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Functional Design Brief

Eurobodalla Regional Hospital

V3.0

April 2022

EUROBODALLA REGIONAL HOSPITAL

EMERGENCY DEPARTMENT
FUNCTIONAL DESIGN BRIEF v3.0

Delegate	Name	Signature	Date	Recommended to EUG
PUG Member	[redacted]	[redacted]	12/05/22	
PUG Member	[redacted]	[redacted]	15/05/22	
EUG	Refer FDB cover page for overarching EUG membership sign off			
Comments – Issues to be resolved in the next stage of planning				
Item 1	HPU Current and Future Workforce Profile including finalisation of staff work areas based on workforce			
Item 2	Finalisation of PECC			
Item 3	It is noted DGN 062 has been applied to ED planning. FDB feedback received for hot and cold zoning not included in ED			

N.B.: The ERH Functional Design Briefs are a point in time. Items raised by PUG members through design continue to be noted and addressed as planning continues.

- that there has not been any recent reduction in the number of treatment spaces which should =24 (including consult rooms/SAR)
- I think the paedatric spaces in the ED should be specifically for paediatrics and not " shared"
- I do not agree with reducing work spaces from 4 to 3
- That as discussed there will be a separate paed waiting area

EUROBODALLA REGIONAL HOSPITAL

ICU/COU
FUNCTIONAL DESIGN BRIEF v3.0

Delegate	Name	Signature	Date	Recommended to EUG
PUG Member	[redacted]	[redacted]	21-07-21	
EUG	Refer FDB cover page for overarching EUG membership sign off			

Comments – Issues to be resolved in the next stage of planning	
Item 1	HPU Current and Future Workforce Profile including finalisation of staff work areas based on workforce

N.B.: The ERH Functional Design Briefs are a point in time. Items raised by PUG members through design continue to be noted and addressed as planning continues.

EUROBODALLA REGIONAL HOSPITAL

PERIOPERATIVE
FUNCTIONAL DESIGN BRIEF v3.0

Delegate	Name	Signature	Date	Recommended to EUG
PUG Member			**04/05/22**	✓
PUG Member			28/4/22	✓
EUG	Refer FDB cover page for overarching EUG membership sign off			
Comments – Issues to be resolved in the next stage of planning				
Item 1	HPU Current and Future Workforce Profile including finalisation of staff work areas based on workforce			
Item 2	LHD direction on service prioritisation regarding floor area increase for staff change rooms and IV store			
Item 3	Subject to LHD review of stakeholders SOA mark-up			

N.B.: The ERH Functional Design Briefs are a point in time. Items raised by PUG members through design continue to be noted and addressed as planning continues.

EUROBODALLA REGIONAL HOSPITAL

INPATIENT UNITS
FUNCTIONAL DESIGN BRIEF v3.0

Delegate	Name	Signature	Date	Recommended to EUG
PUG Member			08/07/2022	Recommended
PUG Member			08/07/2022	Recommended
PUG Member			07/07/2022	Recommended
EUG	Refer FDB cover page for overarching EUG membership sign off			
Comments – Issues to be resolved in the next stage of planning				
Item 1	HPU Current and Future Workforce Profile including finalisation of staff work areas based on workforce			
Item 2	Allocation of 4 beds (2 x 2 bedrooms) from SARU to PECC unit			
Item 3	LHD direction on service prioritisation regarding inclusion of SARU group activities gym and IPU Bay, Pathology			

N.B.: The ERH Functional Design Briefs are a point in time. Items raised by PUG members through design continue to be noted and addressed as planning continues.

NSW GOVERNMENT | Health

EUROBODALLA REGIONAL HOSPITAL

MATERNITY, NEONATAL & PAEDIATRICS
FUNCTIONAL DESIGN BRIEF v3.0

Delegate	Name	Signature	Date	Recommended to EUG
PUG Member	[redacted]	[redacted]	4/05/2022	Yes
PUG Member	[redacted]	[redacted]	22/04/2022	Yes
EUG	Refer FDB cover page for overarching EUG membership sign off			
Comments – Issues to be resolved in the next stage of planning				
Item 1	HPU Current and Future Workforce Profile including finalisation of staff work areas based on workforce			
Item 2	LHD direction on service prioritisation regarding provision of a paediatric bathroom			

N.B.: The ERH Functional Design Briefs are a point in time. Items raised by PUG members through design continue to be noted and addressed as planning continues.

Health

EUROBODALLA REGIONAL HOSPITAL

AMBULATORY & COMMUNITY CARE
FUNCTIONAL DESIGN BRIEF v3.0

Delegate		Date	Recommended to EUG
PUG Member		28/07/2022	Yes
PUG Member		28/04/2022	Yes
PUG Member		29/04/2022	Yes
EUG	Refer FDB cover page for overarching EUG membership sign off		
Comments – Issues to be resolved in the next stage of planning			
Item 1	HPU Current and Future Workforce Profile including finalisation of staff work areas based on workforce		
Item 2	LHD direction on service prioritisation regarding equipment loan pools, additional dental surgery, additional storage (Ambulatory Care Nursing and Gadhu)		

N.B.: The ERH Functional Design Briefs are a point in time. Items raised by PUG members through design continue to be noted and addressed as planning continues.

clinical spaces.
23/4/23 { 8 x 4 m² treatment spaces ← guaranteed
1 x large procedure room
1 x large consult → access

EUROBODALLA REGIONAL HOSPITAL

MEDICAL IMAGING
FUNCTIONAL DESIGN BRIEF v3.0

Delegate	Name	Signature	Date	Recommended to EUG
PUG Member	[redacted]	[redacted]	28/04/2022	
EUG	Refer FDB cover page for overarching EUG membership sign off			
Comments – Issues to be resolved in the next stage of planning				
Item 1	HPU Current and Future Workforce Profile including finalisation of staff work areas based on workforce			

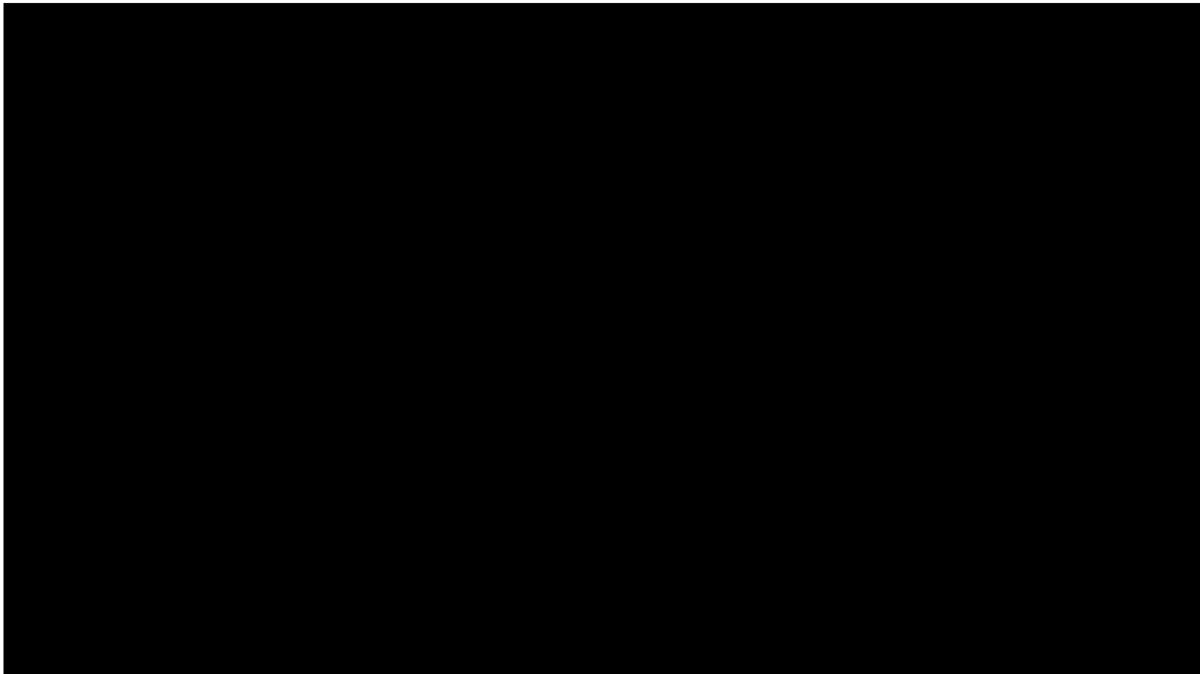
N.B.: The ERH Functional Design Briefs are a point in time. Items raised by PUG members through design continue to be noted and addressed as planning continues.

EUROBODALLA REGIONAL HOSPITAL

PHARMACY
FUNCTIONAL DESIGN BRIEF v3.0

Delegate	Name	Signature	Date	Recommended to EUG
PUG Member	[redacted]	See below		
PUG Member	[redacted]	See below		
EUG	Refer FDB cover page for overarching EUG membership sign off			
Comments – Issues to be resolved in the next stage of planning				
Item 1	HPU Current and Future Workforce Profile including finalisation of staff work areas based on workforce			

N.B.: The ERH Functional Design Briefs are a point in time. Items raised by PUG members through design continue to be noted and addressed as planning continues.



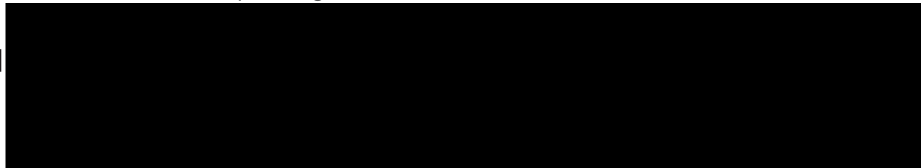
EUROBODALLA REGIONAL HOSPITAL

FRONT OF HOUSE
FUNCTIONAL DESIGN BRIEF v3.0

Delegate	Name	Signature	Date	Recommended to EUG
PUG Member			5.5.22	yes
EUG	Refer FDB cover page for overarching EUG membership sign off			
Comments – Issues to be resolved in the next stage of planning				
Item 1	HPU Current and Future Workforce Profile including finalisation of staff work areas based on workforce			

N.B.: The ERH Functional Design Briefs are a point in time. Items raised by PUG members through design continue to be noted and addressed as planning continues.

Co-signed

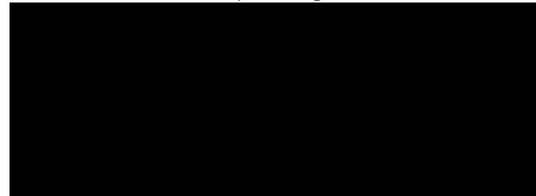


EUROBODALLA REGIONAL HOSPITAL

BACK OF HOUSE
FUNCTIONAL DESIGN BRIEF v3.0

Delegate	Name	Signature	Date	Recommended to EUG
PUG Member			11/07/2022	Recommended
EUG	Refer FDB cover page for overarching EUG membership sign off			
Comments – Issues to be resolved in the next stage of planning				
Item 1	HPU Current and Future Workforce Profile including finalisation of staff work areas based on workforce			
Item 2	LHD direction on service prioritisation regarding bulk store size and services space			

N.B.: The ERH Functional Design Briefs are a point in time. Items raised by PUG members through design continue to be noted and addressed as planning continues.

PUG Member		11/7/2022	Recommended

EUROBODALLA REGIONAL HOSPITAL

EXECUTIVE & WHOLE OF HOSPITAL
FUNCTIONAL DESIGN BRIEF v3.0

Delegate	Name	Signature	Date	Recommended to EUG
PUG Member			5.5.22	yes
EUG	Refer FDB cover page for overarching EUG membership sign off			
Comments – Issues to be resolved in the next stage of planning				
Item 1	HPU Current and Future Workforce Profile including finalisation of staff work areas based on workforce			

N.B.: The ERH Functional Design Briefs are a point in time. Items raised by PUG members through design continue to be noted and addressed as planning continues.

Co-signed: 05/07/2022

Health

EUROBODALLA REGIONAL HOSPITAL

HEALTH INFORMATION MANAGEMENT
FUNCTIONAL DESIGN BRIEF v3.0

Delegate	Name	Signature	Date	Recommended to EUG
PUG Member			5 May 2022	
EUG	Refer FDB cover page for overarching EUG membership sign off			
Comments – Issues to be resolved in the next stage of planning				
Item 1	HPU Current and Future Workforce Profile including finalisation of staff work areas based on workforce			

N.B.: The ERH Functional Design Briefs are a point in time. Items raised by PUG members through design continue to be noted and addressed as planning continues.

Notes from District Health Information Manager as at May 2022. Please note the following points:

- the number of staff to be accommodated within the allocated space has not been confirmed there is an estimated need to accommodate 7.5 FTE by 2024.
- the number of health records to be filed within the combined hospitals needs to be confirmed as there is likely to be a greater number of records to be housed than the 1.5 years current stated in this document.

NSW GOVERNMENT | Health

EUROBODALLA REGIONAL HOSPITAL

ICT
FUNCTIONAL DESIGN BRIEF v3.0

Delegate	Name	Signature	Date	Recommended to EUG
PUG Member			22/04/22	
EUG	Refer FDB cover page for overarching EUG membership sign off			
Comments – Issues to be resolved in the next stage of planning				
Item 1	HPU Current and Future Workforce Profile including finalisation of staff work areas based on workforce			
Item 2	LHD direction on service prioritisation regarding ICT workshop size			

N.B.: The ERH Functional Design Briefs are a point in time. Items raised by PUG members through design continue to be noted and addressed as planning continues.

In line with the overarching principle to have this facility more digitally enabled, there is an expected uplift of ICT capabilities within this facility (in comparison to what is deployed currently) - with an increased emphasis on, and equipment associated with telehealth and virtual care, and other new technology options planned to be deployed.

In order to be able to effectively and efficiently deploy these technologies into the future through replacement programs, and to assemble, configure or repair this equipment the ICT team will require storage and workshop space to provide an appropriate service to meet the continued needs of the ERH.

Reference to tech bar/digital engagement lounge needs to be removed.

EUROBODALLA REGIONAL HOSPITAL

ASSET MANAGEMENT
FUNCTIONAL DESIGN BRIEF v3.0

Delegate	Name	Signature	Date	Recommended to EUG
PUG Member			13/07/2022	
EUG	Refer FDB cover page for overarching EUG membership sign off			
Comments – Issues to be resolved in the next stage of planning				
Item 1	HPU Current and Future Workforce Profile including finalisation of staff work areas based on workforce			
Item 2	LHD direction on service prioritisation regarding workshop size and provision of single office			

N.B.: The ERH Functional Design Briefs are a point in time. Items raised by PUG members through design continue to be noted and addressed as planning continues.

PL Notes: agree Future Workforce Profile, Workshop size & single office remain to be resolved. Current documented workforce and workshop/office design are inadequate to provide Asset Management Services to support the requirements of the facility.

Revision Number	Issue Date	Prepared	Section/s Revised	Description of Revision	Approved
1.0	9.07.21	RP	-	DRAFT FOR REVIEW	RP
2.0	15.07.21	RP		DRAFT FINAL FOR REVIEW	RP
3.0	14.07.22	RP		FINAL	EUG

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MOH.9999.1103.0017

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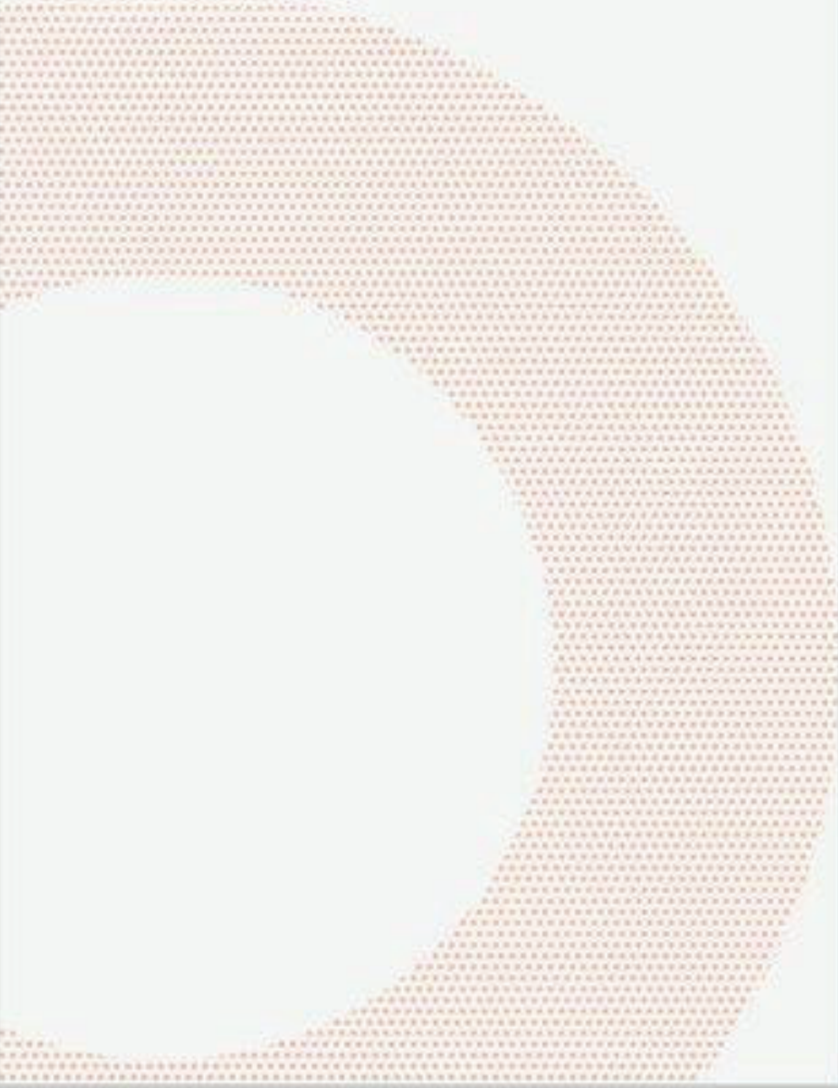
Section 1

Vision & Planning Outcomes



April 2022

1 CLINICAL VISION AND PLANNING OUTCOMES

1.1 Vision for Clinical Services

The new Eurobodalla Regional Hospital will optimise and transform service delivery for patients and staff to help our community thrive and lead healthy lives.

1.2 Mission Statement

All people across our diverse communities are able to have timely access to the right health care in the right setting to maximise their health wellbeing and independence.

1.3 Key Planning Outcomes

The Clinical Services Plan (CSP) version 3.0 outlines the new service will consolidate existing services and reduce current duplication and inefficiencies across the Network. It will increase the provision of care in the region to provide care as close to home as possible, in a phased and coordinated way to increase role delineation requirements that is prioritised according to service need and aligned with local capability.

The key planning outcomes of the new service will:

1. Increase the capacity of the Emergency Department and align to the NSW Health COVID 19 pandemic response recommendations;
2. Increase the capacity of acute beds for medical and medical/surgical, with the ability to increase the capacity in the future;
3. Increase the capacity of sub-acute beds for rehab/GEM and provide a connection to the Ambulatory Care setting to manage service demands, with the ability to increase the capacity in the future;
4. Increase the capacity of virtual beds for Hospital in the Home (HiTH) and Transitional Aged Care Program (TACP);
5. Increase the capacity and deliver an integrated Intensive Care Unit (ICU) and Close Observation Unit (COU) with the ability to increase capacity in the future;
6. Increase the capacity of Oncology bays and provide a connection with the Renal service through co-location;
7. Deliver the capacity of Renal bays, support patient care in the community and provide a connection with Oncology through co-location;
8. Deliver an integrated Women’s and Paediatric service to provide birthing, recovery and short-term post-natal care, with the ability for local Indigenous women to birth on Country;
9. Consolidate the majority of outpatient and ambulatory services into a new Ambulatory Care and Community Health Centre, with bookable consult and treatment spaces which are virtually enabled; including a networked response to the existing Narooma Community Health Centre;
10. Increase the capacity of the perioperative suite, and provide a day of surgery admission service;
11. Increase the capacity of oral health services and locate within the new Ambulatory Care and Community Health Centre;
12. Deliver Mental Health, Drug and Alcohol services in appropriate settings including Ambulatory Care and Community Health Centre as well as a gazetted Safe Assessment Room in the Emergency Department;
13. Deliver education and training services to support the delivery of staff and hospital accreditation requirements;

14. Deliver clinical support services including pathology, imaging, pharmacy, mortuary and LHD office accommodation; and

15. Deliver non-clinical support services including front of house and back of house services.

1.4 Key Objectives

The key objectives identified in the Clinical Services Plan are:

1. To increase the complexity of services that can be provided locally and move from providing services at Role Delineation Level 3 (RDL3) to providing services at Role Delineation Level 4 (RDL4). The uplift in RDL will be prioritised and staggered according to capacity and workforce requirements;

2. Remove service duplication by providing one main campus with networked outreach programs to support peripheral communities;

3. Bring together multidisciplinary teams (medical, nursing, allied) to provide services for the patient when and where they need it and optimise resources;

4. Improve existing partnerships to integrate and coordinate care for our community;

5. Deliver key care streams for Older Person's Care, Critical Care, Surgical Care, Medical Care, Child, Youth and Family Care, Sub-acute Care and Mental Health Drug and Alcohol Care; and

6. A patient will move seamlessly between services and streams as required.

1.5 Overarching Planning Principles

The following overarching principles for the service have been identified to inform functional briefing and to deliver a solution which:

1. Is person centred for patients, staff and visitors;

2. Is culturally appropriate and inclusive;

3. Is integrated across all disciplines;

4. Includes new models of care to deliver clinical care streams;

5. Reduces existing duplications;

6. Is networked, integrated and coordinated including existing services and infrastructure assets;

7. Is sustainable and underpinned by the unique population needs of the Eurobodalla;

8. Is digitally enabled; and

9. Is flexible to meet future service needs.

1.6 Overarching NSW Health Strategy

The strategy by NSW Health titled '20 Year Health Infrastructure Strategy' will deliver the following initiatives for the new service including:

1. The future patient is wellbeing-focused, tech enabled & wants to direct their care;

2. The future workforce is highly skilled, digitally enabled & flexible;

3. Collaboration & sharing across the entire system;

4. Future health infrastructure is diverse, agile & sustainable;

5. Systems & processes to support changing roles including training in new skills & MoC;

6. New network of facilities supported through clear role delineation and referral system;

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Health service delivery and infrastructure is rapidly changing in response to significant trends which is transforming patient interactions, service demand, staffing capability and the infrastructure needed to support the industry.

The strategy details the vital role that assets play in delivering health services, and the requirement to ensure the assets are fit for purpose and help to improve health outcomes and experiences of people across NSW.

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Section 2

Overarching Models of Care

April 2022

2 OVERARCHING MODELS OF CARE

The purpose of this section is to outline the proposed overarching models of care to deliver the CSP requirements. The CSP identifies:

2.1 Eurobodalla Health Services and Eurobodalla Regional Hospital

1. Eurobodalla Health Service will increase the complexity of services that can be provided locally and move from providing services at level 3 role delineation to providing most services at level 4. It is anticipated that this growth will be prioritised and staggered according to capacity with key initiatives implemented to support transitioning processes. This, along with providing an integrated service of inpatient and ambulatory care, will greatly improve local access to services.

2. Future services for Eurobodalla will not be duplicated but rather provided across one main campus with networked outreach programs to support peripheral communities.

3. At present there is a distinct separation between inpatient and outpatient services. The service of the future will bring together multidisciplinary teams (medical, nursing, allied) to provide services for the patient when and where they need it and optimise resources. This will include improved partnerships to integrate and coordinate care for our community in the Eurobodalla.

4. Services are grouped into six main care streams. Each care stream has many links to the other streams and does not operate in isolation. High level models of care for each stream have been considered and will be further developed in line with evidence-based models from the Agency for Clinical Innovation and other peer leaders.

2.2 Future Service Delivery / Technological Trends

1. The preferred service configuration developed will be supported through a number of developments to future models of care endorsed through the ERH Project Governance including the Executive User Group (EUG) and Executive Steering Committee (ESC). These developments in (non-capital) models of care to support patient-centred health care, will continue to be developed and refined as the project progresses. The models will assist SNSWLHD to achieve the CSP projected demand, but within the preferred service configuration.

2. A summary of the key elements developed by the Project Team which support the preferred service configuration is outlined below, items underlined require an infrastructure solution.

Service	Summary of models of care outcomes
Intensive Care Services	– Exploring opportunities of virtual critical care provision by an external service provider as a way of providing and/or enhancing 24-hour-a-day specialist input.
Emergency Department	– Initiate rapid review clinics after discharge from the emergency department to avoid representation, noting consideration for workforce implications. – Initiate new and up-scale existing programs and strategies to manage ED demand and actively support avoidance of unnecessary ED presentations e.g., HiTH, TACP & RITH. – Senior Assessment and Streaming model will be pivotal to optimise ED. – Undertake acuity based streaming (resus, acute, fast track) as well as specialty streaming (MH, paediatrics).

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Service	Summary of models of care outcomes
Renal Care	– Continue to promote home-based dialysis as the default option and first treatment choice for patients with end stage renal failure. – Improving pre-dialysis pathway planning and treatment.
Ambulatory Services	– Continuing to support community-based models of care for chronic disease management in the community. – Increasing focus (with investment in facilities to better enable) virtual care, therefore providing flexible combinations of face-to-face and virtual care. – Continue to support community access to services, through maintaining service provision at Narooma. – Provide bookable/shared ambulatory care treatment areas (consult rooms/interviews) that are 100% dedicated to treating outpatients occasions of care (limiting hybrid offices/clinical spaces), this strategy will be supported through the provision of dedicated staff work/write-up areas and a structured change management process.
Paediatrics	– Identifying design solutions that enable the co-location of paediatrics with maternity services (to flexibly utilise beds and facilities across the two services). – This will facilitate best use of available skilled workforce between Paediatrics and Neonates. – ED Paediatric Step down / short stay.
Maternity and Newborn Services	– Working with Tresillian and Gidget Foundation services to enhance community-based models of care. And when hospital-based models of care are required, flexibly utilising existing hospital facilities.
Sub-Acute Care (Rehabilitation/ GEM and Palliative Care) Acute Inpatient – Medical and Surgical	– Further support and develop the home-based care solutions for rehabilitation and palliative care patients. – Extend the number and scope of multidisciplinary and multispecialty teams and clinics in the Ambulatory Care setting to better coordinate the management of patients with complex, chronic and/or comorbidities to avoid admission and readmission. – Continuing to support the expansion of HiTH services.
Perioperative (Surgical Care)	– Establishing a preadmission model as part of a comprehensive preoperative assessment including screening and prevention. – Ensuring that capital solution supports high volume procedure activity.

Table 1 - Preferred Service Configuration Infrastructure Solution Requirements.

2.3 Summary Models of Care

1. Refer to the ERH Model of Care document provided separately.

2.4 Facility Summary

The following table outlines the existing and proposed service configuration for the new facility to inform the functional briefing process.

	Existing Capacity CSP V3.0 March 2020		Preferred Service Configuration	
Patient Space Type and Service	Overnight	Day Only	Overnight	Day Only
Acute Overnight Beds				
Surgical				
Medical + Surgical				
Medical*				
HITH**				
ED Short Stay				
ICU/COU				
Paediatric				
Maternity				
Newborn Care				
Total Acute Overnight Beds*				
Sub-Acute Beds				
Rehabilitation/GEM				
Palliative Care				
Total Sub-Acute				
Totals				
Total overnight & Day Only Beds**				
Emergency Department				
Treatment Spaces				
Resuscitation Bay				
Total ED				
Other				
Operating Theatres + Procedure Rooms				
TACP*				
Birthing Room*				
Renal Dialysis Chairs				
Oncology				
Oral Health Chairs				
Ambulatory Care***				

Table 2 - Existing and Proposed Service Configuration.

*Includes4 flexible short stay mental health beds **HITH and TACP are not counted in bed totals.
*** Includes Narooma Community Centre.

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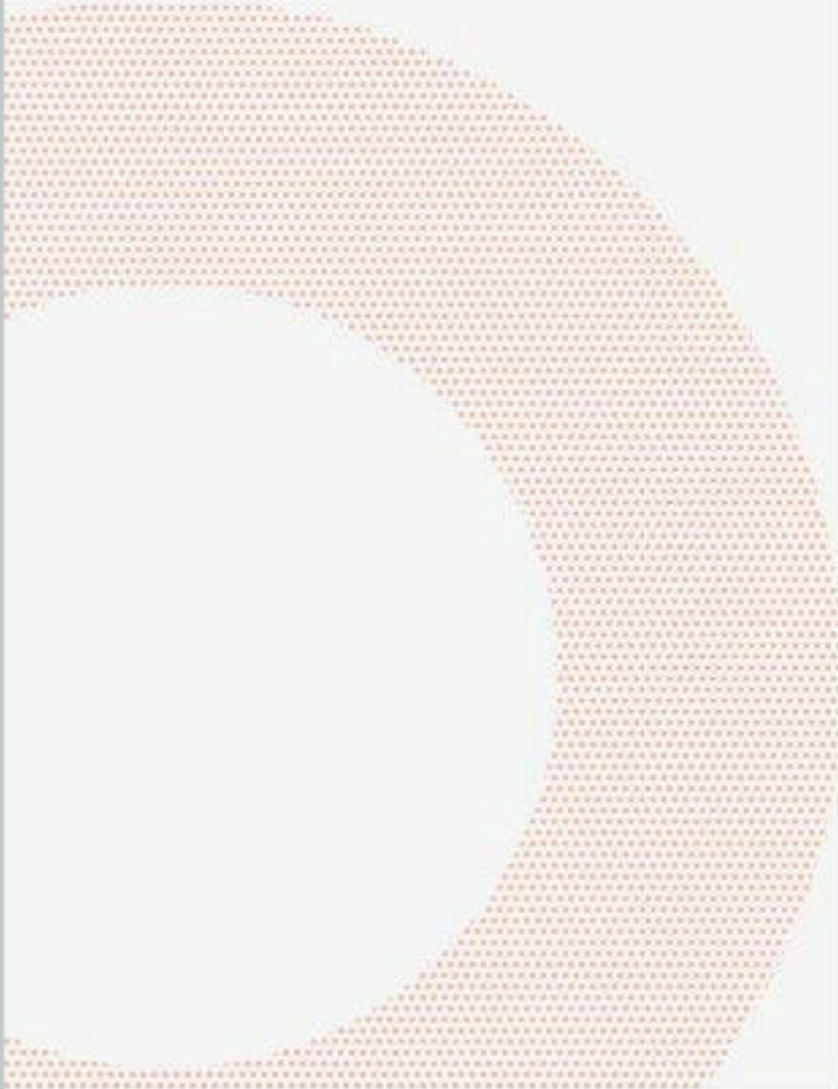
Section 3

Operational Policies



April 2022

3 OPERATIONAL POLICIES

The Operational Principles are live that remain as a work in progress during the life of the project. The key objectives of the Operational Principles are to:

- Operationalise the overall service model for the Eurobodalla Regional Hospital (ERH) and care delivery models for the individual services/units to facilitate implementation of the proposed models;
- Scrutinise the overall functioning of ERH and/or the individual service to identify how things may be able to be done differently in the future;
- Identify ways to improve the overall efficiency and effectiveness of the ERH and/or the individual service;
- Identify operational principles which may impact on the design process e.g., size, configuration and the nature of the accommodation to be provided;
- Provide guidance to the operation of the ERH and/or service; and
- Inform the change management process by identifying key changes to current practice and service delivery.

3.1 Admission, Discharge and Patient Transfer

All admissions and discharges will be in accordance with the approved operational processes within the facility and will be designed to support integrated service delivery. All patients will be admitted and discharged with a whole of facility management process.

1. Planned Admissions
   - All planned admissions will be managed by the Admission Unit.
   - Future plans will be developed to enable all elective or planned surgical and medical patients to be referred for admission using an electronic referral for admission form and will be pre-admitted electronically.
   - It is proposed that all planned admissions will have the ability to check-in/complete paperwork for their admission online.
   - An electronic kiosk will be available to allow patients to self-check-in on arrival to the hospital for their admission or outpatient appointment. An automated system will notify the patient when the relevant service is ready to see them.
   - It is proposed that all planned admissions will receive a pre-admission package containing admission specific documents including those required for completion by the patient.
   - Elective surgical and procedural admissions will present to the perioperative unit except for a small number of cases that require admission prior to the day of surgery due to clinical needs.
   - Patients requiring admission the day / night before surgery will be admitted directly to the surgical inpatient unit.
   - Patients being referred to a specialist from a general practitioner for admission can be admitted via the Emergency Department following assessment in the Emergency Department and liaison with the Patient Flow Unit.
   - Planned day medical admissions will be admitted to the relevant Day Medical Unit i.e. Outpatient and Sub-Acute Rehab.
   - Direct admissions to inpatient units will be organised by the admitting consultant / specialist in consultation with the Admission Unit.

- Hospital in The Home admissions are undertaken by the Hospital in The Home service.

2. Unplanned Admissions
   - Unplanned admissions will be accepted from the Emergency Department or via Hospital in the Home (HiTH) and Transitional Aged Care Program (TACP) processes as appropriate.
   - Unplanned surgical admissions referred from visiting specialist in ambulatory areas may be admitted directly to the inpatient unit.
   - Unplanned admissions referred by a general practitioner, with agreement of the admitting officer, will be seen in the Emergency Department prior to admission or directly admitted by a VMO.
   - Pre-arranged inter-hospital patient transfers can be admitted directly to the inpatient unit.
3. Patient Transfer
   - Transfer into and out of the facility will occur on a planned, urgent and emergency basis.
   - Patient transfers from other facilities will be accepted on a pre-arranged and urgent basis.
   - Each clinical unit will have responsibilities for transfer and acceptance of patients who require advanced or specific interventions, procedures, or management.
   - Transfers from and to Hospital in the Home (HiTH) can occur from a range departments including ED and Inpatient Units.
4. Urgent admissions
   - Urgent admissions will be managed through the Emergency Department with the triage nurse streaming the patient to the most appropriate location for treatment or intervention.
   - Life threatening conditions will be managed in the resuscitation bays of the Emergency Department.
   - People arriving to the Emergency Department escorted by the police will be directed to the safest area with the additional support of security personnel.
5. Discharge
   - On discharge, patients will have access to the community nursing services.
   - Protocol-based, nurse-initiated discharge will be in place in a number of units in line with hospital operational procedures.
   - Discharge planning for all booked admissions will commence at pre-admission.
   - Discharges may be supported through a Transit Lounge although patients can be discharged directly from the inpatient unit.
6. Patient Flow
   - NSW Agency for Clinical Innovation (ACI)
     - Patient flow has been a focus of the NSW Agency for Clinical Innovation (ACI) for improving efficiency as the patient journeys from assessment, treatment and through to transfer of care on discharge. The introduction of interactive patient journey boards promotes early identification of barriers that could interrupt the transition of care from hospital to home.
     - Electronic patient journey boards will be installed in all clinical units in a central discreet location readily accessible to staff as well as in the operations control room.
   - Operations Control Room/Patient Flow Unit
     - Real time access to patient flow information relies on timely data entry into the Patient Administration System of all patient admissions, transfers and separations.

- The unit comprises of staff who collaborate to improve access to acute care in the most appropriate environment. This may be in hospital, referral to services in the Ambulatory Care Centre or being treated at home. The unit is staffed by the Patient Flow Manager, the Nurse Unit Manager for workforce and the Acute Post-Acute Care Coordinator. The unit operates 24 hours a day every day of the year.
- Occupancy status will be tracked via the electronic journey boards which convey real time patient whereabouts.

3.2 Amenities for Patient, Visitor, Staff and Volunteers

1. Amenities will be available for patients, visitors, staff and volunteers to provide places for personal hygiene, storage of belongings, rest and relaxation, refreshment and dining, and communication and interaction.
2. The scope of amenities provided for patients, staff, visitors and volunteers will include access to the following:
   - Securable storage for belongings.
   - Staff will have access to a common staff facility with adjoining breakout spaces for quiet retreat and relaxation.
   - Access to internet.
   - Toilets with an appropriate mix of unisex and same gender toilets, including those with disability access and changing places toilet in front of house.
   - Access to a clean water supply.
   - Vending machines will provide 24 hour per day services to the public, patients, staff and volunteers.
   - Access to a parent's room is included to allow parents or carers of babies and small children to feed, change or settle babies.
   - Access to an area for meditation, prayer and reflection which caters for a range of faiths and beliefs.
3. Patients
   - Patients will be advised not to bring excessive personal belongings and valuables with them to hospital. However, if patients choose to, a bedside drawer unit or cupboard within their room will be provided for the storage of a small number of personal belongings.
   - Access to Wi-Fi will be available throughout the building.
   - Spaces will be provided to allow privacy for grieving relatives and carers. This will be culturally appropriate to suit the diverse needs of the population.
   - A transit lounge area with access to a courtyard is desirable.
     - arrival zones across the facility will have access to: a unique identity upon arrival and ready access to a staff member.
     - separate patient and public access points and flows.
     - waiting areas that are comfortable and welcoming to the friends and families of patients undergoing treatments.
4. Visitor and Patient Amenity – Inpatient Units
   - A shared zone will be provided between inpatient units and include an interview and meeting room facilities for patients, staff and students.
   - Patients will be accommodated in single or shared two bed rooms.

  - As an inpatient, patients may have access to monitors for TV, bring your own device (BYOD), and telephone use.
  - Carers may be encouraged to stay overnight when this is beneficial for the patient. Typically this will apply to children, patients with delirium and dementia, and end of life care. Meals will be provided for carers who are accommodated under a "boarder" arrangement.

5. Staff amenity
   - The design must assist staff to perform their tasks safely and efficiently in an appealing environment.
   - The design must incorporate innovative approaches to staff respite throughout the internal and external environments of the facilities.
   - Staff amenities will be provided throughout the hospital in both centralised and decentralised locations close to their work unit. Staff will be encouraged to take meal breaks outside of their units to foster a culture of collegiality.
   - Shared amenity will include access to staff dining areas and outdoor relaxation space.
   - A centralised staff changing facility for non-clinical staff collocated with an end of trip facility will provide secured storage for bicycles and shower.
   - Staff will also have access to bookable meeting rooms throughout the hospital.
   - Students will have access to education, training rooms and a lounge.
   - Staff are to have proximity card access to secure clinical areas and office areas 24 hours a day every day.
6. Volunteers
   - Volunteers provide an integral service within the Eurobodalla, and it is envisaged that their role and activities will expand over time. Volunteers may engage in roles with wayfinding, concierge, retail, mail sorting, document binding, and other basic administrative tasks.
   - Highly trained pools of volunteers will continue to assist staff and provide support to patients and families in the area of Pastoral Care, Palliative Care and management of behaviours associated with dementia and delirium.
   - Volunteers will also continue to provide invaluable financial, material and reputational support via the Hospital Auxiliaries.
   - Volunteers will operate from an area located near to the hospital's main entry. The area will be collocated and provide a work area for sorting mail, performing other tasks and store in the back of house area to accommodate collapsible tables and equipment for foyer displays.
   - A volunteer coordinator may be responsible for allocating tasks and volunteers, fundraising and booking hospital meeting rooms.

