

PEDDLE THORP

Design Brief

Golden Bay

Community Health Centre

IMG Version

16 March 2011

Version Control

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Note that between Sign Off on 21 February and presentation of this Version issued for IMG Communication purposes, further refinement of the Concept Plan has occurred. Additional feedback from a range of Clinical and Management Leaders as well as key stakeholders such as Nelson Bays Primary Health, St John and Joan Whiting Trustees is has not been included in this Document.

Sign Off

Subject to the following amendments, we approve the Design Brief.

Bensemann	Bensemann	Stoll
MRIDAWAY	Stoll	Stoll
ASTON	Stoll	Infantwaste
WALL		

Date: 22/2/11

- Recovery spaces being renamed as a clinical space with walls and door added for privacy.
- Placement of LDRP (birthing and postnatal room) as per plan unless clinical evidence (appropriate to this rural and integrated setting) from experts indicates otherwise and also subject to the outcomes of the Maternity Workgroup.
- Re-allocation of ensuites from north-south eastern corridor rooms to south corridor rooms and removal of shower room across the corridor from these rooms. Addition of an ensuite to one of the north-south western corridor rooms.
- Flipping of the lounge and dining room in the hospital level zone with the whanau room (and associated storage/utility areas as appropriate)
- Bed/shower room to be located at the northern corridor and the bath/shower room to be located in the former position
- Patient toilet required adjacent to the patient lounge/dining room in the hospital zone
- Maori Health Group to advise on any changes required to meet Kaupapa Whakaaro requirements

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1 Scope of Service Delivery at Golden Bay Community Health Centre

1.1 Description of Service

The Community Health Centre (CHC) is to provide an Integrated Health Service for people principally living in the Golden Bay area although the services will also provide care for visitors to the region. The CHC will provide facilities to support the integration of the services provided by the Golden Bay Community Hospital, the Joan Whiting Memorial Trust Rest Home and the Golden Bay General Practice into an integrated multidisciplinary rural primary care service with a strong community focus.

Care will be delivered by primary and secondary health professionals for personal health, disability and aged care sectors. The facility will be future proofed to accommodate the service needs of the population of Golden Bay as it changes, noting that the population of Golden Bay is aging; and either a small overall population decrease (Low Series projections) or increase (Medium Series projections) is anticipated. The CHC will provide a more co-ordinated range of primary and community care services in Golden Bay which are patient-centric and accessible.

Services and the facilities from which they are delivered will be designed and developed in such a way as to include Kaupapa Whakaaro or Maori values/thinking.

A major aim of this new centre is to integrate services to ensure that the clients get the best possible sustainable and responsive healthcare. The new CHC will result in:

- Inpatient care including aged care at residential rest home level and hospital level continuing care including slow stream rehabilitation; acute assessment and short stay spaces including respite, palliative and post-operative care; and birthing and post natal care
- Provision of after-hours care associated with PRIME and St John
- Integration of services providing seamless delivery of care at one location
- Better coordination and less duplication of information and tests
- More convenient hours
- Improved collaboration (including after-hours)
- Consulting and treatment spaces for Primary Care and Visiting Specialists
- Shared administrative function
- Multi-disciplinary team practices
- Coordinated service provision including increased support for chronic care management by nurses and allied services

The values that will underpin the design development are as follows:

- Integration + staffing efficiency
- Flexibility / Adaptability across time
- Sustainable with regard to future flexibility & growth
- Quality of life for residents & longer term patients
- Accessibility for high volume traffic
- Affordable across time
- Cultural appropriateness

1.2 Description of Facilities

The facility should be easily accessible for all age groups with a mix of health and disability issues. (Wheel chair and other mobility aids and family groups.) Appropriate location of services will enable the combination of appointments across varying disciplines and support agencies.

In order to deliver the integrated CHC services, a range of rooms and clinical spaces will be required within the facility. These rooms and their relationship to each other must meet culturally acceptable and infection control standards

Parking for visitors, patients attending appointments and staff will be required. Some parking for health centre vehicles will be required to enable efficient use of staff time when undertaking home or community visits. Parking will also be required for the visiting surgical bus and mobile screening unit, and access to the kitchen for Meals on Wheels drivers.

