ICU Design Citation Release Statement

We understand that the Society of Critical Care Medicine, American Association of Critical-Care Nurses, and the American Institute of Architects Academy on Architecture for Health are creating Intensive Care Unit Design resource files and would like to include our application in those files. These would be made available to persons wishing to construct or remodel intensive care units, possibly in the form of videos and/or notebooks that consolidate the entries received. We hereby grant permission to use our entry for this purpose.

Name of Applicant

Signature of Applicant

Date

Institutional Approval by

Title

Date
Conceived to identify and recognize a critical care unit already in operation whose design demonstrates attention to both functional and humanitarian issues, the Society of Critical Care Medicine, the American Association of Critical-Care Nurses, and the American Institute of Architects Academy of Architecture for Health are co-sponsoring this citation. The winner receives two plaques (one plaque for the Hospital ICU and one plaque for the Architect), and one complimentary registration to the annual meetings of each of the sponsoring organizations. Honorable mentions will be awarded a certificate.

The citation is awarded to that entry that best resolves both functional and humanitarian issues in a unique and complimentary manner. The focus is on planning and design characteristics rather than process or administrative features. Units are reviewed in a blinded fashion according to the following criteria:

1. Demonstrates commitment to creating a healing environment
2. Demonstrates commitment to promoting safety and security
3. Demonstrates commitment to efficiency
4. Demonstrates attention to innovative, unique aesthetic and creative design features

The patient bedside area, overall units design, integration of technology, staff/support areas, and family/waiting areas are assessed.

Only units in operation at the time the application is submitted are considered. **Applications received after August 15, 2016 will not be accepted.** Applicants submit the following to the SCCM office:

1. Submit $250.00 application fee with a copy of the application cover sheet to: Society of Critical Care Medicine, 35083 Eagle Way, Chicago, Illinois 60678-1350 USA

**Submit the information below to:** Carol Prendergast, Society of Critical Care Medicine, 500 Midway Drive, Mount Prospect, Illinois 60056-5811 USA

2. One copy of the application cover sheet.
3. Seven copies of the fact sheet.
4. Seven copies of a one page list of the unique or innovative features of the unit and how they meet the selection criteria.
5. Seven copies (format 11”x17”) of each of the following drawings: (Please indicate scale)
   a) An architectural floor plan of the unit alone drawn to scale, with rooms labeled according to function.
   b) A second sheet showing a plan of a typical patient room layout (front of room and interior), complete with furnishings and equipment.
   c) A third sheet showing the block building floor plan depicting access to the unit and how it relates to other services. (These are the only physical drawings that will be considered. Do not send information such as the mechanical, electrical and plumbing blueprints)
6. One copy of a digital architectural drawing (.dwg format) of the unit alone, drawn to full scale, with rooms labeled (in English) according to function (do not include institutes name).
7. A photograph or rendering image of a typical patient room, complete with furnishings (include front of room and interior).
8. Seven copies and one original of a 4-7 minute professional quality DVD video tour of the unit in either the full or compact size (.avi format). Narration describing functionality is important. **For judging purposes, the institution/unit must remain anonymous.** We recommend that the video showcase the entire unit, for example, the patient rooms, staff work areas, amenities for families,
etc., and depict real patient situations or activities. We also recommend that explanations of
unique uses and design features are emphasized and that describing the obvious, common features
or manufactured equipment items be avoided. All the judges are familiar with standard unit usage,
equipment and structure.

9. One copy of the release statement.

Make sure that neither the names of the applicants nor the institutions appear anywhere but on the
cover sheet. The applicants and units must remain anonymous to the review panel.

All entries that meet the application criteria will be blinded, reviewed, and scored by the review
committee. The recipient of the citation will be notified by October 15, 2016 and announced at the 2017
annual meetings of the SCCM, AACN and AIA, as well as in the newsletters of the two sponsoring
organizations.

This publication/video package is the sole property of the Society of Critical Care Medicine,
American Association of Critical-Care Nurses and the American Institute of Architects Academy
on Architecture for Health.

Practical Hints for Video Taping:

If available, have the architect or public relations/marketing department prepare the video recording and
send the original to SCCM. If the hospital is chosen as the award recipient, the DVD will be used in the
production of the ICU Video/Book Resource Pack as well as for judging by SCCM, AACN and AIA.

When preparing the video - READ instructions that come with video cameras - they can be very helpful.
Ask for guidance on the proper type of film and how to ensure capture of the true color scheme.

