Table of Contents

245 Outpatients Unit .............................................................................................................................. 3

1 Introduction ........................................................................................................................................... 3
   Description ............................................................................................................................................. 3

2 Functional and Planning Considerations ......................................................................................... 3
   Operational Models ............................................................................................................................... 3
   Planning Models .................................................................................................................................... 7
   Functional Areas .................................................................................................................................... 9
   Functional Relationships ...................................................................................................................... 10

3 Design ................................................................................................................................................ 12
   General ................................................................................................................................................ 12
   Environmental Considerations ........................................................................................................... 12
   Space Standards and Components .................................................................................................... 13
   Safety & Security ................................................................................................................................ 13
   Finishes ............................................................................................................................................... 13
   Fixtures, Fittings & Equipment ............................................................................................................ 14
   Building Service Requirements ......................................................................................................... 14
   Infection Control .................................................................................................................................. 14

4 Components of the Unit ...................................................................................................................... 16
   Standard Components .......................................................................................................................... 16
   Non-Standard Components .................................................................................................................. 16

5 Schedule of Accommodation – Outpatients Unit ............................................................................ 17
   Outpatients Unit located within a health facility .................................................................................. 17
   Outpatients Unit - Stand-alone ............................................................................................................. 19

6 Future Trends ..................................................................................................................................... 22

7 Further Reading .................................................................................................................................. 22
### 1 Introduction

**Description**

The Outpatient Unit, also known as Ambulatory Care Unit, refers to health care provided in hospital-based outpatient or stand-alone clinics, physician offices, ambulatory surgical centres, and many other specialized settings where patients receive care but do not remain overnight.

The Outpatient Unit may perform the following functions:
- Consultation with medical specialists, examination and investigations
- Treatment on a same day basis
- Minor procedures
- Follow up review consultation and ongoing case management
- Patient screening prior to surgery – perioperative services
- Health education or counselling sessions for patients and families
- Referral of patients to other units or disciplines for ongoing care and treatment
- Referral for admission to a hospital for inpatient services.

The services or clinical specialties that may be provided in the Outpatient Unit encompass:
- GP (General Practitioner) Clinics
- Primary Care centres
- Women and child health services
- A comprehensive range of surgical specialties
- Medical specialties including diabetes and multidisciplinary team reviews e.g. chronic disease clinics, infectious diseases services
- Pain management
- Genetics clinics
- Health Promotion initiatives.

The following specialist services provided on an outpatient or same day basis are addressed in the relevant FPU:
- Community Health Unit
- Dental (refer to Dental Surgery Unit and Oral Health Unit)
- Day Surgery (refer to Day Surgery/ Procedure Unit)
- Oncology/ Day Chemotherapy (refer to Oncology Unit – Medical (Chemotherapy)
- Mental Health including Drug & Alcohol services (refer to Mental Health Unit - Outpatient)
- Radiotherapy (refer to Radiation Oncology/ Cancer Care Centre)
- Rehabilitation, Physiotherapy, Occupational Therapy (refer to Rehabilitation/ Allied Health)
- Renal Dialysis (refer to Renal Dialysis Unit)
- Urgent Care Centres, Acute Assessment Units, Medical Assessment Units (refer to Emergency Unit).

The elements described in this FPU will apply to Outpatient Units located within a larger facility, located within a commercial development or stand-alone units.

### 2 Functional and Planning Considerations

**Operational Models**

**Hours of Operation**

Patient services will generally be provided during normal business hours: Monday to Friday 08.00am – 5.00pm. However, patient care requirements and flexible work schedules may require hours of operation to be extended to evenings and weekends to meet demand and operational...
policies. Availability of support, cleaning and maintenance services should be considered during the planning phase.

Models of Service Delivery

Flexible operational models can be built into an existing unit using modular spaces and designs. Each module should include reception, waiting, examination and treatment rooms supported by patient and staff facilities, support areas and clerical offices.

It is vital to clearly identify the Main patient/public entry; reinforce the entry sequence with the design of site circulation systems. Staff entry and circulation should be separated from patient circulation where possible.

Consultation methods differ between medical practitioners depending on the situation. However, in all cases, the emphasis should be on achieving the optimal environment for a fully informed consultation.

Operational Models applicable to the Outpatient Unit include:

Single Corridor Access Model:
This examination/treatment model permits multidisciplinary rooms with similar configurations accessed by a single entry point. Common reception and waiting areas enhance efficient staffing and resourcing.

Double Corridor Access Model
Where space permits, the double corridor model enables staff support and service areas to remain discreetly separate from public access. Common reception and waiting areas enhance efficient staffing and resourcing while the consult/examination rooms can be used by either multi-disciplinary teams or specialist providers.
Above: Double Corridor Access model with waiting area at the entry

In this model, waiting areas can be located centrally, but this may reduce patient privacy and confidentiality. Consideration of these benefits may be off-set, where appropriate, by convenient patient access and fast turn-over for each room module.

Above: Double Corridor Access mode with centralized waiting area
Multidisciplinary Consult Rooms
The adoption of modular consult rooms enables efficient use by multidisciplinary practitioners on a sessional basis. As service needs and workload projections vary, staffing efficiencies and patient convenience can be maintained while duplications are prevented.

Single Specialty Consult Rooms
Where a range of highly specialized equipment is required during each consultation, rooms can be configured to accommodate these special requirements. Each medical specialty can be assigned their group of medical suites with associated waiting and reception areas, patient facilities and support areas.

Examples of specialties this models suits includes: ENT/ Ophthalmology, Endoscopy specialties, Cancer Centre (Chemotherapy, Radiotherapy and Consulting) and Specialist Medical Suites

Above: Typical Specialist Medical Suites of varying sizes

The service plan of an Individual facility will determine the planning needs of the Outpatients Unit. Influencing factors include:

- Patient attendance numbers
- Numbers of specialities
- Medical, allied health and support staffing number
- Anticipated usage of medical suites and potential to share rooms between specialities
- Population profiles which drive speciality service delivery.
Planning Models

Planning models applicable to the Outpatient Unit include:

- A discreet Unit within a Hospital facility or located within a hospital campus, sharing the support services of the hospital facility
- An integrated Unit such as a private medical practice within a commercial development such as a shopping centre or an office building
- A stand-alone Unit not connected with a hospital or commercial facility.

