

**Part B – Health Facility Briefing & Design**  
**60 Day Surgery/Procedure Unit**



iHFG

**International Health Facility Guidelines**

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## 60 Day Surgery/ Procedure Unit

### 1 Introduction

#### *Description*

A Day Surgery/ Procedure Unit is where operative or endoscopic procedures are performed and admission, procedure and discharge occurs on the same date. The Unit will have access to or include one or more Operating Rooms, with provision to deliver anaesthesia and accommodation for the immediate post-operative recovery of day patients.

The range of procedures that may be undertaken in a Day Surgery/Procedures Unit may include:

- Surgical procedures, particularly ENT, Dental, Plastic Surgery, Ophthalmology
- Endoscopy - gastrointestinal, respiratory, urology;
- Electroconvulsive Therapy (ECT) for mental health inpatients
- Day Medical Procedures including intravenous infusions and minor treatments

For specific details on provisions for Endoscopy, refer to Endoscopy Unit, in these Guidelines.

### 2 Planning

#### *Operational Models*

The range of options for a Day Surgery/ Procedure Unit may include:

- a standalone centre, fully self-contained
- a dedicated fully self-contained unit within a hospital
- a Unit collocated with a specialist clinical service such as Gastroenterology or Respiratory Medicine , within an acute hospital
- a Unit collocated with the Operating Unit with shared facilities.

If the facility is part of an Acute Care Hospital or other Medical Facility, services can be shared, as appropriate to minimise duplication.

#### *Functional Areas*

The Day Surgery/ Procedure Unit may consist of a number of Functional Areas/ Zones:

- Entry/ Reception/ Administration and Waiting areas
- Pre-operative examination and preparation, including Consult rooms, patient change areas, holding areas, Preparation rooms, toilet and lockers
- Procedural Area
- Recovery Area ( this may also include extended recovery areas where patients are discharged within 24 hours)
- Perioperative Area (provides for admission on the day of surgery and short term accommodation following procedure
- Discharge Lounge
- Staff Amenities
- Day Medical Unit (if collocated).

#### **Entry / Reception/ Administration and Waiting Areas**

A covered entrance for dropping off and collection of patients after surgery shall be provided. The Entry may be a shared facility and shall include:

- Reception and information counter or desk
- Waiting areas that allows for the separation of paediatric and adult patients, if organised Paediatric Services are provided
- convenient access to wheelchair storage
- convenient access to public toilet facilities

- convenient access to public telephones

### Ambulance Access

A discreet pick-up point, preferably under cover, shall be provided for the transfer of patients to and from the Day Surgery/ Procedure Unit.

### Car Parking

Adequate car parking facilities with convenient access needs to be provided.

### Administration Areas

General and individual offices shall be provided as required for business transactions, records, administrative and professional staff. These shall be separate from public and patient areas with provision for confidentiality of records.

Enclosed office spaces shall be provided for:

- Administration and consultation
- Manager / Nurse Unit Manager as required

Offices are to comply with Standard Components.

### Clinical Records

A secure room shall be provided with provision for storage, recording and retrieval of clinical records. If geographically appropriate, and if the Day Procedures Unit is part of, or attached to, an acute hospital, the general clinical records facility might be used in lieu of a dedicated and separate room.

### Pre-operative Examination/ Preparation Areas

#### Consult/ Examination Rooms

A number of rooms will be required for patient consultation and Interview prior to Procedures. The number of rooms will be determined by the Service Plan and Operational Policy of the Unit. Provide Consult and Interview rooms to comply with Standard Components.

#### Patient Change Areas

Separate areas shall be provided where outpatients can change from street clothing into hospital gowns and be prepared for surgery, convenient to the Waiting Area. The patient change areas shall include Waiting Rooms and lockers. Design of Change Areas is to facilitate management of patient lockers, patient property and keys.

#### Holding Area

A Holding Area may be provided where gowned patients enter after changing and wait for their procedure. Additional holding areas may be provided for seated patients before an operation or procedure. Such an area must have access to nurse call services.

The Pre-operative Holding area shall be provided with the following minimum requirements as appropriate to the proposed service:

- A patient trolley or patient seating
- Privacy screening
- Handbasins with liquid soap and paper towel fittings
- Patient nurse call/ emergency call buttons with pendant handsets and indicators
- Medical gases including oxygen and suction and power outlets to each bed

#### Preparation Room

A Preparation Room may be required for patients undergoing certain procedures such as Endoscopy or Ophthalmology.

