4.2 Hospice Facilities

Appendix material, which appears in shaded boxes at the bottom of the page, is advisory only.

Hospice care is a medically directed, interdisciplinary program of palliative care and services for terminally ill individuals and their family members or significant others.

Hospice care supports terminally ill persons through the dying process with a focus on maintaining dignity and quality of life while providing palliation or controlling unpleasant symptoms to the extent possible. Hospice care is provided by a team of professionals that may include nurses, social workers, certified nursing assistants, dietitians, therapists, volunteers, and clergy, as well as physicians who may visit on a scheduled basis or in response to a crisis. No curative interventions are used.

Inpatient hospices are part of a continuum of palliative care. They have been developed as new facilities and through renovation.

1 General Considerations

1.1 Applicability

This chapter shall apply to inpatient freestanding hospices. At the discretion of the authority having jurisdiction, the design concepts presented herein shall be permitted to be applied to a hospice located in other health care facilities.

1.2 Auxiliary Services

See Section 4.1-1.2.

1.3 Environment of Care

See Section 4.1-1.3.

1.4 Functional Program

See Section 4.1-1.4.

1.5 Shared Services

See Section 4.1-1.5.

1.6 Site

1.6.1 Location

See Section 4.1-1.6.1.

1.6.2 Roads

See Section 4.1-1.6.2.

1.6.3 Parking

See Section 4.1-1.6.3.

1.7 Renovation

See Section 1.1-3.

1.8 Provision for Disasters

See Section 1.1-5.

1.9 Codes and Standards

See Section 1.1-7.

1.10 Equipment

See Chapter 1.4.

1.11 Planning, Design, and Construction

See Chapter 1.5.

1.12 Record Drawings and Manuals

See Section 1.5-5.

2 Hospice Unit(s)

Each facility shall comply with the following:

*2.1 Unit Size

In the absence of local requirements, consideration shall be given to restricting the size of the care unit to 25 beds.

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A2.1 Overwhelming fatigue is the most predominant complaint of hospice residents. Use of assistive devices is often humiliating for residents. Arranging groups of resident rooms adjacent to decentralized service areas, optional satellite staff work areas, and optional decentralized resident support areas is desirable.

2.2 Resident Rooms
Each resident room shall meet the following requirements:

2.2.1 Capacity
Maximum room occupancy shall be one resident unless justified by the functional program and approved by the licensing authority. In no case shall bedrooms exceed two resident beds. See Section 4.1-2.2.

2.2.2 Space Requirements
Room size shall be based on the program of care, distinctive in-room furniture, and clothing storage requirements.

2.2.2.1 If consistent with the functional program, accommodation for dining shall be provided in the resident room.

2.2.2.2 Seating for visitors, with provision for at least one sleeping accommodation in resident rooms, shall be provided.

2.2.2.3 Access shall be provided to both sides of the resident bed.

*2.2.3 Windows
See Section 4.1-6.3.3.

2.2.4 Resident Privacy
See Section 4.1-2.2.5.

2.2.5 Hand-Washing Station
See Section 4.1-2.2.6.

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A2.2.3 Exterior windows should provide views to the natural environment and light when possible. Residents who are confined to their beds need a venue for visual stimulation. Plantings and other attempts to provide objects of visual interest should be made when exterior views of the natural environment are not possible due to existing building adjacencies.

A3.3 Due to the significant benefits of the natural environment, consideration should be given to providing access to the outdoors. Accessible outdoor space can provide a calming change in environment and also a convenient place for agitated or anxious patients to walk. Furthermore, gardens symbolize the full cycle of life and death and can be a source of serenity and spiritual calm.

2.2.6 Toilet Room
See Section 4.1-2.2.7.

2.2.7 Resident Storage
See Section 4.1-2.2.8.

2.2.8 Safety
See Section 4.1-3.2.1.

2.3 Airborne Infection Isolation Room(s)
The need for and number of required airborne infection isolation room(s) shall be determined by an infection control risk assessment. Where required, the airborne infection isolation room(s) shall comply with the general requirements of Section 2.1-3.2.2.

2.4 Support Areas for Hospice Units
Support areas shall be provided according to Sections 4.1-2.3 through 4.1-2.6 when required by the functional program.

3 Resident Living Areas

3.1 Resident Kitchen and Dining Areas
See Section 4.1-4.1. Where locally allowed, residential "homelike" kitchen and dining facilities shall be permitted to accommodate residents and their visitors.

3.2 Personal Services (Barber/Beauty) Areas
If these services are required by the functional program, see Section 4.1-4.3.

*3.3 Outdoor Spaces
Outdoor areas shall be available for residents.

4 Diagnostic and Treatment Locations

4.1 Therapy
If these services are required by the functional program to maximize current levels of function, see Section 4.1-5.1.

5 Service Areas

5.1 Dietary Facilities
The following facilities shall be provided:

5.1.1 Food Preparation Facilities

5.1.1.1 If food preparation is provided on site, the facility shall dedicate space and equipment for the preparation of meals.

5.1.1.2 The physical environment for food service and food service equipment shall comply with locally adopted food and sanitary regulations.

5.1.2 Ice-Making Facilities

These may be located in the food preparation area or in a separate room and shall be easily cleanable and convenient to the dietary function.

5.1.2.1 Ice-making facilities shall be self-dispensing if available for use by residents and/or visitors.

5.1.2.2 Ice-making facilities under the control of the dietary staff and not available for use by residents and/or visitors may be bin type or self-dispensing.

5.1.3 Distribution

Provision shall be made for transport of hot and cold foods, as required by the functional program.

5.1.4 Dining Areas

5.1.4.1 The design and location of dining facilities shall encourage resident use.

5.1.4.2 Separate dining areas shall be provided for staff and residents.

6 Construction Standards

6.1 General Standards for Details and Finishes

6.1.1 Doors

See Section 4.1-8.2.2.3.

6.1.2 Grab Bars

See Section 4.1-8.2.2.8.

7 Building Systems

7.1 Plumbing

See Section 4.1-10.1.

7.2 Heating, Ventilating, and Air-Conditioning (HVAC) Systems

See Section 4.1-10.2.

7.3 Electrical Systems

See Section 4.1-10.3.

7.4 Telecommunication and Information Systems

See Section 4.1-10.4.

7.5 Fire Alarm System

See Section 4.1-10.5.