

AIA - Houston  
Committee on Architecture for Health  
(CAH)

**Texas Department of State Health  
Services (TDSHS) update on  
Regulations and Healthcare in the  
State of Texas**

# The Puzzle of the Healthcare Environment

**Architectural Review Group  
(ARG)**

**Gerard Van de Werken  
Chief Architect  
Houston – September 17, 2014**

# The puzzling stares ???

Oh Boy here  
we go again!

I hope he's better  
than last year!  
Don't want to be  
bored.

Is he done  
yet!!! I just  
want my CEU  
credits.

Looks like he's got way  
too much to say. Yawn ...

[www.dshs.state.tx.us/facilities/](http://www.dshs.state.tx.us/facilities/)

# ARG – 2014 Staff

- **Total FTE's** **Currently**
- **8 - Architects** **8 - Architects**
- **4 - Engineers** **3 - Engineers**
- **4 - Admin Support** **3 - Admin Support**
- **16 - Total FTE's** **14 - Total FTE's**
  
- **2 Vacant positions**

# Texas Administrative Code - Title 25

- **Chapters**

- Chapter **133** - Hospital Licensing State Regulations
- Chapter **117** – End Stage Renal Disease Facilities
- Chapter **135** – Ambulatory Surgical Centers
- Chapter **134** – Private Psychiatric Hospitals and Crisis Stabilization Units
- Chapter **131** – Freestanding Emergency Medical Care Facilities \*\*
- Chapter **125** – Special Care Facilities \*

# ARG Jurisdiction

- Review and approve 6 types of Healthcare Facilities
    - Hospitals – General/Special - 660
    - End-Stage Renal Dialysis Centers 587
    - Ambulatory Surgical Centers 440
    - Freestanding Emergency Medical Care Facilities (FEC) \*\* 116
    - Private Psychiatric Hospitals & Crisis Stabilization Units 46
    - Special Care Facilities \*\* 15
- Total Healthcare Facilities 1864**

# Plan Submittal

- **ALTERNATIVE SUBMITTAL**

- **In-lieu-of submitting one complete set of construction documents/final plans and specifications** for review and approval, the DSHS Architectural Review Group **will accept one complete set of CD's/DVD's** for these type of facilities:

- End Stage Renal Disease Facilities
    - Special Care Facilities
    - Freestanding Emergency Medical Care Facilities
    - Psychiatric Hospitals and Crisis Stabilization Units
    - Ambulatory Surgical Centers

- **Submittals for Hospitals**

- **May be provided on CD's/DVD's if the project is 15,000 square feet or less**

# Plan Submittal

- **Format requirements on CD's/DVD's**
  - **The CD's/DVD's requires:**
    - **To be in PDF format**
    - **Have a complete index page which includes page numbers as the first image.**
    - **The CD's/DVD's shall be submitted in a hard case cover(s) with a label indicating the name of the facility and name of the project.**
  - **May request additional documents:**
    - **The department may request hard copy documents for Life Safety Code plans or any other documents that are necessary for a complete review**





# Texas in the Future

- **Population - Census Bureau -2014**
  - State of Texas has the second largest population in US
  - Texas population growth rate - **1.8%**
  - 3 cities with 1 million or more – rank in the top 10
  - 6 cities with ½ million or more – rank in the top 25
- **Projection of population growth**
  - Current 2013 – 26.5 million
  - Projection by 2030 – 33.3 million
  - From 1980 to present - 150% increase

# TX Licensing Req versus CMS – Medicare

- **Health and Safety Code – State Law**
  - **Licensed Healthcare Facilities**
  - **Patient rights and quality of care.**
  - **Basic requirements to operate a healthcare facility**
  - **NPFA 101 - 2003**
- **CMS – Federal Law**
  - **Volunteer program**
  - **Patient rights and quality of care.**
  - **Reimbursement**
  - **NPFA 101 - 2000**

# CMS

- **What are CMS - S & C Memorandums**
  - Instruments that provide guidance, clarification and instruction to state survey agencies
  - CMS interpretation and adoption of specific events, codes, rules ,etc.
  - Informational instruction to State surveyors on how to look at a specific item(s) .. codes, rules, regulations, etc.
- **Where to find these CMS - S & C Memos**
  - Google – CMS - S & C Memo
  - Click on - Policy & Memos to States and Regions

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard, Mail Stop S2-12-25  
Baltimore, Maryland 21244-1850



Center for Medicaid and State Operations/Survey and Certification Group

Ref: S&C-10-04-LSC

**DATE:** October 30, 2009

**TO:** State Survey Agency Directors  
State Fire Authorities

**FROM:** Director  
Survey and Certification Group

**SUBJECT:** Waiver to Allow Hospitals to Use the NFPA 6-Year Damper Testing Interval

### Memorandum Summary

- **Option for Damper Testing Interval:** This memorandum permits hospitals to apply the NFPA 6-year testing interval for fire and smoke dampers in hospital heating and ventilating systems, so long as the hospital's testing system conforms to the testing requirements under the *2007 edition of NFPA 80 and NFPA 105*.
- **Categorical Waiver:** Hospitals may operate under the damper testing cycle of the NFPA 2007 edition without special application to CMS.