3.3 Equipment Loan

1. The Equipment Loan will centrally store, track, evaluate, clean and maintain high use medical equipment used in the delivery of clinical services including infusion pumps, haemodynamic monitoring equipment, oxygen therapy equipment.
2. Centralised equipment not considered part of the core inventory required for the delivery of services in a clinical unit should be held in an Equipment Loan store.
3. Through the equipment loan pool, a package of services including:
   - regular audits of equipment;
   - Preventive Maintenance Program as per manufacturer's instruction or annually if not specified;

- education of clinical staff on equipment uses through induction programs, short courses, bed-side support and in-service programs;
- a spare parts store;
- coordination of equipment purchases including the development of business cases; and
- An equipment tracking system will be required to ensure that all Centralised equipment can be tracked and managed from a central data base.
- Radiofrequency Identification Device (RFID) technology should be considered for equipment tracking in the future.

3.4 Courier and Mail Services

1. The courier and mail service coordinate the distribution of hard copy mail received in and out of the hospital. Mail and parcels will be generally delivered via the loading dock and passed on to the mail room.

3.5 Digital Records

1. The facility will operate an Electronic Medical Records (eMR) service within the guidelines provided by NSW Health and HealthShare NSW. The service will transition from a reliance on paper-based administration and patient record.
2. It is anticipated that the demand for scanning will increase, and a multifunction scanning device will be available in the Health Information Unit and Ambulatory Care Centre to digitise records to an eMR service.
3. The eMR service will be connected to the Patient Record database and be available at the bedside and treatment locations throughout the new facility.

3.6 Cultural

1. Indigenous Access
   - The original landowners of Eurobodalla are the Yuin People.
   - Aboriginal patients, families and carers will have information, support and care delivered in a culturally sensitive way, using appropriate language.
   - Health services will be provided in a way that is accessible and supports kinship ties in Aboriginal communities.
   - The key responsibility of the Aboriginal Health Service is to liaise and provide advice on matters relating to improving the health and wellbeing of the Aboriginal community.
   - Support is offered for community initiatives addressing Aboriginal health in collaboration with other health care providers and provide primary health care to Aboriginal communities.
2. Multicultural Access
   - Health services will be accessible and provided in a culturally appropriate manner, using appropriate language and means to convey information and to respond to the needs of cultural diversity.
   - When possible, information, instructions and health education material will be made available in a number of languages common to the communities of the Health Service. Health interpreter services will be utilised to support communication.
   - Accessing interpreter services will be arranged for contact in person, via telephone conferencing or audio visual equipment.
   - Wayfinding and signage shall consider the needs for dominant cultural groups within the community.

3.7 Fleet Management

- SNSWLHD manage the supply of vehicles for the use of hospital and community health service employees using an electronic booking system.
- Fleet vehicles will be managed by the Ambulatory and Community Health Centre.
- The total number of fleet vehicles is established at 70 and will be further refined during the planning process.

3.8 Hazardous Materials/Substances

- The facility will need to comply with all NSW Building Regulations and NSW Health management guidelines for Hazardous Materials / Substances.
- Hazardous material and substances are those that, following worker exposure, can have an adverse effect on health. Examples of hazardous substances include poisons, substances that cause burns or skin and eye irritation and substances that may cause cancer. Many hazardous substances are also classified as dangerous goods.
- ERH will not hold bulk hazardous materials onsite however where there is a need for a department to hold a hazardous chemical they will be housed in flammable lockers or cryogenic containers within the relevant departments.
- Bulk oxygen storage will be stored on site.
- A register of all chemicals onsite will be located at the main fire panel and is stored on the NSW Ministry of Health mandated ChemAlert system.

3.9 Helicopter Landing Site

- There will be access to a Helicopter Landing Site (HLS) for the transfer of critically unstable patients including neonates. Patients may also be transported by helicopter from rural and regional locations to access a bed in the Intensive Care Unit.
- The operation and safety of the HLS will be coordinated by the Security Services' staff who will attend all helicopter arrivals and departures.
- Security staff are also responsible for ensuring the landing site is kept free of debris and loose materials that may be picked up by the helicopter.

3.10 Infection Prevention and Control

1. Policy context
   - The facility will need to comply with all NSW Health guidelines for Infection Prevention and Control (IPAC).
   - Each service conducts an IPAC program to protect patients, healthcare workers, visitors and volunteers from healthcare associated infections (HAI); colonisation with multiple-resistant organisms (MRO); and transmissible infectious diseases.
   - PD2017_013 Infection Prevention and Control Policy – NSW Ministry of Health, 7 June 2017.
2. Hand hygiene
   - Hand washing facilities will be provided in accordance with AHFG Part D: Infection Prevention and Control.
   - Handwash basins and/or alcohol hand rub will also be provided:
     - Close to the entry to all patient areas.
     - Along corridors at intervals to comply with all Australian Standards.

- In patients rooms within visibility of the patients bed.

3. Personal Protective Equipment (PPE)
   - The facility will need to comply with all guidelines for PPE and NSW Health pandemic response requirements.
   - Equipment will include gloves, aprons, face masks, eye protection and face shields.
4. Linen and waste
   - The facility will need to comply with all NSW Building Regulations and NSW Health management guidelines for Linen and Waste.
   - Clean bin exchange will occur at the dock. There will be two compactors or a single split compactor at the dock and waste will be segregated and taken by private contracted services.
5. Isolation rooms
   - The facility will need to comply with all NSW Health guidelines for Isolation rooms.
   - Class S, standard isolation, rooms will be provided to achieve a 50% allocation of patient beds in the new building.
   - Class N negative pressure rooms as well as ante rooms will be provided in the following areas:
     - Emergency Department.
     - Intensive Care Unit.
     - Medical IPU.
     - Medical/Surgical IPU.
6. Public disease outbreak
   - The SNSWLHD Public Health Unit will coordinate and initiate protocols for managing disease outbreaks within the community.
   - The Public Health Unit is located at SNSWLHD Executive Unit in Queanbeyan NSW and is responsible for infectious disease surveillance and control in the community and responding to notifiable diseases.
7. Pandemic response
   - The facility will need to comply with all NSW Health management guidelines for Pandemic response requirements.
   - Pandemics are unpredictable but recurring events that can cause severe social, economic and political stress. Advanced planning and preparedness are critical to mitigate the impact of influenza epidemic and pandemic.
   - Operational requirements of the pandemic response unit include:
     - The Pandemic Assessment Centre should be able to be established at short notice.
     - Establishing a dedicated area for assessment which preserves the capacity of facility and its Emergency Department to continue to treat and care for other patients with acute health needs.
     - Capacity to accommodate large numbers of suspect cases queuing to be screened and assessed including sufficient staff to provide clinical assessment and management of patients.
     - Applying occupancy limits to waiting areas and other relevant spaces.
     - Patients' severe illness may require a higher level of care and be admitted into an appropriate environment capable of providing respiratory isolation. Service will be networked to a Level 6 Health Service and patients may be transferred.

- Antiviral medication will be distributed by the State medical stockpile to the SNSWLHD.
- PPE shall be provided to patients when entering the clinic.
- For further details regarding staffing requirements, WH&S considerations, waste management, clinical assessment pathways, antiviral distribution and treatment, surveillance ad monitoring refer to NSW Ministry of Health guidelines for operating pandemic assessment centres.

3.11 Medical Gasses

1. The following medical gasses will be available on site:
   - Oxygen.
   - Nitrous Oxide.
   - Nitric Oxide.
   - Medical Air.
   - Carbon Dioxide.

   – Medical Gasses will be provided by an external provider and be housed in a reticulated supply unit located near the loading docks.

   – Oxygen will be provided in cylinders and via reticulation with a bulk liquid oxygen storage tank.

   – Portable gas bottle supply will be available in a range of sizes. Cylinders must be contained and secured during storage to prevent falling.

   – Most clinical units will have the need for plumbed medical gasses.

   – Concealed medical services panels may be required in areas where this is clinically appropriate.

3.12 Medication Management and Pharmacy Services

1. Medications will be managed and administered in accordance with the following policy.
   - PD2013_043 Medication Handling in NSW Public Health Facilities.
2. Standard medications management practice and policies will apply across to ensure the provision of a comprehensive medication management service to all patients requiring drug therapy. This will include:
   – Patient centred and safety orientated operational practices.

   – Utilisation of the patient's own drugs where appropriate.

   – Storage of patient medications at the bedside where appropriate and safe to do so.

   – Pharmacist involvement in patient care, particularly from a drug therapy perspective, from admission through to discharge.

3.13 Non-Smoking Policy

1. All health facilities will be non-smoking environments in accordance with NSW Health policy.

3.14 Office Allocation

1. The allocation of enclosed space (also known as a traditional enclosed office) shall be in accordance with NSW Health policy directive PD2019_060 Workspace Accommodation Policy.
   – Activity Based Working (ABW) will be provided to accommodate staff in a range of work settings, both enclosed and unenclosed, tailored to the type of work that the staff members undertake and the proportion of their working hours spent engaging in different tasks.

- Staff may share workpoints within ABW settings, so that all staff can access the range of spaces they need to be productive.
- The range of workspaces that will be available to staff will include:
  - Bookable enclosed private spaces.
  - Non-bookable enclosed private spaces.
  - Open spaces.

3.15 Operating Hours

1. Operating hours are provided for each health planning unit and are subject to change depending on service requirements. Generally:
   - Emergency Department will operate 24 hours a day, 7 days a week.
   - Inpatient Units will operate 24 hours a day, 7 days a week.
   - Ambulatory Care and Outpatients will primarily operate 8 hours a day, 5 days a week.
2. Refer to Functional Design Briefs for each HPU for operating hours.
3. Public access
   - Access will be provided via the main entry and afterhours public access to the hospital will be provided via the Emergency Department.
   - Security will be responsible for managing access to the building.
4. Staff access
   - The design must provide for staff to access the hospital from public entrances and also via dedicated staff access points controlled by the security system.
   - Parking for staff must be conveniently located to enable safe passage into the Facility both during and after hours.
   - Staff must be able to access staff amenities after hours.
   - The design must provide for agency/casual and cleaning staff to access the hospital during and after hours via the Main Entry.

3.16 Pastoral Care / Chaplaincy

1. The facility will provide a multifaith space in the main entry to meet this need and be operated in accordance with the following policy and protocols:
   - PD2011_004 NSW Health & Civil Chaplaincies Advisory Committee NSW Memorandum of Understanding.
   - Protocol for Chapels/Religious Spaces within Hospitals in NSW Health.

3.17 Pneumatic Tube System (PTS)

1. A pneumatic tube system will be installed providing links between clinical departments including the Emergency Department, Intensive Care Unit/Close Observation Unit, Pharmacy, Perioperative Suite, Inpatient Units, Ambulatory Care, Women's and Paed's and Pathology.
   - Priority routes for point-to-point transfer of urgent samples will apply for the Emergency Department and Intensive Care Unit.
   - Suitability of the pneumatic tube system to handle specific sample types will depend on the system purchased and the manufacturer's guidelines and recommendations should be followed.
   - A PTS pathology bay in clinical areas should be directly observable from the staff station to ensure that the arrival of materials is known.

- Each station must have a visual display screen which indicates the readiness of the system to accept the carrier, faults in the system, confirmation that the carrier has arrived securely at the destination station.

3.18 Safety, Security and After-Hours Access

2. Policy context
   - The security of patients, visitors, staff and property will be achieved through security operations in accordance with the following policies and informing documents:
     - Protecting People & Property – NSW Health Policy & Standards for Security Risk Management in NSW Health Facilities, 2013 – NSW Ministry of Health.
     - Crime Prevention through Environmental Design (CPTED).
     - NSW Car Park Guidelines for Crime Prevention, NSW Government.
     - Workplace Surveillance Act 2005 (NSW).
     - NSW Health Response to Recommendations – Peter Anderson Review into Improvements to Security in Hospitals.
     - Australasian Health Facility Guidelines Part C: Design for Access, Mobility, Safety and Security
3. Operational description
   - Security officers are on duty 24 hours a day every day of the year, providing surveillance and responsive services. The main security office will be based in the Executive Unit with a control office in close proximity to the Emergency Department and Main Entry.
   - Closed Circuit Television (CCTV) cameras will be positioned at all entry points to the buildings on both internal and exterior surfaces. Video streaming will relay images and data to the surveillance system and its monitors within the security office.
   - Other areas of high risk including but not limited to the car park, cashier, pharmacy counter, mortuary and main entry will have cameras in place.
   - Surveillance cameras will not be installed in areas where this conflicts with the dignity of the patient and need for privacy.
   - Duress alarms will be distributed as both fixed and mobile. The allocation of these will be based on the level of clinical and corporate risk to personal safety and meeting the requirements of policy the NSW Ministry of Health policy listed above.
   - The hospital can be accessed after hours through the Emergency Department or via the Main Entry following release of the doors by Security or the Hospital after hours Manager.

3.19 Signage and Wayfinding

1. Policy context
   - The facility will need to comply with all NSW Building Regulations and NSW Health management guidelines for Signage and Wayfinding including:
     - AusHFG and Health Infrastructure guideline “Wayfinding for Healthcare Facilities”.
     - GL2014_018 Wayfinding for Healthcare Facilities, 2014. NSW Ministry of Health.
   - Internal circulation routes will be designed to intuitively lead visitors to their destination, recognising that people use a number of senses to navigate and make decisions.
   - A wayfinding strategy will be developed during ongoing stages of design development.

3.20 Reprocessing of reusable medical devices and equipment

1. Policy context
   - Reprocessing, transport, handling and management of both commercial available and reprocessed medical devices will be in accordance with International and Australian Standards and NSW Health Policies and Procedures.
   - AS/NZ 4187 – 2014 Reprocessing of Reusable Medical Devices in Health Service Organisations
2. Operational description
   - Offsite reprocessing will be the model of service delivery adopted for the facility.
   - Operational modelling to consider an option of clean up room allocation of space being combined to provide a central clean up space with clean up sinks (height adjustable), pass through washer decontaminator, instrument dryer and space to package and dispatch RMDs to offsite reprocessing.
   - This area could also be utilised to clean and high level disinfect ultrasound transducers from the operating theatres.
   - The operational model will be further developed during the planning phase for the new facility.

3.21 Telephone Switchboard

- The main switchboard at the facility will be located in the Front Office and will divert to an alternative area after hours.

3.22 Virtual Care and Telehealth

1. Virtual Care, also known as telehealth, safely connects patients with health professionals to deliver care when and where it is needed. Telephone, videoconferencing, store-and-forward and remote monitoring are examples of the technologies and modalities used to support virtual care service delivery.
2. Virtual care is designed to complement, augment and enhance existing services by connecting patients with clinical expertise, using technology as the tool and where it is clinically appropriate.
3. Audio-visual equipment and computers within the facility in spaces appropriate for Virtual Care service provision should be configured to enable effective virtual service delivery. This can include installation of the necessary audio/visual peripherals required for Virtual Care, such as high-definition webcams, audio devices and relevant workspace considerations. Computers located in the following areas should be configured to facilitate Virtual Care capability:
   - Clinical Consult, Treatment and Interview spaces. This may be a mix of fixed and mobile telehealth capabilities.
   - Do not disturb' spaces located in Activity Based Working areas.
   - Meeting rooms to enable Multi-Disciplinary Team meetings and case conferencing
4. Other fixed and mobile virtual care capabilities will be deployed within specific clinical areas, as determined by current requirements to be provided as part of defined service models, with recognition that future models will be developed in the virtual care setting going forward.
5. As part of the LHD's Virtual Care Strategy and existing capability, the Critical Care Overbed Camera Network (CCON) will be required to be migrated from existing services to areas such as Resuscitation Bays in the Emergency Department, specified locations in ICU/COU and Special Care Nursery in Maternity, reflective of existing capability.
   - Capability for telehealth is proposed for the following locations:
     - Meeting rooms provided for inpatient units in shared staff support areas.
     - Emergency Department – Meeting room, staff support area.
     - Ambulatory Care and Community Health Centre – consult rooms and meeting rooms.

3.23 Vehicular Access and Car Parking

1. Public vehicle access and parking
   – Private vehicles will access the site and proceed to the car park and hospital main entry.
   – Disabled parking will be provided within the immediate vicinity of the Emergency Department and the Main Entry.
   – Designated short term parking will be provided in close proximity to the emergency department and main entry for emergencies.
   – A drop-off zone will be available near the Main Entry.
2. Staff vehicle access and parking
   – Staff will have access to parking on site within the car park.
   – After hours parking will be designated in the main on-grade car park and be overseen and operated by hospital security.
3. Patient Transport Service
   – The Patient Transport Service will provide a coordinated approach to inter hospital patient transfers between hospitals.
   – All vehicles are fully equipped ambulances with basic life support equipment.
   – Transportation of inpatients from one public health facility to another within the SNSWLHD.
   – Transportation of inpatients to medical appointments at either another hospital or a private service provider.
   – Provides transfers to nursing homes.
4. Car parking
   – There will be on grade car parking available.
   – Parking will be provided to staff, visitors and patients at no charge.
5. Loading dock
   – The main loading dock will be located to provide direct and discrete access. The loading dock will service the kitchen, material supplies, and waste and linen collections as well as dispatch and receiving of reusable medical devices and other equipment.
   – The patient equipment loan pool will have immediate access to a loading bay.
6. Bus service
   – Private Bus Transport providers service the existing Moruya and Batemans Bay Hospitals. Bus stop provisions will need to be considered in close proximity to the hospital main entry.
7. Taxis
   – Taxi drop off bay will need to be considered in close proximity to the hospital main entry.

3.24 Work Health and Safety (WHS)

1. The facility will need to comply with all NSW Work Health and Safety (WHS) and NSW Health WHS Policy and Guidelines
2. Work Health and Safety will be managed in accordance with the following policies:
   – PD2013_050 Work Health & Safety: Better Practice Procedures, NSW Ministry of Health.
   – PD2013_006 NSW Health Injury Management and Return to Work, NSW Ministry of Health.
   – GL2018_012 NSW Health Work Health and Safety – Management of Patients with Bariatric Needs.
3. Operational description
   Manual handling

- A range of equipment will be available to assist manual handling – trolleys, tugs, loading devices, and patient manual handling devices.
- The storage needs of these devices should be allowed for at a location close to the point of use or central to common access.
- These patient manual handling devices are likely to include hoists, slide boards, slide sheets and belts, turntables to assist patients with independence.
- Storage of equipment in general store rooms should allow for easy access without the need to reorganise and manoeuvre other equipment.
- The size of the equipment being transferred from the loading bay should allow easy access into and out of vehicles, vans or user premises. The bulk, awkwardness and manoeuvrability of the load and the use of lifting platforms or hoists to load or unload, should be considered.
- Shelving depths and angles should reduce twisting, bending and stretching when under load.
- Gradients of ramps and slopes should take into account pushing and pulling of equipment.
- If work performed is repetitive or performed for long periods then adjustability should be incorporated into the equipment or work surface.

Bariatric

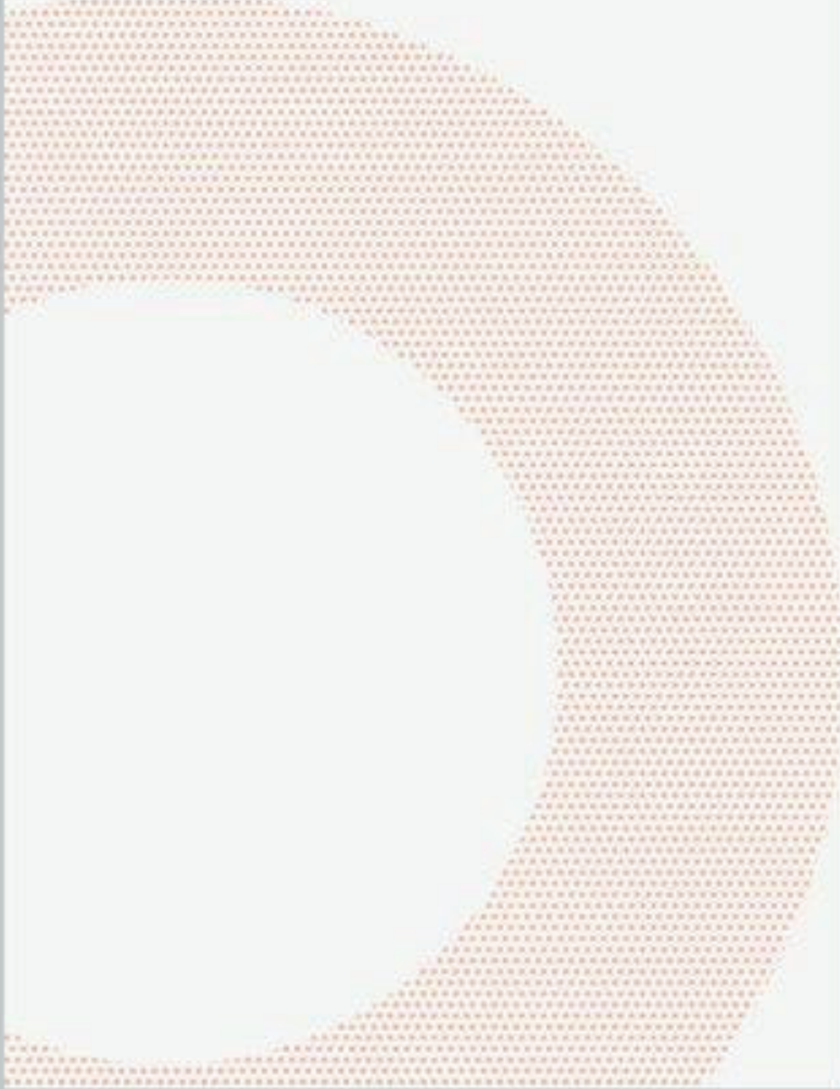
- The weight limit for bariatric care is and will continue to be 120kg up to a limit of 250kg.
- The impact of larger equipment such as beds, electric bed movers, chairs and wheelchairs, and the associated space requirements in the use of this equipment such as door widths, turning space in corridors, and the storage of equipment will need to be considered. This should also include provision of chairs and other relevant equipment in consult and interview rooms as well as waiting areas.
- Manual handling issues associated with transfer and lifting of these patients will need to be addressed. Specific operational policies should indicate how the overweight and obese patient may be managed in the Unit e.g. mobile lifters or fixed ceiling hoists may be required.
- Where hoists are used, consider the type and specifications of the hoist system e.g. single track, room coverage, weight limits etc. The installation of ceiling hoists requires an evaluation of the ceiling weight-bearing capacity, the space required to manoeuvre the patient in the hoist and the distance the patient may travel e.g. from bed to chair.
- Storage of the slings and apparatus will be required in the immediate vicinity of the lifting hoist's storage area.

Slips trips and falls

- Floor surfaces shall be even and non slip and comply with NSW Building Regulations and TS-7 Floor Coverings in Healthcare Buildings, 2009. NSW Ministry of Health.

ROOT PARTNERSHIPS
Advisory+
Project Management

Section 4
Design Brief



April 2022

4 DESIGN BRIEF

4.1 General

The design brief compliments and enhances the design principles described in, *Part 1 Clinical Vision and Planning Outcomes.*

Key broader campus and whole-of-hospital design considerations that act as key design requirements for the development of site massing and blocking and stacking options for the project, are considered as part of the:

1. **Master Plan Report** – covering key design principles, design issues, topography, key functional zones, site access and egress etc., orientation of the building mass, use of external spaces including parking and landscaping, future proofing for further site development etc.; and

2. **Concept Design Report** – blocking and stacking options, considering functional relationships and relative locations of departments; future service and technology trends generally for the hospital; and building upon the key master planning principles for each of the service.

4.2 Specific Design Considerations

Specific design consideration for each functional planning units are identified within the individual functional planning unit briefs (Section 4). This includes:

- Internal and external functional relationships.
- Relative location.
- Access and egress requirements.
- Considerations for aesthetic, built environment, materials and colours, and technology requirements.
- Use and access to external areas.
- Privacy requirements.
- Schedules of Accommodation (Appendix A) – provides briefed areas for each functional planning unit.

4.3 Functional Relationships

Classification system for external relationships:

Key external relationships between the functional planning units and other areas on hospital are prioritised as follows:

- **Direct** access is defined as collocated with access via a horizontal or vertical route with minimal turns.
- **Ready** access is defined as proximal vertical or horizontal access.
- **Easy** access is defined as navigable access but proximity not critical.

If there is no functional relationship between two areas specified, all areas and services within the Facility must have easy access between them.

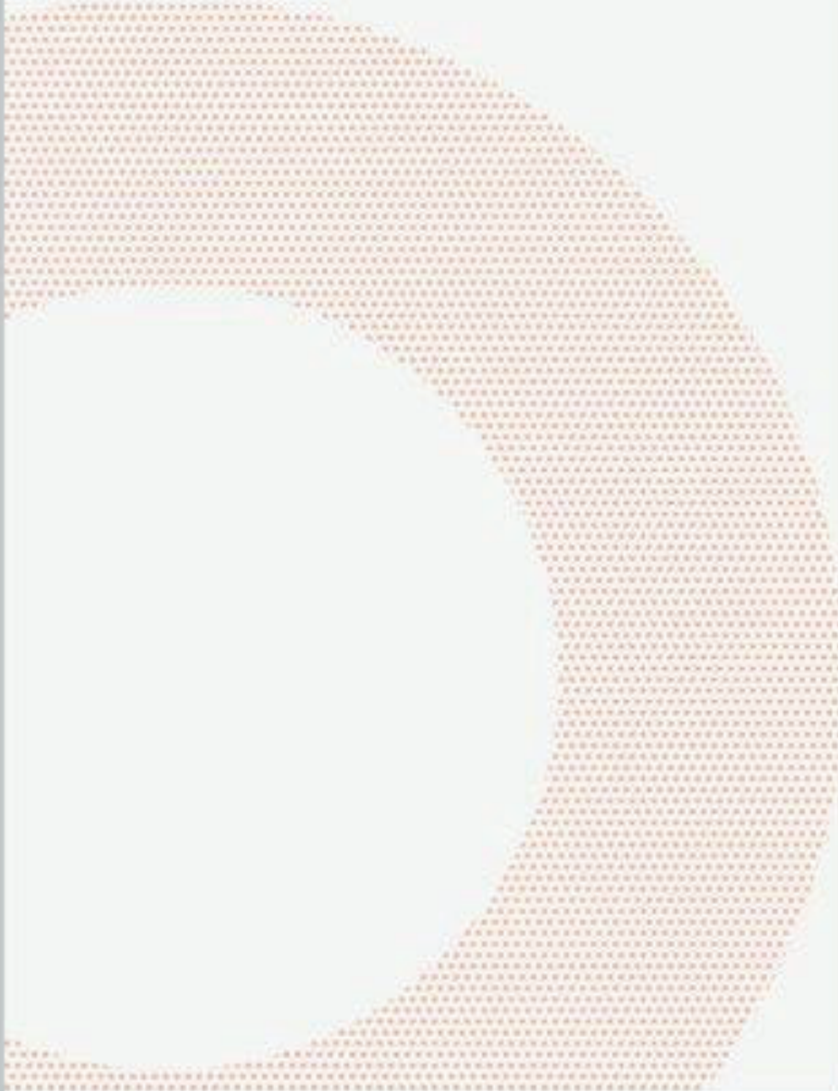
The overarching functional relationship matrix for the Health Planning Units is provided below:

Health Planning Units	Emergency Department	ICU/COU	Maternity, Newborn & Paediatrics	IPU - Surgical/Medical	IIPU - Medical	IPU- Rehabilitation & Palliative Care	Perioperative Unit	Ambulatory Care & CH Centre	Medical Imaging	Pathology	Pharmacy	Hotel Services/BoH/AM/ICT	HIM	Front of House	Executive Unit	Education/Research
Emergency Department		R	R	R	R	E	R	E	D	R	R	E	R	R	E	E
ICU/COU	D		E	E	E	E	R	E	D	R	E	E	E	E	E	E
Maternity, Newborn and Paediatrics	D	E		E	E	E	D	E	E	R	E	E	E	R	E	E
IPU - Surgical/Medical	R	E	E		E	E	R	E	R	R	E	E	E	E	E	E
IPU - Medical	R	E	E	E		E	E	E	E	R	E	E	E	E	E	E
IPU - Rehabilitation & Palliative Care	E	E	E	E	E		E	E	E	E	E	E	E	E	E	E
Perioperative Unit	R	D	D	R	E	E		E	R	R	R	E	E	R	E	E
Ambulatory Care & CH Centre	R	E	E	E	E	E	E		R	R	R	E	R	D	E	E
Medical Imaging	D	R	E	E	E	E	R	E		R	E	E	E	R	E	E
Pathology	R	R	R	R	R	R	R	R	R		E	E	E	R	E	E
Pharmacy	R	R	E	E	E	E	E	R	E	E		R	E	E	E	E
Hotel Services/BoH/AM/ICT	E	E	E	E	E	E	E	E	E	E	R		E	E	E	E
HIM	R	E	E	E	E	E	E	R	E	E	E	E		E	E	E
Front of House	R	E	R	E	E	E	R	D	R	E	R	E	E		E	E
Executive Unit	E	E	E	E	E	E	E	E	E	E	E	E	E	E		E
Education/Research	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	

Table 3 - Functional Relationship Matrix.

ROOT PARTNERSHIPS
Advisory+
Project Management

Section 5
Functional Design Briefs



April 2022

2 EMERGENCY DEPARTMENT FUNCTIONAL DESIGN BRIEF

DESCRIPTION OF SERVICE

2.1 Introduction

1. The Emergency Department functional design brief provides an initial summary of service requirements to inform the design, delivery and operations of the service.

2.2 Description of Service

1. The function of the Emergency Department is to receive, stabilise and manage adult and paediatric patients who present with a variety of urgent and non-urgent conditions. This includes patients with a variety of conditions including medical and surgical emergencies, obstetric emergencies, post trauma and psychiatric illness.

2. The ED will be able to accommodate patients with a range of conditions and ages. This will include a mix of general acute treatment areas, resuscitation bays, paediatric and older person friendly spaces, isolation facilities and decontamination area, a fast-track zone and a safe/behavioural assessment room.

3. Telehealth will be used for a variety of patients including those presenting with acute mental health issues as well as critically unwell patients potentially requiring retrieval including paediatrics and NETS.

4. All spaces will be designed to allow for flexible utilisation to respond to changing demands and to optimise their usage.

5. The Emergency Service will also provide for the reception and management of disaster patients as part of its role within the Southern New South Wales Local Health District Disaster Plan.

2.3 Scope of Service

6. The Emergency Department will transition from a Role Delineation Level 3 to a Role Delineation Level 4 service capable of providing resuscitation and emergency treatment to patients with a range of medical emergencies including trauma, medical, surgical, paediatric, obstetrics and psychiatric emergencies.

7. Tertiary and quaternary services will continue to be accessed via a network approach as required.

8. The ED will be based on the Emergency Care Institute (ECI) model of care with streamlined pathways aimed at facilitating efficient access to assessment, treatment and discharge or admission from the ED.

9. Telehealth will be used for patients presenting with acute mental health issues, linking patients and staff to specialist mental health emergency staff via Technology Enabled Care Services (TECS) for patient assessments and recommendations for treatment.

10. The following table outlines the planned capacity for the Emergency Department.

Room Type	Current Capacity	Planned Capacity	Comments
Resuscitation	█	█	
Acute	█	█	

Paediatric			Arranged as shared acute treatment bays which are Paediatric friendly (noting PD2010/033 Children and Adolescents – Safety and Security in NSW Acute Health Facilities)
Fast Track			
Isolation			Class N including Ante room
Short Stay			

Table 4 - ED Planned Capacity.

2.4 Model of Care / Service Delivery

1. The model of care for the service will be based on the Agency for Clinical Innovation's (ACI) model of care and will aim to ensure that patients are assessed and either promptly treated in the Emergency Department, referred to an alternative hospital or community service or admitted as an inpatient to the hospital.

2. An Emergency Department multidisciplinary team and streaming model will be implemented with medical, nursing, liaison psychiatry and allied health working closely together to provide rapid assessment and effective discharge planning to:

    a. Provide quality care in a timely manner to minimise delays in patient assessment and commencement of investigations and treatment.

    b. Ensure that patients spend the shortest time in the Emergency Department as possible.

    c. Provide appropriate settings for the management of patient cohorts with different care needs.

3. All patients presenting to the Emergency Department will be triaged as per the Australasian triage scale and streamed to the most appropriate care based on an initial assessment. The following care zones/streams are planned:

    a. Triage and Registration: initial point of contact for all patients attending the Emergency Department, includes early assessment provision of first aid.

    b. Resuscitation: management of critically ill or injured (category 1 and 2) patients requiring urgent care, stabilisation and retrieval. Transfer to the COU/ICU, perioperative unit or an acute inpatient unit for ongoing treatment.

    c. Fast Track: management of lower acuity patients with single system problems e.g. minor cuts, abrasions, and fractures. Patient review by a medical officer, nurse practitioner or physiotherapy practitioner. 80% of whom are discharged home following diagnosis and treatment.

    d. Acute: management of urgent complex and non-complex patients who are unstable and with an undifferentiated diagnosis. Patients will be grouped based on acuity, complexity and state of disposition with discreet areas for the management of adult, older persons and paediatric patients.

    e. Paediatric Patients: children and adolescents presenting to the Emergency Department will be managed in a discrete, child friendly area by staff appropriately trained in the emergency management of children and adolescents. Appropriate equipment for the resuscitation and management of children and neonates will be available within the Emergency Department. Where the decision to admit is uncertain, the step down / short stay assessment in the Women's and Paediatric unit will provide a place of ongoing observation and investigation or treatment over a 6–8-hour period.

   f. Older Persons: A large percentage of patients presenting to the Emergency Department will be older adults. Older patients have special needs compared to other groups in Emergency Department. Specific clinical pathways and specialist nursing interventions will be developed to facilitate patient flow and better care of the older adult, including patient screening, early Allied Health intervention, effective discharge and transfer to a more appropriate clinical setting. Older patient friendly and safe facilities will be provided for the management of these patients. This will include, easily accessible toilets/bathrooms, adequate hand rails and height-adjustable beds.

   g. Safe Assessment: assessment and management of patients experiencing an acute mental health episode, patients under the influence of drugs or alcohol, cognitive condition etc, exhibiting violent or aggressive behaviour due to other causes or with a severe behavioural disturbance, such as autism, that require a safe, contained, low stimulus environment for de-escalation and treatment prior to discharge, admission or transfer. Mental health patients will be assessment by the Triage and Emergency Care Service (TECS).

   h. Violence Abuse and Neglect Service (VANS): management of patients including sexual assault victims requiring initial assessment, treatment and counselling following an assault with access required to a range of settings to support the needs of individual patients.

   i. Procedures: procedures including those requiring sedation to be undertaken in appropriate spaces such as resus or the acute zone. Other procedures such as suturing, plastering and splinting to be undertaken at the bedside.

   j. Isolation: for the management of patients presenting with suspected airborne infectious diseases and contaminated patients, including those requiring resuscitation.

11. Short Stay: self-contained area for the short term (up to 24 hours) care of patients requiring observation, specialist assessment and diagnostics. The streaming process will include the ability to move patients from one stream to another should there be a change in their condition.

2.5 Future Service Delivery / Technological Trends

1. The development of the new Emergency Department presents the ideal opportunity to review and incorporate new models of care to provide safe and timely access to care for the local community.

   a. The influx of tourists to the Emergency Department in the summer months and most weekends provide 70% of the triage 4 and 5 presentations, new models will consider seasonal changes and will work with the Primary Health Network to provide Emergency Department avoidance models i.e., alternative GP access, private urgent care and consider virtual models for providing repeat scripts.

   b. An Emergency Department Fast Track model will also assist in meeting seasonal demands.

2. Initiating new and up-scale existing programs to manage Emergency Department demand and actively support avoidance of unnecessary Emergency Department presentations include:

   a. Virtual Emergency Department model for adult and paediatric review clinics aim to deliver care and reduce hospital readmissions.

   b. A Multidisciplinary Rapid Response Team focusing on community health and older persons patient care aim to reduce admissions to the Emergency Department.

   c. Initiate Rapid Review Clinics after discharge from the emergency department to avoid representation.

2.6 Change Management

1. A change management process will be undertaken to facilitate the proposed changes in the way services will be delivered in the future. A formal Change Management Plan will be developed to guide this process.
2. Key change management initiatives within the Emergency Department include:
   - 2.1 New models of care and patient flows for a Critical Care Stream.
   - 2.2 Uplift of services from a RDL 3 to an RDL 4.
   - 2.3 Sharing of resources and spaces with Medical Imaging.
   - 2.4 Development of pathways for managing the various patient cohorts accessing the Emergency Department.
   - 2.5 Technological changes to be implemented including Virtual Care and Digital Health solutions to enhance patient care and outcomes.

