

## **Small Inpatient Primary Care Hospitals**

### **\*x.1 General Considerations**

#### **x.1.A. Functional Narrative**

There shall be for every project a functional narrative describing the various components planned for the facility and how they will interface with each other. All necessary transfer and service agreements with higher care I hospitals shall be included in the functional narrative.

#### **x.1.B. Standards**

The small inpatient primary care hospital shall meet the general standards described herein and shall also meet the general standards outlined in the selected outpatient care functions and mobile transportable units outlined in other chapters of these guidelines.

#### **x.1.C. Sizes**

The sizes of the selected functions and their clear floor areas will depend on program requirements and organization of services as required by the community needs. Some functions may be combined or shared providing the layout does not compromise safety standards and medical nursing practices.

#### **x.1.D. Parking**

Each new facility, major addition, or major change in function shall be provided with parking spaces to satisfy the needs of the patient population, personnel, and public. In the absence of such a study, provide one space for each patient and one space for each employee normally present on any single weekday. Additional parking may be required to serve other services. Separate and additional space shall be provided for service delivery vehicles, vehicles utilized for emergency services, and mobile transportable units.

#### **x.1.E. Transport Services**

Part of the facility's transfer agreements with higher care hospital providers may involve the use of ambulance with or without helicopter services. Where appropriate the applicable State and Local regulations governing the placement, safety features and elements required to provide such a services including garages, landing pads, approaches, lighting, and fencing shall be included in the design of ambulance with or without helicopter services.

#### **x.1.F. Swing Beds**

When the concept of swing beds is part of the functional program narrative, care shall be taken to include requirements for all intended categories.

### **x.2 Nursing Units**

A single nursing unit shall be provided for the small primary inpatient facility. The unit shall be designed to accommodate multiple patient modalities, with adequate support spaces to accomplished the modalities referenced in the functional program. The number of patient rooms contained in the nursing unit shall be as determined by program, but shall not exceed 25 beds per unit; additional units may be incorporated into the design based on a demographic analysis and the facility's demonstrated ability to provide adequate support services for the additional beds.

Each nursing unit shall include the following:

### **x.2A. Patient Room**

The maximum room capacity shall be no more than two patient beds as defined in Section 7.2.A. Facilities are encouraged to use these rooms as single patient rooms when not experiencing peak usage, and to utilize the additional space to accommodate the needs of family or significant others assisting in the care of the patient.

x.2.A1. New construction. In new construction, the patient room shall be designed to meet the most stringent nursing requirements articulated in the program narrative and to have a minimum of 250 square feet of clear floor area exclusive of toilet rooms, closets, wardrobes, alcoves, lockers, vestibules, or family sitting and sleeping areas, and staff service. The dimensions and arrangements of these rooms shall be such that there is a minimum of 4' 0" clear between the sides and foot of the bed and any wall or other fixed obstruction.

x.2.A2. Existing or renovation. Where existing facilities are to be renovated, each patient room shall meet the requirements of Section 7.2.A (patient rooms) and if the facility wishes to provide other inpatient overnight services they shall meet the following additional requirements:

x.2.A3. Each patient room shall have a window in accordance with Section x.28.A10.

x.2.A4. A hand washing station for the exclusive use of the staff shall be provided to serve each patient room and shall be placed outside of the patient toilet.

x.2.A5. A patient toilet room shall be provided and shall contain a water closet, hand washing station, and shower. The door to the patient toilet shall swing outward or be double acting. The patient toilet room shall be placed in-board and shall be used to provide an entry alcove where a staff work counter, hand washing sink, and storage for gowns and isolation supplies shall be provided in the event the patient in the room is suspected of or receives a diagnosis requiring air borne or contact isolation, and special room pressurization.

x.2.A6. Each patient shall have within his or her room a separate wardrobe, locker, or closet suitable for hanging full length garments and for storing personal effects.

x.2.A7. Visual privacy from casual observation by other patients and visitors shall be provided. Design for privacy shall not restrict patient access to all areas of the room.

x.2.A8. Areas for overnight stay for patient=s significant other or for the patient=s selected family care giver shall be provided. Adequate spaces for sitting, lounging, and visiting shall be provided and shall meet the needs outlined in the program narrative.

x.2.A9. Pediatric patients utilizing these rooms may have two patients placed in these rooms provided the it is not counter indicated by clinical needs of the patients. In rooms where more than one pediatric patient is placed, family care features of this chapter shall not be implemented.