If included, the Preparation Room should include:

- Handbasin - Clinical
- Bench, and cupboards for setting up of procedures

- Adequate space for procedures equipment trolleys
- Examination couch
- Patient privacy screening

### Procedural Areas

#### Operating/ Procedures Rooms

The design of the Operating / Procedure Rooms must allow for adequate space, ready access, free movement and demarcation of sterile and non-sterile zones. Operating Rooms are to comply with Standard Components.

#### Operating Room/s for Endoscopy

The number and operation of Operating Rooms for Endoscopy shall be as determined by the Service Plan.

Room size may vary, dependent upon:

- The use of video equipment
- Electrosurgical laser treatment
- Fluoroscopy equipment installed
- Multiple endoscope activity
- Multiple observers
- The use of X-ray (image intensifying)

Where basic endoscopy is to be performed, the room size shall be no smaller than 36 m<sup>2</sup>. Where video equipment is used the room size should be 42 m<sup>2</sup>. Larger sizes, where possible, are recommended for flexibility and future developments. The ceiling height shall be 3000 mm.

Operating Rooms for Endoscopy shall be fitted out as for a Minor Operating Room, for example, it will be suitable for general anaesthetic with appropriate medical gases, power, lighting, air-conditioning and ventilation. Staff assistance call shall be provided. Consideration shall also be given to the special requirements of laser equipment.

A clinical scrub up basin shall be provided outside the entrance to the Operating Room/s for Endoscopy.

Direct access to the Clean-Up Room is recommended.

Impervious wall, floor and ceiling treatments are essential for ease of cleaning.

### Recovery Areas

In larger facilities it is often considered desirable to have a three stage recovery area. The first stage involves intensive supervision, the second stage has flexible facilities in more casual surroundings, and in the third stage the patient is fully mobile and is awaiting discharge. Supervision of the patient is vital at each stage.

If Paediatric Surgery is part of the function, the Recovery Room shall provide for the needs of parents/attendants.

#### Stage 1 Recovery

The number of bed/trolley spaces in the Stage 1 Recovery Area will be dependent upon the nature of surgery or procedures performed as outlined in the Operational Policy and the proposed throughput. As a minimum, 1.5 bed/trolley spaces per Operating Room shall be provided.

The Stage 1 Recovery area will require the following support facilities:

- Staff station with a centrally located resuscitation trolley
- Bays for Linen, Resuscitation Trolley and mobile equipment
- Clean Utility
- Dirty Utility
- Store room.

### Stage 2 Recovery

Stage 2 Recovery Room may be provided as required to accommodate:

- Patients who have regained consciousness after anaesthesia but require further observation
- Patients who have undergone procedures with local anaesthetic.

The patient is required to remain under observation until ready for discharge. Patients in this area may recover in trolleys or recliner chairs; each recovery bay should be able to accommodate either trolley or chair. External windows are to be provided in Stage 2 Recovery.

A ratio of three Trolley/ Chair Bays to each Operating/ Procedure room, is considered appropriate.

### Stage 3 Recovery Lounge

The Stage 3 Recovery Lounge is also referred to as a Discharge Lounge. Patients are ambulant, dressed and may await discharge in comfortable chairs. The lounge will require access to patient refreshment facilities and patient toilets.

Seating should be comfortable recliner lounges. A ratio of three Chair Bays to each Operating/ Procedure room is considered appropriate.

### Peri-Operative Area

Where Day Procedures (day only surgical service) are provided within the same area as Inpatient Acute Surgery (shared facility), the design shall consider the need to separate the two distinct functions at the incoming side. The design shall also preclude unrelated traffic from the Day Procedures Unit and the Operating Unit. Provide patient accommodation to comply with Standard Components. Refer also to Inpatient Unit – General in these Guidelines.

## Functional Relationships

### External

The Day Surgery/ Procedure Unit will have functional relationships with the following units:

- Operating Suite
- Pre-Admission Clinic
- Transit Lounge.