FUNCTIONAL RELATIONSHIPS

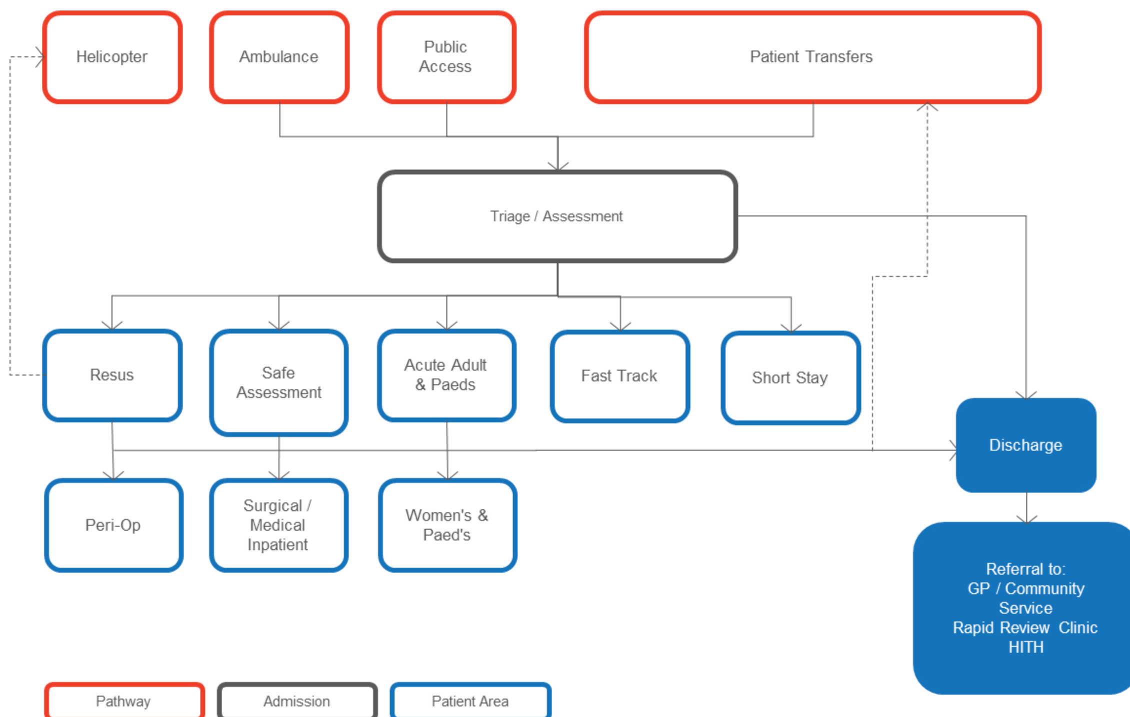


Figure 1 - ED Flow Diagram.

Figure 2 - ED Flow Diagram.

2.7 Relative Location

1. The Emergency Department must be located within the 24/7 zone of the hospital and collocated with Medical Imaging.
2. Access to emergency services including Ambulance, Police and Helicopter.
3. Access to emergency lift to the Perioperative Unit.
4. After hours access to the rest of the hospital will be via the Emergency Department entry, appropriate reception and security strategies will need to be considered.

2.8 External Functional Relationships

1. Key external relationships between the Emergency Department are prioritised as follows:

   Direct access (collocated with access via a horizontal or vertical route with minimal turns).

   Ready access (proximal vertical or horizontal access).

   Easy access (navigable access but proximity not critical).

Services/Departments	Priority	Comments
Security	Direct	Staff movement to waiting and clinical areas
Medical Imaging	Direct	Transfer of patients requiring imaging, in particular direct access to CT and X-ray. Staff access to shared meeting space and amenities.
Pathology	Direct	Via pneumatic tube
ICU/COU	Direct	Movement of staff and patients
Paediatric Short Stay	Direct	Movement of staff and patients
Integrated Perioperative Unit	Ready	Movement of staff and patients requiring urgent surgery
Health Information Management	Ready	Movement of staff and records until eMR implemented
Pharmacy	Ready	Movement of staff and medications
Mortuary	Ready	Discreet transfer of the deceased
Transit Lounge	Ready	Movement of discharged patients awaiting transport
Front of House	Ready	Movement of outpatients, families/carers and visitors
Birthing Unit	Ready	Movement of staff and patients
Inpatient Units	Ready	Movement of staff and patients
Ambulatory Care and Community Health Centre	Easy	Movement of staff and patients
Helipad	Easy	Movement of staff and patients
Non-Clinical Support Services	Easy	Movement of staff, equipment, supplies and waste etc
Site Interfaces	Priority	Comments
Covered Drop off / Pickup Area	Direct	Movement of patients, families/carers and visitors
Covered Ambulance Bay	Direct	Movement of staff, NSW Ambulance personnel and patients

Services/Departments	Priority	Comments
Car parking	Ready	Movement of staff, families/carers and visitors. On call staff will require safe after-hours access.

Table 5 - Emergency Department External Function Relationships.

2.9 Internal Functional Relationships

1. The overall design of the Emergency Department must achieve the following:

   1.1 The internal circulation routes throughout the department must be simple and intuitive, supporting a logical flow of patient areas from high to low acuity care or triage to early discharge from the Emergency Department.

   1.2 The internal circulation route must minimise the need for public to pass through one treatment zone to arrive at another.

   1.3 Accommodation arrangements and internal adjacencies must support clinical function and be operationally efficient for staff.

   1.4 Clear zoning within the Emergency Department for patients who are unlikely to be admitted and ambulant from those requiring acute assessment or treatment lying down.

   1.5 Appropriate amenity and safe environments which support the delivery of emergency care for the older person, the disturbed and agitated patient, patients with infectious disease and paediatric patients.

   1.6 Spaces supporting direct patient care must support the inclusion of family and significant others.

   1.7 Improved staff amenity and education facilities including staff property bays, dining area, offices and workstations, meeting rooms and tutorial space.

   1.8 Ambulance arrival bays must be separate to the ambulant patient vehicle drop off zone.

   1.9 Direct access to the decontamination shower must be provided from the ambulance arrival area.

   1.10 The decontamination area must provide a shower, a separate room to reclothe followed by direct access to either the resuscitation zone or the acute treatment area.

   1.11 The disaster store is to be located on the perimeter of the Emergency Department within proximity to external access.

2. The internal functional relationship diagram shows the required proximity of the key functional zones and the connectivity between the zones (i.e. visitor/ staff/ student/ material flows) plus external interfaces.

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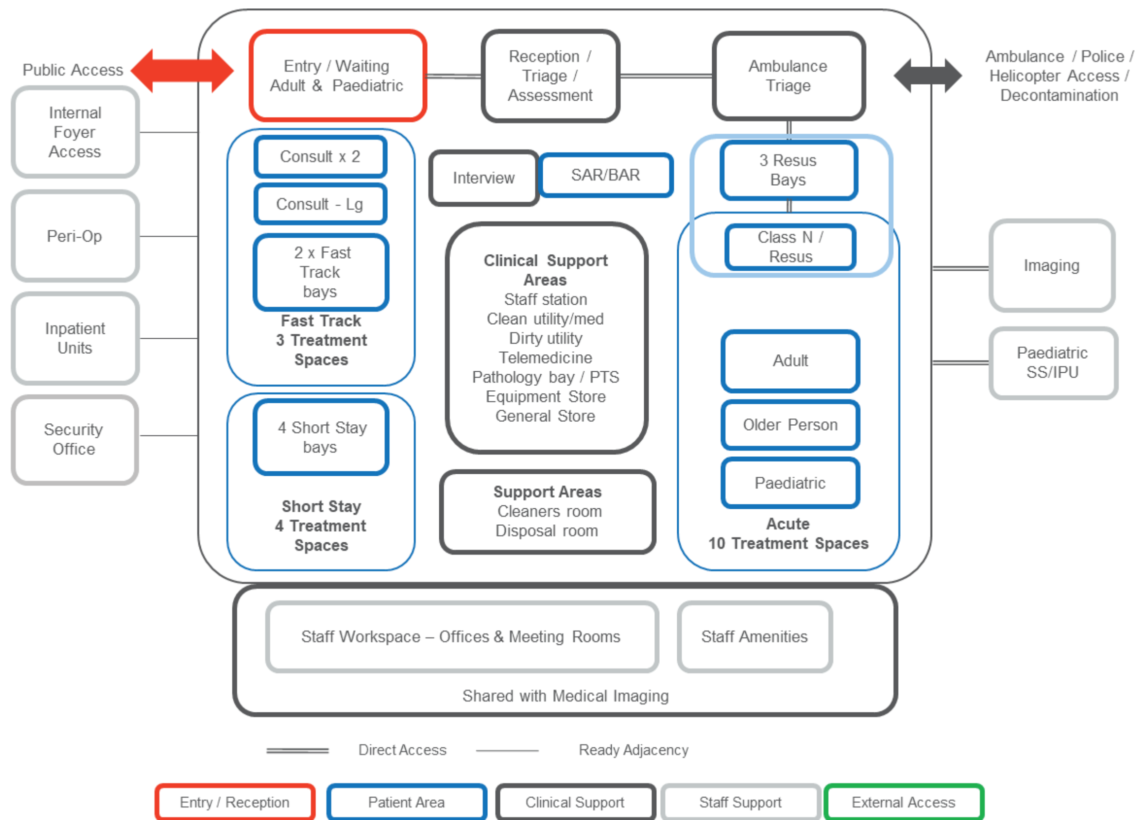

Figure 3 - Emergency Department Functional Relationship Diagram.

DESCRIPTION OF PROJECTED WORKFORCE

1. The rostered workforce of the Emergency Department is represented by emergency physicians, nurse practitioners, emergency nurses, acute aged care nurses, allied health staff, administration support and operational support staff.
2. The Director of Emergency Department and the Nurse Manager accept responsibility for the clinical and operational governance of the Emergency Department.
3. Other staff who will be included in patient assessment and treatment include but are not limited to social workers, dietitians, physiotherapists, pharmacists and other specialists who will attend as required.
4. Workforce under development to align service configuration and models of care.

Staff Profile	FTE Current / Future		Comments
Medical Staff			
Director ED			
VMO			
Staff Specialist			
Registrar (CMO)			
Registrar (SRMO)			
Leave relief			
TOTAL MEDICAL			
Nursing Staff			
NUM			

Staff Profile	FTE Current / Future		Comments
Nurse Practitioner (TBC)			
Registered Nurse			
Enrolled Nurse			
CNC/CNE			
Leave relief			
TOTAL NURSING			
Allied Health			
Social Worker			
Physiotherapist			
Occupational Therapist			
Dietitian			
Pharmacist			
TOTAL ALLIED HEALTH			
Administration and Service Support Staff			
Administrative Assistants			
Data Manager			
Security			
Clerical			
Porters			
TOTAL ADMINISTRATION			

Table 6 - ED Workforce Profile.

SPECIFIC OPERATIONAL GUIDELINES

2.10 General

1. Hours of Operation

Facility	Operating Hours
Emergency Department	24 hours a day, 7 days a week
Fast Track	1200 hours to 2200 hours, 7 days a week
Short Stay	24 hours a day, 7 days a week

Table 7 - Emergency Department Hours of Operation.

2. Acute Persons

2.1 Following triage, the acute patients are to be separated but integrated with the acute treatment zone enabling sharing of clinical support areas. Acute treatment zone will provide for waiting, assessment and treatment in a low stimulus environment.

2.2 All treatment spaces will be a mix of enclosed and semi enclosed treatment bays, designed to support visibility and staffing requirements.

2.3 The area will have the ability to be secured but maintain visibility from the staff station.

2.4 Fast track model will be utilised for those with low risk, general ailment, requiring consultation and discharged home.

2.5 Short Stay will be co-located with the ED (separate from the Acute area), providing short term care of patients requiring observation.

3. Older Persons

   3.1 Following triage, the older patients is to be separated but integrated with the acute treatment zone enabling sharing of clinical support areas. Acute treatment zone will provide for waiting, assessment and treatment in a low stimulus environment.

   3.2 Fast track model will be utilised for those with low risk, general ailment, requiring consultation and discharged home.

4. Management of Children

   4.1 The acute paediatric area is to be separated but integrated with the acute treatment zone enabling the sharing of clinical support areas.

   4.2 Following triage, paediatric patients will be streamed to the most appropriate area within or outside of the Emergency Department.

   4.3 Paediatric patients streamed to the step down / short stay assessment in the Women's and Paediatric unit will provide a place of ongoing observation and investigation or treatment over a 6–8-hour period.

5. Medical imaging

   5.1 Mobile x-ray will be available within the Emergency Department (primarily for resus).

   5.2 Ultrasound will be available at the bedside using a portable ultrasound machine accommodated within the Emergency Department.

   5.3 For all other diagnostic imaging modalities, patients will be prioritised and transferred to the adjacent Medical Imaging Department and will be accessible 24 hours a day every day.

6. Infectious patients

   6.1 Patients with known or suspected infectious illness will be treated in:

   - Class N Negative pressure isolation rooms, or
   - Standard isolation treatment cubicles, for which 1 will be provided in the acute adult treatment zone.

7. Chemical, biological and radiological (CBR) emergencies

   7.1 CBR emergencies will be managed in a dedicated area with triage, decontamination and initial treatment to occur outside of the Emergency Department.

   7.2 A decontamination room will be required and must be accessible from the ambulance bay without the need for the patient to enter the Emergency Department. Consideration will be given to location of the decontamination shower to minimise travel to the Class N isolation / resuscitation room.

8. Pandemic response

   8.1 Influenza and other outbreaks within the community have the potential to generate a large number of presentations to the Emergency Department.

   8.2 This will require access separate to the Emergency Department, potentially the main entry and close to the perimeter of the hospital to avoid patients passing through other departments. A temporary external and internal queuing management system will need to be designed and have indirect access the Emergency Department.

   8.3 The layout of the Emergency Department will need to comply with the NSW Health COVID-19 recommendations as per Design Guidance Note 062.

9. Education training and research

9.1 Medical programs are well supported in the Emergency Department. Junior medical officers work in the emergency department as part of a broader training program.

9.2 Continuing education and relevant professional development for staff and students will require access to flexible meeting rooms within the floorplan of the Emergency Department, preferably within the staff amenity and office zone. The meeting rooms should be immediately adjacent separated by an operable wall with the ability to expand and contract to suit different group sizes.

10. Emergency Vehicles

10.1 Ambulance services will have access to dedicated parking, vehicle washing facilities, an ambulance meeting room and equipment storage room on entry and within the Emergency Department.

10.2 Air Ambulance will use the helipad.

10.3 Police vehicles will use dedicated parking for emergency vehicles at the Emergency Department, the flow of mental health patients will enter the via Emergency Department entrance to the triage.

11. Parking

11.1 Patients arriving by private vehicles will have access to a drop off zone near to the ambulant entrance of the Emergency Department.

11.2 Short term on grade parking will be available. Alternatively, carers can use the on-grade car park for longer periods.

11.3 Ambulance vehicles will have access to dedicated bays in accordance with relevant access specifications (www.ambulance.nsw.gov.au/our-services/vehicle-access-specifications)

11.4 Patient Transport Vehicles will require discrete access to transport patients to/from the hospital.

12. Staff

12.1 Staff access to and from the Unit will be controlled by an electronic access control system.

12.2 Staff will have access to a workspace, locker, toilet and shower facilities and a staff room which will be shared with Medical Imaging staff.

12.3 End of trip facilities including showers, lockers and change rooms will be provided centrally to serve all staff.

12.4 The staff areas will be located within close proximity to the patient care areas, while still providing staff with privacy from patient and public areas.

13. Patient Flow

13.1 All patients presenting to the ED including ambulant and ambulance transports will have a triage assessment undertaken.

13.2 Patients will be ‘streamed’ to the most suitable model of care as soon as possible, prompting a logical and forward movement through the episode of care. The flow of patients through the ED will be unidirectional i.e. patients will only progress forwards and not be returned to a previous area/zone.

13.3 Appropriate patients will be streamed away from the ED to the Ambulatory Care Centre or Inpatient Units.

13.4 Processes will be in place that will ensure patients being discharged and/or transferred from the ED will comply with the four principles of readiness for departure i.e.

a. the patient is safe for departure from a clinical and functional perspective.

b. the patient has had appropriate risk assessments undertaken prior to departure.

c. identified risks likely to impact on readiness for departure have been mitigated where appropriate and possible.

d. A structured referral process will provide access to a range of services.

2.11 Clinical Support

Services	Description
Allied Health	– Allied Health services will support the Emergency Department.
Health Information Management	– The service is transitioning to electronic medical records (eMR) and bedside access to the electronic medical records at the point of care will be required. – An Electronic Medical Record (eMR) will be maintained for each patient. – Staff will have access to clinical information systems for entering and retrieving patient information and clinical decision support via fixed and mobile devices in all clinical and staff work areas.
Infection Prevention & Control	– Alcohol based hand rub will be provided in patient care and associated staff areas. – Clinical handwash basins (Type B) will be provided in all patient care areas in accordance with the AHFG. – Space will be required for staff to don and doff gowns and PPE. – Environmental clean will occur between each patient use and a terminal clean if the patient is known to be infectious.
Medication Management	– Medications and clinical consumables will be stored in the clean utility/medication room on the unit.
Medical Emergency	– 24/7 access required to the Clinical Rapid Response Team for the management of the deteriorating patient.
Medical Imaging	– Co-located X-ray, CT and Ultrasound. – Mobile imaging to resuscitation as required. – Consumers requiring medical imaging services will be escorted to the hospital Medical Imaging Department or transferred by wheelchair.
Pathology	– 24/7 onsite access to pathology services with dedicated pneumatic tube in easy to access locations. – PoCT located in ED, serviced by trained staff. – Results will be reported electronically via eMR
Pharmacy	– 24/7 pharmacy access and eMeds supported by clinical pharmacist and pharmacy technicians.
Patient Transport Service	– Patients will be moved from the unit to other internal departments by a HASA.

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Table 8 - Emergency Department Clinical Support.

2.12 Non-Clinical Support

Services	Description
Asset Management including Engineering Services and Biomedical Engineering	– Service will be responsible for maintenance of the building, grounds, fire and access control, non-clinical equipment such as beds, select clinical equipment and building systems such as air conditioning.
Cleaning	– Patient and clinical areas will be cleaned daily or after every patient as required. – Access will be required to a cleaner's room for storage of the cleaner's trolley, cleaning equipment and consumables (toilet paper, paper towels).
Food and Beverages	– A pantry will be provided within the ED to provide snacks.
Linen	– Clean linen will be supplied to the unit on a trolley by HealthShare staff and stored in a linen bay. – Dirty linen will be stored in the dirty utility and bagged dirty linen will be transferred to the disposal room for collection by HealthShare staff.
Waste Management	– Waste will be segregated at the point of generation and include general, clinical, sharps, recyclable and confidential waste. – Waste bins and receptacles will be regularly collected from unit disposal room by HealthShare staff.
Work Health and Safety	– Consultation and support will be provided by the hospital's Work, Health and Safety team and the emergency response / disaster management team. – The unit design is to minimise manual handling risks and support a "no lift" policy. – Bariatric patients up to 250 kg will be managed on the unit.
Security	– Access to the unit will be controlled by an electronic access control system. – Public and patient access to clinical areas will be strictly controlled with intercom and CCTV require at all entry points. – Escape egress and fixed duress alarms will be required in all areas where staff interact with patients and the public. – Mobile duress alarms will be used where staff are moving around the workplace in the course of their work and there is a risk of being confronted by aggressive behaviour. – The ability to lockdown zones within the unit is required to allow flexible management of changing demand and rapid response to security threats. – Security will be provided on an in-reach model. Appropriately trained security personnel will respond to critical incidents within

Services	Description
	the unit automatically on activation of duress alarms and as required on request from clinical and service staff.
Supply	– Supplies will be delivered to the unit by the HealthShare staff to maintain agreed imprest and stock inventory levels.
ICT	– Refer to Overarching Section. – ICT will be wireless, and the digital environment will be consistent with the LHD ICT Strategy for Digital, Tele-health and Virtual Care initiatives. – Bedside access to computer terminals will be required in Treatment spaces. – Workstations on wheels (WOW) will require ventilated and conditioned storage space for recharging the equipment.
Staff Workspace	– Refer to Overarching Section for NSW Health Activity Based Working (ABW) Policy. – Staff work areas and meeting rooms will be collocated in a zone that is accessible only by staff. – Workspace will be planned in accordance with ABW principles tailored to the type of work that staff undertake, and the proportion of time spent engaging in different tasks. – Staff amenities will also be collocated between ED and Medical Imaging. – A staff toilet may be located near treatment areas so that travel is reduced. – Staff work areas associated with day-to-day management of clinical care will be located on the clinical floor e.g. Nurse Unit Manager, clinical work room, telehealth room. – The preference is for the ED and imaging teams including the Radiologist and Director of ED to work together in adjoining workspace to support communication and collaboration.
Education, Training and Research	– Staff will have access to and be encouraged to undertake skills training and professional development to ensure interdisciplinary collaboration and evidence-based care delivery. – Staff will be provided with on-going supervision, mentoring and support relevant to their discipline and scope of practice. – Meeting space will be required for education and training activities.

Table 9 - Emergency Department Non-Clinical Support.

2.13 Design Considerations

1. The design must support the safe and effective flow of patients into and out of the department with consideration to be given to paediatric safe spaces and ensuring an environment that is safe for the confused, frail older person and consumers admitted with a mental health issue.

Area	Description
Entry / Waiting	– The main Emergency Department entry is the location where ambulant patients present for services and is separate from the ambulance entry. – Waiting area is to be arranged to allow some separation between groups (e.g. adults and children) and will accommodate all patient groups including bariatric, elderly and those with accessibility requirements (noting PD2018_010 Emergency Department Patients Awaiting Care). – A range of visitor amenities will be available in the near vicinity including toilets, drinking water, vending machines, parenting room and mobile phone charging stations.
Reception/ Triage / Early Treatment	– The triage nurse's station must be the most obvious point of arrival when entering the department from the ambulant entrance. It must have direct access to the ambulance triage bay. – Immediate access to a triage/assessment room for use by triage nurses and a future CIN. – Triage assessment room to have reclining treatment chair (with consideration for patients to easily sit/stand), medical gases, space for initial treatment/dressing etc as well as a chair for family/carers. – Interview and consults used by the triage nurse must be accessible from both the waiting room and internally within the department. – Radiating from triage must be clear access routes to acute care, resuscitation bays and fast track. – Security staff should be visible from the main waiting room. – Immediately visible and clearly signposted, maximising safety of the Triage Nurse, staff and patients whilst supporting patient privacy.
Ambulance Bays and Drop-Off	– Entry to provide a one-way flow for ambulance vehicles. The drop-off point will be covered, as will access to the decontamination shower. – An ambulance triage / holding bay is required adjacent the Ambulance entry for patients arriving via ambulance prior to triage and transfer of the patient to the appropriate area within the Emergency Department.
Resuscitation Bays	– The route from resuscitation and acute treatment zone to medical imaging must be direct, unencumbered and not cross paths with public thoroughfare. – Resuscitation bays will have direct access from the ambulance entry. – One bay will be designed to be Paediatric friendly. – There must be immediate access to a range of specialised equipment.

Area	Description
	– Infectious patients requiring Class N isolation or contaminated patients will be resuscitated in a Class N isolation/resuscitation room located adjacent the resuscitation bays.
Acute Treatment Zone	– There must be direct access from the acute treatment zone to the resuscitation zone. – Treatment bays will be overseen by the staff station. – The configuration of the treatment spaces will provide for the discrete management of adult, older person and paediatric patients, whilst providing flexibility to optimise use of treatment areas. – Acute care will be provided in acute treatment patient bays, a standard (Class S) isolation room and a negative pressured (Class N) isolation sized to enable resuscitation. – Bays designated for the treatment of older persons will be designed to minimise noise and distractions and the risk of patient falls. The use of appropriate technology to monitor high risk patients including fall mats, real time location systems (RTLS) and movement sensors is to be considered. – All beds in the acute zone will share clinical support accommodation.
Safe Assessment Room (SAR)	– Requires a location close to triage and the ambulance entry to minimise the distance required to transfer distressed patients as well as easily accessible from the staff station. – Operate as a gazetted space under the Mental Health Act. – Space is required outside for patient observation by clinical or HASA staff. – Room requires a bed suitable for patient examination noting requirements of DGN039. – Access is required to a collocated interview room equipped with telehealth facilities suitable for TECS consultations.
Paediatric Areas	– Waiting area will be designed to provide a discrete area appropriately decorated for young children. – Paediatric patients will be treated in a discrete area which should provide a colourful, welcoming physical environment with separation from adult activity flows and associated distressing sights and sounds. The design will encourage parents to remain with their child. – The shared procedure room will be used for painful treatments and designed to be child friendly, equipped with Paediatric specific equipment and will be fitted with continuous nitrous oxide gas.
Clinical Work Room	– A space for use by the ED MDT (nursing, medical and allied health, mental health, VANS) to have private patient related discussions and to undertake clinical documentation on the clinical floor.

Area	Description
	– 4 workpoints and oversight of clinical areas required.
Fast Track	– Fast track requires a separate area located close to the main waiting room and multipurpose consult room. – Treatment will be provided in a mix of bays and enclosed consult rooms including an ENT / ophthalmology consult room as well as a multidisciplinary consult room which may be used to support sexual assault services. – A sub waiting area is required for patients awaiting results and accompanying family members / carers.
Short Stay	– Short stay should be a dedicated area to support patients whilst not isolating staff from the main ED areas. – Visitor access avoiding ED clinical zones. – Ensuites accessible to patients.
Meeting Room	– Education / meeting with capacity for approx. 20 people with high fidelity monitors for reviewing scans, and projection and videoconferencing equipment, could be shared with Medical Imaging and used for MDT meetings as well as staff training.

Table 10 - Emergency Department Internal Function Relationships.

2.14 Schedule of Accommodation

1. The Schedule of Accommodation (SOA) will be used to guide the minimum provision of rooms and spaces within the Emergency Department.
2. Refer to Appendix A – ERH Schedule of Accommodation.

3 INTENSIVE CARE UNIT / CLOSE OBSERVATION UNIT FUNCTIONAL DESIGN BRIEF

DESCRIPTION OF SERVICE

3.1 Introduction

1. The Intensive Care Unit / Close Observation Unit (ICU/COU) functional design brief provides an initial summary of service requirements to inform the design, delivery and operations of the service.

3.2 Description of Service

Intensive Care Unit

1. The Intensive Care Unit will be a specially staffed and equipped, separate and self contained area within the hospital for the management of patients with life-threatening or potentially life-threatening, and reversible or potentially reversible organ failure. It will provide a range of interventions including but not limited to:

    a. assisted mechanical ventilation.

    b. non invasive ventilation (NIV).

    c. invasive hemodynamic monitoring.

    d. multiple complex drug therapy.

2. The Agency for Clinical Innovation's (ACI) model recommends RDL 4 Intensive Care Units operate under a closed collaborative model, with coordination of individual patient care being the responsibility of the admitting consultant, with the support of an Intensive Care Specialist.

Close Observation Unit

3. The Close Observation Unit will provide care for a level of care between standard inpatient unit and intensive care, with close monitoring and observation are for less acute patients, such as acute dialysis, cardiac telemetry, stroke and general medicine telemetry services requiring up to continuous haemodynamic monitoring.

4. A stepped approach, starting small and building skill and capacity is recommended to ensure a safe, sustainable, and capable service into the future.

5. The Agency for Clinical Innovation's (ACI) model recommends RDL 4 Close Observation Units establish clear governance arrangements and medical and nursing leadership that are clearly documented and signed off by facility executive.

6. The service will operate within a multidisciplinary team structure and will be networked to a tertiary unit using digital health technologies.

7. Current critical care network agreements are under negotiation across SNSWLHD with South West Sydney LHD, ACT Health, and Illawarra Shoalhaven LHD to provide support and higher-level care.

3.3 Scope of Service

1. The Eurobodalla Regional Hospital (ERH) will provide an integrated Intensive Care/ Close Observation Unit. The service will be supported by capability and networked agreements with higher level facilities and include specific cardiac and stroke pathways in collaboration with networked partners.

Room Type	Current Capacity	Planned Capacity	Comments
Intensive Care	█	█	
Close Observation	█	█	Sized to ICU

Table 11 - ICU Service Capacity.

3.4 Model of Care/Service Delivery

1. The model of care for the ICU/COU will operate under a closed collaborative model, led by a Medical director with training and experience in intensive care aligning to the Agency for Clinical Innovation's (ACI) model.
2. The majority of patients admitted to the ICU/COU will require intensive therapy, one to one nursing and either invasive or non-invasive ventilation.
3. The intensive care unit (ICU) is a specially staffed and equipped, separate and self-contained area of a hospital dedicated to the management of patients with life-threatening illnesses, injuries and complications, and the monitoring of potentially life-threatening conditions.
4. Patient care will be provided on a nurse to patient ratio of 1:1 or 1:2 (ICU) and 1:3 or 1:4 (COU) depending on acuity.
5. The ICU/COU will provide special expertise and facilities for support of vital functions, and use the skill of medical, nursing and other experienced staff in the management of these conditions.
6. Patient care will be provided in single bed rooms to reduce and prevent the risk of infection as well as manage patients with infections. Each bedroom will have an ensuite to encourage patient mobility.
7. One single patient room will be negatively pressurised to manage patients with specific infections. An ante room will also be provided.
8. The ICU/COU will provide basic multi-system life support to adult patients, usually for less than 24 hours, in acuity adaptable bed spaces.
9. Formal processes will be established that support regular communication within the network between the Level 4 and 5/6 ICU to discuss the flow of patients requiring intensive care within ERH, including the appropriate location of at-risk patients.
10. Clearly defined pathways will be developed for critically ill patients utilising advanced monitoring and treatment modalities.
11. Renal dialysis will be provided via CRRT where appropriate.
12. Formalised admission and discharge criteria and processes will be in place to identify and admit suitable patients for admission to the ICU/COU from the emergency department or inpatient units.
13. Each patient will have a medical management plan including process for escalation of care and transfer reviewed daily, daily medical review and care planning documented, access to allied health appropriate to case-mix and clinical load and quality and risk management programs.
14. The Emergency Rapid Response Service will be based in the ICU/COU. Formal processes will be established to ensure protocols are developed for provision of rapid response services to the whole of the ERH.

3.5 Future Service Delivery / Technological Trends

1. The development of a new ICU presents the ideal opportunity to review and incorporate new models of care to provide safe and timely access to care for the local community.
    a. Development of models of care and a transition plan to operate as a RDL 4 ICU. This transition will require establishment of Critical Care network link.
    b. Developing an integrated closed collaborative model incorporating ICU and COU including coordination of individual patient care by an intensivist or designated critical care specialist, with support and input from the admitting consultant.
2. Optimise opportunities for virtual care to support clinical care, eg. Telestroke service.
3. Initiate a stroke ready service to maximise opportunities for residents to be treated locally.

3.6 Change Management

1. A change management process will be undertaken to facilitate the proposed changes in the way services will be delivered in the future. A formal Change Management Plan will be developed to guide this process.
2. Key change management initiatives within the ICU/COU include:
    2.1 New models of care.
    2.2 Formation of an Intensive Care Service.
    2.3 Uplift of services from a RDL 3 to an RDL 4.
    2.4 Emergency Rapid Response Service protocols.
    2.5 Development of pathways for managing the various patient cohorts accessing the ICU/COU.
    2.6 Technological changes to be implemented including Virtual Care and Digital Health solutions to enhance patient care and outcomes.

FUNCTIONAL RELATIONSHIPS

3.7 Relative Location

1. The ICU/COU will be a separate Unit within the hospital with access to the emergency department, Integrated Perioperative unit, medical imaging unit (CT is the priority modality within an imaging unit that requires proximal access from ICU, other modalities are frequently provided via mobile imaging units that are transported to the patient); and the helicopter landing site.

3.8 External Functional Relationships

1. Key external relationships between the ICU/COU and other areas on campus are prioritised as follows:

    Direct access (collocated with access via a horizontal or vertical route with minimal turns).

    Ready access (proximal vertical or horizontal access).

    Easy access (navigable access but proximity not critical).

Services/Departments	Priority	Comments
Emergency Department	Direct	Movement of patients and staff
Medical Imaging	Direct	Movement of staff and equipment

Perioperative Unit	Ready	Movement of patients and staff.
Main Entry/Retail	Ready	Movement of patients, families/carers and visitors.
Transit Lounge	Ready	Movement of discharged patients awaiting transport.
Inpatient Units	Ready	Movement of patients and staff.
Pathology	Ready	Movement of staff with blood products; direct access by PTS.
Pharmacy	Ready	Movement of pharmacy and inpatient unit staff.
Mortuary	Easy	Discreet transfer of the deceased, movement of staff and family.
Health Information Management	Easy	Movement of staff and records until fully eMR.
Non Clinical Support	Easy	Movement of staff, equipment, food, supplies and waste etc.
Site Interfaces	Priority	Comments
Covered Drop off / Pickup Area	Ready	Movement of patients, families/carers and visitors.
Car parking	Ready	Movement of staff, families/carers and visitors. Staff will require safe after hours parking and access.
Helipad	Ready	Movement of patients and retrieval team – undercover as much as possible.

Table 12 - ICU / COU External Functional Relationships.

3.9 Internal Functional Relationships

1. The internal functional relationship diagram shows the required proximity of the key functional zones and the connectivity between the zones (i.e. visitor/ staff/ student/ material flows) plus external interfaces.

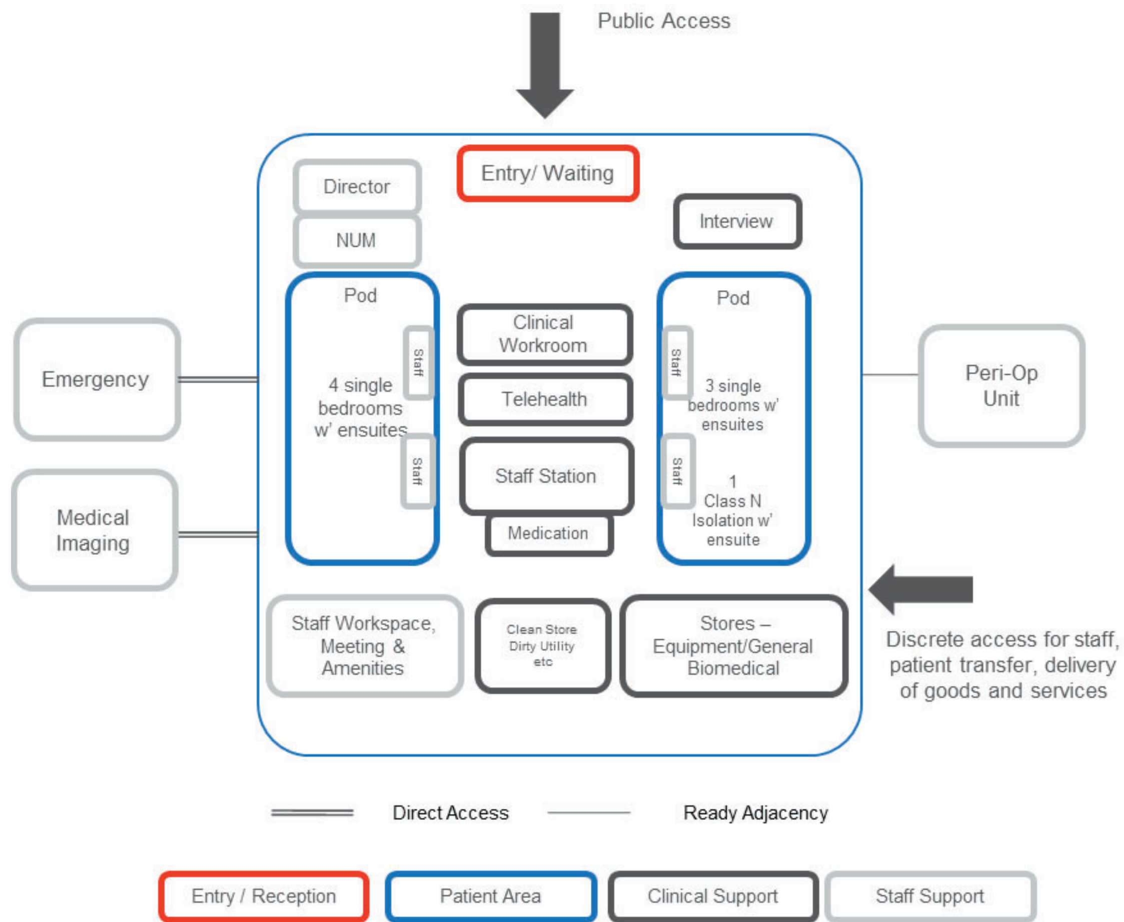

Figure 4 - ICU/COU Functional Relationship Diagram.

2. The internal functional relationship diagram shows the required proximity of the key functional zones and the connectivity between the zones (i.e. visitor/ staff/ student/ material flows) plus external interfaces.

DESCRIPTION OF PROJECTED WORKFORCE

1. The ICU/COU will be staffed with a Medical Director, staff specialists/VMO, Registrars, Junior Medical Officers, Nursing Unit Manager, Clinical Nurse Consultant, Clinical Nurse Educator along with Registered and Enrolled Nurses and Allied Health staff.

2. The Unit will also be supported by an Intensive Care Specialist and a medical officer whose primary responsibility is ICU, 24 hours a day.

3. Onsite allied health services will be available during business hours, with extended hour's access to physiotherapy services, commensurate with case mix and clinical load.

4. Workforce under development to align service configuration and models of care.

Staff Profile	FTE	Comments
Medical Staff		
Director		
Staff Specialist		

Staff Profile	FTE	Comments
VMO		
Senior Registrar		
Registrar		
Junior Medical Officer		
TOTAL MEDICAL		
Nursing Staff		
NUM		
CNC		
CNE		
Registered Nurse		
Enrolled Nurse		
RN/EN Relief		
TOTAL NURSING STAFF		
Allied Health		
Social Worker		
Physiotherapist		
Dietician		
Speech Therapist		
Pharmacist		
TOTAL ALLIED HEALTH		
Administration and Support Staff		
Ward Clerk		
Administrative Assistant		
Data Manager		
CIS Manager		
Wardsperson		Covered in Non-Clinical Support Services Functional Design Brief
TOTAL ADMIN & SUPPORT STAFF		

Table 13 - ICU / COU Workforce Profile.

SPECIFIC OPERATIONAL GUIDELINES

3.10 General

1. Hours of Operation

Facility	Operating Hours
Intensive Care Unit	24 hours a day, 7 days a week
Close Observation Unit	24 hours a day, 7 days a week

Table 14 - ICU / COU Hours of Operation.

1.1. CSP model of care for a Critical Care Stream, refer to Part 2 Overarching Operational Models

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2. Patients

    2.1. The ICU will provide immediate resuscitation and short-term cardio-respiratory support for critically ill patients as well as invasive mechanical ventilation and simple invasive cardiovascular and invasive haemodynamic monitoring for up to 24 hours.

    2.2. ICU patients requiring care for more than 24 hours, or complex care, will be managed in consultation with the networked Level 5 or 6 Intensive Care Service.

    2.3. The COU will provide a level of care between standard inpatient unit and intensive care, with close monitoring and observation. Patient admission and medical care will be under the direction of the admitting medical officer and/or an intensivist.

    2.4. Patients under the age of 16 requiring transfer to a specialist hospital may be able to be cared for in the ICU/COU for a short time.