### **x.3 Airborne Infection Isolation Rooms**

If the program narrative requires a dedicated airborne infection isolation room, it shall meet the criteria established in Section 7.2.C. of these guidelines.

### **x.4 Protective Environment Rooms**

If the program narrative requires a protective environment room, it shall meet the criteria established in Section 7.2.D of these guidelines.

#### **x.5 Seclusion Rooms**

If the program narrative requires a seclusion room, it shall meet the criteria established in Section 11.2C of these guidelines.

#### **x.6 Critical Care**

The patient rooms described in this Section shall have the capability of serving as temporary critical care patient rooms in the eventuality that a patient presents itself to the facility in need of stabilization and monitoring prior to being transferred to a tertiary care facility. These rooms are intended for temporary care of patients needing transportation to an intensive care setting in a higher level facility, not for active critical care treatment. These rooms should also serve the needs of patients requiring hospice and ventilator care.

#### **x.7 Labor Delivery Postpartum Care**

The patient rooms described in this section shall have the capability of serving as LDRP rooms in the eventuality that a patient presents herself to the facility in need of such services after which arrangements for the transfer of patients to a tertiary care center with maternity programs shall be made. The second patient station in the room shall have electrical, medical gases and vacuum services to accommodate infant resuscitation needs.

#### **x.7.A. Support Spaces for LDR Functions**

If LDR/LDRP functions are programmed for these facilities, a storage area with a minimum of 100 square feet per LDR bed shall be provided for the storage of case carts, delivery equipment, and bassinets.

#### **x.8 Service Areas**

Provisions for the services listed below shall be readily available in each nursing unit. The size and location of each service area will depend upon the numbers and types of modalities served. Identifiable spaces are required for each of the indicated functions.

#### **x.8.A. Administrative Center**

This area shall be located to control access to the nursing unit and serve as a security check point for visitors and vendors entering the nursing unit. It shall have space for counters and storage and shall have convenient access to hand washing. It may include centers for reception and communication, and shall have direct visual access to the entrance to the unit.

#### **x.8.B. Nurses Station**

With the advent and proliferation of paperless electronic information systems nurses stations are becoming de-centralized with the charting and plan of care functions taking place at the bedside. If the program narrative emphasizes the need for a centralized nurses station it may be combined with the administrative center. If the program narrative emphasizes the need for de centralization, provisions shall be made for alcoves and work areas immediately adjacent to the patient room entrances, in the patient room vestibules adjacent to the staff hand washing station and work counters, or at the patient bed side.

Adequate provisions to insure privacy and confidentiality of records shall be taken when designing the decentralized locations.

#### **x.8.C. Dictation Area**

This area should be adjacent to but separate from the nurses station. With the advent of wireless technology this function may occur at the patient=s bedside or at a de-centralized location adjacent to the patient rooms. Adequate provisions to insure privacy and confidentiality of records shall be taken when designing the dictation area.

#### **x.8.D. Nurse or Supervisor's Office**

#### **x.8.E. Handwashing Stations**

Hand washing stations, conveniently accessible to the nurses station, medication, station and nourishment center. One hand washing station may serve several areas if convenient to each.

#### **x.8.F. Charting Facilities**

Charting facilities shall have linear surface space to ensure that staff and physicians may chart and have simultaneous access to information and communication systems. With the advent of wireless technology this function may occur at the patient=s bedside or at a de-centralized location adjacent to the patient rooms. Adequate provisions to insure privacy and confidentiality of records shall be taken when designing the dictation area. At a minimum a conference or meeting room for staff to discuss cases and patients in privacy shall be provided in the unit. This room proves useful at the change of shift.

#### **x.8.G. Staff Toilet Room**

Toilet room for the exclusive use of staff shall be conveniently located in the unit with an eye for maximum accessibility by staff.

#### **x.8.H. Staff Lounge**

Facilities shall be provided for staff and shall be programmatically sized but not less than 100 square feet in area. These facilities shall be located as close as possible to the centralized nurses station, or if a de-centralized nurses station it should be located within close proximity to the work core of the nursing unit.

