Construction Section Update

NCHEA 2013 Spring Seminar
10:15 am, March 15, 2013

Mission

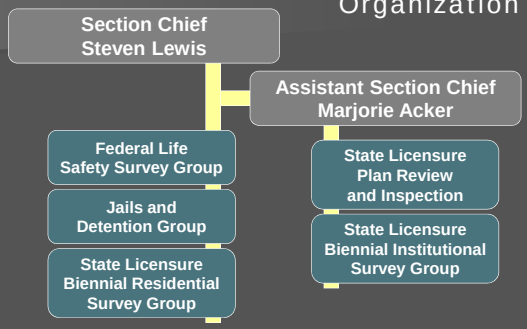
To ensure that the construction and operation of buildings regulated by the Division provide a safe, healthy and suitable environment for residents, patients, and inmates using those facilities.

Hidden Slide - MA

- Who we are
- Mission
- Construction Section Organization
- Agenda
  - Presenters / topics
  - Additional staff present
  - Hold questions to the end
- Web address for DHSR
  - Rules for Licensure
  - Construction Section
- Web address for Construction Section
  - Construction Project Information
  - Submittal and Review Guide
  - Color Code Standard
  - Fees
  - When is a review required
  - To come: Plan Submittal Review Guide
- Help Desk

HIDDEN

Construction Section Organization



North Carolina Department of Health and Human Services (DHHS)
- Division of Health Service Regulation (DHSR)
  - Construction Section

Steven C. Lewis
Section Chief, Construction Section
919-855-3893
Steven.Lewis@dhhs.nc.gov

Today's Presenters

Marjorie Acker → **Introduction**
Assistant Section Chief

Fran Pedrigi → **Consultations**
Architectural Supervisor

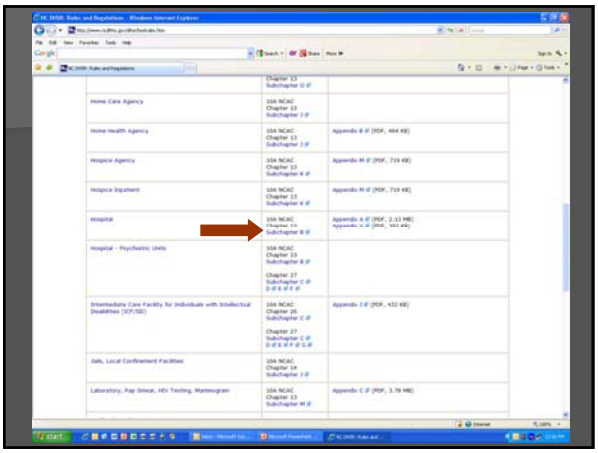
Tammy Sylvester → **Anesthetizing Locations & Smoke Management**
Engineering Supervisor

Jeff Harms → **House Bill 1297**
Engineering Supervisor

Additional DHSR Staff is present in the audience.
Please hold your questions until the end of the session.

http://www.ncdhhs.gov/dhsr/

Rules and Regulations Construction Section



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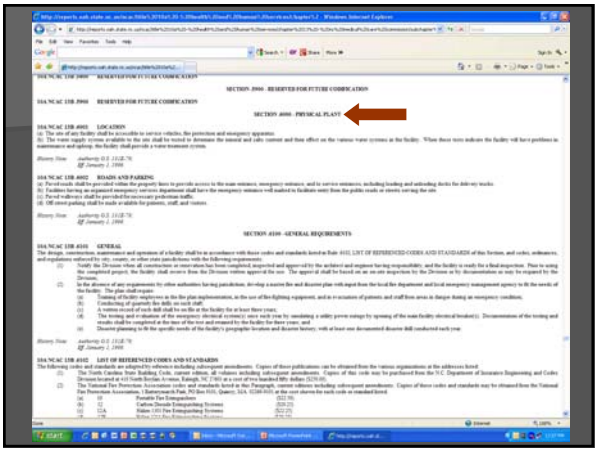
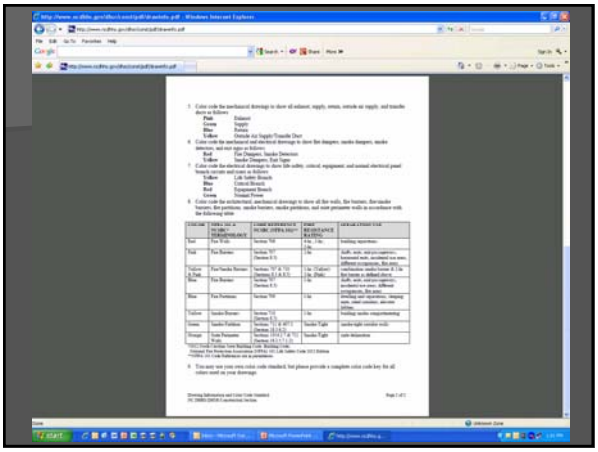