3. Medical Imaging

    3.1. Mobile x-ray, ultrasound and image intensifier equipment will be available 24 hours a day. Adequate storage space will be provided within the ICU/COU for relevant imaging equipment.

    3.2. X-ray films, diagnostic reports and computerised digital images and facilities will be available for viewing within the ICU.

    3.3. Direct access to onsite CT is essential.

4. Staff Station

    4.1. The Staff Station and Clinical Workroom will be centralised to maximise visibility of patients within the unit. Central patient monitoring equipment will be contained within the staff station. Patient observation will occur from the sub staff stations at a ratio of one per two bed rooms.

    4.2. The Clinical Workroom will contain the clinical dashboard/patient flow monitor and will accommodate discussions between staff providing a level of confidentiality. Higher resolution monitors will also be located in the workroom to allow clinical staff to assess medical imaging prior to a report being completed by the Radiologist.

5. Equipment

    5.1. Hard wired cardiac monitoring and capacity for invasive haemodynamic monitoring will be provided in all beds in the ICU/COU.

    5.2. Central monitoring capacity will be provided at the staff station. Telemetry monitoring will be provided in all areas of the ICU/COU.

    5.3. The ICU/COU will provide a centralised monitoring capacity for patients undergoing telemetry in the other IPUs.

    5.4. All patient bedrooms are to be equipped and set up in a generic layout (specific to COU or ICU) to improve flexibility and ensure staff are easily orientated to the care environment.

    5.5. An equipment store along with equipment bays will be provided to store equipment relevant to patient care.

    5.6. Equipment cleaning will take place at the bedside where possible. A clean-up room for larger equipment will be located in Ambulatory Care for use by all staff.

    5.7. Biomedical services to support the operation of the ICU/COU will be provided and a workshop will be provided in back of house for repairing and maintaining equipment.

6. Infection Prevention and Control

    6.1. All patient rooms will be single with an ensuite. Each room will contain a Type A Handwash Basin.

6.2. One Class N room with anteroom and ensuite will be provided within the ICU hub, in addition to HEPA-filtration throughout the unit.

6.3. In accordance with HI DGN062, a proportion of beds will be fitted with negative flow capacity, to be switched via the BMS.

7. Visitors

7.1. Visitors will require access to a waiting room at the entrance to the ICU/COU with access to a beverage bay. An interview room will be available towards the entrance of the unit for private conversations that can't take place at the bedside.

7.2. Sleeping facilities will be available to relatives on an "as-needs" basis.

8. Staff

8.1. Staff will have access to a workspace, locker, toilet and staff room.

8.2. End of trip facilities including showers, lockers and change rooms will be provided centrally to serve all ERH staff.

8.3. Staff areas will be located within close proximity to the patient care areas, whilst still providing staff with privacy from patient and public areas.

9. Education training and research

9.1. The ICU will support a range of training needs of staff and students from a range of universities including Australian National University, University of Canberra and University of Wollongong.

9.2. Junior medical officers will work in the ICU/COU as part of a broader training program.

9.3. Continuing education and relevant professional development for staff and students will require access to flexible meeting rooms within close proximity to the ICU/COU, preferably within the staff amenity and office zone.

3.11 Clinical Support

Services	Description
Allied Health	Allied health support will provide support to the ICU/COU providing direct patient care, family support and as key members of the MDT (physiotherapy, social work, occupational therapy).
Falls Prevention	The ICU/COU will be elder friendly and be designed to minimise the risk of patient falls including the use of appropriate technology to monitor high risk patients including falls mats, real time location systems (RTLS) and movement sensors.
Health Information Management	An Electronic Medical Record (eMR) will be maintained for each patient. Staff will have access to clinical information systems for entering and retrieving patient information and clinical decision support via fixed and mobile devices in all clinical and staff work areas.
Infection Prevention & Control	Alcohol based hand rub will be provided in patient care and associated staff areas.
Medication Management	Medications and clinical consumables will be stored in the clean utility/medication room on the unit.
Medical Emergency	The Clinical Rapid Response Team for the ERH will be based in the ICU/COU.

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Services	Description
Medical Imaging	The ICU/COU will have direct access to the Medical Imaging Department as well as access to mobile x-ray and mobile image intensifiers (I.I.).
Pathology	Pathology specimens will be collected by clinical staff and the results reported electronically via eMR/Telepathology. Point of Care testing will be provided for rapid turnaround of results.
Patient Transport Service	Patients will be moved from the unit to other internal departments by a HASA.
Procedures	Most procedures will be undertaken in the patient's room. The use of mobile I.I. will facilitate this. If patients require more invasive procedures, they will be transferred to the Integrated Perioperative Unit.

Table 15 - ICU / COU Clinical Support.

3.12 Non-Clinical Support

Services	Description
Asset Management including Engineering Services and Biomedical Engineering	– Service will be responsible for maintenance of the building, grounds, fire and access control, non-clinical equipment such as beds, select clinical equipment and building systems such as air conditioning.
Cleaning	– Patient and clinical areas will be cleaned daily. – Access will be required to a cleaner's room for storage of the cleaner's trolley, cleaning equipment and consumables (toilet paper, paper towels).
Food and Beverages	– Inpatient meals will be delivered by HealthShare staff. Where facilities are available, meals will be delivered to the dining room.
Linen	– Clean linen will be supplied to the unit on a trolley by HealthShare staff and stored in a linen bay. – Dirty linen will be stored in the dirty utility and bagged dirty linen will be transferred to the disposal room for collection by HealthShare staff.
Waste Management	– Waste will be segregated at the point of generation and include general, clinical, sharps, recyclable and confidential waste. – Waste bins and receptacles will be regularly collected from unit disposal room by HealthShare staff.
Work Health and Safety	– Consultation and support will be provided by the hospital's Work, Health and Safety team and the emergency response / disaster management team.

Services	Description
	– The unit design is to minimise manual handling risks and support a “no lift” policy. – Bariatric patients up to 250 kg will be managed on the unit.
Security	– Access to the unit will be controlled by an electronic access control system. – Public and patient access to clinical areas will be strictly controlled with intercom and CCTV require at all entry points. – Escape egress and fixed duress alarms will be required in all areas where staff interact with consumers and the public. – Mobile duress alarms will be used where staff are moving around the workplace in the course of their work and there is a risk of being confronted by aggressive behaviour. – The ability to lockdown zones within the unit is required to allow flexible management of changing demand and rapid response to security threats. – Security will be provided on an in-reach model. Appropriately trained security personnel will respond to critical incidents within the unit automatically on activation of duress alarms and as required on request from clinical and service staff.
Supply	– Supplies will be delivered to the unit by the HealthShare staff to maintain agreed imprest and stock inventory levels.
ICT	– Refer to Overarching Section. – ICT will be wireless, and the digital environment will be consistent with the LHD ICT Strategy for Digital, Tele-health and Virtual Care initiatives. – Bedside access to computer terminals will be required in Treatment spaces. – Workstations on wheels (WOW) will require ventilated and conditioned storage space for recharging the equipment. – Central monitoring with capacity to view monitors in other areas of the facility to provide clinical oversight. – Use of eRIC Medical Record system.
Staff Workshop	– Refer to Overarching Section for NSW Health Activity Based Working (ABW) Policy. – Staff work areas and meeting rooms will be collocated in a zone that is accessible only by staff. – Workspace will be planned in accordance with ABW principles tailored to the type of work that staff undertake, and the proportion of time spent engaging in different tasks. – A staff toilet may be located near treatment areas so that travel is reduced.

Services	Description
Education, Training and Research	– Staff will have access to and be encouraged to undertake skills training and professional development to ensure interdisciplinary collaboration and evidence-based care delivery. – Staff will be provided with on-going supervision, mentoring and support relevant to their discipline and scope of practice. – Access to meeting space will be required for education and training activities.

Table 16 - ICU / COU Non-Clinical Support.

3.13 Design Considerations

Area	Description
Entry, Waiting and Visitor Support Areas	– This area will provide the public entry point to the Unit and support facilities for families such as a waiting area, interview room and beverage bay.
Patient care areas	– Patient care areas will form the core area of the Unit with all other zones radiating off and supporting this clinical space. – The central staff station will provide space for charting, central cardiac monitoring, resuscitation equipment, mobile equipment and PACS viewing facilities including a number of high resolution, diagnostic monitors. – The staff station will be open planned and provide for multiple users as well as computer access points and workpoints for clinical support officers and ward clerks. The staff station should provide maximum opportunity for line of site to all beds. – The staff station will be supported by a number of bays storing equipment as well as access to pneumatic tube and point of care testing. – All beds will be single enclosed patient rooms and include glazing for maximum visibility. – Sub-staff stations will be provided in the ICU hub at a ratio of one per two beds. – All rooms will have ensuites. Ensuites will be outboard to improve observation of the patient.
Clinical Support areas	– Clinical support spaces will be placed throughout the facility to enable access to frequently used equipment and consumables close to the point of care. – Supplies and waste will be delivered to / removed from the ICU/COU using a discreet entrance, away from the public entrance.

Area	Description
	– The ICU will have adequate storage space for the equipment and services required to support patients with increased acuity, complex conditions and the increasing clinical diagnostic and therapeutic interventions that occur simultaneously at the point of care. – Mobile equipment bays will have recharging facilities for infusion pumps. – A bay will be provided to house equipment required by the Clinical Rapid Response Team.
Staff support areas	– The staff areas will be located within close proximity to the patient care areas, while still providing staff with privacy from patient and public areas. – Staff work areas, staff amenities, meeting and reception facilities will be provided in line with local jurisdictional guidelines. – Offices for the Intensivist on-duty and NUM will be located within the patient area. All other staff will utilise accommodation based on Activity Base Working protocols. – Staff amenities will be located in close proximity to the patient areas but located for the privacy of staff.

Table 17 - ICU / COU Internal Functional Relationships.

3.14 Schedule of Accommodation

1. The Schedule of Accommodation (SOA) will be used to guide the minimum provision of rooms and spaces within the ICU/COU.
2. Refer to Appendix A – ERH Schedule of Accommodation.

4 PERIOPERATIVE FUNCTIONAL DESIGN BRIEF

DESCRIPTION OF SERVICE

4.1 Introduction

1. The Perioperative functional design brief provides an initial summary of service requirements to inform the design, delivery and operations of the service.

4.2 Description of Service

1. Perioperative services at Eurobodalla Regional Hospital will encompass both surgical and endoscopy services and comprise a range of general and subspeciality services for adult and paediatric patients requiring planned and unplanned, elective and emergency surgical and interventional procedures and treatment.

2. Perioperative support services will include pre-operative assessment and education, admission, operating and procedure room management, anaesthetic and pain management and post-procedural care.

3. The planned surgery service will provide day only, short-stay and complex surgery and endoscopy services. It will be enabled by programmed beds and operating rooms, as well as clinical pathways with the aim of providing a guaranteed date of surgery for waiting list patients.

4. The emergency surgery service will cater for any patients who require urgent surgical procedures 24 hours per day. Capacity is provided for emergency caesarean deliveries.

5. The range of patients within the service include children, adults and those with special needs, e.g. obstetric procedures, bariatric and those with cognitive impairment.

6. The Integrated Perioperative Unit (the Unit) will be a self-contained, physically distinct and environmentally controlled area. The Unit will accommodate Perioperative care which includes:

   6.1 The preoperative phase - patient management prior to the surgery or procedure to the point of transfer to the operating or procedure room;

   6.2 Intraoperative phase - includes interventional surgery and/or procedures; and

   6.3 Post-operative phase - begins with first stage recovery until a patient is transferred to an inpatient unit or discharged.

7. A bookable procedure room will be provided for minor procedures (requiring local anaesthesia) within the Ambulatory Care zone. This will be addressed in the Ambulatory Care and Community Health brief.

4.3 Scope of Service

1. The Eurobodalla Regional Hospital (ERH) perioperative service will be a Role Delineation level 4 adult service and Role Delineation level 3 service for children under 16 years of age.

2. A range of surgical models will be provided including screening and prevention, comprehensive preoperative assessment, intra-operative, post-operative, discharge, and community care.

3. Paediatric Surgery will be performed according to the Paediatric Capability Framework working towards a RDL 3 for children above 8 years, for some emergency and elective surgery depending on anaesthetic and surgical skill and training plus available Paediatrician support.

4. The following table outlines the planned capacity for the Perioperative Department.

Room Type	Current Capacity	Planned Capacity	Comments
Day of Surgery Admission (DOSA)	█	█	
Day Only	█	█	Includes 2nd stage Recovery.
Operating Theatre	█	█	One theatre utilised as a procedure room.
Post Anaesthetic Care Unit	█	█	1st stage recovery.

Table 18- Perioperative Scope Of Service.

4.4 Model of Care / Service Delivery

1. Surgical services will be undertaken in accordance with policy directives and guidelines, i.e. Emergency Surgery Guidelines, High Volume Short Stay Surgical Model (NSW Health), Rural Futures (NSW Health), Agency for Clinical Innovation (ACI) Orthogeriatric Model of Care.

2. The pre admission process will be undertaken using the ACI Perioperative Toolkit. Wait list management will continue to be conducted in line with the NSW Ministry of Health Elective Surgery Access Policy.

3. To improve patient access there will be one comprehensive location for bookings and admissions, pre-admission clinics, and anaesthetics. Bookings and admissions will provide a triage process to determine appropriate pathway into Perioperative services.

Pre-Admission

1. A Pre-Admission assessment will be undertaken for suitable planned surgical and procedural patients. Patients will attend the Pre-Admission Clinic (PAC) prior to surgery in person (in Ambulatory Care) or virtually / by telephone.

2. The Pre-Admission clinic will assist in screening patients and integrating clinical information through a multidisciplinary service and provide comprehensive assessment by anaesthetists, nursing staff, allied Health, pharmacy, and diagnostic services.

3. Anaesthetics will provide pre-operative assessment of the patient, planning of anaesthesia and post-operative care, intraoperative management of anaesthesia, management of recovery, post-operative care and relevant medical management, and pain management.

4. Fit for Surgery programs will be implemented for patients undergoing interventional procedures. Working with people requiring surgery to implement lifestyle changes to become "fit for surgery" so that when surgery is required, health outcomes are improved, risks are reduced and time spent in rehabilitation post operatively, is reduced.

Perioperative

1. Day Only – Patients will be monitored post-operatively until discharged; elective surgical cases who are on a clinical pathway and who are stable will be suitable for criteria led discharge. The day only service will combine preadmission with pre procedure, post anaesthetic care unit (1st stage recovery) and post procedure areas for the patients to flow through the ERH.

5. Day of Surgery Admissions (DoSA) – DSU and DoSA patients undergoing an elective surgery/procedure with a predicted length of stay greater than eight hours, will be admitted via the

perioperative service. Following their procedure, and when it is clinically appropriate, the patient will be transferred to an Inpatient Unit for continuing care.

6. Paediatric Surgery - Paediatric surgery will be performed according to the Paediatric Capability Framework RDL 3 for children above 8 years, for some emergency and elective surgery depending anaesthetic and surgical skill and training plus available Paediatrician support.

7. Emergency surgery will be undertaken with triaging of emergency patients according to NSW Ministry of Health non – elective urgency codes. Depending on the urgency code surgical patients will be transferred from the ED, ICU/COU or the Inpatient Units.

8. Emergency caesarean deliveries will be undertaken where rapid transfer from the birthing unit will be required following appropriate triaging and negotiation as per emergency surgery protocol.

Anaesthetic and Post Anaesthetic Care

1. Post Anaesthetic Care Unit (1st stage recovery) is a specialised recovery unit for post-surgical care of patients prior to discharge to general surgical services, maternity service, or day surgery unit.

2. Patients requiring admission to ICU/COU post surgery will be transferred directly to ICU from 1st stage recovery.

Recovery

1. 1st Stage Recovery will accommodate unconscious patients who require constant observation and monitoring.

2. 2nd Stage Recovery will accommodate patients who have regained consciousness after anaesthesia but require further observation and patients who have undergone procedures with local anaesthetic who may not require 1st Stage recovery.

4.5 Future Service Delivery / Technological Trends

1. The surgical services role delineation will increase over a range of subspecialties in alignment with the increased capacity and capability of core services.

2. Utilising technology across a range of areas including minimising pre-admission paperwork (and therefore requirements for patients to visit the service prior to admission) as well as electronic instrument,inventory management systems and Digital Operating Rooms (DOR).

3. Coordinated rehabilitation and community health service models to support ongoing recovery at home following accelerated discharge.

4. Ability to implement DOR technology in line with the Model of Care.

4.6 Change Management

1. A change management process will be undertaken to facilitate the proposed changes in the way services will be delivered in the future. A formal Change Management Plan will be developed to guide this process.

2. Key change management initiatives within the Perioperative Unit include:

   2.1 New models of care and patient flows for a Surgical Care Stream.

   2.2 Uplift of services from a RDL 3 to an RDL 4.

2.3 Processes to support a High Volume Short Stay (HVSS) model.

2.4 Development of pathways for managing the various patient cohorts accessing the Perioperative Unit including pre-admission processes and post-operative support.

2.5 Technological changes to be implemented including Virtual Care and Digital Health solutions (such as Digital Operating Rooms) to enhance patient care and outcomes.

2.6 Processes to support the management of offsite reprocessing of Reuseable Medical Devices (RMD).

FUNCTIONAL RELATIONSHIPS

4.7 Relative Location

1. The Integrated Perioperative Unit will be a self-contained, physically distinct and environmentally controlled area.
2. The Unit will be an integrated unit within the hospital with staff only access from the emergency department, inpatient units and the helipad.
3. Easy public access to the Day of Surgery/Day Only areas will be essential.

4.8 External Functional Relationships

1. Key external relationships between the Unit and other areas on campus are prioritised as follows:

Direct access (collocated with access via a horizontal or vertical route with minimal turns).

Ready access (proximal vertical or horizontal access).

Easy access (navigable access but proximity not critical).

Services/Departments	Priority	Comments
Birthing Unit	Direct	Movement of patients and staff.
COU/ICU	Direct	Movement of patients and staff.
Main Entry/Retail	Ready	Movement of patients, families/carers and visitors.
Transit Lounge	Ready	Movement of discharged patients awaiting transport.
Emergency Department	Ready	Movement of patients and staff.
Inpatient Unit – Surgical	Ready	Movement of patients and staff.
Non-Clinical Support	Ready	Movement of staff, equipment, food, supplies and waste etc.
Pathology	Easy	Movement of staff with blood products; direct access by PTS.
Pharmacy	Easy	Movement of pharmacy staff.
Ambulatory Care	Easy	Movement of staff.
Medical Imaging	Easy	Movement of staff.
Mortuary	Easy	Discreet transfer of the deceased, movement of staff and family.
Health Information Management	Easy	Movement of staff and records until fully eMR.

Site Interfaces	Priority	Comments
Covered Drop off / Pickup Area	Direct	Movement of patients, families/carers and visitors.
Car parking	Ready	Movement of staff, families/carers and visitors. Staff will require safe after hours parking and access.

Table 19 - Perioperative Unit External Functional Relationships.

4.9 Internal Functional Relationships

1. The overall design of the Perioperative Unit must achieve the following:

   1.1 The internal circulation routes throughout the department must be simple and intuitive, supporting a logical flow of patients from entry, through pre-operative holding, operating rooms and recovery.

   1.2 Ready access is required to sterile stores and equipment from all operating rooms.

   1.3 Staff must have ability to monitor patients at all times.

   1.4 Patient privacy and ability to separate some patients groups (i.e. children) is required.

2. The internal functional relationship diagram shows the required proximity of the key functional zones and the connectivity between the zones plus external interfaces.

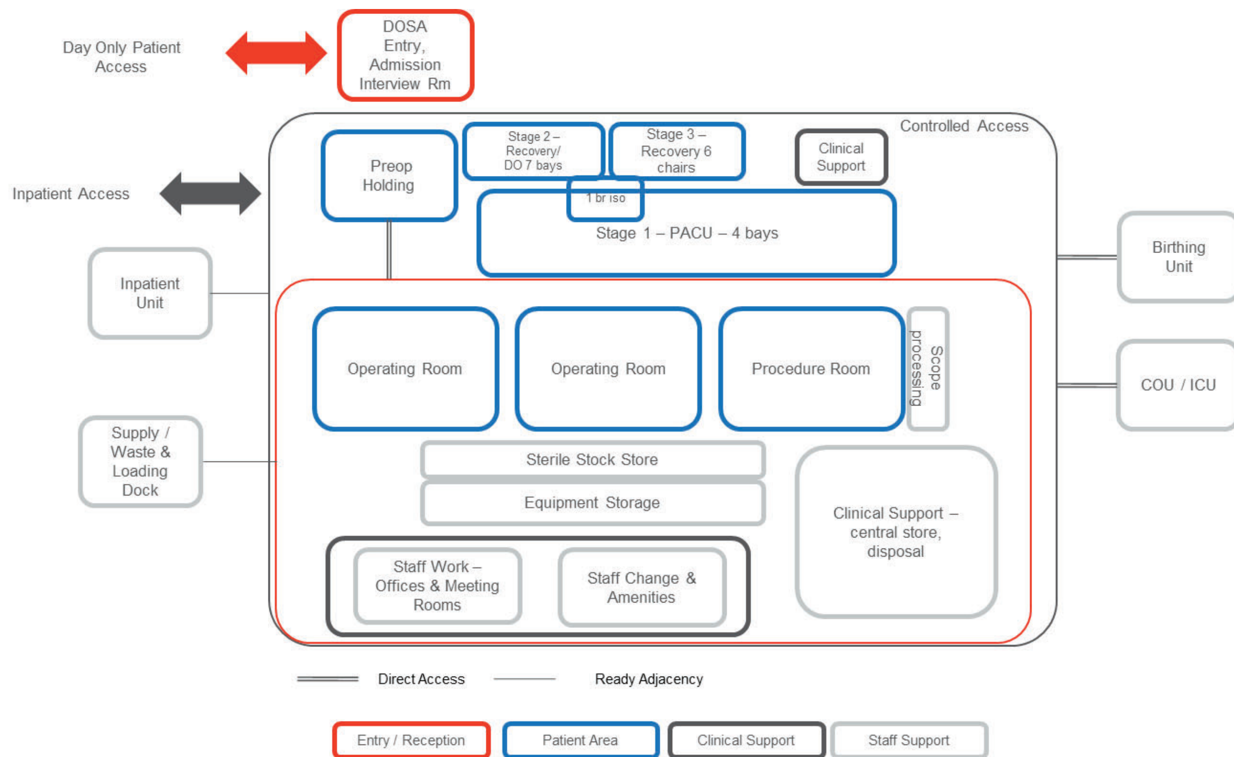

Figure 5 - Perioperative Unit Functional Relationship Diagram.

DESCRIPTION OF PROJECTED WORKFORCE

1. Surgical services will be provided via a mixed medical workforce including general surgeons, anaesthetist / GP anaesthetists, specialists and visiting specialists as well as registrars to ensure cover and potential succession planning.
2. The workforce of the Perioperative Service is also represented by nursing, administration support, technicians and operational support staff.
3. Other staff who will be included in patient pre-admission and care planning include surgical bookings, social workers, dietitians, physiotherapists, pharmacists and other specialists who will attend as required.
4. Workforce under development to align service configuration and models of care.

Staff Profile	FTE Current / Future		Comments
Medical Staff			
Director			
VMO			
Staff Specialist			
Leave relief			
TOTAL MEDICAL			
Nursing			
NUM			
Nurse Manager			
Registered Nurse			
Enrolled Nurse			
Clinical Nurse Specialist			
Clinical Nurse Educator			
Leave relief NUM/RN/EN			
TOTAL NURSING			
Administration and Support Staff			
Surgical Bookings Manager			
Administrative Assistants			
Sterilisation Services Technician			
HASA			
TOTAL STAFF			

Table 20 - Perioperative Workforce FTE.

SPECIFIC OPERATIONAL GUIDELINES

4.1 General

1. Hours of Operation

Facility	Operating Hours
Perioperative Unit	0600-1800 Monday to Friday. Available 24 hours a day, 7 days a week for emergency procedures.

Table 21 Perioperative Hours of Operation.

2. Patient Booking and Scheduling

    2.1 All bookings, whether planned or unplanned (emergency), will be managed by the Surgical Bookings Manager, in consultation with the NUM / NM, through Admissions within the Perioperative Unit. The Surgical Bookings Manager will co-ordinate the dates for procedures and the date and time for attendance at the pre admission clinics and for surgical review appointments as required.

3. Pre-Admission

    3.1 All elective surgical, medical and interventional procedure patients will have an appropriate preadmission assessment completed. Depending on the risk of the patient, this will occur at the Pre-admission Clinic in Ambulatory Care 2-3 weeks prior to the day of surgery or via telehealth where appropriate.

    3.2 High risk patients will be required to attend a pre-operative assessment which will involve consultation with an Anaesthetist.

    3.3 All pre-operative preparation will be documented and maintained in a single patient medical record.

4. Patient Belongings

    4.1 All patients undergoing day procedures, day of admission or ED transfers will store their clothing in an appropriate secure location (e.g. a patient locker or store rooms).

5. Patient Catering

    5.1 Light meals or snacks will be supplied to patients attending day procedures as clinically appropriate post procedure.

6. Patient Discharge

    6.1 Day patients will be discharged when they meet the predetermined discharge criteria. Patients will be provided with all the necessary post procedural care instructions required in a printed form and provided with telephone numbers if requiring assistance once discharged. Post-op support will include post-operative phone calls and follow up with ambulatory care and/or community services as appropriate.

    6.2 Patients required to stay for an extended period/overnight will be transferred to the relevant inpatient unit.

7. Perioperative Reprocessing

    7.1 Reusable Medical Devices (RMDs) will be reprocessed offsite. Coordination of dispatch and return of RMD's are yet to be determined.

    7.2 Facilities to enable reprocessing of dropped or urgently required turn-around of an instrument or tray to enable surgical cases to be completed may be provided.

    7.3 Endoscopy decontamination, reprocessing (including wrapping and sterilising) and storage will be incorporated within the perioperative suite adjoining the theatre identified to undertake endoscopic procedures, in accordance with AS4817.

    7.4 Adequate and well separated space will be provided for the safe handling of contaminated RMD's prior to dispatch for reprocess and the return of sterile reprocessing.

    7.5 Reprocessing of used oral health instruments will be undertaken offsite.

8. Children - Parents/Guardians

    8.1 A parent or support person may accompany the child/adolescent into the Pre-Procedure and Post Procedure areas of the Anaesthetic Induction Rooms and 1st Stage Recovery areas of the Operating Theatres, at the discretion of staff.

8.2 Paediatric patients will be physically segregated from adults in the Unit, holdings bays and in 1st stage recovery.

8.3 Children will be transferred to the Paediatric IPU following Stage 1 recovery.

9. Medical imaging

9.1 Mobile Image Intensifier machines & associated equipment as well as POC Ultrasound are required to be stored in an allocated area with ease of access to operating theatres.

9.2 Medical Imaging staff will access the perioperative staff amenities to change prior to entering theatres.

10. Education training and research

10.1 Continuing education and relevant professional development for staff and students will require access to flexible meeting rooms within the floorplan of the Perioperative Unit, preferably within the staff amenity and office zone. The meeting rooms should be immediately adjacent separated by an operable wall with the ability to expand and contract to suit different group sizes.

11. Staff

11.1 Staff access to and from the Unit will be controlled by an electronic access control system.

11.2 Staff will have access to a workspace, locker, toilet and shower/change facilities and a staff room.

11.3 End of trip facilities including showers, lockers and change rooms will be provided centrally to serve all ERH staff.

11.4 The staff areas will be located within close proximity to the patient care areas, while still providing staff with privacy from patient and public areas.

12. Patient Flow

12.1 Urgent and elective patient flows will be managed separately to minimise delays and reduce cancellations of scheduled procedures.

12.2 There will be limited cross traffic of patients travelling to and from the Integrated Perioperative Unit via the Operating Theatres and the Procedure Room.

12.3 Pre-Procedure

i. Urgent patients will be transferred directly to an Anaesthetic Room or an Operating Theatre following emergency surgery protocols. They may be first assessed in the holding area.

ii. Inpatients will be transferred directly to the Operating Theatres on their bed and proceed via the reception/identification area to the Holding Area or an Anaesthetic Room.

iii. Planned admissions, day stay and intra-hospital transfers will be escorted to the reception/identification area of the Operating Theatres on a trolley, by wheelchair or on foot. They will then proceed directly to the designated holding area.

12.4 Post-Procedure

i. Patients receiving a general anaesthetic will be immediately transferred to Stage 1 Recovery post procedure for the initial recovery period or transferred directly to ICU/COU as appropriate.

ii. Day only procedural patients will be transferred to the designated Stage 2 and 3 Recovery areas prior to being discharged.

iii. HVSS patients will be transferred from Stage 1 Recovery to the HVSS Unit.

iv. Inpatients will be transferred from Stage 1 Recovery to the relevant Inpatient Ward.

12.5 Cleaning and Waste Disposal/Management

i. Separate cleaners rooms are required for 'grey zone' and perioperative unit/theatre unit to appropriately manage waste including linen.

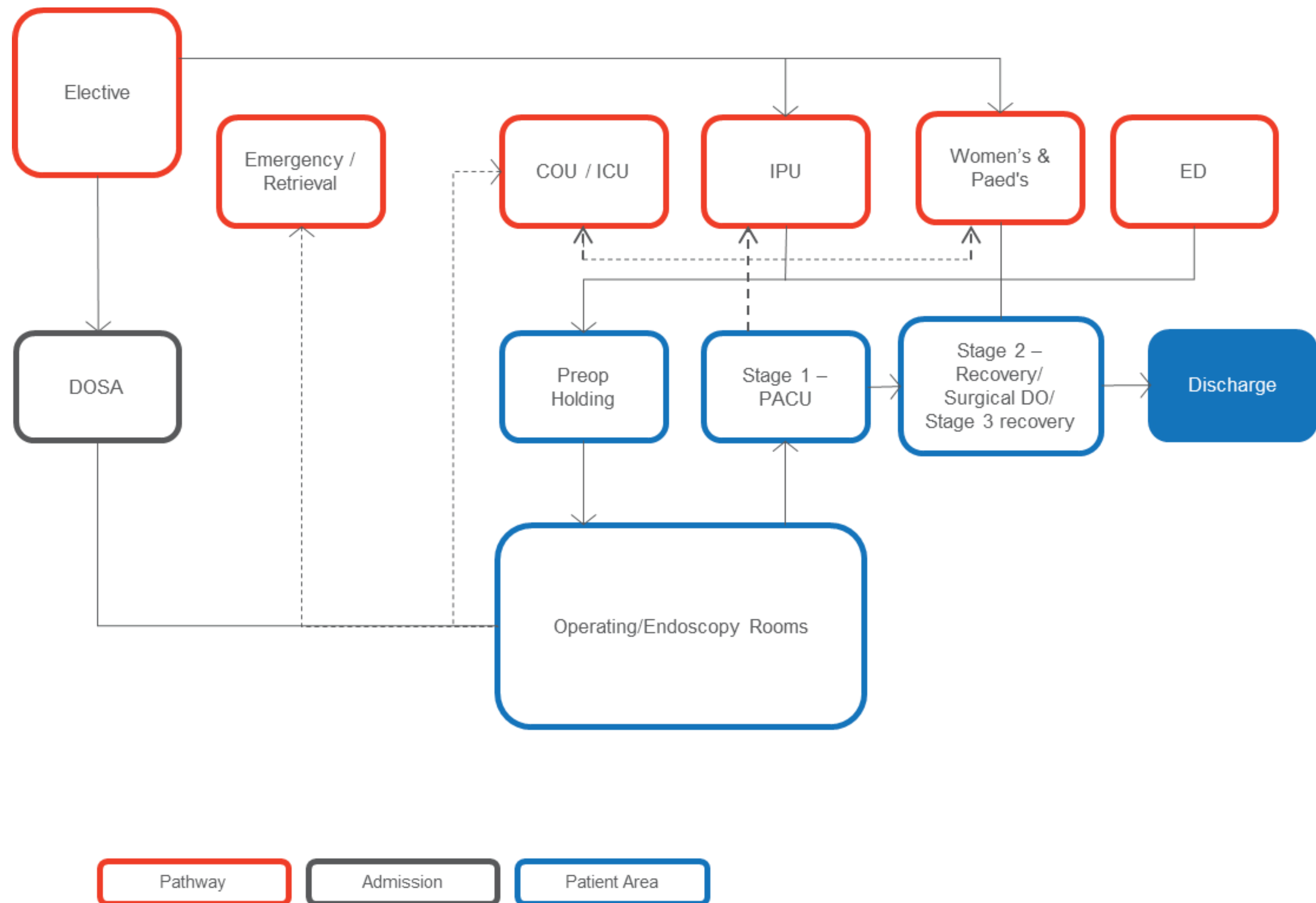

Figure 6 - Perioperative Unit Flow Diagram.

4.2 Clinical Support

Services	Description
Health Information Management	– An Electronic Medical Record (eMR) will be maintained for each patient. – Staff will have access to clinical information systems for entering and retrieving patient information and clinical decision support via fixed and mobile devices in all clinical and staff work areas.
Infection Prevention & Control	– Hand basins and / or alcohol based hand rub will be provided in patient care and associated staff areas. – Scrub bays to support hand hygiene prior to theatre. – Air handling and air flow management is required to relevant standards for perioperative suites.

Medication Management	– Medications will be stored in the medication room, sourced from the hospital pharmacy. – Medications will also be available in the clean utility to support patients in recovery. – Medications will also be available in the anaesthetics bays and operating rooms.
Medical Emergency	– The Clinical Rapid Response Team (RRT) for the ERH will be based in the ICU/COU, providing 24/7 coverage.
Medical Imaging	– A range of equipment is used including mobile imaging such as image intensifiers (II), general x-ray, ultrasound, video laryngoscopes for tracheal intubation and stereotactic equipment. – Medical imaging staff will utilise the perioperative changing areas before access theatres.
Pathology	– Access to onsite pathology services with dedicated pneumatic tube in easy to access locations. – Results will be reported electronically via eMR. – A frozen section service can be provided by Pathology. – Central blood storage will be accommodated in the Pathology Department for collection by HASA's and authorised after-hours staff.

Table 22 - Perioperative Unit Clinical Support.

4.3 Non-Clinical Support

Services	Description
Asset Management including Engineering Services and Biomedical Engineering	– Service will be responsible for maintenance of the building, grounds, fire and access control, non-clinical equipment such as beds, select clinical equipment and building systems such as air conditioning.
Cleaning	– Patient and clinical areas will be cleaned after every patient. – Perioperative Unit will be cleaned at the end of each session to a "high level" as per identified cleaning checklist. – Access will be required to two cleaner's rooms for storage of the cleaner's trolley, cleaning equipment and consumables (toilet paper, paper towels).
Food and Beverages	– A light snack such as sandwiches and fruit and fluids will be offered to Day Only patients prior to discharge. – These will be ordered from Food Services the day before.

Linen	– Clean linen will be supplied to the unit on a trolley by HealthShare staff and stored in a linen bay. – Dirty linen will be stored in the dirty utility and bagged dirty linen will be transferred to the disposal room for collection by HealthShare staff. – Clean theatre clothes will be delivered to and stored in both staff change rooms.
Waste Management	– Waste will be segregated at the point of generation and include general, clinical, sharps, recyclable and confidential waste. – Waste bins and receptacles will be regularly collected from unit disposal room by HealthShare staff.
Work Health and Safety	– Consultation and support will be provided by the hospital's Work, Health and Safety team and the emergency response / disaster management team. – The unit design is to minimise manual handling risks and support a "no lift" policy. – Bariatric patients up to 250 kg will be managed in the unit.
Security	– Access to the unit will be controlled by an electronic access control system. – Public and patient access to clinical areas will be strictly controlled with intercom and CCTV required at all entry points. – Escape egress and fixed duress alarms will be required in all areas where staff interact with patients and the public. – Mobile duress alarms will be used where staff are moving around the workplace in the course of their work and there is a risk of being confronted by aggressive behaviour. – The ability to lockdown zones within the unit is required to allow flexible management of changing demand and rapid response to security threats. – Security will be provided on an in-reach model. Appropriately trained security personnel will respond to critical incidents within the unit automatically on activation of duress alarms and as required on request from clinical and service staff
Supply	– Supplies will be delivered to the unit by the HealthShare staff to maintain agreed imprest and stock inventory levels. – Stores will be placed in a de-boxing room to be removed from the outer transport boxes and distributed to allocated spaces within the Perioperative Unit.

ICT	– Refer to Overarching Section. – ICT will be wireless, and the digital environment will be consistent with the LHD ICT Strategy for Digital, Tele-health and Virtual Care initiatives. In the perioperative suite, this will include facilitating handsfree communication from the operating rooms to designated areas within the unit. – Workstations on wheels (WOW) will require ventilated and conditioned storage space for recharging the equipment. – Quantity of theatres to be fitted out/enabled as Digital Operating Suites will be developed alongside the ICT Strategy.
Staff Workspace	– Refer to Overarching Section for NSW Health Activity Based Working (ABW) Policy. – Staff work areas and meeting rooms will be collocated in a zone that is accessible only by staff. – Workspace will be planned in accordance with ABW principles tailored to the type of work that staff undertake, and the proportion of time spent engaging in different tasks. – In addition to the staff change rooms, a staff toilet may be located near treatment areas so that travel is reduced.
Education, Training and Research	– Staff will have access to and be encouraged to undertake skills training and professional development to ensure interdisciplinary collaboration and evidence-based care delivery. – Staff will be provided with on-going supervision, mentoring and support relevant to their discipline and scope of practice. – Meeting space will be required for education and training activities.

Table 23 - Perioperative Unit Non-Clinical Support.