#### **x.8.I. Staff Lockers**

Securable lockers, closets, cabinet compartments for the personal articles of staff shall be located in or near the nurses station and staff lounge.

#### **x.8.J. Clean Workroom or Clean Supply Room**

If the room is used for preparing patient care items, it shall contain a work counter, a hand washing station, and storage facilities for clean and sterile supplies. If the room is used only for storage and holding as part a system for the distribution of clean and sterile materials the work counter and hand washing facilities may be omitted. Soiled and clean workrooms and holding rooms shall be and have no direct connection.

#### **x.8.K. Soiled Workroom or Soiled Supply Room**

This rooms shall be separated and have no direct connection to the Clean Workroom. The soiled workroom shall contain a clinical sink (or equivalent flushing rim fixture). The room shall contain a lavatory. The above fixtures shall both have a hot and cold mixing faucet. The room shall have a work counter and space for separate covered containers for soiled linen and waste. Rooms used for temporary

holding of soiled material may omit the clinical sink and work counter. If the flushing rim clinical sink is not provided, facilities for cleaning bedpans shall be provided in the patient toilet rooms.

#### **x.8.L. Medication Station**

Provisions shall be made for the distribution of medications. This may be done from a medicine preparation room or unit, from a self contained-medicine dispensing unit, or by another approved system.

x.8.L1. Medicine preparation room. This room shall be under visual control of the nursing staff. It shall contain a work counter, a sink adequate for hand washing, refrigerator and locked storage for controlled drugs. When a medicine preparation room is to be used to store one or more self-contained medicine dispensing units, the room shall be designed with adequate space to prepare medicines with the self contained medicine dispensing unit present.

x.8.L2. Self-contained medicine dispensing unit. A self contained medicine dispensing unit may be located at the nurses station, in the clean workroom, or in an alcove, provided the unit has adequate security for controlled drugs and adequate lighting to easily identify drugs. Convenient access to hand washing stations shall be provided. (Standard cup sinks in many self contained units are not adequate for hand washing).

#### **x.8.M. Clean Linen Storage**

Each nursing unit shall contain a designated area for clean linen storage. This may be within the clean workroom, a separate closet or alcove, or an approved distribution system. If a close cart system is used, storage may be in an alcove. This cart storage must be out of the path of normal traffic, under staff control, and must be protected from contamination.

#### **x.8.N. Nourishment Area**

There shall be a nourishment area with a sink, work counter, refrigerator, storage cabinets, and equipment for hot and cold nourishment between scheduled meals. The nourishment area shall include space for trays, and dishes used for non scheduled meal service. Provisions and space shall be included for separate temporary storage of unused and soiled dietary trays not picked up at mealtime. Hand washing sinks shall be in or immediately accessible from the nourishment area.

#### **x.8.O. Ice Machines**

Each nursing unit shall have equipment to provide ice for treatments and nourishment. Ice making equipment may be in the clean work room or the nourishment room. Ice intended for human consumption shall be provided in the nourishment station and shall be served from self dispensing ice makers.

#### **x.8.P. Equipment Storage**

A room or alcove for equipment storage shall be provided for the storage of equipment necessary for patient care and as required by the functional program in each nursing unit. Each unit shall provide sufficient storage areas located on the patient floor to keep it=s required corridors width free of all equipment and supplies, but not less than 10 square feet per patient bed shall be provided.

#### **x.8.Q. Patient Toilet Rooms**

In addition to those serving bed areas, patient toilet rooms shall be conveniently located to multipurpose. Patient toilet rooms located within the multipurpose rooms may be also designated for public use.

#### **x.8.R. Emergency Equipment Storage**

Space shall be provided for emergency equipment that is under direct control of the nursing staff, such as a cardiopulmonary resuscitation (CPR) cart. This space shall be located in an area appropriate to the functional program, but out of normal traffic.

#### **x.8.S. Housekeeping Room**

A housekeeping room shall be provided for each nursing unit. It shall contain a service sink or floor receptor and provisions for storage of supplies and housekeeping equipment shall be made within the room.