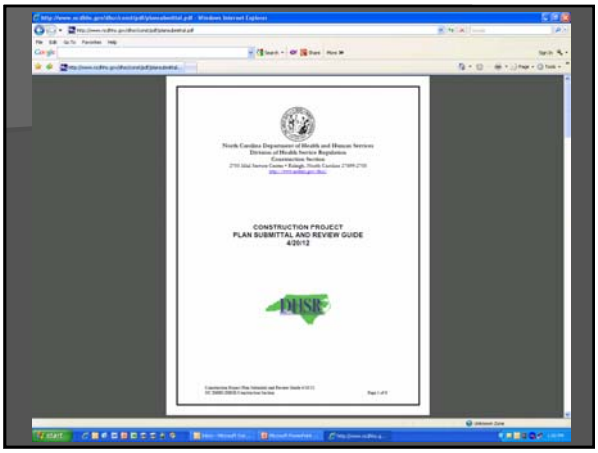
http://www.ncdhhs.gov/dhsr/


NC Division of Health Service Regulation
Construction Section
General Information

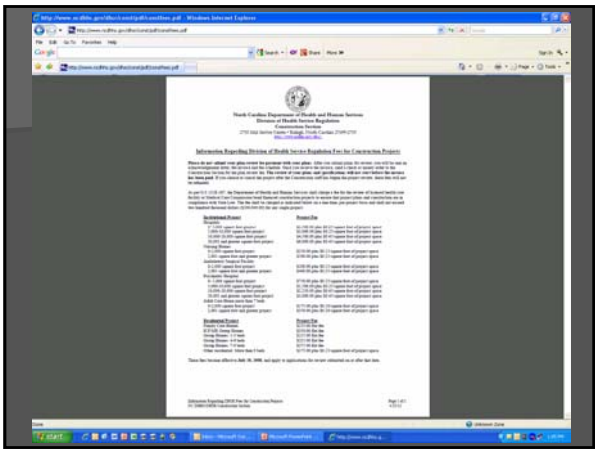

NC Division of Health Service Regulation
Construction Section
Construction Project Information
http://www.ncdhhs.gov/dhsr/const/project.html


NC Division of Health Service Regulation
Construction Section
Construction Project Information
http://www.ncdhhs.gov/dhsr/const/project.html




CONSTRUCTION PROJECT
PLAN SUBMITTAL AND REVIEW GUIDE
4/20/12


NC Division of Health Service Regulation
Construction Section
Construction Project Information
http://www.ncdhhs.gov/dhsr/const/project.html



Coming soon: HEALTHCARE PLAN SUBMITTAL FORM

http://www.ncdhhs.gov/dhsr/const/project.html

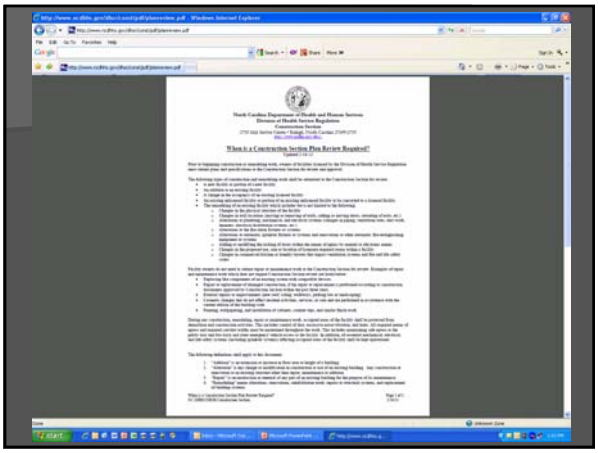
http://www.ncdhhs.gov/dhsr/const/project.html

