INTERIOR DESIGN – DESIGN PRECEPTS

**Interior Design Reviews:**

Where possible allow two weeks for Interior Design to provide finish selections. Many existing finish materials in our facilities are discontinued and/or are unique due to age, requiring time to find a suitable substitution.

**Renovation and New Construction Precepts:**

Plan into the construction budget the dollars needed to “do it right”. Consult with Interior Design prior to preparing any finish documents. Discuss finish changes or scope in schematic design phase.

“Match existing” should not be used as a premise in planning projects or as a statement in any construction documents.

Finish termination points need to be determined by Interior Design and the Project Manager to insure a cohesive project appearance. This is essential in corridors where logical transition from existing to new finishes need to be carefully constructed. Corridors should have logical termination points within the corridor for a uniform finish. The outcome for all renovation projects is to provide a professional comprehensive approach and appearance.

Examples include, but are not limited to:

**Paint**

Full wall sections or paint corner to corner in interior rooms; Interior Design to determine termination point in corridors. Wallcovering should always be removed and walls patched/prepared for paint -never painted over. Vinyl wall protection and handrails should not be painted; replacement should be determined as part of project scope. Door frames are to be painted with a semi-gloss finish; walls in heavily used patient areas (exam and patient rooms) are to be painted with a semi-gloss finish; other walls are to be painted with an eggshell finish. Painted ceilings are to be a flat finish (white).

**Wall protection /corner guards/handrails**

Corner guards should always be full height (floor to ceiling) unless otherwise specified by Interior Design. Clear acrylic corner guards should not be used. Wall protection should not be patched unless a matching color is available. Handrails should be either solid maple or an Acrovyn-type product as specified by Interior Design.

**Mill Work**

If existing surfaces are damaged or chipped, replacement of those sections should be factored into project budgets. Laminates should not be used in heavily used patient/visitor areas; rather use solid surface counters.

**Ceramic Tile**

Determine if wall tile is required or if either paint or a solid surface could be used to clad existing surface. Do not call for miscellaneous patching (example: wall tile in UH is a specific size and can only be patched with a specific manufacturer– colors are also discontinued and cannot be matched. If existing tile has multiple holes in it, replace entire wall. Floor tile in UH, THC, CC, etc. is to be approached similar to wall tile.

**Sheet Vinyl**

Interior rooms should be considered for full replacement or carefully planned accents or transitions if full replacement is not feasible. Corridor termination points should be determined by Interior Design and Project Manager.
**Vinyl Tile**

Include all adjacent corridors (with “room” number) in finish schedules when a corridor is included in project. Patching random tiles is not an option due to matching and age of existing tile. Corridors should have uniform zones and transitions.

**Door Finishes:**

Wood door finishes should be specified as per FPD Design Guidelines (wood finish by building). Painted wood and metal doors should be addressed in the project documents finish schedule.

**Miscellaneous Items:**

Placement of wall-hung items such as sharps containers, glove boxes, magazine and chart holders, signing, hand sanitizer, etc., should always be coordinated with Interior Design to insure a professional appearance.