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## Key Takeaways from the New York Hospital, Outpatient Facilities & Medical Office Buildings Summit

Reported by **Dan Emerson**, a freelance writer based in Minneapolis. Emerson also writes for Healthcare Real Estate Insights.

Reported by **Theresa Walsh Giarrusso**, a freelance writer and editor for The McMorrow Reports Facilities Management and Design Insights ([www.mcmorrowreports.com](http://www.mcmorrowreports.com))

### ▶▶▶ Surviving the Next Tsunami of Healthcare Reform



**Aaron Mauck**, Senior Director of Advisory Board, a Washington-based healthcare research think tank.

- **Healthcare is central to the 2020 election.** Mauck notes we've gone from one presidential candidate supporting Medicare For All in 2016 to 12 supporting some version of it in the 2020 race and 22 candidates making healthcare a central issue to their candidacy.
- **Medicare For All puts a dent in the industry's outlook.** Mauck points out that one week after Sen. Bernie Sander's April 2019 Medicare for All Act was introduced, stock prices across the industry took a dive. Anthem Inc. decreased 18%, UnitedHealth Group decreased 12%; HCA Healthcare Inc. decreased 16%, Community Healthy Systems dropped 5%; Pfizer Inc. dropped 7% for a combined loss in market value among hospitals and insurers of \$28 billion.
- **Expect limited federal action until 2020.** However, Mauck reports that some states are independently pursuing a range of cost control measures. For example, Washington's legislature passed a "public option" proposal for the exchanges and capped rates at 160% for Medicare. California has set payments for surprise out-of-network bills at greater than 125% of Medicare's rate or the average in-network rate in the region.
- **Care is shifting:** From inpatient to outpatient, and from Hospital Outpatient Department (HOPD) to Ambulatory Surgery Centers (ASC). Stakeholders are driving procedures outside HOPD because: Some insurers offer patients lower co-pays for services in ASC vs. HOPD. Many patients find ASCs to be more convenient. Physicians find ownership appealing with long-term equity options and higher rates from commercial payers in ASC setting.
- **Other disruptors include the CVS HealthHUB**, which is owned by Aetna. HealthHUB would still utilize CVS's many locations, but also manage chronic diseases and wellness visits such as with a dietician or to help stop smoking. It would give members a lower-cost price alternative to emergency departments. It would connect them to other HealthHUB services such as the pharmacy. It would allow non-Aetna members to use the HealthHUB and be converted to Aetna's MA plan. Humana and OptumCare are offering similar disruptive services.
- Traditional hospital care is not going anywhere as the population ages. In 2021 the first Baby Boomers will turn 75 and as they get older, medical needs increase and become more serious.

### ▶▶▶ 10 Tips to Minimize Costs and Risks from Accessibility Issues in Mergers, Acquisitions and Expansions

(right top) **Jessica Bellman**, Practice Leader, Healthcare, Jensen Hughes

(right bottom) **Richard Kelly**, RA, senior consultant Jensen Hughes

- **To avoid costly snags** healthcare providers, building owners, architects, contractors, attorneys and advisers must evaluate complex accessibility issues when converting existing buildings to medical use, Bellman said.
- **When it comes to safety, aim for prevention** instead of reaction, Bellman advised FMs and RE executives. Patient safety and infrastructure integrity affect a facility's reputation, plus Medicare/Medicaid can be terminated for reimbursables due to code violations. 2018 set a record high for Title III lawsuits in federal court, and New York tends to be within the top three states for number of Title III lawsuits.



#### Attendee Comments

"Professional setup, well organized."

"Speakers, resource people."

"Energy efficiency."

"Advisory Board presentation and the panels were excellent. Provided real information on pulse of industry going forward"

"The moderator made the presentations very lively with all that good questioning."

"As a fire protection engineer, I do not get to see big picture items on how health care in hospitals and clinics works on a big picture level. It was great to learn some of this information to help understand the reason behind construction changes in hospitals and how Health Care is changing today for patients."