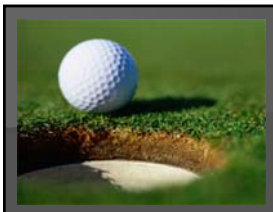
Help Desk

For projects under review or inspection → **Contact the Architect or Engineer assigned to the project.**

Ex: HL-9999-MLA/AJH

For all other questions → **Contact the Help Desk at 919-855-3893.**





Consultations

Fran Pedrigi,
Architectural Supervisor

Purposes for Consultations

Demonstration DHHS Values:

Customer Focused: North Carolinians are the center of our service design and delivery and the allocation of human and fiscal resources.

- Helps customers feel valued and appreciated by clarifying the issue, focusing on a solution and taking action. This helps build confidence with the customer.
- Recommends effective ways to monitor and evaluate customer concerns, issues, and satisfaction and anticipate customer needs.
- Maintains professionalism in difficult situations by remaining issue-oriented.

Consultation Meeting Topics

- **NCSBC Occupancy Classifications for DHSR Licensed Facilities;**
- **New Facilities – Hospitals, CCRC Facilities, Psychiatric Hospitals, etc.;**
- **Master Planning / Future Expansion Plans;**
- **New Prototypes and Procedures – i.e. Hybrid ORs, new equipment, freestanding EDs, home and community environment, etc.;**
- **Determining HB-1297 exemption.**

Consultations

Consultation: The act or process of consulting. A conference at which advice is given or views are exchanged. A business or agency offering expert or professional advice in a field.

Consultation Procedures

Entity Requesting the Consultation:

- **Provide an agenda or clarification of subject to be discussed ahead of time clearly defining scope to determine if Architectural, Engineering, Federal or all need to be discussed.**
- **Provide Minutes or Summary of meeting to all participants.**

Consultations will be documented on the DHSR database for future reference once a project is submitted.

Types of Consultations

Help desk: available 5-days a week with Engineering, Architectural, Federal and/or Biennial staff.

Email inquiries: follow through with providing clarification, direction and information to provide guidance about Licensure Rules and Building Code requirements for all of our types of licensed facilities.

In-house meetings: to discuss future projects and provide guidance on what would be required based on the proposed facility project.

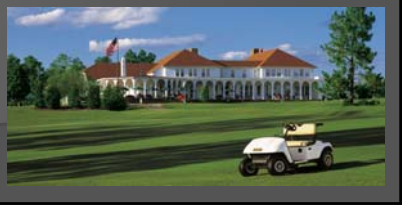
Project meetings (after DHSR Project Assignment): to discuss project review comments and variations of DHSR Rules and Regulations as well as Building Code items with assigned reviewers.

The Architect and/or Engineer participating in a consultation prior to DHSR Project Assignment may not be the Architect and/or Engineer assigned to review the project.

CAUTION

Anesthetizing Locations and Smoke Management

Tammy Sylvester,
Engineering Supervisor



1999 NFPA 99

1. Prevent recirculation of smoke originating within the surgical suite of an anesthetizing location; and
2. Prevent the circulation of smoke entering the system intake without, in either case, interfering with the exhaust function of the system.

Anesthetizing Locations and Smoke Management

Problems Presented:

- Changes in 2012 NFPA 99
- CMS Certified Facilities and 2000 NFPA 101 → 1999 NFPA 99
- Hospital Rules and Ambulatory Surgical Rules

Most Stringent Requirement

1999 NFPA 99

Anesthetizing Location:

Any area of a facility that has been designated to be used for the administration of nonflammable inhalation anesthetic agents in the course of examination or treatment, including the use of such agents for relative analgesia.

The Question Is:

To provide Smoke Management or not in anesthetizing locations?

2012 NFPA 99

Anesthetizing Location:

General Anesthesia: Drug-induced loss of consciousness from which patient is not arousable even by painful stimulation.

