for flooring, ceiling tiles, wall coverings</strong></td>
<td>Supports seniors’ increased ability to hear high frequency sounds and increased sound reduction needs.</td>
</tr>
<tr>
<td><strong>Quiet equipment</strong></td>
<td>Reduces noise.</td>
</tr>
<tr>
<td><strong>Non-slip floor surfaces</strong></td>
<td>Reduces fall risk.</td>
</tr>
<tr>
<td><strong>Mats between patient’s on-exposure floor</strong></td>
<td>Eliminates gaps.</td>
</tr>
<tr>
<td><strong>Colored borders on black and white</strong></td>
<td>Reduces falls.</td>
</tr>
<tr>
<td><strong>Use of colors at the entrance and on the panels between patient rooms</strong></td>
<td>Helps orientate older adults with visual impairments.</td>
</tr>
<tr>
<td><strong>Avoidance of loud patterns with dominant contrasts of blocking patterns</strong></td>
<td>Reduces visual disorientation or appearance of disorientation, which can exacerbate confusion and cause anxiety.</td>
</tr>
</tbody>
</table>

### Architectural Details

- **Surfaces**
- **Furnishings**
- **Electrical systems**
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
Testing Resilient Flooring

Teri Lura Bennett, RN, CID, CHID, 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.
Testing Resilient Flooring
2018 Publication (*research*)

Testing Resilient Flooring
# Testing Resilient Flooring

## Attributes
- **Publication Year**: 2018
- **Project Title**: Resilient Flooring Test
- **Graph Types**:
  - Clean Graph
  - Acoustic Graph

### Graph Details
- **Axes**:
  - X-axis: Sample Numbers
  - Y-axis: Performance Metrics (e.g., Sound Reduction Index)
- **Legend**:
  - Colors represent different categories or results categories.

### Test Conditions
- **Environment**: Indoor, controlled conditions
- **Equipment**: Acoustic Test Chamber, Sound Measuring Equipment

### Data Analysis
- **Comparative Analysis**:
  - Graphs illustrate performance under various conditions.

### Conclusion
- **Key Findings**:
  - Resilient flooring performs well in noise reduction and durability.
- **Recommendations**:
  - Optimize installation techniques for better acoustic performance.

---

*Note: The table and graph data are placeholders for illustrative purposes.*
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
A Case for the Low-Acuity Patient Treatment Station

• 1/2 of emergency physicians surveyed by the American College of Emergency Physicians (ACEP) reported a rise in emergency visits since January 1, 2014.

• 90 percent expect emergency visits to INCREASE over next 3 years.

• 3/4 (77 percent) said their EDs are NOT adequately prepared for the increased volume.

SOURCE: https://www.bdcnetwork.com/7-new-factors-shaping-hospital-emergency-departments
A Case for the Low-Acuity Patient Treatment Station

Sizing the treatment space less than 40 SF and 5' - 6" in width would compromise patient safety.
A Case for the Low-Acuity Patient Treatment Station

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: Redescribed section numbers that begin with an ‘A’ are appended here and therefore should not be referenced.

2.2.3.1.3.6 Emergency department treatment room or area

*1) Low-acuity patient treatment stations. Where low-acuity patient treatment stations are provided in the emergency department, they shall meet the requirements in this section and in Section 2.1.7.2.5.2 (Patient care station features).

A.2.2.3.1.3.6 (a) Low-acuity patient treatment stations. Efficient space utilization in emergency settings is paramount in 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 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 (Emergency Severity Index) Level 5; ESI (Emergency Severity Index) Level 6; and some ESI Level 3 patients as identified in the Emergency Severity Index (Agency for Healthcare Research and Quality) as well as patients with low urgent needs such as prescriber renewals, minor lacerations, a sprained ankle, or a rash.

Some Space requirements:

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

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

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

A.2.2.3.1.3.6 (b) Privacy. Provision of a means to separate low-acuity treatment stations that complies with HHFMA 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.

2) Hand-washing stations

(a) A minimum of one hand-washing station that complies with Section 2.1.7.2.5.2

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

<table>
<thead>
<tr>
<th>Section</th>
<th>Location</th>
<th>Number of Electrical Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAGNOSIC AND TREATMENT AREAS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.2.3.1.3.6 (b)</td>
<td>Emergency low-acuity treatment station</td>
<td>4</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Section</th>
<th>Location</th>
<th>Patient Station</th>
<th>Bath Station</th>
<th>Staff Assistance Station</th>
<th>Emergency Call Station</th>
<th>Nurse Master Station</th>
<th>Duty Station</th>
<th>Nurse</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAGNOSIC AND TREATMENT AREAS</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.2.3.1.3.6 (b)</td>
<td>Emergency low-acuity treatment station</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Section</th>
<th>Location</th>
<th>Oxygen</th>
<th>Vacuum</th>
<th>Medical Air</th>
<th>Evacuation (Suction)</th>
<th>Instrument Air</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAGNOSIC AND TREATMENT AREAS</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.2.3.1.3.6 (b)</td>
<td>Emergency low-acuity treatment station</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Use of portable equipment in lieu of a piped gas system shall be permitted.
2018 Publication (position paper)

