

HITF (Optional) Meeting
June 10, 2013
McCormick Place Convention Center
Chicago, IL

NOTE: This was a special evening/optional meeting and discussion with Rob Mayer from the Rothschild Foundation. A previously distributed agenda (**Attachment A**) served as the basis of the open forum/discussion.

The meeting started at 5:08 pm. Self introductions were completed. Attendees included:

HITF Members

Ken Bush – IFMA
Dave Klein – VA
Pete Larrimer – VA
Jim Merrill – CMS
Eric Rosenbaum – AHCA
Robert Solomon – NFPA

Guests

Kathleen Almand – FPRF/NFPA
Lynn Kenney – ASHE
Bill Koffel – Koffel Associates
Rob Mayer – Rothschild Foundation

The discussion was organized as a follow-up to the June, 2012 HITF meeting (Las Vegas) where some general trends and future issues were discussed. The purpose of that discussion was to determine where – and if – groups like the HITF, FPRF and NFPA could apply some resources and efforts so as to be in a proactive, rather than reactive role in anticipation of those trends and changes. Efforts like this, starting in 2007, allowed the 2012 edition of NFPA 101 to lay the groundwork for the culture change initiative started many years earlier so as to not thwart that progress from the code perspective.

An overview of the Rothschild Foundation activities was provided and was based on the premise: *In order to create a focus on person centered care, where and how do we anticipate that the current senior population, plus the expanding numbers of aging baby boomers (1946-1964) will be aging? Where do they go?*

Unlike the previous decades, the senior population has other options in 2013. These include:

- NORC's – Naturally Occurring Retirement Communities
- Their Own Home
- Retirement Home
- Assisted Living
- Nursing Home

There are varying degrees and dimensions associated with these options but these are the basic options.

In recent years, the Rothschild Foundation has sponsored funding to address some of the regulatory hurdles facing culture change and person centered care.

Everything from codes, to accessibility issues, to changing dining and dietary standards has been addressed by multiple task force groups that had been assembled by the Rothschild Foundation. Among the accomplishments and on-going tasks are:

- Having a supplement included with the ADA criteria to specifically address older adults/elders.
- The 2014 edition of the FGI document will include two volumes – the newest one dealing with Residential Healthcare Facilities.
- Working to recommend changes to the 2015 edition of the IBC to parallel the 2012 edition of NFPA 101 for Health Care Occupancies.
- Considering the concept of “Surplus Safety” and a related symposium to look at the risk of an action versus the potential/likely reward or benefit.

While there are various regulations that impact the built environment, the healthcare sector (acute care, long-term care, ambulatory care, assisted living) is particularly challenging given the myriad entities that provide regulations, rules and oversight into this area. These include:

Federal – CMS

Local – State Health Departments, Building Code and Fire Code Officials

Private Sector – Codes/Standards/Guidelines (FGI, ICC, NFPA, TJC, DNV and other accreditation bodies)

Other – VA, DOD, and IHS owned/operated facilities

Beyond these, other groups must establish policy to make sure their member entities are aware of and can adhere to these dynamic sets of rules. Thus, the importance of the national organizations such as AHA, ASHE, AHCA, NCIL and the corporate entities (UPMC, Kaiser, M.D Anderson etc.) cannot be overlooked. There is a real cost associated with implementing, enforcing and maintaining the safety infrastructure in the healthcare environment thus competing resources (time/money) must be managed to stay in compliance, deliver the best possible care and maintain a sustainable business model.

An ideal goal would be to get the regulations to work on more issues together-align the rules, align/coordinate the interpretation of the rules, get adoption/implementation of the rules on a more frequent or consistent basis. Following these discussions, a list of questions/topics/ideas was developed. There are no answers – yet – but the idea is for Rothschild Foundation, FPRF and NFPA to circle back and determine how to prioritize or establish a way forward. The following represent those concepts.

High Level Concepts

- How do you coordinate the requirements or adoptions across State boundaries?
- What is the process to get the FGI criteria adopted?
- How does one find out what regulation(s) is (are) adopted and enforced or what has been amended in a state/local jurisdiction?
- How do you determine when other criteria that are not necessarily related to healthcare – yet intersect with healthcare – are adopted?

- Is it time to revisit the survey process?

Targeted Concepts – These represent some specific tactics that might be considered.

- Aging in Place/Home Health Care: Compile list of challenges and possible strategies (Codes, Standards, Educational) to address this environment.
- Universal Design for the Aging in Place/Elder Community.
- Approach the Health Care Corporate Entities (Kaiser, Life Care Centers, etc) and ask them what they need/want.
- Consider starting with the least regulated environment – independent living– and establish a list of design/operational enhancements that help maintain the “independence” factor.
- Look at methods/procedures to keep the cross platform/organizational entities coordinated. Is there something similar to the BCMC model that might work? An expanded role for the HITF?
- How do you address the diversity of the expansive regulatory framework?

The meeting was summarized with the idea that NFPA/FPRF/Rothschild would explore these ideas and decide on a course of action that could be considered both in the short term and the long term.

The meeting adjourned at 6:55 PM.

Meeting Notes prepared by Robert Solomon-NFPA

ATTACHMENT 1
HITF Meeting Agenda

Agenda

HITF Optional Meeting

June 10 ,2013

5:00 PM-7:00 PM

McCormick Place Convention Center

Room N229

Introductions

Background

Status of Rothschild Regulatory Task Forces

2012/2015 NFPA 101

Dining Practice Standards

ADA

2014 FGI Guidelines:

Residential Care

Acute Care

Long Term Care

IBC

Low Vision Guidelines

Personal Care Plans

Challenges to Regulation Adoption and Use

Sometimes conflicting rules between: Private Sector/Federal Agencies/
State Agencies as well as conflicting interpretations

Federal Agencies/States do not always adopt newer regulations

ASHE estimates \$4 billion/year regulatory cost for compliance

Significant differences in regulation development, process and timing can lead to
confusion

Opportunities

Coordinate work when drafting new regulations responding to changes in technology,
energy conservation, person-centered care, universal design, etc.

Work with federal/state/private sector/NGO's and others to develop adoption/implementation strategies

Identify opportunities to better coordinate regulation development process between organizations

Action Items/ Next Steps