BJC HealthCare

MEDICAL OFFICE STANDARDS

401.201 – GENERAL ARCHITECTURAL DESIGN REQUIREMENTS

1.1 INTRODUCTION

A. Design Overview. Design efforts associated with medical office buildings varies based on the type of project. Tenant fit-out projects are the interior construction of the leased space within a medical office building. The design of fit-out projects is directly related to the tenant's requirements. The design efforts for the shell and core of a medical office are important as the buildings are generally part of a larger medical center campus/complex. BJC leadership

2.1 ARCHITECTURE DESIGN - TENANT FIT-OUT PROJECTS

A. General. The design for tenant fit-out work must consider the type of tenant. Each one will have a different set of parameters/requirements that will direct the design and level of finishes.

1. BJC Medical Group. This BJC physician organization has some requirements that may affect design efforts, including exam rooms. Coordination with the BJC Medical Group during planning is required.
2. Washington University Physicians. This Washington University physician organization has some requirements that may affect design efforts. Coordination with this group during design is required.
3. Private practice physicians. The level of design required greatly depends on the terms of the lease and the tenant's requirements.

B. Regulatory Requirements. The use of tenant spaces within a medical office building are less than 24 hours per day (no persons currently admitted to a hospital) and no persons are rendered incapable of self-preservation. Therefore, the occupancy classification of the building is as follows:

1. International Building Code: B Business.
2. NFPA 101 Life Safety Code: B, Business

2.2 ARCHITECTURE DESIGN - SHELL AND CORE

A. General. Medical office buildings are typically two story, slab-on-grade, steel-framed structures. The buildings are most often freestanding structures and usually not adjoining or internally connected to a hospital building. The design of these buildings should consider the potential for future growth and expansion.

B. Interior Design. The layout and finishes of the core spaces shall be approved by the Director of Design. Refer to department and room standards for additional information.

1. Medical office buildings are to be protected with automatic sprinkler systems.
2. Room/Area Requirements
   a. Entry Vestibule
      1) Entrance vestibule shall be 10' long minimum. Provide supplemental unit heater.

2) Floor finish to be entry carpet tile type, concrete floor will not be recessed.

b. Lobby
   1) Main lobby space shall be compact in order to maximize building efficiency. Lobby shall be no greater than 1.75% of the gross building area. Confirm BJC Standard Program per building size.
   2) Floors to be hard surface and meet ADA requirements for slip resistance.
   3) Lobby area shall contain a building directory visible from main entrance.
   4) Mail Area. Shall be located in an area of the lobby no more than 50'-0" from the primary entry doors. Coordinate with BJC mail services and postal service. Refer to specification master, Division 10.

c. Stairs
   1) Shall be designed to meet all applicable codes and regulations. One stair shall be visible from the main entry.
      a) 30K - Both stairs shall be designed as fire stairs. No monumental stairs.
      b) 40K - One stair to be designed as a monumental stair at main lobby and near the elevator(s), second stair to be designed as a fire stair.
      c) 60K - One stair to be designed as a monumental stair at main lobby and near the elevator(s), second stair to be designed as a fire stair.

d. Corridors
   1) Public corridors are to be 6'-0" wide, clear.
   2) Wall mounted sconces are not acceptable.

e. Rest Rooms
   1) Public toilet rooms shall be visible from the lobby but not in a prominent location.
   2) Quantity of bathroom fixtures is based on occupant load which is based on allowable sf per person. To determine the number of fixtures needed, the area calculation shall be determined based on the gross building area less the net rentable area. Design team and contractor to verify specific project requirements with AHJ's.
   3) Provide 1 Men's Room and 1 Women's Room on each floor - 4 total rooms. Each room to have 1 wall mounted sink and 1 wall mounted toilet. All rest rooms shall be designed to meet the applicable ADA requirements.
      a) In some instances, toilets are to be separated from bathroom area by phenolic core, floor mounted toilet partition and door. Entry door to not be lockable. Coordinate rest room requirements with PD&C project manager.
   4) Provide ceramic tile at floor and wall base with 4'-0" high ceramic tile at wet wall only.
   5) Provide baby changing stations in all Rest Rooms.
   6) Ceilings are to be painted gypsum board.
   7) Recessed can lights are not permitted.
   8) Provide 1 electric water cooler unit (high and low) at each floor. Design to meet ADA requirements

f. IDF Closet
   1) One IDF closet is required and can be located on first or second floor. Coordinate with IS when 2 IDF closets may need to be provided.

g. Electrical Closet
   1) One Electric Distribution Room is required and should be located on first floor. Room shape to be long rectangular to provide maximum wall surface for panel and equipment mounting.

h. Housekeeping
   1) Shall include a mop sink with wall protection and 18" deep adjustable shelving at sink area. Floors are to be sealed concrete.

C. Exterior Design. The exterior design of the shell of the building shall follow the same process of leadership approval as for all exterior buildings. Unless otherwise directed by the Director of Design, the design team shall develop three exterior options that represent an aesthetic that is either contextual, blended contextual/creative, or creative. Refer to the Design Guideline in Chapter 1 for additional information.

