

## Part B – Health Facility Briefing & Design

### 15 Admissions Unit & Discharge



iHFG

## International Health Facility Guidelines

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## 15 Admissions Unit & Discharge

### 1 Introduction

#### *Description*

#### Admissions Unit

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

The admission of patients to a healthcare facility may be through an emergency department (unplanned) or as a booked admission (planned). The majority of patients who require admission into 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 Admissions Unit is often a patient's primary contact so planning should minimize institutional imagery and provide the patient and family members with finishes and furnishings that are familiar and comforting to reduce stress and promote privacy.

The type of facilities required for the Admission unit may vary and would be dependent on the range of services to be provided in the organisations Clinical Operational Policies and Service Guidelines.

Admission Units undertake two processes: administrative and clinical assessment which is often provided in a Pre-admission Clinic. Provisions for the following Admission Unit services and functions should be considered early in planning process.

#### Administrative processes:

- Coordination, review and management of electronically and hard copy admission referral documentation
- Provision of assistance to patients in the completion of admission information requirements, in person or by phone
- Provision of a mobile service to a service or department to complete admission documentation at the point of the patients arrival
- 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 to a healthcare unit
- Assistance with the co-ordination of operating theatre list management
- Assistance with the co-ordination of appointments for attendance to a pre admissions outpatient clinic
- Collection of financial information for the finance unit.

#### Clinical Assessment processes:

- Completion of admission documentation and consent forms
- Organisation of patient referrals to anaesthetists or other health professionals
- Organisation of patient diagnostic tests (pathology, imaging, cardiac)
- Organisation of patient health records, assessments and diagnostic results
- Commencement of discharge planning.

#### Discharge Lounge

A Discharge Lounge may be provided according to Operational Policy. The purpose of the Discharge Lounge which is sometimes referred to as Transit Lounge or Departure Lounge, is for patients who have planned discharge to be transferred to an area to complete the discharge

process to assist the facility in bed capacity management. It provides stable patients a safe and comfortable waiting area with nursing supervision and assistance on the day of their discharge. In this area, patients may, await transport and carers, be issued discharge summaries, future care plans, medications and medical certificates, arrange Allied Health consultations and/or community health services and finalise hospital accounts.

Some activities undertaken in the Discharge Lounge include:

- Completion of discharge paperwork such as discharge summary, care plans, medical certificate and medication prescription
- Waiting for specialist nurse/ allied health consultation
- Meeting transportation from family, friends, carers or patient transport services
- Receiving prescription medication from pharmacy
- Waiting for loaned equipment required by patient at home
- Settlement of hospital accounts if applicable.

### Pre-admission Clinic

The pre-admission clinic undertakes a clinical assessment of patients prior to the hospital visit in order to streamline the admission process. The Pre-admission clinic may be colocated with the Outpatients clinics but may be a stand-alone unit.

The pre-admission process will typically include:

- Medical assessment and history
- Anaesthetic assessment
- Diagnostic test such as pathology, imaging, ECG
- Patient education on the medical procedures to be undertaken and the likely course of recovery
- Financial aspects of the intended hospital stay
- Discharge planning.

## 2 Functional and 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 to the service on the date provided to finalise the admission to a unit or service.

These functions may be completed in the Admissions Unit, a Peri-operative Unit or decentralised to the specific clinical Unit the patient will be attending. The preferred model will be dependent on the hospital's Operational Policies.

Currently, the provision of a Pre-admissions Clinic is becoming common in many health facilities. This can streamline the admission process for all pre-booked admissions where clinical pre-assessment is required.

The Discharge Lounge is used for planned discharge only. Patients are transferred from the ward level, Day Surgery or Endoscopy Procedure area to the Discharge Lounge on the day of discharge typically between 9 am to 6pm Monday to Friday. Larger facilities may provide longer operating hours or seven days a week service.

