Stacking and Adjacencies

**VERTICAL PROXIMITY BETWEEN MU AND L&D**

The Postpartum / Mother Infant Unit is located on Level 05 to enable team members to quickly travel to and from Labor and Delivery. Proximity between these floors also better positions the postpartum unit to accommodate antepartum overflow.

- Increased safety during rapid code response
- Reduced travel distances for care team staff
- Enhanced team collaboration
- Increased flexibility

**ADJACENCY BETWEEN L&D AND NICU**

The NICU is located on Level 04 for vertical proximity to the Labor and Delivery Unit. This proximity ensures the shortest travel distance possible for NICU infants, as well as immediate access to Labor and Delivery for the NICU team.

- Increased safety and rapid response during resuscitation events
- Increased family satisfaction

**LEVEL 03 CONNECTION TO ROBERTS PAVILION SURGERY**

The Labor and Delivery Unit is located adjacent to the operating rooms on Level 03 of Roberts Pavilion so that, in the case of more than two simultaneous c-sections, the Labor and Delivery unit can utilize Roberts ORs.

- Optimized space utilization
- Ability to leverage Roberts ORs for multiple c-sections in during simultaneous, unscheduled emergencies
- Improved access to sterile supplies

**EARLY INTERVENTION FOR HIGH RISK MOMS**

An on-site Maternal Fetal Medicine (MFM) clinic is maintained in response to a recent rise in maternal mortality in the U.S. Early identification and intervention for high-risk moms can improve outcomes.

- Improved patient health outcomes

**GUIDING PRINCIPLES**

<table>
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<tr>
<th>Efficiency</th>
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**SCHEMATIC DESIGN - FEBRUARY 15, 2024**
**GUIDING PRINCIPLES**

- Efficiency
- Experience
- Exceptional Quality of Care
- Safety

**RATIONALITY**

- Evidence
- Best Practice
- Innovation
- Flexibility

**SPACE FOR FAMILY DIGNITY**

The rose room is intended for infant holding, and the consult room can flex to a separate waiting area for grieving families. Family respite spaces also allow family members to wait in a private nook while patients receive epidurals.

- Increased patient and family satisfaction
- Increased patient privacy
- Limited disruption to staff workflow

**CONTROLLED ENTRY**

Direct sightlines from the unit secretary desk into the family waiting room is provided. Control doors and a sally port provide additional security for staff and infants.

- Increased security
- Increased staff satisfaction

**OVERFLOW CAPACITY**

A connection to the operating rooms in Roberts Pavilion provides overflow space for additional C-sections to plan for emergency and growth.

- Optimized space utilization
- Leveraged Roberts ORs for multiple C-sections in during simultaneous, unscheduled emergencies
- Improved access to sterile supplies

**RAPID ROUTE TO SURGERY**

C-Section suite is strategically located between the labor and delivery rooms (LDRs), Roberts Pavilion, and patient elevators.

- Shortened travel distances to surgery from horizontal and vertical destinations save time for high risk moms
- Increased patient safety

**CONCEPTUAL APPROACH**

Comprehensive women’s services, from antepartum to postpartum services are rising in significance. Adjacencies between antepartum, delivery, and postpartum intend to enhance continuity of these services. Mother and family members can use a backstage corridor to reach antepartum rooms and can be moved to labor and delivery rooms.

- Enhanced patient privacy
- Supports strategic adjacencies on unit

- **USER FEEDBACK**

- **BEST PRACTICE INNOVATION**

- **PRECEDENTS**

- **GUIDE TO CLINICAL SUPPORT SPACE**

- **INTERRPROFESSIONAL MODEL**

- **CO-LOCATION OF TRIAGE & PREP/RECOVERY**

**INTRODUCTION TO PATIENT ROOMS**

Labor and delivery rooms are right-sized and standardized with space for infant and mother. Antepartum rooms are private with ample clearances. Private patient rooms reduce falls by 66%.

- Spatial capacity for bedside procedures
- Increased patient and family satisfaction
- Improved room utilization
- Improved workflow for staff

**STANDARD CLINICAL CORE**

A standardized clean supply, medication room, and nourishment alcove are located on either end of the unit on every floor to minimize walking distances and limit time spent searching for supplies. Entries are located at off-stage corridors for easy cart deliveries and to limit disruption to patient rest.

