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# Bonus episode! Between the Lines with ASHE (Recorded at the Health Care Facilities Innovation Conference on July 21, 2024) —Transcript—

[Intro music: “Skip to My Lou” by Neal Caine Trio]

# Sponsorship

**Bridget McDougall:** This episode of *Between the Lines with FGI* is brought to you by the American Society for Health Care Engineering: Optimizing health care facilities.

[Music fades out.]

# Intro

**Bridget:** Welcome to *Between the Lines with FGI*, the podcast brought to you by the Facility Guidelines Institute. In this podcast series, we invite you to listen in on casual conversations related to health and residential care design and construction. Coming to you, not from Washington state, but from Anaheim, California is John Williams, FGI’s VP of content and outreach and chair of the 2026 Health Guidelines Revision Committee.

**John Williams:** And joining me from across the table here in Anaheim, California, in real life, is Bridget McDougall, associate editor with FGI.

**Bridget:** Hi!

**John:** And we are here because we are attending the Health Care Facilities Innovation Conference hosted by the American Society of Health Care Engineering, or...

**Bridget:** ASHE.

**John:** Thank you very much.

**Bridget:** Thank you, ASHE.

**John:** Bridget, do you have any interesting facts about Anaheim?

**Bridget:** One interesting fact is you are sitting directly across from me in a chair. And that is unusual for our podcast recording, John.

**John:** It is. And quite a joy.

**Bridget:** As it turns out, you do have, like, legs and feet.

[sound of “Fred Flinstone feet”]

**John:** Go figure. I have one about Anaheim itself.

**Bridget:** Let me hear it.

**John:** Anaheim, of course, is home to Disneyland, as we all know. But did you know that Disneyland was built in 365 days?

**Bridget:** No, I did not.

**John:** That’s impressive on a construction kind of schedule. I guess they didn’t deal with, uh, supply chain issues or anything like that.

[“ba dum tss” rimshot sound]

**John:** I am looking forward to an exciting week, hearing from some of the best and the brightest in the health care design, construction, and planning world. Not only are we going to hear from some interesting folks, I get to present twice with a lovely human being, Leah Hummel, senior associate director of advocacy with ASHE, and we’re going to be talking about FGI-related matters. We’re going to talk about barriers to adoption and what people will see in the 2026 version of the *Guidelines*.

[Jazzy music interlude.]

**Bridget:** Before a second podcast season kicks off, we’re including as a bonus episode; today’s conversation with Leah Hummel recorded at the Health Care Facilities Innovation Conference on July 21. Leah shares the career journey that led her to her current role with ASHE and speaks to the importance of ASHE members’ involvement in FGI’s revision cycle.

Be sure to check back in a few weeks when season 2 officially kicks off with an inaugural episode that goes over the major changes in the 2026 draft documents. Those draft documents, by the way, can be found in their entirety by visiting fgiguidelines.net. The comment period is currently open and remains so until September 30, but for now, enjoy our conversation with Leah Hummel.

[Jazzy music interlude.]

# Intro

**Bridget:** So, it’s pretty exciting that we’re all sitting in the same room. This is rare just even in our working worlds to be in the same space at the same time, right? But that we’re getting to sit down and talk with you; it’s really great. Thank you so much.

**Leah:** Well, thank you. Happy to be here.

**Bridget:** For people that don’t know how excited we are to have Leah Hummel grace us with your presence, tell people a little bit about who you are, what you do.

**Leah:** OK, well, I am from Bismarck, North Dakota; I’m North Dakota born and raised, and I started out my career thinking I was going to be a design architect. So, I went to school for architecture and got licensed, and once I had some personal experiences with the health care system, I decided that I just wanted to work on health care projects.

**Bridget:** I always find that a curious thing and interesting when somebody comes through into this work having started off as a patient and having the patient experience.