Location

Outpatients Units are commonly located at the entrance of large and small health facilities with an efficient connection to the Main Entry of the hospital.

Key considerations during planning include the provision of

- Convenient ground floor access to outpatient entry with set-down points for ambulances, patient support vehicles and private cars
- Effective wayfinding boards and enquiry points at entrances
- Patient refreshment, pharmaceutical and toilet facilities
- Waiting areas to accommodate patients, carers, children and the disabled
- Patient flow patterns to enable clinical pre-assessment, pathology, radiology services etc. prior to medical consultation
- Storage facilities for patient belongings
- Clustering procedure rooms to service consultation rooms
- Furniture, fittings, equipment, services and hydraulics to meet specific clinical requirements.

Configuration

An important consideration during planning of the Outpatients Unit will be the determination of the model of consult/examination rooms. This can have a major impact on space provision for the Unit.

Combined Consult/Examination Rooms

Consult and examination takes place within a single room. The room will have a desk and chairs in the consultation zone and a screened examination area with a couch. The layout of the room should ensure patient privacy particularly in the examination area. The room is suitable for multifunction use; specialist equipment is brought into the room as needed and stored when not in use.

The benefits of this type of room are:

- Flexible use – can be used for consultation or examination or both
- Compact rooms result in a space saving floor plan.

Above: Typical Consult Rooms with combined consult/examination functions
Separate Consult and Examination Rooms
Consult and examination rooms are provided as individual rooms with separate access to each, allowing a patient to be examined separately to the consult function. This type of arrangement is appropriate for both multi-functional and specialist use of the rooms.

Benefits of this type of room:
- allows increased throughput of patients by enabling a patient to be examined or to be changing in the examination room while another patient is occupying the Consult room
- separate examination rooms can be converted in future to full consult/examination rooms when additional clinic capacity is needed
- convenient for patient consultation with multiple clinical specialists; the patient remains in place and clinicians visit the patient

Above: Separate Consult and Examination functions in collocated rooms, with alternative couch arrangements; consult and examination rooms are the same size allowing for future flexibility

Examination rooms may be sized to accommodate the examination couch and hand basin only which is space efficient and reduces the overall departmental area.

Specialist Consult/Exam Rooms
Consult/Examination rooms designed to accommodate a particular discipline with specialty equipment that remains in the room e.g. ENT, Ophthalmology, Podiatry and colorectal rooms

Benefits:
- Avoids excessive handling of expensive or sensitive equipment
- Specialist equipment available and ready to use instantly without setting up

Above: Specialist Consult/Exam room – ENT/Ophthalmology
**Functional Areas**

The Outpatient Unit consists of the following key functional areas:

- **Entry Area** including:
  - Reception/ Patient registration
  - Waiting Areas including provision for families
  - Interview room/s for patient and family discussions
  - Public amenities such as toilets, play area, parenting rooms

- **Consult Areas** with:
  - Consult and examination rooms, (combined or separate)
  - Interview and meeting rooms for patient discussions, team meetings
  - Vital signs room
  - Blood collection facilities
  - Support areas including utilities, store rooms, patient toilets

- **Treatment Areas (optional)** if provided may include:
  - Procedure and Treatment rooms
  - Plaster room/s
  - Patient bed bays for recovery following procedures
  - Support areas incorporating utilities

- **Staff and Support areas** such as:
  - Offices
  - Staff Room
  - Staff toilets and lockers.

**Entry Area**

If a direct and separate entry is provided to the Unit at street level, an entry canopy shall be provided for patient drop-off and pick-up. The canopy shall be designed and sized appropriately to permit easy manoeuvring and weather protection of vehicles including cars, ambulances, taxis, and mini-vans. The entry canopy shall be located next to the Lobby/ Airlock if one is provided.

Arrival areas should allow for separate drop off by cars and ambulances and community vehicles and patients arriving by public transport or walking.

**Reception/ Waiting**

The Reception/ Waiting area of the Outpatients Unit may be shared by consulting and treatment zones and should be located to provide convenient access to both areas while allowing access to public and disabled amenities for patients and visitors. The Reception area may include patient registration, a patient queuing system and cashier facilities where appropriate.

Waiting areas may be designed with separation to meet cultural requirements where appropriate. Waiting areas should accommodate a wide range of occupants including children, those less mobile or in wheelchairs. Provisions should be made for prams and play areas for children.

**Consult and Treatment/ Procedure Areas**

Consult/ examination rooms may be provided as combined consult/ examination rooms or separate rooms depending on the operational policy of the facility and the clinical specialties to be incorporated. Consult / Treatment Areas should promote efficiency, provide a pleasant environment for all patient types.

Treatment rooms and Procedure Rooms will be used for minor treatments and procedures under local anaesthetic that do not require admission to the Day Surgery/ Procedures Unit. Patient Vital signs room/s will be used for measurement and recording of patient height, weight and vital signs recording prior to Consultation.

Patient Bed Bays are provided as required for patient recovery following procedures attended within the Unit. The bed bays will require staff handwashing basins (refer to Part D for quantity), a staff station and support areas including clean and dirty utilities. This area could also be utilized for trolley or wheelchair patients awaiting transport if there is no transit lounge.
Support Areas

Support areas for the Outpatient Units will include:
- Bays for linen, resuscitation trolley and mobile equipment including wheelchairs
- Cleaners room
- Clean Utility with provision for drug storage
- Dirty Utility room including facilities for urine testing and waste holding
- Store Rooms for general consumables, sterile stock and equipment; this may include specialty equipment held in storage until needed in the Consult or Treatment rooms, and bulky items such as crutches, walkers and lifting equipment.