A Case for the Low-Acuity Patient Treatment Station

- The Guidelines is intended to set forth minimum, or fundamental, standards for design and construction, with the expectation there is still room for innovation and advancement in health care delivery.

- In appendix section A1.1-1.2.2 of the FGI 2018 Guidelines, it explains, “the Guidelines text is not intended to restrict innovation and improvement in design or construction techniques.”

- Authorities adopting these standards as code may approve plans and specifications that contain deviations if they determine the “applicable intent or objective of the standards has been met.”
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 Emergency Department of the Future

Workshop Foundation: Evaluating Current Issues in the ED

On September 18, 2017, FGI and the American College of Emergency Physicians (ACEP) hosted a workshop titled “Reimagining the ED” at the Healthcare Facilities Symposium and Expo in Austin, Texas. More than 100 ED clinicians and design professionals and design students gathered to consider the challenges clinicians encounter in EDs every day and to look for opportunities to improve ED functionality through design. The idea was to envision how design could be harnessed to improve emergency department flow and functionality and correct issues that inhibit staff effectiveness or interfere with the delivery of patient care.

The Reimagining the ED workshop attendees gathered around 13 tables to consider design solutions to current difficulties experienced in emergency departments around the United States.

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, MESc/MDiv
Project Manager, Mazzetti

Facility Guidelines Institute

fgi@f guidelines.org | www.fgii.org

PDCSUMMIT.ORG • #PDCSUMMIT
In the Pipeline

- **Residential Care Guidelines:** A Provider, Designer and Regulator Perspective
- **Functional Programming**
- **HAIO Competition:** From Competitors to Collaborators
- **Case Study:** Implementing Resiliency at MSKCC
- **Guide:** Low-voltage Systems in Healthcare
- **Design Updates for Rural Critical Access Hospitals**
- **Behavior Crisis in Emergency Departments**
- **Update PHAMA Paper**
- **CMS Patient Room Windows:** Interpretation and Application
Focus Going Forward
Ongoing (whitepapers, checklists, etc.)
## In Development (edition comparison)

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Section</td>
<td>7.8.A.3</td>
<td>7.8.A.3 (b)</td>
<td>4.4.3</td>
<td>2.2-2.11.3.2</td>
<td>2.2-2.11.3.2</td>
<td>2.2-2.9.3.2</td>
</tr>
<tr>
<td>Requirement</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CFA</td>
<td>300 SF CFA</td>
<td>300 SF CFA</td>
<td>300 SF</td>
<td>340 SF</td>
<td>340 SF CFA</td>
<td>325 SF CFA</td>
</tr>
<tr>
<td>Clear Dimension</td>
<td></td>
<td></td>
<td>13' clear dimension</td>
<td>13' clear dimension</td>
<td>13' clear dimension</td>
<td>13' clear dimension</td>
</tr>
</tbody>
</table>
### In Development (compliance checklist)

<table>
<thead>
<tr>
<th>Architectural Requirements</th>
<th>Building Systems Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>2.2-2.2</strong></td>
<td><strong>MEDICAL/SURGICAL NURSING UNIT</strong></td>
</tr>
<tr>
<td><strong>2.2-2.2.2</strong></td>
<td><strong>PATIENT ROOM</strong></td>
</tr>
<tr>
<td><strong>2.2-2.2.2.1</strong></td>
<td><strong>Capacity:</strong></td>
</tr>
<tr>
<td></td>
<td>New Patient Room:</td>
</tr>
<tr>
<td></td>
<td>□ check if not included in project</td>
</tr>
<tr>
<td></td>
<td>□ 1 bed per room</td>
</tr>
<tr>
<td></td>
<td>Existing Patient Room:</td>
</tr>
<tr>
<td></td>
<td>□ check if not included in project</td>
</tr>
<tr>
<td></td>
<td>□ maximum room capacity no more than present capacity, with maximum of 4 patients in each room</td>
</tr>
<tr>
<td><strong>2.2-2.2.2.2</strong></td>
<td><strong>(1) Space Requirements:</strong></td>
</tr>
<tr>
<td></td>
<td>□ patient rooms sized to accommodate needs of clinical services</td>
</tr>
<tr>
<td></td>
<td>□ single-bed rooms</td>
</tr>
<tr>
<td></td>
<td>□ check if not included in project</td>
</tr>
<tr>
<td><strong>(1)(b)</strong></td>
<td><strong>(2)(a)</strong></td>
</tr>
<tr>
<td></td>
<td>□ min. clear floor area 120 sf</td>
</tr>
<tr>
<td></td>
<td>□ min. clearance 3'-0&quot; between sides of bed &amp; any wall or any other fixed obstruction</td>
</tr>
</tbody>
</table>