Deep Sedation: Drug-induced depression of consciousness from which patient cannot be easily aroused but responds purposefully following repeated or painful stimulation.

Minimal Sedation: Drug-induced state where patients respond normally to verbal commands.

Moderate Sedation: Drug-induced depression of consciousness where patients respond purposefully to verbal commands either alone or accompanied by light tactile stimulation.

DHSR's Stance

1. The requirements of CMS with the adoption of the 2000 NFPA 101 and 1999 NFPA 99 are more stringent requirements than the current 2012 NFPA 99;
2. By the definition of an anesthetizing location in 1999 NFPA 99, any area where anesthesia gas is used is considered an anesthetizing location and may require smoke management;
3. Until CMS adopts the 2012 NFPA or makes a definitive decision/clarification on the acceptable uses of 2012 NFPA 99, it is our position that smoke management must continue to be provided.

Hospital Owned Outpatient Facilities

Session Law 2009-487
[Ratified House Bill 1297-2009]

Signed into Law by Governor Perdue
August 26, 2009

House Bill 1297

Now exempts certain hospital owned outpatient locations from DHSR licensing, plan review, and inspection

...but...

The bill does not exempt the parent hospital or "main provider" from Centers for Medicare and Medicaid Services (CMS) requirements at any of its facilities.

Rules

Meant to Prevent Chaos Through Observance of Laws

- **United States Code**
  - **Statutes Enacted By Congress**
- **Code of Federal Regulations (CFR)**
  - **Administrative Law of the Land**
- **NC General Assembly**
  - **Session Laws – House and Senate**

House Bill 1297 and CMS Requirements

In Other Words:

- **A complaint in the hospital could trigger a health survey and/or life safety survey of the hospital owned outpatient facility (or facilities).**

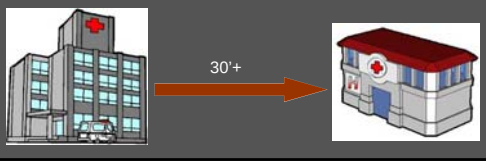
...OR...

- **A complaint in a hospital owned outpatient facility could cause a full CMS survey of the hospital.**

Facilities Exempt From Review by HB-1297

General Statute G.S. 131E-76(3) has changed so that: the term "Hospital" no longer includes certain outpatient facilities that are:

- **Classified as Business Occupancy by NFPA 101 Life Safety Code [2000 edition], and**
- **Located 30 feet or more from any hospital facility.**



2 Exceptions Require a Review

- **Exception 2: Although exempt hospital owned business occupancy facilities are not reviewed for compliance with licensure rules, if the exempt facility is part of a NC Medical Care Commission Bond project, the facility would be required to be reviewed for compliance with applicable bond standards for that facility and occupancy.**

Facilities Not Exempt From Review by HB-1297

The term "Hospital" continues to include certain outpatient facilities that are:

- **Classified as Business Occupancy by NFPA 101 2000 edition Life Safety Code and located less than 30 feet from any hospital facility,**

OR

- **Facilities classified as Health Care Occupancy or Ambulatory Health Care Occupancy by the NFPA 101 2000 edition Life Safety Code.**

Why Use NFPA 101 [2000 edition] for Exempted Facilities?

- **It is specifically required by the Code of Federal Regulation (CFR) as a condition of participation in the federal Medicare program.**
- **42 CFR 482.41: "The Director of the Office of the Federal Register has approved the NFPA 101 [2000 edition] of the Life Safety Code…the hospital must meet the applicable provisions."**
- **However….2012?**

2000 2012

2 Exceptions Require a Review

DHSR will not and cannot conduct licensure plan reviews and inspections (even if requested) of hospital owned outpatient facilities not defined as a hospital in accordance with new G.S. 131-78(3) language.