4.4 Design Considerations

Area	Description
DOSA Entry / Admission / Interview	– A single point of entry encompassing entry and reception for planned procedures. – Patients attending for planned surgery will present to kiosks at the hospital foyer and will either be directed to wait in the foyer or proceed to the perioperative unit. – Waiting area is to be arranged to allow some separation between groups (e.g. adults and children) and will accommodate all patient groups including

	bariatric, elderly and those with accessibility requirements.
Pre-Op Holding Area	– Patients will be escorted to the holding area where staff may undertake baseline observations. – Change areas to include toilets and property bay for patient items. – Patients may move from entry to holding and to theatres on a trolley, wheelchair or on foot. – Inpatients will be handed over from ward staff to theatres staff, requiring access to a computer.
Operating Suite	– The operating suite will include anaesthetic preparation rooms (one per theatre) as well as scrub bays, clean up rooms and exit bays. – Easy access to a sterile store and equipment store is also required. – The area should optimise patient flow as well as minimise travel distances for staff.
Scope reprocessing area and storage	– Segregation of clean and dirty activities will require appropriately sized corridors as well as entry and exit points to provide a one way flow of equipment from dirty to clean and to operating theatre/procedure room. – Access to the decontamination and reprocessing area is required from the operating theatre corridor to enable access from the other operating rooms to the endoscopy reprocessing in the event of flexible endoscopy being undertaken in the operating room.
Clinical support areas	– Storage for a wide range of equipment will be required. This will require bays as well as a store rooms. – The dirty utility will require access from pre and post-operative holding areas. – Provide an efficient flow for dirty equipment and other items to be removed from theatres to relevant clinical support areas. – A Pathology Bay will support PoCT providing suitable bench space, storage for chemicals and easy access to the pneumatic tube system. The bay will include a fume cabinet to support the theatres/procedure room.
Recovery – 1st stage (Post Anaesthetic Care Unit)	– Accommodates unconscious patients requiring constant observation and monitoring. – Requires open plan bays to enable observation from a staff station.

Recovery – 2nd stage	– Accommodates patients who have regained consciousness but still require observation and monitoring. – May also accommodate patients after local anaesthesia not requiring 1st stage recovery.
Recovery – 3rd stage	– Requires comfortable chairs and access beverage bay as well as patient locker.
Staff areas	– Change rooms with showers, toilets and lockers. – Staff room. – Meeting with capacity for approximately 16 people including storage for education resources. – Workstations

Table 24 - Perioperative Unit Area Requirements.

4.5 Schedule of Accommodation

1. The Schedule of Accommodation (SOA) will be used to guide the minimum provision of rooms and spaces within the Perioperative Department.
2. Refer to Appendix A – ERH Schedule of Accommodation.

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5 INPATIENT UNITS FUNCTIONAL DESIGN BRIEF

DESCRIPTION OF SERVICE

5.1 Introduction

1. The Inpatient Unit functional design brief provides an initial summary of service requirements to inform the design, delivery and operations of the service.
2. The brief includes all of the adult acute and sub-acute inpatient units.

5.2 Description of Service

1. The inpatient units are required to deliver flexible general and specialised care for patients with a range of acute and subacute conditions. This will include planned and unplanned surgical and interventional procedures and treatment as well as rehabilitation and palliative care.
2. Care will be provided in a combination of single bed rooms and two bed rooms, each with an ensuite.
3. Inpatient units will be capable of providing care for bariatric patients up to 250kg.
4. Inpatient units will comprise of 28 beds with two pods of 10 beds and one pod of 8 beds.
5. While there are specialised needs among the inpatient units, beds should be adaptable and flexible wherever possible to provide for a range of care types.
6. Two bedded rooms will only accommodate patients of the same sex.
7. Inpatient units will be part of a broader integrated service to provide a core multidisciplinary team to support patient care and rehabilitation.

5.3 Scope of Service

1. The Eurobodalla Regional Hospital (ERH) will provide medical inpatient care to a role delineation level (RDL) 4. Medical care will be Physician led and provision of general medical care will be across a range of medical subspecialties. General Practitioners (GP's) will continue to provide inpatient care alongside the physicians in addition to a registrar model to ensure coverage and succession planning.
2. Surgical inpatient care will be provided to a role delineation level (RDL) 4. The Surgical Service will enable clinically appropriate surgical services to be provided locally, support the delivery of new technologies and contemporary models of care.
3. The rehabilitation unit will provide sub-acute inpatient care for adults assessed as appropriate for goal orientated rehabilitation programs.
4. Inpatient units will provide care for adult patients, 16 years and over. Paediatric inpatient services are described in the Maternity, Newborn and Paediatric brief.
5. Mental Health patients requiring short term admission will be accommodated in the Medical IPU.
6. Palliative Care patients will be cared for in the medical inpatient unit, recognising care periods will depend on individual patient needs as well as their families and carers.
7. The following table outlines the planned capacity for the inpatient units.

Room Type	Current Capacity	Planned Capacity	Comments
Medical	█	█	Including █ flexible short stay mental health beds.
Surgical		█	█ ON and █ DO (in Perioperative).

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Medical/Surgical Swing		█	
Sub-Acute	█	█	Including 2 day only.
HiTH	█ █	█	█ ON (Virtual) and █ DO.

Table 25 - IPU Service Capacity.

5.4 Model of Care/Service Delivery

Medical

1. The Medical inpatient unit will provide generalist care through a physician led medical inpatient model to level 4 role delineation across a range of medical sub- specialities in conjunction with a dedicated multidisciplinary team.

2. The majority of patients will be admitted through the Emergency Department, ICU/COU or by transfer from the HiTH service.

3. There will be a focus on patient participation in functional activities with a view to reducing deconditioning and the average length of stay.

4. Criteria Led Discharge (CLD), the discharge of patients by nursing, allied health, and junior medical staff who have the necessary knowledge, skills, and demonstrated competency to review patients and initiate inpatient discharge will form part of the model of care.

5. Palliative Care will be provided as interdisciplinary care that integrates the physical, psychological, social, and spiritual aspects of care. Delivering care and recognises the patient and family as the unit of care and respects the right of each patient to make informed choices about the care they receive.

6. Short Stay Mental Health beds will be provided within the Medical Inpatient Unit providing short term inpatient mental health support to patients awaiting transfer.

Surgical

1. In addition to the above, the aim of the Surgical/Medical inpatient unit will be to provide care focussed on early diagnosis, intervention, treatment and timely supportive discharge.

2. A multi-disciplinary care team in the inpatient setting will support early mobilisation, appropriate therapies, and prevent avoidable deterioration to support safe and early discharge.

3. This model of care aims to decrease the length of stay in overnight hospital care by engaging patients and carers in the healthcare experience and, when appropriate, transition them through the continuum of care to a range of multidisciplinary health services such as rehabilitation, ambulatory and outpatient clinics, community health services, and Hospital in the Home.

Sub-Acute

1. The Sub-Acute Rehabilitation Unit (SARU) will provide an inpatient rehabilitation service delivered through an in-reach model. The service will include:

    a. A core multidisciplinary care team as well as access to specialised services as required in an inpatient setting.

    b. An intensive multidisciplinary inpatient program for patients requiring an intense rehabilitation program or a structured environment for safety reasons.

c. Provision of one-on-one therapy, group therapy and client self-management and family involvement in the therapy program.

2. Therapy will be an essential part of a patient's daily program. A variety of spaces will be available to patients including shared gymnasium space, an outdoor areas as well as dining/recreation space.

3. Patients will have access to transitional care in an independent living suite as well as ADL facilities.

4. The Geriatric Evaluation and Management (GEM) service will provide care to people who have complex and multiple medical, functional, and often cognitive conditions requiring multidisciplinary approach. Here, a group of health professionals collaborate with the patient, their family, and carers, to solve problems in achieving this goal. The GEM service will be provided as an outpatient service.

5. A Rehabilitation Day Therapy service will provide a mix of medical, nursing and allied health interventions to assist older people to improve functional outcomes, to reduce the need for hospitalisation and to achieve earlier discharge from hospital. This will provide a range of therapies over the course of up to 4 hours.

6. Palliative Care services will be provided from SARU including access to a lounge.

5.5 Future Service Delivery / Technological Trends

1. The development of new inpatient units provides capacity for an expansion of virtual care as well as increased use of technology to compliment the continuum of care and reducing hospital admission, decreasing length of stay and avoiding readmission.

2. Establish a day only rehabilitation service as well as Rehabilitation in The Home (RiTH).

3. Increase opportunities for wearables to support patients at home, providing a more flexible option for eligible patients while minimising reliance on visits to the ERH.

5.6 Change Management

1. A change management process will be undertaken to facilitate the proposed changes in the way services will be delivered in the future. A formal Change Management Plan will be developed to guide this process.

2. Key change management initiatives within the inpatients units include:

   2.1 New models of care.

   2.2 Formation of a Rehabilitation in The Home (RiTH) service.

   2.3 Uplift of services from a RDL 3 to an RDL 4.

   2.4 Development of pathways for managing the various patient cohorts accessing the ICU/COU.

   2.5 Technological changes to be implemented including Virtual Care and Digital Health solutions to enhance patient care and outcomes.

FUNCTIONAL RELATIONSHIPS

5.7 Relative Location

1. Inpatient units will be in quiet locations with pleasant outlooks wherever possible. The unit should not be located near sources of noise or sights that may disturb the patients or visitors.

2. Inpatient Units will be located in a 24-hour operational zone of the health service to maximise the safety of patients and staff and ensure staff are not working in isolation or need to traverse unoccupied areas at night.

3. The IPUs will be located in close proximity to each other to allow for swing capacity and flexibility in the utilisation of existing facilities to optimise changes in patient types and mix both short term and long term.
4. The surgical inpatient beds will also need to be located close to the Perioperative Unit for transfer of patients undergoing surgery/procedures.
5. Access to the outdoors, including walking tracks, will be important for SARU patients in continuing their rehabilitation.

5.8 External Functional Relationships

1. Key external relationships between the CTEC and other areas on campus are prioritised as follows:

Direct access (collocated with access via a horizontal or vertical route with minimal turns).

Ready access (proximal vertical or horizontal access).

Easy access (navigable access but proximity not critical).

Services/Departments	Priority	Comments
Pathology	Direct	Via pneumatic tube.
Emergency Department	Easy	Movement of staff and patients.
ICU/COU	Easy	Movement of staff and patients.
Medical Imaging	Easy	Movement of staff and patients.
Pharmacy	Easy	Movement of staff and medications.
Ambulatory & Community Based Care Centre	Easy	Movement of staff and patients.
Integrated Perioperative Unit	Easy	Movement of staff and patients.
Health Information Management	Easy	Movement of staff and records until eMR implemented.
Main Entrance	Easy	Movement of patients, families/carers and visitors.
Mortuary	Easy	Movement of staff and patients.
Site Interfaces	**Priority**	**Comments**
Drop off / Pickup Area	Direct	Movement of patients, families/carers and visitors.
Car parking	Ready	Movement of staff, families/carers and visitors. On call staff will require safe after-hours access.

Table 26 - IPU External Relationships.

5.9 Internal Functional Relationships

1. The overall design of the inpatient units must achieve the following:
   1.1 Layouts will be similar in each unit to support staff to working in each unit as well as assisting with orientation for patients and visitors.
   1.2 The configuration of the medical and medical/surgical units will be 12 x single bed rooms, 7 x two bed rooms, 1 x bariatric room and 1 x negative pressure room.
   1.3 The configuration of SARU will be 6 x single bed rooms, 10 x two bed rooms, 1 x bariatric room and 1 x independent assessment suite.

1.4 The layout of two bed rooms will be side by side.

1.5 The staff stations are to allow direct visualisation of the entrances to the patient rooms. Staff hubs will also be provided in each pod.

1.6 Reception and public areas are to be provided at the entry to the units.

1.7 Utility rooms should be located in equidistant locations on the inpatient units to minimise staff travel distances and provide access for entry from two sides.

1.8 The SARU outdoor area must:

i. Be secure spaces for patients, accessible through the inpatient unit.

ii. Be accessible from the dining/recreation areas as well as an ADL laundry.

iii. Include seating and an outdoor mobility garden, encouraging outdoor activities with opportunities for rest in shaded areas.

2. The internal functional relationship diagram shows the required proximity of the key functional zones and the connectivity between the zones (i.e. visitor/ staff/ student/ material flows) plus external interfaces.

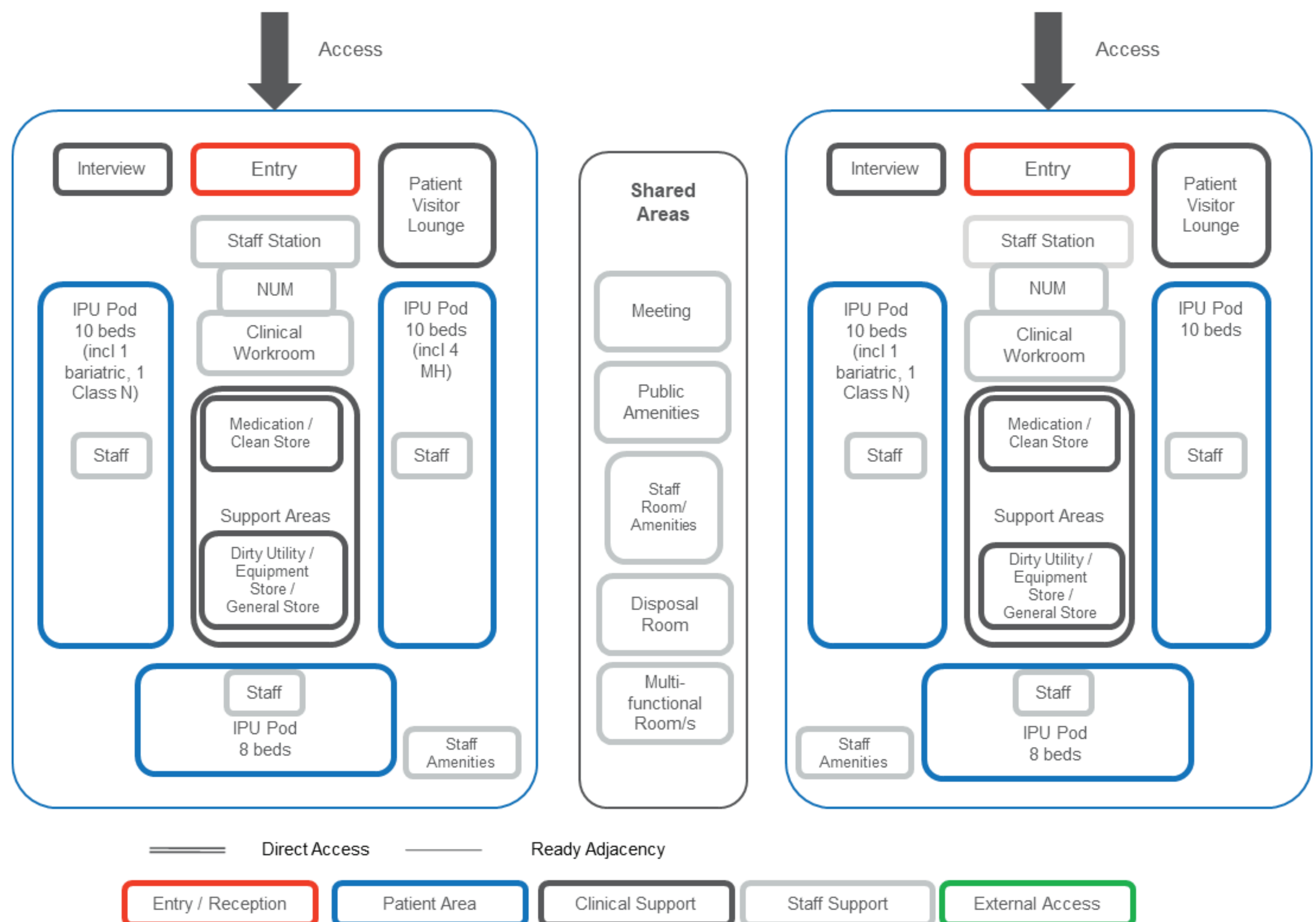

Figure 7 - Acute Medical and Acute Medical/Surgical IPUs Functional Relationship Diagram.

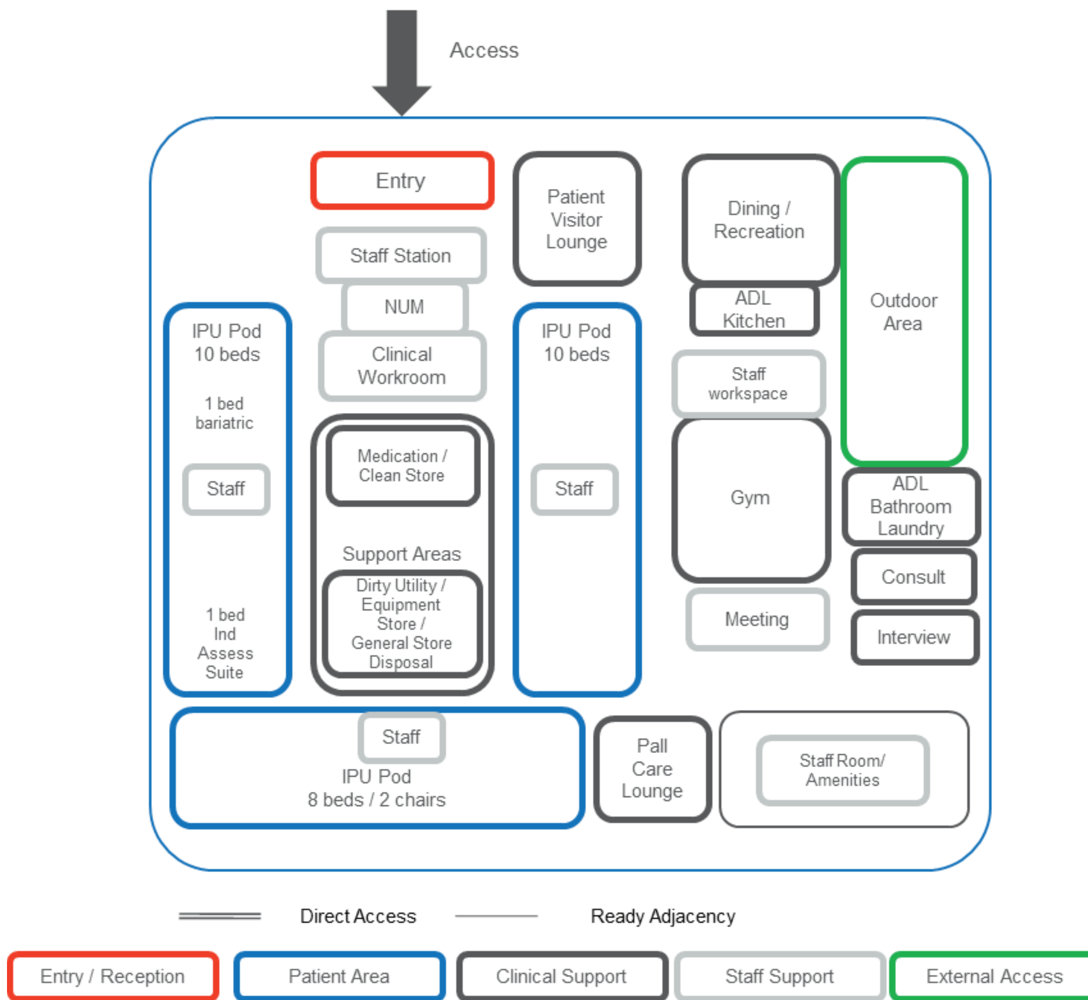

Figure 8 - Sub-Acute Rehabilitation Unit Functional Relationship Diagram.

DESCRIPTION OF PROJECTED WORKFORCE

1. The rostered workforce of the inpatient units is represented by medical staff, nursing staff, allied health staff, administration support and operational support staff.

2. Allied health staff will include physiotherapists, occupational therapists, dietitians, speech pathologists and social workers. Allied health assistants will support the activities of allied health professionals with opportunities to increase their scope in the future.

3. Nursing staff will be dedicated to their inpatient units and be represented by a Nurse Unit Manager and Clinical Nurse Educator.

4. Workforce under development to align service configuration and models of care.

Staff Profile	FTE Current / Future		Comments
Medical Staff			
Director			
Staff Specialist			
VMO			
Registrar			
Resident Intern			

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Junior Medical Officer			
TOTAL MEDICAL			
Nursing Staff			
NUM			
Registered Nurse			
Enrolled			
CNC/CNE			
TOTAL NURSING			
Allied Health (available)			
Physiotherapist			
Social Worker			
Occupational Therapist			
Diversional Therapist			
Pharmacist			
Speech Pathologist			
TOTAL ALLIED HEALTH			
Administrative and Support Services			
Administrative Assistants			
Ward Clerk			
TOTAL ADMIN & SUPPORT STAFF			
TOTAL			

Table 27 - IPU Workforce Profile.

SPECIFIC OPERATIONAL GUIDELINES

5.10 General

1. Hours of Operation

Facility	Operating Hours
Medical Inpatient	24 hours a day, 7 days a week.
Medical/Surgical Inpatient	24 hours a day, 7 days a week.
Sub-Acute Rehabilitation	24 hours a day, 7 days a week. Inpatient therapy will be 0800-1630 weekdays with a view to extending to 7 days a week.

Table 28 - IPU Hours of Operation.

2. Patients

   2.1 Patients will be managed within a multidisciplinary team approach with medical, nursing, allied health working closely together to provide rapid assessment and effective discharge planning.

   2.2 Patient treatments and assessments will occur at the bedside.

   2.3 The IPUs will provide a physical environment that will support the optimal care of bariatric patients, with appropriate consideration of staff safety. A standard bariatric bed room and ensuite supports the management of patients up to 250kgs.

3. Food Services

3.1 SARU meal services will be delivered to the dining room by HealthShare staff. Other inpatient units, as well as those patients in SARU not well enough to attend the dining area, will be served in their bedroom by HealthShare staff.

4. Medical Imaging

4.1 A portable x-ray machine will be available to inpatient units.

4.2 Patients requiring access to the medical imaging department will travel by wheelchair escorted by a HASA.

5. Medication Management

5.1 Select patients in SARU will be encouraged to administer their own medication as part of their rehabilitation and transition to home.

5.2 Electronic bedside medication management will be available to pharmacy staff for patients in medical and surgical inpatient units.

6. Mortuary

6.1 There must be a discrete route for the transfer of the deceased which minimises traversing through public areas.

6.2 The deceased will be transferred on a mortuary trolley which will be located in the mortuary.

7. Pathology

7.1 All inpatient units will have access to the pneumatic tube system.

8. Carer Amenity

8.1 Carers and family will be encouraged to participate in care as much as they are willing and able. This will include bedside handover, family conferencing and discharge planning.

8.2 Carers will have access to small lounge areas for socialising with patients who are accommodated in two bed rooms.

8.3 Public toilets will be available near inpatient units.

9. Admissions

9.1 Unplanned admissions will originate primarily from the Emergency Department, referrals approved by the Patient Flow Manager/After Hours Nurse Manager, Inter hospital and rural transfers.

9.2 There will also be direct referrals from external providers as well as transfers from the HITH service.

9.3 Direct admissions to the IPUs will be encouraged after discussions with the Patient Manager/Nurse Unit Manager.

10. Allied Health Services

10.1 A broad mix of Allied Health staff will visit the Units on a regular basis.

10.2 A number of allied health disciplines will provide services to rehabilitation patients including occupational therapy, social work, dietetics, physiotherapy and speech pathology.

10.3 Therapies will be provided within therapy and support spaces or within patient bedrooms as well as the dining/activity spaces and outdoors as appropriate.

11. Education training and research

11.1 The inpatient units will support a range of training needs of staff and students from a range of universities including Australian National University, University of Canberra and University of Wollongong.

11.2 Junior medical officers will work in the inpatient units as part of a broader training program.

11.3 Continuing education and relevant professional development for staff and students will require access to flexible meeting rooms within close proximity to the inpatient units, preferably within the staff amenity and office zone.

12. Staff

12.1 Staff will have access to a workspace, locker, toilet and shower facilities and a staff room which will be shared with Medical Imaging staff.

12.2 End of trip facilities including showers, lockers and change rooms will be provided centrally to serve all ERH staff.

12.3 The staff areas will be located within close proximity to the patient care areas, while still providing staff with privacy from patient and public areas.

5.11 Clinical Support

Services	Description
Allied Health	– In addition to allied health support from members of the MDT (social work, occupational therapy, clinical psychology), consumers will have access to physiotherapy and dietetic services via the hospital Allied Health Service as required.
Falls Prevention	– The older persons zone will be designed to minimise the risk of patient falls including the use of appropriate technology to monitor high risk patients including falls mats, real time location systems (RTLS) and movement sensors.
Health Information Management	– An Electronic Medical Record (eMR) will be maintained for each patient. Staff will have access to clinical information systems for entering and retrieving patient information and clinical decision support via fixed and mobile devices in all clinical and staff work areas.
Infection Prevention & Control	– Alcohol based hand rub will be provided in patient care and associated staff areas. – Clinical handwash basins (Type B) will be provided in all patient care areas in accordance with the AHFG.
Medication Management	– All medications are sourced from the hospital pharmacy. – Supplies checked Monday to Friday by a dedicated clinical pharmacist.
Medical Emergency	– 24/7 access required to the ERH Clinical Rapid Response Team for the management of the deteriorating patient.
Medical Imaging	– Patients requiring medical imaging services will be escorted to the hospital Medical Imaging Department or transferred by wheelchair.

Pathology	– Pathology specimens will be collected on the inpatient unit by phlebotomy staff from the ERH Pathology Service and the results reported electronically via eMR.
Patient Transport Service	– Patients will be moved from the unit to other internal departments by a HASA.

Table 29 - IPU Clinical Support.

5.12 Non-Clinical Support

Services	Description
Asset Management including Engineering Services and Biomedical Engineering	– Service will be responsible for maintenance of the building, grounds, fire and access control, non-clinical equipment such as beds, select clinical equipment and building systems such as air conditioning.
Cleaning	– Patient and clinical areas will be cleaned daily. – Access will be required to a cleaner's room for storage of the cleaner's trolley, cleaning equipment and consumables (toilet paper, paper towels).
Food and Beverages	– Inpatient meals will be delivered by HealthShare staff. Where facilities are available, meals will be delivered to the dining room.
Linen	– Clean linen will be supplied to the unit on a trolley by HealthShare staff and stored in a linen bay. – Dirty linen will be stored in the dirty utility and bagged dirty linen will be transferred to the disposal room for collection by HealthShare staff.
Waste Management	– Waste will be segregated at the point of generation and include general, clinical, sharps, recyclable and confidential waste. – Waste bins and receptacles will be regularly collected from unit disposal room by HealthShare staff.
Work Health and Safety	– Consultation and support will be provided by the hospital's Work, Health and Safety team and the emergency response / disaster management team. – The unit design is to minimise manual handling risks and support a "no lift" policy. – Bariatric patients up to 250 kg will be managed on the unit.
Security	– Access to the unit will be controlled by an electronic access control system after hours. – Escape egress and fixed duress alarms will be required in all areas where staff interact with consumers and the public. – Mobile duress alarms will be used where staff are moving around the workplace in the course of their work and there is a risk of being confronted by aggressive behaviour.

Services	Description
	– The ability to lockdown the unit is required to allow flexible management of changing demand and rapid response to security threats. – Security will be provided on an in-reach model. Appropriately trained security personnel will respond to critical incidents within the unit automatically on activation of duress alarms and as required on request from clinical and service staff.
Supply	– Supplies will be delivered to the unit by the HealthShare staff to maintain agreed imprest and stock inventory levels.
ICT	– Refer to Overarching Section. – ICT will be wireless, and the digital environment will be consistent with the LHD ICT Strategy for Digital, Tele-health and Virtual Care initiatives. – Bedside access to computer terminals will be required in Treatment spaces. – Workstations on wheels (WOW) will require ventilated and conditioned storage space for recharging the equipment.
Staff Workshop	– Refer to Overarching Section for NSW Health Activity Based Working (ABW) Policy. – Staff work areas and meeting rooms will be collocated in a zone that is accessible only by staff. – Workspace will be planned in accordance with ABW principles tailored to the type of work that staff undertake, and the proportion of time spent engaging in different tasks. – A staff toilet may be located near treatment areas so that travel is reduced. – Staff work areas associated with day-to-day management of clinical care will be located on the clinical floor e.g. Nurse Unit Manager, clinical work room. –
Education, Training and Research	– Staff will have access to and be encouraged to undertake skills training and professional development to ensure interdisciplinary collaboration and evidence-based care delivery. – Staff will be provided with on-going supervision, mentoring and support relevant to their discipline and scope of practice. – Meeting space will be required for education and training activities.

Table 30 - IPU Non-Clinical Support.

5.13 Design Considerations

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Area	Description
Patient areas	– Bedrooms will be a mix of single rooms and two bed rooms. – Each IPU will include one bariatric room. – One class N isolation is provided in IPU1 & IPU2 as per HI DGN 062. – To encourage family engagement with care, bedrooms will provide seating for family members and secure storage for family and patient personal belongings. – The staff zone will be located closest to the entry door. – All beds will require direct access to an ensuite shower and toilet. – Larger ensuites will be provided for bariatric patients and disabled patients to meet accessibility requirements. – Door sizes will support safe access of mobility equipment for both the patient and assisting staff. – Four single rooms in IPU1 will be designed to accommodate and support short stay mental health patients. When not in use by mental health, the rooms will be available for medical patients.
SARU	– An independent assessment suite will be provided to assess whether a patient and their carer/family is suitable for discharge. – An ADL kitchen will be provided adjacent to the patient dining area providing links between meal preparation and dining. The ADL kitchen will also have the ability to facilitate private consultations with inpatient and outpatients as required.
Elderly patients	– The design for all inpatient units will support elderly patients including those with dementia, who will make up a significant proportion of patients: • ensure easy and visible access to toilets including directional night lighting and contrasting colour for toilet seats; • maximise exposure to daylight; • minimise glare; • provide adequate and appropriate artificial lighting with the opportunity for varied lighting including some constant low-level lighting for night time; • provide non-slip and slip resistant floor coverings to minimise falls; • minimise clutter; • utilise acoustic strategies to minimise noise;

Area	Description
	• avoid use of contrast within floor surfaces, e.g. patterns and/or features; • use of signage colour and contrast for wayfinding and orientation; • design circulation areas to provide a walking route that allows patients to move about the unit with opportunities for engagement and access to areas to sit with visitors, whilst providing the ability to control entries and exits and minimise the extent of unsupervised space; • locate and design outside areas to ensure they can easily be viewed by patients (and accessed where appropriate); • Consideration will be given to securing the units (including stairwells) to minimise wandering by dementia or altered cognitive patients.
Family areas	– The interview and lounge areas will be split into two areas to allow for more optimal utilisation of the spaces. – Palliative care rooms will accommodate fold out chairs/beds for family/carers to stay overnight.
Staff areas	– 1 x office for NUM – to be located in the centre of the IPU. – Other workspaces will be allocated as per Activity Based Working policies. – The main staff station will be located close to the main entrance of the IPUs in a clearly identifiable location. – A staff hub will be provided for each pod of beds to facilitate line of sight observation of all patients and to allow closer proximity of staff to the patients. It will accommodate facilities to assist with immediate work associated with patient care. – Equipment to support patient care, including bariatric patients, will be stored in the unit where possible. Access to a back of house central store will also be provided.
Shared support areas	– ADL spaces will be located in SARU.
	– Secure courtyards will be provided for SARU.
	– Areas shared with adjacent IPUs will include: • visitor / public amenities; • staff amenities; • meeting, interview and multifunction rooms; and • disposal room.

Table 31 - IPU Area Key Requirements.

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5.14 Schedule of Accommodation

1. The Schedule of Accommodation (SOA) will be used to guide the minimum provision of rooms and spaces within the IPUs.
2. Refer to Appendix A – ERH Schedule of Accommodation.

6 MATERNITY, NEWBORNS, PAEDIATRICS FUNCTIONAL DESIGN BRIEF

DESCRIPTION OF SERVICE

6.1 Introduction

1. The Maternity, Newborn and Paediatric Unit (the Unit) functional design brief provides an initial summary of service requirements to inform the design, delivery and operations of the service.

6.2 Description of Service

1. The Maternity, Newborn and Paediatric Unit will bring together all the inpatient and ambulatory care services inclusive of mothers, babies, children and families.
2. Co-location of these services will facilitate the creation of a safe and familiar environment, which is especially important for women who are at risk and vulnerable.
3. The service will be part of a new Child, Youth and Family Care Stream proposed in the CSP. Teams will provide continuity of care across the range of health services for children and their families/carers from prenatal care to youth services.
4. The Maternity, Newborn and Paediatric Unit will consist of:
    a. Inpatient beds.
    b. Early Pregnancy Assessment Service (EPAS).
    c. Birthing rooms.
    d. Special Care Nursery cots.
    e. Dedicated Paediatric step down / short stay inpatient beds.
    f. Ambulatory and outpatient services that will support the Maternity, Newborn and Paediatric services.
    g. Child and Family Services.
    h. Hospital in the Home (HiTH) will continue to provide services for Paediatrics, providing home-based care for children.
5. The newborn beds will also be flexible to manage returned babies from tertiary services to complete their care plans.
6. Paediatric capacity will be provided in the Emergency Department. A paediatric ED step down / short stay will be under the care of the paediatric inpatient team in the Unit.
7. Large prenatal classes will be provided in the Ambulatory Care and Community Health Centre including paediatric oral health services.

6.3 Scope of Service

1. Birthing Unit will deliver a Level 4 Maternity service and a Level 3 Neonatal service as defined by the NSW Guide to Role Delineation of Health Services, NSW Ministry of Health.
2. The Unit will accommodate the inpatient and ambulatory services for the Maternity, Newborn and Paediatric services. Child & Family services will also be supported by the Unit.
3. Newborn services will be coordinated by the Statewide Neonatal Emergency Transport Service (NETS).

4. Women assessed as being high risk will attend SERH, Goulburn, Canberra Hospital or Sydney Children's Hospital for birthing dependant on their care plan.

5. Child and Family services will include education and support to parents in the care of infants (0-5 years) including home visits and clinic services. The service provides information on breastfeeding, sleeping, and crying, growth and development, immunisation, safety, and wellbeing.

6. The following table outlines the planned capacity for the Unit.

Room Type	Current Capacity	Planned Capacity	Comments
Paediatric		▮	▮ ON and ▮ DO including ED step down / short stay beds.
Maternity	▮	▮	
Newborn Care		▮	▮ retrieval / return SCN.
Birthing	▮	▮	

Table 32 - Maternity, Newborn & Paediatric Service Capacity.

6.4 Model of Care / Service Delivery

1. **Birthing**: several models are offered to give women birthing choices and to tailor services for individual needs including:

    a. Women are supported to deliver their babies in hospital under the care of an obstetrician or a midwife and are provided an option for discharge to home within six hours.

    b. Medical assistance and interventional support will be available within the Unit in case of an emergency.

    c. Midwifery will enable women to be cared for by the same midwife throughout their pregnancy, during childbirth and in the early weeks at home with a new baby. Care will focus on women's individual needs.

    d. Midwives will work in collaboration with allied health professionals and primary health care providers (child and family nurses and/or general practitioners) and ensure women are transitioned from the maternity service accordingly.

    e. Support people are encouraged to participate during the birth. There will be no restrictions on a reasonable number of support people who can be present.

    f. The environment should allow for a woman to give birth by the following means:

        1. On a hospital birthing bed;

        2. In a bath;

        3. In an upright position on a mat or supported by a ledge; or

        4. On a birth ball.

    g. In the event of an emergency caesarean section being required the mother is to be transferred via a direct route through to the Perioperative Unit. The midwife will be in attendance throughout the transfer.

h. Medical support will be provided using a mixed medical model of VMO Obstetrician, GP Obstetricians, Paediatricians, GPs and CMOs according to the needs of the service including mothers and baby.

i. Telehealth and related technology linking to higher level services for support and expertise will be fundamental to the provision of this service as will network agreements between Australian Capital Territory Neonatal Intensive Care Unit, Sydney Children's Hospital Network (SCHN) and Newborn and paediatric Emergency Transport Service (NETS).

j. The service will continue to support pregnant women with mental health concerns, including offering extended postnatal stays and inpatient antenatal stays when there have been mental health concerns.

2. **Paediatric**: service will provide assessment, care, therapies and consultation services from the following locations:

    1. The paediatric inpatient beds.
    2. The acute treatment area within the Emergency Department.
    3. Community health centres for allied health therapies.
    4. Home based care via Hospital in The Home (HiTH).

    a. The main changes to the model of care for paediatric services will be a move towards an integrated and comprehensive model which collocates inpatient care, short stay assessment, ambulatory care, and outpatient clinics within the one environment.

    b. The emphasis will be on ambulatory based paediatric care including an increase in support for paediatric care in the home.

    c. Paediatric allied health therapies, physiotherapy, occupational therapy, speech therapy and dietetics will be provided to the Unit and within the Ambulatory Care Centre according to their care plan.

3. **Step Down / Short Stay Assessment**: presentations to the Emergency Department by paediatric and young adolescents will be managed in a discreet zone with a decision to transfer, treat or discharge made within four hours. Where the decision to admit is uncertain, the step down / short stay assessment will provide a place of ongoing observation and investigation or treatment over a 6–8-hour period.

4. **Emergency Department**: children who remain in the emergency department are those who have a clear diagnosis and are treatable within four hours. Paediatric staff will liaise with the staff in the emergency department regarding care.

5. **Ambulatory Clinic**: service which manages patients on a non-admitted basis as an alternative to an inpatient admission. Women, Children and Family who have presented to the emergency department and been discharged to home with scheduled follow up in the clinic.

    a. Follow ups occur either through direct consultation or via the phone.

    b. The model includes consultation and treatment and follow up.

    c. Referrals can also be taken directly from general practitioners or specialist practices within the community.

    d. Integrated maternity ambulatory care clinics will consist of but not limited to antenatal, post-natal, gynaecology, including subspecialties, maternal foetal medicine, paediatric/ newborn, early pregnancy clinics, teen mothers, and Aboriginal mother's clinics.

6. Relevant Aboriginal health services (Aboriginal Maternal and Infant Health Service (AMIHS) and Building Strong Foundations (BSF)) will be integrated into care whilst maintaining cultural safety.

6.5 Future Service Delivery / Technological Trends

1. Increased integration and colocation of services for Paediatrics, Maternity and Newborn Care.
2. Increased integration of Paediatric services and the inclusion of an Emergency Department (ED) step down / short stay assessment service to be collocated with the Unit to allow for shared care of neonates returning home from tertiary services, while also creating staffing efficiencies across the services.

6.6 Change Management

1. A change management process will be undertaken to facilitate the proposed changes in the way services will be delivered in the future. A formal Change Management Plan will be developed to guide this process.
2. Key change management initiatives within the Maternity, Newborn and Paediatric Unit include:

   2.1 New models of care and patient flows for a Child, Youth and Family Care Stream.

   2.2 Uplift of services from an RDL 3 to an RDL 4.

   2.3 Development of new paediatric inpatient and ambulatory services will require a detailed and staggered implementation process addressing staff requirements, skills mix, education and training as well as opportunities for clinical experience.