After due consideration of State survey agency findings and conclusions of the National Fire Protection Association (NFPA), we are issuing a categorical waiver pursuant to 42 CFR 482.41(b)(2) to permit a testing interval of 6 years rather than 4 years for the maintenance testing of fire and smoke dampers in hospital heating and ventilating systems, so long as the hospital's testing system conforms to the requirements under *2007 edition of NFPA 80: Standard for Fire Doors and Other Opening Protectives and the 2007 edition of NFPA 105: Standard for the Installation of Smoke Door Assemblies*. The 6-year testing interval shall commence on the date of the last documented damper test.

# CMS – S & C Memo's

## S & C: 13-58-LSC

- **Current - 2000 Edition NFPA 101 - Life Safety Code Waivers**
- **Several Categorical LSC Waivers Permitted**
  - **CMS has identified several areas of the 2000 edition of the LSC and 1999 NFPA 99 that may result in unreasonable hardship on a large number of healthcare facilities and for which there are alternative approaches that provide equal level of protection (NFPA 101, 2012 edition - when ??? - 2015)**

# CMS – S & C Memo's

**S & C: 13-58-LSC – cont.**

- **Healthcare facilities must elect to use the categorical waivers**
  - **Individual waiver applications are not required, but health facilities are expected to have written documentation that they have elected to use a waiver and must notify the survey team at the entrance conference for any survey assessing LSC compliance**

# CMS – S & C Memo's

**S & C: 13-58-LSC – cont.**

- **Categorical Waivers Available:**
  - Medical Gas Master Alarm
  - Openings in Exit Enclosures
  - Emergency Generators and Standby Power System
  - Doors
  - Suites
  - Extinguishing Requirements
  - Clean Waste & patient Record Recycling Containers



# TX Licensing Req. versus CMS – Medicare

- **The Dilemma**
- **CMS - S & C versus State Licensing Regulations**
- **Healthcare Facilities to participate in provider based services, the facility is required to be licensed within that State and the facility shall meet the requirements of that State**
- **How is ARG going to resolve the differences ?**
  - **We are not !!! 😊**

# 10 Most costly items needing correction found after inspection

- 10 **Failing a final inspection.** The cost of delay and time. Don't listen to the contractor, verify for yourself if the project is ready.
- 9 **Value engineering.** Verify when owner and contractor VE the project that it will meet rules and regulations.
- 8 **Windows.** Patient room window in hospitals opening directly to a graveyard. Architect not vetting out the regulations.

# 10 Most costly items needing correction found after inspection

- 7 Minor Project.** Not verifying requirements. ARG approves on limited information but Architect or Engineer has not verified all the rules and regulations. Example: Hazard area at inspection, all partitions not fire rated.
- 6 Not checking the Construction Type Limitations.** At inspection the fire rating on floor slabs or columns in renovated areas does not meet NFPA 101 construction type.

# 10 Most costly items needing correction found after inspection

- 5 **Constructing a new hospital in a existing MOB.** Window heights greater than 3 feet above finish floor. A big problem when it is tilt up wall construction.
- 4 **ICU sliding doors.** Finally permissible in NFPA 101, 2006, only for institutional occupancy. Mistake everyone makes ... the **first slider** is not **41.5 inches** in clear width opening.

# 10 Most costly items needing correction found after inspection

- 3 Doors.** Doors in treatment, diagnostics, and patient sleeping rooms not having **41.5** inch clear width opening in intentional occupancy. How many times do we see 36 inch doors?
- 2 PVC.** Installation of PVC above slab in hospitals. Contractor VE in-lieu-of what was specified
- 1 EEES.** The essential electrical emergency system wiring is not in EMT. Contractor or engineer did not install what was specified and VE the wiring to hospital grade MC cable

# **10 Most repeated infractions at Insp.**

- 10 Nurse call and Medical gas alarms not connected to proper emergency electrical panels for a Type 1 system**
- 9 In-patient care area - the electrical panels not grounded between normal and emergency panels**
- 8 Renovation project - electrical panel and ATS not labeled correctly**
- 7 Critical electrical receptacles not market/labeled**
- 6 Generator Set - no battery powered light or receptacle on life safety panel at generator**

# 10 Most repeated infractions at Insp.

- 5 **Medical Gas Storage room - ☀ switch (5'), proper racking /stored, not a rated door, not ventilated properly**
- 4 **Clean room, equipment room, shell space, etc. in hospitals over 100 sq. ft. is considered storage and hazardous**
- 3 **Supply and return air - every room requires air changes**
- 2 **Air pressure relationships between rooms**
- 1 **Penetrations in Fire rated partitions, Smoke partitions, between Floors not being sealed with fire rated material**