- Reduced walking distances
- Increased staff satisfaction
- Increased time spent in direct patient care
- Reduced noise levels

**COOPER UNIVERSITY HOSPITAL - PROJECT IMAGINE**

TOWER A
L04 - Neonatal Intensive Care Unit
SCHEMATIC DESIGN - FEBRUARY 15, 2024

GUIDING PRINCIPLES

1. Exceptional Quality of Care
2. Efficiency
3. Evidence
4. Experience

RATIONALE

1. Enhanced Safety
2. Space optimization
3. Efficient staffing
4. Increased flexibility

FAMILY ACCOMMODATIONS

A family lounge with showers, laundry, consultation space, and lactation is provided directly on the unit. The rose room, intended for infant holding and private grieving, is located off stage. Family respite spaces also allow family members to step away.

- Enhanced parental comfort and freedom
- Increased family-to-family interactions
- Opportunity for emotional support

OFF-STAGE LOCKER AND LOUNGE

The staff locker room and lounge is located for direct access off the elevators and for access to daylight. The off-stage location further encourages staff to take dedicated breaks.

- Increased staff satisfaction
- Reduced staff burnout
- Increased staff retention

ADJACENCY TO BIRTHING UNIT

The NICU is located on Level 04 for vertical proximity to the Labor and Delivery Unit. This proximity ensures the shortest travel distance possible for NICU infants, as well as immediate access to Labor and Delivery for the NICU team.

- Increased safety and rapid response during resuscitation events
- Increased family satisfaction
- Reduced infant hypothermia and morbidity

PRIVATE ROOMS

Single family rooms are provided on the unit in alignment with family-centered care. Single family rooms are associated with higher parental presence and empowerment. Single family rooms support hospital-based breastfeeding, which has been linked with a reduction in infant deaths.

- Increased parental presence
- Reduced stress levels for families
- Shortened length of stay for infant
- Improved lactation outcomes
- Reduced noise levels

PODS OF 3-WALLED BAYS

3-walled bays are provided on the unit to optimize the number of infant care stations available, to respond to the rise of premature birth in the U.S. 3-walled bays balance enhanced patient monitoring with family privacy.

- Enhanced communication between staff and family
- Space optimization
- Increased staff satisfaction
- Enhanced patient monitoring

INFECTION CONTROL

Distributed bottle cleaning stations, decentralized supply cabinets for personal protective equipment and handwash sinks for family enhance infection control practices.

- Increased patient safety
- Reduced travel for supplies

CHOICE IN WORK STATION

The central workstation has multiple options for focused collaborative work, from individual enclave rooms, to enclosed transparent team workrooms, and open workstations for easy patient monitoring. Decentralized charting alcoves further diversify workstation opportunities.

- Increased staff satisfaction
- Flexibility in work mode
- Increased interdisciplinary collaboration
- Improved visibility of patient rooms

DUAL OCCUPANCY ROOM

A dual occupancy room makes strategic use of irregularity space that can be used for twin patients.

- Space optimization
- Efficient staffing
- Increased flexibility

1. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3221133/
GUIDING PRINCIPLES

**FLEXIBILITY**

- Increased family satisfaction
- Decreased staff interruptions
- Improved staff workflow
- Increased interdisciplinary collaboration
- Improved visibility of patient rooms

**EFFICIENCY**

- Increased time spent in direct patient care
- Reduced walking distances
- Increased staff satisfaction
- Reduced noise levels

**EXCEPTIONAL QUALITY OF CARE**

- Increased patient and family satisfaction
- Improved staff satisfaction
- Improved visibility of patient rooms
- Increased time spent in direct patient care
- Reduced noise levels

**SAFETY**

- Reduced walking distances
- Increased staff satisfaction
- Increased interdisciplinary collaboration
- Improved visibility of patient rooms

**COOPER UNIVERSITY HOSPITAL - PROJECT IMAGINE**

**TOWER A**

**L05 - Postpartum/ Mother Infant Unit**

**SCHEMATIC DESIGN - FEBRUARY 15, 2024**

**ANTEPARTUM OVERFLOW**

Patient rooms around the northwest workstation can be used for antepartum overflow to better accommodate antepartum and postpartum patient volumes.