### Hours of Operation

The Admission Unit services operating hours will be dependent on the organisation's Operational Policies and service profile. However the Admissions Unit generally operates from 8am to 5pm daily for planned admissions. Many services are provided on a 24 hour per day basis with the admission documentation being completed by staff from the Admissions Unit.

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

### Models of Care

Contemporary models of care reveal increased demand for day only procedures, day of surgery admissions and pre-admission clinics requiring multi-disciplined staffing profiles to ensure streamlined services.

Pre-admission clinics provide an efficient admission process prior to the appointment and are generally provided as an outpatient service. Pre-admission clinics will undertake a clinical patient assessment by nursing or specialist staff.

The Discharge Lounge provides are area where patients may be discharged from the clinical unit and await transportation in a separate area. This model of care frees up inpatient facilities for planned admissions and transfers releasing patients to the comfort of the discharge lounge with their carers during the discharge process.

### Medical Record Management

The Admissions 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.

## *Planning Models*

### Location

The Admission Unit may be provided as:

- A single stand-alone unit
- A Unit collocated with the Main Reception
- A satellite unit 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.

Admission Units are generally located at the main entry 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 models to be provided should assist with the early design of the Unit within the healthcare facility.

Where Pre-admission Clinics are provided, they may be located in the Unit where the procedure will occur such as Day Surgery or Endoscopy Units. An alternate option is to locate this unit with other outpatient clinics.

The Discharge Unit may be a stand-alone Unit but is often co-located with Admissions 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 Admissions Unit may include the following functional areas, arranged together or separately as directed by the health facility's Operational Policies.

### Admissions 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

### Pre-admissions Clinic

- Entry/ Reception including:
  - Reception desk
  - Waiting which may be gender segregated
- Patient Areas:
  - Office/ Consult rooms
  - Interview rooms
  - Vital signs room (optional)
  - Blood collection bay (optional)
- Support Areas
  - Handwashing bays
  - Clean Utility
  - Dirty Utility
  - Storage for linen, stationery, files, consumable supplies and equipment
- Staff Areas:
  - Workstations for staff write-up and administrative functions
  - Staff room, which may be shared
  - Property Bay
  - Staff toilets, which may be shared

### Discharge Lounge

- Patient Areas
  - Discharge Lounge with recliner and lounge chairs
  - Patient Bays, for patients requiring bed waiting
  - 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 Areas

Gender segregated areas may be provided and sized accordingly to the predicted patient profile on a daily basis. Space for wheelchairs, prams, trolleys, mobility equipment, and wheelchair storage should be considered when designing this space. A separate waiting area for families including a play space for children may also be appropriate. Facilities to display reading materials, information pamphlets, and entertainment system (TV, speakers for music) should be considered.

A queuing management system (electric or manual) should be provided in the waiting area to assist with the order and management of arriving patients in this area.

A satellite unit providing access by patients from the Outpatients Unit 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 cubicles/ 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.

### Vital Signs Room

The Vital Signs Room if provided will include an interview space with facilities for measurement of patient vital signs such as weight, height, blood pressure, pulse and temperature.

### Cashier

A Cashier may be incorporated within Admission Units & Discharge Lounges if required by the healthcare facilities operational policies. If provided, the following factors should be considered during planning:

- Accessibility during normal business hours and after-hours
- Safety provisions for Staff
- Secured storage where money is handled
- Safe routes of delivery and collection of money to and from the cashiers area
- Secure electronic payment systems, e.g. EFTPOS.

### 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, training and meetings.

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.

### *Functional Relationships*

#### External

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

The Pre-admissions Clinic, where provided, may be located in the Outpatients Unit (Peri-operative clinics) or other Units where procedures will be performed such as Day Surgery Unit. Pre-Admissions or Peri-operative outpatient clinic services will require access to diagnostic units including Pathology and Medical Imaging.

