Part B – Health Facility Briefing & Design

15 Admission & Discharge Unit

iHFG

International Health Facility Guidelines

Version 6.0, 16 January 2023

Table of Contents

15 Admission & Discharge Unit

1 Introduction

The Admission & Discharge Unit is a central administrative service that co-ordinates and processes information to support a patient's admission and discharge to or from a healthcare facility.

The admission of patients to a healthcare facility may be through an emergency department (unplanned) or as a booked admission through an Outpatient Unit or transfer from another facility (planned). The majority of patients who require admission into a hospital are pre-planned, booked admissions and are admitted as either a day patient (same day) or to an inpatient unit upon receipt of a request for admission by a medical practitioner/ specialist.

The Admission & Discharge Unit is often a patient's primary contact, therefore it should provide the patient and family members with information that is familiar and comforting, to reduce stress and promote privacy.

The type of facilities required for the Admission & Discharge Unit may vary and would be dependent on the range of services to be provided in the organizations, the Operational Policies and the Service Plan.

Provisions for the Admission & Discharge Unit services and functions should be considered in the early briefing and planning process.

The typical administrative roles within the Unit are:

- Coordination and review (electronic or hard copy) of admission referrals
- Assistance (in person or by phone) to patients as they complete the admission or discharge processes or when they are required to provide certain information
- Provision of a mobile service to complete admission documentation at the point of the patients arrival to a service or department or at the bedside
- Assistance with inter hospital transfers
- Administrative functions related to the preparation and maintenance of the admission records
- Assistance with the bed management/ allocation in a healthcare facility
- Assistance with the co-ordination of patient arrival and admission directly to the Unit
- Assistance with the co-ordination of operating theatre list management
- Assistance with the co-ordination of appointments for attendance to a pre-admission outpatient clinic
- Collection of financial and insurance information for the finance unit
- Similar services in relation to the process of discharge from the facility or transfer to another facility

2 Functional & Planning Considerations

Operational Models

For planned admissions there are usually four stages in the admission process:

- The receipt, completion and confirmation of the admission request received
- The interview either by phone or in person with the patient, family or carer to be admitted
- The confirmation of the admission date and to where the patient should present to
- The arrival and admission of the patient on the date and to finalize the admission to the unit

In some advanced and patient-centric operational models, the central Admission & Discharge Unit allocates the bed then all the rest of the process is conducted at the bedside. Similarly, the entire discharge process may take place at the bedside to provide convenience and maximum privacy for a patients and family.

These functions may be also be completed in the Admission Unit, a Peri-operative Unit or decentralized to the specific clinical Unit where the patient will be attending. The preferred model will be dependent on the facility's Operational Policies.

Hours of Operation

Hours of Operation depend on the facility's service profile, but Admission Units generally operate from 8am-5pm for planned admissions.

In larger facilities unplanned/ emergency admissions may occur via the facility's Emergency Unit or Obstetric Unit operating 24 hours a day. In these units, generally there will be administrative staff trained to undertake and complete the admission documentation.

Models of Care

Admission Units are generally located at the main entry to the facility or within the specialist unit e.g. day procedure or inpatient department.

Planned/ booked admissions are managed by the Admissions Unit which undertakes the administrative processing of patients and operates as follows:

- Prior to admission, patients are sent a confirmation letter stating appointment time and location accompanied by pre-admission and informed consent forms for completion
- On receipt of completed forms the Admission & Discharge Unit specialist staff conduct a pre-admission clinical assessment by phone or within a pre-admission clinic
- On patient arrival, administrative tasks are checked and confirmed, clinical assessments and informed consents are reviewed, financial matters are adjusted, and bed allocation is confirmed prior to transfer to treatment areas

Clinical assessment may be undertaken by specialist staff on admission or by a pre-admission clinic. Pre-admission clinics streamline admission processes prior to the appointment and function as an outpatient service.

Where patients are unable to access the pre-admission for a clinical assessment, it may be undertaken by outreach clinics or primary care providers.

Planned/ booked admissions for minor or day-surgery not requiring clinical assessment may be undertaken by specialist staff using a telephonic pre-admission assessment.

Unplanned/ emergency and after-hours admissions may be managed by dedicated staff associated with Emergency, and Obstetrics departments.

In facilities offering specialised clinical pathways for unplanned admissions and requiring treatment such as heart attack, stroke or hip fracture, they may be admitted directly to the relevant clinical area bypassing the Admission & Discharge Unit.

This model of care frees up inpatient facilities and helps bed management more efficiently for planned admissions and transfers.

Medical Record Management

The Admission & Discharge Unit will assist to enter patient data and track patients from pre-admission to discharge using electronic patient information systems or traditional paper-based records.