"Frankly the 'Next Tsunami' presentation blew me away - extremely forward thinking, perceptive, almost scary if you believe in publicly supported health care, but probably inevitable."

"Convenient location; Local speakers."

"The Summit was excellent, thank you. Please add my email on your contact list and keep me updated on any future events."

"Thanks again for the great presentation."

"It was a great Summit this year and the Speakers provided a lot of valuable insight."

"I very much enjoyed the conference, and I think in general conferences benefit by keeping themes the same, but changing the speakers and specific topics year after year."

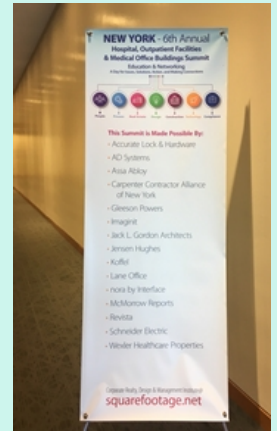
• **On the Top 10 Deficiencies from Property Condition Assessments**, Kelly offered suggestions of areas to watch:

1. **Protruding objects:** ADA Section 307 stipulates the maximum protrusion of objects into the circulation path. This includes Siamese water connections, assistance buttons, water fountains, fire extinguishers, TV, video and computer displays, fire alarm pull stations, including the plastic covers.
2. **Parking Space IDs:** Which logo is correct? Some states say facilities must use the "Accessible Icon," not just the traditional ISA icon. In New York and Connecticut, facilities need both signs in order to comply.
3. **Parking spaces and access aisles:** There is a minimum of 60 inches in width. Length is determined by local zoning code. Facilities cannot have a change in elevation or curb stops. The access aisle requires the entire length.
4. **Toilet fixture clearances:** Watch for required width for clear floor space. Examine location of coat hooks, grab bars, flush valves, height of mirrors and movable obstructions like trash cans.
5. **Grab bars:** Watch out for missing grab bars, obstructed grab bars and the clearance around grab bars.
6. **Pipe protection:** Facilities must protect people from getting burnt by low-lying. If a panel is present, then it must afford knee and toe clearance.
7. **Door maneuvering clearances:** Look for obstructions by partitions, toilets and furniture.
8. **Accessible routes and door hardware:** Clear width for a door open 90 degrees. For pocket doors, the latch must work from both the bottom and top.
9. **Stairs:** No obstructions are allowed here. Watch out for door maneuvering clearances, missing or inadequate handrail extensions, inadequate door hardware, and standpipes creating projections greater than 4 inches.
10. **Operable parts height and clear floor space depth:** Can users reach the toilet covers, toilet paper and fire extinguisher? Can they get to the toilet?



"I thoroughly enjoyed topics that discuss how design can impact the Environment of Care."

### Industry Partners



- Accurate Lock & Hardware
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## ▶▶▶ Life Science + Healthcare + Real Estate = NYC's Next Big Industry



(left to right)