The facility will be divided into Zones of activity as follows:

- Entry, arrival, reception, hospitality, cafe
- Inpatient and Residential zones including lounges & dining facilities
- Activities space accessible from all zones and used by facility users and external groups
- Centrally located utilities
- Clinical consultation and treatment rooms
- Administrative and clinical support and staff office areas
- Staff support areas (staff lounge, change rooms, shower, personal property storage)
- Service entry and/or loading
- Staff and ambulance entry
- Kitchen
- Staff parking including bicycles and scooters
- Mortuary services (yet to be agreed)

1.3 Impact of Changes

1.3.1 Clinical Practice and Technology

The development of an integrated approach to service delivery provides the opportunity to share information from the multiple perspectives of the interdisciplinary team. The integrated service delivery model for three major existing health care providers will create the need to change systems, processes and ways of working. The Clinical Leadership Group has signed-off on a Service Delivery Document and ongoing refinements will be made to this work. Changes in service delivery methodologies and operational policies are likely to include:

- New systems and process to improve patient information and flows
- Skills assessment and evaluation resulting in training and professional development plan for staff
- Greater flexibility across 24 hour aged care services
- The use of flexi-beds to support the seamless flow of patients between services

- Introduction of standing orders and new clinical guidelines
- Centralisation of reception, clerical and administration staff
- Review and possible changes to current delivery methodologies, for example Public and District Health Nursing services
- Clinic schedules to smooth the patient flows and optimise the utilisation of clinical spaces
- Co-location of personal health and primary services to provide a collaborative approach to ensure a responsive healthcare service to the community
- Increased transfer of services from secondary to primary care delivery
- Connectivity with specific technology may provide use of telemedicine and video consulting
- Potential for increased social work, speech language therapy and Maori Health service support
- Potential day care and day respite in the future

1.3.2 Organisational Structure and Provider Changes

A number of changes to current structures and organisations will occur. These include:

- A new management and leadership structure covering all service streams
- The creation of a Trust to develop and own the Centre facility (Golden Bay Community Health – Te Haurua o Mohua Trust)
- The adoption of Nelson Bays Primary Health (NBPH) as the Service Management Organisation (SMO) to manage service delivery (will be key tenant of the facility)
- The transfer of staff from the three current organisations to NBPH
- The closure of the Joan Whiting Rest Home in Collingwood
- The closure of the Golden Bay Medical Centre

2 Operational Description and Policies

2.1 Operational Description

2.1.1 Client Flows

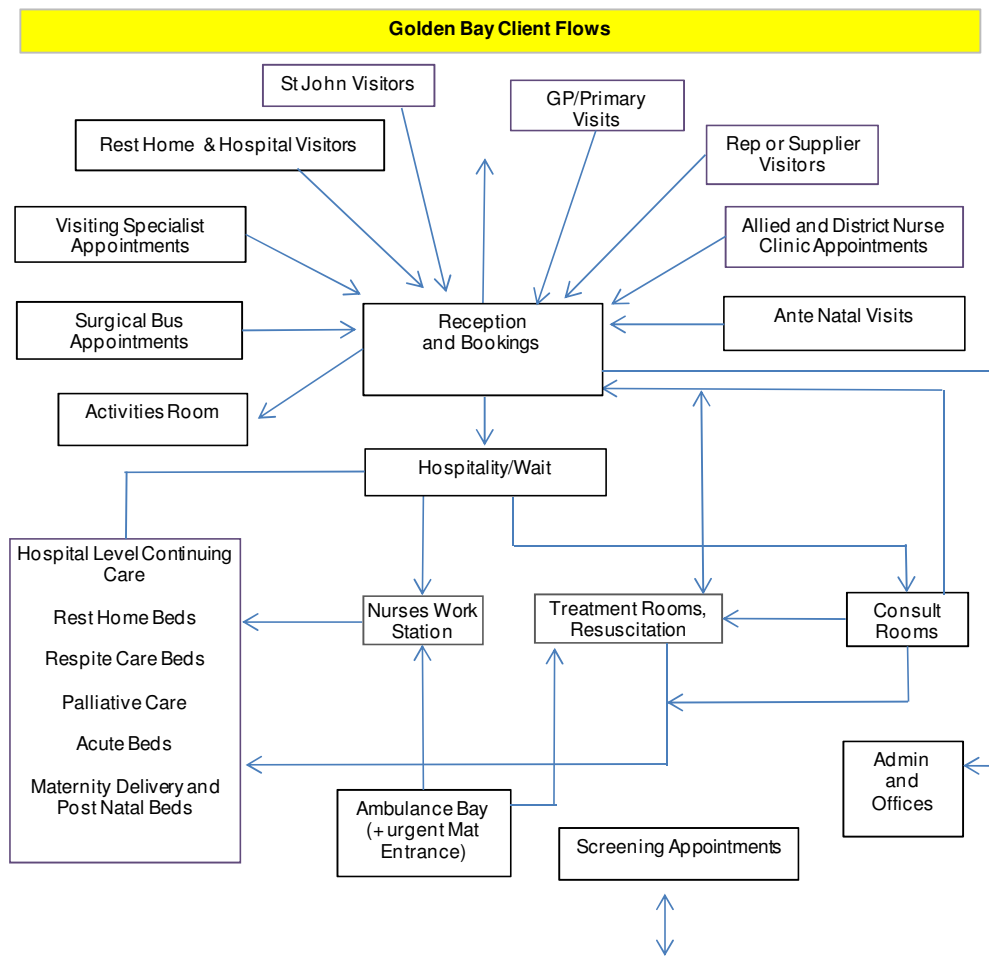
The integrated service delivery model will have a number of streams. Referrals will range from self, to GP, Specialist, and other health professional/service. There will be acute, non acute, outpatient, short stay and residential care flows. In the future there may be some day hospital activities in both residential and acute care.