Staff Areas

Offices and workstations may be required for the Unit manager and administrative staff, to undertake administrative functions, or to facilitate educational and research activities.

Staff will need access to the following:
- Meeting room/s for education and tutorial sessions as well as meetings
- Staff room with beverage and food storage facilities
- Toilets and lockers.

Staff areas may be shared with an adjacent unit if located conveniently.

Functional Relationships

External

The Outpatient Unit, whether free-standing or part of a larger facility will generally have working relationships with many other Units.

The planning and design of the Unit should locate the following with convenient access:
- Drop off zone/ car park and Main Entry
- Admission Unit (satellite, stand alone or central) for patient referrals
- Clinical Information Unit for delivery/ return of clinical records unless digital records are used
- Day Surgery/ Procedure Unit
- Emergency Unit, for patient referrals
- Medical Imaging for diagnostic procedures
- Pharmacy for patient medications
- Pathology, specimen collection, for diagnostic studies
- Rehabilitation Unit/ Allied Health for patient follow-up
- Transit Lounge for patients awaiting transport.

Internal

The internal planning of the Outpatient Unit will reflect the functional areas mentioned above.

Some of the critical considerations are:
- Flexibility in accommodating various types of use throughout different hours in the day
- Reception area should allow patients to move conveniently to and from the Consult and Treatment areas and accommodate high volume of patients, support staff, care-takers and mobility aids
- Interview rooms for support services such as social worker, cashier etc. to be conveniently located
- Sub Waiting areas may be located close to Treatment areas for patient and staff accessibility
- Staff must be able to move easily to and from Treatment areas and Reception/ Registration and Waiting areas; discreet and private work areas away from patients is recommended; staff areas may have restricted access to patients.

It is important for the functional areas to work effectively together to allow for an efficient, safe and pleasant environment.
Figure 1 Functional Relationship Diagram: Outpatients Unit
The optimum external relationships include:

- Patient access from a main circulation corridor with a relationship to the Main Entrance and car park
- Separate entry and access for staff from hospital units via a service corridor
- Alternative access away from the Reception for patients and staff in transit to other hospital units
- Access for service units such as Supply, Housekeeping and Clinical Information via a service corridor.

Internal relationships should include the following:

- Reception at the entrance with access to an interview area
- Access for patients to Consult and Treatment rooms directly from Waiting areas with Reception/Administration acting as a control centre
- Support areas located in Consult/Treatment and staff areas close to the activity centres for staff convenience.

3 Design

General

Waiting areas, patient Consult and Treatment areas will need to be designed to cater for a wide range of patients visiting the unit, including elderly, parents with children, patients with limited mobility and bariatric patients.

The design should give patients and visitors the impression of an organised and efficient unit.

Environmental Considerations

Acoustics

Acoustic privacy is required in Consult, Interview, Treatment rooms and any rooms where confidential information will be discussed.

The transfer of sound between clinical spaces should be minimised to reduce the potential of staff error from disruptions and miscommunication and to increase patient safety and privacy. Noisy areas such as Waiting rooms and play areas should be located away from consult, treatment and staff areas.

Natural Light/Lighting

Where possible, the use of natural light shall be maximised within the Unit. Sufficient levels of natural lighting can provide a sense of wellbeing for both staff and patients, reduce patient discomfort and stress and is more likely to lead to better service outcomes.

Windows are particularly desirable in waiting areas and staff lounges. If windows cannot be provided, alternatives such as skylights may be considered.

Privacy

Careful consideration of privacy and patient comfort is required to reduce discomfort and stress for patients including:

- Discreet and non-public access to medical records
- Privacy screening to all examination bays and patient bed bays
- Location of doors to avoid patient exposure in Consult and Treatment rooms.

Interior Decor

Interior décor refers to colour, textures, surface finishes, fixtures, fittings, furnishings, artworks and atmosphere. It is desirable that these elements are combined to create a calming, non-threatening environment.

Colours should be used in combination with lighting to ensure that they do not mask skin colours as this can be a problem in areas where clinical observation takes place.
**Space Standards and Components**

**Accessibility**

Wheelchair access is required in all patient areas including Consult, Treatment, Procedure and Waiting rooms. Waiting areas should also include space and power outlets for charging electric mobility equipment along with suitable seating for patients with disabilities or mobility aids. The Unit will require suitable seating and provisions for bariatric patients.

**Doors**

All entry points, doors or openings, shall be a minimum of 1200 mm wide, unobstructed. Larger openings may be required for special equipment, as determined by the Operational Policy, to allow the manoeuvring of beds, trolleys, equipment and wheelchairs without manual handling risks and risk of damage. Doors used for emergency bed transfer to the Operating Units must be appropriately positioned and sized. A minimum of 1400mm clear opening is recommended for doors requiring bed/ trolley access.

Also refer to Part C – Access, Mobility, OH&S of these Guidelines.

**Ergonomics/ OH&S**

Design of clinical spaces including Consult, Examination and Procedure rooms must consider Ergonomics and OH&S issues for patient and staff safety and welfare.

Refer to Part C – Access, Mobility, OH&S of these Guidelines for more information.

**Size of the Unit**

The size of the Unit will be determined by a Clinical Services Plan and will take into consideration:

- The size of the population served by the Unit and demographic trends
- The number of clinical practitioners available
- The average length of consultation or treatment
- The number of referrals and transfers from other local regions or hospitals
- The number of other Outpatient Units in the vicinity.

**Safety & Security**

A high standard of safety and security can be achieved with early planning in the development of the unit and careful configuration of spaces and zones in order to:

- Control the entry and exits points to and from the Unit
- Improve the observation of patient and clinical areas for staff
- Reduce duplication by grouping of functions, optimizing the space utilization and promoting efficient staff and patient management.

