

Spinal Cord Injury Center Functional Grouping

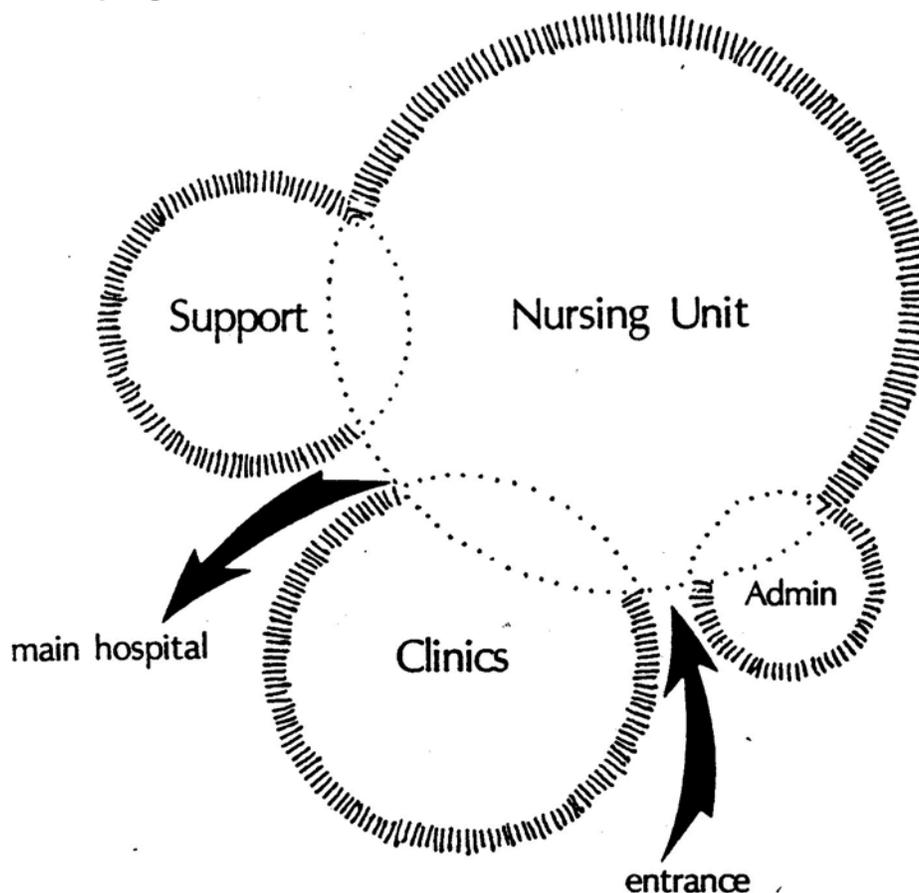


Figure I-1

In new hospital construction the SCIC shall be located at ground level with access to the main elevators. In existing hospitals every effort must be made to locate the SCIC on the ground level. Alternate locations must be approved by the Chief Medical Director. In all cases SCI patients must have direct, level and enclosed access to all major medical facilities.

In relating to the rest of the Medical Center, the SCIC should have close proximity to Rehabilitation Medicine, Prosthetics Service, Dietetics Service, Supply Service and Building Management Service. There should be no proximity between the SCIC and Psychiatric patients.

Whatever the number of Nursing Units programmed they will share Support and Clinic space. The only exception to this is the case of a remote Long Term Nursing Unit where duplication of an RMS and Clinic Space should be required.

Long Term Care Nursing Units must be physically separated from Intensive Rehab/Sustaining Care Nursing Units so that those who are undergoing intense rehabilitation are not distracted by those who for whatever reason, have not achieved a successful rehabilitation.

Each SCIC will have its own entrance and parking lot. See Guideplate #51 for a description of the drop-off procedure.