   2.4 Development of pathways for managing the various patient cohorts accessing the Unit.

   2.5 New technologies and equipment will be implemented in the new Unit.

   2.6 Accelerate the positive transformations made during COVID-19 to provide flexible combinations of face-to-face and virtual care.

FUNCTIONAL RELATIONSHIPS

6.7 Relative Location

1. The Unit must be located within the 24/7 zone of the hospital and collocated with Perioperative Unit.
2. Access to emergency services including Ambulance and Helicopter.
3. Access to an emergency lift from Emergency Department to the Unit.
4. After hours access to the rest of the hospital will be via the Emergency Department entry, appropriate reception and security strategies will need to be considered to access the Unit.

6.8 External Functional Relationships

1. Key external relationships between the Unit and other areas on campus are prioritised as follows:

   Direct access (collocated with access via a horizontal or vertical route with minimal turns).

   Ready access (proximal vertical or horizontal access).

   Easy access (navigable access but proximity not critical).

Services/Departments	Priority	Comments

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Pathology	Direct	Via pneumatic tube and Telepathology.
Perioperative Unit	Direct	For Birthing Unit.
Emergency Department	Ready	
Helipad	Ready	
Main Entry / Hospital Street	Easy	
Intensive Care Unit/Close Observation Unit	Easy	
Ambulatory Care Centre	Easy	
Medical Imaging	Easy	
Pharmacy	Easy	
Maintenance & Engineering	Easy	
Biomedical Engineering	Easy	
Food Services	Easy	
Health Information Management	Easy	
Security	Easy	
Mortuary	Easy	
Site Interfaces	**Priority**	**Comments**
Covered Drop off / Pickup Area	Direct	
Car parking	Ready	

Table 33 - Maternity, Neonates, Paediatrics External Relationships.

6.9 Internal Functional Relationships

1. The overall design of the Unit must achieve the following:

   1.1 Clear entry/pathways for maternity and paediatrics.

   1.2 The internal circulation routes throughout the department must be simple and intuitive, supporting a logical flow from ambulatory care / outpatient to inpatient and discharge.

   1.3 The internal circulation route must minimise the need for public to pass through one treatment zone to arrive at another.

   1.4 Accommodation arrangements and internal adjacencies must support clinical function and be operationally efficient for staff.

   1.5 The location of the clean, dirty and cleaner's room needs to provide easy access by all services.

   1.6 Staff amenity and education facilities including staff property bays, dining area, offices and workstations, meeting rooms and tutorial space.

   Birthing

   1.7 The Birthing Unit must be located next to the inpatient maternity beds with direct access for patient and staff movements. The Birthing Unit must have a secure and controlled entrance from the shared reception and waiting area.

1.8 There must be direct access between the inpatient staff station and the location for special care babies for transfer of clinically compromised babies.

1.9 Paediatric staff must be able to move quickly between the birthing unit and inpatient maternity beds in an emergency.

1.10 Visitors must be able to easily navigate to the desired area from the main entry.

1.11 The design of the new birthing rooms must reflect the family orientated nature of the service, be welcoming to adults and children with natural light being a feature as well as offering opportunities for partners to stay overnight.

1.12 All labour, delivery and recovery rooms must be designed as a patient friendly environment for birthing women and their families.

1.13 Birthing rooms must have an ensuite.

1.14 Clinical handwash basins shall be provided in recessed corridor locations throughout the clinic area.

1.15 Unencumbered and direct access from the Birthing Unit to the Perioperative Unit is required in an emergency.

1.16 Access to an outdoor area for birthing women to support cultural practices such as birthing on Country.

Ambulatory / Outpatient

1.17 The clinical handover room will provide an area for the coordination of the clinics. This area should be contiguous with the reception area and directly accessible to the clinics.

1.18 The waiting area must have immediate access to accessible public toilets, one with a baby change facility.

1.19 A bay for the parking of strollers adjacent to the waiting area is required although many women will take their strollers into the clinics.

1.20 The day assessment clinic is to be accommodated within the outpatient clinic zone with direct unencumbered access to the birthing units.

1.21 The pneumatic tube station is to be located near the staff station / clinical handover room.

1.22 Staff office space will comprise of accommodation for administration staff.

1.23 Clinical handwash basins shall be provided in recessed corridor locations throughout the clinic area.

1.24 The entry into the maternity outpatient clinics is to be warm friendly and appealing to families.

1.25 The waiting area must be designed to accommodate patients, additional family groups and strollers. A play area for children should be provided to allow parents direct observation.

1.26 Design of the consult rooms and interview room should allow for the manoeuvring of prams (for twins) through doorways and seating for other family members in attendance.

2. The internal functional relationship diagram shows the required proximity of the key functional zones and the connectivity between the zones (i.e. visitor/ staff/ student/ material flows) plus external interfaces.

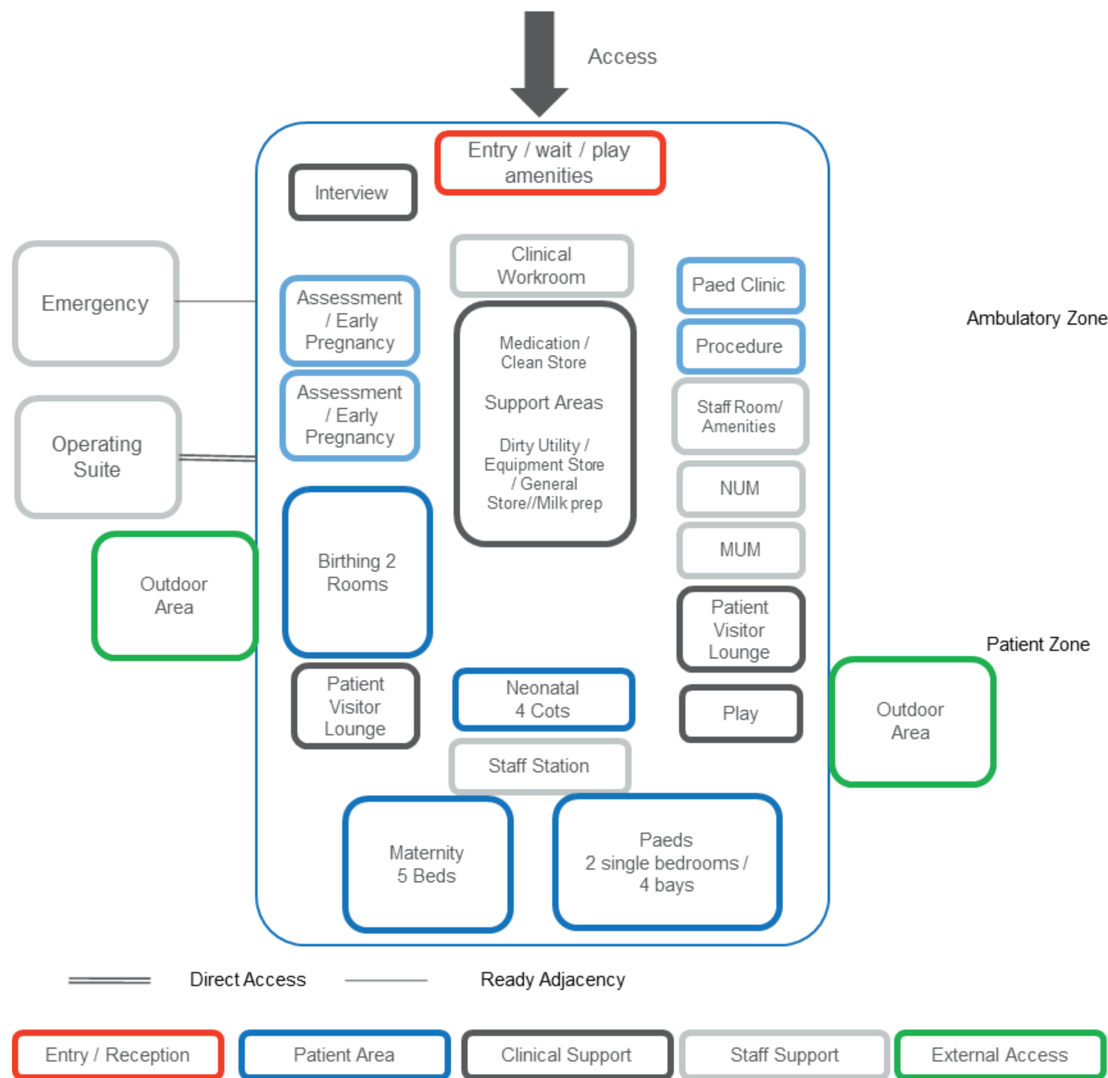

Figure 9 - Maternity, Neonates, Paediatrics Functional Relationship Diagram.

DESCRIPTION OF PROJECTED WORKFORCE

1. The workforce providing services will include specialist obstetricians and gynaecologists, registrars and junior medical staff. Nurses and Midwives including students will provide a range of programs supporting women with their choices for birthing and care through the perinatal period.
2. Social workers will be involved in specialised programs and available as required on an as needed basis. Women requiring access to the diabetic educators will access those clinics in the Ambulatory Care Centre.
3. Staff will work most shifts during Monday to Friday with nurse and midwife educators providing various education programs during the evenings and on the weekends.
4. Workforce under development to align service configuration and models of care.

Staff Profile	FTE		Comments
Medical			
Director			
VMO			

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Staff Profile	FTE		Comments
Obstetrician			
Paediatrician			
Registrar			
Resident/Intern			
Junior Medical Officers			
TOTAL MEDICAL			
Nursing			
NUM			
Registered Nurse			
Registered Midwife			
Enrolled Nurse			
TOTAL NURSING			
Administrative and Support			
Administrative			
Ward Clerk			
Data Collectors			
TOTAL ADMIN & SUPPORT			
TOTAL			

Table 34 - Maternity, Neonates, Paediatrics Workforce Profile.

SPECIFIC OPERATIONAL GUIDELINES

6.10 General

1. Hours of Operation

Facility	Operating Hours
Maternity, Newborn and Paediatric Inpatient Unit	24 hours a day, 7 days a week
Ambulatory services	0800 hours to 1700 hours, 5 days a week
Child & Family	0800 hours to 1700 hours, 5 days a week

Table 35 - Maternity, Neonates, Paediatrics Hours of Operation.

Birthing

1. Water immersion and water births
   - 1.1 Water births are supported and the ability to provide this as a birthing option is to be maintained in newly built birthing rooms and ensuites.
   - 1.2 The bath should be accessible from three sides and enable support by a midwife and a support person.
2. Management of inductions of labour
   - 2.1 Inductions will occur weekdays and be influenced by access to birthing rooms.
   - 2.2 If an emergency induction is required, this will be managed at any time, any day of the week.

3. Management of problems of early pregnancy

   3.1 Problems of early pregnancy (less than 20 weeks) are triaged through the Emergency Department. Patients may undergo minor surgery, be observed in Unit or return for ongoing care through the outpatient clinics through coordination with the Maternity Service.

4. Newborn resuscitation

   4.1 As the service transition to RDL 4 a paediatrician will be in attendance for births identified with risk factors.

   4.2 Newborn resuscitation will occur within the birthing room.

   4.3 Should transfer to another facility be required this will be coordinated through the Statewide Neonatal Emergency Transport Service (NETS).

5. Overnight amenity

   5.1 Partners and significant others may remain overnight in the birthing room in a recliner/lounge.

6. Placenta Disposal

   6.1 Placentas will be disposed of as clinical waste if not required for pathology or cultural reasons.

7. Teaching and research

   7.1 Students are an active part of the maternity service. Both undergraduate and post graduate midwifery students will gain experience in the Birthing Unit as well as medical undergraduates.

8. Use of disposable delivery packs

   8.1 Disposable delivery packs will be used routinely and require adequate waste disposal areas.

Paediatrics

1. The paediatric service will be a move towards an integrated and comprehensive model which collocates inpatient care, short stay assessment, ambulatory care, and outpatient clinics within the one environment.
2. The emphasis will be on ambulatory based paediatric care including an increase in support for paediatric care in the home.
3. Paediatric allied health therapies, physiotherapy, occupational therapy, speech therapy and dietetics will be provided as either in-reach or from the Ambulatory Care Centre.
4. Presentations to the Emergency Department by paediatric and young adolescents will be managed in a discreet zone with a decision to transfer, treat or discharge made within four hours.

   4.1 Where the decision to admit is uncertain, the short stay assessment unit will provide a place of ongoing observation and investigation or treatment over a 6-8 hour period. This may include Ventolin or fluid challenge.

   4.2 The ambulatory clinic is a service which manages patients on a non-admitted basis as an alternative to an inpatient admission. Children have usually presented to the emergency department and been discharged to home with scheduled follow up in the clinic.

Ambulatory / Outpatient Clinics

1. Admission and access

   1.1 The majority of clinics will operate from Monday to Friday with selected programs offered during the evenings and weekends.

   1.2 Child, Youth and Family will be referred to the service via their primary care provider, Ambulatory Care and Community Health Centre and the Emergency Department.

1.3 Following birth and discharge, women with post-natal complications will present to the Emergency Department.

1.4 Once a pregnant woman has been assessed as appropriate for birthing, she will have all appointments coordinated through the service and present directly to the clinics on the day.

6.11 Clinical Support

Services	Description
Allied Health	– Allied Health services will be located in the Ambulatory Care and Community Health Centre and provide in reach to the Unit.
Health Information Management	– The service is transitioning to electronic medical records (eMR) and bedside access to the electronic medical records at the point of care will be required. – An Electronic Medical Record (eMR) will be maintained for each patient. – Staff will have access to clinical information systems for entering and retrieving patient information and clinical decision support via fixed and mobile devices in all clinical and staff work areas.
Infection Prevention & Control	– Alcohol based hand rub will be provided in patient care and associated staff areas. – Clinical handwash basins will be provided in all patient care areas in accordance with guidelines. – Space will be required for staff to don and doff gowns and PPE. – Environmental clean will occur between each patient use and a terminal clean if the patient is known to be infections.
Pharmacy / Medication Management	– Medications and clinical consumables will be stored in the clean utility/medication room on the unit. – Other medications will be delivered via the pneumatic tube system and be located near the staff station.
Medical Emergency	– 24/7 access required to the Perioperative and Emergency Department for the management of the deteriorating patient.
Medical Imaging	– Radiation shielding for the procedure room should be in accordance with statutory requirements if needed for the use of ultrasound. – Children with asthma and pneumonia will often require a general chest x-ray. A mobile digital x-ray machine will come to the child if this is required. – Mobile imaging will also be provided and for all other imaging requirements the child will be escorted to the imaging department.
Pathology	– Specimen collection and processing will be available during business hours. – Specimens will be stored in the specimen handling room. A blood fridge and centrifuge will be provided.

	– A pneumatic tube system will transport most of the specimens to the Pathology. – The results reported electronically via eMR.
Patient Transport Service	– Patients will be moved from the unit to other internal departments as required.

Table 36 - Maternity, Neonates & Paediatrics Clinical Support.

6.12 Non-Clinical Support

Services	Description
Asset Management including Engineering Services and Biomedical Engineering	– Service will be responsible for maintenance of the building, grounds, fire and access control, non-clinical equipment such as beds, select clinical equipment and building systems such as air conditioning.
Cleaning	– Patient and clinical areas will be cleaned daily. – Access will be required to a cleaner's room for storage of the cleaner's trolley, cleaning equipment and consumables (toilet paper, paper towels).
Food and Beverages	– Food will be delivered and prepared by HealthShare which will provide the latest My Food Choices to the service. – Food orders will be via an electronic menu system.
Linen	– Clean linen will be supplied to the unit on atrolley by HealthShare staff and stored in a linen bay. – Dirty linen will be stored in the dirty utility and bagged dirty linen will be transferred to the disposal room for collection by HealthShare staff.
Waste Management	– Waste will be segregated at the point of generation and include general, clinical, sharps, recyclable and confidential waste. – Waste bins and receptacles will be regularly collected from unit disposal room by HealthShare staff.
Work Health and Safety	– Consultation and support will be provided by the hospital's Work, Health and Safety team and the emergency response / disaster management team. – The unit design is to minimise manual handling risks and support a "no lift" policy. – Bariatric patients up to 250 kg will be managed on the unit.
Security	– Access to the Unit will be controlled by an electronic access control system. – Public and patient access to clinical areas will be strictly controlled with intercom. – Closed circuit television monitoring with an ability to provide video streaming will be required on both sides of the entrances to the

	paediatric inpatient unit and the reception point of the paediatric unit. – Escape egress and fixed duress alarms will be required in all areas where staff interact with consumers and the public. – Mobile duress alarms will be used where staff are moving around the workplace in the course of their work and there is a risk of being confronted by aggressive behaviour. – Security will be provided on an in-reach model. Appropriately trained security personnel will respond to critical incidents within the unit automatically on activation of duress alarms and as required on request from clinical and service staff.
Supply	– Supplies will be delivered to the Unit by the HealthShare staff to maintain agreed imprest and stock inventory levels.
ICT	– ICT will be wireless, and the digital environment will be consistent with the LHD ICT Strategy for Digital, Tele-health and Virtual Care initiatives. This will determine: – Mobile camera for tele-health capacity in consult rooms. – Virtual care camera in birthing so that the clinical team can review care for newborn / paediatric retrieval including service requirements for NETS. – Bedside access to computer terminals will be required in Treatment spaces. – Workstations on wheels (WOW) will require ventilated and conditioned storage space for recharging the equipment. – The unit needs to be capable of supporting Wi Fi devices.
Building	– The birthing rooms must provide uninterrupted power supply outlets. – Acoustic treatments should provide for a high level of sound attenuation and acoustic privacy. – Clocks must be available in the delivery room which enable hours, minutes and seconds and elapsed time to be clearly visible. These should be synchronised to a master control clock. – All medical gasses and services should be provided in accordance with relevant standards and the minimum requirements identified in the applicable AHFG room data sheet. – Television should be supplied in all patient rooms. – The ability to activate access to the unit remotely from the staff station within the inpatient unit will be needed after hours. – A fixed duress alarm shall be in the following locations: a. Staff stations in the inpatient unit and short stay assessment area. b. Outpatient area. c. Reception.

	– Mobile duress alarms will be provided for two staff per shift.
Education, Training and Research	– Staff will have access to and be encouraged to undertake skills training and professional development to ensure interdisciplinary collaboration and evidence-based care delivery. – Staff will be provided with on-going supervision, mentoring and support relevant to their discipline and scope of practice. – Meeting space will be required for education and training activities.

Table 37 - Maternity, Neonates & Paediatrics Non-Clinical Support.

6.13 Design Considerations

1. The unit will provide a parent and family friendly environment that supports the reduction of stress and anxiety for patients and their families and supports the service team in care provision.

Area	Description
Entry / Waiting	– Waiting area is to be arranged to allow adults, children and prams in a child friendly environment. – A range of visitor amenities will be available in the near vicinity including toilets, drinking water, vending machines, parenting room and mobile phone charging stations. – There will be capacity to lock the Unit down to protect the safety and security of children and families. – Minimising entry and egress doors to all areas with newborn babies and the consideration of CCTV monitors for security. – Afterhours access for women and family will need to be considered from the Emergency Department to the unit. Swipe card access and intercom will be required to allow access to the Unit.
Reception / Early Treatment / Staff Station	– Reception must be in direct line of sight on entry and accommodate ambulatory, outpatient and inpatient service requirements. – Waiting area will be designed to provide a discrete area appropriately decorated for young children. – A reception desk/clinical workroom located adjacent including assessment room and consult rooms to provide direct access for women and children as they enter the unit. – A staff station will be located beyond the reception desk and adjacent to birthing rooms, inpatient maternity, newborn and paediatric beds. – The staff station will also require direct line of sight to the children play area for operational and safety.
Shared Zone	– A shared zone will be provided to service the unit including a procedure room, medication room, equipment room and clean / dirty rooms.

	– An area to prepare formula and an area for infant feeding will be required in close proximity to the staff station. The formula room would require a sink and a small fridge. – Education and training rooms will also be in the shared zone. They will need to be located without having to enter patient treatment areas. – A shared beverage bay will also be provided for patients and families.
Clinical Work Room	– A space to have private patient related discussions and to undertake clinical documentation. – Workpoints and oversight of clinical areas required.
Procedure Room	– Minor procedures not requiring general anaesthetic, but which may require a local anaesthetic will be undertaken in the Centre's Procedure room. – All clinical procedures will be undertaken separate to the patient rooms. – A patient toilet should be provided directly adjacent to the procedure room.
Rooms	– Natural light must permeate all bedrooms, playrooms and the parent retreat. – Children must be able to see views outside while lying in bed. – Single bedrooms should provide for the management of infectious illness, gender separation as well as accommodating a parent over-night. – All rooms should be flexible to adapt to a bed or a cot. – There must be access to a bed/cot storage area within close proximity to inpatient unit. – The room design should support the maximum use of functional floor space to enable play space for the child and inclusion of the parent. – The procedure room is to be provided in a zone away from the bedrooms to avoid associating their bedroom environment with unpleasant clinical activities. The interior finishes and fitments of the treatment room should include elements of distraction. – The location of the resuscitation trolley must be readily accessible. – Observation panels in doors need to extend low enough to see a small child on the other side. – Ensuites to the single rooms in the babies' area are to have capacity for baby washing in the ensuite.
Parents Staying Overnight	– Parents, carers or family will be able to stay overnight in birthing, maternity and the patient lounge.

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	– A small kitchenette or beverage bay must accommodate a full height fridge for snacks.
Meeting Room	– Education / meeting with capacity with high fidelity monitors for reviewing scans, and projection and videoconferencing equipment.
Play Areas	– Patients will require access to indoor and outdoor play areas which are accessible for patients utilising crutches and wheelchairs or who may be bedbound. – Children must be always under the supervision of a parent, career or family member.

Table 38 - Maternity, Neonates & Paediatrics Design Considerations.

6.14 Schedule of Accommodation

1. The Schedule of Accommodation (SOA) will be used to guide the minimum provision of rooms and spaces within the Centre.
2. Refer to Appendix A – ERH Schedule of Accommodation.

7 AMBULATORY CARE FUNCTIONAL DESIGN BRIEF

DESCRIPTION OF SERVICES

7.1 Introduction

1. The Ambulatory Care and Community Health Centre (the Centre) functional design brief provides an initial summary of service requirements to inform the design, delivery and operations of the service.

7.2 Description of Services

1. The Ambulatory and Community Care Centre (the Centre) will accommodate a range of ambulatory and day only spaces/chairs/group rooms for managing a range of patient cohorts.

2. Ambulatory and Outpatient services include consultation, assessment and treatment. The proposed integrated service delivery model for the provision of ambulatory and outpatient services will involve primary care and community health in-reach, allied health, post-acute care services (Hospital in the Home) as well as specialist services for the Clinical Care Streams.

3. Ambulatory Care Centre will play a significant role in managing patients who may have been otherwise treated in the Emergency Department or admitted to inpatient hospital-based care.

4. Within the Ambulatory Care Centre there will be zones which support four broad categories of clinical activity.

    4.1 General clinics for a range of services for both medicine and surgery.

    4.2 Allied health therapies and specialised clinics.

    4.3 Chair based procedures area (Oncology, Renal HiTH and Oral Health).

    4.4 Community health services

5. Within these zones the following services will be accommodated:

    5.1 Medical outpatient clinics

    a. Cardiac and Respiratory Rehabilitation.

    b. Chronic Pain.

    c. Clinical Genetics.

    d. Dermatology.

    e. Drug and Alcohol Services.

    f. Endocrinology.

    g. Gadhu Family Health.

    h. Gastroenterology.

    i. General and Acute.

    j. Geriatric Medicine.

k. Haematology.

l. Hospital in the Home (HiTH).

m. Immunology.

n. Infectious Diseases.

o. Mental Health.

p. Neurology.

q. Oncology.

r. Renal.

s. Respiratory and Sleep Medicine.

t. Rheumatology.

u. Sexual Assault Services.

v. Sexual Health.

w. Comprehensive Geriatric Assessment Clinic.

x. Urgent review and drop-in clinics such as a Rapid Access Clinic.

y. Minor procedures.

z. Consultations by specific appointment.

5.2 Allied health therapies and specialised clinics to provide the care coordination and management.

a. Generalist Counselling.

b. Dietetics.

c. Occupational Therapy.

d. Physiotherapy.

e. Podiatry.

f. Social Work.

g. Sexual Assault.

h. Speech Pathology.

i. Child Protection Counselling.

j. Transitional Aged Care Program (TACP).

k. Education sessions or group sessions e.g. Diabetes Education.

5.3 Chair based procedures area

a. Same day medical procedures, oncology and renal dialysis.

b. Oral health dental chairs for same day oral health procedures.

5.4 Community Based Health Services

a. Aboriginal Health.

b. Community Health.

c. Mental Health Drug and Alcohol in an Opioid Treatment Program.

6. Supporting these services from within the Ambulatory Care Centre will be:

   a. Pre admissions clinic

   b. Community Health.

   c. Teaching and clinical research.

   d. Centre administration hub.

   e. Staff offices and amenities.

7. Ambulatory and outpatient services will be offered in 3 other locations:

   a. Paediatrics within the Women's and Paediatric unit.

   b. Maternity outpatients within the Women's and Paediatric unit.

   c. Rehabilitation Services and Palliative Care.

8. Central Intake/Virtual Support – co-located with staff workspace

   The Central Intake/Virtual Support area will be co-located Ambulatory Care staff work zone and will include:

   a. Room for 3-5 people with access to relevant ICT;

   b. Management of surgical bookings;

   c. Clinician led in-home monitoring.

9. Needle and Syringe Program (NSP)

   The Needle and Syringe Program (NSP) is an evidence-based public health program that aims to reduce the transmission of infections such as HIV and hepatitis C among people who inject drugs. The program has two main aims:

   a. To reduce the spread of HIV, Hepatitis B and Hepatitis C amongst people who inject drugs; and

   b. To reduce the physical and psychological harm of injecting drug use both to individuals and the community as a whole. (p1 NSW Needle and Syringe Program Guideline).

   The NSP will be delivered by the use of an external free-vend machine which will be accessible 24 hours per day as well as provision of equipment and resources in accordance with NSW NSP Guidelines during operating hours.

7.3 Scope of Service

1. Outpatient clinics will support the relevant levels of role delineation in line with inpatient services.
2. The following services will be delivered at the service level as defined by the NSW Guide to Role Delineation of Health Services, NSW Ministry of Health.
    a. Rehabilitation - Level 4.
    b. Oral Health - Level 4.
    c. Medical Oncology - Level 4.
    d. Renal medicine - Level 3.
3. Adults and children will access services within the Ambulatory Care and Community Health Centre.
4. The following table outlines the planned capacity for the Ambulatory Care and Community Health Centre.

Room Type	Current Capacity	Planned Capacity	Comments
Consult/ Interview/ Treatment	[redacted]	[redacted]	Including [redacted] consult rooms at the Narooma Community Health Centre.
Renal Dialysis	[redacted]	[redacted]	
Chemotherapy	[redacted]	[redacted]	
Oral Health	[redacted]	[redacted]	

Table 39 - Ambulatory Care Service Capacity.

5. The following table groups the clinics which will operate from the Ambulatory Care and Community Health Centre.

Specialist medical and surgical outpatient clinics	Allied Health Specialised Clinics	Procedures
To be confirmed in the next stage of planning.		

Table 40 - Ambulatory Care Clinics.

6. Central Intake / Virtual Support – Co-located for easy access to staff within the ABW spaces, this facility will undertake remote monitoring of wearables and other technology as well as management of waiting lists and clinic bookings.

7.4 Model of Care / Service Delivery

1. Ambulatory Care and Community Health Centre will consolidate and integrate the outpatient and ambulatory services.
2. Patients receiving care on an ambulatory care basis generally do not require admission to an inpatient area and return home after care, usually on the same day of treatment.
3. Women and paediatric services will be the exception to collocation within the Ambulatory Care Centre. Both of these services will be collocated with their respective inpatient services. These

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models maximise access to a specialised workforce who provide care across a range of clinical settings.

4. Patients will access the Ambulatory Care Centre via referral from a specialist or GP or other health care professional with referral privileges.

5. The Ambulatory Care Centre administration hub will manage all referrals into the centre. Staff will triage referrals using agreed protocols and ensure that all documentation is completed. The Ambulatory Care Centre administration hub will be responsible for managing bookings for clinic appointments. This may include multiple appointments in one day involving treatments, reviews and assessments and allied health therapies.

6. The centre administration hub will be responsible for ensuring that the facilities are used efficiently and are not overbooked or underutilised.

7. Prior to the scheduled day of appointment, patients will be advised of the registration process for the day and the location of their clinic so they can progress directly to the area.

8. Patients will enter the Ambulatory Care Centre via a single point of entry which will be the initial point of contact for all patients needing to access one or more services located in the Ambulatory Care Centre.

9. Patients will arrive directly at the Ambulatory Care Centre and use self-registration kiosks if they choose. Alternatively patients can register attendance at the reception desk. Following registration patients will proceed to the appropriate waiting area.

10. Services with a large number of patients who offer a five-day (or more) service will occupy designated facilities. Other services will have access to facilities on a booked basis.

11. Volunteers will be available to assist with wayfinding.

12. Scales will be available in the clinics including a roll on roll off scale located immediately adjacent to the entry and reception in a discreet location. This area will also provide an adult stadiometer.

13. Patients arriving by patient transport or ambulance will access the clinics from a separate entry and transfer to the clinic via a discreet route.

14. At the completion of an occasion of service the clinician will arrange follow up appointments via the electronic bookings and scheduling service.

15. Electronic billing will be available for services within the Ambulatory Care Centre at each of the reception points if required.

16. The Centre will be a diversified multidisciplinary centre, providing ambulatory health services and practical experience for teaching and developing the future medical nursing and allied health workforce.

17. Staff will have access to shared support areas distributed throughout the Ambulatory Care Centre and include disposal room, cleaner's room, meeting rooms and patient education room.

18. A pneumatic tube station for pathology samples within the centre.

19. Each of the services represented within the Ambulatory Care Centre will operate within their own models of care and service delivery. The following provides a summary by service:

    a. **Older Persons Care:** a multidisciplinary Rapid Response Team will form an integral part of the Older Persons' stream care delivery providing:

a. A comprehensive aged and functional assessment in addition to care navigation for older persons with complex needs,

b. A rapid phone triage assessment for older people who residing in a Residential Aged Care Facility (RACF) experiencing a new medical, functional, and cognitive decline who are at risk of hospitalisation.

c. Immediate intervention and (when needed) referral to appropriate service(s) for coordinated and planned discharge.

d. Ensure that older people from special needs groups have equitable access to assessment services.

e. Early identification and treatment of geriatric syndromes, early mobilisation, and the prevention of functional decline.

b. The establishment of a comprehensive geriatric assessment clinic for people over the age of 65 who are reviewed for a comprehensive assessment for issues including falls, polypharmacy, frailty, and cognitive impairment.

c. **Renal Dialysis Service**: service will remain integral to the Canberra Hospital and Health Service and LHD network. It has set a benchmark for the future provision of renal dialysis services as 50% home and 50% satellite dialysis. A Satellite Haemodialysis unit will provide dialysis services for medically stable chronic haemodialysis patients who do not require clinical assessment by a nephrologist before or during a dialysis session. A renal dialysis education centre and outreach is provided to support home dialysis.

d. **Cancer Care**: service will remain integral to the Canberra Regional Cancer Centre (CRCC) of ACT Health and SNSWLHD District-wide service. A designated Day Oncology unit will provide chemotherapy treatment, multidisciplinary care, and case consultations. Oncology Service will continue to function as a satellite clinic providing chemotherapy treatment for privately referred patients on an outpatient basis with medical services supplied by visiting consultants.

e. **Hospital in the Home (HiTH):** with a medical lead, integrated with community nursing services, allied health access and greater expansion of information technology the services within people's home will continue to grow allowing decreased length of stay in a hospital bed and inpatient admissions to wards. The service will continue to enhance Virtual HiTH to provide alternatives to individuals to remain with their homes longer.

f. **Oral Health Service**: will be provided as part of the Child and Family Stream, with targeted Oral Health Services to be provided to appropriately identified population groups. This will involve continued provision of services to clients with health care and pension cards.

g. **Community Health**: non admitted in reach / outreach hospital substitution / avoidance services will be provided in the Centre. They will operate under a primary healthcare model within a multidisciplinary team, supporting people to remain living independently in the community, facilitating self-management of disease, empowering the family and caregivers with the aim of reducing inpatient admissions, bed days and avoidable admissions.

h. **Transitional Aged Care Program**: The Transitional Aged Care Program (TACP) provides short term care that aims to optimise the functioning and independence of older people after a hospital stay. It may include a package of services like low intensity therapy such as physiotherapy and occupational therapy, as well as social work, nursing support or personal care. It aims to enable older people to return home after a hospital stay rather than enter residential aged care.

The program cares for people who are:

a. Generally 65 years of age and older.

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b. Aboriginal and Torres Strait Islanders aged over 50 years.

c. Have completed their acute and/or subacute care.

d. Are medically stable and ready for discharge.

e. Have capacity to benefit from individualised support and therapy.

f. Have been assessed and approved by the Aged Care Assessment Team (ACAT)

g. A person must enter the programme directly upon discharge from hospital.

h. Services are available to all pensioners, self-funded retirees and clients who are Department of Veteran Affairs funded.

i. **Community Mental health**: consumers requiring higher level acute or subacute services will be transferred to the Mental Health Inpatient Units in South East Regional Hospital (SERH) or Goulburn Hospital. Liaison and referral for psychosocial rehabilitation services, to community managed organisations and nongovernment organisations. • Community staff consultative in-reach to ED, ICU, and inpatients units, with daily review. Coordination with short stay mental health inpatients in IPU1.

j. **Mental Health Drug and Alcohol**: provide high-quality safe care in an equitable and just manner, a service for the entire community, that is integrated, contemporary, collaborative and holistic. Offer in-reach to the emergency department and inpatients units. Deliver age specific care through a multidisciplinary team including police, ambulance, social community services and other community managed organisations (CMOs) including an Opioid Treatment Program.

k. **Allied Health:** staff will work across hospital inpatient, outpatient and community settings to support service delivery and include physiotherapy, occupational therapy, speech pathology, dietetics and social work.

l. **Aboriginal Health Services**: services include providing appropriate emotional, social and welfare support for inpatients and their families and liaising with and coordinating services for Aboriginal people in the community. The services also provide health promotion and education to assist in enhancing quality outcomes. The service will support opportunistic appointments/care with Gadhu Family Health through co-location.

m. **Digital**: ICT will be wireless, and the digital environment will be consistent with the LHD ICT Strategy for Digital, Tele-health and Virtual Care initiatives. The service will be enabled by Virtual Care consult rooms to improve hospital avoidance. Digital health will include remote monitoring, videoconferencing, virtual examination, 24/7 senior clinical consultation and patient communication.

7.5 Future Service Delivery / Technological Trends

1. The development of the new Ambulatory Care and Community Health Centre presents the ideal opportunity to review and incorporate new models of care to provide safe and timely access to care for the local community.

    a. Secure on-line referral website will provide access by referring clinicians.

    b. Increase in clinically complex caseload due to increased prevalence of diseases related to aging.

    c. Increased demand for post-acute, ambulatory and home-based care.

    d. Increased demand for hospital substitution and avoidance programs.

e. Providing an alternative to Emergency Department presentation for management of non-acute conditions and minor procedures.

f. Accelerate the positive transformations made during COVID-19 providing flexible combinations of face-to-face and virtual care across the whole of the system. Telehealth and Virtual Health will play a key role in assessing patients' needs as a patient can communicate with their specialist and health care provider about treatment needs and options. There is the potential to reduce travel to clinics or large specialised centres to receive treatment.

7.6 Change Management

1. A change management process will be undertaken to facilitate the proposed changes in the way services will be delivered in the future. A formal Change Management Plan will be developed to guide this process.
2. Key change management initiatives within the Centre include:

   2.1 New models of care and patient flows for a Medical Care and Older Persons Care Stream.

   2.2 Uplift of services from a RDL 3 to an RDL 4.

   2.3 Sharing of resources and spaces across the Centre.

   2.4 New scheduling and patient management systems

   2.5 Development of pathways for managing the various patient cohorts including a Comprehensive Geriatric Assessment Clinic and Multidisciplinary Rapid Response Team

   2.6 New technologies and equipment will be implemented in the new facility.

   2.7 Accelerate the positive transformations made during COVID-19 to provide flexible combinations of face-to-face and virtual care.

FUNCTIONAL RELATIONSHIPS

7.7 Relative Location

1. The location will allow for easy access to drop off and parking as well as to public transport options.
2. Access to Medical Imaging, Pharmacy, Emergency Department, Inpatient Units and the retail areas.
3. The development of the Centre will service multiple care streams, with a single reception point, which will provide a more patient-focused approach to service delivery and aore efficient use of valuable nursing and allied health staff resources. It will also enable more efficient use of on-site infrastructure and equipment and other resources.
4. Planning will need to take into consideration how consumers will access some services e.g. needle and syringe exchange services.

7.8 External Functional Relationships

1. Key external relationships between the Centre and other areas on campus are prioritised as follows:

   Direct access (collocated with access via a horizontal or vertical route with minimal turns).

   Ready access (proximal vertical or horizontal access).

   Easy access (navigable access but proximity not critical).

Services/Departments	Priority	Comments
Pathology	Ready	Via pneumatic tube.

Main Entry	Ready	Movement of patients, families/carers and visitors.
Emergency Department	Ready	Movement of patients, families/carers and visitors.
Pharmacy	Ready	Movement of staff and patients.
Medical Imaging	Ready	Movement of patients, families/carers and visitors.
Retail	Easy	Movement of patients, families/carers and visitors.
Non-Clinical Support	Easy	Movement of staff.
Site Interfaces	**Priority**	**Comments**
Disabled parking	Ready	In close proximity to the Centre.
Drop off / Pickup Area	Direct	Movement of patients, families/carers and visitors.
Car parking	Ready	In close proximity to the Centre.

Table 41 - Ambulatory Care External Functional Relationships.

7.9 Internal Functional Relationships

1. The overall design of the Centre must achieve the following:

    1.1 The internal circulation routes throughout the department must be simple and intuitive, supporting a logical flow of patient areas from the entry to clinics and outpatient areas.

    1.2 The internal circulation route must minimise the need for public to pass through one treatment zone to arrive at another.

    1.3 Internal planning zones include:

    a. Entry, reception.

    b. Centre administration.

    c. Medical surgical outpatient clinics.

    d. Gadhu Family Health.

    e. Procedures and treatment including the Day Medical Unit, renal dialysis and oral health unit.

    f. Allied health unit.

    g. Clinical support.

    h. Staff offices.