A number of Maori Health services are also provided in the region from other facilities and by a range of providers.

Client Flows (patients, residents and visitors) for the Golden Bay CHC are demonstrated below in

Figure 1.

Figure 1: Client Flows for the CHC



2.2 Operational Policies

2.2.1 Hours of Service

The CHC provides 24 hour 7 day service for residential, inpatient and acute services.

Ambulatory services will have standard operating hours between 0800-1830hrs Monday to Friday. Weekends have a scheduled morning clinics and over the summer period, weekend access is a full day service.

District Nursing services, which offer palliative care services, are currently operating between the hours of 0800 and 1630 with the provision to provide on call for palliative care. Some permanent weekend hours are provided.

2.2.2 Access and Security

There is one main patient & visitor entrance which will be secured from the public between 1930hrs and 0730hrs. Patients attending outside these hours for notified acute care will be admitted by the attending staff member.

The Main Entry and a secondary entry for staff will be swipe-card protected as will the ambulance and surgical bus entry point in to the acute care zone. Some internal doors between inpatient areas will need to be controlled access. The ambulatory acute care zone will need to be lockable after hours.

Rest home rooms will have lockable doors out to the courtyards. The door to their room from the interior corridor will not be lockable.

Mechanisms for controlling access from the Residents' courtyard and from connecting corridors out to the garden has yet to be determined.

Doors between the Street and the Rest Home zone need to be swipe card enabled for out of hours control as appropriate, and should demarcation be required to manage outbreaks of infectious disease either in this zone or other facility zones.

Storage of medications will meet legislative requirements. Staff only access to some service areas yet to be agreed.

Corridors need to be wide enough for wheelchair-bound clients and those who may need to be transferred on trolleys. People using walking or mobility devices need to feel secure and safe from accidental collisions by other people using the corridors.

Further work needs to be done to determine sign-in and sign-out policy.

All patients arriving for Ambulatory Care will be required to report to Reception. Visitors intending to visit patients in the Acute Care zone will also need to report to Reception while convenience of their visit is ascertained.

2.2.3 Equipment Storage & Management

Facilities and equipment will be shared between zones and sub-zones to avoid unnecessary duplication of infrastructure and equipment. Close location of storage for maternity delivery equipment will be managed with the use of a locked cupboard in association with the birthing room.

Storage of equipment and supplies will be located to ensure easy and efficient access as required by staff.

Equipment may be leased as appropriate.

Bulk storage of loan and less frequently used equipment will be required. The existing “garage” may need to be replaced with a weather-tight shed and access will need to be resolved due to the loss of exit on to the State Highway (as per Transit NZ decision to close off the current exit).

2.2.4 Infection Control

As per standards and policies which will be based on Hospital, Rest Home and Primary Care standards/requirements and adjusted to suit the integrated environment. These will primarily be the Health and Disability Services Standards NZS 8134.3:2008)

Adequate hand washing stations and hand gel dispensers including those located outside consultation rooms and patient spaces.

Appropriate disposal containers for soiled linen.

Personal protective equipment easily available.

Sharps containers at applicable locations.

Standard flow/circulation management in utility rooms.

Sterile instruments are processed on site.

