

How Good Senior Care And Healthcare Architecture
Open The Doors To Style & Functionality While
Maximizing Your Fiscal Benefits

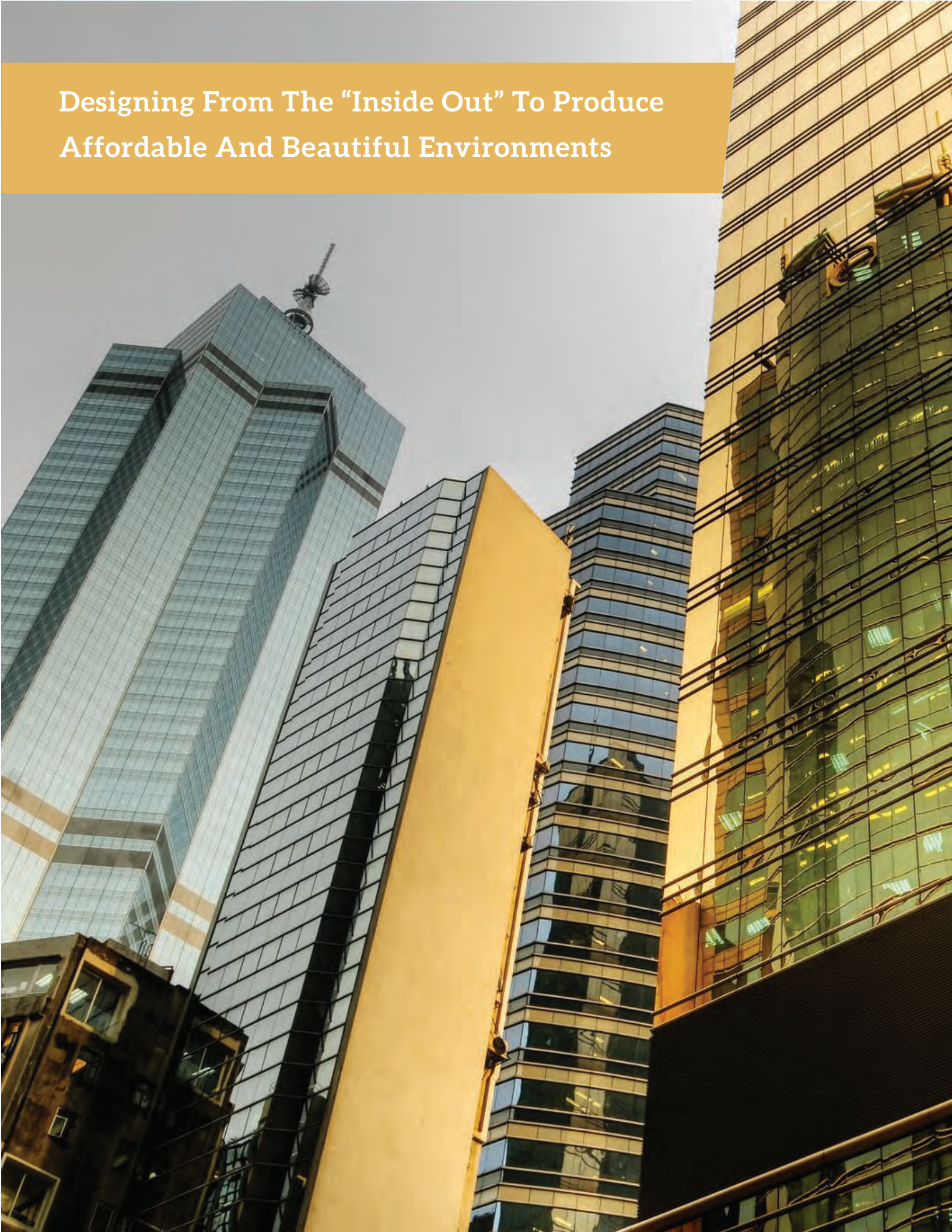




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Designing From The “Inside Out” To Produce
Affordable And Beautiful Environments



A Complete guide To The **“Why’s”**, **“How’s”** And **“Who’s”** Of Architecture

We Can Help Your Organization Develop New Programs And Services



John W. Baumgarten Architect, P.C., established in 1997, is an award winning, full-service architectural firm serving proprietary and not-for-profit organizations in the senior care, health care, commercial, corporate and public sectors. We are specialists in the master planning of complex phased projects and provide an integrated approach to architecture, interiors and engineering. Our Firm is comprised of experienced and qualified architects and planners with over 35 years of combined design excellence. Our commitment to quality is reflected in our focus on “thinking the problem through” and considering every architectural opportunity to meet our clients’ goals. We produce sustainable, well-designed solutions that are aesthetic and “buildable” while also being responsive to our client’s program, budget and time schedule.



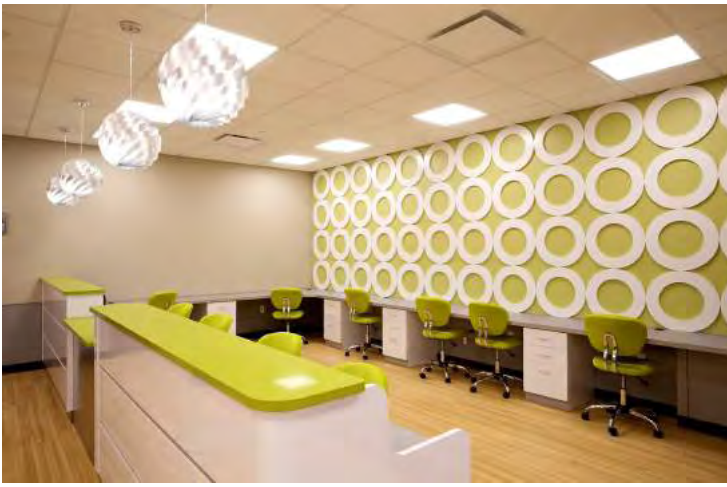
An Extension Of Your Management Team

We compiled this complimentary guide to help you understand the vital importance of good architecture in creating a care environment conducive to recovery while providing a return on investment.

A physical therapist, a young woman with dark hair in a ponytail wearing blue scrubs, is assisting an elderly man with a seated exercise. The man, with grey hair, is wearing a white t-shirt and grey pants, sitting on a large grey exercise ball. He is leaning forward with his arms extended horizontally, and the therapist is standing behind him, holding his right arm to provide support and guidance. In the background, there is a white cabinet, a purple exercise ball on a shelf, and a white shelving unit with various items. The scene is set in a bright, clean physical therapy room.

Physical Therapy Architecture

Building the Foundation for Recovery



How to Make Your Physical Therapy Suite Stand Out

Short Term Rehabilitation for Seniors is a very competitive marketplace. How can you make your therapy space stand out? Here is how we at JWB have done it for our clients over the past two decades.

First, accentuate the positive. Look at your building/campus globally. Where are the best outward views? What areas are equally accessible to your residents and to visitors/guests? What spaces would more easily allow for special features because of good headroom and easy adaptability? Areas that share these characteristics will foster the creation of a state-of-the-art therapy program.

If your existing therapy space has poor views, low headroom and is not visually accessible to your potential clients, then you might want to strongly consider relocating it to a location that "checks all the boxes". The most common "spatial shift" we are called upon to execute is to swap the locations of a central dining/recreation room and an existing therapy suite. This seems like an easy maneuver but can be tricky since resident dining rooms must be sized per code based on licensed bed capacity. This sometimes necessitates an artful re-planning of other existing spaces to "squeeze in" more dining square footage (one of our specialties).

Although many senior care organizations prefer to locate smaller satellite rehab spaces "on the unit", there are many drawbacks to doing so. A central ground floor rehab suite will most likely allow for greater ceiling height, a much larger footprint, direct access to the outdoors and better visibility for family tours.

A greater headroom and larger footprint more easily facilitate the incorporation of special features that will set your rehab program apart. These could include a therapy pool, specialized overhead suspension systems such as "Zero-G[®]" and more robust activities of daily living suites configured as simulated residential apartments.

During periods of favorable weather, a ground floor location may allow your therapy programs to be extended outdoors onto customized patios which can also have specialized features such as, ramps, stairs, putting greens, multiple walking surfaces and full-size actual automobiles.

Of course, adding specialty rehab features must be accompanied by a cutting-edge aesthetic that is reminiscent of a full-service health club. The interior design should promote a sense of movement and energy through the use of geometry, color and lighting.



**At JWB we are specialists in
"Rehabbing Your Rehab".**

**Let us help you build
your vision.**

It's what we do!

Pharmacy Architecture

We'll Create The Foundation. You Create The Cure.



