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MiSHE News: Vol 218

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President's Message



I hope your Summer is going well!

Your MiSHE team has been working behind the scenes to get our new and improved website running smoothly. There have been a few bumps in the road, but we have managed “on the fly” and I am incredibly pleased with the progress and how it has turned out. I hope you all are as well.

Our [2024 Annual Conference Roll the Dice and Bet on Healthcare Registration](#) is now open. Save the dates have gone out, and again now is the time to register. Don’t forget about the **September 18th** Golf Outing, we are quickly filling up and I don’t want anyone to miss this fun event. After the golf outing, we will kick off the conference with our Welcome Reception and **Thursday September 19th** the conference is in full swing. We have plenty of educational events planned, and as always you will be able to meet with many of the great vendors and regulatory agents, we deal with day-to-day that help us in managing our facilities and making our patients’ experiences better. I hope to see you there!

I just came back from the SE MiSHE “Tee off for Cancer” outing at Cherry Creek golf course. As usual Joe Saldivar and the team put together a great outing, with lots of great memories made. Of course, the monies raised by all those in attendance were also greatly appreciated. I had a wonderful time and was able to connect with many of you. Thanks again for your participation!

If you haven't already, now is the time to [renew your membership](#). It gives you access to all the educational opportunities MiSHE has to offer, and a discount to our conference and other events. Please feel free to reach out to me personally if you have any ideas or educational opportunities that you feel would benefit the membership, after all it is you the members both professional and associate that make MiSHE a great organization.

As I come to the end of my term as MiSHE President, I wanted to take a moment and reflect on the past two years. This MiSHE family, and that is really what it has become to me, is an awesome group of men and women. In many avenues we talk about "blended families" or "cultural differences" or many of any other terms we use in today's world. In the MiSHE world we come together from various parts of the State, diverse backgrounds, different routes to how we got where we are, different nationalities and different skin colors for a couple of common goals, to help educate and advance our members.

I feel I have brought great value to our Michigan team, with my knowledge and willingness to work with others to get important tasks complete. Not only promoting learning opportunities for Supervisors, Managers and Directors, but the "boots on the ground" folks that get the job done every day. The most important takeaway, however, from my time with MiSHE is networking. I have met an endless number of acquaintances from around the State to bounce ideas off, to ask questions of, to answer questions for and better yet, go fishing or golfing with. The friendships will last a lifetime. We are in great hands moving forward as Joe Saldivar will take over as President after our September Conference, Joe has a true passion for leading, teaching, and giving. I look forward to a very bright MiSHE future. I hope you all do too!

I look forward to seeing you all at the conference, on the course or on a stream or lake with a rod and reel!

Thank you for allowing me to serve as your President it has been one of the greatest honors and privileges of my life.

Brian Denhoff, MISHE President



Date:

September 18 - 20, 2024

Location:

Soaring Eagle Resort, 6800 Soaring eagle Blvd
Mount Pleasant, MI 48858

We're thrilled to invite you to the highly anticipated [2024 MiSHE Annual Conference](#) and the exciting [MiSHE Annual Conference Golf Outing!](#)

This year's event promises to be bigger and better than ever, offering a dynamic platform for healthcare engineering professionals to connect, learn, and share best practices.

What to Expect

- **Network** with senior leaders, industry experts, and people who can help you achieve your goals at the conference and on the golf course.
- **Discover** innovative new ideas, best practices, and more to inspire you back at your organization.
- **Stay updated** on the latest technology and trends that ensure quality patient care.
- **Shape the future** with insights on how to maintain resilient, adaptable, and sustainable facilities in the face of changing demands and challenges.
- **Un-fore-gettable experience!** Join us on at the at Pleasant Hills Golf Club for a fun-filled networking scramble fostering connections with fellow members.

So what are you waiting for?! Secure your spot today and well see you in September!

[Register Today!](#)

For more details about accomodations, sponsorship packages, and registration, visit our [conference page](#).

ERRATA SHEET FOR ASHRAE STANDARD 170-2021

Ventilation of Health Care Facilities

On May 10, 2024, ASHRAE published a number of errata for the 2021 ASHRAE 170 Standard.

Perhaps the most noteworthy correction is the clarification for ORs or Class 3 imaging rooms designated for orthopedic procedures, transplants, neurosurgery, or dedicated burn unit procedures, that HEPA filters shall be provided and **located in the air terminal device.**

This change helps clarify that the air handling system for these spaces is not required to have two sets of HEPA filters, but only one which is to be located at the terminal end just before the air enters the room.

Another change involved Table 7-1 under Seclusion room in Behavioral and Mental Health Facilities where the value for the Minimum Outdoor ach was corrected to read 2 instead of 4 and the Minimum Total ach corrected to read 4 instead of 2.

For the full text of the published errata, [click here](#).

Most corrections are minor and mainly editorial.



