

# DoD Military Health System Health Facility Design Guidelines

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## Design Guidelines: Purpose

Design Guidelines are intended to provide designers and design decision makers with specific performance oriented guidance on how to achieve world class and evidence-based design strategies. Design Guidelines can help in establishing a common built environment language and mutual understanding of appropriate concepts among all potential constituencies. They can be used to understand, visualize, achieve and evaluate facility design-related strategies.

## Use of Design Guidelines:

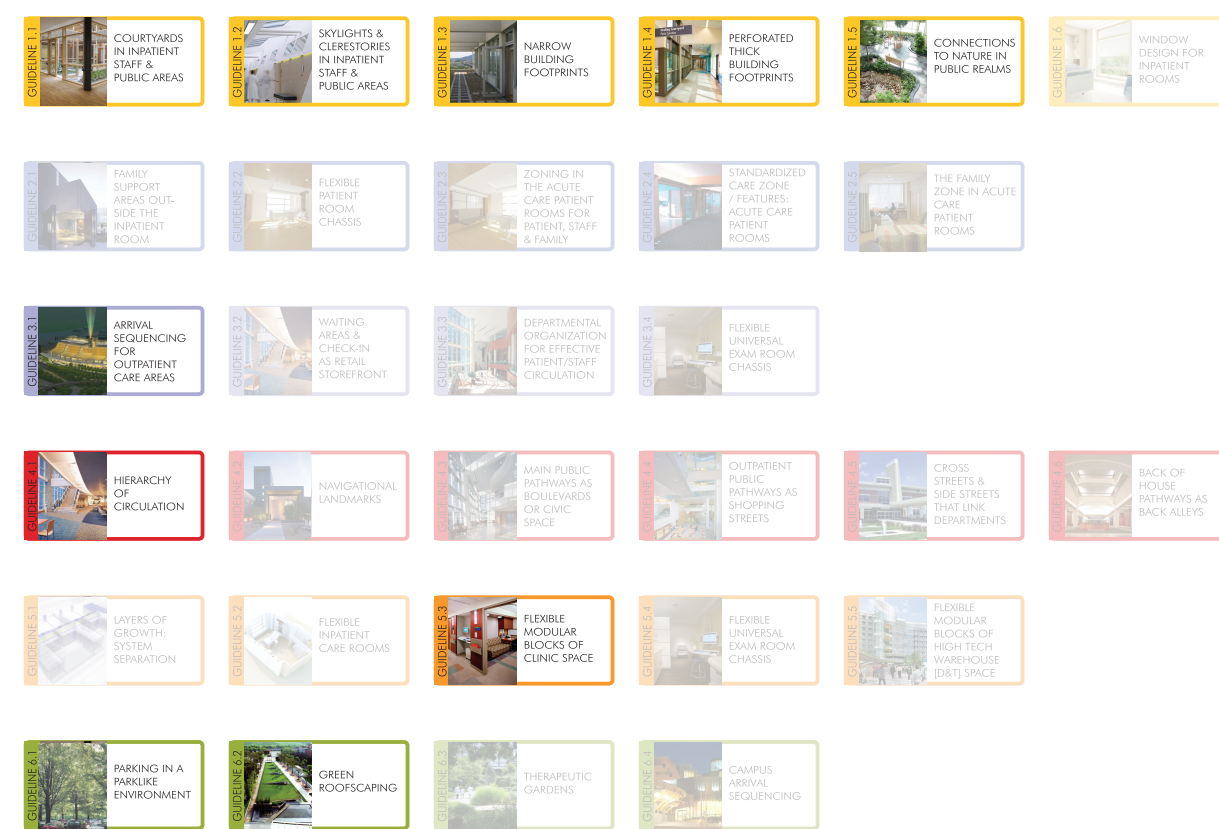
Project design [design/build] team: Guidelines are first and foremost intended as a reference tool by designers and design teams in the design process. They are formatted to provide quick and easy reference to strategy appropriate design concepts and issue specific case studies on related best practices. Designers need to reference from Guidelines to Strategies, Objectives and Case Studies.

**TMA project agents, service branch and other client/user stakeholders:** Guidelines should also be used in developing project scope, programs and budgets prior to the project design process. Guidelines may impact project programming and budgeting as they may include recommendations outside of the norm for traditional military health facility planning, design and construction practices. Planners and decision makers will typically start with guiding principles and work or reference down through objectives and strategies to guidelines.