**Leah:** So, in 2005, I became pregnant with twins—my first pregnancy, totally unexpected. And shortly after I found out I was having twins, I started having a bunch of complications. I was put on total bed rest, I had surgery, pumped up with a lot of steroids, and my two little boys were born three months early at 28 weeks. We went through the whole NICU experience with them, and prior to that, you know, I had been doing some health care projects from a design standpoint, but I had never really experienced the whole health care thing for myself. And so, I didn’t feel a big connection to the health care work until that experience happened. And after that, I was just like, these people are amazing, you know, they’re all in it for the right reasons, they’re here to help people, and I want to be a part of that. So, that just really inspired me to go into health care after that.

So, I went to work for a hospital system working on planning, design, and construction, and in that role, I really learned all about all of the regulatory issues that affect health care,CMS, and Joint Commission. I’ve always been kind of a building code junkie. Even when I worked as a design architect, I always wanted to be the one that did the code studies for projects that we worked on. I really kind of embraced that regulatory piece of working in health care.

After working for about seven years for a hospital system, I went to work for the state health department in North Dakota, and I did what John does: plan review of construction projects for both hospitals and nursing homes.

**Bridget:** How did I not know that about you?

**Leah:** Yeah, and I did that just as a part-time job, loved it, [and] was looking for something else that I could do part-time to kind of supplement that, and I couldn’t design health care facilities and then turn around the next day and review them. So, I kind of did some soul-searching and tried to figure out what I was going to do in addition to that. And it just kind of occurred to me one day, why don’t I apply to work for The Joint Commission? You know? I could survey hospitals. It would be the same codes and standards that I would be enforcing with my plan review job. And so, I applied, and I worked as a Life Safety Code surveyor part-time in addition to the plan review job part-time for about five years.

And then [I] went to work full time for The Joint Commission working in their Standards Interpretation Group. And in that role, I had to answer a lot of code questions. So, having done that plan review work and having gone line by line through the code, it really helped me in that role to be able to answer those questions. So, I had the opportunity to move to ASHE a couple years ago and saw that they were hiring for their advocacy group, and it was just [the] logical next step in my career. So, I’ve been really enjoying it.

**Bridget:** What do you do with the advocacy group?

**Leah:** I work on codes and standards that apply to health care facilities. So, I represent our membership, which is primarily facility managers, but also architects, contractors, vendors, and we represent them on different technical committees for different codes. So, I serve on a number of NFPA committees, ASHRAE committees, and of course, FGI.

**John:** You landed in a great spot. ASHE, of course, is one of the premier advocacy groups in all of these health care, code-writing organizations. We’re actually this week at the ASHE Health Care Facilities Innovation Conference, and this used to be called the “ASHE Annual” or something?

**Leah:** Yeah.

**John:** Why the name change, and what’s the difference between the two?

**Leah:** So, ASHE Annual Conference has been around for a long time. It’s a big tradition in our industry, but there was a recognition that we needed to move forward into the future. ASHE for a long time has represented hospital facility management, and we’re seeing more and more people become members that have a different background, but they’re still involved in health care facilities. And so, to embrace that and really move us forward into the future, they did this whole rebranding with the Health Care Facilities Innovation Conference. This is the inaugural event, and we’re here in Anaheim, and it’s very exciting.

**John:** And you and I both get to talk about codes and standards twice this conference. We do one [presentation] looking at the FGI *Guidelines* and barriers to adoption, and we do another one which is kind of a sneak peek looking at what’s coming up for the 2026 version of the *Guidelines*.

**Leah:** Yeah, it’s very exciting. You know, we talk all the time about wanting to get more of our ASHE members involved in the FGI process, and this is a really great opportunity for us to get in front of that audience and talk more about FGI.

**John:** I’ve noticed that this seems to be a trend at the PDC, the Planning, Design & Construction conference, and previous ASHE events that I’ve been to, where there always seems to be a track related to codes and standards, and why do you think that is? I mean, what about codes and standards really excites this community?