### Internal

Within the Unit, key functional relationships will include:

- Unidirectional patient flow from arrival at Reception, through holding, Procedure Rooms, Recovery rooms, then to the Peri-operative Unit or Inpatient Unit or Lounge areas and then discharge to home
- Separation of clean and dirty traffic flows
- Staff visibility of patient areas for patient supervision and safety

## 3 Design

### General

The design will need to accommodate all types of patients using the Unit as determined by the endorsed clinical service plan; this may include paediatric patients. Provision should also be made for the management of disabled patients and bariatric patients.

The design should also be able to accommodate changes in equipment technology as well as changing workload and variability to throughputs. Use of modular components and standard rooms sizes are recommended to provide flexibility of design.

Pre-operative and post-operative patient facilities can be co-located to share resources such as staff stations, utilities and storage, if required. Patient areas may require gender separation, according to local customs.

## ***Environmental Considerations***

### **Acoustics**

Design should consider reduction of the ambient noise level within the unit, particularly waiting areas.

Acoustic privacy treatment will be required to:

- Consulting / interview rooms
- Preparation rooms where patient pre-treatments may be undertaken
- Operating/ Procedure Rooms

### **Natural Light**

The design of the unit should incorporate external views and natural light as far as possible, particularly to Waiting Areas, Pre-operative and Recovery areas.

It is recommended that external views and natural light are provided in staff areas such as Staff Rooms and Offices and areas where staff are confined to one location e.g. Reception, Clean-up Rooms.

When external views and natural light are provided in patient areas, care must be taken to minimise glare and ensure privacy is not compromised. Sun penetration should be controlled to exclude glare and heat gain or loss.

In Operating and Procedure Rooms, provision of controlled level of lighting during procedures should be considered

### **Privacy**

Staff observation of patients and patient privacy must be well-balanced within the Unit.

The following features shall be integrated to the design of the Unit:

- doors and windows to be located appropriately to ensure patient privacy and not compromise staff security
- discreet spaces to enable confidentiality of discussions related to a patient and storage of patients medical records
- privacy screening to bed and chair bays
- Consultation, Interview and Preparation rooms should not be visible from public or waiting areas; examination couches should not face the door
- location of patient change areas to provide direct access to waiting areas to prevent patients in gowns travelling through public areas when changed before and after procedures.
- separation of male, female and paediatric changing rooms and waiting areas.

### ***Finishes***

The aesthetics of the Unit should be warm, relaxing and non-clinical as far as possible. The following additional factors should be considered in the selection of finishes:

- acoustic properties
- durability
- ease of cleaning
- infection control
- fire safety
- movement of equipment, floor finishes should be resistant to marring and shearing by wheeled equipment.

In all areas where patient observation is critical, colours shall be chosen that do not alter the observer's perception of skin colour.

Wall protection should be provided where bed or trolley movement occurs, such as corridors, patients' bedrooms, equipment and linen storage and treatment areas.

## ***Safety and Security***

Internal spaces and zones should offer a high standard of security through grouping functions, controlling access and egress from the Unit and providing optimum observation for staff. Patient holding, procedural and recovery areas will require restricted access to prevent unauthorised entry by visitors or others.

## ***Building Services Requirements***

### **Radiation Shielding**

If the Unit is undertaking procedures involving imaging, plans and specifications will require assessment for radiation protection by a certified physicist or other qualified expert as required by the relevant Radiation and Nuclear Safety Agency. The radiation protection assessment will specify the type, location and amount of radiation protection required according to the final equipment selections and layout. Radiation protection requirements must be incorporated into the final specifications and building plans.

### **Information Technology (IT) and Communications**

It is vital to provide reliable and effective IT/ Communications service for efficient operation of the Unit. The following items relating to IT/ Communication should be addressed in the design:

- Appointment systems
- Patient Administration System (PAS) including clinical records, pathology results,
- Picture Archiving Communications Systems (PACS)
- Scheduling systems to manage Procedure or operating room sessions
- Procedure recording and printing of reports within the Procedure room
- Materials management including bar coding for supplies, x-rays and records
- Management and statistical information required for administration and quality assurance.
- Education and training utilisation of video and camera equipment

### **Nurse/ Emergency Call**

Nurse Call and Emergency Call facilities must be provided in all patient areas (e.g. bed/chair spaces, toilets, showers) and procedure areas in order for patients and staff to request urgent assistance. The individual call buttons will alert to a central module situated at or adjacent to the Staff Station. Calls must be audible in Utilities, Staff Room and Meeting Rooms within the Unit. The alert to staff members should be done in a discreet manner at all times.

