

KEYS TO IMPROVE THE PLAN REVIEW EXPERIENCE

2018 OAHE ANNUAL CONFERENCE

John Larson, Architect

Administrative Programs Manager

Health Facilities Plan Review

Oklahoma State Department of Health

Quality Improvement Process

- Plan Review Process
 - Plan Review Process Improvement Team
 - Plan Review Process
 - Consultations
 - Courtesy Inspections
 - Self-Certification
 - Adoption of FGI

Plan Review Process Improvement Team

- OSDH was approached by health care professionals regarding the plan review process.
- Improvement team raised specific issues.
- The goal of the process improvement team was to speed up the plan review process.

Plan Review Process

- For a traditional 2 stage plan review:
 - Administrative review the Department shall have 10 calendar days in which to determine if the filed application is administratively complete.
 - Upon determination that the application is administratively complete, the Department shall immediately notify the applicant in writing. The period for technical review begins.
 - The department shall have an additional 45 days to complete the technical review.
 - If supplemental information is requested the time stops.
 - An application shall be deemed withdrawn if the applicant fails to supplement an application within 90 calendar days after the Department's request, unless the time is extended by agreement for good cause.

Consultation

- The new rules formalized a process to request a consultation.
 - A fee was introduced for a formal consultation.
 - A consultation request form was posted on-line for each facility type.
 - <https://www.ok.gov/health2/documents/consultation%20services%20request%20hospitals%20and%20ambulatory%20surgical%20centers.pdf>
 - A consultation is not guaranteed if OSDH staff determines that the issue(s) can be resolved by phone call or email.

Courtesy Inspections

- This formalized the process and introduced a fee.
 - Chapter 667 allows for only 1 final inspection, even for phased projects.
 - Each phase must be inspected, but only the final inspection is included in the plan submittal fee. Phased final inspections must be requested and a fee attached.
 - Courtesy inspections are not required but should be considered for complex projects. The number of courtesy inspections is limited only by OSDH availability.
 - A courtesy inspection request form was posted on-line for each facility type.
 - [https://www.ok.gov/health2/documents/courtesy%20inspections%20\(3\).pdf](https://www.ok.gov/health2/documents/courtesy%20inspections%20(3).pdf)

Self-Certification

- The hospital and the project architect or engineer may elect to request approval of design and construction plans through a self-certification review process.
- A fee of \$1,000 has been established for the self-certification process.
- The Department shall make available professional consultation and technical assistance services covering the requirements of this section to a hospital considering self-certification of plans. The consultation and technical assistance is subject to the fee for professional consultation and technical assistance services set in OAC 310:667-47-1. The consultation is optional and not a prerequisite for filing a request through the self-certification review.
- Within twenty-one (21) calendar days after receipt of a complete application, the Department shall approve or deny the application for self-certification and send notification to the hospital.
- A self-certification request form was posted on-line for each facility type.
- <https://www.ok.gov/health2/documents/Hospital%20self-certification.pdf>

Facility Guidelines Institute

- The rules effective October 01, 2017 modified physical plant sections of Chapter 667 effective for projects submitted for the first time after October 01, 2017.
- Oklahoma adopted the Facility Guidelines Institute (FGI): Guidelines for Design and Construction of Hospitals and Outpatient Facilities, 2014 Edition by reference; and formalized state adoption of the 2012 edition of the Life Safety Code and Health Care Facilities Codes that were adopted by CMS on July 05, 2016.
- Not all chapters of the Guidelines are applicable in Oklahoma. The Guidelines are only applicable to building types licensed by OSDH.

FAQ's

- Much of Chapter 667 does not apply to the physical plant and was not affected by the rule change.
- 41-1(b) Oklahoma statutes prevail if there is conflict between the FGI Guidelines and Oklahoma statutes. For Medicare-certified hospitals, the Life Safety Code adopted by the Centers for Medicare & Medicaid Services prevails if there is a conflict between the Life Safety Code and this Chapter.
- Footnote 1: 1 According to the Rule Comment Summary and Response filed by the Oklahoma State Department of Health with the Governor, the Speaker of the House of Representatives and the President Pro Tempore of the Senate on February 24, 2017, "the FGI Guidelines, 2014 Edition, incorporated by reference in OAC 310:667-41-1(a) will prevail over other conflicting provisions in OAC 310:667."
- Chapter 667 is not a statute, it is a rule. In order of importance: Statute / FGI Guidelines / Chapter 667, Chapters 49 through 56.
- Chapters 49 through 56 and Appendices A through E, though still in the text, conflict with the Guidelines. The Guidelines take precedence.

CONFLICTING CODE EDITIONS?

- CMS has adopted NFPA 101, 2012 and NFPA 99 2012. NFPA 99, 2012 edition, references ASHRAE 170-2008.
- Oklahoma has adopted FGI Guidelines which incorporates ASHRAE 170-2013
 - ASHRAE 170-2008 requires a humidity range of 30% to 60%, but CMS has published a categorical waiver allowing for 20%. <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/Survey-and-Cert-Letter-13-25.pdf>
 - ASHRAE 170-2013 requires a humidity range of 20% to 60%.
 - For any projects submitted under the new rules 20% humidity is the minimum design value and that is what they should be surveyed for.
 - For a survey on an existing hospital OR built under 667 BEFORE October 01, 2017:
 - 667 Appendix A requires 30-60%
 - NFPA 99-2000 requires a minimum of 35% Humidity for anesthetizing locations
 - The OR should have been designed for a minimum humidity of 35%
 - CMS has set a minimum value of 20%, unless more stringent levels are required by state or local laws and regulations.

Plans and Functional Program shall identify

- Patient Care Areas
 - a. Each patient care area shall be designated as General Care Areas or Critical Care Areas as defined by NFPA 70, 2011 edition, 517.2
 - b. Each patient care room shall be designated as a Basic Care Room, a Critical Care Room, a General Care Room, or a Support Room as identified by NFPA 99, 2012.3.138
 - c. Wet Procedure Locations shall be identified. Refer to NFPA 70 Article 517 and NFPA 99 3.3.184.
 - d. Identify all anesthetizing locations identified by NFPA 70 (NEC) 2011, Article 517
 - e. Identify all anesthetizing locations identified by NFPA 99, 2012 edition, Chapter 3, Definitions

BUILDING SYSTEMS

- Building System Categories: Building systems in health care facilities shall be designed to meet system Category 1 through Category 4 requirements as detailed in this code. (NFPA 99, 2012 edition, Chapter 4 Fundamentals)
- HVAC Systems:
 - a. For CMS compliance refer to NFPA 99, 2012 edition 9.3.1.1 which requires compliance with ASHRAE 170-2008
 - b. For state compliance refer to Guidelines for Design and Construction of Hospital and Outpatient Facilities 2014 edition which includes ASHRAE 170-2013.

PLAN REVIEW WEB PAGE

- https://www.ok.gov/health/Protective_Health/Medical_Facilities_Service/Health_Facilities_Plan_Review/index.html
 - Application Forms & Fees
 - Authority - rules for each facility type (searchable PDFs)
 - Health Facility Plan Review Process Improvement Team
 - Notes from 3 years of Process Improvement Team Meetings

QUESTIONS?

- Email planreview@health.ok.gov
- John Larson, Architect
- 405-271-6785