Nursing Unit Functional Grouping

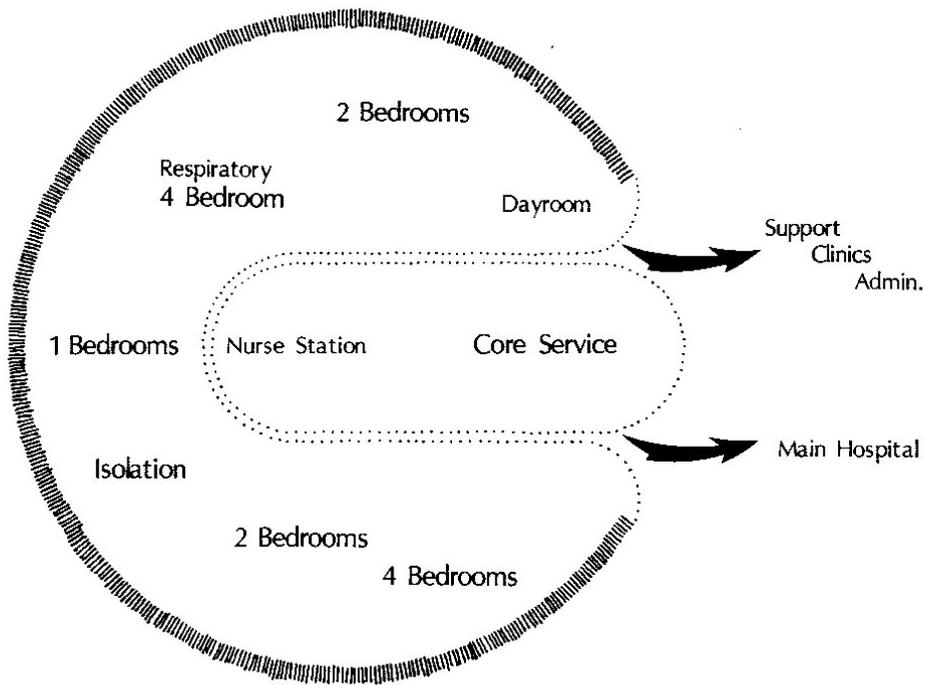


Figure I-2

The design of an SCI Nursing Unit is primarily the wrapping of bedrooms around a service core in such a way that all have good access to staff, and the more acutely ill (those in the One-Bed Rooms, the Isolation Rooms and the Four-Bed Respiratory Room) have priority access to the Nurse Station. A secondary goal for the Nurse Station is visual control of the entrance point(s) to the Nursing Unit.

The Dayroom is intended to be an unsupervised patient activity space and should not be visible from the Nurse Station.

Support

Functional Grouping

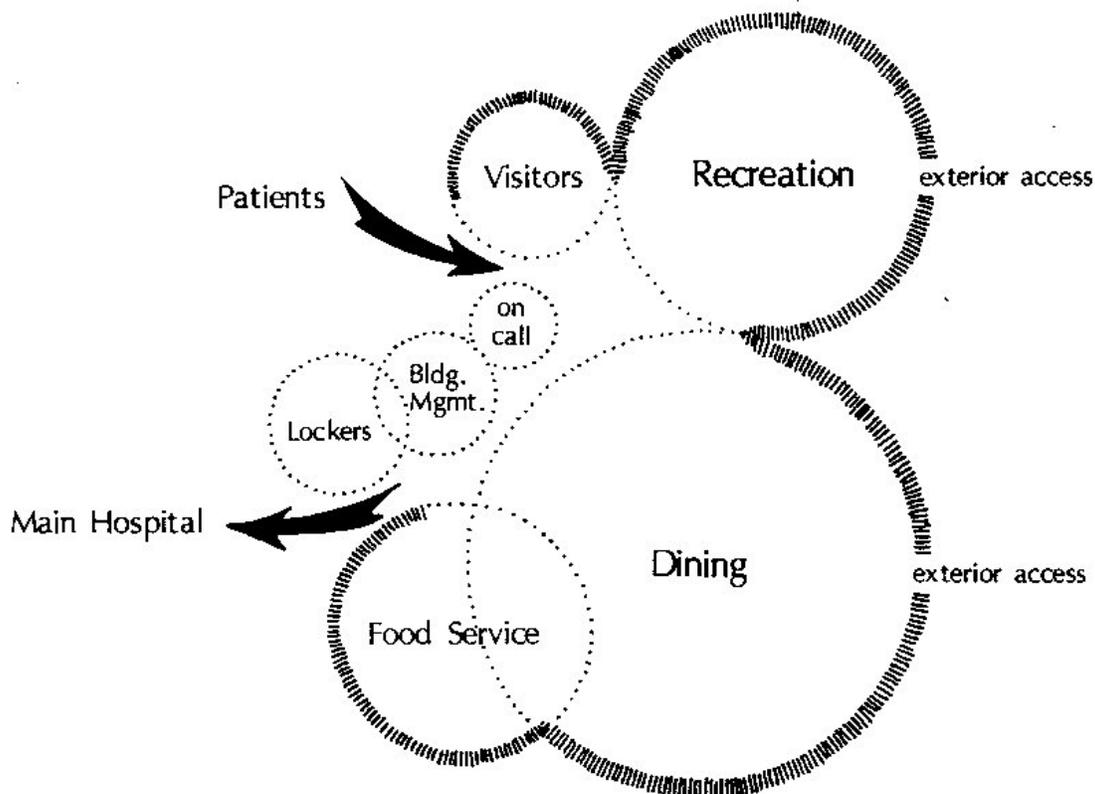


Figure I-3

SCI Support Facilities should be equally accessible from however many nursing units are programmed. The movement of food and supplies between the main hospital and the SCIC should be studied as to the need for a dedicated dock at the SCIC.

Also included in the category of Support are the following spaces:

- Wheelchair & Special Bed Storage
- Resident Clothing & Luggage Storage (Long Term Units only)

These spaces are less frequently accessed and can be in a remote (but accessible) location.

Outdoor recreational space should be provided adjacent to the Recreation and Dining Spaces. The functional possibilities of this outdoor area should be site and climate specific with consideration given to at least the following:

- Picnic/Grille (adjacent to Dining)
- Basketball (half court)

- Accessible Gardening Planter
- Accessible Par Course
- Shaded Seating Area
- Putting Green
- Varied Surfaces with Slopes (for wheelchair training)
- Shuffleboard/Bocce
- Horseshoe Pits
- Children's Play Area
- Game Tables
- Exterior Storage
- Fountain

Clinics

Functional Grouping

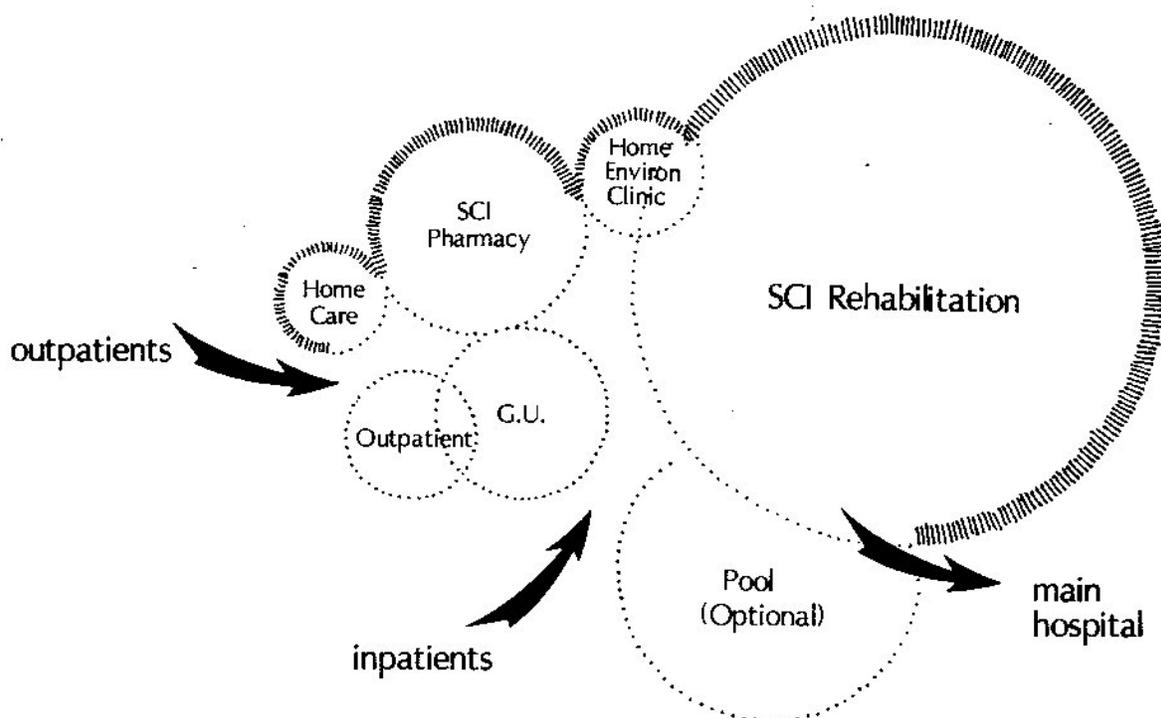


Figure I-4

The location of Clinical Facilities should be equidistant from all Nursing Units in the SCIC. The Outpatient/GU, Home Care and Pharmacy spaces should be adjacent to the dedicated SCIC entrance.

Each SCIC will have an Outpatient/GU Clinic. The movement of Outpatients will for the most part be limited to the Clinical areas shown above. Staff, on the other hand, will need direct access from the Nursing Units to the GU/Cysto area during emergencies.

Pharmacy Service is responsible for dispensing all drugs and many supplies required by both inpatients and outpatients. While some dedicated Pharmacy facility will be provided for each SCIC the actual program will be determined on a case-by-case basis.

Dedicated Rehabilitation space will be a part of each SCIC and will be sized according to the number of inpatients. Each SCIC will be served by a therapeutic pool. Existing pool facilities should be evaluated as to their ability to meet the needs of the SCI patient.

Spinal Cord Injury Design Guide Traffic Chart

The following is a generalization of the degree of mobility to be expected in the different types of Spinal Cord Injury patients.

Spinal Cord Injury Design Guide Traffic Chart ● Significant Traffic ○ Limited Traffic Patient Type	Bedrooms	Dayroom	Dining	Rehabilitation	G.U. Clinic	Recreation	Home Environment Clinic	Pool	Outpatient Clinic	Prosthetics	Administration	SCI Research
	Initial Acute Injury	●				●						
Intensive Rehabilitation	●	●	●	●	●	●	●	●		●	○	
Episodic/Sustaining	●	●	●	●	●	●	○	●		●	○	
Acute Respirator	●				●					●	○	
Chronic Respirator	●	●	●	●	●	●				●	○	
Long Term	●	●	●	●	●	●		●		●	○	
Isolation	●											
SCI Outpatient				●	●			●	●	●	○	

Table I-1