    1.4 The internal functional relationship diagram shows the required proximity of the key functional zones and the connectivity between the zones (i.e. visitor / staff / student / material flows) plus external interfaces for the Ambulatory Care and Community Health and then a separate relationship diagram for Outpatients including HITH, Oncology, Renal & Oral Health.

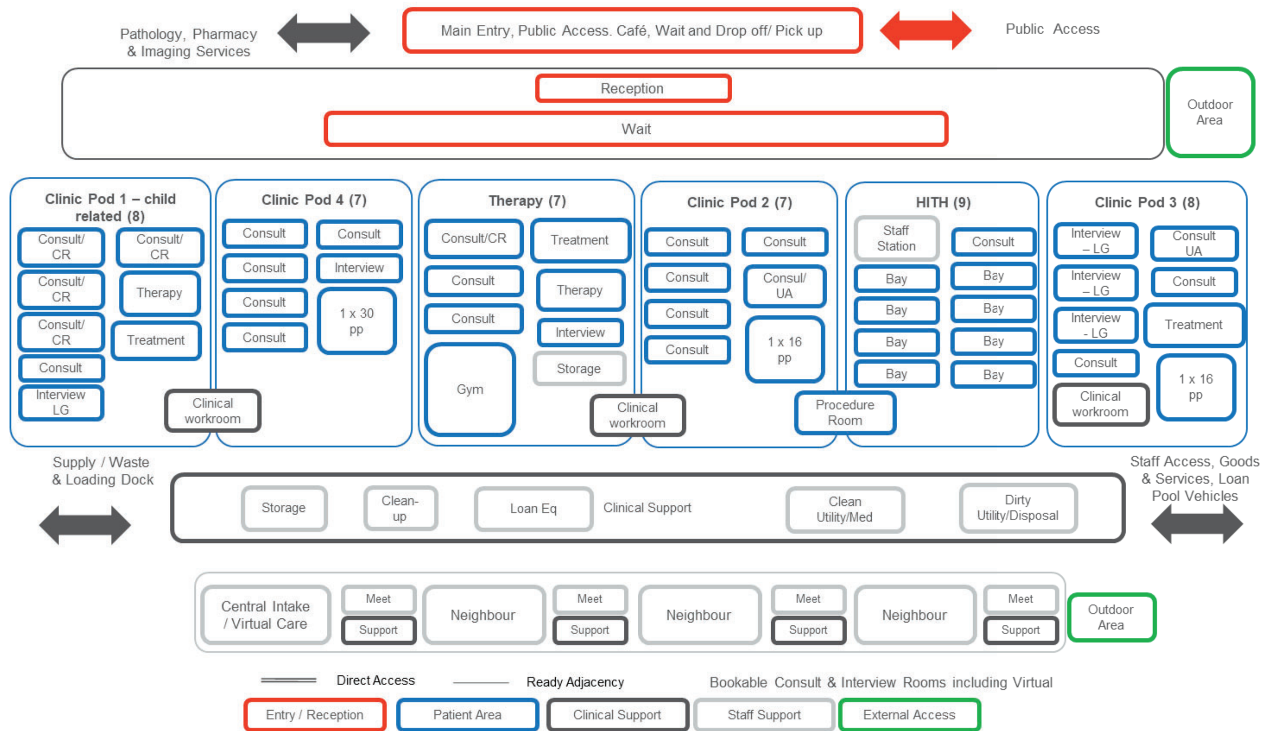

Figure 10 - Ambulatory Care and Community Health Functional Relationship Diagram.

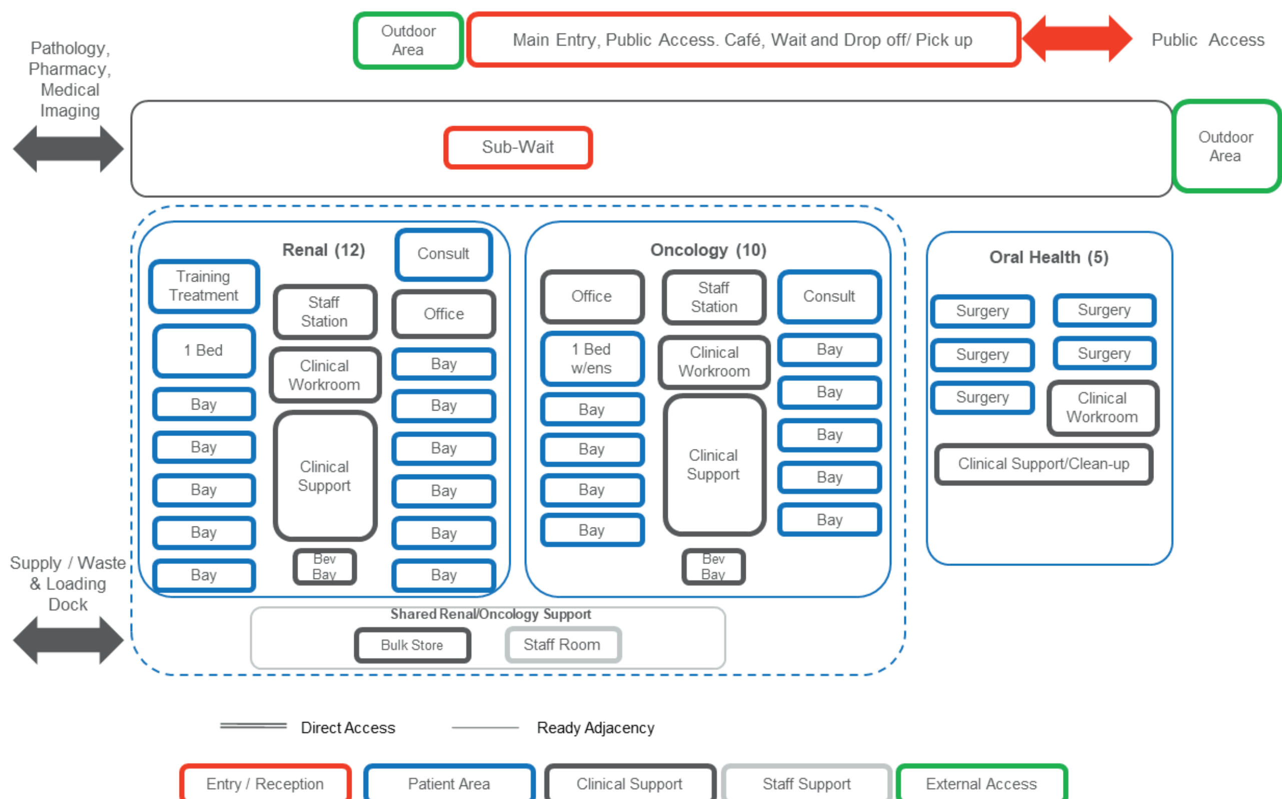

Figure 11 - Outpatients HITH, Oncology, Renal & Oral Health Functional Relationship Diagram.

DESCRIPTION OF PROJECTED WORKFORCE

1. Staff working in the Ambulatory Care Centre will represent Nursing staff, Nurse Practitioners, Clinical Nurse Consultants, Allied Health staff and Specialists.

2. The Centre will support an array of medical students and junior doctors as well as specialised university clinics.

3. Administration staff will manage front of house functions and corporate services' staff will maintain back of house functions.

4. Workforce under development to align service configuration and models of care.

Staff Profile	FTE Current / Future		Comments
Nursing			
NUM			
CNC/CNE			
Registered Nurse			
Enrolled Nurse			
Leave Relief			
TOTAL NURSING			
Allied Health			
Physiotherapist			
Social Worker			
Aboriginal Liaison Officer			
Speech Pathologist			
Psychologist			
Pharmacist			
Occupational Therapists			
Dietitian			
TOTAL ALLIED HEALTH			
Administrative and Support			
Administrative			
Ward Clerk			
Pharmacist			
Data Collectors			
TOTAL ADMIN & SUPPORT			
TOTAL			

Table 42 - Ambulatory Care Workforce Profile.

SPECIFIC OPERATIONAL GUIDELINES

7.10 General

1. Hours of Operation

Facility	Operating Hours
Ambulatory Care Centre	Accessible from 08.00 to 17.00 with appointments scheduled to commence from 08.00, Monday to Friday excluding public holidays, with provision for extended hours as required. In the future, extended hours are being considered to include access on Saturdays for some services.
Outpatient Clinics	Accessible from 07.30 to 17.00 with appointments scheduled to commence from 07.30am (and conclude after hours), Monday to Saturday including most public holidays, with provision for extended hours as required.
Community Health	Accessible from 08.00 to 17.00 with appointments scheduled to commence from 08.00, Monday to Friday excluding public holidays, with provision for extended hours as required.
MHAOD	MHAOD services are provided 7 days a week. Outpatient access is as per Ambulatory Care Centre hours.

Table 43 - Ambulatory Care Hours of Operation.

2. Services will be organised and arranged to reflect clinical compatibility, optimal functionality and ease of patient access.

3. Allied health services such as physiotherapy, occupational therapy, dietetics and social work may be provided on an extended hours basis across the week. An afterhours service will be provided by some disciplines, depending on activity levels and patient needs.

4. Shared areas within the facility include:

   4.1 Reception and waiting areas.

   4.2 Patient meeting and education rooms.

   4.3 Treatment and procedures area.

   4.4 Shared zone within the medical and surgical outpatient area.

   4.5 Staff offices.

5. Scheduled appointments for all services will be staggered to avoid congestion. Patient information and preparation prior to the day of the appointment will be necessary to achieve efficiency.

6. All non-specialised consulting rooms or spaces will be available for use by multiple services via a central booking system.

7. Medical Records

   7.1 Service is transitioning to electronic medical records (eMR) and bedside access to the electronic medical records at the point of care will be required.

   7.2 Scanning will be undertaken by Health Information Services.

8. Specimen Collection Centre

   8.1 Specimen collection and processing will be available during business hours.

   8.2 A pneumatic tube system will transport most of the specimens to the Pathology service.

9. Clinical Information System

9.1 Ambulatory Care and Community Health Centre will have an integrated clinical system and will be widely used across a range of clinical services.

9.2 The system will add functionality to the electronic medical record. This will provide clinicians across multiple sites with timely access to information to improve patient care. The system will allow clinicians to access:

a. Access discharge summaries.

b. Access health assessments, test results and images.

c. Undertake clinical assessments.

d. Access their own detailed clinical notes and those of other clinicians providing care to the same client.

e. Automatically see health alerts about allergies.

f. Manage appointment scheduling and waiting lists.

g. Develop care plans that can be shared across care settings.

10. Office Allocation

10.1 It should be noted this office space is separate to the Ambulatory Care Centre administration area.

10.2 Staff offices will be centralised in a dedicated staff office area using the NSW Health Policy for Activity Based Working (ABW), service groupings will be identified, and they will collocate into 'neighbourhoods' easily accessible to the therapy areas.

10.3 Decentralised workspaces will also be available at point of care throughout all treatment areas.

11. The centralised office area will comprise of:

a. Staff access to and from the Unit will be controlled by an electronic access control system.

b. A reception area.

c. A mix of dedicated offices, fixed workstations and hot desks.

d. Shared work bases which comprise of perimeter workbenches for staff who travel into the community and require a workspace for date entry and specific administrative functions.

e. A student hub, comprising of desks and access to meeting rooms with audio visual capacity.

f. Photocopiers / printers, confidential waste bins and stationery supplies which are centrally located within the area.

g. A shared general store room for the storage of portable items used by staff.

h. Shared access to a variety of bookable meeting rooms to suit different group sizes.

i. Larger meeting rooms should have the capability of audio-visual aids, teleconferencing and videoconferencing.

j. Staff property bays, beverage bays, a small staff lounge and toilets.

k. Fixed duress system will be required for the reception area.

l. An allocation of portable duress alarms will be required.

m. Each workstation is to have adequate access to power and data, access to computers and storage. Each desk space is to have access to adequate power and data and may or may not have access to a computer.

n. End of trip facilities including showers, lockers and change rooms will be provided centrally to serve all ERH staff.

o. The staff areas will be located within proximity to the patient care areas, while still providing staff with privacy from patient and public areas.

12. Pneumatic tube system, stations will be available at the following locations:

    a. Pathology collection area.

    b. Satellite Pharmacy.

    c. Ambulatory Care and Outpatient station clinics.

13. Resuscitation equipment

    a. Resuscitation equipment will be available in the medical and surgical outpatient clinics, the procedural area and the gymnasium.

14. Storage

    a. Storage solutions should maximise allocated space, avoid deep planning and provide minimal manual handling to retrieve the required equipment.

    b. Storage will be distributed close to point of care with roll in roll out cupboards, bays and niches.

    c. To minimise clutter and the risk of falls, storage must be adequate and appropriate for the equipment being stored.

7.11 Clinical Support

Services	Description
Allied Health	– Allied Health services will be in the Centre and provide hospital wide support.
Health Information Management	– An Electronic Medical Record (eMR) will be maintained for each patient. Staff will have access to clinical information systems for entering and retrieving patient information and clinical decision support via fixed and mobile devices in all clinical and staff work areas.
Infection Prevention & Control	– Alcohol based hand rub will be provided in patient care and associated staff areas. – Clinical handwash basins (Type B) will be provided in all patient care areas in accordance with the AHFG. – Space will be required for staff to don and doff gowns and PPE. – Environmental clean will occur between each patient use and a terminal clean if the patient is known to be infections.
Medication Management	– Medications and clinical consumables will be stored in the clean utility/medication room on the unit.

Medical Emergency	– 24/7 access required to the Emergency Department for the management of the deteriorating patient.
Medical Imaging	– Consumers requiring medical imaging services will be escorted to the hospital Medical Imaging Department or transferred by wheelchair.
Pathology	– Specimen collection and processing will be available during business hours. – Specimens will be stored in the specimen handling room. A blood fridge and centrifuge will be provided. – A pneumatic tube system will transport most of the specimens to the Pathology. – Staff from the Pathology Service will collect specimens in the Specimen Collection area. – The results reported electronically via eMR.
Patient Transport Service	– Patients will be moved from the unit to other internal departments by a HASA.
Procedures	– Minor procedures not requiring general anaesthetic, but which may require a local anaesthetic will be undertaken in the Centre's Procedure rooms.

Table 44 - Ambulatory Care Clinical Support.

7.12 Non-Clinical Support

Services	Description
Asset Management including Engineering Services and Biomedical Engineering	– Service will be responsible for maintenance of the building, grounds, fire and access control, non-clinical equipment such as beds, select clinical equipment and building systems such as air conditioning.
Cleaning	– Patient and clinical areas will be cleaned daily. – Access will be required to a cleaner's room for storage of the cleaner's trolley, cleaning equipment and consumables (toilet paper, paper towels).
Linen	– Clean linen will be supplied to the unit on a trolley by HealthShare staff and stored in a linen bay. – Dirty linen will be stored in the dirty utility and bagged dirty linen will be transferred to the disposal room for collection by HealthShare staff.
Waste Management	– Waste will be segregated at the point of generation and include general, clinical, sharps, recyclable and confidential waste. – Waste bins and receptacles will be regularly collected from unit disposal room by HealthShare staff.
Work Health and Safety	– Consultation and support will be provided by the hospital's Work, Health and Safety team and the emergency response / disaster management team.

Services	Description
	– The unit design is to minimise manual handling risks and support a "no lift" policy. – Bariatric patients up to 120 kg will be managed on the unit.
Security	– Access to the Centre will be controlled by an electronic access control system. – Public and patient access to clinical areas will be strictly controlled with intercom and CCTV require at all entry points. – Escape egress and fixed duress alarms will be required in all areas where staff interact with consumers and the public. – Mobile duress alarms will be used where staff are moving around the workplace in the course of their work and there is a risk of being confronted by aggressive behaviour. – The ability to lockdown zones within the Centre is required to allow flexible management of changing demand and rapid response to security threats. – Security will be provided on an in-reach model. Appropriately trained security personnel will respond to critical incidents within the unit automatically on activation of duress alarms and as required on request from clinical and service staff
Supply	– Supplies will be delivered to the Centre by the HealthShare staff to maintain agreed imprest and stock inventory levels.
ICT	– ICT will be wireless, and the digital environment will be consistent with the LHD ICT Strategy for Digital, Tele-health and Virtual Care initiatives. This will determine: – Consult and clinic rooms will be enabled to support telehealth functions for both patients and service providers with solutions to include mobile camera, virtual care camera or other such technology. – Virtual care camera in procedure or treatment rooms so that remote clinical team can review care. – Workstations on wheels (WOW) will require ventilated and conditioned storage space for recharging the equipment. – The unit needs to be capable of supporting Wi Fi devices.
Education, Training and Research	– Staff will have access to and be encouraged to undertake skills training and professional development to ensure interdisciplinary collaboration and evidence-based care delivery. – Staff will be provided with on-going supervision, mentoring and support relevant to their discipline and scope of practice. – Meeting space will be required for education and training activities.

Table 45 - Ambulatory Care Non-Clinical Support.

7.13 Design Considerations

1. The unit will provide a welcoming and calm environment for patients, their carers and families to promote stress reduction and healing.

Area	Description
Entry / Waiting / Reception (shared)	– The entry to the Ambulatory Care Centre will include a covered area for patient drop off and a dedicated ambulance drop off bay. – The reception must be in direct line of sight on entry. Public areas and amenity should be provided within the entry / waiting area. – There must be a discreetly located height and weight station adjacent to the main reception. Weight assessment must include wheelchair accessible scales, step on step off scales and a stadiometer for height assessment. – The centre administration will be located adjacent to the reception. – The large and small meeting / patient education rooms must be located near to the entrance of the Ambulatory Care Centre to facilitate sharing and easy access by groups without having to enter patient treatment areas. A beverage bay and general store room must be adjacent. – All waiting areas must cater for children and accompanying family members, accommodate wheelchairs and strollers and provide access to fresh water. – Access to the treatment areas must not traverse through one treatment area to reach another unless services are collocated. – A range of visitor amenities will be available in the near vicinity including toilets, drinking water, vending machines, parenting room and mobile phone charging stations.
Ambulatory Care	– The design of the area is to be a series of pods which are shared and bookable for patient consultants. The pods will include consult, interview and meeting rooms in a variety of configurations, and some will be enabled with Tele-health and Virtual Health technology with consideration given to acoustic separation. – The design of the reception desk should provide distinctively separate workspace and frontage for both outpatient staff and the pathology receptionist, minimising the potential for misappropriated enquiries to either party. – A shared clinical support zone must be provided between the clusters of consulting and interview rooms to enable access to the following: – Staff coordination station and handover room used for collaboration, training and student briefing. – The location of the shared area is to be as conveniently accessible by both clusters of consulting rooms.

Area	Description
	– Consultation can occur in a variety of room spaces including the traditional consulting room, interview rooms and family meeting rooms. – Procedures and treatment rooms will be located throughout. – The location of the shared area is to be as conveniently accessible by each pod.
Outpatients	– A shared clinical support zone must be provided between the clusters of consulting and interview rooms to enable access to the following: – Staff coordination station and handover room used for collaboration, training and student briefing. – The location of the shared area is to be as conveniently accessible by both clusters of consulting rooms. – Consultation can occur in a variety of room spaces including the traditional consulting room, interview rooms and family meeting rooms.
Staff Neighbourhood	– Refer to Overarching Section for NSW Health Activity Based Working (ABW)Policy. – Staff work areas and meeting rooms will be collocated in a zone that is accessible only by staff. – Workspace will be planned in accordance with ABW principles tailored to the type of work that staff undertake, and the proportion of time spent engaging in different tasks. – The office area is to create a sense of spaciousness and be filled with light and views. – The open planned environment is to provide acoustic treatments and soft separation between workstations. – All work points are to be functional, safe, accessible and complaint with Disability and Discrimination standards and legislation. – Hot desks are to have access to sufficient power and data outlets, as well as furniture for the temporary storage of personal items. – Meeting rooms are to use glazing treatments to obscure activities and provide privacy without the feeling of being enclosed. – Staff amenities will also be collocated. – A staff toilet may be located near treatment areas so that travel is reduced.
Meeting Room	– Education / meeting with capacity for approx. 20 people with high fidelity monitors for reviewing scans, and projection and videoconferencing equipment, could be shared with Medical Imaging and used for MDT meetings as well as staff training.

Table 46 - Ambulatory Care Design Considerations.

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7.14 Schedule of Accommodation

1. The Schedule of Accommodation (SOA) will be used to guide the minimum provision of rooms and spaces within the Centre.
2. Refer to Appendix A – ERH Schedule of Accommodation.

8 MEDICAL IMAGING FUNCTIONAL DESIGN BRIEF

DESCRIPTION OF SERVICE

8.1 Introduction

1. The Medical Imaging functional design brief provides an initial summary of service requirements to inform the design, delivery and operations of the service.

8.2 Description of Service

1. The Medical Imaging Unit will provide for diagnostic and interventional radiological examinations to support clinical decision making and patient treatment for adult and paediatric inpatients and outpatients. Medical imaging staff assist clinical teams in deciding the direction to take in clinical management based on the manifestations of disease that can be viewed using medical imaging technology. Within the context of the patient's known condition, advice has to be timely and as accurate as possible.
2. The imaging service will support the future clinical direction of the Eurobodalla Regional Hospital (ERH) and provide an increased range and volume of services to match the complexity of service delivery on-site with the transition towards RDL 4 critical care, subspeciality surgery, medicine, rehabilitation and maternity services, and a RDL 3 paediatric service.
    a. The service will provide the following imaging modalities:
        a. general x-ray fixed and mobile.
        b. fixed fluoroscopy.
        c. ultrasound including interventional ultrasound.
        d. OPG (dental and oral radiology will still be undertaken in oral health).
        e. CT, including interventional CT.
        f. mobile image intensification (C-arm).
        g. MRI.

8.3 Scope of Service

1. The Medical Imaging Unit will continue to deliver radiology services to RDL 4. Planned modalities are outlined below:

Room Type	Current Capacity BBH	Current Capacity MH	Planned Capacity	Comments
CSP				
General X-Ray	█	█	█	
Fluoroscopy	█	█	█	
Ultrasound	█	█	█	
CT Imaging	█	█	█	320 scanner.
OPG	█	█	█	To be located in imaging to optimise use.
Mobile X-ray	█	█	█	
Mobile Fluoroscopy	█	█	█	Image intensifier (II).

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MRI			
Total			

Table 47 - Medical Imaging Service Capacity.

8.4 Model of Care/Service Delivery

1. The Medical Imaging Unit will operate as part of a networked service within the Coastal Network and wider SNSWLHD.
2. Service agreements will continue with private providers for the delivery of cardiac diagnostic services such as stress testing, echocardiography and other nuclear medicine studies.
3. Settings for the delivery of on-site services will be as follows:
   - 24/7 Medical Imaging Unit collocated with the Emergency Department.
   - Mobile x-ray and II service in the Operating Theatres, as scheduled.
   - 24/7 mobile x-ray in ED, COU/ICU and the inpatient units including Maternity, including access to CT and fluoroscopy as required.
   - Antenatal ultrasound service to the assessment clinics in the Maternity Unit, as scheduled.
4. Mobile imaging units will be ‘parked’ in mobile equipment bays in the following units:
   - ED - general x-ray.
   - COU/ICU - general x-ray.
   - Operating Theatre – image intensifier.

8.5 Change Management

1. The Change management support will be required to address the following issues:
   1.1. Introduction of MRI service including model of care, staffing and flows.
   1.2. Utilisation of streamlined IT systems to support timely and coordinated communications and patient flow from wards to imaging.
   1.3. Process for prioritisation and coordination of flows from ED, COU/ICU, the inpatient units, Oral Health and ambulatory care.
   1.4. Development of anaesthetics and sedation model to support increased interventional work. Potential for paediatric sedation procedures including MRI.

FUNCTIONAL RELATIONSHIPS

8.6 Relative Location

1. The Medical Imaging Unit is to be collocated with the Emergency Department to support the timely assessment and treatment of ED patients who account for the bulk of the case load. Direct access from ED resuscitation bays to the CT room is essential.

8.7 External Functional Relationships

1. Key external relationships between Medical Imaging and other areas on campus are prioritised as follows:

   Direct access (collocated with access via a horizontal or vertical route with minimal turns).

   Ready access (proximal vertical or horizontal access).

   Easy access (navigable access but proximity not critical).

Services/Departments	Priority	Comments
Emergency Department	Direct	Transfer of patients requiring imaging, in particular direct access to CT and X-ray. Staff access to shared meeting space and amenities.
Front of House / Main Entry	Ready	Movement of outpatients, families/carers and visitors.
Transit Lounge	Ready	Movement of outpatients from other facilities requiring imaging services.
Ambulatory Care	Ready	Movement of outpatients and families/carers.
COU/ICU	Ready	For the transfer of patients requiring specialist imaging.
Maternity Unit	Ready	For the transfer of inpatients requiring imaging and imaging staff delivering mobile services.
Inpatient Units	Ready	For the transfer of inpatients requiring imaging and imaging staff delivering mobile services.
Perioperative Service	Ready	Movement of imaging staff delivering mobile services.
Back of House Services	Easy	Movement of staff, equipment, supplies and waste etc.
Site Interfaces	**Priority**	**Comments**
Drop off / Pickup Area	Ready	Movement of outpatients, families/carers and visitors.
Car parking	Easy	Movement of staff, outpatients, families/carers and visitors. On call staff will require safe after hours access.

Table 48 – Medical Imaging External Functional Relationships.

8.8 Internal Functional Relationships

1. The internal functional relationship diagram shows the required proximity of the key functional zones and the connectivity between the zones (i.e. visitor/ staff/ student/ material flows) plus external interfaces.

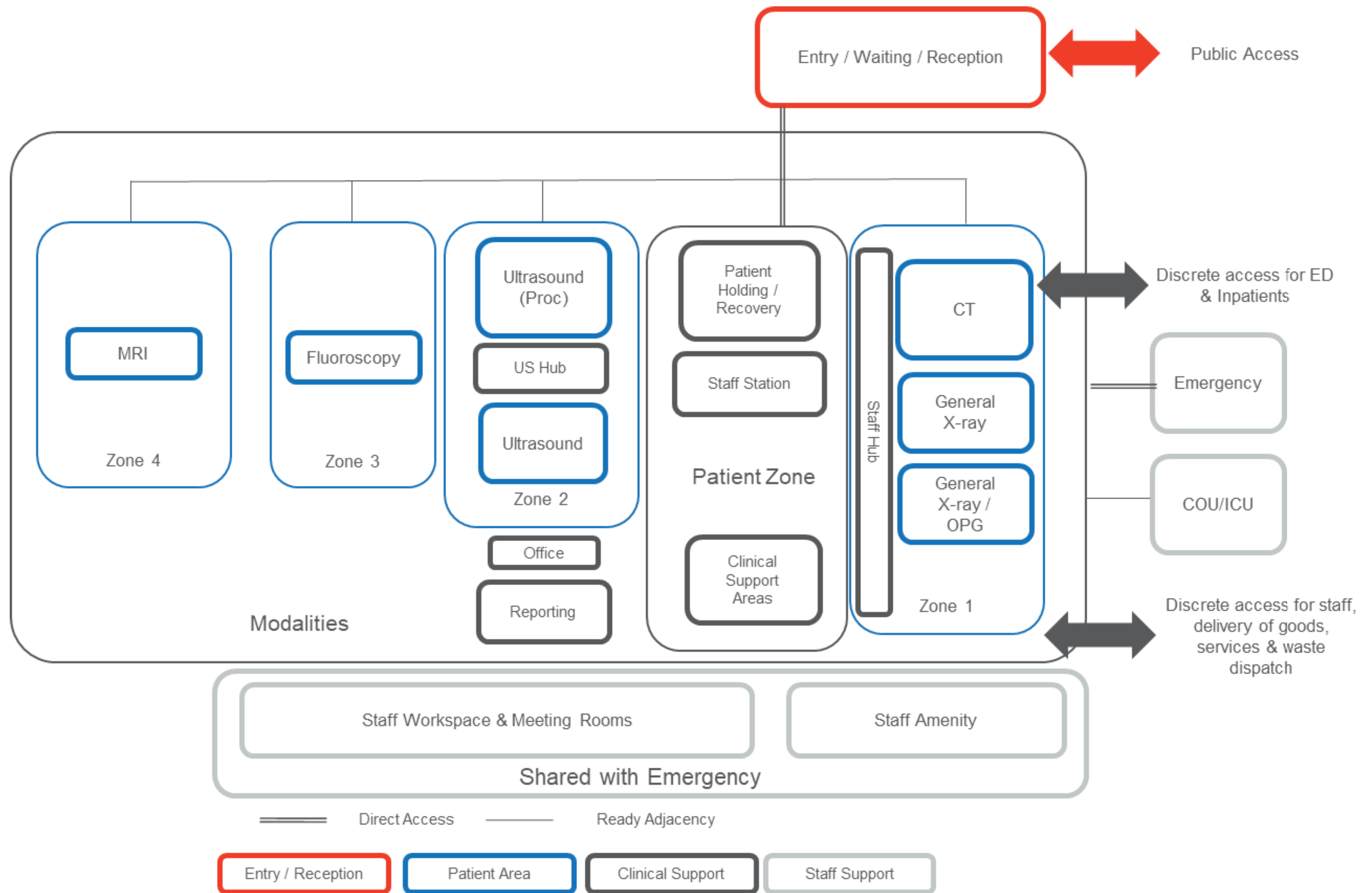

Figure 12 - Medical Imaging Functional Relationship Diagram.

2. The Medical Imaging Unit should convey a welcoming, supportive and culturally appropriate environment that inspires confidence in the services provided and reflects a commitment to patient centred care. The design should enable:

   2.1 A clear separation of Emergency and inpatient related activity and outpatient activity.

   2.2 One-way patient flow from check-in to waiting, consult/treatment and checkout.

   2.3 Good visual access / observation to the sub-waiting areas and holding bays from the staff station to allow monitoring of patient movement.

   2.4 Spaces that facilitate teamwork, collaboration, and integration including MDT consultations and remote patient management.

   2.5 The replacement of imaging equipment (e.g., wide corridors, external wall access etc).

   2.6 Expansion to accommodate additional ultrasound.

DESCRIPTION OF PROJECTED WORKFORCE

1. Workforce under development to align service configuration and models of care.

Staff Profile	FTE Current / Future		Comments
Medical			
Radiologist	[redacted]	[redacted]	[redacted]

Technical/Allied Health			
Radiographers			Includes Manager.
Sonographers			
Nursing			
Registered Nurse			RN with ALS (7 days).
Enrolled Nurse			
Administration			
Administration Officers			
PACS Admin support			Provided centrally by LHD.
TOTAL			

Table 49 - Medical Imaging Workforce Profile.

SPECIFIC OPERATIONAL GUIDELINES

8.9 General

1. Hours of Operation

   1.1. The Medical Imaging Unit will provide a 24/7 service to the ERH campus. Specific services will be provided as follows:

Service	Operating Hours
X-ray, Fluoroscopy, OPG and CT	24/7 includes mobile x-ray.
Ultrasound	Monday to Friday during business hours (excluding public holidays); with a future seven day and on-call after-hours service as service expands.
Operating Theatres	Booked Monday to Friday during business hours; emergencies after hours.
Interventional Procedures	Monday to Friday during business hours (excluding public holidays).
MRI	Monday to Friday during business hours (excluding public holidays); with a future seven day and on-call after-hours service as service expands.

Table 50 - Medical Imaging Hours of Operation.

   1.2. The operating hours will change over time to match the service requirements as the ERH clinical services transition from RDL 2/3 to RDL 3/4.

2. Patients

   2.1. Orders for ED and inpatients are automatically generated in eMR and interface into the RIS for bookings.

   2.2. Outpatient referrals will arrive via email internet or hardcopy (walk in) depending on the referring practitioner. These patients will be booked directly into the RIS and followed-up with an SMS notification. Patient attending rapid assessment clinics will be prioritised.

   2.3. Patient access to Medical Imaging will be controlled from the reception area for ambulant patients and the staff station for inpatients with separate entry points required for outpatients and ED/inpatients.

   2.4. ED patients will remain in ED until the required imaging room is available and will be collected by an imaging staff member (for ambulant patients) or a HASA with nursing escort (depending

on acuity). A waiting/holding for ED patients awaiting imaging will not be required within the unit.

2.5. Inpatients may arrive on foot, in a wheelchair or a hospital bed and may be escorted by staff. Inpatients transported on a hospital bed will be held in a patient holding area within the unit and will be cared for by imaging nursing staff (with the exception of ED and COU patients).

2.6. ED and COU patients will have virtual monitoring systems connected to enable continual monitoring by clinical staff while patients are in Medical Imaging. Monitors will be available in each clincal area for live staff monitoring.

2.7. Outpatients arriving by trolley from other facilities including residential aged care will be held in a patient holding area within the unit if accompanied by nursing staff while waiting to be scanned.

2.8. Patients requiring pre-med including sedation prior to their procedure will be managed in a holding bay; this will also be used for post procedure recovery/observation unless the patient is from ED or COU.

2.9. Paediatric inpatients will be brought directly into the unit, accompanied by nursing staff or a parent, and will leave immediately. A separate paediatric area is not required within the unit.

2.10. Family / carers may accompany patients in bed bays (and in sub wait) prior and post examination and procedures.

2.11. Paediatric patients will be prioritised, supported by SMS notification.

3. Staff

3.1. Staff access to and within the unit will be controlled by an electronic access control system. Access to the MRI suite will be further restricted to relevant staff only.

3.2. Reporting will be done on-site and remotely (after-hours and overflow) via the integrated PACS/RIS system.

3.3. Radiologists will dictate results or use voice recognition software.

3.4. Imaging staff working in the Operating Theatres will use the Theatre change rooms.

4. Amenities

4.1. Self-registration kiosks will be available in entry and waiting area to assist patients with scheduled appointments navigate their way to the unit and alert staff of their arrival.

4.2. An SMS alert service will remind outpatients of imminent appointments, notify them of any delays on day of service and recall them to the unit should they have left the waiting area.

4.3. Public amenities including water dispensers (within the unit), disability access toilets, a disabled access changing place / shower, and a parenting room (breast feeding and separate baby change) will be provided adjacent the waiting area.

4.4. The waiting room will be equipped with a patient entertaining system that can play health education content as well charging station.

8.10 Clinical Support

Services	Description
Anaesthetic Services	– Sedation will be required for interventional services (such as pleural taps) and will require a holding/recovery for the

Services	Description
	preparation of the patient and recovery/observation post procedure. – The MRI, fluoroscopy and CT rooms will be plumbed for anaesthetic gases. – Ultrasound will use a mobile anaesthetic machine however will also require oxygen and suction. – All areas will have access to virtual patient monitoring with monitors in each area so that monitoring will be continuous and accessible for the entire patient journey.
Biomedical Engineering	– Technicians will carry out maintenance of both fixed and mobile imaging equipment within the unit or within the Biomedical Workshop, as appropriate. – Most imaging machines will be maintained by external vendors. Spare parts will be held within Biomedical Workshop which will be accessed by both LHD biomedical staff and external equipment vendors.
Health Information Management	– An Electronic Medical Record (eMR) will be maintained for each patient. Staff will have access to clinical information systems for entering and retrieving patient information and clinical decision support via fixed and mobile devices in all clinical and staff work areas. – PACS will be used for the storage, retrieval, management, distribution and presentation of medical images. Hard copy images will be scanned and digitised when a patient presents with plain film; X-ray viewing boxes will not be required within the unit.
Infection Prevention and Control	– Alcohol based hand rub will be provided in patient care and associated staff areas. – Clinical handwash basins (Type B) will be provided in all patient care areas in accordance with the AHFG. – Space will be required for staff to don and doff gowns and PPE. – Environmental clean will occur between each patient use and a terminal clean if the patient is known to be infections. Where possible infectious patients will be scheduled for the end of the day.
Medication Management	– Medications, contrast and clinical consumables will be stored in the clean utility/medication room on the unit.
Medical Emergency	– 24/7 access required to the Clinical Rapid Response Team for the management of the deteriorating patient.
Pathology	– Pathology specimens will be collected during imaging procedures. Access will be required to a pneumatic tube station (PTS) to transfer specimens to the Pathology Laboratory.

Services	Description
Patient Transport Service	– Inpatients will by moved to and from the unit by a HASA who may be accompanied by a nurse. Space will be required for parking inpatient bed and wheelchairs while the patient is being scanned.
Sterilising and Reprocessing	– An automated and closed high level disinfection unit (Trophon or equivalent) will be required within the unit for the reprocessing of transvaginal probes and other probes exposed to bodily fluids and/or contaminated by any means. Disinfection unit will be located in a dedicated room adjacent the ultrasound rooms.

Table 51 – Medical Imaging Clinical Support Services Description.

8.11 Non-Clinical Support

Services	Description
Cleaning	– Patient and clinical areas will be cleaned daily by the HealthShare staff. – Access will be required to a cleaner's room within the unit for storage of the cleaner's trolley, cleaning equipment and consumables (e.g. toilet paper, paper towels).
Food and Beverages	– A beverage bay with microwave will be provided within the staff room and will include sufficient refrigeration space for staff who wish to bring meals from home. – A staff-managed beverage bay will be in the patient holding area with capacity for a fridge to accommodate small meal requirements.
Linen	– Clean linen will be supplied to the unit on an imprest trolley by HealthShare staff and stored in a linen bay. – Dirty linen skips will be stored in the dirty utility and bagged dirty linen will be transferred to the disposal room for collection by HealthShare staff.
Waste Management	– Waste will be segregated at the point of generation and include general, clinical, sharps, recyclable and confidential waste. Waste bins and receptacles will be regularly collected from unit disposal room by HealthShare staff.
Work Health and Safety	– Work Health and Safety consultation and support will be provided by the hospital's Work, Health and Safety team. – The unit design is to minimise manual handling risks and support a "no lift" policy. – Access will be required to mobile lifting equipment to support the mobilisation and positioning of patients the X-ray, CT and interventional rooms. – Lead aprons, gloves and radiation protection glasses will be provided for staff and stored on a mixture of fixed and mobile hanging stands.

