

AMBULATORY CARE STANDARDS

300.001 - INTRODUCTION

1.1 OVERVIEW

- A. History. In 2011, the ambulatory care standards were developed by BJC Planning, Design & Construction. Originally developed to compliment the hospital standards, ambulatory care standards include requirements for procedural requirements, room and department standards and building components.
- B. Purpose. The purpose of this standard is to provide design and construction professionals and all project stakeholders with a comprehensive set of standards that clearly communicate BJC's expectations. As a result, these standards are expected to:
 - 1. Create standard environments to maximize safety and efficiency
 - 2. Decrease construction costs
 - 3. Reduce design and construction schedule
- C. Occupancy. These ambulatory care standards align with the NFPA definition of ambulatory health care occupancy. According to the 2012 edition of NFPA 101, Life Safety Code, an ambulatory health care occupancy is defined as follows.
 - 1. NFPA 101(3.3.188.1). *“An occupancy used to provide services or treatment simultaneously to four or more patients that provides, on an outpatient basis, one or more of the following: (1) treatment for patients that renders the patients incapable of taking action for self-preservation under emergency conditions without the assistance of others; (2) anesthesia that renders the patients incapable of taking action for self-preservation under emergency conditions without the assistance of others; (3) emergency or urgent care for patients who, due to the nature of their injury or illness, are incapable of taking action for self-preservation under emergency conditions without the assistance of others.”*
 - 2. The Joint Commission offers the following commentary to the NFPA definition regarding the designation of ambulatory health care occupancies.
 - a. *Several points deserve special discussion here. First, it is the intention of the Life Safety Code that for a facility to be classified as an ambulatory care occupancy, four or more individuals at any one time must be rendered incapable of self-preservation. Second, the word rendered in this context means that the individuals must be made incapable of self-preservation by the treatment provided at the facility. For example, in an outpatient surgery center, having four or more people under anesthesia and/or recovering from it at one time would result in a classification of ambulatory care occupancy. On the other hand, individuals who arrive in wheelchairs might be considered to be incapable of self-preservation independent of any treatment provided. Each organization must carefully evaluate the services and treatment it*

provides to determine whether the individuals served will be rendered incapable of self-preservation.

- b. The Life Safety Code does not intend that individuals who arrive at the facility in a wheelchair be counted as incapable of self-preservation. However, later editions of the code clarify that facilities that provide emergency or urgent care for patients who, due to the nature of their injury or illness, are incapable of self-preservation are ambulatory care facilities. This clarification closes a loophole in the 2000 edition of the Life Safety Code regarding the definition of freestanding emergency centers*
- c. In addition to organizations that render four or more patients incapable of self-preservation, the LS standards also apply to all ambulatory surgical centers seeking accreditation for Medicare certification purposes, regardless of the number of patients served.*

- D. **Project Types.** Ambulatory care buildings offer interior lease spaces for tenants to provide outpatient medical services to patients. As such, these project types may include shell and core project types (freestanding structures and building additions) and tenant fit outs of leased space.
 - 1. **Shell and Core projects.** The planning and design of the shell and core of an ambulatory care includes the building's substructure, superstructure, exterior envelope, infrastructure and interior non-rentable public spaces as necessary to support tenant lease space. These projects can include construction of a freestanding structure, the addition to an existing structure, and repairs and maintenance activities. The building owner is generally responsible for those shell and core project costs.
 - 2. **Tenant fit-out projects.** The planning and design of tenant fit-out projects includes the interior fit-out of the lease space for a particular tenant. Leasing activities are managed by BJC Real Estate and the planning design and construction is most often managed by BJC PD&C. There are different types of tenants which will influence the project.
- E. **Tenants.** For tenant fit out projects, understanding the tenant and the terms of their lease agreement with the building owner is important to identify the requirements and standards that apply. The primary tenant groups that lease space in an ambulatory care building are as follows.
 - 1. BJC Medical Group is a BJC physician-led organization that provides medical care to people in the St. Louis region including mid-Missouri and Southern Illinois. The medical group includes over 500 doctors and specialists practicing in over 100 locations.
 - 2. BJC hospital departments on occasion may provide diagnostic and treatment outpatient services in a leased space of an ambulatory care building.
 - 3. Washington University Physicians are primary care and specialist physicians who are members of the full-time faculty at Washington University School of Medicine. This clinical practice group includes over 1,300 physicians,

representing more than 76 specialties and subspecialties in medicine and surgery. It is one of the largest academic clinical practices in the country and patients receive comprehensive medical outpatient and inpatient care at nearly 50 clinical sites throughout the greater St. Louis area. Washington University Physicians are associated with BJC's academic hospitals: Barnes-Jewish Hospital and St. Louis Children's Hospital.