- Optimized room utilization
- Flexibility
- Improved care team continuity

**MEDICAL EDUCATION ROOM**

A medical education room is located on the unit and near the central workstation to provide learners a dedicated space.

- Enhance opportunity for integrated, in-situ learning
- Greater connectivity to staff and educators
- Increased learner satisfaction

**CONTROLLED ACCESS WAITING**

A family waiting area is located directly of the public elevators with controlled entry into the unit. Location of the PSR desk allows for monitoring of families entering and exiting the unit.

- Increased safety and security

**LOCKER AND LOUNGE LOCATION**

The staff locker room is located for direct access off the elevators and the lounge is located for access to daylight.

- Increased staff satisfaction
- Reduced staff burnout
- Increased staff retention

**FAMILY RESPITE**

Two family respite areas are located at either end of the unit to allow family members to take a break or leave the patient room during patient care.

- Increased patient and family satisfaction
- Improved staff workflow

---

**RATIONALITY**

- Evidence
- Precedents
- User Feedback
- Flexibility

- Best Practice
- Innovation

---

**TEAM HUDDLE SPACE**

A centrally located huddle room can be used for rounding, team hand-offs, student learning, and etc. Glass walls and central monitoring screens maintain situational awareness while limiting noise and crowding around patient rooms.

- Increased team collaboration
- Increased staff and learner satisfaction
- Minimized disruption to patient rest
- Maximized visibility

**STANDARDIZED SUPPORT CORE**

A standardized clean supply, medication room, and nourishment alcove are located on either end of the unit on every floor to minimize walking distances and limit time spent searching for supplies. Entries are located at off-stage corridor for easy cart deliveries and to limit disruption to patient rest.

- Reduced walking distances
- Increased staff satisfaction
- Increased time spent in direct patient care
- Reduced noise levels

**STAFFED NURSERY**

The nursery is located directly off the workstation to connect staff with their peers. The exam room is directly connected to the nursery to allow for infant holding before or after rapid response.

- Increased infant monitoring
- Improved staff workflow

**WORKSTATION CHOICE**

The central workstation has multiple options for focused collaborative work, from individual enclave rooms, to enclosed but transparent team workrooms, and open workstations for easy patient monitoring. Charting alcoves further diversify workstation opportunities and enhance visibility.

- Increased staff satisfaction
- Flexibility in work mode
- Increased interdisciplinary collaboration
- Improved visibility of patient rooms

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**References**

TOWER A
L06 - Typical Inpatient Unit
SCHEMATIC DESIGN - FEBRUARY 15, 2024

GUIDING PRINCIPLES

- Increased patient and family satisfaction
- Improved staff workflow

MEDICAL EDUCATION ROOM

A medical education room is located on the unit and near the central workstation to provide learners a dedicated space.

- Enhance opportunity for integrated, in-situ learning
- Greater connectivity to staff and educators
- Increased learner satisfaction

LOCKER AND LOUNGE

The staff locker room is located for direct access off the elevators and the lounge is located for access to daylight. Additional spaces to support staff include a lactation room, respite room, and on-call suite within the unit. These spaces are intended to improve staff experience in response to rising trends in staff burnout. Staff turnover can cost more than $62,100 per nurse.

- Increased staff satisfaction
- Reduced staff burnout
- Increased staff retention

CONTROLLED ACCESS FAMILY WAITING AREA

A family waiting area is located directly on the public elevators with the option for controlled entry into the unit. Location of the PSR desk allows for monitoring of families entering and exiting the unit.