Adding a Pharmacy to Your Health Center Is Good Medicine

At JWB we have been involved with the design of Community Health Centers for over 35 years. Over these three decades we have seen both Evolution and Revolution in terms of regulation and innovation. Most of our clients build diagnostic and treatment centers which bill Medicaid and as such are mandated by law to comply with more robust physical plant standards than a private medical practice that does not bill Medicaid.

As government at every level is seeking to drive down the cost of healthcare, the focus has shifted to community medicine as a vital link in state healthcare systems. A more recent philosophical policy shift towards the integration of services has led to the co-location of mental health, primary care and dental services “under one roof”. A natural offshoot of this has been the addition of on-site pharmacies and on-site laboratory services. For the most part, our clients align themselves with regional or national pharmacy providers who occupy a designated suite of 600 to 800 square feet within the overall clinic floor plan. For obvious reasons, it is logical to situate the pharmacy near the clinic’s main entry where it can share a central waiting area with the clinic’s intake/reception areas.





This is consistent with the natural flow of a medical practice; check-in, assess, treat, prescribe, check-out. In the integrated model, a patient picks up their medication “on the way out” of the medical center. As the clinic’s Architect, we delineate the pharmacy’s footprint, its ceiling plan/lighting arrangement, plumbing/electrical/HVAC infrastructure, transaction counter design and the integration of security features such as rolling gates and shutters. We work closely with the pharmacy vendor on the layout of the pharmacy floor plan & casework, integrating the support of cabinetry and the placement of power/-data/telephone outlets with the clinic’s construction documents. In most cases, the pharmacy vendor provides the cabinetry and the contractor building the clinic installs it.

In Medicaid reimbursed clinics, the pharmacy design is subject to the Federal Guidelines Institute’s “Guidelines for the Design and Construction of Outpatient Facilities” (FGI). FGI space requirements for satellite pharmacies include; receiving/inventory control, dispensing areas, reviewing/recording area, storage, refrigerated storage, provision for cross-checking patient drug profiles, office space, consultation area/counter and sterile work areas. Other required spaces such as staff toilets, staff lockers, educational training area etc. can be shared with the parent clinic.

Memory Care Architecture

Creating Form To Foster Memory



Memory Care Design - What You Need To Remember

Designing for seniors with dementia is both challenging and rewarding. A successful memory care design is a balance between regulations which promote safety and security and the goal of creating a homelike environment which fosters independence and choice.

At JWB we have had the honor of designing for seniors with Alzheimer's for many years and the genuine satisfaction of playing a small part in helping these respected elders "Find Their Way" is a true joy. The space available on these pages prevents me from delving too deeply into how to successfully "Do" Memory Care, but I can give you the broad strokes and some Dos and Dont's. Here is some of what we at JWB have learned over the past thirty five years. First, "You Need to Generally Understand Behaviors".



I'm certainly not a clinician, but there are some basic behaviors common to dementia residents which dictate spatial flow and the functional hierarchy of spaces. In a memory care home you are designing for early stage Alzheimer's residents who are more physically active when compared to late stage dementia seniors who can be sedentary. Disorientation and confusion are common among Alzheimer's residents. This sometimes creates a tendency for residents to "wander". The challenge design-wise is to create a safe "circuit" for residents to wander without too much restriction. In order to help reduce disorientation and confusion we always try to incorporate way-finding elements into common areas. This can be done by varying the width, length and shape of corridors along a wandering circuit and by placing identifiable "destinations" to create spatial variety and "markers" along the way. For example, a pocket lounge with an aquarium is created at one point in the circuit and an alcove with a tactile wall hanging featuring colorful flowers is situated at another juncture. The hope is that these spatial milestones help residents navigate and find their way.... "My room is near the fish tank" for example. Additional layers of way-finding can be added such as recessed memory boxes next to a resident's door with family photographs and mementos. Disorientation and confusion often result in a resident losing track of time. Rapid mood swings can also occur. These and other symptoms can lead to severe agitation. Understanding this, we try to locate several "quiet" rooms/spaces where a staff member can try to calm an upset resident.



Ambulatory Surgery Architecture

Creating Efficiency To Evoke Healing



Office Based Surgical Centers vs. Ambulatory Surgery Centers. Do You Know the Difference?