4. Private practice physicians that lease space within an ambulatory care building are in this category. For ambulatory care buildings on a BJC hospital campus, a private practice physician must be a staff member of that hospital.
- F. Building Owner. Establishing building ownership is important to identify the requirements and standards that apply. Building ownership of an ambulatory care building will be one of the following four types.
1. BJC HealthCare entity. In this instance, BJC HealthCare, or typically one of its hospital entities, is the sole building owner. Often, the ambulatory care building is located on the campus of the hospital and the buildings are typically freestanding structures. These buildings are generally not directly connected to the main hospital with enclosures and walkways.
 2. Joint ownership – BJC HealthCare and Washington University School of Medicine. While not common for ambulatory care buildings, building ownership can be in the form of a joint venture or partnership between BJC HealthCare and Washington University School of Medicine. When joint ownership occurs, it is important to understand the terms of the ownership agreement including the financial responsibilities, project management, leadership approvals, standards, and project processes of both parties.
 3. Washington University School of Medicine. In this instance, Washington University School of Medicine is a sole building owner. BJC HealthCare would be interested in the standards and requirements only from a tenant perspective.
 4. Building owner other than BJC HealthCare and Washington University School of Medicine. This is a situation where a private developer/landlord is building or has built a building to which a BJC HealthCare tenant (BJC Medical Group, BJC hospital department) is leasing space. Understanding the terms and conditions of these leases is very important and will drive the development and execution of the project.
- G. Types of Standards/Requirements. Only standards developed by BJC HealthCare, PD&C are contained in this chapter. Tenants and other building owners may have their own set of standards that must be considered when developing the project and are not included herein. In addition, those standards may not form a complete set of requirements. As such, the types of standards that must be considered for these projects are as follows.
1. General Requirements. Related to Section 401, these requirements include general process and procedural requirements related to planning and design activities.

2. Room/Department Requirements. Related to Section 402, these requirements are based on specific operational and functional considerations, size/dimension, spatial relationships, Room Data Sheets, or other room type considerations.
 3. Building Component Requirements. Related to Section 403, these requirements are based on building elements and identify quality requirements for building materials, systems, and components.
 4. Finish Standards. These requirements identify the colors, patterns and finishes expected by building owners and/or tenants.
- H. Application of Standards. The application of standards with regard to building owner and tenant is represented in the following table. Where more than one requirement or standard exists, the design professionals shall review and coordinate all applicable requirements as necessary and in agreement with all parties.

Table. Requirements and standards matrix for Ambulatory Care projects.

Building Owner	Requirement and Standard Types	AMBULATORY CARE BUILDING				
		Shell and Core	Tenant			
			BJC Medical Group (BJCMG)	BJC Hospital department	Washington University Physician	Private physician group
BJC HealthCare Entity	general requirements	note 1 (MoP Sect. 301)	note 1 (MoP Sect. 301) , note 2	note 1 (MoP Sect. 301) , note 3	note 1 (MoP, Sect. 301) , note 4	note 1 (MoP Sect. 301) , note 5
	room/department requirements	note 1 (MoP, Sect. 302)	note 2	note 3	note 4	note 5
	building component requirements	note 1 (MoP Sect. 303)	note 1 (MoP Sect. 303)	note 1 (MoP Sect. 303)	note 1 (MoP Sect. 303), note 4	note 1 (MoP Sect. 303), note 5
	finish standard	note 1	note 1, note 2	note 1	note 1, note 4	note 1, note 5
Joint Building Ownership: BJC HealthCare Entity and Washington University School of Medicine (uncommon)	general requirements	note 1 (MoP Sect. 301), note 6	note 1 (MoP Sect. 301), note 2, note 6	note 1 (MoP Sect. 301), note 3, note 6	note 1 (MoP Sect. 301), note 4, note 6	note 1 (MoP Sect. 301), note 5, note 6
	room/department requirements	note 1 (MoP, Sect. 302), note 6	note 2	note 3	note 4	note 5
	building component requirements	note 1 (MoP, Sect. 303), note 6	note 1 (MoP, Sect. 303), note 2, note 6	note 1 (MoP, Sect. 303), note 6	note 1 (MoP, Sect. 303), note 4, note 6	note 1 (MoP, Sect. 303), note 5, note 6
	finish standard	note 1, note 6	note 1, note 2, note 6	note 1, note 6	note 1, note 4, note 6	note 1, note 5, note 6
Washington University School of Medicine	general requirements	Projects not managed by BJC PD&C.	note 2, note 6	note 3, note 6	Projects not managed by BJC PD&C.	Projects not managed by BJC PD&C.
	room/department requirements		note 2	note 3		
	building component requirements		note 1 (MoP, Sect. 303), note 2, note 6	note 1 (MoP, Sect. 303), note 6		
	finish standard		note 2, note 6	note 3, note 6		
Building Owner other than BJC HealthCare and Washington University School of Medicine	general requirements	Projects not managed by BJC PD&C.	note 1 (MoP Sect. 301), note 2	note 1 (MoP Sect. 301), note 3	Projects not managed by BJC PD&C.	Projects not managed by BJC PD&C.
	room/department requirements		note 2	note 3		
	building component requirements		note 1 (MoP Sect. 303), note 3	note 1 (MoP Sect. 303), note 4		
	finish standard		note 2	note 1, note 3		