Operational policies determine storage and retrieval systems of medical records but hard-copy secured storage space may be required unless all documents are stored and accessible electronically.

Discharge Lounge

A Discharge Lounge may be provided according to the Operational Policy. The Discharge Lounge is sometimes referred to as a Transit Lounge or Departure Lounge. It is intended for patients who have planned discharge or must be transferred to another facility and are required to complete the discharge process.

A Discharge Lounge provides stable patients with a safe comfortable waiting area under nursing supervision and assistance at the time of their discharge. This type of facility also allows the beds to be vacated as soon as possible and prepared to receive the next patient.

Patients may be transferred to the Discharge Lounge from the Inpatient Units, Day Surgery/ Procedure Unit or Endoscopy Procedure area on the day of discharge typically between 9 am to 6pm.

In this area, patients may receive discharge summaries, future care plans, medications and medical certificates. They may also arrange Allied Health consultations and/or community health services and finalize hospital accounts whilst awaiting transport and carers pickup.

Some activities undertaken in the Discharge Lounge include:

- Meeting transportation from family, friends, carers or patient transport services
- Waiting for loaned equipment required by patient at home
- Settlement of hospital accounts if applicable

3 Unit Planning Models

The Admission & Discharge Unit may be provided as:

- A single stand-alone unit
- A unit collocated with the Main Reception
- Distributed satellite units located either in or near to the Outpatient service or in the Operating Unit/ Day Surgery reception area
- A mobile service to a healthcare facility's Inpatient or Emergency Units
- A combination of the above

Admissions & Discharge Unit is most often located at the main entrance to the facility or with ease of access from main circulation routes, public transport and parking areas.

The clearly defined description of the service model or planning models to be provided should assist with the early design of the Unit within the healthcare facility.

The Discharge Lounge may be a stand-alone Unit but is often co-located with Admission & Discharge Unit near the Main Entrance. An alternative location for the Discharge Unit is an area accessible from a secondary hospital entrance with easy access to the patient pick-up zone.

Functional Areas

The Admission & Discharge Unit may include the following functional areas, arranged together or separately as directed by the health facility's Operational Policies.

Admissions & Discharge Unit

- Entry/ Reception including:
  - Patient waiting areas (gender segregated areas if required)
  - Reception desk, that may have discussion booths incorporated
  - Public Amenities (may be located in adjoining areas)
- Patient Areas:
  - Interview rooms and cubicles for patient admissions, interviews and private discussions
  - Access to a Cashier (this may be a centralised or decentralised service provision)
- Staff and Support Areas including:
  - Offices and workstations to provide administrative area and for receiving and making phone calls
  - Storage for files, wheelchairs, stationery, photocopier/ printer

Discharge Lounge (Optional)

- Patient Areas
  - Discharge Lounge with recliner and lounge chairs
  - Patient Bays (for patients requiring bed)
  - Property bay (for luggage)
  - Patient toilets
- Staff and Support Areas
  - Staff Station
  - Handwashing bays
  - Clean and Dirty Utilities
  - Beverage Bay for patient refreshments
  - Storage for linen, supplies and equipment used in the unit

Patient Waiting Area

Gender segregated areas may be provided according to the local custom and sized accordingly to the predicted patient profile on a daily basis. Wheelchair, pram, trolley, mobility equipment access and storage should be considered when designing this space. Families waiting areas with play space for children may also be appropriate.

Reading materials, information pamphlets, and entertainment systems should be considered.

A queuing management system (electric or manual) should be provided in the waiting area to assist with management of patient arrivals.

Satellite units providing access by patients from the Outpatients Unit and other Units would require interview rooms, (the number dependent on the assessed volume of patients requiring access for admission) and a waiting area.

Patient Interview Cubicle/ Rooms

Configuration and design of Interview Cubicle/ Rooms shall provide a high level of visibility from outside without compromising privacy. The rooms will require acoustic privacy for confidential discussion between the admission staff, patients and accompanying family or carers.

Cashier

A Cashier may be incorporated within Admission Units & Discharge Lounges if required by the healthcare facilities operational policies and payment systems.

If provided, the following factors must be considered during planning:

- Accessibility during normal business hours and after-hours
- Security protocols for staff and cash
- Secure electronic payment systems

Staff and Support Areas

Staff will require:

- Offices and workstations for the Unit Manager, Supervisors and administrative staff
- Access to toilets, showers, change rooms and lockers
- Access to a staff room with beverage and food storage facilities
- Access to shared Meeting room/s for education and training

Support areas will include:

- Bays for linen, resuscitation trolley, mobile equipment and wheelchairs
- Beverage Bay for patient refreshments in Discharge areas
- Cleaners room
- Clean Utility with provision for drug storage
- Dirty Utility room including facilities for urine testing and waste holding
- Storage areas for stationery, records, general stock, equipment used in patient areas and patient luggage in Discharge Lounge areas

4 Functional Relationships

External Relationships

The Admission & Discharge Unit is ideally located adjacent to the Main Reception area with close access to public amenities and waiting areas.

