

THE ARCHITECT'S ANGLE

John W. Baumgarten Architect, P.C.

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Do You Know That...?

- As of February 19, 2008 the New York City Building Department will fully implement an electronic application filing system known as "e Filing". This new system will streamline the way building projects are filed.
- The New York State Health Department has issued another round of HEAL-NY Grant opportunities. The "rolling applications" with submittal dates between March and June 2008 provide a viable potential funding source for Health Care facility modernization projects.

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Bariatric Unit Conversions - Sizing Up The Problem

The growing problem of obesity in America and the related effect it has had on the Health Care delivery system are well known to those within the medical community.

The rate at which this problem has progressed has left residential care administrators and facility managers scrambling to upgrade their physical plants in order to adapt them to the special needs of obese patients.

Given the link between obesity and other health problems such as diabetes, kidney disease and cardiac conditions, morbidly obese residents have also begun to put a strain on in-house Dialysis Units and Rehabilitation Suites.

In considering whether to create a discrete Bariatric Unit, a key decision for any facility is whether to place a weight limit on the Bariatric residents they will care for.

The physical size of a resident is directly related to the amount of renovation required to properly care for them. However, there is a basic, "minimum" amount of renovation required to establish a Bariatric Unit, regardless of a resident's weight.

The most basic alteration that needs to be made is to widen doorways in all areas accessible to Bariatric residents. Bariatric residents require wider wheelchairs (usually 54" wide) and wider beds (48" or 54"). The retrofit approach most often taken is to install a pair of doors with one leaf at 44" wide and the other 18" wide. This configuration avoids the use of a single, unwieldy door while still creating a wide overall opening usable by Bariatric residents.

A "basic" Bariatric alteration also must include a tub room retrofit. Pier tubs are not practical for Bariatric residents and most shower stalls are not large enough for their use. It is usually necessary to replace an existing shower/tub configuration with two oversized shower stalls.

In older facilities, Bariatric room toilets usually require fairly significant alterations (enlargement), especially if their "footprint" does not allow wheelchair access and a proper 5 foot turning radius. Wall hung toilets should be replaced with floor mounted units which can carry more weight and swinging toilets doors should be replaced with sliding "barn-type" doors to improve toilet access and ease of use.

If possible, Bariatric rooms should be private rooms. In older facilities, this is the only option since only one oversized bed and oversized wheelchair will "fit" while still allowing a reasonable amount of maneuvering space.

Where conditions permit, it may be possible to create some "oversized" rooms for the Bariatric residents which in-turn may allow some existing 2-bedded rooms to be converted into "privates" for other Bariatric residents. These new oversized rooms could be fitted-out with specialized equipment such as overhead lifts to allow staff to better assist the Bariatric residents.

John W. Baumgarten Architect, P.C.: Recent Projects:

