



Indiana
Department
of
Health

The Future of Health Care Design: Adaptation in Adverse Conditions

Todd W. Hite, P.E.

November 8, 2021

OUR MISSION:

**To promote, protect, and improve
the health and safety of all Hoosiers.**

OUR VISION:

**Every Hoosier reaches optimal health
regardless of where they live, learn,
work, or play.**





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

Presentation Goals

- Update status of the emergency conditions guidelines.
- Identify new and modified assessments for 2022.
- Identify new units of the hospital guidelines.
- Discuss application of new and modified portions of the hospital guidelines.

Emergency Conditions Guidelines

- Proposed as a supplement to the 2022 FGI guidelines
- A new task group for 2026 to be incorporated into 2026 guidelines

Safety Risk Assessment (SRA)

- Infection control risk assessment
- Patient handling and mobility assessment
- Fall prevention assessment
- Medication safety assessment
- Behavioral and mental health risk assessment
- Patient immobility assessment
- Security risk assessment
- Disaster, emergency and vulnerability assessment

FGI Hospital Guidelines New Sections

- Burn trauma intensive care unit
- Hospice patient care unit
- Behavioral health crisis unit
- Intensive outpatient and partial hospitalization program

Burn Trauma Intensive Care Units

- Guideline requires an operating room to be readily accessible to the unit.
- Operating room serving the burn unit is recommended to be adjustable to higher than normally-accepted temperature ranges.

Hospice Care Rooms or Unit

- Guidelines will require hospitals to determine need to provide hospice and/or palliative care spaces for those receiving hospice services in the hospital.
- Rooms 153 square feet designed for single occupancy shall be permitted double occupancy to accommodate two family members.
- Accommodations for individuals receiving palliative care

Clarifications / Documentation

- Requires acoustic design requirements to be reviewed and documented.
- Wayfinding now requires clearly defining the access pathways between public access and the hospital entrances eliminating signage requirement ambiguity.
- Broadens the former patients of size requirements to “individuals of size”

Clarifications

- Patients of size accommodations determinations now “individuals of size”
- The need for a seclusion room and need for a secure hold room in the emergency department determined by the SRA
- Seclusion and secure hold room ceiling height and maximum wall length consistent

Emergency Department Impacts

- Low acuity treatment stations now in Guidelines 40 sq. ft. minimum dimension of 5 ft. 6 in. with 3 ft. clearance.
- Secured hold room now allowed maximum wall length 12 ft.
- Decontamination is now required to be an internal room. Rinsate must not leave the room.
- Decontamination room required to have electrical and med gases.

Emergency Department Impacts

- Trauma room now allowed to be utilized for multiple exam area or as treatment room for individuals of size when not being used for trauma.
- New behavioral health treatment room requirements

Imaging Department Impacts

- Table 2.2-2 modified to permit anesthesia in Class 1 imaging appropriate if only to immobilize the patient for the exam
- Imaging clearance:
 - 3 ft. clearance for Class 1
 - 4 ft. clearance for Class 2
 - Clearance not applicable to wall mounted equipment
- A subwait is required for low-level hot patient.

Surgery Suite Impacts

- Equipment storage is now 300 sq. ft. *or* 100 sq. ft per OR. Formerly 50 sq. ft.
- Allows clean and sterile to be directly accessible to OR
- Pre/post recovery stations are permitted to be 1.5 per OR with justification for efficiencies, in lieu of 2 per OR.
- Modular or prefabricated laminar flow ceiling system is allowed in place of monolithic in surgical and imaging.

Labor/Delivery Impacts

- Neonatal couplet care room introduced for NICU/mother combo
- Requires 300 sq. ff. – 150 sq. ft. for mom and 150 sq. ft. for baby
- If using LDRP, then required 435 sq. ft. and maintain minimum clearances of LDRP and NICU sections.
- Clarified LDRP clearances
- Newborn nursery square footage requirement replaced with minimum 3 ft. clearances around bassinet.

PICU Impacts

New guideline for pediatric intensive care rooms designed for specialized procedures (e.g. , extracorporeal membrane oxygenation or ECMO) shall have a minimum clear floor area of 300 sq. ft.

Critical Access Hospitals

Allows universal care rooms if the room meets the most restrictive requirement

Children's Hospitals

- Requires a place for meditation, bereavement and/or prayer.
- All other hospital types only need to meet requirements in common elements where they are provided.

Common Elements

- Where telemedicine is provided in the hospital a room is required - no longer in a cube, bay or area.
- Lactation room for staff is required.
- Where lactation rooms are provided for the public, they must be separate from staff and visitors.
- Hand sanitation station is allowed in lieu of handwashing station near med dispensers or stations.

Common Elements

- Human waste disposal systems include:
 - Bedpan washer/disinfector system
 - Disposable bed pans and macerator
- Floor and wall bases now monolithic in:
 - Pharmacy
 - Soiled workroom
 - Trauma

Common Elements

- Handrails not required when distance between two features is less than 24 in.
- Handrails shall have a surface light reflectance value that contrasts with that of the wall surface by a minimum of 30 percentage points.

Questions?

CONTACT:

Todd W. Hite, P.E.

thite@isdh.in.gov