## ***Infection Control***

Consideration of Infection Control is important in the design of this Unit. Separation of clean and dirty workflows in treatment and clean-up areas and separation of patient care areas and contaminated spaces and equipment is critical to the function of the Unit and to prevent cross infection. Procedure/ Operating rooms will be used for a variety of clients whose infection status may be unknown. Standard precautions must be taken for all clients regardless of their diagnosis or presumed infectious status. Staff hand washing facilities, including disposable paper towels, must be readily available.

Refer to Part D of these Guidelines for further information.

## **4 Components of the Unit**

The Day Surgery/ Procedure Unit will contain 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.

## 5 Schedule of Accommodation – Day Surgery/ Procedure Unit

Schedule of Accommodation follows and assumes a 2 room and a 4 room suite that may incorporate day surgery. The schedule will need to be amended in accordance with the requirements of the Service Plan.

Provision of Offices, Workstations and support areas will be dependent on the Operational Policy and service demand and may vary from the Schedule of Accommodation

### Entry/Waiting/Reception/Administration

ROOM / SPACE	Standard Component				2 rooms Qty x m <sup>2</sup>	4 rooms Qty x m <sup>2</sup>	Remarks
PATIENT WAITING - MALE / FEMALE	WAIT-10-I WAIT-15-I				2 x 10	2 x 15	Separate areas for Male & Female; seating for 8-12
PATIENT WAITING - FAMILY	WAIT-25-I WAIT-50-I				1 x 25	1 x 50	
TOILET - PUBLIC	WCPU-3-I				2 x 3	2 x 3	Separate for Male and Female
TOILET - ACCESSIBLE (MALE/ FEMALE)	WCAC-I				2 x 6	2 x 6	Add baby change table as necessary
RECEPTION	RECL-10-I				1 x 10	1 x 10	
OFFICE – 2 PERSON SHARED	OFF-2P-I				1 x 12	1 x 12	Clerical Workroom
STORE - PHOTOCOPY / STATIONERY	STPS-8-I STPS-10-I				1 x 8	1 x 10	1 and 2 staff respectively
STORE - FILES	STFS-8-I				1 x 8	1 x 8	Include stationery recycle bin
OFFICE – SINGLE PERSON	OFF-S9-I				1 x 9	1 x 9	Unit Manager
OFFICE - SINGLE PERSON	OFF-S9-I					1 x 9	Day Procedure Unit Clinical Nurse Specialist
OFFICE - SHARED (MEDICAL AND) NURSING WRITE-IP ROOM	OFF-2P-I OFF-4P-I				1 x 12	1 x 20	2 and 4 workstations for Medical/ Nursing staff
MEETING / GROUP ROOM	MEET-12-I MEET-L-15-I				1 x 12	1 x 15	

### Patient Exam/ Prep/ Waiting

ROOM / SPACE	Standard Component				2 rooms Qty x m <sup>2</sup>	4 rooms Qty x m <sup>2</sup>	Remarks
CONSULT ROOM	CONS-I				1 x 14	2 x 14	May also be used for medical student training
SUB – WAITING (ENDOSCOPY)	WAIT-SUB-I				1 x 5	1 x 5	For bowel preps
TREATMENT/ PREPARATION ROOM (GASTRO)	TRMT-I				2 x 14 optional	2 x 14 optional	Bowel preps (Male/ Female)
ENSUITE – PATIENT (TO PREP ROOM) (TOILET / SHOWER)	ENS-ST-I				2 x 5	2 x 5	(Male/ Female)
CHANGE - PATIENT MALE / FEMALE	CHPT-12-I				2 x 12	2 x 15	Includes Toilet, Shower & Lockers
TOILET - PATIENT	WCPT-I				2 x 4	2 x 4	(Male/ Female)
TOILET - ACCESSIBLE	WCAC-I				2 x 6	2 x 6	(Male/ Female)
SHOWER - ACCESSIBLE	SHD-I				1 x 4 optional	1 x 4 optional	May be combined with Toilet-Accessible
BAY - LINEN TROLLEY	BLIN-I				1 x 2	1 x 2	Gowns etc.
WAITING - "CHANGED" PATIENTS	WAIT-SUB-I WAIT-10-I				2 x 5	2 x 10	Separate areas for Male & Female
PATIENT BAY - HOLDING	PBTR-H-10-I				2 x 10	2 x 10	Separate Male/ Female Trolley waiting
STAFF STATION	SSTN-10-I SSTN-14-I				1 x 10	1 x 14	To oversight changed waiting;