### Ventilation*:
- Min. 4 air changes/hour (Table 7.1)

### Power*:
- 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)

### Nurse Call System*:
- Patient station (Table 2.1-2)
- Emergency staff assistance station
## In Development (diagrams clearance/CFA)

<table>
<thead>
<tr>
<th>Section</th>
<th>Classification/ Room Type</th>
<th>Min CFA SF</th>
<th>Minimum Width</th>
<th>Clearances</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Head</td>
<td>Foot</td>
</tr>
<tr>
<td>2.1.2.3.2.2</td>
<td>Patient of Size - with ceiling lift</td>
<td>120 SF/room</td>
<td>10'</td>
<td>3'</td>
</tr>
<tr>
<td>2.1.2.3.2.2</td>
<td>Patient of Size - without ceiling lift</td>
<td>80 SF/room</td>
<td>7' min x 11' max</td>
<td>5' to next, 4' to wall</td>
</tr>
<tr>
<td>2.1.3.5</td>
<td>Patient of Size - Toilet Room</td>
<td>120 SF/bed</td>
<td>4&quot;</td>
<td>4&quot;</td>
</tr>
<tr>
<td>2.1.3.7</td>
<td>Patient of Size - Single-Patient Examination or Treatment Room - with ceiling lift</td>
<td>120 SF/room</td>
<td>60 SF/room</td>
<td>4&quot;</td>
</tr>
<tr>
<td>2.1.3.7</td>
<td>Patient of Size - Single-Patient Examination or Treatment Room - without ceiling lift</td>
<td>120 SF/room</td>
<td>60 SF/room</td>
<td>4&quot;</td>
</tr>
<tr>
<td>2.2.3.2.2</td>
<td>Med/Surg Patient Room - Single</td>
<td>120 SF/room</td>
<td>3'</td>
<td>3'</td>
</tr>
<tr>
<td>2.2.3.2.2</td>
<td>Med/Surg Patient Room - Multiple</td>
<td>120 SF/room</td>
<td>4&quot;</td>
<td>4&quot;</td>
</tr>
<tr>
<td>2.2.3.2.2</td>
<td>Intermediate - Single</td>
<td>150 SF/room</td>
<td>4&quot;</td>
<td>4&quot;</td>
</tr>
<tr>
<td>2.2.3.2.2</td>
<td>Intermediate - Multiple</td>
<td>120 SF/bed</td>
<td>4&quot;</td>
<td>4&quot;</td>
</tr>
<tr>
<td>2.2.3.2.2</td>
<td>Critical Care</td>
<td>200 SF/room</td>
<td>4'</td>
<td>5&quot;</td>
</tr>
<tr>
<td>2.2.3.2.2</td>
<td>NICU - Multiple</td>
<td>120 SF/bed</td>
<td>4&quot;</td>
<td></td>
</tr>
<tr>
<td>2.2.3.2.2</td>
<td>NICU - Single</td>
<td>165 SF/room</td>
<td>4&quot;</td>
<td></td>
</tr>
<tr>
<td>2.2.3.2.2</td>
<td>LDR &amp; LDRP</td>
<td>325 SF/room</td>
<td>6&quot;</td>
<td>5&quot;</td>
</tr>
<tr>
<td>2.2.3.2.2</td>
<td>Cesarean</td>
<td>440 SF/room</td>
<td>16&quot;</td>
<td></td>
</tr>
<tr>
<td>2.2.3.2.2</td>
<td>Newborn Nursery</td>
<td>24 SF/bed</td>
<td>4&quot;</td>
<td></td>
</tr>
<tr>
<td>2.2.3.2.2</td>
<td>Continuing Care Nursery</td>
<td>120 SF/bed</td>
<td>4&quot;</td>
<td>8&quot; to next, 4&quot; to wall</td>
</tr>
<tr>
<td>2.2.3.2.2</td>
<td>ED Trauma - Single</td>
<td>250 SF/room</td>
<td>5&quot;</td>
<td>5&quot;</td>
</tr>
<tr>
<td>2.2.3.2.2</td>
<td>ED Trauma - Multiple</td>
<td>200 SF/station</td>
<td>5&quot;</td>
<td>5&quot;</td>
</tr>
<tr>
<td>2.2.3.2.2</td>
<td>ED Patient of Size - with ceiling lift</td>
<td>120 SF/room</td>
<td>5&quot;-6&quot;</td>
<td></td>
</tr>
<tr>
<td>2.2.3.2.2</td>
<td>ED Patient of Size - without ceiling lift</td>
<td>80 SF/room</td>
<td>10&quot; from door to next</td>
<td></td>
</tr>
<tr>
<td>2.2.3.2.2</td>
<td>ED Human Decontamination</td>
<td>100 SF/station</td>
<td>4&quot;</td>
<td></td>
</tr>
<tr>
<td>2.2.3.2.2</td>
<td>ED Fast Track</td>
<td>60 SF/room</td>
<td>7&quot; min x 11' max</td>
<td></td>
</tr>
<tr>
<td>2.2.3.2.2</td>
<td>Observation</td>
<td>5&quot; to next, 3' to wall</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
In Development *(diagram clarification)*