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

#### Internal

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 Admissions Unit, access to security is recommended

Functional Relationship Diagram

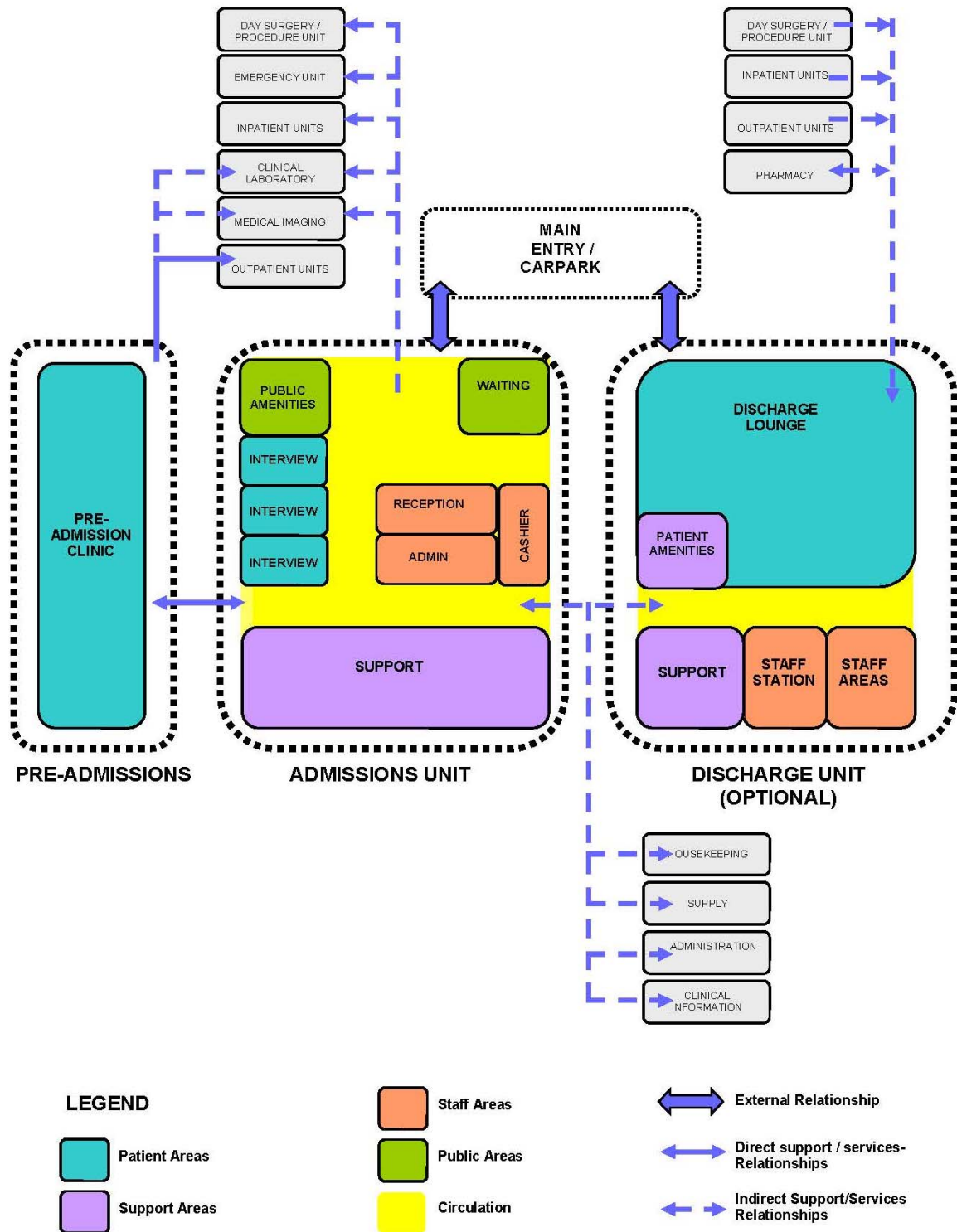


Figure 1 Functional Relationship Diagram:



## External Relationships

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

### Admissions Unit

- A direct relationship between Admissions Unit, the Main Entry and car parking
- A direct relationship between Admissions Unit and Pre-admissions Clinic
- 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

- 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.