1. Building. The Director of Design will provide initial direction and incremental feedback regarding the concepts, materials, and overall development of the exterior design and material selection.
   a. Exterior walls are typically masonry veneer types with an air space and metal stud wall. Other systems may include tilt-up or precast concrete wall panels with a thin masonry veneer. Exterior insulation and finish systems (EIFS) are not approved for use unless otherwise approved by Director of Design.
   b. Physician/staff only entrance should be located in close proximity to the physician parking.
2. Canopy. A canopy shall be included in the design at the building main entrance/patient drop off area to keep visitors protected from the weather.

D. Site Design.

1. Parking configuration. Orientation of parking shall be such that pedestrians path of travel is clearly visible and not hidden by parked vehicles. In general, rows of parking should be perpendicular from the parking area to the main entrance area and not parallel.
2. Dedicated Parking. When required, physician only parking should be located to minimize the walking distance to the physician/staff entrance. Provide 1 physician parking space per 2,000 BGSF. Spaces shall have a sign indicating physician parking only. Physician parking shall count towards the required parking count.
3. Drop-Off. A weather-protected patient drop-off area shall be located as near to the main building entrance as possible to reduce the number of steps needed for a patient to enter or exit the building. Design team shall consider vehicular dimensions of all vehicles that may pass by, pass through the drop-off. Such vehicles may include local fire department, parcel services, and patient transport vehicles.
   a. Patient transport vehicles that are equipped with wheel chair lifts have particular dimensional requirements for the operation of the lift (side operation). In addition, a level area beyond the lift will then also need to meet the requirements of ADA. Coordinate design with current and anticipated vehicle requirements.
   b. Provide protection for the building and canopy structure from vehicle impact without creating unnecessary pedestrian obstructions.
4. Delivery vehicles. Accommodations for parcel delivery should be incorporated in the site design. Temporary parking for parcel deliveries should occur away from the front entrance so as to not obstruct patient and visitor movement. Deliveries will be off-loaded from vehicle and carried or carted in to building via the main entrance.
5. Emergency Call Station. Provide a minimum of 1 (one) emergency call station in the parking area such that the distance from any call station to the furthest parking space does not exceed 400’-0”.
6. Trash enclosure. Provide 1 (one) brick veneer and concrete masonry trash enclosure to accommodate a minimum of 2 trash receptacles. Design team to coordinate design, location, dimensions, and other requirements with current and/or anticipated trash removal service provider.

7. Building Identification sign. The building shall be identified on the exterior by building mounted signage. Depending on the campus, MOB location and orientation, a separate monument sign may be needed in addition to the building mounted sign(s). The Director of Design shall determine whether a monument sign is required on a per project basis.

    a. Building Mounted. Required signage to be located at or near the top of the building and above the upper windows and oriented to maximize visibility along the predominant approach path. In some instances, more than one building mounted sign may be required, depending on building and site conditions. Coordinate signage requirements with locations of scuppers, parapet height, and other building components. Building signage is typically internally illuminated.

    b. Monument. Considered as optional signage and shall be determined by Director of Design when required. When required, locate monument sign at entrance way to MOB parking area. Monument sign to be coordinated with Director of Design.

8. Security cameras. Coordinate quantity, location and connection points of site security cameras with project requirements. Typically connected to security system in main hospital.

9. IS connection. Coordinate type and location of IS cabling required. Typically connected to IS in main hospital.

E. Regulatory Requirements.

1. Occupancy. A medical office building is most often designed as B Business occupancy per the governing building code and Business per the NFPA 101 Life Safety Code.
2. Local. Local municipalities review the project for conformance with locally adopted building codes.
3. State. In general, state agencies do not license the operation of a medical office, therefore the state's departments for public health should not need to be included in the review and approval process, unless uncommon or unusual circumstances apply.
4. Federal. CMS and the inspecting organizations (TJC) do not generally inspect the construction of medical office buildings.

F. BJC Involvement.

1. Clinical Asset Management (CAM). CAM provides support on an as needed basis primarily for medical-related equipment. CAM's involvement in the shell and core design may be limited, however design team should always verify requirements.
2. Information Systems (IS). IS shall provide direction with voice and data infrastructure requirements.
3. Risk Management (RM). RM shall assist with the development of the project for compliance with regulatory requirements, including insurance provider requirements.

END OF DOCUMENT 401.201

RESPONSIBILITY MATRIX

The following matrix identifies those individuals, roles or departments responsible for maintaining the accuracy of the information and those responsible for providing input. Refer to Preface for detailed explanation.

	BJC HealthCare													Hospital/Entity				
	PD&C																	
	Corporate Architect	Corporate Engineer	Director of Planning	Director of Design	Director of Construction	Other:	Clinical Asset Management (CAM)	Risk Management	Real Estate	Ergonomics	Infection Prevention (IP)	Info Systems, Data, Telecom (IS)	Other:	Standards Review Committee	Facilities Engineering	Housekeeping	Security	Other:
Primary Authorship	☐	☐	☐	☒	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Secondary Authorship	☒	☒	☒	☐	☒	☐	☐	☐	☒	☐	☐	☐	☐	☐	☐	☐	☐	☐

DOCUMENT REVISION HISTORY

The following able indicates the date the document originated and any subsequent revisions.

Document 401.201		
Issue	Description of Issue	Prepared by
2012 v1	Original Issue	G. Zipfel
2016 v1	Reorganization and updates	G. Zipfel
2018 v1	Updated and Reissued	G. Zipfel