The perimeter of the Unit should be secured and consideration given to electronic access. Access to public areas shall be carefully planned so that the safety and security of staff areas within the Unit are not compromised. Zones within the Unit may need to be lockable when not in use, preferably electronically. This can be achieved by the use of doors to circulation corridors and automated shutters to entrances when the Outpatient Service is not operational after hours and weekends.

Internally within the Outpatients Unit all offices require lockable doors and all store rooms for files, records and equipment should be lockable.

**Finishes**

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

The following aspects should always be considered when specifying internal finishes:

- Cleaning and infection control
- Fire safety of the materials
- Patient care and comfort
• Staff safety, particularly for floor finishes
• Cultural/ social perceptions of a professional healthcare environment.

Refer to Part C of these Guidelines and Standard Components for more information on wall protection, floor finishes and ceiling finishes.

**Fixtures, Fittings & Equipment**

Equipment, furniture, fittings and the facility itself shall be designed and constructed to be safe, robust and meet the needs of a range of users with varying mobility needs.

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

Refer to Part C of these Guidelines - Access, Mobility, OH&S, the Room Layout Sheets (RLS) and Room Data Sheets (RDS) for more information.

**Window Treatments**

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

**Building Service Requirements**

**Communications**

The Outpatients Unit requires a wide range of systems to ensure the storage of patient information and image management is efficient and effective. These systems include but are not limited to:

• Picture archiving communications systems (PACS) and storage for digital archives
• Voice/ data cabling and outlets for phones, fax and computers
• Network data requirements and wireless network requirements to support remote reporting
• Video and teleconferencing capability
• CCTV surveillance if indicated
• Patient, staff, emergency call, duress alarms and paging systems
• Communications rooms and server rooms.

Patient, staff assist and emergency call facilities shall be provided in all Consult, Examination, Procedure, Treatment rooms and patient areas (including toilets) in order for patients and staff to request for urgent assistance.

Close collaboration with the IT Unit and obtaining advice from consultants early in the design phase is recommended.

**Heating, Ventilation and Air conditioning**

The unit shall have appropriate air conditioning that allows control of temperature and humidity for patient and staff comfort. Refer also to Standard Components Room Data Sheets.

**Medical Gases**

Medical gases may be provided within Consult, Procedure and Treatment rooms as required by the facility’s operational policy.

Refer to Part E of these guidelines and to the Standard Components, RDS and RLS.

**Infection Control**

Standard precautions apply to the Outpatients Unit areas to prevent cross infection between patients, staff and visitors. Hand hygiene is important and it is recommended that in addition to hand basins, medicated hand gel dispensers be located strategically in staff circulation corridors.
Hand Basins

Basins suitable for surgical scrubbing procedures shall be provided for each Procedure and Treatment room (refer to Standard Components Room Layout and Room Data Sheets). Clinical hand-washing facilities shall be located convenient to the Staff Stations and patient areas.

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

Waste Management

Clinical waste management shall be provided within the Consult, Procedure and Treatment rooms 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.
## Components of the Unit

### Standard Components

The Outpatient 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.

### Non-Standard Components

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

**Vital Signs Room**

The Vital Sign room is a room for measurement and recording of patient vital signs. The room will include:

- Desk and chair for staff
- Chairs for patient and support person
- Handbasin with paper towel and soap dispensers
- Clinical measurement equipment:
  - Weighing scales
  - Stadiometer - height measurement device
  - Vital signs monitoring equipment, electronic
## 5 Schedule of Accommodation – Outpatients Unit

**Outpatients Unit located within a health facility**

The following Schedule of Accommodation includes both combined and separate Consult/Examination Rooms.