### Pre-admissions

- A direct relationship between Pre-admissions clinic and Outpatients Units
- Convenient access to Diagnostic Units including Medical Imaging and Clinical Laboratories.

## Internal Relationships

Correct internal relationships creating efficient design include the following:

### Admissions 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

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

### Preadmissions

- Ready access to Consult rooms from patient Waiting areas
- Ready access to public amenities.

## 3 Design

### *General*

The Admissions Unit, Pre-admissions and Discharge Lounge should be located with easy access to a vehicle drop-off and pick-up zones. The Admission unit and Discharge area should be designed to accommodate all types of patients including the elderly, disabled, carers with prams and young children and bariatric patients.

### *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.

Acoustic privacy is required in Interview rooms and area where confidential information will be discussed, to ensure confidential conversations are not audible in adjoining rooms or spaces.

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

#### Natural Light/ Lighting

Natural light is recommended to promote a pleasant environment for patients, visitors and staff. . Windows are particularly desirable in waiting and lounge areas.

#### Privacy

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

Interview rooms should be located away from public corridors and layout designed to ensure maximum privacy when doors open.

The Discharge Lounge must 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, comfortable and well-illuminated with natural light where possible. Colours, finishes and furniture should be chosen to avoid a clinical appearance.

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

### *Space Standards and Components*

#### 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. Consideration should be given to selection of seating offering bariatric support.

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

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 provide acoustic privacy. Door openings must allow risk free passage of patients, carers, staff and manoeuvring room for equipment, wheelchairs and trolleys where necessary.

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

### Ergonomics/ OH&S

Design and dimensions of counters and workstations shall ensure privacy and security for patients, visitors and staff. Counter heights should be made identical for patients/ visitors and staff to enhance communication and minimise aggressive behaviour.

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

### Size of the Unit

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

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

### Safety & Security

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

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 including staff training for security incidents e.g. aggression and poor behaviour of patients, visitors or carers or the management of an intended robbery with force

The following security issues shall be addressed when designing Admission Units, Discharge Lounges and Pre-admissions clinics:

- Unobstructed waiting room viewpoints for staff from counters and staff stations
- Duress alarms and emergency exit points to all counters
- Controlled after-hours access to prevent unauthorized entry and exit; external doors locked (preferably electronically) and monitored
- CCTV to Waiting areas and Cashier - if culturally acceptable.
- Provision of emergency and safety lighting to patient drop off/ pick up transport zones for after-hours use
- Restricted access from Waiting areas to staff and administrative areas for patients and visitors

Security provisions for a Cashier may include:

- Security glazing to secure the Cashier counter
- Fire proof safe sized to accommodate sufficient cash and concealed visually from patients, visitors and others; a pneumatic tube system or after-hours hatch may be provided
- Electronically locked external doors with alarms linked to Security Unit.

### Emergency Response Plan

Safety and security is enhanced through 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

Selection of materials in the Unit shall ensure durability particularly for heavy pedestrian utilisation.

Finishes should be selected with consideration for not only aesthetic appearance but also acoustic properties, fire safety, life span and ability to easily clean and maintain infection control standards.

Refer to Part C – Access, Mobility, OH&S of these Guidelines and Standard Components for more information on wall protection, floor finishes and ceiling finishes.

## *Fixtures, Fittings & Equipment*

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

### Counters

If the Cashier is located within the Admissions 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*

### Communications

The following IT/ Communications systems shall be provided within an Admission Unit and/ or Discharge Lounge:

- 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)
- EFTPOS connections to payment areas
- Queuing management system.

### Nurse and Emergency Call Systems

Nurse and emergency call systems to assist staff and patients shall be installed in all clinical areas including patient lounge areas and patient toilets.

### Duress Alarms

A duress alarm system should be designed into Reception, Interview rooms and Cashier positions.