Peri-operative outpatient clinic services will require access to diagnostic units including Pathology and Medical Imaging.

The Optional Discharge Lounge is often located in close proximity to the Main Reception with ready access to external patient transport pick-up zones.

The optimum external functional relationships are demonstrated in the diagram including the following:

Admission & Discharge Unit

- A direct relationship between Admissions Unit, the Main Entry and car parking
- A direct relationship to Admissions Unit
- Indirect relationship to related hospital Units including Day Surgery Unit, Emergency Unit, Inpatient Units and Diagnostic units
- Access for service units such as Supply, Housekeeping and Clinical Information via a service corridor

Discharge Lounge

- A direct relationship between Discharge area and the Main Entry and car parking
- Indirect relationship to related hospital Units including Day Surgery Unit, Inpatient Units and Pharmacy
- Access for service units such as Supply, Housekeeping and Clinical Information via a service corridor

Internal Relationships

Decentralised admission areas and pre-admission areas should be configured to be visible and prominent for easy of way-finding by patients, family, carers and visitors.

If the Cashier is to be located with an Admission & Discharge Unit, access to security is recommended.

Correct internal relationships creating efficient design include the following:

Admission & Discharge Unit

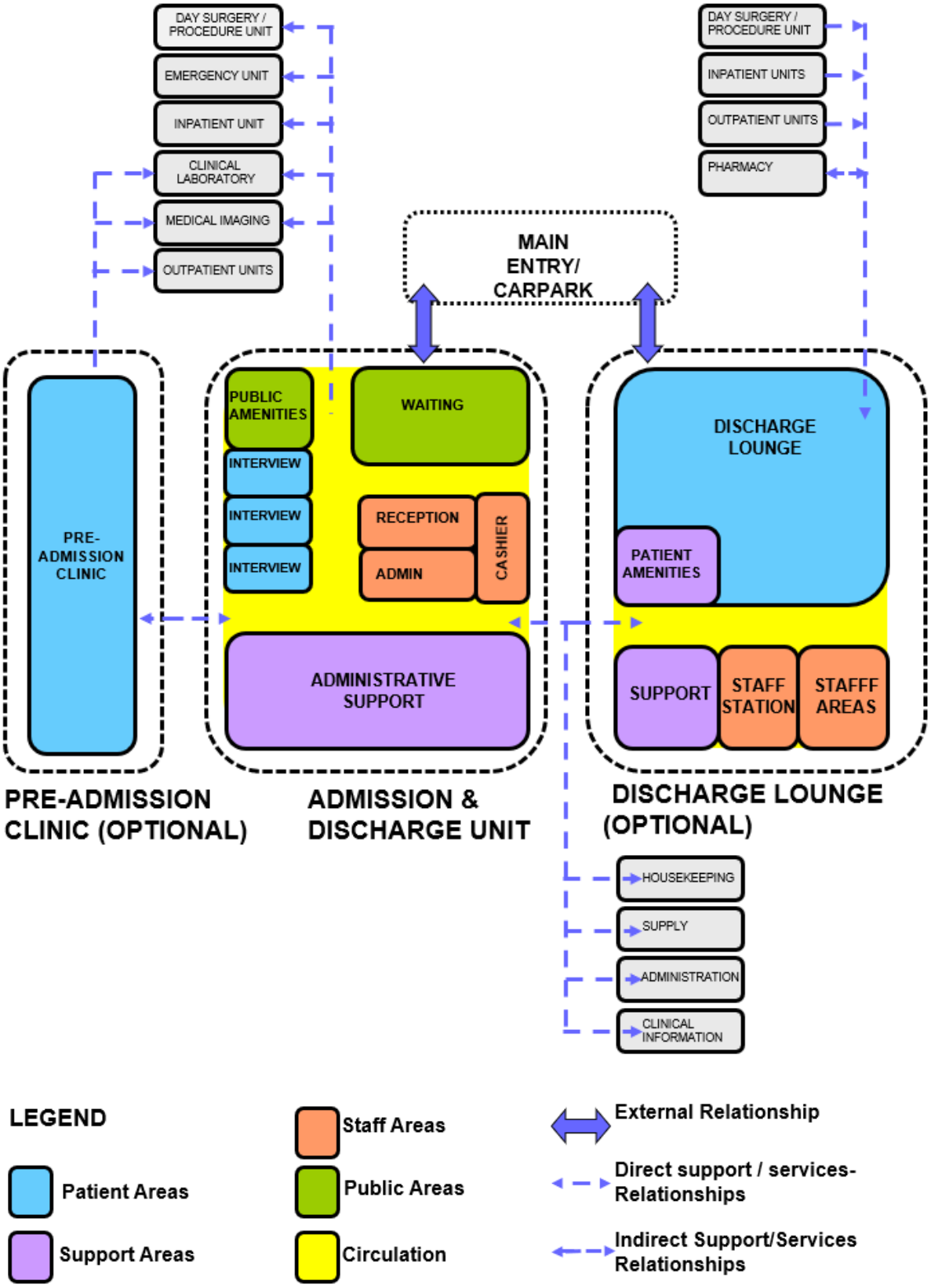
- Reception, Cashier, Waiting and Interview areas at the entry to the Unit
- Ready access to Interview room/s from waiting areas
- Ready access to public amenities
- Support rooms located with convenient access to staff areas