Extruded  

Square  

Radius
In Development (diagrams clearance/CFA)

Med/Surg & Intermediate Care

Critical Care

Patient of Size
Diagram Application (in development)
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?
How to Get Involved
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

www.fgiguideines.org/beyond-fundamentals
Is It a Beyond Fundamentals Piece? *(criteria)*

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

- Assess if proposal meets BF criteria = ✓
- Orient author(s) to BF Oversight Committee
- Provide author’s toolkit
- Collect outline & updated project timeline
- Assess need for mentoring
- Identify peer reviewers
- Check on general status, peer review
- Send for final editing, formatting, graphics
- Publish

- Author’s Writing Guide
- Letter of Understanding
- Sample Outline
How to Submit BF Proposal (register)

https://www.fgiguidelines.net/register
www.fgiguidelines.org/revisions
How to Submit BF Proposal  

(log in)

https://www.fgiexternal.net/register

You have successfully logged into the 2022 FGI Proposal site.

To submit a proposal any of the 2018 FGI Guidelines for Design and Construction documents, please follow these steps.

1. Click All Proposals from the column at left to review proposals already submitted.

2. If you find someone else has submitted a proposal identical to one you were considering submitting, we suggest you enter an opinion with substantive reasons for supporting that proposal rather than submitting another, identical proposal. (This will simplify review by the Health Guidelines Revision Committee.)

3. Click Submit a Proposal to enter your own proposals. Before writing a proposal, however, please take time to review the tips for writing proposals. You can download this file to keep it handy for reference as you prepare your proposals.

4. Click My Proposals to see the proposals you submitted during other sessions and to review opinions others have posted about them.

For more information about the FGI guidelines documents and the 2022 revision cycle, visit the Facility Guidelines Institute website or read the proposal period press release. Questions may be addressed to info@fgiguidelines.org.
How to Submit BF Proposal (select to submit)

https://www.fgi-guidelines.net/register
How to Submit BF Proposal (fill out and submit)

Submit Beyond Fundamentals Suggestion

Although the Guidelines documents are updated every four years, health care changes, trends, and innovations emerge and evolve rapidly, and these changes subsequently affect the planning, design and construction of health and residential care facilities. To be responsive to this dynamic environment, FGI continues to expand its informational offerings beyond the "baseline" requirements. If you have a suggestion for content FGI should consider for the Beyond Fundamentals library, please submit your suggestion in the box below. Appropriate items to suggest could include white papers, checklists, information on emerging trends, case studies, and reports.

Please review the Beyond Fundamentals Submission Instructions before you begin.

Document (Optional)  Chapter (Optional)  Section (Optional)

Attachment

Choose file

Browse

Attachment must be pdf/xlsx/png/png/doc/docx format and not exceed 10MB in size.

Are you willing to be the main author of this Beyond Fundamental?

https://www.fguiguidelines.net/register
Get Involved, Be Involved

• Give us feedback!
• Give us ideas!
• Be an author
• Be a subject matter expert
• Be a volunteer reviewer
• Submit a proposal
• Reach out to one of us

Heather Livingston  heather@fgiguideguidelines.org
Bryan Langlands  blanglands@nbbj.com
Yvonne Chiarelli  yvonne@fgiguideguidelines.org
Pamela Blumgart  pamela@fgiguideguidelines.org
Doug Erickson  doug@fgiguideguidelines.org
Your feedback is important to us when planning future conferences. Let us know what you think!

How-to submit a session evaluation:

• Open the PDC Summit mobile app.
• Fill out and submit the evaluation form.