

CONSTRUCTION

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Latest hospital guidelines call for changes

BY JON CECHVALA

The 2006 edition of "AIA Guidelines for Design and Construction of Medical Facilities" will soon be available.

The guidelines, which are used to set regulations, approve construction plans and license hospitals to operate, are published every four years by the Facilities Guidelines Institute and the American Institute of Architects' Academy of Architecture for Health. Contained within this new edition are many new standards for all health-care facilities, including hospitals, nursing homes, assisted living and surgical centers.

"The guidelines have been adopted or are being utilized in whole, in part or as reference material by 42 states," said Doug Erickson, the new chairman of the AIA Guideline Committee. The guidelines are also being considered for international application by countries such as Japan, India, Canada and England.

One of the most notable changes in the new edition is the recommendation that hospitals — during new construction — build single-bed rooms for all medical, surgical and obstetrics units.

The private-room trend emerged when hospitals began vying for patients by providing more amenities and space for family members who stay overnight with patients.

But safety remains the No. 1 reason for the new guidelines. The recommended change improves privacy, decreases medical errors, lowers potentially harmful patient stress and reduces infection-control risk.

Also, with all single-bed rooms, patients will be charged one set room fee. Previously, private rooms cost significantly more than multiple-occupancy rooms.

This also will benefit the hospital financially through higher turnover rate, as patients tend to recover quicker in private rooms. The recovery rate increases due to less disruption, less bacteria transmission and fewer medical errors.

The guidelines acknowledge that there is still some benefit in using multiple beds in certain psychiatric, pediatric and critical-care units. In these facilities, it can be therapeutically beneficial to the patient to interact with another patient who shares the room.

In some rehabilitation situations, patients' spirits are heightened by watching

the progress of a roommate. In most other cases, though, the new guidelines try to provide maximum patient safety by using the single-patient room concept.

In addition, single rooms will make it easier for hospitals to comply with federal Health Information Patient Privacy Act regulations. In Wisconsin, the guidelines will only be a recommendation, since HFS 124 — Wisconsin's mandatory administrative code — at present allows double-bed rooms.

Another significant change in the new guidelines is stricter ventilation standards for hospital emergency rooms and patient-care areas to stop the spread of harmful bacteria.

Under the new standards, hospitals can no longer design return-air plenums in the ceiling spaces of patient-related areas of new facilities. This standard will require fully ducted systems for supply, exhaust and return systems, allowing for better filtration of air-distribution systems and a cleaner environment.

The new guidelines also recommend for emergency departments new security and safety measures, such as providing two separated entrances and security or reception monitoring. It is also suggested within the guidelines that generators and other important equipment should be stored in a safe location above the first floor rather than in the basement.

Being located in the hospital basement renders the equipment inconvenient and hard to reach during an emergency. The risk of flood and disaster damage is also eliminated when materials are stored on higher floors.

As with other editions of the guidelines, this code will not be applied retroactively to existing facilities. Due to competition, though, the nation's 6,000 hospitals will likely take these new regulations into account when improving sites or replacing obsolete facilities.

Jon Cechvala is a senior project architect for Eppstein Uhen Architects Inc., Milwaukee and Madison, and he served on the AIA's Health Guidelines Revision Committee tasked with updating the guidelines for hospital and medical facility construction.