Discharge Lounge (Optional)

- Ready access to patient amenities from the lounge area
- Support and staff areas located for ease of staff access

Functional Relationship Diagram

The typical Functional Relationship Diagram for the Admission & Discharge Unit is shown below.


DAY SURGERY / PROCEDURE UNIT
EMERGENCY UNIT
INPATIENT UNIT
CLINICAL LABORATORY
MEDICAL IMAGING
OUTPATIENT UNITS
DAY SURGERY / PROCEDURE UNIT
INPATIENT UNITS
OUTPATIENT UNITS
PHARMACY
MAIN ENTRY/ CARPARK
PRE-ADMISSION CLINIC
PUBLIC AMENITIES
INTERVIEW
INTERVIEW
INTERVIEW
WAITING
RECEPTION
ADMIN
CASHIER
ADMINISTRATIVE SUPPORT
DISCHARGE LOUNGE
PATIENT AMENITIES
SUPPORT
STAFF STATION
STAFFF AREAS
PRE-ADMISSION CLINIC (OPTIONAL)
ADMISSION & DISCHARGE UNIT
DISCHARGE LOUNGE (OPTIONAL)
HOUSEKEEPING
SUPPLY
ADMINISTRATION
CLINICAL INFORMATION
LEGEND
Patient Areas
Support Areas
Staff Areas
Public Areas
Circulation
External Relationship
Direct support / services-Relationships
Indirect Support/Services Relationships

5 Design Considerations

The Admission and Pre-admission Unit and Discharge Lounge should be located with easy access to a vehicle drop-off and pick-up zone and designed to accommodate all types of patients including the obese, elderly, disabled and carers with young children.

Environmental Considerations

Acoustics

Facility design shall ensure appropriate levels of patient acoustic privacy throughout the care process by installing measures to control ambient noise e.g. sound absorbing (drapes, carpets & ceiling tiles) sound blocking (panels, walls & floors) and sound masking.

In addition to controlling noise levels, there is also a need to ensure speech privacy, so that confidential conversations are unintelligible in adjoining rooms or spaces

Provision of an augmented hearing loop service for patients and visitors with hearing impairment should be considered.

Natural Light

Natural light is recommended to promote a pleasant environment for patients, visitors and staff.

Privacy

A balance of acoustic and visual privacy is required to ensure dignity, reduce discomfort and stress. Interview rooms shall be placed away from public corridors and layouts designed to ensure maximum privacy when doors open.

The Discharge Lounge shall be designed to permit good staff visibility whilst maintaining privacy between patients.

Interior Décor

The Admission Unit and Discharge Lounge interior design should reflect patient, carers and staff needs. Entry and waiting areas should be welcoming, well-illuminated, comfortable and have as much natural light and ventilation as possible. Colours, finishes and furniture should be chosen to avoid a clinical appearance where possible.

Access control limits and differentiates public space and prohibited/staff only areas.

Space Standards and Components

The Admission & Discharge Unit and Discharge Lounge shall be appropriately sized to avoid congestion.

Accessibility

Design must provide ease of access for disabled patients to all patient areas including Consult and Interview rooms/ cubicles. Seating in waiting areas shall be provided at a range of heights to cater for the different mobility levels of patients. Selected seating offering bariatric support may be considered for some facilities.

An accessible height counter should be provided for patients/ visitors with disabilities that need to sit on a chair or in a wheelchair during the interview process.

Doors

Doors to the Admission & Discharge Unit and Discharge Lounge should form a controlled entry point to the facility, linked to security, alarmed and electronically locked after hours.