**Leah:** It’s all part of making an environment safe for our patients, but there’s lots of checks and balances that we have in our industry to make sure that we’re providing that safe environment. So, we have codes and standards for everything, whether it’s the building footprint, or the ventilation system, or the medical gas system, the fire safety of a facility. it’s all very heavily regulated.

**John:** Right, right. And all of it is around this conversation of what’s safe, and what does safe mean today, what does safe mean here, and those kinds of topics.

**Bridget:** So, right now we have the draft 2026 documents available for public comment, and we’re really asking for folks who are familiar with the document and folks that use the document to go online and look at the draft and make comments for it. And folks have until September 30th, 2024, and then the HGRC, the revision committee group responsible for bringing something along in the four-year cycle, will take a look at those comments and finalize the draft and we will have that new document, the 2026 *[FGI] Facility Code* documents ready to go.

**John:** Yeah, and like most code-writing organizations, we kind of do this call and response approach to getting information and ideas from the broader community. So, we open the floodgates and say, “Here’s basically the old version of the code,” and ask folks, “All right, well, what would you change about it and why?” And what’s your substantiation for that? And then our committee looks at that, votes on that, and whatever is successful out of that first round, becomes what we call, is it the second draft?

**Bridget:** That is thedraft document. Yeah.

**John:** *The* draft document.

**Bridget:** Mm-hmm.

**John:** And that’s what’s open right now. So, if you go into our website, you will be able to see what has made it through the first round and is slated to become part of the code, and this is your opportunity to make comments. And ASHE members, I think, are uniquely positioned to be able to comment on this because members know what it means in real time from sort of an implementation and operationalization of those codes. What does it look like for a facility?

**Leah:** Yeah, you know, yesterday we had our ASHE advisory board meeting, and somebody coined a term there that I think is just an awesome term. They said “PDCMO.” You know, we’re all familiar with planning, design, and construction, but they added the maintenance and operations to that. You know, when we talk about FGI, what I’m always trying to get our ASHE members to understand is that designing and constructing a facility is one thing, but maintaining and operating that facility for the entire life cycle of the building is a whole other animal. And so, what we do up front in that PDC process really is going to affect us for the rest of the life cycle of that building. So, we really need to get our members involved in that earlier process because they’re directly affected by it for a long, long time.

**John:** And they have to live with it for a long time. The lifespan on a hospital can be 40, 50, 60, 80 years. So yeah, that’s a long time to live with a planning and design decision.

One of the things that I think we purposefully try to approach is what is the impact on ongoing maintenance and operations as part of the benefit-cost analysis. So, during the FGI development process, we do a benefit-cost analysis of every proposal that comes in where we look at that and we have a group of constructors, estimators, facility folks look at those changes and say, all right, not only what does it mean from a first cost kind of perspective, but that ongoing maintenance cost and operational savings. It’s something that I don’t think many codes and standards consider when they look at overall burden on facilities.

**Leah:** You’re right about that.

**Bridget:** And we make that available when we put out the document then, the benefit-cost report goes out along with it. So, folks can read that and see, you know what the changes are.

**Leah:** Yeah, and one thing that we’re really experiencing in health care facilities management is just all of these workforce issues. You know, we’re constantly being asked to do, you know, more with less, both in terms of budget and in terms of workforce. And so, that’s another thing that we have to consider when we look at these proposals is, what is the impact going to be long-term for facilities maintenance?

**John:** You know, honestly, that was something that I was really curious about. Would we see substantiation in proposals to the 2026 that identified that burden on staff and really identify or acknowledge that staffing shortage and say, hey, we need a facility to design this way because we just don’t have that many nurses anymore, or how a particular layout would affect the impact on a resource that’s really kind of scarce right now.