An ‘isolation’ shower will be required in each of the Rest Home, Hospital Level (continuing) care and acute care areas for use in the event of an outbreak or a resident/patient being colonised with an organism that is multi-drug resistant. The shower in the acute area will be used for immediate treatment of burns or people requiring showering for other acute management reasons.

The Maternity zone should be distinctly separate from the Long Term Care area by the use of door closure to the main corridor.

2.2.5 Supplies Delivery

Linen will be delivered on purpose-built trolleys which do not require the decanting of items to shelves.

Frequency of Inventory delivery has yet to be determined. Just-in-time methodologies will be implemented so as to minimise storage of stock and potential for expiry of time-sensitive items.

The required inventory for disaster management will be assured.

2.2.6 Materials Removal

Internal policies will control the collection of waste from clinical areas.

Soiled linen is moved to the disposal room for collection at (yet to be) determined frequency.

Rubbish of various types is collected at (yet to be) determined frequency.

Sharps containers are collected as required.

Medical gas cylinders are collected and re filled as necessary.

2.2.7 Medical Records

The aim is that there will be one electronic record system. Until this has been achieved, a mix of electronic and paper records will be used across the facility.

Clinical records should be available in a central clinical records room which is secure. Ambulatory care works principally with electronic records and will

retrieve hard copy records from the file room as required – this is expected to be infrequently.

Shredding bins need to be located for efficient access from all zones.

Residents care plans, acute inpatient documentation, and medical and nursing notes and prescriptions as applicable will be stored securely at the nurses work station.

2.2.8 Pharmacy Supply & Storage

No community pharmacy will be required in the facility. Where a patient so wishes, their script will be electronically sent to the Pharmacy in Takaka and dispensed in time for the patient to collect these on arrival.

Pharmacy supplies are delivered daily as required.

Impresting occurs weekly.

Supply methodology for Rest Home residents has yet to be determined.

2.2.9 Occupational Health & Safety

Equipment is to be stored out of corridor traffic flow, following the *Optimising the Patient Journey* principles.

Improved work and patient flows will reduce risk of injury.

Patient care areas will be designed to contribute to staff safety when assisting patients/residents

Bed to chair lifts in each Rest Home room are required. New rooms in the Hospital level care area should be similarly equipped.

Mobile hoists are adequate for rest home level care. Resident/patient rooms and showers need to be large enough for mobile lifting hoists.

Storage of mobile lifting equipment will be provided at key locations which will be equipped with power packs/charging devices. Staff will trained to operate equipment and their use of such equipment will be monitored as per Continuous Quality Improvement programme.

2.2.10 Office Allocation

A mixture of individual and open plan work areas will be provided for staff.

Workstations in a semi-open plan area will be provided for the following staff:

- Nursing staff (those not using the nurse hub for 24x7 care or the ambulatory care and maternity IT access points)
- Allied Health
- Medical Staff and Visiting Clinicians

The CHC Manager and CNM/Clinical co-ordinator will each have an individual Office.

2.2.11 Resident and Patient Room Allocation

In principle, residents in the Rest Home level zone will be allocated their own room which will be known as “their” room, furnished with built in storage units and their own personal items as appropriate. The exception to this is a bed which must meet Occupational Health and Safety requirements and will be electric or hydraulic.

Residents in the Rest Home who require greater frequency of nursing care due to short term illness will be cared for within their own room wherever possible.

The facility should be designed in such a way that should the ratio of Rest Home to Hospital Level care beds change, people can be allocated a room in the most appropriate location to ensure access to the correct care, support and facilities.

2.3 Staff Composition

The CHC will comprise of multi disciplinary clinical, non clinical, administrative/clerical and grounds staff. (what responsibility does the Trust have for maintenance and ground work? Is that included in the rental?)

Proposed staff numbers and FTE are as follows in Table 1.