Entry points, doors and openings to the Admission Unit and Discharge Lounge should be a minimum of 1200 mm wide, unobstructed. Doors used for bed transfers should be a minimum of 1400mm wide, unobstructed.

Doors must allow acoustic privacy, risk free passage of patients, carers, staff and manoeuvring room for equipment, wheelchairs and trolleys.

Ergonomics/ OH&S

Design and dimensions of counters and workstations should comply with building codes, enhance communication, privacy and security for patients, visitors and staff.

.Refer also to Part C - Access, Mobility, OH&S of these Guidelines.

Size of the Unit

The size of the Admission Unit and Discharge Lounge is dependent on facility location, service providers, patient flow and model of care.

Schedules of Accommodation provided in this Guideline provide typical units sized for a range of role delineation levels.

Safety and Security

A stakeholder initiated risk assessment should form part of the early planning phase to design secure environments meeting the needs of patients and their carers.

Factors for consideration include:

- Demographics of the planned services population
- Capacity, location, type and level of service to be provided
- Security staff planning including staffing levels, base of operation and response teams
- Disaster and critical event planning

The following security issues shall be addressed when designing Admission & Discharge Units & Discharge Lounges:

- Unobstructed waiting room viewpoints from all staff attended admission/ discharge counters
- Duress alarms to and emergency exits from all counters
- Controlled access to prevent unauthorised entry and exit
- CCTV to Waiting areas and Cashier
- Security glazing, fireproof safe and pneumatic tube systems to secure Cashier counter
- Electronically locked external doors after hours with back to base security alerts
- Emergency and safety lighting to patient drop off/ pick up transport zones for after-hours use

Emergency Response Plan

Safety and security is enhanced through the development of an emergency response plan to potential hazards.

With ready access to transport pick up and drop off areas and open space Admission Units and Discharge Lounges have potential as designated communications or walking wounded bases, controlled access points or stockpile area for emergency supplies.

Finishes

Internal finishes including floor, walls, joinery, and ceilings should be suitable for the function of the unit while promoting a pleasant environment for patients, visitors and staff.

The following factors shall be considered:

- Aesthetic appearance
- Acoustic properties
- Durability
- Fire safety
- Ease of cleaning and compliant with infection control standards

For further details refer to Part C - Access, Mobility and OH&S and Part D - Infection Control in these Guidelines.

Fittings, Fixtures and Equipment

All furniture, fittings and equipment selections for the Admission and Discharge should be made with consideration to ergonomic and Occupational Health and Safety (OH&S) aspects.

Counters

If the Cashier is located within the Admission & Discharge Unit, then an appropriate barrier should be provided to the Cashier's counter.

Depth of counters is recommended to be between 900 mm to 1200 mm. The counter height shall be suitable for standing interactions; high stools may be provided for staff. If a seated position is required, there shall be a section to be reduced to 720 mm, with standard height chairs for staff and patients. Counters should be provided with disabled access by patients compliant with relevant codes and guidelines.

Refer also to Part C - Access, Mobility, OH&S of these Guidelines.

Window Treatments

Window treatments should be durable and easy to clean. Consideration may be given to tinted glass, reflective glass, exterior overhangs or louvers to control the level of lighting.

Building Service Requirements

Information and Communication Technology

The Admission & Discharge Unit requires reliable and effective IT/ Communications service for efficient operation of the service. The IT design should address:

- Voice and data points for telephones and computers/ internet
- Data provision for electronic medical records and patient management systems as required (optional)
- Access to a Picture Archival Communications System (PACS) (if applicable in the Pre-admission Clinic only)
- Electronic payment system such as "EFTPOS"
- Queuing management system

Staff Call

Patient, staff assist, and emergency call facilities shall be provided in all patient areas (e.g. Discharge Lounge, Holding bays and Toilets) in order for patients and staff to request for urgent assistance.

The individual call buttons shall alert to an annunciator system. Annunciator panels should be located in strategic points visible from Staff Stations and audible in Staff Rooms and Meeting Rooms.

Duress Alarms

A duress alarm system should be designed into reception, patient treatment areas and interview rooms.

Heating, Ventilation and Air conditioning

The Admission & Discharge Unit should be air-conditioned to provide a comfortable working environment for staff and visitors. Refer to Part E - Engineering Services in these guidelines and to the Standard Components, RDS and RLS for further information.

Medical Gases

Medical gases will be provided within selected discharge recliner/ bed bays as required by the facility's operational policy.