**Bridget:** And because we are here at the ASHE conference, what would you like to say specifically to ASHE members?

**Leah:** Well, for those that have the opportunity to hear John and I speak, we’re going to be highlighting some specific proposals that we think the ASHE members need to be paying attention to. And I’ll also add that we’re going to be putting out a—when I say we, I mean ASHE—is going to be putting out an advocacy alert where we’re going to be pointing out some of these proposals to our members and asking them to log into FGI [at] fgiguidelines.net and provide their comments and look at it from the health care facility operations and maintenance perspective, you know, what is the long-term impact that this proposal might have? It’s really important that we get our members to weigh in on this opportunity.

**Bridget:** I want to jump in with some revision cycle clarity just in just in case we have anybody listening that this might throw them off. You’ve both mentioned proposals and keeping your eye on proposals, and I want to make sure that folks are clear that those proposals have already had their due diligence, they’ve been looked at, they’ve been voted on, and now they have transformed into the draft, right? So, they no longer live in the terminology of proposals, and why that’s important is because everything that we see in the draft, it’s good to keep in mind that the committee has voted on these and had discussions about them and brought in experts when there’s been questions and so, it’s made it through that first wave and now we just want to make sure before publication, did we get it right? Did we miss anything? This is a perfect opportunity to go in and make a comment and post that and have the committee reconsider or look at stuff.

I hate to be the word nerd about but *proposals* and *comments*, but I just know on behalf of my editorial team, whom I love, at FGI, I can hear them saying, proposals are done!

**[3 bass note musical interlude.]**

**Bridget:** Thank you so much for being with us today. It’s so humbling to me to be part of this process and to be kind of on the sidelines assisting people like you make codes that make patient spaces safer. It’s great.

**Leah:** I think it’s so interesting that we’ve had, what is it, 16 states already adopt the 2022 edition. So, it just shows that FGI Is still very popular as a design standard. You know, there’ll probably be a lot of interest when 2026 comes out, so it’s really imperative that we get it right.

You know, there’s a presentation that I’m going to be doing on Wednesday here at the HFIC talking about CMS adoption of the Life Safety Code and the Health Care Facilit[ies] Code throughout the years, beginning back in 1947, when they first had standards for health care facilities, and looking at how health care has changed over the years. And you think about it, back when we started having requirements in 1947, there was no such thing as the ventilation systems that we have today, and, you know, all of the things that we’ve learned about providing sterile environments and that sort of thing. So, as we know more, as we learn more, as we develop new technology, which is constantly changing the way we provide health care services to our patients, it’s really important that our codes and standards that we reference are keeping up with all of those innovations.

**John:** Yes, and going back and looking at the ‘47 version of what became the FGI *Guidelines*, that sounds like another great podcast. Maybe we can have you back.

**Leah:** Oh, I would love it.

**Bridget:** Great idea. Something tells me you probably have a copy of that somewhere.

**[Music fades in: “Skip to My Lou” by Neal Caine Trio]**

**John:** I do. It’s so fun.

**Bridget:** He’s got a museum of codes! With your interest in codes and his interest in collecting them, you guys could really go somewhere. You know what I mean?

**Leah:** And I’m a big history nerd too, so, checks all the boxes.

**Bridget:** Thank you so much. Good luck to both of you.

**Leah:** Thank you. This has been a lot of fun.

**Bridget:** You guys are smart! There’s so much, you know, so much! Isn’t it amazing! What your brains have taken in?

# Outro

**Bridget:** Hey, thanks for joining us for another episode of *Between the Lines with FGI*. Do you have an idea for an episode or a question you’d like us to answer? Please get in touch by writing to us at podcast@fgiguidelines.org.

**John:** Also, if you’re interested in becoming a sponsor for one or more episodes, you can reach out to us at the same address. It is podcast@guidelines.org.

**Bridget:** Many thanks to Neal Caine and the Neal Caine Trio for the use of his song “Skip to My Lou.” It’s from the album of the same name.

**John:** Join us next time as we go between the lines with FGI. Bye, everybody.

**Bridget:** Bye John.

**John:** Bye, Bridget.

**Bridget:** I’ll see you back in the computer screen!

**[Music fades out.]**