Behavioral Healthcare...
Constantly Changing Standards

Risk Mitigation

Implementation of Design Elements During Construction

VSHE
Constantly Changing Standards
How do Standards Drive Design for Behavioral Health?

The Joint Commission is the primary source for hospital accreditation and validation of compliance for CMS

AIA Facilities Guideline Institute
https://www.fgiguidelines.org/guidelines/2018-fgi-guidelines/

Behavioral Health Facility Consulting guidelines:
http://www.bhfcllc.com/design-guide/

NY Office of Mental Health Standards:
How do Standards Drive Design for Behavioral Health?

1. CMS regulation 482.41 requires hospitals to “be constructed, arranged, and maintained to ensure the safety of the patient, and to provide facilities for diagnosis and treatment and for special hospital services appropriate to the needs of the community.” To accomplish this, facilities must be in accordance with acceptable standards of practice, but organizations can decide which design standards are applied.

2. The Joint Commission EC.02.06.05 states for behavioral health centers (BHC): “The organization uses design criteria when planning for new, altered, or renovated space that are consistent with applicable local, state, and federal law and regulation”
How do Standards Drive Design for Behavioral Health?

1. Behavioral Health Design Guide (Behavioral Health Facility Consulting) and Patient Safety Standards, Materials and Systems Guidelines (NY Office of Mental Health) are not adopted codes, however they are/have been referenced by the Joint Commission.

2. The result has led to a Sea of Uncertainty for the design community
Example 1:  
**Ceilings in Level 3 Areas**

1. Historically acceptable as soft ceilings (corridors, activity rooms, etc.)

2. TJC issued a memo with clarification on this requirement indicating some Level III areas were to have hard ceilings while others could still be designed with soft ceilings. Led our team to divide the classification into 3A & 3B.

3. FGI currently has no specific direction on this issue.
After
1. Requirements for Nurse Call have been everchanging in the FGI

2. The last 3 editions of the FGI have included changes to Nurse Call requirements
   - 2010 – Optional Patient Station
   - 2014 – Optional Patient Station & Staff Assistance Station
   - 2018 – Required Patient Station & Staff Assistance Station

3. The issue has become clearer in 2018, but no clarification is planned from TJC for states who have yet to adopt the 2018 FGI Standard.
Example 3: Tamper-Resistant Receptacles

1. NYOMH Requirement for AFCI and GFCI on all patient-accessible areas

2. Owners are spending lots of money to meet this requirement
Risk Mitigation
Medicine Rooms

1. Cameras for staff supervision over medication stations and entryways

2. Access control card readers vs keys to allow access to certain staff members; electric strike for free egress

3. Dutch or roll-up doors for administering medications to patients

4. Automated medication management systems; separate systems for different populations

5. Sight line restrictions; adolescents can't have a line of sight

6. Wall mounted sink/water dispenser to provide water with medication

7. Emergency power for refrigerator with temperature alarm
Corridor and Activity Rooms

1. Corridor egress doors can remain locked during a fire given that staff is trained how to react and manage patients by moving them between smoke compartments, unlocking selective doors, and communicating types & locations of alarms.

2. Activity rooms can be designed with some ligature risks if there will be patient supervision 100% of the time, however with increasing pressure on the tasks given to staff members as well as general issues with finding adequate staffing, it is becoming less common to design with ligature points or other patient risks.
Patient Rooms

1. Laser curtain – patient motion detection

2. Need for patient room receptacles; FGI 2.5-8.3.6.1 requires switch control

3. Top of door alarm(s); entry only or entry and bathroom; sloped or “break-away” door design

4. Solenoid valve control for shower controls

5. Anti-barricade door design; dual hinge vs door-in-door
Implementation of Design Elements During Construction
Senior Unit
Age 55+
Beds: 20
Quiet Activity Room
Noisy Activity Room
Comfort Room
Group Room
Shower Assist Room
Nurse Call System

Adolescent Unit
Age 13-17
Beds: 20
Quiet Activity Room
Noisy Activity Room
Comfort Room
Group Room
Laser curtains in-between patient beds

CMTA
Plumbing

YES

NO ✔

MAYBE
Plumbing

YES ✔️

NO ☐

MAYBE ☐

VSHE
Plumbing

YES

NO

MAYBE

VSHE
Plumbing

YES [ ]

NO [ ]

MAYBE [ ]

VSHE
Lighting

YES

NO ✔

MAYBE

VSHE
Lighting

YES

NO

MAYBE

VSHE
Lighting

YES

NO

MAYBE

VSHE
Lighting

YES

NO

MAYBE

VSHE
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Lighting

YES

NO

MAYBE

VSHE
Electrical Fixtures

YES

NO

MAYBE

VSHE
Electrical Fixtures

YES

NO

MAYBE
Electrical Fixtures

VSHE

MAYBE  NO  YES

☑
Electrical Fixtures

YES ✔
NO
MAYBE

VSHE
Electrical Fixtures

YES

NO

MAYBE

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HVAC

YES

NO ✔

MAYBE
HVAC

YES ✔

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YES

NO

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HVAC

YES [CHECKED]

NO [UNCHECKED]

MAYBE [UNCHECKED]

VSHE
HVAC

YES [✓]

NO [ ]

MAYBE [ ]

VSHE
Nurse Call

YES

NO

MAYBE

VSHE
Nurse Call

YES ✔️

NO

MAYBE

VSHE
Nurse Call

YES ✔

NO ❌

MAYBE ❌

VSHE
Security Systems

YES

NO

MAYBE

VSHE
Security Systems

YES

NO

MAYBE

VSHE
THANK YOU!

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