<table>
<thead>
<tr>
<th>ROOM/SPACE</th>
<th>Standard Component Room Codes</th>
<th>RDL 2 &amp; 3 Qty x m²</th>
<th>RDL 4 Qty x m²</th>
<th>RDL 5 Qty x m²</th>
<th>RDL 6 Qty x m²</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Consult Areas</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Consult Room</td>
<td>CONS-I</td>
<td>3 x 14</td>
<td>6 x 14</td>
<td>12 x 14</td>
<td>9 x 14</td>
<td>Combined Consult/Examination Room</td>
</tr>
<tr>
<td>Consult - Office</td>
<td>CONS-I</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Separate Consult/Office and Examination rooms</td>
</tr>
<tr>
<td>Examination Room</td>
<td>CONS-I</td>
<td>9 x 14</td>
<td></td>
<td></td>
<td></td>
<td>Separate Consult/Office and Examination rooms</td>
</tr>
<tr>
<td>Interview Room - Family</td>
<td>INTF-I</td>
<td>1 x 9</td>
<td>1 x 12</td>
<td>1 x 12</td>
<td>2 x 12</td>
<td>Also for Allied Health use</td>
</tr>
<tr>
<td>Meeting Room - Small</td>
<td>MEET-9-I</td>
<td>1 x 12</td>
<td>1 x 9</td>
<td>1 x 9</td>
<td>1 x 9</td>
<td>Optional; Interviews, private discussions, team meetings</td>
</tr>
<tr>
<td>Vital Signs Room</td>
<td>NS</td>
<td>1 x 8</td>
<td>2 x 8</td>
<td>2 x 8</td>
<td></td>
<td>In corridors and staff work areas</td>
</tr>
<tr>
<td>Bay - Handwashing, Type B</td>
<td>BHWS-B-I</td>
<td>1 x 1</td>
<td>2 x 1</td>
<td>3 x 1</td>
<td>4 x 1</td>
<td>In corridors and staff work areas</td>
</tr>
<tr>
<td>Bay - Linen</td>
<td>BLINH-I</td>
<td>1 x 2</td>
<td>2 x 2</td>
<td>1 x 2</td>
<td>1 x 2</td>
<td>For scales, lifting equipment</td>
</tr>
<tr>
<td>Bay - Mobile Equipment</td>
<td>BMEQ-4-I</td>
<td>1 x 4</td>
<td>2 x 4</td>
<td>2 x 4</td>
<td>2 x 4</td>
<td>For scales, lifting equipment</td>
</tr>
<tr>
<td>Bay - Resuscitation Trolley</td>
<td>BRES-I</td>
<td>1 x 1.5</td>
<td>1 x 1.5</td>
<td>1 x 1.5</td>
<td>1 x 1.5</td>
<td>For scales, lifting equipment</td>
</tr>
<tr>
<td>Blood Collection Bay</td>
<td>BLDC-5-I</td>
<td>1 x 1.5</td>
<td>1 x 5</td>
<td>1 x 5</td>
<td>2 x 5</td>
<td>Optional; may use a shared facility if located close</td>
</tr>
<tr>
<td>Clean-up Room</td>
<td>CLUP-7-I</td>
<td>1 x 7</td>
<td>1 x 7</td>
<td>1 x 7</td>
<td>1 x 7</td>
<td>Optional; may use Dirty Utility</td>
</tr>
<tr>
<td>Clean Utility</td>
<td>CLUR-8-I, CLUR-12-I, CLUR-14-I</td>
<td>1 x 8</td>
<td>1 x 12</td>
<td>1 x 14</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dirty Utility</td>
<td>DTUR-S-I, DTUR-10-I, DTUR-12-I</td>
<td>1 x 8</td>
<td>1 x 8</td>
<td>1 x 10</td>
<td>1 x 12</td>
<td>May be provided as small sub stations to a group of rooms</td>
</tr>
<tr>
<td>Staff Station</td>
<td>SSTN-5-I, SSTN-10-I, SSTN-14-I</td>
<td>1 x 5</td>
<td>1 x 10</td>
<td>1 x 14</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Room/Space</td>
<td>Standard Component</td>
<td>RDL 2 &amp; 3 Qty x m²</td>
<td>RDL 4 Qty x m²</td>
<td>RDL 5 Qty x m²</td>
<td>RDL 6 Qty x m²</td>
<td>Remarks</td>
</tr>
<tr>
<td>------------</td>
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<td>--------------------</td>
<td>----------------</td>
<td>----------------</td>
<td>----------------</td>
<td>---------</td>
</tr>
<tr>
<td>Store - Equipment</td>
<td>STEQ-10-I, STEQ-14-I</td>
<td>1 x 10</td>
<td>1 x 10</td>
<td>1 x 14</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Store - General</td>
<td>STGN-8-I, STGN-10-I, STGN-14-I</td>
<td>1 x 9</td>
<td>1 x 9</td>
<td>1 x 10</td>
<td>1 x 14</td>
<td></td>
</tr>
<tr>
<td>Toilet - Accessible</td>
<td>WCAC-I</td>
<td>1 x 6</td>
<td>1 x 6</td>
<td>1 x 6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Toilet - Patient</td>
<td>WCPT-I</td>
<td>1 x 4</td>
<td>1 x 4</td>
<td>2 x 4</td>
<td>2 x 4</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Treatment/Procedure Areas</th>
<th>1 Room</th>
<th>2 Rooms</th>
<th>3 Rooms</th>
<th>4 Rooms</th>
<th>Optional – Dependent on Service Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Procedure Room</td>
<td>PROC-20-I</td>
<td>1 x 20</td>
<td>2 x 20</td>
<td>3 x 20</td>
<td>No of rooms determined by service being delivered; may provide combination of Procedure &amp; Treatment areas</td>
</tr>
<tr>
<td>Treatment Room</td>
<td>TRMT-I</td>
<td>1 x 14</td>
<td>1 x 14</td>
<td>1 x 14</td>
<td>Optional; number determined by service plan</td>
</tr>
<tr>
<td>Patient Bay - Holding/Recovery</td>
<td>PBTR-H-10-I</td>
<td>1 x 10</td>
<td>5 x 10</td>
<td>8 x 10</td>
<td>10 x 10</td>
</tr>
<tr>
<td>Bay Handwashing</td>
<td>BHMS-A-I</td>
<td>1 x 1</td>
<td>1 x 1</td>
<td>2 x 1</td>
<td>2 x 1</td>
</tr>
<tr>
<td>Bay - Linen</td>
<td>BLNH</td>
<td>1 x 2</td>
<td>1 x 2</td>
<td>1 x 2</td>
<td></td>
</tr>
<tr>
<td>Bay - Resuscitation Trolley</td>
<td>BRESH-I</td>
<td>1 x 1.5</td>
<td>1 x 1.5</td>
<td>1 x 1.5</td>
<td>1 x 1.5</td>
</tr>
<tr>
<td>Clean Utility</td>
<td>CLUR-8-I, CLUR-12-I</td>
<td>1 x 8</td>
<td>1 x 8</td>
<td>1 x 12</td>
<td></td>
</tr>
<tr>
<td>Dirty Utility</td>
<td>DTUR-S-I, DTUR-10-I</td>
<td>Shared</td>
<td>1 x 8</td>
<td>1 x 8</td>
<td>1 x 10</td>
</tr>
<tr>
<td>Plaster Room</td>
<td>PLST-I</td>
<td>1 x 14</td>
<td>1 x 14</td>
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<tr>
<td>Staff Station</td>
<td>SSTN-S-I, SSTN-10-I</td>
<td>1 x 5</td>
<td>1 x 5</td>
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<tr>
<td>Staff Station/ Clean Utility</td>
<td>SSCU-I</td>
<td>1 x 9</td>
<td>1 x 9</td>
<td></td>
<td>Suitable for small procedures areas</td>
</tr>
<tr>
<td>Toilet - Accessible, Patient</td>
<td>WCAC-I</td>
<td>1 x 6</td>
<td>1 x 6</td>
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<table>
<thead>
<tr>
<th>Staff and Support Areas</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Office - Single Person</td>
<td>OFF-S9-I</td>
</tr>
<tr>
<td>Communications Room</td>
<td>COMM-12-I, COMM-20-I</td>
</tr>
<tr>
<td>Cleaners Room</td>
<td>CLRM-5-I</td>
</tr>
<tr>
<td>Disposal Room</td>
<td>DSP-5-I, DSP-8-I</td>
</tr>
<tr>
<td>Property Bay - Staff</td>
<td>PROP-2-I</td>
</tr>
<tr>
<td>Staff Room</td>
<td>SRM-15-I, SRM-20-I, SRM-25-I</td>
</tr>
<tr>
<td>Toilet - Staff, (M/F)</td>
<td>WCST-I</td>
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<table>
<thead>
<tr>
<th>Sub Total</th>
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<table>
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<th>Area Total</th>
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<td>193.4</td>
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Note 1: Offices to be provided according to the number of approved full time positions within the Unit
### Outpatients Unit - Stand-alone

