

CENTRAL STATE HOSPITAL
POLICY/PROCEDURE

SUBJECT: SPACE UTILIZATION

ANNUAL REVIEW MONTH: NOVEMBER

RESPONSIBLE FOR REVIEW: CHIEF OPERATIONS OFFICER (COO)

EFFECTIVE DATE: JANUARY 2008

I. Scope:

This policy establishes guidelines for the use of all space at Central State Hospital (CSH).

II. Staff Responsibilities:

- A. It is the responsibility of the service chiefs, department heads, and office directors to obtain written approval from the Space Utilization Committee prior to changing the use of any room or space at CSH. Examples of room/space changes requiring approval are/but not limited to;
- Office to bedroom
 - Dayroom to creative arts room
 - Bedroom to seclusion/special care room
 - Storage room to office
 - Office to conference room
 - Outside areas (i.e. parking lots, courtyard, recreational areas etc.)
- B. The Director of Information Services and Performance Evaluation (ISPE) shall maintain a room information database, which describes the location of each room and its current use.
- C. The Director of Plant Operations shall maintain current plans and drawings for each building that reflects the current size, layout and identification of each room.

III. Procedure:

These procedures establish guidelines to assure that any change in the use of any space is appropriate to its intended use, meets established consumer care requirements as necessary, and is in compliance with the National Fire Code, Joint Commission on Accreditation of Healthcare Organizations (JCAHO), and other applicable regulatory agencies.

A. Unit/Section Director:

If a change in the use/function of a room is determined to be needed, request for approval shall be made through the assigned DDO to the Space Utilization Committee, utilizing Form CSH-96, Request for Approval to Change the Use of a Space.

B. Service Chief/Department Head/Office Director:

1. Review form CSH-96 and request additional information if needed.
2. Approve/Disapprove the request.
3. If request is approved, sign and date the form and if applicable, the proposed floor plan to the Space Utilization Committee Chairperson.
4. If request is not approved, ensure that the use of the room/space is not changed.

C. Space Utilization Committee:

Chief Operations Officer
DDS/Designee
Director, ISPE/Designee
Director of Legal Services and Risk Management/Designee
Director, Plant Operations/Designee
PTFS/Designee
Director, Safety/Designee
Communication/Telephone/Designee

1. The COO shall convene the Space Utilization Committee as needed.
2. Review form CSH-96, if applicable, the proposed floor plan and request additional information if needed.
3. Ensure that the proposed use of the room is in compliance with applicable regulations.
4. Approve/disapprove the request.
5. Return signed approved/disapproved form CSH-96 to DDO.
6. Forward copy of form CSH-96 to the Director of Plant Operations to update plans and drawings.
7. Report as needed to the CSH Environment of Care Team.

D. Service Chief/Department Head/Office Director:

1. If the request is returned disapproved, inform unit/section director not to change the use/function of the room.

2. If the request is returned approved, inform the unit/section director to proceed with changing the use/function of the room.
3. A review of disapproved request to change function of space may be requested from the DDO by submission in writing to the COO.

E. Director, Information Services and Performance Evaluation:

Update the approved information with use/function of a space in the Space Utilization database.

F. Director of Plant Operations:

Update plans and drawings when physical changes to a room are made as a result of construction/renovation, or change in the use/function of a room.

G. Safety Director:

Shall inspect each area of requested change in use/function to ensure compliance with all applicable regulations and standards.

Approved:

This policy has been approved by the CEO and CMO in March, 2008.

Attachment:

Attachment I – Request For Approval to Change the Use of a Space

CSH SPACE INFORMATION DATABASE

REQUEST FOR APPROVAL TO CHANGE THE USE OF A SPACE

SECTION A: SPACE IDENTIFICATION/LOCATION

Room/Location Number: _____ Building: _____

Unit/Section: _____ Div./Dept./Office: _____

SECTION B: CURRENT SPACE USE

Current Description of Space Use: _____ Code: _____
(Use descriptions and codes listed on back of form)

SECTION C: REASONS/JUSTIFICATION FOR PROPOSED CHANGE IN USE (Please consider the following factors when completing this section of the form: estimated cost involved with any physical plant modifications ; safety; licensure standards; all securities issues; function of spaces; confidential/private issues; and client/treatment use. Please attach additional page if necessary):

Are square feet of floor space, windows, lighting electrical receptacles, plumbing hookups, TV/computer cable, door hardware/locks, ventilation, sprinklers, etc.

Adequate for Proposed New Use: _____ Yes _____ No (Explain Any Required Engineering/Maintenance Work): _____

SECTION D: MANAGEMENT SIGNATURES AND APPROVAL/DISAPPROVAL

Requested By: _____
Unit/Section Director Date

Recommended Approval: _____
Service Chief/Dept. Head/Office Director Date

Approved

Disapproved

Chief Operations Officer Date