#### **x.8.T. Hemo-dialysis and Hemo-perfusion**

Facilities where hemo-dialysis and hemo-perfusion are routinely performed, there shall be a separate water supply and drainage facilities that do not interfere with required staff, visitors, and patient hand washing functions. If perfusion or dialysis occurs at the patient bedside a separate outlet for de-ionized water and drainage of effluent shall be provided at the patient bedside. It shall be located to prevent contact with electrical outlets and equipment and from potential water droplet contamination of the patient, staff and visitors.

#### **x.9. Common Elements for Small Inpatient Primary Care Centers**

The following elements shall apply to each inpatient primary care centers. These components may fall under the business occupancy provisions of the Life Safety and Building Codes being used. The requirements for inpatient corridors of 8'-0" in minimum width shall apply to these common elements whenever inpatients have customary access treatment and use of the spaces.

##### **x.9.A. Administration and Public Areas**

x.9.A1. Entrance. Must be located at grade level and able to accommodate wheelchairs.

x.9.A2. Public service areas.

a. conveniently accessible by handicapped

b. wheelchair storage areas out of the path of traffic

c. reception and information counter or desk located to control the entrance to the facility and monitor visitors and presenting patients

d. waiting spaces

e. public telephones

f. public toilets for male and female

g. drinking fountains

h. enclosed vending area

x.9.A3. Interview spaces. Interview spaces for private interviews related to social services, credit, patient intake shall be provided and shall be designed for confidentiality and privacy.

x.9.A4. Offices. General and individual offices for business transactions, medical records, administrative and professional staff, photocopying shall be provided.

x.9.A5. Clerical . General clerical spaces or rooms for typing, clerical work, filing, separated from the public areas for confidentiality, shall be provided.

x.9.A6. Information technology spaces. If a paperless information management system is provided, the following spaces shall be included in the facility:

a. Data processing rooms.

b. IT closets throughout the facility connected to the data processing room by cable trays and accessories. A minimum clear space between the equipment and closet walls of two feet on all four sides of the equipment shall be provided. A maximum distance between IT closets shall not exceed three hundred feet.

x.9.A7. Tele-medicine support. In facilities where tele-medicine is contemplated adequate spaces to support the tele-medicine functions shall be planned in conjunction with information technology spaces. Satellite linkages, communication and viewing rooms and consoles, consultation spaces, electronic interview rooms, and satellite hook ups shall be considered when planning the spaces.

x.9.A8. Multipurpose rooms. Multipurpose rooms equipped for visual aids shall be provided for conferences, training, meetings, health education programs, and community outreach activities shall be provided.

x.9.A9. Staff storage spaces. Storage spaces for staff=s personal effects with locking drawers or cabinets shall be provided. Such storage shall be near individual work stations and staff control.

x.9.A10 General storage. Facilities for storage of general supplies and equipment needed for continuing operation shall be provided.

#### **x.9.B. Clinical Facilities**

As dictated by the program and community needs (and agreements with tertiary care centers) the following elements shall be provided for clinical services:

x.9.B1. General purpose examination rooms. General purpose examination rooms for medical obstetrical, and similar functions shall be provided and shall have a minimum clear floor area of 80 square feet, excluding vestibules, toilets, and closets. Room arrangement should permit at least two feet eight inches of clearances around the examination table. A hand washing sink and a counter of shelf space for writing shall be provided.

x.9.B2. Special purpose examination rooms. Rooms for special clinics such as eye, ear, nose, and throat examinations shall be designed and outfitted to accommodate procedures and equipment used. A hand washing sink and a counter or shelf space for writing shall be provided.

x.9.B3. Treatment rooms. Rooms for minor surgical and cast procedures shall have a minimum floor area of one hundred and twenty square feet, excluding vestibule, toilet, and closets. The minimum room dimension shall be ten feet clear. A hand washing sink and a counter or shelf for writing shall be provided.

x.9.B4. Observation rooms. Rooms for the isolation of suspect or disturbed patients shall have a minimum floor area of eighty square feet and shall be convenient to a nurse or control station. This is to permit close observation of patients and to minimize possibilities of patients= hiding escape, injury, or suicide. And examination room may be modified to accommodate this function. A toilet room with lavatory should be immediately accessible.

x.9.B5. Work station. A work station with counter, communication system, space for supplies and provisions for charting shall be provided. If a fully integrated electronic information management system is planned. A centralized work station controlling all ingress and egress to the unit shall be provided, additional alcoves or spaces within individual rooms shall be provided to accommodate the information technology equipment needed to accomplish the integration.

x.9.B6. Drug distribution station. This may be part of the work station and shall include a work counter, sink, refrigerator, and locked storage for biologicals and drugs. If a self-contained medicine dispensing unit is provided, it may be located at the work station, in the clean workroom, or in an alcove, provided the unit has adequate security for controlled drugs and adequate lighting to easily identify drugs. Convenient access to hand washing stations shall be provided. (Standard cup sinks in many self contained units are not adequate for hand washing).

x.9.B7. Clean storage. A separate room or closet for storing clean and sterile supplies shall be provided. This storage shall be in addition to that of cabinets and shelves.

x.9.B8. Soiled holding. A room for the separate holding of soiled storage collection, and disposal shall be provided. A flushing rim clinical service sink is recommended.

x.9.B9. Sterilizing facilities. A system for sterilizing equipment and supplies shall be provided. Sterilizing procedures may be done on or off site as long as the off site location is monitored by the facility regularly and meets the facilities infection control criteria for sterilizing locations and transportation and handling methods for sterilized supplies. Disposal supplies may be used to satisfy the facilities needs.

x.9.B10. Wheelchair storage. Wheelchair storage spaces shall be out of the line of traffic.

### **x.9.C. Radiology**

Basic diagnostic procedures shall be provided including the following:

x.9.C1. Radiographic rooms. See Section 7.10 for special requirements.

x.9.C2. Film processing facilities. (If part of a PAC system film processing may be retained for emergency use and film development for special cases).

x.9.C3. Viewing and administrative areas.

x.9.C4. Storage facilities for film and equipment.

x.9.C5. Toilet rooms with handwashing stations accessible to dressing rooms, work stations, fluoroscopy rooms shall be provided.

x.9.C6. Dressing rooms or booths, as required by services provided, with convenient toilet access.

#### **x.9.D. Tele -medicine.**

If the facility has tele-medicine agreements with tertiary care centers the following support spaces for the mobile transportable units, staff, and patients shall be provided.

x.9.D1. Reception and waiting. A reception and waiting area for patients and visitors shall be provided sized according to program needs. The area shall be equipped with public and staff toilets.

x.9.D2. Staging area. A staging area for privacy isolation of inpatients awaiting diagnostic treatment shall be provided in a triage area located near the patient corridor but separate from the corridor to ensure proper isolation and privacy. The staging/area shall be equipped with hand-washing sinks aseptically operated without the use of hands, and mechanical means to provide negative air pressure to the surrounding areas.

x.9.D3. Gowning, lockers, and waiting. Spaces for outpatient dressing and undressing, securing of valuables and garments, and waiting for scheduled procedures shall be provided. Provisions for visual and sound privacy shall be made in these spaces. Male and Female gowning, lockers, and waiting shall be separate. A toilet for patient use shall be provided.

x.9.D4. Consultation rooms. Rooms for staff viewing and consultation with the tertiary care specialist shall be provided. Privacy and confidentiality of patients records and discussions shall be considered when designing these rooms. Consultation rooms shall be provide at a ratio of one room per mobile transportable unit access port.

x.9.D5. Mobile transportable unit access ports. A weather enclosure to protect the transportable unit and patient from the elements shall be a main consideration when considering placement and enclosure of these spaces. Depending on the program narrative and identified community needs one or more ports shall be provided for use by the facility and the tertiary care center.

x.9.D6. Special life safety needs. The placement of the mobile transportable unit and the unit itself shall be integrated with all of the facilities life safety systems including interconnection to the facility=s fire alarm, sprinkler, security, and exiting systems.

#### **x.9.E. Laboratory**

Facilities shall be provided within the outpatient department, or through and effective contract arrangement with a tertiary care center for hematology, clinical chemistry, urinalysis, cytology, pathology, and bacteriology. If these services are provided on contract the following support spaces shall be provided in the facility:

x.9.E1. Stat laboratory. A laboratory room with work counters, storage shelving and cabinets, vented flammable storage units, hand washing sink, vacuum, gas, and electric services shall be provided. Blood Storage Facilities meeting the Clinical Laboratory Improvement Act standards for blood banks shall be provided.

x.9.E2. Specimen collection. Specimen collection facilities with pass through toilet for collection of urine and solid samples, blood drawing cubicles, adequate seating spaces, storage spaces for specimen collection supplies, and work counters for the preparation, labeling and storage of specimens awaiting pick up shall be provided.