Table 1: Current and Proposed Staff

The FTE total count is made up of the following disciplines

Staff	Proposed
GPs	5.0
Clinical Nurse Manager	1.0
Registered Nurse	15.65*
Midwives	3.15*
Caregivers	8.1*
Cooks	2.8
Grounds Maintenance	0.5
Reception	3.0
Administration	1.0
Cleaning	1.9*
Physiotherapist	0.4
Therapy Aid	0.25
Activities coordinator	0.6
Occupational Therapist	0.2
Service Manager	1.0
Total	44.59

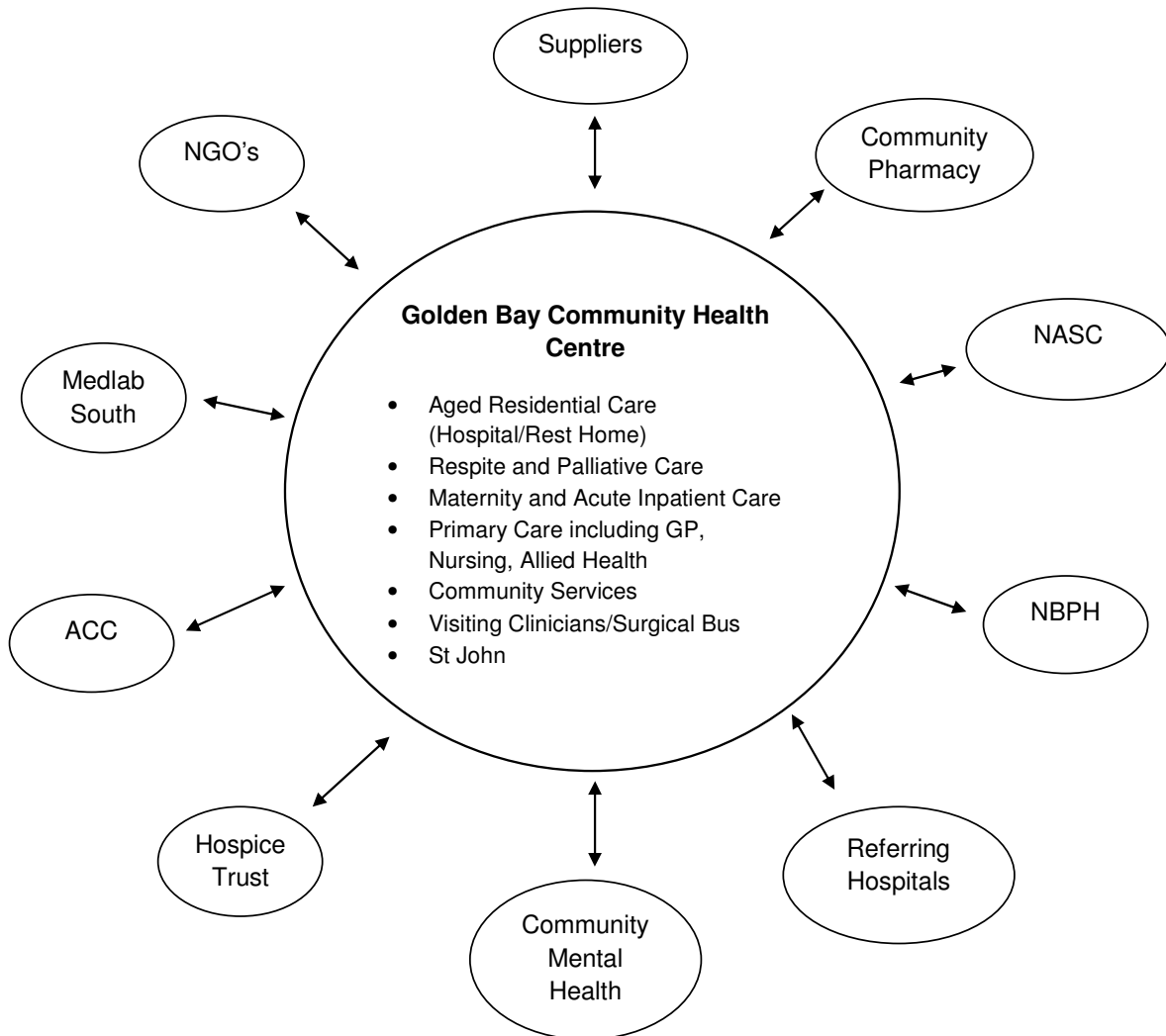
*indicates exact number to be confirmed

3 Functional Relationships

3.1 External Relationships

External relationships with other hospitals, community agencies and NGO's are demonstrated below.