The following Schedule of Accommodation includes both combined and separate Consult/Examination Rooms.

<table>
<thead>
<tr>
<th>Room/Space</th>
<th>Standard Component Room Codes</th>
<th>RDL 2 &amp; 3 N/A</th>
<th>RDL 4 Qty x m²</th>
<th>RDL 5 Qty x m²</th>
<th>RDL 6 Qty x m²</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Entry / Reception</td>
<td></td>
<td></td>
<td>6 Rooms</td>
<td>12 Rooms</td>
<td>18 Rooms</td>
<td></td>
</tr>
<tr>
<td>Airlock - Entry</td>
<td>AIRE-6-I AIRE-10-I</td>
<td>1 x 6</td>
<td>1 x 10</td>
<td>1 x 10</td>
<td>May include space for self-registration of patients</td>
<td></td>
</tr>
<tr>
<td>Reception/ Clerical</td>
<td>RECL-9-I RECL-15-I RECL-20-I</td>
<td>1 x 9</td>
<td>1 x 15</td>
<td>1 x 20</td>
<td>May be divided into Female/Family areas as applicable Part may be provided as Sub-Waiting near Consult rooms</td>
<td></td>
</tr>
<tr>
<td>Waiting</td>
<td>WANT-10-I WANT-15-I WANT-25-I</td>
<td>1 x 10</td>
<td>1 x 15</td>
<td>1 x 25</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Waiting - Family</td>
<td>WANT-10-I WANT-15-I WANT-25-I</td>
<td>1 x 10</td>
<td>1 x 15</td>
<td>1 x 25</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Play Area</td>
<td>PLAP-8-I PLAP-10-I</td>
<td>1 x 8</td>
<td>1 x 10</td>
<td>1 x 10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bay - Wheelchair Park</td>
<td>BWC-I</td>
<td>1 x 4</td>
<td>1 x 4</td>
<td>1 x 4</td>
<td>May share with Main facility if located close</td>
<td></td>
</tr>
<tr>
<td>Bay - Drinking Fountain</td>
<td>BFD-1-I</td>
<td>1 x 1</td>
<td>1 x 1</td>
<td>1 x 1</td>
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<td></td>
</tr>
<tr>
<td>Interview Room - Family</td>
<td>INTF-I</td>
<td>1 x 12</td>
<td>1 x 12</td>
<td>2 x 12</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Store - Files</td>
<td>STFS-8-I STFS-10-I</td>
<td>1 x 8</td>
<td>1 x 10</td>
<td>1 x 10</td>
<td>For clinical records; optional if electronic records used</td>
<td></td>
</tr>
<tr>
<td>Toilet - Accessible</td>
<td>WCAC-I</td>
<td>1 x 6</td>
<td>1 x 6</td>
<td>1 x 6</td>
<td>May share with Main facility if located close</td>
<td></td>
</tr>
<tr>
<td>Toilet - Public</td>
<td>WCPU-3-I</td>
<td>2 x 3</td>
<td>2 x 3</td>
<td>2 x 3</td>
<td>May share with Main facility if located close</td>
<td></td>
</tr>
<tr>
<td>Consult Areas</td>
<td></td>
<td></td>
<td>6 Rooms</td>
<td>12 Rooms</td>
<td>18 Rooms</td>
<td></td>
</tr>
<tr>
<td>Consult Room</td>
<td>CONSH-I</td>
<td>6 x 14</td>
<td>12 x 14</td>
<td>9 x 14</td>
<td>Combined Consult/Examination Room</td>
<td></td>
</tr>
<tr>
<td>Consult - Office</td>
<td>CONSH-I</td>
<td>6 x 14</td>
<td>12 x 14</td>
<td>9 x 14</td>
<td>Separate Consult/Office and Examination rooms</td>
<td></td>
</tr>
<tr>
<td>Examination Room</td>
<td>CONSH-I</td>
<td>6 x 14</td>
<td>12 x 14</td>
<td>9 x 14</td>
<td>Separate Consult/Office and Examination rooms</td>
<td></td>
</tr>
<tr>
<td>Interview Room - Family</td>
<td>INTF-I</td>
<td>1 x 12</td>
<td>1 x 12</td>
<td>1 x 12</td>
<td>Also for Allied Health use</td>
<td></td>
</tr>
<tr>
<td>Meeting Room - Small</td>
<td>MEET-9-I</td>
<td>1 x 9</td>
<td>1 x 9</td>
<td>1 x 9</td>
<td>Optional; Interviews, private discussions, team meetings</td>
<td></td>
</tr>
<tr>
<td>Vital Signs Room</td>
<td>NS</td>
<td>1 x 8</td>
<td>2 x 8</td>
<td>2 x 8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bay - Handwashing, Type B</td>
<td>BHWS-B-I</td>
<td>2 x 1</td>
<td>3 x 1</td>
<td>4 x 1</td>
<td>In corridors and staff work areas</td>
<td></td>
</tr>
<tr>
<td>Bay - Linen</td>
<td>BLUN-H</td>
<td>1 x 2</td>
<td>1 x 2</td>
<td>1 x 2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bay - Mobile Equipment</td>
<td>BMEO-4-I</td>
<td>1 x 4</td>
<td>2 x 4</td>
<td>2 x 4</td>
<td>For scales, lifting equipment</td>
<td></td>
</tr>
<tr>
<td>Bay - Resuscitation Trolley</td>
<td>BRES-I</td>
<td>1 x 1.5</td>
<td>1 x 1.5</td>
<td>1 x 1.5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Blood Collection Bay</td>
<td>BLDC-5-I</td>
<td>1 x 5</td>
<td>1 x 5</td>
<td>2 x 5</td>
<td>Optional; may use a shared facility if located close</td>
<td></td>
</tr>
<tr>
<td>Clean up Room</td>
<td>CLUP-7-I</td>
<td>1 x 7</td>
<td>1 x 7</td>
<td>1 x 7</td>
<td>Optional; may use Dirty Utility</td>
<td></td>
</tr>
<tr>
<td>Clean Utility</td>
<td>CLUR-8-I CLUR-12-I CLUR-14-I</td>
<td>1 x 8</td>
<td>1 x 12</td>
<td>1 x 14</td>
<td>May be provided as small sub stations to a group of rooms</td>
<td></td>
</tr>
<tr>
<td>Dirty Utility</td>
<td>DTUR-S-I DTUR-10-I DTUR-12-I</td>
<td>1 x 8</td>
<td>1 x 10</td>
<td>1 x 12</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Staff Station</td>
<td>SSTN-5-I SSTN-10-I SSTN-14-I</td>
<td>1 x 5</td>
<td>1 x 10</td>
<td>1 x 14</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Room/Space