Public Comment Period Opens for Draft 2026 *FGI Facility Code*

Public Comment Period Opens for Draft 2026 *FGI Facility Code*

FGI Announces Title and Content Changes

FLORENCE, MA – The Facility Guidelines Institute (FGI) announces that July 1, 2024, marks the opening of the three-month public comment period for the draft 2026 FGI documents for design and construction of hospitals; outpatient facilities; and residential health, care, and support facilities.

In addition, FGI announces that the 2026 edition of the *Guidelines for Design and Construction* documents will be renamed the *FGI Facility Code*.

The *FGI Facility Code* public comment site is accessible at <https://www.fgiguideines.net>. The public comment period is open to all users of the *FGI Facility Code* documents, and all revisions to the documents are available for public review.

For a full text of this announcement visit: [Public Comment Period Opens for Draft 2026 FGI Facility Code \(mailerlite.io\)](https://mailerlite.io/public-comment-period-opens-for-draft-2026-fgi-facility-code)

PGZ Remainder of announcement:

As usual, only recommendations, comments, or opinions to change language that have been approved for addition, revision, or deletion by the Health Guidelines Revision Committee (HGRC) will be considered during this phase of the revision cycle. No new proposals for change will be considered at this time. The public comment period will close on September 30, 2024.

“Public participation in the revision process is vital to keep the *FGI Facility Code* current with practices in the field,” says John Williams, chair of the 2026 HGRC. “This is the point where all proposed changes can be reviewed and scrutinized, and the results of these comments can have an incredible influence on public health and safety.”

In a significant departure from previous editions, the draft *2026 FGI Facility Code* documents will no longer contain advisory guidance. Moving forward, text formerly included in the appendices will appear in a new series of handbooks to be released concurrently with the *2026 FGI Facility Code*. The handbooks will feature expanded design guidance, including best practices, checklists, and diagrams created in collaboration with subject-matter experts.

“There continues to be confusion between the mandatory requirements and advisory language in the current editions of the documents,” says FGI CEO Heather Livingston. “Separating the two types of content will clarify the distinction to users. The clear separation of code requirements from guidance, coupled with expanded information in the handbooks, will strengthen understanding and application of the requirements in the FGI documents.”

The multidisciplinary, 135-member HGRC, the body responsible for updating the content of the *FGI Facility Code*, has approved revisions in the draft documents to reflect changes in the health and residential care industries and provide clarifications that can ease adoption and compliance.

Following are some of the changes proposed for the *2026 FGI Facility Code* documents:

Revisions affecting more than one document in the 2026 *FGI Facility Code* draft:

- Requirements for determining the number and types of clinical rooms (e.g., exam, procedure, operating, imaging)
- Revision of tables to determine clinical room requirements for hospitals and outpatient settings
- New requirements to minimize water age
- Elimination of requirements for low-level, diagnostic-only mobile units
- Distinguishing site requirements from mobile unit requirements

Some revisions in *FGI Facility Code for Hospitals*

- New title: *FGI Facility Code for Hospitals*
- Adaptation of the critical access hospital chapter to include the new CMS designation for rural emergency hospitals
- New requirements for emergency entrance signage and site directional signage to the emergency department
- Additional requirements for surfaces and casework
- New unit type for medically acute behavioral and mental health patients
- Addition of safe spaces for post-acute patients waiting for transportation or transfer
- Removal of the parent/infant NICU room if NICU contains at least one single-family room

Some revisions in *FGI Facility Code for Outpatient Settings*

- New title: *FGI Facility Code for Outpatient Settings*
- New chapter added for sleep disorder clinics
- New chapter added for short stay centers

- Relocated behavioral and mental health crisis centers from the freestanding emergency department chapter to its own chapter
- Clarification that spaces for clean supplies can be either rooms or areas when supported by the functional program and ICRA

Some revisions in *FGI Facility Code for Residential Care and Support Settings*

- New title: *FGI Facility Code for Residential Care and Support Settings*
- Strengthened requirements for clearances around toilets where permitted by accessibility standards
- Clarified minimum requirements for electrical outlets, call devices, and medical gas and vacuum systems
- Added capacity requirement for single-resident rooms in nursing homes, assisted living facilities, long-term residential substance use disorder treatment facilities, and settings for individuals with intellectual and/or developmental disabilities.
- New table that identifies the primary characteristics of residential settings
- Expanded dialysis requirements and plumbing requirements for hemodialysis water distribution
- Increased minimum size requirements for rooms accommodating the care of individuals of size
- Removed chapter on independent living settings
- Added new chapter for residential behavioral and mental health treatment facilities
- Revised dining area requirements to accommodate 100 percent of the resident population and increase minimum square footage and dimensions

Once the public comment period closes, opinions and comments received from the public will be reviewed and voted on by the HGRC. Revisions approved by the HGRC

will appear in the 2026 *FGI Facility Code*, scheduled for release in early 2026. The complete drafts can be found at <https://fgiguidelines.org>.