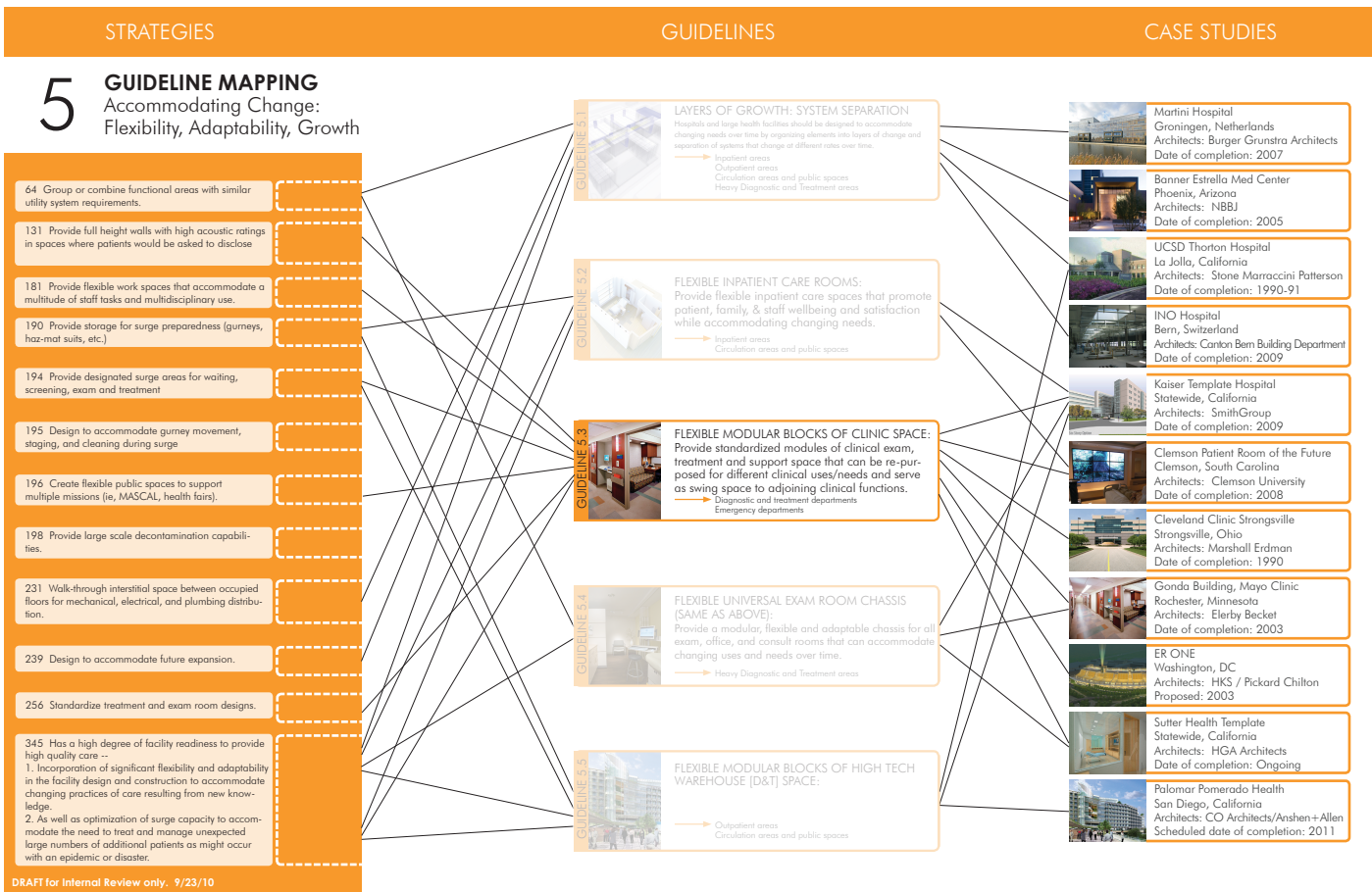
**External Reviewers:** Guidelines may also be used as a reference during the project review process for determining whether or not, and how a given project design employs known and validated best practices linked to specific strategies and objectives.