- Increased safety and security

RATIONAL

- Optimized daylight and views
- Increased patient privacy
**GUIDING PRINCIPLES**

- **Efficiency**
  - Evidence
  - Precedents
- **Experience**
- **Safety**
- **Exceptional Quality of Care**

**RATIONALE**

**TEAM HUDDLE SPACE**

- A centrally located huddle room can be used for rounding, team hand-offs, student learning, and etc. Glass walls and central monitoring screens maintain situational awareness while limiting noise and crowding around patient rooms.
  - Increased team collaboration
  - Increased staff and learner satisfaction
  - Minimized disruption to patient rest
  - Maximized visibility

**STANDARDIZED SUPPORT CORE**

- A standardized clean supply, medication room, and nourishment alcove are located on either end of the unit on every floor to minimize walking distances and limit time spent searching for supplies. Entries are located at off-stage corridor for easy cart deliveries and to limit disruption to patient rest.
  - Reduced walking distances
  - Increased staff satisfaction
  - Increased time spent in direct patient care
  - Reduced noise levels

**WORKSTATION CHOICE**

The central workstation has multiple options for focused collaborative work, from individual enclaves, to enclosed but transparent team workrooms, and open workstations for easy patient monitoring. Charting alcoves further diversify workstation opportunities.
  - Increased staff satisfaction
  - Flexibility in work mode
  - Increased interdisciplinary collaboration
  - Improved visibility of patient rooms

**POSITION OF PATIENT ROOMS**

- Patient rooms are located to maximize views on MLK Boulevard and Haddon Avenue. No patient rooms are located parallel to Roberts to protect patient privacy and ensure patients in Tower A do not have direct sight lines into patient rooms in Roberts.
  - Optimized daylight and views
  - Increased patient privacy

**LOCKER AND LOUNGE LOCATION**

- The staff locker room is located for direct access off the elevators and the lounge is located for access to daylight. Additional spaces to support staff include a lactation room, respite room, and on-call suite within the unit. These spaces are intended to improve staff experience in response to rising trends in staff burnout. Staff turnover can cost more than $62,100 per nurse.
  - Increased staff satisfaction
  - Reduced staff burnout
  - Increased staff retention

**CONTROLLED ACCESS FAMILY WAITING AREA**

- A family waiting area is located directly of the public elevators and the lounge is located for access to daylight. Additional spaces to support staff include a lactation room, respite room, and on-call suite within the unit. These spaces are intended to improve staff experience in response to rising trends in staff burnout. Staff turnover can cost more than $62,100 per nurse.
  - Increased safety and security

**Copeland**

- Surgical Oncology: 20(3), 146-154. DOI: https://doi.org/10.1016/j.suronc.2011.06.004
TOWER A
Typical Labor & Delivery Room
SCHEMATIC DESIGN - FEBRUARY 15, 2024

OUTBOARD TOILET ROOM
Patient toilet room is located along the exterior wall.
- Increased clinical workspace in the room
- Increased visibility and patient monitoring
- Enhanced entry into patient room
- Improved patient access to toilet room

DISTINCT FAMILY ZONE
A large sleeper sofa is located in a distinct, recessed area close to the patient.
- Increased privacy for family
- Enhanced patient wellbeing
- Increased family participation
- Increased clear space for care teams

STANDARDIZED HEADWALL
Headwall with medical gases and utilities on either side of the bed utilizes a standard layout across units.
- Optimized safety for patient care
- Reduced number of errors
- Improved ergonomics and clinical workflow
- Increased standardization and consistency
- Increased modularity

INFANT ZONE NEAR MOTHER
Infant resuscitation zone is located adjacent to the mother and along the headwall.
- Standardized footwall maintained
- Increased space for both NICU and L&D Teams
- Increased patient privacy

CORRIDOR PPE CABINETS
PPE cabinets are located at each patient room with direct access from the corridor. Soiled linen cabinets are accessed from within the room.
- Increased access to point of care supplies
- Reduced walking distances for staff
- Improved safety and infection control practices

ACCESS TO DAYLIGHT
There is access to indirect daylight from within the care space.
- Improved staff and family experience
- Regulated circadian function
- Improved patient outcomes

TOILET ROOM AT FOOTWALL
There is direct visibility into the toilet room from the patient bed.
- Reduced patient falls
- Reduced rates of incontinence
- Increased patient control and agency
- Increased patient access to daylight and views
- Improved access to headwall for staff

DOOR TYPE AND ORIENTATION
Entry into the room includes dual leaf swing doors that open facing the footwall.
- Improved patient privacy
- Increased ease of entry

ANGLED CHARTING ALCOVE
Charting alcoves are located at the footwall with angled windows and space for two people.
- Increased visibility and patient monitoring
- Reduced disruptions to patient rest
- Increased staff and patient/family satisfaction
- Space for learning and collaboration