Figure 2: External Relationships



4 Specific Design Requirements

4.1 Functional Areas

4.1.1 Arrival, Reception & Hospitality

Areas to be included in this zone include:

- Entry
- Reception – arrivals and appointment booking (for Primary Care as well as for the whole facility)
- Seating and play areas for children and their support people; and families/patients in between appointments or waiting for assessment or access to residents or patients
- Café or Kiosk with suitable chairs and small tables
- Patient/visitor toilets across various areas (arrival; primary care including for use in specimen collecting; rest home adjacent to dining and activity rooms)

4.1.2 Clinical Rooms

Rooms in this category include:

- Standard Clinical consulting/treatment rooms
- Allied Health treatment room (large)
- Triage room
- Resuscitation/procedure room
- Treatment/minor procedures room
- Small clinical consult space
- Imaging (General X Ray)
- Phlebotomy room

4.1.3 Inpatient/Resident Rooms

Rooms required to accommodate various 24x7 service streams include:

Rest Home Level Zone

- Rooms for residential rest home care with ensuite or toilet and wash hand basin in each room.
- Shower room with Trolley and standard shower booth (plus WC?)
- Bathroom with adjustable bath plus standard shower booth
- Lounge
- Dining Room
- Sitting bays

Hospital Level Continuing Care Zone

- Rooms for continuing hospital level care
- Toilets accessible from all rooms
- Toilet associated with dining room
- Showers accessible from all rooms (plus access to shower trolley room)
- Lounge/Dining Room

Acute Inpatient Care Zone

- Bed spaces for acute, respite and palliative care short stay
- Ensuites, shower and toilets
- Labour/delivery/recovery/postnatal room (LDRP)
- Spa pool room/ensuite
- Antenatal clinic room associated with LDRP room

4.1.4 Utility/Support Rooms

- Whanau overnight Room with ensuite (can be used by any family with relatives in Rest Home or Hospital Level Care)
- Activity Room/Meeting Room
- Cleaner Room
- Multiple storage areas for therapy/activities equipment, lifting hoists, mobility aids, supplies e.g. continence equipment
- Multiple Linen bays
- Medication room + Sterile Store
- Dirty Utility and/or sub-utility rooms (1x with sterilizing equipment)
- Sub-pathology bay for preparation/reading of diagnostic samples
- Laundry for patient clothing items
- Food preparation area/kitchen with appropriate cooking and refrigeration with external access by Meals on Wheels drivers and supplies deliveries
- File/medical records room
- Write Up Bay with Clean Utility Cupboard (Rest Home Care)
- Staff Station (24x7 care)
- Waste holding/recycle centre
- Gas bottles and hazardous goods storage
- Service entrance and store rooms

4.1.5 Staff Offices

- CHC Manager's Office
- Shared open office for nurses, doctors, allied health and visiting clinicians (not using consult rooms for admin tasks)
- Clinical Nurse Manager
- Admin office

4.1.6 Staff Support

- Staff toilet, Shower, Change room, property bay
- Tea Room/lounge
- Staff entry
- Staff toilet in 1 or 2 locations

4.1.7 Vehicle Parking

There will be four types of parking areas in addition to covered drop-off at the main entrance:

- Drop-off/loading parks under cover for short term staff use
- Parks for personal/staff vehicles, visiting staff vehicles and service vehicles e.g. District Nursing car
- Visitor and patient parks

- A park for visiting Surgical and Screening vehicles

4.2 Unit Configuration

The facility will be designed to operate as a single unit with a single operational policy and supporting structures. Areas delivering different types of services will be located so that the most efficient and effective co-locations can be realised for the benefit of the patient/resident/visitor traversing the facility and for the staff who spend a significant part of their week in this facility.

A central connecting corridor – the Street – will be required to provide access to all zones either directly or from secondary circulation routes.

A main entry with reception will be required at the commencement of this Street, and a central nursing hub for oversight of zones delivering 24 x 7 care will sit at the distal end of the Street.

Aged care residential services will be delivered from a zone which can be entered from the Street, and which can also offer external access to landscaped areas around the wider site.

The remaining 24 x 7 care zones – hospital-level beds for continuing care (mostly older people) patients and acute short term patients including respite and palliative care will be located close to the nursing hub. Rooms for rest home and hospital level care will be contiguous with appropriate structural and non-structural mechanisms to indicate the end of one area and the commencement of the other.

The needs to be some form of demarcation of areas and distinct traffic flows that will allow for a total shut down of the long term care area in the event of an outbreak (e.g. norovirus, influenza) either in the facility or the community. Alternate access/egress in the Long Term Care area is required should an outbreak occur. The area used for birthing also needs to be kept separate in this type of event and would involve alternate staff travel for the duration of the outbreak.

The Ambulatory Care/Primary Care consulting and therapy spaces will also need to be accessed off the Street, with the rooms enjoying the highest throughput being closest to the entrance and hospitality area.

