BJC HealthCare

MANUAL OF PRACTICE

101.103 – ROOM GUIDELINE

PART 1 - INTRODUCTION

1.01 GENERAL

- A. This guideline identifies the development of the approved BJC Room Standards, establishes requirements regarding certain rooms, identifies the current room standards for BJC HealthCare, and indicates general requirements for implementing the standards.
- B. The room standards referenced in this guideline, referred to herein as the "standards" or "room standards", includes the following documents.
 - 1. "Room Standard"
- C. The communication of room requirements in future editions of the Manual of Practice is planned to be departmental based. In addition, room requirements will include departmental requirements and room data sheets in addition to room drawings.

1.02 REFERENCES

A. Refer to Volume 3 of the Manual of Practice for facility specific finishes.

PART 2 - GUIDELINE

2.01 GENERAL

- A. This guideline serves to introduce the architectural requirements associated with the room standards.
- B. Both the guideline and the standards should be reviewed by the architect and engineers and any questions or concerns should be brought to the attention of the BJC Design Project Manager or Corporate Architect.

2.02 ROOM STANDARD

- A. Room Standards are included for use by the design teams during the course of the design phases. Standards include room specific standards and other standards (shown in gray). Coordinate and verify use of these room standards with Director of Design and Design Project Manager.
- B. BJC Leadership Approval. Room standards have been developed by committee and approved for use by BJC Leadership. Room standards include room layouts, dimensional information, functional relationships and other conditions as required.

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- C. Application. These standard should be reviewed by the design team and shall be included in the design as the project requires and as directed.
- D. Variance. There may be situations when the exact room standards do not precisely fit within project constraints. It is at these times when a variance shall be requested by the architect. When necessary, procedural reviews of the variance request by the Standards Oversight Committee and BJC Leadership is required. As a result of this review, there will be one of three outcomes of the variance process as follows.
 - 1. Approve, and modify the standard. A variance can modify the current room standards with approval from the BJC Standards Oversight Committee or BJC leadership. The modified standard must be ratified and submitted to the BLT.
 - 2. Approve, as a one-off modification. A variance can be approved as a custom or one-off modification to the room standard. This modification will only be allowed for the particular project requesting a variance and shall not affect the room standard.
 - 3. Deny. A variance can be denied only by BJC leadership. The BJC Standards Oversight Committee can recommend to leadership or by the Group President, General Administration. Appeals are made to the Building Land and Technology (BLT).
- E. Standard Rooms as approved by BJC Leadership. Those listed in gray below do not contain room specific requirements. These include Flooring, Office Workstations, Flooring, Medical Office Building Shell and Core, and Parking Garage. As a result, the standards developed are included in other areas of the Manual of Practice. The following rooms appear in order of approval.
 - 1. 2009 Approved Standards

02 Patient Room Renovation Hospital: Adult Academic

2. 2010 Approved Standards

03	Patient Care Station	Hospital:	Community
04	Clean Supply (JIT) Room H	Hospital:	Community
05	Medication Room H	Hospital:	Community
06	Equipment Room	Hospital:	Community
07	Soiled Holding Room H	Hospital:	Community
08	Bariatric Patient Room H	Hospital:	All
09	ICU Patient Room Renovation H	Hospital:	Academic
10	ED Exam Room	Hospital:	Community
11	ED Resuscitation Room H	Hospital:	Community

3. 2011 Approved Standards

10	Flooring	(for 2010	Doord	Anneariad	Dooma)
14	F100HHg	(101 201)	Doaru 1	Approved	KOOIIIS)

13 Catheterization Lab...... Hospital: Community



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	14	Medical Office Building (shell/core). MOB: Community						
	15	Exam Room Module	MOB: Co	ommunity				
	16	Exam Room	Hospital:	Academic, Community				
	17	Labor Delivery Recovery Room	Hospital:	Academic, Community				
	18	Ante/Postprtum Room	Hospital:	Academic, Community				
4.	2012	Approved Standards						
	19	General Operating Room	Hospital:	Academic, Community				
	20	C-Section Room	Hospital:	Academic, Community				
	21	Medication Room, Surgical	Hospital:	Community				
	22	Parking Garage	All					
	23	Patient Room, Acute	Hospital:	Pediatric				
	24	Patient Care Station, Pediatric	Hospital:	Pediatric				
	25	ICU Patient Room	Hospital:	Pediatric				
	26	NICU Patient Room	Hospital:	Pediatric				

PART 3 - DOCUMENTATION – Not used.

PART 4 - SUPPORTING INFORMATION – Not used.

END OF DOCUMENT



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RESPONSIBILITY MATRIX

The following matrix identifies those individuals, roles or departments responsible for maintaining the accuracy of the information and those responsible for providing input. Refer to Preface for detailed explanation.

	BJC HealthCare												Hospital/Entity					
			PD	%C			(N)						
	Corporate Architect	Corporate Engineer	Director of Planning	Director of Design	Director of Construction	Other:	Clinical Asset Management (CAM)	Risk Management	Real Estate	Ergonomics	Infection Prevention (IP)	Info Systems, Data, Telecom (IS)	Other:	Standards Review Committee	Facilities Engineering	Housekeeping	Security	Other:
Primary Authorship				\boxtimes														
Secondary Authorship	\boxtimes	\boxtimes	\boxtimes		\boxtimes													

DOCUMENT REVISION HISTORY

The following able indicates the date the document originated and any subsequent revisions.

Document 101.103 – Room Guideline										
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