**Derek Brand**, COO, NewYorkBio

**Sue Rosenthal**, Vice President, New York City Economic Development Corporation (NYCEDC)

**Nishtha Rao**, Managing Director, BioLabs @NYULangone

**Scott Metzner**, Founder & Principal, The Janus Property Company

**Jessica Vitali**, RA Associate, Jack L. Gordon Architects

- **New York City has a tremendous pipeline of talent** from the business side to the scientist, said Derek Brand, COO, NewYorkBio. The network of hospitals, lab space and academic institutions make life science a natural fit for the city.
- **The zoning laws were clarified** to define what was allowed in wet lab space and that opened the doors for developers to change more buildings to be wet labs, Rosenthal said. NYCEDC has worked with many developers and RFPs to identify buildings that fit this growing need.
- **Rosenthal predicts:** NYC "will have several mini clusters: Harlem, Soho, East Side with Alexandria Center for Life Science. We will dwarf these other cities because we have so much academia and talent. We have the special sauce of talent and connectivity."
- **Grad students in NYC are excited about BioLabs** at NYU Langone, Rao said. It's now a platform to help them transplant their work into potentially commercially viable products
- **NYU Langone is seeing diversity** in companies. Rao added that the scientists have access to Wall Street money, and Big Pharma is very interested in what's going on.
- **The Janus Property Company is developing over a million square feet by Columbia University**, setting the stage for the industry. Metzner said the problem for start-ups and step-out companies is everything is inverse for providing space to the company. For early start ups, it's very capital intensive, but credit is minimal. They look for lab space the day before they need it. He noted you don't really want to be sitting on inventory, but Janus views "ourselves as nimble enough company to see a spot in the market to take an investment chance that the broader market is nervous about taking."

- **"Nobody wants to be alone,"** Metzner said. "They want to be where can they hang with other companies or academic institutions. We have created spaces with open areas where different companies can sit and chat."
- **There is a lack to space to develop** near academic institutions, so adaptive reuse is big. Vitali said even undesirable spaces are being scooped up. For example, her firm renovated an old brewery into a high-tech lab. She said they are seeing conflicting trends: space must be flexible for growth but also highly specific

### ▶▶▶ Harnessing the Power of Precision, Prefab Manufacturing to Save Time and Money on Medical Interiors Projects



*Chris Burke, DIRT Environmental Solutions*

- **What owners want:** Speed to market. Capital budget flexibility. Sustainability. Acoustic performance. Infection control.
- **Manufactured construction delivers** 20% - 30% faster. Cost certainty. Adaptability. Low cost of change. Behavioral sustainability. FGI-compliant design.
- **Prefab gives you options:** Method 1 – Preassembly; Method 2 – Prefab Pods; Method 3 – Prefab Modules. Same results delivered faster but for a less flexible building.
- **How is multi-trade offsite manufactured construction different?** You can use it for: outpatient facilities, clinics, MOBs, hospital and support areas, urgent care, micro hospitals, and freestanding EDs. You may be able to use it for imaging, depending on shielding requirements; pharmacy, depending on ISO requirements; lab space, depending on biosafety level requirements; and wet areas.

### ▶▶▶ The Pulse of Healthcare Compliance

ImaginIt Technologies conducted an online compliance survey in the Spring of 2019. Facility managers and compliance officers at healthcare systems throughout the U.S. participated. Here are some of the key findings (you can also [Download the Whitepaper](#)), according to **Robert Faure, Healthcare Segment Leader at ImaginIt**:

1. **How do you track compliance?** A mixture of techniques was used, depending on size. FMs reporting using digital/electronic system, binders, Excel spreadsheets and other paper-based systems. The larger the organization, the more sophisticated the tracking system.
2. **How many people are involved in identifying and tracking compliance issues?** It appears just what one would think: the bigger the organization, the more people necessary. However, that didn't hold true at organizations reaching the 500K to 1 million square foot mark.
3. **How do you staff for compliance?** Bigger organizations used vendors. Smaller organizations were hybrids that used more internal staff at a percentage.
4. **Where is your staff located?** Facilities with 0 to 999K square feet were mostly housed in one location. Those at 1 million to 5 million, were housed in multiple locations. The largest organizations had staff in one central location.
5. **What are their biggest challenges?** For smaller organizations: Tactical aspects of compliance such as managing and documenting corrective action (250K square feet and under); knowing location and status of compliance-related items (251 to 500K square feet). For larger organizations: Quantifying financial impact, such as identifying and tracking costs associated with correcting noncompliance issues.
6. **How well does senior management understand?** The smaller companies had more direct contact with upper management and therefore more understanding. Larger companies reported they were less connected and had less understanding.
7. **How compliant are you?** 65 percent reported that they were 75 to 100% compliant.

