LEED BD+C: Healthcare | v2009

Resource use - design for flexibility

MRc6 | Possible 1 point

Intent

To conserve resources associated with the construction and management of buildings by designing for flexibility and ease of future adaptation, and service life of constituent components and assemblies.

Requirements

Increase building flexibility and ease of adaptive reuse over the life of the structure by employing a minimum of three of the following design and/or space planning strategies:

- Use of interstitial space[1] serving for a minimum 20% of project diagnostic and treatment or other clinical floor area [calculation based on Departmental Gross Square Foot (DGSF)]. Design distribution systems for electrical, information technology, communication, medical gases, and sprinklers with the capability to control multiple zones in clinical spaces. (Inpatient units are included in this calculation.)
- Provide programmed soft space[2], such as administration/storage, equal to a minimum of 5% of total clinical space. Locate soft space adjacent to clinical departments that anticipate growth. Determine strategy for future accommodation of displaced soft space (calculation based on project DGSF).
- Provide shelled space[3] equal to a minimum of 5% of total project departmental clinical space; locate where it can be occupied without displacing occupied space (calculation based on project DGSF).
- Identify horizontal expansion capacity for diagnostic and treatment or other clinical space equal to a minimum of 30% of existing gross square footage (excluding inpatient units) without demolition of occupied space (other than at the connection point of future expansion). Reconfiguration of additional existing occupied space that has been constructed with demountable partition systems is permitted. Or design for future vertical expansion on a minimum of 75% of the roof, ensuring that existing operations and service systems will be able to operate at or near capacity during the expansion.
- Designate location(s) for future above-grade parking structure(s) equal to 50% of existing on-grade parking capacity, with direct access to the main hospital lobby/ circulation/vertical transportation pathways.
- Use of demountable partitions for 50% of applicable areas as a strategy for future flexibility.
- Use movable/modular casework for a minimum of 50% of casework and custom millwork. (Calculation is based upon the combined value of the twoelements, as determined by the cost estimator or contractor).