GUIDING PRINCIPLES RATIONALE
Efficiency Evidence
Experience Precedents
Exceptional Quality of Care User Feedback
Safety Simulation

- Hopper, G. (2012). Inpatient Obstetric Unit vs. Obstetric/Neonatal Unit. SCARE. Synthesis No. 051
- Calles, Margaret, Riddle, Stanley, Beaven, Dixie (2013). Contribution of the Design Environment to Fall Risk in Hospitals. The Center for Health Design, Ideas Institute
- Summary of the relationships between design factors and healthcare outcomes. American Journal of Infection Control. Bartley, Olmsted and Haas. June 2010
Typical NICU Room
SCHEMATIC DESIGN - FEBRUARY 15, 2024

**FAMILY / VISITOR RECLINER**
A recliner for mother-baby activities is provided in the room.
- Increased family engagement in infant care
- Increased participation in baby initiative activities (i.e. breast feeding, skin-to-skin, and kangaroo care)

**STANDARDIZED HEADWALL**
Headwall with medical gases and utilities on either side of the bed utilizes a standard layout across units.
- Optimized safety for patient care
- Reduced number of errors
- Improved ergonomics and clinical workflow
- Increased standardization and consistency
- Increased modularity

**DOOR TYPE AND ORIENTATION**
Enterance into the room includes dual leaf swing doors that open facing the footwall.
- Improved patient privacy
- Increased ease of entry

**CORRIDOR PPE CABINETS**
PPE cabinets are located at each patient room with direct access from the corridor. Soiled linen cabinets are accessed from within the room.
- Increased access to point of care supplies
- Reduced walking distances for staff
- Improved safety and infection control practices

**GUIDING PRINCIPLES**
- Evidence
- Best Practice
- User Feedback
- Innovation

**RATIONALE**
- Flexibility
- Innovation
- Precedents
- Exceptional Quality of Care
- Efficiency
- Safety
- User Feedback
- Simulation

**ACCESS TO DAYLIGHT**
There is access to indirect daylight from within the care space.
- Improved staff and family experience
- Regulated circadian function

**DISTINCT FAMILY ZONE**
A large sleeper sofa located in a distinct, recessed area close to the patient.
- Increased privacy for family
- Enhanced patient wellbeing
- Increased family participation
- Increased clear space for care teams

**STANDARD FOOTWALL**
The layout of the footwall follows the standard layout used across other single patient rooms.
- Increased staff satisfaction
- Increased clinical workflow
- Increased standardization and consistency

**ANGLED CHARTING ALCOVE**
Charting alcoves are located at the footwall with angled windows and space for two people.
- Increased visibility and patient monitoring
- Reduced disruptions to patient rest
- Increased staff and patient/family satisfaction
- Space for learning and collaboration

---

**GUIDING PRINCIPLES**

- Flexibility
- Evidence
- User Feedback
- Best Practice Innovation
- Precedents
- Exceptional Quality of Care
- Efficiency
- Experience
- Safety

**RATIONALE**

- Optimized use of space
- Supported family engagement and participation
- Increased visibility and patient monitoring
- Facilitated family communication with staff
- Supports developmental continuum of care
- Improved infant neurodevelopment
- Increased opportunity for family community building

**ACCESS TO DAYLIGHT**

There is access to indirect daylight from within the care space.

- Improved staff and family experience
- Regulated circadian function

**CHARTING ALCOVE**

Charting alcoves are located at the center of the 4-bay module and between two bays.

- Increased visibility and patient monitoring
- Reduced travel distances for staff
- Increased staff and patient/family satisfaction
- Improved infant safety

**HALF HEIGHT WALL**

Half wall is located between NICU bays with full height glazing.

- Increased visibility and patient monitoring
- Increased access to daylight for all bays

**FAMILY/VISITOR RECLINER**

A recliner for mother-baby activities is provided in the room.