Infection Control

Standard precautions apply to the Admission & Discharge Unit to prevent cross infection between patients, staff and visitors. Paths of travel for inpatients should be separated from outpatients as far as possible. Hand hygiene is important, and it is recommended that in addition to hand basins, medicated hand gel dispensers be located strategically in staff areas and circulation corridors. Consideration should be given to separate clean and dirty workflows in all imaging/ procedure, preparation and clean-up rooms.

Hand Basins

Hand washing facilities for staff shall be readily available in the Discharge lounge. In the Discharge Lounge the minimum provision is one hand basin per 4 bed or chair bays.

Hand basins should comply with Standard Components for Bay - Handwashing. Refer to the Standard Components, RDS and RLS of these guidelines for additional information.

Antiseptic Hand Rubs

Antiseptic hand rubs should be located so they are readily available for use at points of care and in high traffic areas.

The placement of antiseptic hand rubs should be consistent and reliable throughout facilities. Antiseptic hand rubs are to comply with Part D - Infection Control, in these guidelines.

Antiseptic Hand Rubs, although very useful and welcome, cannot fully replace Hand Wash Bays, both are required.

For further information related to Infection Control refer to Part D - Infection Control in these Guidelines.

Waste Management

Clinical waste management shall be provided within the Discharge areas according to the facility's operational policies. Provision of sharps containers shall be in compliance with the Hospital's Infection Control Policy.

Refer also to Part D - Infection Control for further information.

6 Standard Components of the Unit

Standard Components

Standard Components are typical rooms within a health facility, each represented by a Room Data Sheet (RDS) and a Room Layout Sheet (RLS).

The Room Data Sheets are written descriptions representing the minimum briefing requirements of each room type, described under various categories:

- Room Primary Information; includes Briefed Area, Occupancy, Room Description and relationships, and special room requirements)
- Building Fabric and Finishes; identifies the fabric and finish required for the room ceiling, floor, walls, doors, and glazing requirements
- Furniture and Fittings; lists all the fittings and furniture typically located in the room; Furniture and Fittings are identified with a group number indicating who is responsible for providing the item according to a widely accepted description as follows:

Group	Description
1	Provided and installed by the Builder/ Contractor
2	Provided by the Client and installed by the Builder/Contractor
3	Provided and installed by the Client

- Fixtures and Equipment; includes all the serviced equipment typically located in the room along with the services required such as power, data and hydraulics; Fixtures and Equipment are also identified with a group number as above indicating who is responsible for provision
- Building Services; indicates the requirement for communications, power, Heating, Ventilation and Air conditioning (HVAC), medical gases, nurse/ emergency call and lighting along with quantities and types where appropriate. Provision of all services items listed is mandatory

The Room Layout Sheets (RLS's) are indicative plan layouts and elevations illustrating an example of good design. The RLS indicated are deemed to satisfy these Guidelines. Alternative layouts and innovative planning shall be deemed to comply with these Guidelines provided that the following criteria are met:

- Compliance with the text of these Guidelines
- Minimum floor areas as shown in the schedule of accommodation
- Clearances and accessibility around various objects shown or implied
- Inclusion of all mandatory items identified in the RDS

The Admission & Discharge Unit contains Standard Components to comply with details in the Standard Components described in these Guidelines. Refer to Standard Components Room Data Sheets and Room Layout Sheets.

Non-Standard Rooms

Non-standard rooms are rooms are those which have not yet been standardised within these guidelines. As such there are very few Non-standard rooms. These are identified in the Schedules of Accommodation as NS and are separately covered below.

Non-standard rooms are identified in the Schedules of Accommodation as NS and are described below.

Cubicle - Interview

The Interview cubicle will provide a small booth type area or individual interview room for private discussion between patients and staff. Acoustic privacy will be required. The cubicle will include:

- Desk or counter for completion of paperwork
- Computer and telephone
- Chairs for staff, patient and a support person

Discharge Lounge

The discharge lounge will provide a comfortable environment for patient to wait for transport following discharge from a clinical unit. As the length of waiting may vary and in some cases be prolonged, the lounge should have provision for patient refreshments, patient entertainment and access to amenities.

The Lounge should be located close to transport pick-up point and not necessarily within the Unit itself in larger facilities.

The lounge should include:

- Recliner chairs and lounge chairs for patients and accompanying support persons
- A water dispenser or a beverage bay for patient refreshments
- Patient toilets
- Handwash Basin for staff
- Access to equipment and supplies when needed
- All patient areas will require patient and emergency call systems to enable patients and staff to call for urgent assistance

7 Schedule of Accommodation

The Schedule of Accommodation (SOA) provided below represents generic requirements for this unit. It identifies the rooms required along with the room quantities and the recommended room areas. The simple sum of the room areas is shown as the Sub Total. The Total area is the Sub Total plus the circulation percentage. The circulation percentage represents the minimum recommended target area for internal corridors in an efficient and appropriate design.