About the Facility Guidelines Institute

Founded in 1998, the Facility Guidelines Institute is a not-for-profit corporation founded to provide leadership and continuity to the *Guidelines/FGI Facility Code* revision process. FGI functions as the coordinating entity for development of the *Guidelines/FGI Facility Code* documents using a multidisciplinary, consensus-based process and for provision of ancillary services that encourage and improve their application and use.

About the FGI *Guidelines for Design and Construction/FGI Facility Code* Documents

The FGI *Guidelines for Design and Construction/FGI Facility Code* documents are updated every four years to keep pace with new concepts, capabilities, and technologies in the delivery of health and residential care. The *Guidelines/FGI Facility Code* documents are used by states, through adoption by reference, to regulate health and residential care facility design and construction. FGI relies on revenue from sales of the documents to fund research and the activities of the HGRC for the next revision cycle. The *Guidelines/FGI Facility Code* documents are protected by copyright and authorized licenses and paperbacks are available exclusively at <https://shop.fgiguidelines.org>.



EGLE Secondary Treatment Permit Submittal Requirements

The Michigan Department of Environment, Great Lakes, and Energy (EGLE), Drinking Water

and Environmental Health Division is providing this memorandum to active and potential

secondary treatment public water supplies. The purpose of this memo is to clarify the Michigan Safe Drinking Water Act, 1976 PA 399, as amended (Act 399), requirement that plans and specifications for construction or alteration to a public water supply must be prepared by a professional engineer (P.E.), licensed under Article 20 of Public Act 299 of 1980, as amended (Occupational Code). The reasons for this requirement are as follows:

- To provide increased public health protection. The professional engineer will be able to evaluate the specific conditions at the facility and determine any public health implications of the proposed treatment technology.
- To reduce the potential liability of not having adequately qualified professionals designing treatment systems for public water consumption.
- To streamline the permit application review process, by utilizing the services of a professional engineer with water treatment design experience. The professional engineer will be able to provide detailed design specifications and engineering drawings to EGLE that will aid in the permitting process. They will also be able to effectively answer technical questions about the treatment system design and installation and how it will interact with the existing facility waterworks system. Finally, professional engineers are familiar with pertinent engineering design standards that are applicable in the State of Michigan.

- To provide inspection services for the secondary treatment water supply owners, which ensures that project construction, installation, and startup conforms to the approved design. This often saves the owner time and money by ensuring quality.

As of the date of this memorandum, EGLE will only consider for review applications with plans and specifications that are signed and sealed by a licensed P.E. Applications that do not meet this requirement will be considered administratively incomplete and will be returned. Questions on secondary treatment may be sent to EGLE-ST@michigan.gov



HFMM June 2024 issue Published FAQs from the My ASHE Community

QUESTION: Is it required by code to mark doors in a health care facility with signs? I am not referring to exit signs but rather standard doors leading to a certain area, like an office or a clean linens room. I was told that this is required, but the only door signage code requirements I found were for marking exit doors.

ANSWER: I recommend that you first take a look at section 216.2 of the Americans with Disabilities Act (ADA). Public buildings are required to identify certain rooms with ADA-compliant signage. The ADA requires signage for access and egress, and the signs are to be posted on the wall, include Braille and be placed at a certain height to accommodate the visually impaired community. A sign vendor or wayfinding company should be able to provide more detail on requirements. You should also check with your state, as it may have additional requirements. The National Fire Protection Association's

NFPA 80, Standard for Fire Doors and Other Opening Protectives, also has requirements for signage on fire-rated doors.

Another thing to consider is an issue of security. We were asked by our local police department to ensure we had signage in place for all our rooms, especially if the door is normally closed. They specifically referenced active shooter events as one of the reasons for this practice, as it would allow first responders who are not completely familiar with the layout of the facility to know what is behind a closed door before they try to breach it.

Editor's comment: On the other hand, it is not uncommon for security reasons for facilities to omit signage identifying function of certain staff only rooms. A few examples would include the medication room in a behavioral health unit or an IT closet.

Check out the July – August 2024 issue of Health Facilities Management for more FAQs. ASHE members can access the magazine via:

<https://digital.hfmmagazine.com/?m=69186&i=825561&p=4&ver=html5>

The Joint Commission Clarified NFPA requirements for Ambulatory Surgical Centers

The Joint Commission made several changes to requirements for ambulatory surgical centers related to Centers for Medicare & Medicaid Services' (CMS) Conditions for Coverage (CfCs). The revisions are effective August 1, 2024.

One of the changes includes new EPs added to address the expectation for compliance with the Life Safety Code (NFPA 101-2012) and the Health Care Facilities Code (NFPA 99-2012).

Source: Joint Commission online July 26, 2024

<https://www.jointcommission.org/resources/news-and-multimedia/newsletters/newsletters/joint-commission-online/june-26-2024/>



Questions?
 Contact us at
info@mishe.org



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