## GUIDELINE MAPPING

- Daylight, Natural Ventilation, Connections to Nature
- The Patient Care Unit and Inpatient Rooms
- Outpatient Units
- Wayfinding & Circulation: Campus and Building
- Accommodating Change: Flexibility, Adaptability, Growth
- Site Planning and Landscape Design Strategies



DRAFT for Internal Review only, 9/23/10



### 5.3 GUIDELINE: FLEXIBLE MODULAR BLOCKS OF CLINIC SPACE

Diagnostic and treatment departments  
Emergency departments

**DEFINITION:** Rigidly planned and designed clinical spaces risk being obsolete based on a contractor's ability to provide the highest quality of healthcare over the life of the facility. Clinical spaces with physically rigid or otherwise non-adjustable features over time become impediments in the delivery of care. A critical issue is then how to design and create clinical spaces for changing clinical needs and uses over time. There are three basic approaches to outpatient clinic programming and design:

- FIXED SPACE - PROGRAM SPECIFIC:** Fixed clinical care rooms and aggregate units are defined as those whose walls and related infrastructure support systems are built as "permanent" interventions. These systems are non-modular, "custom" or one-off, in their design. They tend to be built in response to one point in time. Their design, construction, and performance are determined by one set of functional requirements predicted before they are designed. Given the time it takes to design build and occupy a large healthcare facility, these predictions are frequently inaccurate by the time the space is built with permanent systems, but is organized around standardized and modular rooms or blocks of clinic space designed and designed to meet more than one operational need or use. A typical approach is to program/design exam rooms, offices and support spaces within a standard room size and shape. Entire clinic modules may also be standardized for multiple clinical functions and serve as swing space. Both clinic modules and/or rooms are reconfigured without significant physical reconfiguration as needs change.

**FACILITY TYPES:**

- Hospitals and related healthcare facilities
- Freestanding ambulatory care facilities

### 5.3 GUIDELINE: FLEXIBLE MODULAR BLOCKS OF CLINIC SPACE

Diagnostic and treatment departments  
Emergency departments

**PROBLEM STATEMENT:** A clinical care unit is often a chaotic place, with people, supplies, and equipment operating in shared spaces in fluid interdependency. Precise construction is essential to successful daily functioning. Non-flexible, fixed spatial configurations do not support highly complex facility performance requirements that continuously evolve across time. Dysfunctional clinical care settings do not allow needed functional separation of systems and people to the maximum extent. Such settings do not achieve functional clarity nor allow for fluid interchangeability. This can cause needless confusion and uncertainty on the part of all participants—staff, patients, and visitors.

Typically, in clinical settings, after the check-in and initial interview is completed, the patient (often accompanied by one's family or children) resides in a waiting or subwaiting room. Next, they are called into an examination room, office, after first providing a urine or blood sample in a patient-designated restroom near or adjacent to the clinic's laboratory. The examination room must house a highly interconnected set of amenities for staff personnel as well as the patient. Patient amenities include a changing area, with pull curtain, seating, and the examination table that folds more than one position (in floorplan).

The examination room has a pivotal role in assuring the delivery of high quality healthcare in clinical settings. Yet the exam room is often a source of much stress, anxiety, and uncertainty for the patient. In the boxed series, the exam room is flexibly and figuratively the common ground between caregiver and care recipient. The Spartan aesthetic of the typical exam room is usually the result of the ubiquitous biggest bang theory that for the past two decades has dominated the healthcare industry in the United States.

**RELATED OBJECTIVES:**

- Provide appropriate levels of patient privacy
- Ensure patient access to care
- Optimize the acoustical environment
- Provide Healing Environment
- Optimize access and wayfinding
- Optimize space utilization and facility over-use
- Optimize communication between patients, care givers, and family
- Optimize staff efficiency and performance
- Ensure operational continuity and facility over-use

**RELATED GUIDELINES:**

- LEVELS OF GROUNTH AND CHANGE: SYSTEM SEPARATION
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### 5.3 GUIDELINE: FLEXIBLE MODULAR BLOCKS OF CLINIC SPACE

CONCEPT:

**HOW TO ACHIEVE IT:**

**SPACE FIELD-CIRCULATION SEPARATION**  
Create flexible blocks of clinic space separate from dedicated primary public and staff circulation zones. The conceptual diagram developed by Elaber Becket for the Gondo Building at Mayo illustrates a flexible clinic space between parallel staff/service and public circulation/support zones. The public zones includes waiting and clinic entry and reception functions.

This basic concept is also evident in Banner Estrella Hospital Medical Center, in Phoenix, AZ, where circulation and service distribution zones are separated from large flexible "space fields" that can accommodate a wide range of changing clinic and diagnostic and treatment function over the life of the building.

**STANDARDIZED STRUCTURAL BAYS**  
The modular space fields articulated at Banner Estrella Hospital Medical Center allow for various horizontal and vertical modular configurations. (Verderber, 2010; Kendall, 2009).

### 5.3 GUIDELINE: FLEXIBLE MODULAR BLOCKS OF CLINIC SPACE

CONCEPT:

**STANDARDIZED FLEXIBLE CLINIC MODULES**  
At the Cleveland Clinic's 1190 clinic in Strongsville, Ohio fixed clinical modules were employed to function as swing space between clinics. Inhabitant walls do not expand or contract, and yet they are flexibly designed to serve multiple clinic functions in anticipation of changing needs.

**STANDARDIZED FLEXIBLE ROOM MODULES**  
At the Gonda Clinic, the same 11' x 12' modules are provided for exam rooms, offices, and treatment rooms (Kendall, 2009). Standardize all medical treatment amenities, i.e. cabinets, sinks, and exam tables, into identical and potentially same handed patterns and within rooms.

**DEMOUNTABLE WALL-BUILDING SYSTEMS**  
Demountable modular wall with integrated service systems as employed at Martini Hospital can be employed where changing needs will require the physical reconfiguration of space through the life of a structure. These systems historically had poor acoustical performance, but newer technologies that altered structural details have better acoustical performance.

**DOUBLE SKIN EXTERIOR WALLS**  
Double envelope exterior wall systems as employed at Martini enables the reconfiguration of interior spaces, repositioning of intersecting interior walls and exterior walls through a central and exterior facade of perforated ranging from major backdrops and "cladding" exterior side walls of the house circulation system.

### 5.3 GUIDELINE: FLEXIBLE MODULAR BLOCKS OF CLINIC SPACE

CONCEPT:

**INDUSTRIAL - FLEXIBLE & DEMOUNTABLE**  
A flexible building system is one that can be reconfigured to accommodate changing needs. The building system includes the building structure, building systems, and building services. The building system includes the building structure, building systems, and building services. The building system includes the building structure, building systems, and building services.

**HOW TO ACHIEVE IT:**

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### 4 GUIDELINE MAPPING

Wayfinding & Circulation: Campus and Building

### 4.1 GUIDELINE: HIERARCHY OF CIRCULATION

CONCEPTS

**DEFINITION:** Healthcare facilities should be designed to provide clear visual cues to orient patients and families, and guide them to their destinations. The building core may be a preexisting structure or new hospital or health center. Healthcare facilities and those that have experienced years of incremental expansion. Healthcare facilities are designed to accommodate the needs of a growing facility and to provide a clear visual cue to orient patients and families. Healthcare facilities are designed to accommodate the needs of a growing facility and to provide a clear visual cue to orient patients and families.

**RELATED STRATEGIES:**

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**FACILITY TYPES:**

- Hospitals and related healthcare facilities
- Freestanding ambulatory care facilities

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**FACILITY TYPES:**

- Hospitals and related healthcare facilities
- Freestanding ambulatory care facilities

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**FACILITY TYPES:**

- Hospitals and related healthcare facilities
- Freestanding ambulatory care facilities

### 6 GUIDELINE MAPPING

Wayfinding & Circulation: Campus and Building

### 6.1 GUIDELINE: GREEN ROOFTOPS

CONCEPTS

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**FACILITY TYPES:**

- Hospitals and related healthcare facilities
- Freestanding ambulatory care facilities

### 6.1 GUIDELINE: GREEN ROOFTOPS

CONCEPTS

**DEFINITION:** Healthcare facilities should be designed to provide clear visual cues to orient patients and families, and guide them to their destinations. The building core may be a preexisting structure or new hospital or health center. Healthcare facilities and those that have experienced years of incremental expansion. Healthcare facilities are designed to accommodate the needs of a growing facility and to provide a clear visual cue to orient patients and families. Healthcare facilities are designed to accommodate the needs of a growing facility and to provide a clear visual cue to orient patients and families.

**RELATED STRATEGIES:**

- 122 Design for comfortable and welcoming, non-sterile
- 139 Provide clear visual cues to orient patients and families
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- 141 Provide visual cues to orient patients and families
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**FACILITY TYPES:**

- Hospitals and related healthcare facilities
- Freestanding ambulatory care facilities