### ▶▶▶ Roundtable Compliance Discussion



(left to right)

**Robert Faure**, Healthcare Segment Leader, ImaginIt

**Jared Shapiro**, System Senior Director, Environmental Health and Safety, Montefiore Health System

**Sukhjit Tom Singh**, Director, Facilities Environment of Care Compliance, New York-Presbyterian Hospital

- **Compliance includes structural and behavioral issues.** "Top hospitals put in place electronic systems to proactively inspect building conditions. The behavioral side is always a challenge," Singh said. He added, patient care sites always seem to have stuff in the hallway.
- **"We educate,"** Shapiro explained, in convincing clinicians to be conscious of Environment of Care issues. "We try to make the best approach to notify the staff and tell them why... [For example:] 'Do you mind moving this, and the reason is if you had to push this patient out for an emergency, you're really going to have a hard time doing that.' It typically changes their perspective."
- **NY-Presbyterian uses Archibus Web Central** to track life safety issues. Prior to that, Singh said, when they had a fire drill and a door failed, there was no knowing if it was a consistent problem or just a problem that day—or why it happened. An electronic tracking system provides historical data with a graphic interface. As Singh put it, "Over the course of time you can get into root cause analysis. Is it the behavior of staff? Are they propping the door? Are they using a cart of push it?" The data can inform a permanent solution. However, NY-Presbyterian is moving to a new system, and they will be tagging every door and HVAC unit and tracking and trending very specific issues. Singh said this will allow them to do some future forecasting and understand what's happening.
- **Montefiore Health also tracks behavior issues** such as hand hygiene and clutter. Shapiro said they had staff compliance issue with hand hygiene. As he explained management at first didn't believe the reports. Then his department had secret shoppers go out and prove it. This got the attention of the VP and a hand hygiene compliance program was created. Now the system's hand hygiene is very, very high.
- **"You can never go to the C-suite without data,"** Singh said. He said you need to make the business case that we need X amount to correct Y deficiencies.
- **It takes commitment** from the top down, patience and hand-holding initially to train frontline staff, Singh added.

### ►►► Compliance and Ligature Traps to Avoid When Selecting Your Doors and Hardware



(left to right)

**Ruma Som**, Door Opening Consultant, Assa Abloy

**Danielle Doster**, Healthcare Segment Manager, AD Systems

**Rodd Salvatore**, Vice President, Accurate Lock & Hardware

**Ruma Som:**

- Fire doors must be self-closing. There are components now in the door hardware that will notify maintenance when the closures need adjusting. It's timed, and it can tell you if the door is not closing in the right amount time.
- If something is supplied that wasn't specified, and it's not the right product or not installed correctly, then it's violating the code.

#### Danielle Doster:

- Sliding doors are difficult concept for compliance. They originally started as barn doors. AD Systems has had to work to find the proper way to use them in healthcare facilities.
- Sliding doors have a specially designed track, soft closures and a wrap system to dampen the sound. The hardware itself must be locking and latching.
- Hardware options for sliding doors are growing due to recent demand.

#### Rodd Salvatore:

- It is important to understand the application of the doors and hardware and the codes to which they will be subject, such as ADA and ligature risk.
- The installer needs to be dialed into the protocols they are supposed to use. The maintenance staff also needs to be educated about how to use the product.
- If half the staff is yanking on the door handle, then it's probably going to fail more quickly. The staff needs to know how to operate the doors correctly.