### Heating, Ventilation and Air conditioning

Admissions Unit, Discharge areas and Pre-admissions should be provided with air-conditioning for temperature and humidity control, ensuring patient and staff comfort.

### Medical Gases

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

### *Infection Control*

Infection control measures for the Admissions, Discharge and Pre-admissions areas will include handwashing and standard precautions. In addition to handwashing it is recommended that medicated hand gel dispensers be located at the entry/ exits and in circulation corridors.

### Hand Basins

Hand washing facilities for staff shall be readily available in the Discharge lounge and Pre-admissions clinics. Disposable paper towels, hand washing liquids and garbage bins for waste should always be provided at hand washing facilities.

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

### Waste Management

In terms of Waste Management, common clinical waste management shall be provided within the Pre-admission Clinic and 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.

## 4 Components of the Unit

### *Standard Components*

The Admission Unit, Discharge areas and Pre-admissions Unit will contain Standard Components to comply with details in these Guidelines. Refer also 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.

#### Cubicle - Interview

The Interview cubicle will provide a small booth type area 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 support person

#### 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 staff, 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

#### 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 include:

- Recliner chairs and lounge chairs for patients and accompanying support persons
- Bed bays for patients being transferred to other health facilities in beds, with privacy screening
- Lockers for secure storage of patient property
- Beverage bay for patient refreshments
- Patient toilets
- Support Areas:
  - Staff station
  - Handwashing bays
  - Storage for linen, resus trolley, equipment and supplies used in the unit.

Staff areas such as staff rooms, toilets and property bays may be shared with adjacent units where possible.

All patient areas will require patient and emergency call systems to enable patients and staff to call for urgent assistance.

## 5 Schedule of Accommodation – Admissions Unit, Pre-admissions Unit & Discharge

### Admissions Unit

ROOM/ SPACE	Standard Component Room Codes	RDL 1 & 2 N/A			RDL 3 & 4 Qty x m <sup>2</sup>			RDL 5 Qty x m <sup>2</sup>			RDL 6 Qty x m <sup>2</sup>			Remarks
<b>Entry / Reception</b>														
Waiting	WAIT-10-I WAIT-20-I WAIT-30-I				1	x	10	1	x	20	1	x	30	May be divided into Female/ Family areas
Waiting - Family	WAIT-30-I WAIT-50-I				1	x	30	1	x	50	2	x	30	May include play area
Reception/ Clerical	RECL-9-I RECL-12-I RECL-15-I				1	x	9	1	x	12	1	x	15	Space for 2 - 3 staff
Bay - Wheelchair Park	BWC-I				1	x	4	1	x	4	1	x	4	Locate in Entrance Area
Toilet - Accessible	WCAC-I				1	x	6	2	x	6	2	x	6	Optional; May share with another collocated FPU
Toilet - Public, M/F	WCPU-3-I				2	x	3	4	x	3	6	x	3	Optional; May share with another collocated FPU
<b>Patient Areas</b>														
Cubicle - Interview	NS				2	x	5	3	x	5	5	x	5	For one-on-one discussions/interviews
Cashier	CASH-I				1	x	9	1	x	9	1	x	9	Optional
Interview/ Multipurpose Room	MEET-9-I				1	x	9	1	x	9	1	x	9	For private one-on-one discussions/interviews
Interview Room - Family/ Large	INTF-I							1	x	12	1	x	12	Optional; Dependent on operational policies
<b>Staff and Support Areas</b>														
Office - Single Person, 9 m2	OFF-S9-I				1	x	9	1	x	9	1	x	9	Unit Manager; refer to Note 1
Office - Workstation	OFF-WS-I				1	x	5.5	1	x	5.5	2	x	5.5	Refer to Note 1
Office - Billing	OFF-S9-I				1	x	9	1	x	9	1	x	9	Refer to Note 1
Bay - Storage	BS-2-I BS-3-I				1	x	2	1	x	2	1	x	3	Optional; may be added to Cashier for safe
Cleaner's Room	CLRM-5-I				1	x	5	1	x	5	1	x	5	
IT/ Communications Room	COMM-I				1	x	12	1	x	12	1	x	12	Size dependant on IT service
Store - Equipment	STEQ-6-I STEQ-10-I				1	x	6	1	x	10	1	x	10	Optional
Store - Files	STFS-8-I STFS-10-I				1	x	8	1	x	10	1	x	10	
Store - Photocopy/ Stationery	STPS-4-I STPS-8-I				1	x	4	1	x	8	1	x	8	
<b>Sub Total</b>							<b>153.5</b>			<b>225.5</b>			<b>271.0</b>	
<b>Circulation %</b>							<b>20</b>			<b>20</b>			<b>20</b>	
<b>Area Total</b>							<b>184.2</b>			<b>270.6</b>			<b>325.2</b>	