Notes

- 1 Coordinate requirements with BJC HealthCare.
- 2 Coordinate requirements with BJC Medical Group.
- 3 Coordinate requirements with BJC Hospital department.
- 4 Coordinate requirements with Washington University Physicians Group.
- 5 Coordinate requirements with private physician group.
- 6 Coordinate requirements with Washington University School of Medicine.

1.2 CHAPTER INFORMATION

- A. Volume 1, Chapter 3 of the Manual of Practice contains planning and design requirements for ambulatory care buildings, interior environments and its associated site. This includes, but is not limited to, demolition, interior renovation, exterior renovation, building additions, freestanding buildings, site work, and infrastructure activities. It does include requirements for all spaces within the ambulatory care building, including those areas leased to tenants. This chapter is organized into 3 sections and contain the following documents:

section 301 GENERAL REQUIREMENTS

This section contains general information related to planning and design requirements for ambulatory care buildings. The documents describe basic processes, procedures and deliverable requirements when providing planning and design services for hospital projects.

301.101 General Planning Requirements (Shell and Core and Tenant Fit Out)

301.201 General Architectural Design Requirements (Shell and Core and Tenant Fit Out)

301.202 *(reserved for General Engineering Design Requirements)*

section 302 SPATIAL REQUIREMENTS

This section contains department-based planning and design-related requirements for ambulatory care buildings. The information includes diagrams, Room Standards, Room Data Sheets, and other similar items which communicate BJC's expectations for the rooms and departments. The documents in this section are organized by the following department groupings.

302.420 Building Support, Public (Shell and Core)

302.430 Building Support, Operations (Shell and Core)

section 303 BUILDING COMPONENT REQUIREMENTS

This section contains performance, prescriptive and proprietary standards for products, systems, materials, and components for ambulatory care buildings. The documents in this section support the development of the drawings and technical specifications. The documents in this section are organized based on ASTM E1557 and National Institute of Standards and Technology publication titled *UNIFORMAT II Elemental Classification for Building Specifications, Cost Estimating, and Cost Analysis*.

303.101 Substructure, Foundations (Shell and Core)

Standard Foundations (A1010)

Slab on Grade (A1030)

- 303.201 **Shell, Superstructure (Shell and Core)**
 - Floor Construction (B1010)
 - Roof Construction (B1020)
- 303.202 **Shell, Exterior Enclosure (Shell and Core)**
 - Exterior Walls (B2010)
 - Exterior Windows (B2020)
 - Exterior Doors (B2030)
- 303.203 **Shell, Roofing (Shell and Core)**
 - Roof Covering and Support Structures (B3010)
- 303.301 **Interiors, Interior Construction (Shell and Core and Tenant Fit Out)**
 - Partitions (C1010)
 - Interior Doors (C1020)
 - Accessories/Fittings (C1030)
 - Fabricated Toilet Partitions (C1031)
 - Casework (C1038)
- 303.302 **Interiors, Stairs (Shell and Core)**
 - Stair Construction (C2010)
 - Stair Finishes (C2020)
- 303.303 **Interiors, Finishes (Shell and Core and Tenant Fit Out)**
 - Wall Finishes (C3010)
 - Floor Finishes (C3020)
 - Base Finishes (C3025)
 - Ceiling Finishes (C3030)
- 303.401 **Services, Conveying (Shell and Core)**
 - Elevators and Lifts (D1010)
- 303.501 **Equipment and Furnishings, Equipment (Tenant Fit Out)**
 - Institutional Equipment (E1020)
- 303.601 **Special Construction and Demolition Special Construction (Tenant Fit Out)**
 - Radiation Protection (F1032)
- 303.701 **Sitework, Site Preparation (Shell and Core)**
 - Site Earthwork (G1030)
- 303.702 **Sitework, Site Improvements (Shell and Core)**
 - Roadways (G2010)
 - Pedestrian Paving (G2030)
 - Landscaping (G2050)

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