Staff amenities will be located out of the main patient/public areas with easy access to staff car parking.

External access to and from the ambulance bay and the location of the surgical bus will be required at the rear of the acute ambulatory care area which enjoys more restricted public and patient access. This is the entrance for labouring women requiring urgent access to the maternity zone – in most cases women will use the main entrance.

Utility and support areas will be needed throughout the facility to enable the most efficient use of staff time, energy and resources and to minimise time spent away from direct patient contact. It is important that there is culturally appropriate separation between sluice areas and food preparation and dining areas. This separation must also meet building code requirements.

4.3 Environmental Considerations

Several key environmental considerations or values will drive the development. These are:

- Sustainable with regard to future flexibility & growth
- Flexibility / Adaptability across time
- Quality of life for residents & longer term patients
- Accessibility for high volume traffic
- Cultural appropriateness

These values result in design strategies that will deliver:

- natural lighting, ventilation and heating through careful attention to aspect, depth of the structure, placement of rooms in the optimal location and inclusion of windows and doors that can be opened or adjusted as required. Some mechanical assistance with air management may be required, and several designated rooms such as Medication may require temperature control assistance to meet temperature control range specifications
- residential/family areas “non clinical” as much as possible with outdoor area(s) not in full view of public spaces. These requirements are also true for the primary birthing environment
- access to outdoors from some residential and inpatient rooms but with appropriate level of security and restriction to maintain patient/resident and staff safety
- views both immediate foreground and distant from residential rooms and from corridors and walkways, and seating bays and hospitality areas
- design that is in harmony with existing site contours, resulting in minimal earthworks and to protect views across the local landscape
- awareness of activity beyond the immediate site but avoidance of intrusive traffic noise
- appropriate separation between dirty functional areas and food preparation and eating areas, and careful consideration of the location of hand washing facilities

4.4 Special Building Requirements

4.4.1 Arrival, Reception and Hospitality

This area is to be welcoming and safe for children, families and adults at all levels of mobility. It receives all visitors to the facility and is the main entrance for residents and their guests.

On arrival the reception desk will be easy to find and receive help from, for those who are checking in or need directions to other parts of the facility.

Health information will be easily accessible to people in this area including by internet access. A My-Health Kiosk may be available for patients to complete their own diagnostic procedures and to log the results.

Seating will be spacious, have views to the outside – perhaps a courtyard; with a play area for children. The toilet will have a baby change table and will be fully accessible for people with disabilities.

Access from car parking (and the drop-off park) will be easy.

The corridor from the entrance way through to the other main zones of the facility will be in the form of a “Street” with interesting and stimulating views and features, forming part of a large circuit for residents who wish to engage with people from the wider Takaka community on their visits to the Centre.

This area may be used by people waiting to enter the room of a patient or resident who is not yet ready to receive them, including those visiting women in labour.

A coffee kiosk will be located in this area with eating tables outside on a shaded and paved area.

A Whanau overnight room is considered to be part of the facility’s overall hospitality service, but will be located in the inpatient/ 24x7 zone.

4.4.2 Utility Rooms

The Activity room is an open area with hard-wearing floor cover, storage cupboards to the side and little fixed furniture. A data projector may be installed from the ceiling for use in staff and patient education sessions. Power and data therefore need to be provided in this room.

A small/medium sized meeting room (staff and families) will be equipped with chairs, round table, data and phone connections.

The main staff station will be set up with work benches with PCs, phones and mobile and fixed storage. Some small requirement for filing cabinets may be identified. There is a requirement to maintain confidentiality of files whilst maintaining good visibility in to and from the clinical areas. Glass partitions/walls etc are likely to be required. A sub-staff station will be included in the Rest Home zone.

A patient bathroom and shower for use by people who require more assistance and space than can be provided in standard ensuites or showers will be set up with non-slip floors and minimal fixed furniture and equipment to reduce the risk of injury. A flexible shower hose attachment will be required.

Storage rooms and cupboards will have adjustable shelving and those areas that will store hoists and other electrical equipment will have some power points.

The Medication room will have fridge storage as well as shelved and in-cupboard storage. Temperature control in the medication storage room needs special consideration.

Storage for sterile supplies will be in a separate room.

Equipment bays off corridors may be acceptable solutions to part of the equipment storage need. OPJ principles will need to be followed.