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

*Pre-admissions Unit*

ROOM/ SPACE	Standard Component Room Codes	RDL 1 & 2 N/A			RDL 3 & 4 Qty x m <sup>2</sup>			RDL 5 Qty x m <sup>2</sup>			RDL 6 Qty x m <sup>2</sup>			Remarks
<b>Entry / Reception</b>														
Waiting	WAIT-10-I WAIT-20-I WAIT-30-I				1	x	10	1	x	20	1	x	30	May be divided into Female/ Family areas
Waiting - Family	WAIT-15-I WAIT-25-I WAIT-50-I				1	x	15	1	x	25	1	x	50	May include play area
Reception/ Clerical	RECL-9-I RECL-10-I RECL-12-I				1	x	9	1	x	10	1	x	12	Space for up to 2 staff
<b>Patient Areas</b>														
Office - Consult	OFF-CONS-I				1	x	14	2	x	14	2	x	14	
Interview Room - Family/ Large	INTF-I				1	x	12	2	x	12	2	x	12	Optional
Toilet - Accessible, Patient	WCAC-I				1	x	6	2	x	6	2	x	6	
Vital Signs Room	NS				1	x	8	1	x	8	1	x	8	Optional
Blood Collection Bay	BLDC-I							1	x	5	1	x	5	Optional
<b>Support Areas</b>														
Bay - Handwashing, Type B	BHWS-B-I				1	x	1	1	x	1	1	x	1	Locate in staff zone
Bay - Linen	BLIN-I				1	x	2	1	x	2	1	x	2	
Cleaner's Room	CLRM-5-I				1	x	5	1	x	5	1	x	5	
Clean Utility - Sub	CLUR-8-I				1	x	8	1	x	8	1	x	8	
Dirty Utility - Sub	DTUR-S-I				1	x	8	1	x	8	1	x	8	
Store - Equipment	STEQ-6-I STEQ-10-I				1	x	6	1	x	10	1	x	14	Optional; May share with another collocated FPU
<b>Staff Areas</b>														
May share with a collocated unit														
Office - Workstation	OFF-WS-I				1	x	5.5	2	x	5.5	4	x	5.5	Workstations to be provided according to the number of admin staff
Property Bay - Staff	PROP-2-I PROP-3-I				1	x	2	1	x	2	1	x	3	
Staff Room	SRM-12-I SRM-15-I				1	x	12	1	x	15	1	x	18	
Store - Photocopy/ Stationery	STPS-4-I STPS-8-I				1	x	4	1	x	8	1	x	8	Optional
Store - Files	STFS-8-I STFS-10-I				1	x	8	1	x	10	1	x	10	
Toilet - Staff, MF	WCST-I				2	x	3	2	x	3	2	x	3	
<b>Sub Total</b>					<b>141.5</b>			<b>218</b>			<b>274</b>			
Circulation %					20			20			20			
<b>Area Total</b>					<b>169.8</b>			<b>261.6</b>			<b>328.8</b>			