<table>
<thead>
<tr>
<th>Standard Component Room Codes</th>
<th>RDL 2 &amp; 3 Qty x m²</th>
<th>RDL 4 Qty x m²</th>
<th>RDL 5 Qty x m²</th>
<th>RDL 6 Qty x m²</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Store - Equipment</strong></td>
<td>STEQ-10-I, STEQ-14-I</td>
<td>1 x 10</td>
<td>1 x 10</td>
<td>1 x 14</td>
<td></td>
</tr>
<tr>
<td><strong>Store - General</strong></td>
<td>STGN-10-I, STGN-14-I</td>
<td>1 x 9</td>
<td>1 x 10</td>
<td>1 x 14</td>
<td></td>
</tr>
<tr>
<td><strong>Toilet - Accessible</strong></td>
<td>WCAC-I</td>
<td>1 x 6</td>
<td>1 x 6</td>
<td>1 x 6</td>
<td></td>
</tr>
<tr>
<td><strong>Toilet - Patient</strong></td>
<td>WCPT-I</td>
<td>1 x 4</td>
<td>2 x 4</td>
<td>2 x 4</td>
<td></td>
</tr>
</tbody>
</table>

### Treatment/Procedure Areas

<table>
<thead>
<tr>
<th>Standard Component Room Codes</th>
<th>RDL 2 &amp; 3 Qty x m²</th>
<th>RDL 4 Qty x m²</th>
<th>RDL 5 Qty x m²</th>
<th>RDL 6 Qty x m²</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Procedure Room</strong></td>
<td>PROC-20-I</td>
<td>1 x 20</td>
<td>2 x 20</td>
<td>3 x 20</td>
<td>No of rooms determined by service being delivered; may provide combination of Procedure &amp; Treatment rooms</td>
</tr>
<tr>
<td><strong>Treatment Room</strong></td>
<td>TRMT-I</td>
<td>1 x 14</td>
<td>1 x 14</td>
<td>1 x 14</td>
<td>Optional; number determined by service plan</td>
</tr>
<tr>
<td><strong>Patient Bay - Holding/Recovery</strong></td>
<td>PBTR-H-10-I</td>
<td>5 x 10</td>
<td>8 x 10</td>
<td>10 x 10</td>
<td>2 Beds per Procedure room + holding beds; Separate M/F as required. May be shared with ED for RDL 2/3</td>
</tr>
<tr>
<td><strong>Bay Handwashing</strong></td>
<td>BHWS-A-I</td>
<td>1 x 1</td>
<td>2 x 1</td>
<td>2 x 1</td>
<td>refer to Part D</td>
</tr>
<tr>
<td><strong>Bay - Linen</strong></td>
<td>BLIN-I</td>
<td>1 x 2</td>
<td>1 x 2</td>
<td>1 x 2</td>
<td></td>
</tr>
<tr>
<td><strong>Bay - Resuscitation Trolley</strong></td>
<td>BRESH-I</td>
<td>1 x 1.5</td>
<td>1 x 1.5</td>
<td>1 x 1.5</td>
<td>may be shared with Consulting area if located conveniently</td>
</tr>
<tr>
<td><strong>Clean Utility</strong></td>
<td>CLUR-8-I, CLUR-12-I</td>
<td>1 x 8</td>
<td>1 x 8</td>
<td>1 x 12</td>
<td></td>
</tr>
<tr>
<td><strong>Dirty Utility</strong></td>
<td>DTUR-S-I, DTUR-10-I</td>
<td>1 x 8</td>
<td>1 x 8</td>
<td>1 x 10</td>
<td>Optional; may share with Consulting Area if located close</td>
</tr>
<tr>
<td><strong>Plaster Room</strong></td>
<td>PLST-I</td>
<td>1</td>
<td></td>
<td>1</td>
<td>Optional; for fracture clinic or hand clinic</td>
</tr>
<tr>
<td><strong>Staff Station</strong></td>
<td>SSTN-5-I, SSTN-10-I</td>
<td>1 x 5</td>
<td>1 x 5</td>
<td>1 x 10</td>
<td></td>
</tr>
<tr>
<td><strong>Staff Station/ Clean Utility</strong></td>
<td>SSCU-I</td>
<td>1 x 9</td>
<td></td>
<td></td>
<td>Suitable for small procedures areas</td>
</tr>
<tr>
<td><strong>Toilet - Accessible, Patient</strong></td>
<td>WCAC-I</td>
<td>1 x 6</td>
<td>1 x 6</td>
<td>1 x 6</td>
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</table>