### Procedures Area

ROOM / SPACE	Standard Component				2 rooms Qty x m <sup>2</sup>	4 rooms Qty x m <sup>2</sup>	Remarks
OPERATING ROOM - GENERAL	ORGN-I				2 x 42	4 x 42	Able to rotate bed through 360 degrees
OPERATING ROOM - MINOR	ORMS-I				2 x 36 optional	4 x 36 optional	Able to rotate bed through 360 degrees
CLEAN-IP ROOM - SHARED (SCOPE REPROCESSING)	CLUP-15-I				1 x 15	1 x 15	If possible, direct access from Endoscopy Rooms
ENDOSCOPE STORE					1 x 4	1 x 6	Special cupboards
SCRUB-IP /GOWNING	SCRB-6-I				1 x 6	2 x 6	Shared between rooms
CLEAN-IP ROOM	CLUP-7-I					1 x 7	for surgical instruments processing
BAY - MOBILE EQUIPMENT	BMEQ-2.5-I				2 x 2.5	4 x 2.5	X-ray units etc.
BAY - LINEN	BLIN-I				1 x 2	1 x 2	

### Recovery

ROOM / SPACE	Standard Component				10 bays Qty x m <sup>2</sup>	20 bays Qty x m <sup>2</sup>	
STAFF STATION	SSTN-10-I SSTN-14-I				1 x 10	1 x 14	
CLEAN UTILITY	CLUR-12-I				1 x 12	1 x 12	
DIRTY UTILITY ROOM	DTUR-12-I DTUR-14-I				1 x 12	1 x 14	Incorporates Disposal
RESUSCITATION TROLLEY BAY	BRES-I				1 x 1.5	1 x 1.5	
BAY - LINEN TROLLEY	BLIN-I				1 x 2	1 x 2	
PATIENT BAY - RECOVERY STAGE 1 ENCLOSED	PBTR-RS1-I similar				1 x 12	1 x 12	Children; Neg/neutral air pressure for Bronchoscopy.
PATIENT BAY - RECOVERY STAGE 1	PBTR-RS1-I				7 x 12	14 x 12	
PATIENT BAY - HOLDING (RECOVERY STAGE 2)	PBTR-H-10-I				6 x 10	12 x 10	May use recliner chairs
BEVERAGE BAY	BBEV-OP-I				1 x 4	1 x 4	
DISCHARGE LOUNGE (3 <sup>RD</sup> STAGE RECOVERY)	LNPT-20-I LNPT-30-I				1 x 20	1 x 30	Patient Lounge; screened chairs; 3 m <sup>2</sup> per chair
MEETING ROOM - SMALL	MEET-9-I				1 x 9	1 x 9	
STORE - EQUIPMENT	STEQ-15-I STEQ-20-I				1 x 15	1 x 20	With power points for recharging pumps etc.
TOILET - ACCESSIBLE	WCAC-I				1 x 6	1 x 6	
TOILET - PATIENT	WCPT-I				1 x 4	2 x 4	May be shared with Exam/ Prep/ Entry as design permits
CIRCULATION ALLOWANCE %					35%	35%	