#### **x.9.F. Surgical Facilities**

Surgical facilities for the Small Inpatient Primary Care Center shall meet the criteria established for Outpatient Surgical Facilities Sections 9.5.E through L. The type of surgical procedures that are to occur in these facilities shall be limited to those that can be performed and supported under an ambulatory surgical setting. Such facilities shall meet all criteria established under Chapter 20 of the 2000 Edition of the Life Safety Code, NFPA 101.

#### **x.9.G. Emergency Facilities**

Emergency facilities for the Small Inpatient Primary Care Center shall meet the criteria established for Freestanding Emergency Facilities Sections 9.6.A through L.

x.9.G1. Helicopter and ambulance services must be provided to ensure the timely transfer of patients presenting to the emergency room of the primary care inpatient center to a tertiary care center. The helicopter pad and ambulance ports must be within close proximity of the emergency suite and the designated patient rooms holding patients requiring transfer to a tertiary care center for treatment after stabilization.

#### **x.9.H. Additional Diagnostic and Treatment Facilities**

Additional diagnostic and treatment facilities for the Small Inpatient Primary Care Center shall meet the criteria established for Freestanding Outpatient Diagnostic and Treatment Facilities Sections 9.8, 9.9, 9.10, 9.30, 9.31, and 9.32.

#### **x.9.I. Housekeeping Rooms**

At a minimum one housekeeping room per support unit or suite shall be provided. They shall contain storage spaces for clean supplies, sink and cleaning equipment. The room shall have at a minimum a clearance of two feet around the cleaning equipment.

#### **x.9.J. Engineering Services and Equipment**

The following shall be provided:

x.9.J1. Equipment rooms. For boilers, mechanical equipment, and electrical equipment, with a minimum clearance around the equipment of two feet six inches for ease of maintenance.

x.9.J2. Storage rooms. For supplies and equipment.

x.9.J3. Waste processing services

a. Space and facilities shall be provided for the sanitary storage and disposal of waste.

b. If incinerators and or trash chutes are used, they shall comply with NFPA 82.

c. Incinerators if used shall comply with all local air pollution regulations.

#### **x.10. Special Systems**

Section 7.30 of these guidelines, and related schedules shall apply to this chapter.

#### **x.11. Mechanical Standards**

Section 7.31 of these guidelines, and related schedules shall apply to this chapter.

### **x.12. Electrical Standards**

Section 7.32 of these guidelines, and related schedules shall apply to this chapter.

### **x.13. Security Systems**

Consideration shall be given in the design of these facilities for active and passive security systems. Locking arrangements, security alarms and monitoring devices shall be placed carefully, and shall not interfere with the life and safety features necessary to operate and maintain a healthy and functional environment.

\*Ax.1 Since the early 1990s, the health care community has been looking at the traditional hospital models (and nursing homes also built under the HB hospital model) and their delivery of care roles as established in the 1947 Hill Burton Act. The Kellogg Foundation Report titled “Hospital Community Benefits Standards,” published in the early 1990s, stated that to eliminate identified health disparities, all primary care providers should become more community responsive in their orientation and should develop coalitions with local health departments, community health centers, and the communities they serve.

The purpose of the small inpatient primary care center and satellite hospital model is to provide a community-focused, short-term overnight stay environment (96 hours or less) designed to provide primary care to the patient population within a designated rural or underserved community based on the Federal Standard Metropolitan Area and defined under the Federal Code of Regulations 42 CFR 5.1.

The concept of the model is to allow an adaptable facility that can meet the needs of the community it serves. It is intended to serve as a stand-alone overnight facility (maximum of 96 hours), to have outpatient treatment modalities connected to it, and to serve as a small inpatient primary care center or as a satellite of an existing hospital in a rural or designated underserved population area. These facilities may be attached and operated as part of a local health department complex or an ambulatory surgery treatment center; in fact, this is encouraged. There must be transfer, service, and reciprocity agreements with general hospitals and tertiary care hospitals as a pre-requisite for using this model.