

## HOSPITAL STANDARDS

### 201.201 – GENERAL ARCHITECTURAL DESIGN REQUIREMENTS

#### 1.1 INTRODUCTION

- A. Design Overview. Design efforts associated with hospital environments varies based on the type of project. Exterior design

#### 2.1 PROCESS AND PROCEDURES

- A. Project Phases. In general, Design phases begin at the start of the Schematic Design Phase, continues through Design Development, and is completed at the end of Contract Document Phase.
  - 1. Schematic Design (SD). In general, the SD phase melds the program with the physical environment. Existing conditions must be uncovered and applicable codes and regulations must be identified and addressed. On some occasions, SD Sets are requested, however,
  - 2. Design Development (DD). BJC expects the design to be complete at the completion of this phase. This includes material selection and approvals. Design Development documents are often used for leadership approvals. Functional and aesthetic concerns are to be resolved.
  - 3. Contract Document (CD). Development of the CD Set marks the completion of the Design Phases with the delivery of the Construction Document Set. Owner reviews for quality assurance.
- B. Regulatory Requirements. The design team (Architect and Engineer) is required to provide designs that meet all applicable codes and regulations. Refer to Chapter 1 for details. In general, the design team is responsible to ensure compliance with the following:
  - 1. Building Codes. As determined by the AHJ and for the purpose of obtaining the necessary construction permits, design team shall meet with municipality to review project as necessary. BJC shall accompany the design team unless directed otherwise.
  - 2. State Licensure. Requirements as determined by state for the purpose of obtaining a license to operate the facility for its intended purpose. Missouri and Illinois have different requirements and processes for review and approval. Design team shall be responsible to coordinate and facilitate state reviews. BJC shall accompany the design team unless directed otherwise.
  - 3. Federal Regulations.
    - a. Center for Medicare/Medicaid: Compliance with CMS is related primarily to billing and reimbursement. The inspecting authority for compliance with CMS requirements is The Joint Commission. Design team shall provide designs that meet the CMS and TJC requirements. Meetings and project reviews with these agencies are not likely, therefore the design team must make themselves aware of these unique conditions.
    - b. Other federal regulations may affect the design of a hospital environment. These may include FAA, EPA, ADA, etc. Awareness and identification of, and compliance with these regulations is required by the design team. Meetings and project reviews with the agencies are not available. Meetings and project reviews with these agencies are not likely, therefore the design team must make themselves aware of these unique conditions.

4. Operational Accreditation/Certification. A clinical service line may have requirements affecting design in order to achieve a particular accreditation or certification. These requirements should be identified prior to the start of the project and the design team shall respond with designs that meet the conditions.
  5. Insurance Provider. FM Global provides property insurance for BJC. FM Global has requirements particular to mitigating property loss. These are primarily related to fire suppression and roofing requirements. FM Global reviews projects for compliance with requirements during the design phase. Design team is coordinate the work to meet these requirements.
- C. Deviation From Standards
1. Program Change Request (PCR). Any modification to a stated programmatic element must be identified and approved by BJC. Any change to the program can have significant impact to the BJC. Design team shall assist BJC in the preparation of documents necessary to communicate the PCR.
  2. Variance. A variance is required when deviating from a Room Standard. A variance must include reasons for changing such as physical environment hardships or functional conditions.

END OF DOCUMENT

### 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						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:
	Corporate Architect	Corporate Engineer	Director of Planning	Director of Design	Director of Construction	Other:												
Primary Authorship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Secondary Authorship	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### DOCUMENT REVISION HISTORY

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

Document 201.201		
Issue	Description of Issue	Prepared by
2012 v1	Original Issue	G. Zipfel
2016 v1	Reorganization and updates	G. Zipfel
2018	Renumbered and reissued	G. Zipfel