Within the SOA, room sizes are indicated for typical units and are organised into the functional zones. Not all rooms identified are mandatory therefore, optional rooms are indicated in the Remarks. These guidelines do not dictate the size of the facilities, therefore, the SOA provided represents a limited sample based on assumed unit sizes. The actual size of the facilities is determined by Service Planning or Feasibility Studies. Quantities of rooms need to be proportionally adjusted to suit the desired unit size and service needs.

The table below shows four alternative SOA's for role delineations from 3 to 6 of varying sizes.

Any proposed deviations from the mandatory requirements, justified by innovative and alternative operational models may be proposed within the departure forms included in Part A of these guidelines for consideration by the health authority for approval.

Admission & Discharge Unit

ROOM/ SPACE	Standard Component Room Codes	RDL 1 & 2 N/A			RDL 3 & 4 Qty x m²			RDL 5 Qty x m²			RDL 6 Qty x m²			Remarks
Entry / Reception														
Waiting - Male	wait-10-o wait-20-o wait-30-o				1	x	10	1	x	20	1	x	30	
Waiting – Female	wait-30-o similar				1	x	10	1	x	20	1	x	30	May include play area
Reception/ Clerical	recl-10-o similar recl-15-o				1	x	9	1	x	12	1	x	15	Space for 2 - 3 staff
Bay - Wheelchair Park	bwc-o				1	x	4	1	x	4	1	x	4	Locate in Entrance Area
Toilet - Accessible	wcac-o				1	x	6	2	x	6	2	x	6	Optional; May share with another collocated FPU
Toilet - Public, M/F	wcpu-3-o				2	x	3	4	x	3	6	x	3	Optional; May share with another collocated FPU
Patient Areas														
Cubicle - Interview	NS				2	x	5	3	x	5	5	x	5	For one-in-ine discussions/interviews; alternatively interview rooms may be provided

ROOM/ SPACE	Standard Component Room Codes	RDL 1 & 2 N/A			RDL 3 & 4 Qty x m²			RDL 5 Qty x m²			RDL 6 Qty x m²			Remarks
Cashier	cash-5-o				1	x	5	1	x	5	1	x	5	
Interview/ Multipurpose Room	meet-9-o similar				1	x	9	1	x	9	1	x	9	For private one-in-ine discussions/interviews
Interview Room - Family/ Large	intf-o							1	x	12	1	x	12	Optional; Dependent on operational policies
Staff and Support Areas														
Office - Single Person, 9 m2	off-s9-o				1	x	9	1	x	9	1	x	9	Unit Manager; refer to Note 1
Office - Workstation	off-ws-o				4	x	5.5	5	x	5.5	5	x	5.5	Offices provided according to approved full-time positions; includes Insurance Processing
Office - Billing	off-s9-o				1	x	9	1	x	9	1	x	9	Offices provided according to approved full-time positions
Bay - Storage	bs-2-o similar				1	x	2	1	x	2	1	x	3	Optional; may be added to Cashier for safe
Cleaner's Room	clrm-6-o				1	x	6	1	x	6	1	x	6	
Store - Equipment	steq-10-o similar				1	x	6	1	x	10	1	x	10	Optional
Store - Files	stfs-10-o similar				1	x	8	1	x	10	1	x	10	
Store - Photocopy/ Stationery	stps-8-o similar				1	x	4	1	x	8	1	x	8	
Sub Total					**115**			**154.5**			**187.5**			
Circulation %					**20**			**20**			**20**			
Area Total					**138**			**185**			**225**			

Discharge Unit (Optional)

ROOM/ SPACE	Standard Component Room Codes	RDL 1 & 2 N/A			RDL 3 & 4 Qty x m²			RDL 5 Qty x m²			RDL 6 Qty x m²			Remarks
Patient Areas														
Discharge Lounge	NS				2	x	16	2	x	25	2	x	30	5 m² per recliner bay plus circulation space; no. dependent on operational policy; separate M & F areas
Patient Bay - Bed holding	pbtr-h-10-o				1	x	10	1	x	10	2	x	10	Number is dependent on operational policy, refer to Note 2
Property Bay	prop-3-o				2	x	2	2	x	2	2	x	2	For Patient; Optional if bedside locker not provided in bays, refer to Note 2
Toilet - Accessible	wcac-o				1	x	6	1	x	6	1	x	6	refer to Note 2
Toilet - Patient	wcpt-o				1	x	4	1	x	4	2	x	4	refer to Note 2
Staff and Support Areas														
Staff Station/ Clean Utility	sscu-o				1	x	9							refer to Note 2
Staff Station	sstn-5-o sstn-14-o similar							1	x	5	1	x	10	refer to Note 2
Bay - Beverage, Open Plan	bbev-ip-o				1	x	5	1	x	5	1	x	5	
Bay - Handwashing, Type B	bhws-b-o				2	x	1	3	x	1	4	x	1	refer to Note 2
Bay - Linen	blin-o				1	x	2	1	x	2	1	x	2	refer to Note 2
Bay - Resuscitation Trolley	bres-o				1	x	1.5	1	x	1.5	1	x	1.5	refer to Note 2
Clean Utility - Sub	clur-8-o							1	x	8	1	x	8	refer to Note 2
Dirty Utility - Sub	dtur-s-o				1	x	8	1	x	8	1	x	8	refer to Note 2
Staff Amenities														Shared with adjacent Unit

