

Cause #: 98-57

Name: Whitely Memorial Hospital

Administrative Law Judge: William K. Teegarden

Date: April 13, 1999

Commission Action: Affirmed

FINDINGS OF FACT

1. The FPBSC is an agency within the meaning of IC 4-21.5.
2. IC 4-21.5, IC 27-13, and 675 IAC 12 apply to this proceeding.
3. The FPBSC is the state agency with the authority to grant variances from the IBC.
4. The FPBSC is also the ultimate authority within the meaning of IC 4-21.5 over the grant or denial of variances.
5. At all times relevant to this proceeding, the Hospital provided hospital services in Columbia City, Indiana.
6. During the late 1990's, the Hospital was engaged in a building expansion program.
7. The older portion of the building was not sprinklered (except for certain storage areas) and the new construction has been separated from the old construction by a 4 hour separation.
8. The new construction is sprinklered.
9. The relevant portion of the new construction area consists of two floors.
10. The first floor is an outpatient treatment area in which patients arrive in the morning, undress, and are prepped, placed on a cart, and then taken to surgery.
11. As soon as the patient is lucid after the surgery, the patient is returned to his first floor room where he can dress and leave.
12. In case of emergency, any patient in the relevant area would be capable of exiting with little or no assistance. In a worst case scenario, the patient would still be able to understand staff instructions and aid in his extraction from the

building.

13. There are 10 examination rooms and a 1-1 ratio of staff to patients in the area.
14. The first floor of the hospital has numerous exits and in the opinion of the local building official (“LBO”) and the others testifying, the only persons using the exiting system in the outpatient surgery area would be outpatient surgery patients and staff.
15. The relevant portion of the second floor is the OB area.
16. There are 6 labor rooms.
17. The occupancy load in the area is 8-10 patients plus the same number of staff.
18. Generally speaking, 20% of the patients in labor will require caesarean surgery.
19. Also using the exiting system will be persons using the pain clinic and family members awaiting the birth.
20. The corridors in question are 8 feet wide.
21. The Hospital installed automatically opening doors so that one medical professional can wheel a patient on a cart through the doors.
22. As designed, the doors in question automatically remain open 11 seconds.
23. The problem with the automatic doors (required to be 44 inches to 48 inches wide) is that they will not open to a full 180⁰. In fact, they will not even come close to 180⁰.
24. As a result, the doors block almost 45 inches of the hallway.¹
25. The parties all agreed that offsetting the door would lose the 4 hour separation, so that was not an option.
26. The Hospital sought a variance of section 3305 (d) of the IBC.

¹ Until this matter is resolved, the Hospital has disabled the automatic opening system and operates it manually. When operated manually, it meets code.

27. Section 3305 (d) requires unobstructed corridors except that handrails and fully opened doors may reduce the required width by 7 inches.
28. Because of the fact that some patients may need to exit on gurneys, a wide corridor is needed.
29. There are not nearly as many exit paths from the second floor as the first and the patient-visitor population on the second floor will be considerably higher than on the first floor.²
30. The testimony of the LBO was particularly helpful and on point.
31. His testimony can be summarized as saying that because of the limited number of people using the first floor exiting system in this area, the relative mobility of patients in this area, and the lack of need for anyone else on the first floor to exit through this corridor, the variance does not cause a safety problem.
32. However, because of the potential number of persons in the second floor area, the fact that a number of those persons are women in labor including one or two who are being prepared for caesarian surgery, and the fact that other persons on the second floor may need to use this existing system, the corridor blockage is a safety hazard.
33. The crucial issue in the grant or denial of a variance is whether or not noncompliance with the rule will be adverse to the public safety. See IC 22-13-2-11.
34. Based on the testimony received about this particular building and its use, granting the variance to the IBC on the first floor is not adverse to public safety; however granting the variance with respect to the second floor would be adverse.

NONFINAL ORDER

Variance 98-8-17 is hereby granted with respect to the first floor of the Whitley Memorial Hospital.

Variance 98-8-17 is hereby denied with respect to the second floor of the Whitley Memorial Hospital.

² As pointed out by the hospital administrator, a much larger number of family members are in attendance for a birth than for a hemorrhoidectomy.

