

FINAL MINUTES

HEALTHCARE INTERPRETATIONS TASK FORCE

Tuesday June 11, 2013

McCormick Place Convention Center
North Building, Level 2 – Room N229
Chicago, IL

1. Call to Order. The meeting was called to order at 1:15 PM. (See **Enclosure A** [Agenda])

2. Introduction of Members and Guests. Introduction of members and guests was completed. Those in attendance included:

MEMBER	REPRESENTING
Chad Beebe	ASHE-AHA
Ken Bush*	Maryland State Fire Marshal's Office – Rep. International Fire Marshals Association (IFMA)
Stephen Christopher*	U.S. Department of Health and Human Services
David Klein*	US Department of Veterans Affairs
James Merrill II*	US Department of Health & Human Services (CMS)
George Mills*	The Joint Commission
Eric Rosenbaum	Hughes Associates, Inc. – Rep. American Health Care Association
Robert Solomon	National Fire Protection Association
David A. Dagenais (ALT. to C. Beebe)	Wentworth-Douglass Hospital
Anne Guglielmo (ALT. to G. Mills)	The Joint Commission
Gregory Harrington (ALT to R. Solomon)	National Fire Protection Association
Peter Larrimer (ALT to D. Klein)	U.S. Department of Veterans Affairs
G. Brian Prediger* (ALT to P. Hoge)	US Army Medical Command Headquarters

* Voting AHJ Member

GUEST	REPRESENTING
Britt Berek	Sodexo Healthcare
Clinton Butts	DNV Healthcare
Mike Daniel	Daniel Consulting, Ltd.
A. Richard Fasano	Russell Phillips & Associates
Skip Gregory	Health Facility Consulting
Marty Huie	FKP Architect
Tom Jaeger	Jaeger & Associates, LLC
Henry Kosarzycki	State of Wisconsin-Department of Health

Susan McLaughlin	MSL Healthcare Consulting
James Park	CMS Compliance
Tom Scheidel	Scheidel Associates
Steve Spaanbroek	MSL Healthcare Consulting
John Williams	WA State Department of Health

3. Review of Questions. No new questions were received in advance of the meeting. Two issues from previous meetings were discussed.

A. **Large Screen Monitors.** A question and interpretation on this subject was discussed at the June, 2012 meeting and finalized earlier this year. The item was not posted, however, given the conflict that it creates with the restrictions that are contained within the various ADA Standards, guidelines and criteria. While NFPA 101-2012 Edition (and earlier editions) permits a projection of up to six inches into a corridor for certain items and components, the aforementioned documents limit all such projections to four inches.

While NFPA 101 provided a cautionary statement about the ADA four inch limit in an Annex Note, it would not be appropriate for the HITF to issue a position that is directly contrary to what is tantamount to a Federal Regulation. The CMS principal representative had shared information that several queries on this issue – resulting from projections in excess of four inches–had been raised in the nursing home/hospital setting.

The following points were brought up to help clarify the issue and develop an acceptable resolution.

- For items that are positioned higher than 6’8” in the corridor-there are no concerns or issues.
- Consider use of a “cane detection feature” in corridors or hallways where an excessive (greater than 4 in.) projection exists. Cane detection features are architectural components that project vertically from the obstruction down to the floor level that would allow the cane path to be interrupted – hence warning the user of some bump or an obstruction.
- One option might be to simply revise the question and the diagram to show a 4 inch (rather than 6 inch) maximum projection.
- Remind users that even the code might allow a 6 inch projection, every effort should be made to use products, equipment or features that can stay within the 4 inch limit.
- Qualify the response based on the 6 inch allowance to say something like: “From a fire and life safety standpoint, monitors can be installed in a corridor and project up to 6 inches into the corridor”.
- Remind users that many current monitor designs are very thin – 1 inch in some cases, thus even with the mounting hardware, it may be possible to stay within the 4 inch limit.
- Qualify the response with a discussion about using the cane detection feature previously mentioned.

- Remind the user that other documents (ICC/ANSI A117, ADA/ABA criteria) may also govern what is or is not allowed in the corridor.

Following the discussion, the HITF agreed to:

- Re-ballot the question as done earlier this year.
- Provide a “Yes” answer.
- Expand upon the discussion/qualification statement to specifically note the 4 inch versus 6 inch potential conflict; raise awareness of other criteria that regulate what may be in the corridor; note the potential to use the cane detection features to satisfy both of the concerns.