*Discharge Unit*

ROOM/ SPACE	Standard Component Room Codes	RDL 1 & 2 N/A			RDL 3 & 4 Qty x m <sup>2</sup>			RDL 5 Qty x m <sup>2</sup>			RDL 6 Qty x m <sup>2</sup>			Remarks
<b>Patient Areas</b>														
Discharge Lounge	NS				1	x	32	1	x	45	1	x	65	5 m <sup>2</sup> per recliner bay plus circulation space; no. dependent on operational policy
Patient Bay - Bed holding	PBTR-H-9-I				1	x	9	1	x	9	2	x	9	No. dependent on operational policy
Property Bay - Patient	PROP-2-I				2	x	2	2	x	2	2	x	2	Optional if bedside locker not provided in bays
Toilet - Accessible, Patient	WCAC-I				1	x	6	1	x	6	1	x	6	
Toilet - Patient	WCPT-I				1	x	4	1	x	4	2	x	4	
<b>Staff and Support Areas</b>														
Bay - Beverage, Open Plan	BBEV-OP-I				1	x	4	1	x	4	1	x	4	
Bay - Handwashing, Type B	BHWS-B-I				2	x	1	3	x	1	4	x	1	
Bay - Linen	BLIN-I				1	x	2	1	x	2	1	x	2	
Bay - Resuscitation Trolley	BRES-I				1	x	1.5	1	x	1.5	1	x	1.5	
Clean Utility - Sub	CLUR-8-I							1	x	8	1	x	8	
Dirty Utility - Sub	DTUR-S-I				1	x	8	1	x	8	1	x	8	
Staff Station/ Clean Utility	SSCU-I				1	x	9							
Staff Station	SSTN-5-I SSTN-10-I							1	x	5	1	x	10	
Store - Equipment	STEQ-6-I STEQ-10-I				1	x	6	1	x	10	1	x	10	May share with another collocated FPU
Store - Photocopy/ Stationery	STPS-4-I STPS-8-I				1	x	4	1	x	8	1	x	8	
<b>Sub Total</b>							<b>91.5</b>			<b>117.5</b>			<b>156.5</b>	
Circulation %							20			20			20	
<b>Area Total</b>							<b>109.8</b>			<b>141.0</b>			<b>187.8</b>	

The following notes apply to all Schedules of Accommodation identified above:

- 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

Future trends related to Admissions are expected to include:

- The introduction of designated care co-ordinators to improve patient flow by better managing admission and discharge processes
- A greater use of patient queueing systems, improving logistics and automation of workplace flows.
- The latest technology now being applied to mobile wayfinding apps and blue tooth low energy technology to communicate with patients and staff throughout the facility campus; when a patient arrives for an appointment a personalised push notification would greet them and simultaneously notify 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.

The future may anticipate a 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
- Extended 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 of 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.

## 7 Further Reading

- Australasian Health Facility Guidelines, Part B: Health Facility Briefing and Planning, Clinical Investigation Unit, 2016, refer to website: <https://healthfacilityguidelines.com.au/health-planning-units>
- Day Surgery Centres in Australia, Planning and Design (March 2005), Lindsay Roberts FRACS, Chairman Australian Day Surgery Council 1990-2000, refer to website: [http://www.aams.org.au/contents.php?subdir=library/history/day\\_surgery/&filename=mar\\_05](http://www.aams.org.au/contents.php?subdir=library/history/day_surgery/&filename=mar_05)
- Guidelines for Design and Construction of Health Care Facilities; The Facility Guidelines Institute, 2014 Edition refer to website [www.fgiguidelines.org](http://www.fgiguidelines.org)
- UK Department of Health, Health Building Note 26: Facilities for surgical procedures in acute general hospitals refer to website: <https://www.gov.uk/government/collections/health-building-notes-core-elements>
- 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>
- Wales/NHS UK, Health Building Note 51 Accommodation at the main entrance of a district general hospital, 1991; refer to website <http://www.wales.nhs.uk/sites3/Documents/254/HBN%2051.pdf>



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.

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