- **Exception 1: Main hospital may choose a higher level of occupancy classification other than business occupancy for an outpatient facility for future growth and still be reviewed and inspected for compliance with AHC or HC as submitted.**

* * **Don't forget, the 2012 NC State Building Code also has requirements for Business Occupancies including new Section 422 for Ambulatory Health Care Facilities. Note: this section has sprinkler requirements that may be more stringent than NFPA 101.**

NFPA 101 Business Occupancy

- "Business occupancies are typically occupied by persons who come to routine medical doctor visits, who are awake and can begin emergency egress or relocation, with little or no staff assistance, as soon as they become aware of emergency conditions." (101 Handbook Commentary)
- NFPA 101 Chapters 38 (New) or 39 (Existing) for Business Occupancy shall apply.

* * However, no NFPA 101 Business Occupancy may have more than **3 persons rendered incapable** of self-preservation lest it become Ambulatory Health Care.

NFPA 101 Ambulatory Healthcare

- Patients that come to these facilities receive procedures that render them incapable of self-preservation. They must not stay for an elapsed time of 24 hours.
- AHC facilities provide anesthesia and/or treatments to 4 or more outpatients simultaneously.
- NFPA 101 Chapters 20 (New) or 21 (Existing) for Ambulatory Health Care Occupancy shall apply.

HB-1297 Occupancy Determination Examples


Hyperbaric Oxygen (HBO) Treatment

Business Occupancy

No more than 3 outpatients rendered incapable of self-preservation.

No DHSR review required.

One Critical CMS Factor

For Ambulatory Surgery Centers, CMS regulations amend NFPA 101:

If surgery is performed on just one outpatient, the facility is to be considered an Ambulatory Health Care Occupancy under NFPA 101.

DHSR review required.

HB-1297 exemption no longer applies.

HB-1297 Occupancy Determination Examples


Hyperbaric Oxygen (HBO) Treatment

Business Occupancy as well as Ambulatory Health Care when 4 or more patients are rendered incapable of self-preservation.

Facility must now meet NFPA 101 Chapters 20 and 38 requirements.

DHSR review required.

HB-1297 exemption no longer applies.

HB-1297 Occupancy Determination Examples

Facilities may be single or multi-tenant as well as multi-occupancy.

Following are several examples of determining whether Business or Ambulatory Health Care Occupancy is required.

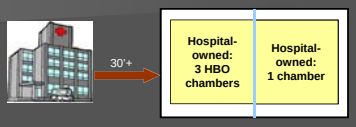
HB-1297 Occupancy Determination Examples

Separate owners with distinct spaces, each considered Business Occupancy.

Must have 1-Hour Fire Barrier tenant separation.

No DHSR review required.

HB-1297 Occupancy Determination Examples



If the Hospital acquires additional Business Occupancies within the building:

Business Occupancy as well as Ambulatory Health Care apply (if 4 or more patients are rendered incapable of self-preservation);

The building must meet NFPA 101 Chapters 20 and 38 requirements;

The tenant separation is no longer needed between Hospital-owned spaces.

DHSR review required.

HB-1297 exemption no longer applies.

Summary

To determine whether or not to review, DHSR will ask (at a minimum):

1. **Will Medicare fees be billed through the hospital's provider number?**
2. **Is the facility further than 30' from the hospital?**
3. **How many patients will be rendered incapable of self-preservation?**

Change of Occupancy

Consider future growth and flexibility when planning a HB-1297 exempt facility.

HB-1297: Case-By-Case

- **A wide variety of medical examinations, treatments and procedures may occur in a Business Occupancy.**
- **Determination of HB-1297 applicability must be done on a case-by-case basis.**
- **Please call 919-855-3893 to discuss or request a Consultation.**

Change of Occupancy

To change from Business occupancy to Business + Ambulatory Health Care may require additions or alterations of the following*:

- Smoke Barriers and Smoke Compartments [NCSBC Section 422]
- Automatic Sprinkler Systems [NCSBC Section 422]
- Fire Alarm Systems [NCSBC Section 422]
- Construction Type, Area and Height limitations [NCSBC Chapter 5]
- Occupancy Separations (including protecting supporting structure below) [NFPA 20.1.3.2 & 20.3.7]
- Separation of incidental accessory spaces [NCSBC Table 508.2.5]
- 44" wide doors and 7'-0" wide corridors [10A NCAC 13C .1404 (1)]

*This is not a complete list, refer to the Building Code, NFPA 101 and Licensure Rules for all requirements.

Questions?

Suggestions?

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