ROOM/ SPACE	Standard Component Room Codes	RDL 1 & 2 N/A	RDL 3 & 4 Qty x m^2	RDL 5 Qty x m^2	RDL 6 Qty x m^2	Remarks
Sub Total			**83.5**	**106.5**	**136.5**	
Circulation %			**20**	**20**	**20**	
Area Total			**100**	**128**	**164**	

Note 1: Offices to be provided according to the number of approved full-time positions within the Unit.
Note 2: Required only if Patient waiting to be transferred to other Facilities. This can be regarded as part of Day Surgery Lounge.

- Please note the following: Areas noted in Schedules of Accommodation take precedence over all other areas noted in the Standard Components.
- Rooms indicated in the schedule reflect the typical arrangement according to the sample bed numbers.
- All the areas shown in the SOA follow the No-Gap system described elsewhere in these Guidelines.
- Exact requirements for room quantities and sizes shall reflect Key Planning Units (KPU) identified in the Clinical Service Plan and the Operational Policies of the Unit.
- Room sizes indicated should be viewed as a minimum requirement; variations are acceptable to reflect the needs of individual Unit.
- Offices are to be provided according to the number of approved full-time positions within the Unit.

8 Future Trends

The introduction of designated care co-ordinators to improve patient flow by better managing admission and discharge processes.

The introduction of patient queueing systems, improving logistics and automation of workplace flows.

Mobile wayfinding apps and bluetooth low energy technology introduce can communicate with patients and staff throughout the facility campus. When a patient arrives for an appointment a personalised push notification greets them and simultaneously notifies staff of their arrival. The greeting can include wait times, direction or advice regarding how they should proceed.

The increased introduction of integrated communication system platforms enabling access, receipt and utilisation of information from disparate sources e.g. easier access to pathology and radiology results by clinicians, which streamlines administration processes for Admission Units.

Reduction in patient presentations through unplanned admissions by:

- Community, social service and allied health programs targeting co-ordinated care for people with chronic conditions and long-term needs to be effectively managed within the community
- Redesign and extend healthcare roles to maximise patient engagement through patient centred pathways e.g. physiotherapist triage in outpatient departments for patients with back pain rather than presenting as unplanned admission
- Primary and allied health providers coaching patients on medication use, exercise, diet, and the management of their condition to prevent acute episodes
- Hospital-In-The-Home (HITH) as a viable alternative to hospital-based care by managing acute care at home

Technology and advanced surgical techniques permitting an increase in elective same day surgery for more medical specialities.

Programs offering post discharge convalescent services and limited care accommodation e.g. medi-hotels for patients otherwise unsuitable for day surgery owing additional care needs.

9 Further Reading

In addition to Sections referenced in this FPU, i.e. Part C- Access, Mobility, OH&S and Part D - Infection Control and Part E - Engineering Services, readers may find the following helpful:

- Australasian Health Facility Guidelines www.healthfacilitydesign.com.au
- Guidelines for Design and Construction of Health Care Facilities, the Facility Guidelines Institute, 2010 Edition www.fgiguidelines.org
- Model of Care for Pre-Admission Units, National Clinical Program for Anaesthesia, Health Service Executive of Ireland.
  https://www.hse.ie/eng/about/Who/clinical/natclinprog/anaesthesia/modelofcare.pdf
- Day Surgery Centres in Australia, Planning and Design (March 2005), Lindsay Roberts FRACS, Chairman Australian Day Surgery Council 1990-2000
  http://www.aams.org.au/contents.php?subdir=library/history/day_surgery/&filename=mar_05
- Crime Prevention through Environmental Design (CPTED)
  https://en.wikipedia.org/wiki/Crime_prevention_through_environmental_design#Strategies_for_the_built_environment