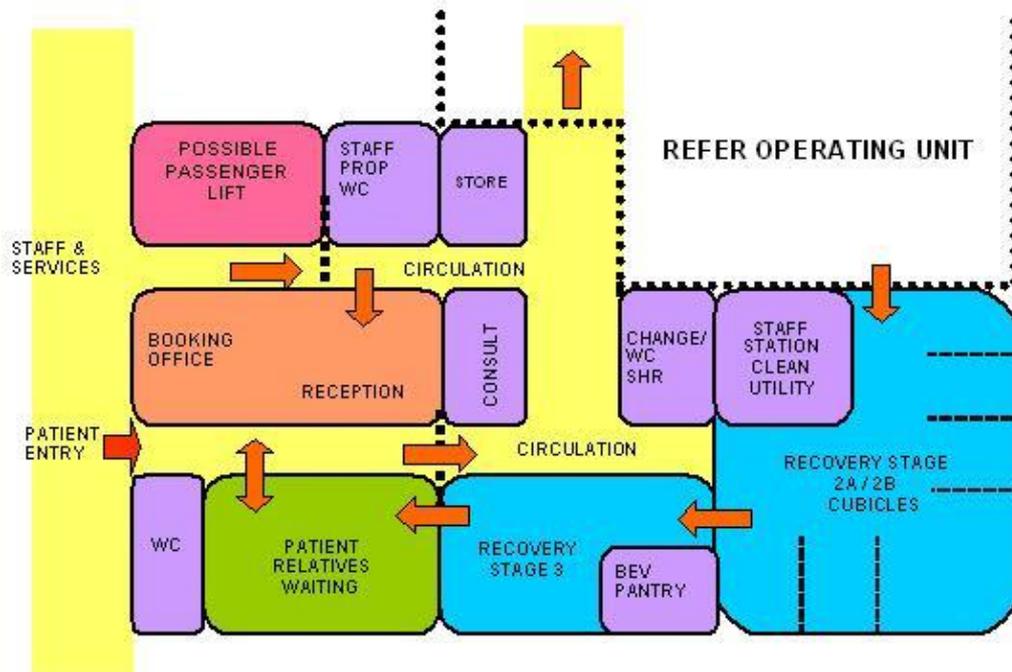
### Staff Amenities

ROOM / SPACE	Standard Component				2 rooms Qty x m <sup>2</sup>	4 rooms Qty x m <sup>2</sup>	Remarks
STAFF ROOM	SRM-15-I				2 x 15	2 x 15	Male/ Female
CHANGE - STAFF - MALE	CHST-10-I CHST-14-I				1 x 10	1 x 14	Full lockers - adjust mix as required
CHANGE - STAFF - FEMALE	CHST-10-I CHST-14-I				1 x 10	1 x 14	Full lockers - adjust mix as required
CIRCULATION ALLOWANCE %					35%	35%	

Please note the following:

- Areas noted in Schedules of Accommodation take precedence over all other areas noted in the FPU.
- Rooms indicated in the schedule reflect the typical arrangement according to the Role Delineation.
- Exact requirements for room quantities and sizes will reflect Key Planning Units identified in the 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.
- Office areas are to be provided according to the Unit role delineation and the number of approved full time positions within the Unit
- Staff and support rooms may be shared between Functional Planning Units dependant on location and accessibility to each unit and may provide scope to reduce duplication of facilities.

**6 Functional Relationship Diagram – Day Surgery/ Procedure Unit**



## 7 References and Further Reading

- Australasian Health Facility Guidelines, Part B Health Facility Briefing and Planning, Day Surgery/ Procedure Unit, Rev 4, 2012; refer to website [www.healthfacilitydesign.com.au](http://www.healthfacilitydesign.com.au)
- Guidelines for Design and Construction of Health Care Facilities; The Facility Guidelines Institute, 2010 Edition; refer to website [www.fgiguide.com](http://www.fgiguide.com)
- NHS Estates, Department of Health Estates and Facilities Division, HBN 10-02 Day Surgery facilities, London, 2007 refer to website [www.estatesknowledge.dh.gov.uk](http://www.estatesknowledge.dh.gov.uk)
- NHS Estates, Department of Health Estates and Facilities Division, HBN 52 Accommodation for day care Endoscopy unit, London, HMSO 1994 refer to website [www.estatesknowledge.dh.gov.uk](http://www.estatesknowledge.dh.gov.uk)



The International Health Facility Guidelines recommends the use of HFBS “Health Facility Briefing System” to edit all room data sheet information for your project.

HFBS provides edit access to all iHFG standard rooms, and departments, and more than 100 custom report templates.

## HFBS Health Facility Briefing System



### Briefing Module

The Health Facility Briefing System (HFBS) has numerous modules available via annual subscription. It suits healthcare Architects, Medical Planners, Equipment Planners Project Managers and Health Authorities.

Use the HFBS Briefing Module to quickly drag in health facility departments or pre-configured room templates from the iHFG standard, edit the room features such as finishes, furniture, fittings, fixtures, medical equipment, engineering services. The system can print or download as PDF more than 100 custom reports including room data sheets, schedules, and more...

To learn more about the HFBS web-based Healthcare Briefing and Design Software and to obtain editable versions of the “Standard Components” including Room Data Sheets (RDS) and Room Layout Sheets (RLS) offered on the iHFG website, signup for HFBS using the link below.

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