PLEASE SEND THE ORIGINAL AND MARK "ORIGINAL COPY"

As much as possible:

1. Take time to plan your taping. Scripts can be very helpful.
2. Avoid dead time like walks down long halls - watch the backlighting.
3. Reduce background noise as much as possible or narrate later using a script.
4. Pay attention to color/tint of video to be sure it reflects your real color scheme.
5. Show areas essential to judging criteria.
6. Focus camera on the spaces, not the narrator. Be sure to include all essential aspects, (i.e. family
areas, staff areas, patient/visitor flow into and around unit).
7. Exhaustive renditions are not necessary.
8. Make sure there is nothing on the walls that will give away the name of the facility.
9. Make sure staff is not wearing anything with the name of the facility on it, i.e., uniforms, badges.
Society of Critical Care Medicine
American Association of Critical-Care Nurses
American Institute of Architects Academy on Architecture for Health
ADULT AND PEDIATRIC ICU DESIGN CITATION APPLICATION

Name of Institution______________________________________________________________

Name of Unit___________________________________________________________________

Address________________________________________________________

Name of Architect_________________________________________ eMail__________________

Persons Submitting Application
(Please list an architect, a nurse and a physician below)

1. Name ___________________________ Phone ( ) _______________
   Title ___________________________ Phone ( ) _______________
   Address ____________________________________________________________
   eMail ____________________________________________________________

2. Name __________________________________ Phone ( ) _______________
   Title __________________________________ Phone ( ) _______________
   Address __________________________________ Phone ( ) _______________
   eMail ____________________________________________________________

3. Name __________________________________ Phone ( ) _______________
   Title __________________________________ Phone ( ) _______________
   Address __________________________________ Phone ( ) _______________
   eMail ____________________________________________________________

Which of the above will be the primary contact: ____________________________

Where did you learn about this competition? ____________________________

Please check that the following are enclosed:
1. ☐ One copy of the Release Statement
2. ☐ One copy of the Application
3. ☐ Seven (7) copies of the Fact Sheet
4. ☐ Seven (7) copies of description (maximum of one page typed list of key features)
5. ☐ Seven (7) copies each of the architectural floor plan, the typical patient room layout and block-building plan
6. ☐ One (1) copy of a digital architectural drawing (.dwg format)
7. ☐ One (1) photograph or rendering image
8. ☐ One copy of the ICU Design Citation Release Statement
9. ☐ Seven (7) copies + one (1) original of the DVD video tour of the unit in either the full or compact size (4-7 minutes long in .avi format)

Only applications received by August 15, 2016 will be considered.
(Please direct questions to Carol Prendergast at, 847/827-6826 or e-mail cprendergast@sccm.org)

Mail package to: Society of Critical Care Medicine
Attn: Carol Prendergast
500 Midway Drive
Mount Prospect, IL 60056-5811
**FACT SHEET**

<table>
<thead>
<tr>
<th>Type of Institution: ____________________________</th>
<th>Number of beds: _____________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type of unit (Patient Mix): _____________________</td>
<td>Number of beds: _____________</td>
</tr>
<tr>
<td>Type of design (open vs. closed): ____________________________</td>
<td></td>
</tr>
<tr>
<td>Size of typical patient room or area: ____________________________</td>
<td></td>
</tr>
<tr>
<td>Type of power/equipment mounting (headwall or power column): ________________</td>
<td></td>
</tr>
<tr>
<td>Type of floor coverings: ____________________________</td>
<td></td>
</tr>
<tr>
<td>Type of wall coverings: ____________________________</td>
<td></td>
</tr>
<tr>
<td>Construction completed (Month/Year): ____________</td>
<td>Occupancy Date: (Month/Year): ____________</td>
</tr>
<tr>
<td>If renovation - state structural and/or dimensional limitations (if any): ____________________________</td>
<td></td>
</tr>
</tbody>
</table>

Based on the following descriptions, please select Renovation or New Construction.

- [ ] Renovation
- [ ] New Construction

**New Construction:** Construction of the building, which contains the new ICU from the ground up or a new addition onto an existing building.

**Renovation:** The new ICU is built within the pre-existing hospital building.

The budget was:

- [ ] A strictly limiting factor
- [ ] A moderately limiting factor
- [ ] Not a limiting factor

Did you make use of the SCCM ICU Design Manual (i.e. Guidelines, Tapes, Floor Plans)?

- [ ] Yes
- [ ] No

**Make sure that neither the names of the applicants nor the institutions appear anywhere but the cover sheet. The applicants and units must remain anonymous to the review panel.**
**TIMELINE FOR ANNUAL ICU DESIGN CITATION**
SCCM/AACN/AIA-AAH

<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
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<tbody>
<tr>
<td>August 15</td>
<td>Application deadline</td>
</tr>
<tr>
<td>September 1 to October 30</td>
<td>Reviews of entrants by jury</td>
</tr>
<tr>
<td>October 15</td>
<td>Winner announced</td>
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### Products Available to Assist in Designing Your ICU

The submitted materials of the winner and runner-up entries have been compiled into the *ICU Design Video and Booklet*. Each year, additional projects are added. The notebook and video packages are valuable tools for ICU design teams looking for ideas ranging from space planning to details. *Critical Care Unit Design & Furnishing* is a guidebook that helps team members make an optimal contribution from conception of the design to its fruition. In addition, the peer-reviewed Guidelines for Intensive Care Unit Design, which appeared in *Critical Care Medicine* (2012 May;40(5):1586-600. PMID: 22511137) provide an evidence-based design tool and citation list. These products are available by calling SCCM at 847-827-6869.