

Explanation of difference, by component

1. All Private Bathrooms

Because of the duration of the patient stay (in many cases patients will remain on the unit for weeks due to the severity of their condition), it is necessary for patients to be able to use the toilet and shower more than the typical ICU patient. By Illinois licensure, an ICU unit often has one patient shower for every twelve patients. For this patient population, this ratio is not sufficient. The patients need to be up and moving even though they are in critical condition to keep them as active as possible prior to and after transplant surgery.

24 x (36 nsf/room difference) x 1.55 n-g conversion factor = 1,339

2. Design Impact of Existing Floorplate

Due to the travel distances generated by the large floorplate configuration, it is necessary to create redundancies in several program areas. For example, five nurse sub-stations were designed for the staff to be in closer proximity to the patient. The main nursing station is positioned to allow anyone entering the unit from the public elevators to be immediately greeted by staff. This allows the unit staff better control over access to the unit, and visibility of the family/visitor to ensure they conduct proper handwashing and gowning techniques. However, the location of the public elevators and unit entries are too remote from the patient rooms and requiring the staff to use only one centralized station does not allow optimal patient care. Therefore, providing a nursing sub-station for every 4-5 beds enables staff to be closer to the patients giving them better visibility, proximity for quicker response to patient calls, and immediate access to supplies and equipment.

2 Additional Nursing sub-stations to reduce distance to patients
400 nsf x 2 stations x 1.55 n-g conversion factor = 1,240

Inter-department circulation: The width of the existing floor plate and location of the existing staff elevators is such that a single internal corridor for inter-department use (EVS, FNS, supply, etc.) is not possible and a series of corridors is required to access all the central support spaces. These additional corridors are required maintain the separation between patient/public corridors and staff only corridors.

3,061

TOTAL AMOUNT JUSTIFIED 5,640

The square footage justifications exceed the difference from the State standard by 3,013 sf.

Medical/Surgical/Observation Beds

The proposed square footage for the Medical/Surgical/Observation unit on the 12th floor is 24,232 DGSF.

Components and Space Standards used are as follows:

28-bed Medical/Surgical/Observation unit, as designed	24,232 DGSF
State Standard for 28 Medical/Surgical beds @ 585 dgsf/bed	18,480 DGSF
Amount of difference	5,752

Explanation of difference, by component

1. Observation Beds	2,640
Northwestern Medicine as a system has a center-of-excellence for patients with the most complicated cardio-vascular conditions in the region. Many patients need to come to NMH before and after their surgical interventions for observation and/or testing. These patients come from the Central, North, and West Regions and interact with the care team for up to 23 hours. Patients are assessed and may be admitted to the ICU or medical/surgical unit following the initial critical decision period. Locating the observation beds on the medical/surgical unit helps to create a more seamless cardiac care experience for the patient and allows for specially trained staff to be available for both patient populations.	
12 x 142 nsf/room x 1.55 n-g conversion factor =	2,640
2. Design Impact of Existing Floorplate	4,634
Due to the travel distances generated by the large floorplate configuration, it is necessary to create redundancies in several program areas. For example, two nurse sub-stations were designed for the staff to be in closer proximity to the patient than a centralized Nursing Station affords. Providing a nursing sub-station for every 12 beds enables staff to be closer to the patients giving them better visibility, proximity for quicker response to patient calls, and immediate access to supplies and equipment.	
Additional Nursing station to reduce distance to patients	
200 nsf x 1.55 n-g conversion factor =	310
Inter-department circulation: The width of the existing floor plate and location of the existing staff elevators is such that a single internal corridor for inter-department use (EVS, FNS, supply, etc.) is not possible and a series of corridors is required to access all the central support spaces. These additional corridors are required maintain the separation between patient/public corridors and staff only corridors.	
	2,717

The large floorplate also creates the need to provide additional support spaces for Clean Utilities, Housekeeping, Nourishment, and Equipment storage. While only one room for each support space type is required by licensure, one additional room for each support has been provided to reduce staff travel distances.

Proximate support spaces due to large floor plate
 1,037 nsf x 1.55 n-g conversion factor =

1,607

TOTAL AMOUNT JUSTIFIED 7,274

The square footage justifications exceed the difference from the State standard by 1,522 sf.

SIZE OF PROJECT				
DEPARTMENT	PROPOSED DGSF	STATE STANDARD	DIFFERENCE	MET STANDARD?
ICU	19,067	16,440	2,627	No*
Medical/Surgical/ Observation	24,232	18,480	5,752	No*

*See justification of difference above.