### Staff and Support Areas

<table>
<thead>
<tr>
<th>Standard Component Room Codes</th>
<th>RDL 2 &amp; 3 Qty x m²</th>
<th>RDL 4 Qty x m²</th>
<th>RDL 5 Qty x m²</th>
<th>RDL 6 Qty x m²</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Office - Single Person, 12m²</strong></td>
<td>OFF-S12-I</td>
<td>1 x 12</td>
<td>1 x 12</td>
<td>1 x 12</td>
<td>Service Director; Note 1</td>
</tr>
<tr>
<td><strong>Office - Single Person</strong></td>
<td>OFF-S9-I</td>
<td>1 x 9</td>
<td>1 x 9</td>
<td>1 x 9</td>
<td>Manager; Note 1</td>
</tr>
<tr>
<td><strong>Office - 2 Person, Shared</strong></td>
<td>OFF-2P-I</td>
<td>1 x 12</td>
<td>1 x 12</td>
<td>1 x 12</td>
<td>Note 1</td>
</tr>
<tr>
<td><strong>Communications Room</strong></td>
<td>COMM-12-I, COMM-20-I</td>
<td>1 x 12</td>
<td>1 x 12</td>
<td>1 x 20</td>
<td>Size dependent on IT equipment</td>
</tr>
<tr>
<td><strong>Cleaners Room</strong></td>
<td>CLRM-5-I</td>
<td>1 x 5</td>
<td>1 x 5</td>
<td>1 x 5</td>
<td></td>
</tr>
<tr>
<td><strong>Disposal Room</strong></td>
<td>DISP-5-I, DISP-8-I</td>
<td>1 x 5</td>
<td>1 x 8</td>
<td>1 x 8</td>
<td>May combine with Dirty Utility</td>
</tr>
<tr>
<td><strong>Linen Holding - Clean</strong></td>
<td>DISP-8-I, DISP-10-I</td>
<td>1 x 8</td>
<td>1 x 10</td>
<td>1 x 10</td>
<td></td>
</tr>
<tr>
<td><strong>Linen Holding - Dirty</strong></td>
<td>DISP-5-I, DISP-8-I</td>
<td>1 x 5</td>
<td>1 x 8</td>
<td>1 x 8</td>
<td></td>
</tr>
<tr>
<td><strong>Loading Dock</strong></td>
<td>LOCK-I</td>
<td>1 x 15</td>
<td>1 x 15</td>
<td>1 x 20</td>
<td></td>
</tr>
<tr>
<td><strong>Property Bay - Staff</strong></td>
<td>PROP-2-I</td>
<td>1 x 2</td>
<td>2 x 2</td>
<td>2 x 2</td>
<td></td>
</tr>
<tr>
<td><strong>Staff Room</strong></td>
<td>SRM-15-I, SRM-20-I</td>
<td>1 x 15</td>
<td>1 x 20</td>
<td>1 x 25</td>
<td>Includes Beverage Bay; may be shared with adjacent Unit</td>
</tr>
<tr>
<td><strong>Store - Gas Bottle</strong></td>
<td>STGB-F-I</td>
<td>1 x 10</td>
<td>1 x 10</td>
<td>1 x 10</td>
<td>Optional; provide if medical gases required</td>
</tr>
<tr>
<td><strong>Store - Files</strong></td>
<td>STFS-10-I, STFS-20-I</td>
<td>1 x 10</td>
<td>1 x 10</td>
<td>1 x 20</td>
<td>medical records; optional if electronic records implemented</td>
</tr>
</tbody>
</table>
### Part B: Health Facility Briefing & Design

#### Outpatients Unit

<table>
<thead>
<tr>
<th>Room/Space</th>
<th>Standard Component</th>
<th>RDL 2 &amp; 3 Qty x m²</th>
<th>RDL 4 Qty x m²</th>
<th>RDL 5 Qty x m²</th>
<th>RDL 6 Qty x m²</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Toilet - Staff (M/F)</td>
<td>WCST-I</td>
<td>2 x 3</td>
<td>2 x 3</td>
<td>4 x 3</td>
<td></td>
<td>May be shared with adjacent Unit</td>
</tr>
<tr>
<td>Waste Holding/Recyclables</td>
<td>WACOH (Similar)</td>
<td>1 x 15</td>
<td>1 x 20</td>
<td>1 x 25</td>
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<td>Sub Total</td>
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<td>980.8</td>
<td>1454.6</td>
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<td></td>
</tr>
</tbody>
</table>

**Note 1:** Offices to be provided according to the number of approved full time positions within the Unit.

The following notes apply to all above Schedules of Accommodation:

- 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 number of endorsed full time positions in the unit.
- Staff and support rooms may be shared between Functional Planning Units dependent on location and accessibility to each unit and may provide scope to reduce duplication of facilities.
6 Future Trends

Aging populations and increasing chronic diseases are projected to lead to more frequent patient visits to outpatient/ambulatory care facilities.

Advances in technology will continue to enable non-invasive procedures and treatments to deliver effective healthcare into more outpatient/ambulatory settings.

Integration of wellness programs into outpatient/ambulatory care settings to align disease prevention, research and education with site based clinical specialties.

Outpatients/ambulatory care centres are expected to become super specialised and benefit from grouping of medical specialties to allow patients to source all services from one ambulatory model, maximizing capital expenses and extending efficiencies.

Telehealth services will offer access to medical expertise that may be unavailable locally. Remote area monitoring and communication conducted through interactive video telemedicine and teleconferencing services may lead to reduced outpatient attendances while promoting preventative medical information.

Contemporary and improved healthcare facility designs encourage patient independence with simple layouts, clear uncomplicated routes, visual cues, check-in centres and effective signage.

7 Further Reading

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.

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.

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