### ▶▶▶ Understanding the Fine Points of Putting Ligature-Resistant Design into Practice



**Kimberly McMurray, AIA., NCARB, EDAC, MBA Principal & Architect,**  
*Behavioral Health Facility Consulting, LLC.*

- **Suicide is still a problem in hospitals.** It's the 10th leading cause of death in U.S. according to The Joint Commission. More than 50% of inpatient suicides are in psych units (TJC). Ninety percent of these occur in patient rooms and bathrooms (S. Bayramzadeh)
- **Be careful converting** medical/surgical rooms to behavioral health rooms. You don't want hidden corners or blind spots. The beds and headwalls are very different. And medical/surgical bathrooms have many ways for a patient to hurt oneself: pipes, handles, faucets, and toilet pulls, among others.
- **Best resources** to translate ligature-resistant environment into design: The Behavioral Health Design Guide June 8, 2019 Edition 8.1; FGI – Guidelines for the Design and Construction of Hospitals, Outpatient and Residential Facilities – 2018.
- **There are four levels of hardening within the facility.**
  - Level 1 – These are staff areas. No patients are allowed. Don't spend money hardening those spaces.
  - Level 2- These are areas behind self-closing and self-locking doors. The staff must always be with the patient.
  - Level 3 – These areas are not behind self-closing or self-locking doors. Patients may spend time here with minimal supervision. Be careful with ceilings. McMurray recommends a hardened ceiling.
  - Level 4 – Patients spend a great deal of time in these spaces alone. Patient bedrooms need the most hardening. Features should include:
    - Ceilings – Monolithic, vandal-resistant lights, air grilles, fire sprinklers, secure access panels, tamper-resistant fasteners.
    - Glazing – Shatter- and mar-resistant, no curtains. Integral blinds or window film.
    - Door – Barricade-resistant and ligature resistant hardware, over door alarm.
    - Furniture – Durable, secured in place, no doors or drawers, BH mattress.
- **For mirrors,** don't select polished steel. It's awful for the patient. They need therapeutic and restorative. Use security film for mirrors as well as windows.
- **If you can see daylight through a hinge,** be careful. Patients can thread something through it.

### ▶▶▶ Keeping Costs Down, Systems Up and Lights On, While Reducing Healthcare's Carbon Footprint

*Andy Haun, Microgrids Chief Technology Officer, Schneider Electric*

- **Macrogrids** are large, interconnected regional energy systems supporting the modern energy economy. Microgrids interact with the macrogrid, but are localized energy systems that support buildings, campuses or subdivisions. Minigrids are small systems usually found on islands or remote locations without macrogrid connection.
- **Macrogrids and microgrids** can interact to benefit both the end user and the grid operator. Energy consumers can become prosumers—consuming some energy but also producing some of their own.
- **Reasons healthcare facilities might use microgrids** include:
  1. Volumetric energy cost is reduced by using less expensive generation.
  2. Peak demand charge shaving and demand response for cost savings.
  3. Increased reliability and energy security improves patient experience.
  4. Social responsibility, as sustainable energy is healthier for society.
- **Healthcare facilities can decide when to use power** from the main grid, when to produce power and use their own energy to avoid peak demand and peak pricing. They can also choose to produce and store energy for later use.
- **Microgrids also provide resiliency** against threatening weather. Weather prediction and power quality monitoring can proactively trigger resiliency optimization measures including:
  1. Charge the battery to full capacity.
  2. Warm and pre-lube emergency generation.
  3. Adjust protective relay settings.
  4. Proactively island the site.
  5. Shed non-essential load.
  6. Electrically isolate sensitive equipment.



## ▶▶▶ The Rise of Convenience Care: A Look at NYC Health+Hospitals Express Care



**Molly Chidester**, Chief Strategy Officer and Assistant Vice President, OneCity Health, a subsidiary of NYC Health + Hospitals

- **When patients need to see a doctor after primary care hours**, many head to the ER. This is generally more expensive, less efficient and often not the appropriate place to treat common infections and illness. Now NYC Health+Hospitals is offering New York City a different option: Express Care.
- Express Care is an urgent-care model that is located on the hospital campus, not the ER. It's typically open from 3 p.m. to midnight, and no appointment is needed. Patients can just walk in.
- It's linked to a suite of services across the continuum so if the patient does need imaging or lab work, they can be sent right down the hall within the hospital. Health information is shared through an EMR, and Express Care is connected to the patient's primary care and insurance.
- Express Care is meant to reduce unnecessary trips to the ER, increase low-cost access points engages patients in care by linking them to a PCP and insurance, and open new markets for the provider.