- Increased family engagement in infant care
- Increased participation in baby initiative activities (i.e. breast feeding, skin-to-skin, and kangaroo care)

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- Summary of the relationships between design factors and healthcare outcomes. American Journal of Infection Control, 44(6), 601-608.
**GUIDING PRINCIPLES**

- **Efficiency**
- **Evidence**
- **Exceptional Quality of Care**
- **Safety**
- **User Feedback**
- **Simulation**

**RATIONALE**

- **Experience**
- **Innovation**
- **User Feedback**
- **Simulation**

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**Typical Patient Room**

**SCHEMATIC DESIGN - FEBRUARY 15, 2024**

**OUTBOARD TOILET ROOM**

- Patient toilet room is located along the exterior wall.
- Increased clinical workspace in the room
- Increased visibility and patient monitoring
- Enhanced entry into patient room
- Improved patient access to toilet room.

**DISTINCT FAMILY ZONE**

- A large sleeper sofa is located in a distinct, recessed area close to the patient.
  - Increased privacy for family
  - Enhanced patient well-being
  - Increased family participation
  - Increased clear space for care teams

**STANDARDIZED HEADWALL**

- Headwall with medical gases and utilities on either side of the bed utilizes a standard layout across units.
  - Optimized safety for patient care
  - Reduced number of errors
  - Improved ergonomics and clinical workflow
  - Increased standardization and consistency
  - Increased modularity

**DOOR TYPE AND ORIENTATION**

- Entrance into the room includes dual leaf swing doors that open facing the footwall.
  - Improved patient privacy
  - Increased ease of entry

**CORRIDOR PPE CABINETS**

- PPE cabinets are located at each patient room with direct access from the corridor. Soiled linen cabinets are accessed from within the room.
  - Increased access to point of care supplies
  - Reduced walking distances for staff
  - Improved safety and infection control practices

**ACCESS TO DAYLIGHT**

- There is access to indirect daylight from within the care space.
  - Improved staff and family experience
  - Regulated circadian function
  - Improved patient outcomes

**TOILET ROOM AT FOOTWALL**

- There is direct visibility into the toilet room from the patient bed.
  - Reduced patient falls
  - Reduced rates of incontinence
  - Increased patient control and agency
  - Increased patient access to daylight and views
  - Improved access to headwall for staff

**UNIVERSAL CLEARANCES**

- The room is sized to accommodate med/surg, intermediate care, and intensive care clearances.
  - Staged for future flexibility
  - Reduced need for patient transport
  - Improved standardization and consistency
  - Reduced medical errors

**ANGLED CHARTING ALCOVE**

- Charting alcoves are located at the footwall with angled windows and space for two people.
  - Increased visibility and patient monitoring
  - Reduced disruptions to patient rest
  - Increased staff and patient/family satisfaction
  - Space for learning and collaboration

---

**REFERENCES**

GUIDING PRINCIPLES

- Exceptional Quality of Care
- Efficiency
- Safety
- Experience
- Evidence

RATIONALE

- Precedents
- User Feedback
- Simulation
- Innovation
- Best Practice
- Evidence

OUTBOARD TOILET ROOM

Patient toilet room is located along the exterior wall.

- Improved clinical workspace in the room
- Increased visibility and patient monitoring
- Enhanced entry into patient room
- Improved patient access to toilet room

DISTINCT FAMILY ZONE

A large sleeper sofa is located in a distinct, recessed area close to the patient.

- Increased privacy for family
- Enhanced patient wellbeing
- Enhanced family participation
- Increased clear space for care teams

STANDARDIZED HEADWALL

Headwall with medical gases and utilities on either side of the bed utilizes a standard layout across units.

- Optimized safety for patient care
- Reduced number of errors
- Improved ergonomics and clinical workflow
- Increased standardization and consistency
- Increased modularity

DOOR TYPE AND ORIENTATION

Entrance into the room includes dual leaf swing doors that open facing the footwall.

- Improved patient privacy
- Increased ease of entry

CORRIDOR PPE CABINETS

PPE cabinets are located at each patient room with direct access from the corridor. Soiled linen cabinets are accessed from within the room.

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Charting alcoves are located at the footwall with angled windows and space for two people.

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- Increased staff and patient/family satisfaction
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GUIDING PRINCIPLES

- Flexibility
- Evidence
- User Feedback
- Best Practice
- Innovation

RATIONAL

- Precedents
- Simulation
- Evidence