B. The ASHE representative (Mr. Dagenais) raised a subject that was a minute item from the June, 2012 HITF meeting (See June, 2012 Minutes, Item G – Page 4/27) concerning equipment in exit stairwells. The question has been raised again since the 2012 (and 2009, 2006) edition has some specific guidance on placement of certain pieces of equipment on these stairs. The 2000 Code does not. The question, and hence dilemma, is what was the thinking of the committee members who worked on the 2000 edition of NFPA 101 – would they have had a list of acceptable items – CCTV equipment, radio repeaters, antennas for fire department communications. Conversely, would they have had a list of “banned” items? Relevant sections from the two editions of NFPA 101 are:

NFPA 101-2000	NFPA 101-2012
7.1.3.2.3	7.1.3.2.1(10)(b)
A.7.1.3.2.3	A.7.1.3.2.1 (10)(b)

Mr. Dagenais will work up a question/response similar to:

QUESTION: Does the 2000 edition of NFPA 101 allow the installation of specialized equipment (video equipment, CCTV, cell phone antennas, fire department radio repeaters) in exit stairs. See NFPA 101, Section 7.1.3.2.3.

ANSWER: No. The 2000 edition of NFPA 101 essentially prohibited items in the stair enclosure unless that component directly served or supported use of the stair for its purpose for exiting the building. However, beginning with the 2006 edition of NFPA 101, new annex text was added to the Code that specifically mentioned certain equipment being installed such as “...security systems, public address systems and fire department emergency communication devices.” See NFPA 101 (2012), Sections 7.1.3.2.1 (10) (b) and A.7.1.3.2.1 (10) (b). It may be possible to apply for a waiver under the 2000 edition of NFPA 101 to apply the broader concept introduced in the 2006 code and offered in subsequent editions (2009, 2012).

Once the question and response are revised, the item will be sent out for ballot to the HITF.

4. Old Business. At the June, 2012 HITF meeting, the subject of wheeled equipment in the corridor was raised and a position was established (See June 2012, Issue No. 1). There was some question as to whether this interpretation has been conveyed to the CMS regional staff as some facilities are still indicating they are being cited for this condition. Mr. Merrill will look into this and determine if it is appropriate for CMS to clarify their position on this.

5. 2012 LSC Adoption Update. A notice in the Unified Federal Agenda in April, 2013 indicated that CMS has planned to issue a NPRM concerning the 2012 edition of NFPA 101 in August. Mr. Merrill does not believe that August date will be met, but something should be issued before the end of the year in the worst case. As a reminder the NPRM will be available for a 30-day review period at which point the comments will be considered and then a final rule will be issued. Following that, the new criteria will take effect 60-days later but it will include an implementation schedule.

6. Organizational Updates. Each group was given the opportunity to offer an update on activities that may be of interest.

- **IHS** – Stephen Christopher: The *IHS Design Criteria for Architects and Engineers* is being updated. It will include program requirements for each type of facility and should be available in September. Also, seeing changes to ADA provisions for toilet rooms. New designs require a side transfer design thus requiring repositioning of the sink. The previous rule to provide a 5 foot radius is no longer effective.
- **AHCA**- Eric Rosenbaum. The sprinkler retrofit rule for nursing homes is closing in on the August 13, 2013 deadline. Earlier this year, CMS announced a special exception that will have limited application to facilities that are in the middle of being physically replaced with totally new structures.
- **DOD** – Brian Prediger. The new edition of UFC 4-5-10-01 (Issued Nov. 1, 2012) now requires compliance with the 2012 edition of NFPA 101. Ongoing budget issues with DOD may cause a delay on certain projects during this fiscal year. Hope to have all projects fully-funded for FY-14.
- **VA** – Dave Klein. Working to coordinate the federal regulations to allow VA to require full compliance with 2012 edition of NFPA 101. VA fire protection staff is looking at fire resistive ratings within interstitial spaces – that is where does the rating start and end?
- **ASHE** – Chad Beebe. Will be celebrating their 50th anniversary this year. Efforts to submit revisions to the ICC in order to coordinate IBC/IFC with NFPA 101 have been quite successful. Final hearing this coming October should result in some additional changes.
- **The Joint Commission** – George Mills. TJC has placed one person in charge to oversee the work of all TJC surveyors. This will result in more consistency and improvements to the survey process.
- **CMS** – Jim Merrill. Reiterated previously discussed information on 2012 code adoption and the sprinkler retrofit rule.