The cleaner and dirty utility rooms will be consistent with AHFG layout with standard FF&E. The dirty utility room service the Ambulatory zone will include sterilising equipment.

One patient toilet in the Ambulatory zone will be large enough for patients to complete specimen collection.

A sub-pathology bay with point of care testing equipment will have a wash hand basin and workbench.

The Kitchen will be a small commercial size – delivering meals for local residents and patients as well as Meals on Wheels for home delivery. Kitchen storage will include refrigerated walk-in space as well as dry goods storage space.

Storage of hazardous material is required to relevant standards, as is holding areas for recyclable and non-recyclable waste.

4.4.3 Staff Offices & Workstations Areas

Single offices will be designed around the standard-type AHFG arrangements.

Two open-plan areas will comprise of workbenches with bookshelves, mobile under-desk type furniture shared between 1 or 2 people. Workbenches must be at a suitable height and depth to enable the use of flat screen monitors. Several filing cabinets will be included in this area. Sufficient power and data points will be required – possibly at a greater rate than standard inpatient staff workstation allowances. Phones will be shared among 2-3 people.

Administration and reception work areas will require standard office-type facilities including workstations/desks, with computers, printer, some filing cabinets and mobile drawer units. Over-bench shelving will be included, along with a filing solution for paper copy patient records. This may be a moving or fixed unit – yet to be determined. A secure destruction paper and a recyclable paper bin are both required.

4.4.4 Staff Support

The staff lounge will open out to gardens and be close to the staff entrance. There will be a bicycle park for those who ride to work. The lounge will comprise a tea/beverage and kitchenette area with microwave to prepare one's meals. There will be soft furnishings to encourage relaxation. There will be access to a phone, and a call panel to alert staff to urgent needs elsewhere in the facility.

A shower (unisex) with toilet will be in this zone, along with tiered lockers for safe storage of personal items whilst staff are on duty.

4.4.5 Clinical Rooms

Clinical rooms are of several standard types:

- Standard clinical/consult/examination type rooms with examination plinth, power, data, small storage of clinical items and equipment and a workstation with PC and phone. Some rooms may not have external views and if they are internal rooms, will need air-management assistance
- A larger clinical/consult room as above which can be used for appointments where additional space is required for example for baby buggies and parents with several children present
- A small clinical consult space for quick assessment/examination/interview
- Access to the antenatal clinic room on a schedulable basis (see below)
- X-Ray room with standard protective linings, Mobile X-Ray equipment with standard data and power
- Resuscitation and procedure rooms with adequate power, data, clinical storage and good quality procedure and task lighting.
- Allied health treatment room including a large open area with fixed and moveable equipment. Good ventilation is important in this area. Strengthened areas in the ceiling are required to support hoists and overhead grids – pulleys etc. A workstation with PC is required in each space. One enclosed room may have a physiotherapy plinth of a specified dimension. Cupboard storage within and close by these areas is essential.
- Phlebotomy room set up with plinth

- The design needs to allow for the addition of more clinical/consult and/or interview/consult rooms in the future should these be required.

4.4.6 Inpatient Rooms

- Aged care has a mix of rest home and continuing care bed spaces. Natural light for all rooms and easy outdoor access for the rest home residents. Respite/palliative bed spaces may be interchangeable with aged care bed spaces and at times with the acute short stay rooms. Corridor spaces to accommodate mobility aids and lifting devices. All aged care rooms require access to a patient lounge/activities room. This may provide a beverage bay. The design needs to allow for a change over time in the ratio of Rest Home:Hospital level beds.
- Maternity delivery and post natal room with appropriate level of sound proofing. Adequate storage for equipment. The antenatal clinic room is adjacent to the birthing room and will be used by other staff for ambulatory visits when not booked for antenatal appointments.
- Acute care and assessment/observation beds. Closely located to nurses work station. Some flexing is likely to occur between maternity postnatal, palliative and respite care and acute medical or surgical inpatient care and for patients recovering from surgery/medical care in Nelson.
- Staff station enclosed to allow uninterrupted documentation and write up. All hospital care beds need to be within proximity of the staff station to reduce isolation and enable timely support. Substation in Rest Home is not enclosed.

5 References

Australasian Health Facility Guidelines

Schedules of accommodation and Design Briefs from various hospitals

Service Description, Golden Bay Integrated Health Centre May 2009 V0.2

MOC version 2 Approved 24.1.2011

Service Specifications for the Provision of Aged Residential Hospital Services