To the casual observer, an Office Based Surgery Center (OSB) might look very similar to an Ambulatory Surgery Center (ASC). A fairly obvious difference would be that an ASC will be markedly larger than an OSB, even if they share the same specialty. Unless you are “in the business”, the reason why is not so obvious. ASCs are licensed to bill Medicaid for services. OSBs are not.

Once Government funding is involved, a higher physical plant standard is required, triggering the need for significantly more space. OSBs are governed by Local Building Codes alone (with a voluntary adherence to “Best Practices”). ASCs must not only comply with Local Codes, they must also meet National Building Standards. The “FGI Guidelines for the Design and Construction of Outpatient Facilities” (FGI) regulate an ASCs program; what spaces are required, their minimum sizes & clearances and how they must be fitted out (sinks, cabinetry, fixtures, etc.). FGI also cross references other National Codes which regulate infrastructure and Life Safety such as the National Fire Protection Association (NFPA) family of codes. Both FGI and NFPA demand much higher levels of Life Safety, environmental infrastructure and infection control.

From a spatial perspective, ASCs must have; larger exam rooms, dedicated space for janitorial/housekeeping supplies, specified areas for the storage and disposition of medical waste, separate and defined storage areas for equipment, sterile supplies, general/clerical supplies, anesthesia storage (cylinders), sterilization facilities, and a room/area for the receiving and breakdown of deliveries. Operating Rooms (ORs) in ASCs must be significantly larger than those in OSBs and can range from 250 to 400 Net Square Feet (NSF) depending on the specialty. ORs for orthopedic procedures requiring specialized equipment need to be even larger (600 NSF). The “Net Square Footage” requirement means that an OR of 400 S.F. might need to be 450 Gross Square Feet (GSF) to account for built in case work and equipment clearances.



Additionally, ORs must have a minimum clear dimension of 15 feet in any direction. Pre-op and Post-op recovery areas in ASCs must also be significantly larger than those in OSBs. This is because more recovery bays are required per each OR and each bay must be a minimum of 80 Square Feet with specific clearances needed between stretchers. Recovery areas must also include a nurse station, med/clean utility room, patient toilet, supply/equipment storage and clear floor space for a crash cart. FGI dictates a very specific spatial hierarchy for ASCs.

The overall program must be divided into three distinct zones to promote infection control; public (unrestricted zone), semi-restricted zone and restricted zone. The public zone is limited to the ASCs entry, waiting area, reception/intake area and offices for clerical/business functions. The semi-restricted zone is limited to staff spaces (lounges, lockers), patient triage (exam, changing/lockers) clinical support spaces (soil rooms, sterilization rooms, equipment/sterile storage); general support (storage, receiving and mechanical equipment spaces) and Pre-op and Post-op recovery. The restricted zone is limited to the ORs, anesthesia storage, scrub areas and clean utility/med rooms.

Corridors linking recovery areas with the ORs must be a minimum of 8 feet wide and there must be a 6 foot wide path (corridor) through the semi-restricted zone to the ASCs main entry for emergency stretcher evacuation. Elevators serving ASCs above street level must be sized to accommodate stretcher evacuation as well. Infrastructure-wise, ASCs again have much more robust requirements than OSBs. ASCs must be fully sprinklered, require a master coded fire alarm with direct fire department notification, piped medical gases and an emergency generator.

Due to higher infection control standards, the ventilation air in ASCs must be “changed” more times per hour dictating larger HVAC units with higher level air filters. The ORs themselves require even higher air change levels and the recirculation of air within the ORs is prohibited. ASCs also have specialized electrical system requirements including the mandatory use of “Hospital Grade” outlets with dedicated grounding. There are also mandatory requirements for the minimum number of piped oxygen and vacuum outlets needed within each OR and within the recovery areas.

Given this long list of spatial and infrastructure requirements you can now see why ASCs must be significantly larger than OSBs, but how much larger is not so obvious. Let me give you a sense of scale. Looking at “scale”, a multi-specialty ASC with five 450 GSF ORs would require anywhere from 12,000 to 15,000 GSF to configure depending on the proportions of the space (the closer to a square, the better). Although I have tried to be fairly comprehensive in outlining “What It Takes” to configure an ASC, this is a very complex build-out and would take many more pages to give you even a more basic understanding. If you would like more information on this subject, please contact our expert team at JWB.

It’s what we do!



For more information on how to build an Architectural vision that enhances resident and patient experience , visit

<https://www.jwbarch.com/>