- **NFPA** – Robert Solomon. NFPA released a new product called “Quick Compare: 2000-2012 Life Safety Code”. It will help users determine similarities and differences between the 2000 and 2012 Code for the Health Care and Residential Board and Care chapters.

7. New Business.

- A. **HITF Members.** In the last year, two requests to join the HITF have been received. They include:
- **AOA/HFAP:** Request that Brad Keyes be made the Principal Representative; Joseph Cappiello be made the Alternate Representative.
 - **DNVHC:** Request that Randall Snelling be made the Principal Representative.

Both organizations would fall into the “AHJ” category as they are both concerned with the healthcare environment accreditation process. Both groups have “Deemed Accreditation Organization” status by CMS.

During the discussion of the roster expansion, it was requested that NFPA staff convey to the potential new applicants the importance of the HITF and to make sure they had an understanding of the HITF Charter and Bylaws. It was also important (in the case of the AOA/HFAP applicant) that AOA/HFAP would authorize their consultant to speak on behalf of the organization since he is not an employee.

A motion was made, seconded and passed (8 in favor, 0 opposed, 1 abstention) to expand the roster of the HITF to include AOA/HFAP and DNVHC.

- B. **Bylaws Review/Update.** The bylaws are approximately six months beyond their 3-year review date. As a minimum, the bylaws (and Charter) need to be reviewed and any needed revisions should be recommended. Revisions to recognize the two new member organizations is but one change to be made.

A related change to the bylaws that should be considered is to determine how the procedures of the HITF could be retrenched in order to help CMS more. Some facilities upon seeing the HITF meeting minutes or positions, will implement the content without fully recognizing that CMS (as well as other AHJ’s) may not automatically implement the interpretation. CMS has a clearance process for their interpretive policies; it simply does not just happen until that process is complete.

Several ideas were put forward to deal with this issue including:

-Develop a recommended action or position on an issue – then develop a protocol or process that would facilitate a review by CMS legal counsel.

-Provide special disclaimers on interpretations for CMS and TJC clients.

-Is there some additional background that could help get broader acceptance of HITF position?

Bottom line, the dynamics within each HITF organization are different. While all HITF member groups strive to implement the collective information put forth by HITF, HITF has no regulatory authority or preemptive power to force the issue.

Following the discussion, a motion was made, seconded and passed to refer the bylaw review issues, including the discussions above to a task group. Task group members are:

Robert Solomon – Chair
Chad Beebe – ASHE
Jim Merrill – CMS
George Mills – TJC

The group will meet via telephone and report back at a future HITF meeting.

C. Change. Eric Rosenbaum was introduced and welcomed as the new representative for AHCA. Those present took a moment to thank and recognize Tom Jaeger, a Charter Member of the HITF (even before it was the HITF) and AHCA's representative for many years. Tom is slowly stepping away from his long term consulting practice and the members wish him well.

8. Date/Location for Next Meeting. The group is asked to provide any additional items to NFPA by October 21, 2013. Depending on what is received, an in person or conference call meeting will be scheduled for the end of the year. Preliminary plans call for the next in person meeting of the HITF to be scheduled for Tuesday, June 10, 2014 in Las Vegas. If federal employee travel to Las Vegas is deemed to be problematic next year, Chad Beebe offered to host the HITF meeting in Chicago during the 2014 ASHE Annual Conference (August 3-6, 2014).

9. Adjournment. Having no other business, the meeting adjourned at 4:50 PM.

Minutes Prepared by Robert Solomon.

ATTACHMENT 1
HITF Meeting Agenda



Healthcare Interpretations Task Force
AGENDA

McCormick Place Convention Center – North Building
Level 2, Room – N229
Chicago, IL

June 11, 2013
1:00 P.M. to 6:00 P.M.

1. Call to Order 1:00 P.M.
2. Introduction of Members and Guests.
3. Review of Questions.
 - A. Revisit recent letter ballot on large screen monitors.
 - B. TBD
4. Old Business.
5. Update – CMS Rulemaking for 2012 Life Safety Code
6. Organizational Updates.
7. New Business.
 - Expanding HITF Roster.
 - American Osteopathic Association
 - Det Norske Veritas Healthcare
 - Bylaws Review / Update.
8. Date / Location for Next Meeting.
9. Adjournment by 6:00 PM.