Services	Description
	– Patient protection will be provided (e.g. reproductive organ protection and thyroid protection) and will be utilised as clinical indicated on a case by case basis. – Bariatric patients up to 250 kg will be managed on the unit, noting requirements for CT, MRI, Fluoroscopy, Xray and ultrasound tables to be rated to 250kg.
Security	– Access to the unit will be controlled by an electronic access control system. – MRI will require further restriction to selected staff. – Public and patient access to clinical areas will be strictly controlled. – The security of the reception and waiting area will be appropriately monitored using a CCTV system. – Escape egress and fixed duress alarms will be required in all areas where staff interact with consumers and the public. – Mobile duress devices will be used where staff are moving around the workplace in the course of their work and there is a risk of being confronted by aggressive behaviour. – Unit security systems (duress, access control etc) will be monitored 24/7 by the ERH Security Service. – Appropriately trained security personnel will respond to critical incidents within the unit automatically on activation a duress alarm and as required on request from clinical and service staff.
Supply	– Supplies will be delivered to the unit by HealthShare staff to maintain agreed imprest and stock inventory levels.
Fixtures, Fitting and Equipment (FFE)	– ED patient trolleys to be suitable for plain x-ray to avoid need to move patient. – Ceiling pull (or similar) to be considered so that patients can pull themselves up following scanning and avoid WHS issues for staff.
ICT	– Refer to Overarching Section. – ICT will be wireless, and the digital environment will be consistent with the LHD ICT Strategy. – Connection to the hospital ICT network to enable access to ieMR and other related systems for clinical documentation, ordering results etc. – Radiology Information System (RIS) integrated with ieMR. – Clinical rostering and on-call scheduling system. – Connectivity to support access to videoconferencing, virtual care and telehealth including eHealth applications such as eHealth Conferencing (Pexip) etc.

Services	Description
	– An integrated self-registration, queue and flow management and room booking systems (RMS) that interface with ieMR and provide predictive scheduling. – A paperless environment supported by ICT systems, including electronic sign in (iPad or similar), electronic request forms, workflow, tele reporting from home/remote sites, PACS etc. – Connection to the hospital electronic access control system including CCTV monitoring of all entrances. – Connectivity to the hospital patient / nurse call and emergency systems. – Connectivity to patient monitoring in ED and ICU to enable seamless and continuous patient monitoring. – Duress alarm system including fixed alarms in designated rooms and mobile alarms with location finders set at regular intervals and linked to a real time monitor facility within the unit and to Security. – Connection to the hospital Building Management System (BMS). – Patient entertainment system and free-to-air television in the waiting area. – Wi-Fi connectivity to support the use of workstations on wheels (WOWs), bring your own (BYO) devices and use of portable telehealth devices. – Docking and charging stations in clinic rooms for portable handheld devices, and space for WOW's with dedicated recharging areas and access to USB ports. – Communications – telephone, video, pager and remote: patient-clinician; require an integrated approach.
Staff Workspace	– Refer to Overarching Section for NSW Health Activity Based Working (ABW) Policy. – Staff non-operational workspace will be located within a secure staff only zone adjacent the clinical area and be designed to support both collaborative and focussed, individual work. Non-operational space refers to where staff carry out office-based functions such as administrative, managerial, clinical follow-up, planning and research. – Workspace will be planned in accordance with ABW principles tailored to the type of work that staff undertake, and the proportion of time spent engaging in different tasks. – The staff zone will include a mix of enclosed and unenclosed space for office based activities and meetings, utilities such as photocopying and scanning equipment, and staff amenities including a staff room, lockers, toilet and shower facilities.

Services	Description
Education, Training and Research	– Staff will have access to and be encouraged to undertake skills training and professional development to ensure interdisciplinary collaboration and evidence based care delivery. – Staff will be provided with on-going supervision, mentoring and support relevant to their discipline and scope of practice. – The service will education and learning opportunities for medical and nursing trainees and radiography students etc. – Education meetings will be conducted involving up to 20 people and require access to high fidelity X-ray images for review and videoconferencing facilities for those attending from off-site.

Table 52 – Medical Imaging Non-Clinical Support Services Description.

8.12 Design Considerations

1. The specific requirements for core functions are as outlined below::

Area	Key Requirements
Holding Area	– Up to six holding/recovery bays (to be grouped with oversight from a central staff station and include two chairs for cannulation. – One holding bay in the MRI suite.
Staff Station	– Overlooking the holding/preparation area and the inpatient entry to the unit and adjacent to clean utility/medication room. Dual screens required for RIS/patient flow and eMR as well as access to virtual patient monitoring for ED and ICU patients.
General X-ray	– X-Ray rooms will be configured around or to back onto a shared radiographer hub.
CT	– Direct access from ED resuscitation bays CT, with a large opening to facilitate staff standing on either side of trolley.
Ultrasound	– Ultrasound rooms will be grouped, with a dedicated reporting area for sonographers and a dedicated sub-wait area.
OPG	– Co-located in one x-ray room.
Fluoroscopy	– Fluoroscopy room as well as connected control room.
MRI	– MRI suite including imaging room, control room as well as patient change and holding facilities. Easy access to staff support areas such as reporting and staff facilities.
Change room and patient toilets	– Two way change rooms (with a door to examination room) requested to increase efficiency for some modalities. – Decentralised change rooms attached to each modality.
Radiographers Hub	– Shared work area for radiographers centrally located to the x-ray and OPG.
Reporting	– Central reporting area with two stations co-located with MRI single reporting zone with high resolution diagnostic viewing monitors. To be located in a quiet zone away from high traffic areas.

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Area	Key Requirements
Meeting Room	– Education/meeting with capacity for approx. 20 people with high fidelity monitors for reviewing scans, and projection and videoconferencing equipment. Sshared with ED, Patient flow/Ops Centre and used for MDT meetings.

Table 53 – Medical Imaging Design Considerations.

8.13 Schedule of Accommodation

1. The Schedule of Accommodation (SOA) will be used to guide the minimum provision of rooms and spaces within the Medical Imaging Department.
2. Refer to Appendix A – ERH Schedule of Accommodation.

9 PHARMACY FUNCTIONAL DESIGN BRIEF

DESCRIPTION OF SERVICE

9.1 Introduction

1. The Eurobodalla Regional Hospital (ERH) Functional Design Brief (FDB) for SNSWLHD provides an initial summary of service requirements to inform the design, delivery and operations of the service.

9.2 Description of Service

1. The ERH Pharmacy will be a single self-contained facility that supports the efficient utilisation of technology and staff to provide medication services to support patient care. Core services include:

    1.1. clinical pharmacy service including medication management plan, medication and clinical review, medication reconciliation and therapeutic monitoring.

    1.2. inpatient dispensing.

    1.3. outpatient dispensing limited to special circumstances.

    1.4. Distribution of imprest medication items to clinical areas maintenance and monitoring of inpatient medication distribution systems.

    1.5. patient education and advisory services including admission and discharge planning, liaison with community providers, counselling and compliance monitoring.

    1.6. compounding and/or the preparation of non-aseptically prepared compounds, known as extemporaneous compounds (lotions, ointments etc.).

    1.7. medication utilisation review and adverse drug reactions reporting.

    1.8. medication monitoring, information and advisory services.

    1.9. quality programs including antimicrobial stewardship.

    1.10. repacking and pre-packing of medications.

    1.11. staff education and training.

    1.12. management of medications for specialised programs such as clinical trials and S100 medications.

    1.13. undertaking and contributing to hospital-wide governance activities relating to medication safety, procurement, warehousing, distribution, prescribing, dispensing, and administration.

2. The Pharmacy service will support the future clinical direction of the Eurobodalla Regional Hospital (ERH) and provide an increased range and volume of services to match the complexity of service delivery on-site with the transition towards RDL 4 critical care, subspeciality surgery, medicine, rehabilitation and maternity services, and a RDL 3 paediatric service.

9.3 Scope of Service

1. The Pharmacy will continue to deliver services to RDL 4. Access will be available to 24/7 medication services delivered by clinical pharmacists and pharmacy technicians.

2. Pharmacy compounding services are currently outsourced. Service agreements will continue with private providers for the delivery of aseptic compounding and IV admixture services, e.g. parenteral nutrition, eye drops, injections and cytotoxic preparations.

9.4 Model of Care/Service Delivery

1. The ERH Pharmacy will operate as part of a networked service within the Coastal Network and wider SNSW LHD.

2. The transition to RDL level 4 clinical services will require the implementation of a 24/7 medication service with a clinical pharmacist on-call after-hours.

3. Development of integrated models of care will see clinical pharmacy staff play an increasing role as members of the multidisciplinary health team supporting patient assessment (pre-operative, poly pharmacy etc) and discharge planning management. This will include pharmaceutical review, medication history, medication reconciliation, therapeutic drug monitoring and planning, and patient education and counselling including the provision of medication lists and linking back to the primary care setting where appropriate. Clinical pharmacy staff will require access to write-up space within the clinical units to support this role e.g. in clinical work room or equivalent.

4. Pharmacy technicians will be responsible for collecting the ordered medications from the Pharmacy and their safe distribution to clinical units for administration at point of care.

5. Medications are currently provided to inpatient units via a supply distribution method where a box of medication is distributed to a medication storage room (clean utility/medication room) on unit for use during the patient stay and the box returned to pharmacy inventory following patient discharge so that there is no wastage.

6. Future use of robotics is envisaged. Capacity is to be provided for the future use of robotics in the Pharmacy including ceiling height of 3.1m in the bulk store/assembly area to accommodate a future robotic storage and assembly unit.

7. The use of a pneumatic tube system (PTS) for distribution of small quantities of medications to the clinical units would be supported to improve efficiency and reduce walking by techs/nurses.

9.5 Future Service Delivery / Technological Trends

1. The introduction of Automated Dispensing Cabinets and other technology will provide opportunities for new models in medication management, security and accountability.

2. The introduction of electronic drug registers will provide opportunities for efficiencies in administration and storage as well as higher security of registers.

9.6 Change Management

1. Change management support will be required to address the following issues:

    1.1. Workforce implications of moving towards a service where clinical pharmacy support is available to all clinical teams.

    1.2. Workforce implications of a 24/7 clinical pharmacy and supply service i.e., on- call and after-hours. Provide services during business hours with access out of hours.

    1.3. Upskilling pharmacy technicians to take on an expanded role in supply services to facilitate the use of ADC's in the future. Consideration also for training of relevant staff.

    1.4. Impact of the potential development of network wide pharmacy services for the SNSWLHD, particularly with regards to the procurement and manufacturing of medications.

    1.5. Development of policies around distribution of medication (including utilisation of PTS).

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FUNCTIONAL RELATIONSHIPS

9.7 Relative Location

1. The Pharmacy must be located within the 24/7 zone of the hospital, ideally close to the main entrance and service lifts to the clinical areas.

9.8 External Functional Relationships

1. Key external relationships between Pharmacy and other areas on campus are prioritised as follows:

   Direct access (collocated with access via a horizontal or vertical route with minimal turns).

   Ready access (proximal vertical or horizontal access).

   Easy access (navigable access but proximity not critical).

Services/Departments	Priority	Comments
Front of House / Main Entry	Ready	Movement of outpatients, families/carers and visitors, including access to the cashier.
Ambulatory Care	Ready	Movement of outpatients and families/carers and clinical pharmacy staff.
COU/ICU	Ready	Movement of medications and staff (pharmacists & technicians).
Inpatient Units	Ready	Movement of medications and staff (pharmacists & technicians).
Pathology	Ready	Movement of medications and staff (pharmacists & technicians) to support dispensing.
Back of House Services	Easy	Movement of staff, equipment, supplies and waste etc.
Site Interfaces	Priority	Comments
Drop off / Pickup Area	Ready	Movement of outpatients, families/carers and visitors.
Car parking	Easy	Movement of staff, outpatients, families/carers and visitors.

Table 54 - Pharmacy External Functional Relationships.

9.9 Internal Functional Relationships

2. The internal functional relationship diagram shows the required proximity of the key functional zones and the connectivity between the zones (i.e. visitor/ staff/ student/ material flows) plus external interfaces.

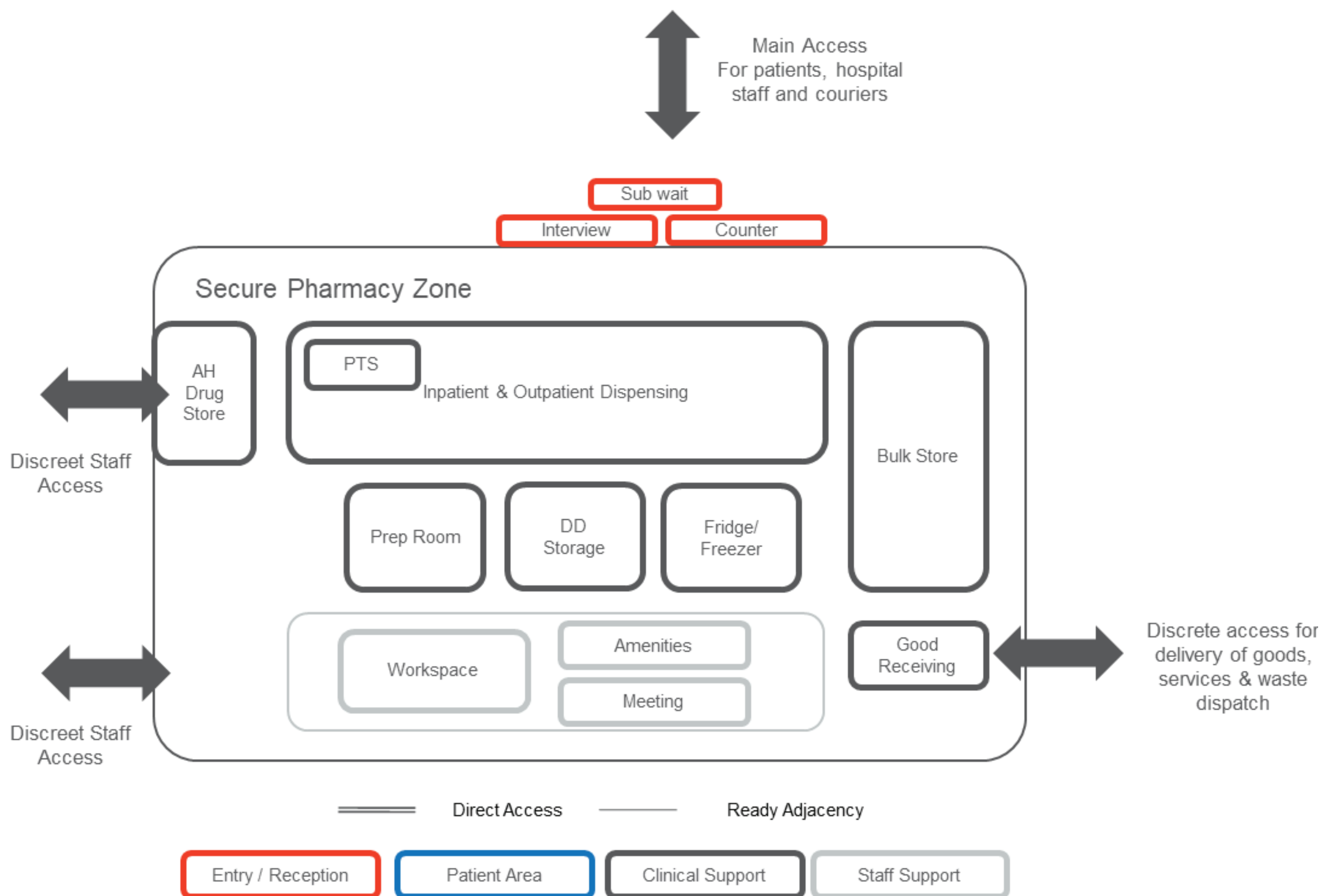

Figure 13 - Pharmacy Functional Relationship Diagram.

3. The overall design of the Pharmacy Department must achieve the following:

   3.1 The Pharmacy should provide a secure and supportive environment for pharmacy staff with an accessible outward facing counter for use by attending outpatients, hospital staff and visitors. The design should ensure:

   3.2 Efficient linear workflow to support the quality review and audit processes required for the dispensing and compounding of pharmaceutical products.

   3.3 Access to natural light should be maximised throughout the unit.

   3.4 The number of entrances/ exits to be kept to a minimum and support the requirements for the safe and secure storage of medications and pharmaceutical supplies. Entrances into the pharmacy service will be required for:

      i. secure receipt of pharmacy supplies and transfer of supplies to the inpatient units and the after-hours medication store.

      ii. staff only access to the staff zone and restricted areas within the pharmacy e.g., dispensing area.

   3.5 Fire access/egress points will be provided in accordance with Building Code of Australia and egress points will be reviewed in line with the requirement to safely store controlled drugs.

4. Security considerations detailed in the Protecting People and Property – NSW Ministry of Health Policy - Security in Pharmacies and NSW Health Policy PD2012_043 Medication Handling in NSW Public Hospitals include:

    4.1 The use of shatterproof security glass windows in the design of the pharmacy counter areas to enable staff to carry out transfer operations with safety, while maintaining communication with staff and patients.

    4.2 Fitting doors to the pharmacy with quality single cylinder dead locks to comply with fire regulations.

    4.3 Where practicable locks to be key code or card operated externally and fitted with either a turn nib or handle internally to enable occupants to escape in emergencies.

    4.4 Installing closed circuit television cameras at entry and exit points to screen entry of personnel and record any access to the pharmacy after hours, and at other areas which require similar monitoring.

    4.5 Installing intruder alarms to the pharmacy and drug safes. Intruder alarms should include detection of breaches to doors and windows including glass breakage detection.

    4.6 Ensure, where the risk assessment warrants it, that mobile staff have a personal duress alarm.

    4.7 Design to conceal internal activities of the pharmacy from public viewing.

    4.8 The perimeter wall of the pharmacy to go to the underside of the slab or alternatively a flush plasterboard ceiling system shall be used with limited access panels.

    4.9 The controlled drug store to be located away from an outside wall and will require sealed walls and ceiling systems.

    4.10 Medication fridges especially those with vaccines must be alarmed and have temperature loggers and monitoring to ensure an early response to any problems, these will require connection to the Building Management System (BMS), emergency power data port and wireless capability – NSW compliance requirements includes back to base monitoring and downloadable data for temperature excursions every 5 minutes.

    4.11 Access from the goods receipt area into the storage, assembly and dispensing areas of the pharmacy is to be controlled via use of card swipe and secure doors.

    4.12 Non-registered pharmacist staff will not be provided with access to the main pharmacy out of hours.

    4.13 Fixed duress alarm systems will be included at all patient and client interface points.

DESCRIPTION OF PROJECTED WORKFORCE

1. Workforce under development to align service configuration and models of care.

Staff Profile	FTE Current / Future		Comments
Allied Health			
Clinical Pharmacist			Includes Chief Pharmacist. Future – requires one pharmacist per inpatient unit (e.g. ED, COU/ICU/Inpatients such as Surgical, Medical, Rehab) for a 5 day service.
Technical			
Pharmacy Technician			
Administration			

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Administration officers			District Wide Purchasing Officer in Goulburn.
Intern	■		Supervised by Clinical Pharmacist.
TOTAL			

Table 55 - Pharmacy Workforce Profile.

SPECIFIC OPERATIONAL GUIDELINES

9.10 General

1. Hours of Operation

   1.1. The Pharmacy will provide a 24/7 service to ERH. Specific services will be provided as follows:

Service	Operating Hours
Inpatient Pharmacy	0730 hours – 1600 hours Monday to Friday with an after-hours medication store (excluding public holidays).
Outpatient Pharmacy	0730 hours – 1600 hours Monday to Friday (excluding public holidays).

Table 56 – Pharmacy Hours of Operation.

   1.2. The operating hours will change over time to match the service requirements as the ERH clinical services transition from RDL 2/3 to RDL 3/4.

2. Patients

   2.1. Inpatient medications will be prescribed, ordered, dispensed and recorded electronically using the eMeds.

   2.2. Medications will be administered to the patient by nursing staff until such time as ADC's are implemented. Patient drugs are stored in a locked drawer in the patient's bedside locker. Accountable medications are collected from the medication room and taken to the bedside.

   2.3. A patient's own medications will be securely stored on the ward during the patient's stay and only use in exceptional clinical circumstances with permission from the parent or family - NSW Health Policy requires that a hospital supply all inpatient medications. Accountable medications are stored in a tamper evident bag in the safe in the medication room. Non-accountable medications are locked in patient's bedside locker.

   2.4. Patient education and counselling will be provided on the inpatient unit at the bedside or in an interview room.

   2.5. On discharge inpatients will access their medications at a community pharmacy for continuity of care.

   2.6. Patients discharged from ED or Day Surgery are provided with take home packs where clinically indicated. Take home packs are ordered through the Goulburn Pharmacy Purchasing Officer.

   2.7. Outpatient dispensing is limited and includes highly specialised medications (S100) such as clozapine.

3. Staff

   3.1. Staff access to and within the unit will be controlled by an electronic access control system.

3.2. The after-hours nurse manager will be authorised to access the after-hours medication store on the perimeter of the Pharmacy. Where required, AHNM or similar may need to access pharmacy such as due to an alarming fridge.

3.3. Pharmacy staff will have access to a workspace, locker, toilet and shower facilities and a staff room.

3.4. End of trip facilities including showers, lockers and change rooms will be provided centrally to serve all ERH staff.

4. Medication Supply and Storage

4.1. Medication requests are received electronically via eMeds assembled by the pharmacy technician and checked by the pharmacist.

4.2. Non urgent medications are delivered to the bedside drawer by the technician or PTS and nursing staff alerted. Urgent meds are collected from Pharmacy by nursing staff.

4.3. Accountable drugs (S4Ds and S8s) are ordered via written prescriptions according to state legislation.

4.4. Dispensed accountable drugs are walked to the clinical unit by the pharmacist, put in a drug safe and signed in by the nurse and pharmacist.

4.5. In clinical units, pharmaceutical supplies will be maintained in a medication storage area (either a medication room or a clean utility/medication room) depending on unit activity levels. This room will require a computer, drug safe, stock flow shelving, a medication fridge and space for WOW's and a future ADC.

4.6. ED will require a drug safe adjacent the resuscitation bays.

4.7. Operating theatre staff currently order all medications from iPharmacy online for ordering by Goulburn Pharmacy Purchasing Officer for scheduled drugs and delivered to theatres.

4.8. Imprest items are currently boxed by Pharmacy Technicians and delivered to clinical units by trolley for putting stock away.

4.9. Clinical units will have access to a secure pneumatic tube connection to the Pharmacy for rapid delivery of medications and prescriptions. The PTS will not be used to transport medication in breakable containers (such as insulin) cytotoxic medications (in case of a cytotoxic spill), accountable drugs and bulk supplies.

4.10. Bulk drug delivery currently occurs after hours; after-hour deliveries will be received by a HASA and transferred to a secure receiving area on perimeter of pharmacy accompanied by the after-hours nurse manager.

4.11. Couriers deliver medications to the pharmacy counter.

4.12. Hospital supply staff will be responsible for the receipt and holding of intravenous and dialysis fluids prior to delivery to point of use. High risk fluids would be delivered directly to and stored in pharmacy.

5. Public Amenities

5.1. Outpatients attending the Pharmacy will have access to a shared waiting room equipped with a patient entertaining system that can play health education content.

5.2. Public amenities including water dispensers, disability access toilets, a disabled access changing place / shower, and a parenting room (breast feeding and separate baby change) will be provided adjacent the unit.

9.11 Clinical Support

Services	Description
Health Information Management	– Electronic medication management (e-Meds), implemented across SNSWLHD in 2018/19, will be used for prescribing by doctors, review and dispensing of medication orders by pharmacists, and administration of medications by nurses. Pharmacy staff will require dual screens when dispensing within pharmacy. Nursing staff will require a WOW at the bedside to view the medication chart when administering medications.
Infection Prevention and Control	– Hand wash basins, and alcohol based hand rub will be provided at the entrance and exit points of the pharmacy, and in additional areas throughout the unit as required.

Table 57 - Pharmacy Clinical Support Services Description.

9.12 Non-Clinical Support

Services	Description
Cleaning	– The Pharmacy will be routinely cleaned by the HealthShare staff. – Access will be required to a cleaner's room for storage of the cleaner's trolley, cleaning equipment and consumables (e.g. toilet paper, paper towels).
Food and Beverages	– A beverage bay with microwave will be provided within the staff room and with include sufficient refrigeration space for staff who wish to bring meals from home.
Linen	– The Pharmacy will not require a reusable linen supply.
Waste Management	– Waste will be segregated at the point of generation and include general, pharmaceutical, cytotoxic, sharps, recyclable and confidential waste. – Expired medications are managed on the pharmacy inventory and discarded into a RUM (Return of Unwanted Medicines) bin. – All returned medications will be reviewed for suitability for reuse. – Accountable drugs are destroyed on-site as per the Medication Handling in NSW Public Health Facilities. – Waste bins and receptacles will be regularly collected from a shared disposal room by HealthShare staff.
Work Health and Safety	– Work Health and Safety consultation and support will be provided by the hospital's Work, Health and Safety team. – The unit design is to minimise manual handling risks and support a "no lift" policy. – The unit will comply with Safe Work Australia working in isolation guidelines.
Security	– Access to the unit will be controlled by an electronic access control system. – The reception counter and entry will be appropriately monitored using a CCTV system.

Services	Description
	– Electric security shutters will be fitted to all windows. – The security of the reception and waiting area will be appropriately monitored using a CCTV system. – The Pharmacy will be protected by a monitored alarm system, security cameras and motion detectors (zoned when the unit is unattended). – Escape egress and fixed duress alarms will be required in all areas where staff interact with consumers and the public. – Mobile duress devices will be used where staff are moving around the workplace in the course of their work and there is a risk of being confronted by aggressive behaviour. – Unit security systems (duress, access control etc) will be monitored 24/7 by the ERH Security Service. – Appropriately trained security personnel will respond to critical incidents within the unit automatically on activation a duress alarm and as required on request from clinical and service staff.
Supply	– Supplies will be delivered to the unit by HealthShare staff to maintain agreed imprest and stock inventory levels.
Building System	– Emergency power to critical equipment such as security, medication storage and refrigeration / cool room systems. – Temperature monitoring to ensure the temperature does not exceed 25 degrees Celsius in areas of the pharmacy where medications are managed or stored. – Humidity control will be required in some areas. Local control is preferred.
ICT	– Refer to Overarching Section. – ICT will be wireless, and the digital environment will be consistent with the LHD ICT Strategy. – Connection to the hospital ICT network to enable access to eMR and other related systems for clinical documentation, ordering results etc. – Electronic medication management (e-Meds) integrated with eMR. – Barcode technology to support inventory management i.e. PDE Portable Data Entry (PDE) handheld units for stock taking and reordering. – Connectivity to support access to videoconferencing, virtual care and telehealth/telepharmacy including eHealth applications such as eHealth Conferencing (Pexip) etc. – A paperless environment supported by integrated ICT systems.

Services	Description
	– Connection to the hospital electronic access control system including CCTV monitoring of all entrances and a monitored alarm system. – Duress alarm system including fixed alarms in designated rooms and mobile alarms with location finders set at regular intervals and linked to a real time monitor facility within the unit and to Security. – Connection to the hospital Building Management System (BMS). – Wi-Fi connectivity to support the use of workstations on wheels (WOWs), bring your own (BYO) devices and use of portable telehealth devices. – Fundamental requirements for the Pharmacy include: • Computer access for all technicians and pharmacists. • Laptops/tablets for the clinical pharmacists. • Printers including label printers at each dispensary station, general multifunction device printers – compatible with PAS and eMR etc. • Medication scanners for integrating checking as part of the medication dispensing process. • On call laptop and mobile depending on 24/7 model. • Computers at the checking bench. • Phones at all staff work points. • Electronic DD register and Automatic DD dispensing cabinets (Potential requirement).
Staff Workspace	– Refer to Overarching Section for NSW Health Activity Based Working (ABW) Policy. – Staff non-operational workspace will be located within a secure staff only zone adjacent the clinical area and be designed to support both collaborative and focussed, individual work. Non-operational space refers to where staff carry out office-based functions such as administrative, managerial, clinical follow-up, planning and research. – Workspace will be planned in accordance with activity based working (ABW) principles tailored to the type of work that staff undertake, and the proportion of time spent engaging in different tasks. – The staff zone will include a mix of enclosed and unenclosed space for office based activities and meetings, utilities such as photocopying and scanning equipment, and staff amenities including a staff room, lockers, toilet and shower facilities.

Services	Description
Education, Training and Research	– Staff will have access to and be encouraged to undertake skills training and professional development to ensure interdisciplinary collaboration and evidence based care delivery. – Staff will be provided with on-going supervision, mentoring and support relevant to their discipline and scope of practice. – The service will provide education and learning opportunities for pharmacy trainees and students etc. – Meeting space will be required for education and training activities.

Table 58 - Pharmacy Non-Clinical Support Services Description.

9.13 Design Considerations

1. The specific requirements for core functions are as outlined below:

Area	Key Requirements
Waiting Area	– Access to a waiting area with play area and public amenities close by.
Interview	– Access to a comfortable interview/meeting room able to accommodate family groups; flexible space that can also be used for small staff/visitor meetings and staff supervision.
Counter	– Security glazing so that patients/staff can hear pharmacy staff; sound proofing to maintain confidentiality of conversations as well as ability to pass medications to patients.
After-Hours Medication Store	– Located on the perimeter of the Pharmacy with access from an external staff corridor and the Pharmacy for replenishing.
Dispensary	– Station with terminal for triaging call/screen orders from medical and nursing staff if no clinical pharmacist on the ward. – Triaging area – scripts triaged and placing in a triage tray based on urgency for dispensing . – 2 or 3 dispensing stations depending on staff (1 station per staff member), scripted entered and labels generated – Pneumatic tube station (PTS) sized for medication distribution. – Storage for hard copy outpatient scripts (if not digital). – Adequate shelving for all stock, consumables, folders, stationery etc. – Printer(s) to print medication lists and Consumer Medicines Information (CMI). – Access to a sink for the reconstitution of oral medication and cleaning of compound equipment.
Assembly / Packing	ED pre-Packs – Bench space for packing and labelling packs to be issued to discharged patients by ED medical staff.

Area	Key Requirements
	– Checking area required. – Shelf space for checked packs ready for supply. Resuscitation Trays – Bench space for restocking expired trays. – Checking area required. – Storage space for checked trays ready for supply to ward staff (expired tray exchanges for a restocked tray).
Storage	– Stock flow shelving. – Secure storage for dangerous drugs with 1-2 computer terminals on emergency power. – Adequate shelving for all stock and consumables etc. – Items grouped by type • Oral Liquids. • Oral Tablets. • IV injectable. • Suppositories, inhalations etc). • Section 100's. • SAS (unregistered products). • Compassionate items. • Cytotoxic. – Refrigerated storage with items arranged by oral, suppositories, inhalation, normal, high cost, vaccinations, lifesaving drug program and compassionate. – S4D storage shelves. – Storage of bags and bottles to make up discharge packs (7 days' supply). – Storage for recalled items waiting removal. – Disposal area for returned or expired medications. – Storage for stationeries e.g. labels, A4 paper. – Storage for pack down bottles & paper boxes.
Staff Workspace	– Standing/sitting desks for all pharmacists and technicians (up to 6 persons) to do quality and project activities with space for students on placement. – 2 screens per pharmacist workstation and printers. – Storage for manuals. – Huddle space for the team.
Meeting Room	– Access to a shared education/meetings with capacity for 145pprox.. 20 people with projection and videoconferencing equipment.

Table 59 – Pharmacy Design Considerations.

9.14 Schedule of Accommodation

1. The Schedule of Accommodation (SOA) will be used to guide the minimum provision of rooms and spaces within the Pharmacy Department.
2. Refer to Appendix A – ERH Schedule of Accommodation.

10 PATHOLOGY FUNCTIONAL DESIGN BRIEF

DESCRIPTION OF SERVICE

10.1 Introduction

1. The Pathology functional design brief provides an initial summary of service requirements to inform the design, delivery and operations of the pathology service.

10.2 Description of Service

1. The Pathology Unit will provide facilities for an on-site core pathology service including a Royal College of Pathologists of Australia (RCPA) / National Association of Testing Authorities (NATA) accredited Category B laboratory. The ERH laboratory will provide a full range of core laboratory tests to support the clinical services provided at ERH and referrals from other health service providers in the district. A Collection Centre will also be provided. NSWHP will provide pathology services to ERH either on site or through the state-wide network of NSWHP laboratories.

2. The Pathology service will support the future clinical direction of the Eurobodalla Regional Hospital (ERH) and provide an increased range and volume of services to RDL 4 pathology to match the complexity of service delivery on-site with the transition towards RDL 4 critical care, subspecialty surgery, medicine, rehabilitation and maternity services, and an RDL 3 paediatric service.

10.3 Scope of Service

1. The increasing complexity of clinical services at ERH will require an increase in the RDL of the Pathology service from an RDL 3 to Level 4. This may require the provision of extended hours and more specialist diagnostic tests to meet agreed clinical need. Services current and planning are summarised in Table 1.

Area Type	Current	2031	Comments
Pre-Analytical	✓	✓	Sample processing – sent to on-site lab for testing or/& transport to a networked NSWHP laboratory.
Chemical pathology	✓	✓	e.g. liver and renal function test, electrolytes.
Microbiology	✓	✓	Urine microscopy, Gram staining and stat CSF.
Haematology	✓	✓	Full blood count, cross matching, blood grouping and basic coagulation.
Blood Bank	✓	✓	Dedicated fridge's for blood stock and blood products.
Complex Microbiology	✓	✓	Limited onsite testing supported by transport arrangements to a networked NSWHP laboratory.
Anatomical Pathology	✓	✓	Provide transit arrangements to a NSWHP networked laboratory.
Genetics and Genomics	✓	✓	Provide transit arrangements to a NSWHP networked laboratory.
Point of care testing (PoCT) bays	✓	✓	Located in ED, Maternity, COU/ICU, Operating Theatre.

Area Type	Current	2031	Comments
Collection Service	✓	✓	Inpatient and outpatients. Outpatient collection to take place in Pathology Collection Rooms.

Table 60 – Pathology Service Capacity.

Key: ✓denotes on-site service
✓denotes off-site service

2. Services provided by the on-site Collection Centre include:

   2.1 adult and paediatric venepuncture and heel/finger pricks (phlebotomy)

   2.2 urine and faeces (collected in an adjoining toilet)

   2.3 glucose tolerance testing

   2.4 skin and nail scrapings

10.4 Model of Care/Service Delivery

1. The ERH Pathology Laboratory will be operated by NSW Health Pathology (NSWHP) which is committed to delivering the best possible service to patients, clinicians, Local Health Districts (LHDs) and other key external customers.

2. The ERH Laboratory will continue as a NATA "B" laboratory and as part of the NSWHP network of laboratories with networked "G" Laboratory acting as the main testing laboratory hub for tests not available on site. Supervision of pathology testing completed on the site will be provided by a NATA accredited Category G laboratory from the NSWHP network. Pathologists and network Senior Scientists are available for both consultation and education. The arrangements following implementation of the new statewide NSWHP Laboratory Information Management System (LIMS), called Fusion, will inform which of the networked G laboratories will provide supervision to ERH.

3. An extensive and regular courier network links the ERH Pathology Service to specialised services and the wider network of NSWHP Laboratories. This networked service delivery model will ensure that clinical services have appropriate and timely access to pathology services to support quality patient care.

4. The transition to an RDL level 4 Pathology may require the implementation of extended hours on-site and an increased range of testing services plus continuation of after-hours oncall laboratory staff. Clinical service access to pathology 24/7 can be achieved by a wider range of point of care testing, access to oncall laboratory staff and an increase in courier services to facilitate timely reporting. NSWHP will consult with the ERH to confirm the services required both onsite and from the wider laboratory network to ensure the appropriate mix of services are provided. The use of digital technologies will be explored to enable this increase in service level.

5. With the enhancement of clinical services at ERH over time, and as part of the agreed annual service charters, pathologists will be available via telehealth for consultations with the clinical community and participation in multidisciplinary team (MDT) interactions.

6. The use of a pneumatic tube system (PTS) for the transfer of suitable specimens from the Collection Centre and clinical units to the laboratory will improve efficiency and reduce walking by hospital and pathology staff.

10.5 Future Service Delivery / Technological Trends

1. The transition to a RDL 4 facility provides opportunities to enhance onsite services in support of increased surgery volume and specialties.

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10.6 Change Management

1. The Pathology service at ERH will continue evolve to meet the needs of the clinical services as they change over time and in accordance with the agreed annual service charters. Anticipated changes include:

   1.1. Improved staff efficiencies with the introduction of new digital technology to aid workflows and enhance pathologist collaboration across hospital sites, and with multidisciplinary care teams

   1.2. The streamlining of service arrangements with the implementation of a PTS for the transportation of specimens from the clinical areas and other changes with the new lab, such as dedicated storage solution and related stock control.

   1.3. Development of a back-up plan for handling equipment failure/power loss – e.g., the cost of lost consumables during equipment failure and or power loss.

   1.4. Increased support to clinical trials and local research initiatives, as required by local clinicians.

FUNCTIONAL RELATIONSHIPS

10.7 Relative Location

1. The Pathology Laboratory must be located within the 24/7 zone of the hospital, ideally close to the main entrance, Emergency Department and service lifts to the clinical areas. Collocation of the Laboratory and Collection Centre is preferred to optimise the efficient use of technical staff across both areas to meet changing demand during the day. However, it is recognised there are advantages to patients to having the Collection Centre in or near Ambulatory Care. Proximity of the laboratory to ED is priority.

10.8 External Functional Relationships

1. Key external relationships between the pathology laboratory and other areas on campus are prioritised as follows:

   Direct access (collocated with access via a horizontal or vertical route with minimal turns).

   Ready access (proximal vertical or horizontal access).

   Easy access (navigable access but proximity not critical).

Services/Departments	Priority	Comments
Front of House / Main Entry	Ready	Movement of outpatients, families/carers and visitors.
Ambulatory Care	Ready	Movement of outpatients and families/carers to the Collection Centre, particularly oncology patients.
Emergency Department	Direct	Movement of staff for phlebotomy, delivery of blood and blood products, particularly during a Massive Transfusion Protocol (MTP) and PoCT maintenance. Close adjacency allows for redundancy if the PTS fails or is being serviced.
COU/ICU	Ready	Movement of phlebotomy staff and technical staff to maintain PoCT
Inpatient Units	Ready	Movement of phlebotomy staff.

Services/Departments	Priority	Comments
Maternity Unit	Ready	Movement of phlebotomy staff and technical staff to maintain PoCT.
Operating Theatre	Ready	Movement of phlebotomy for delivery of blood and blood products and PoCT maintenance.
Pharmacy	Easy	Combined dispatch between Pharmacy and Pathology for SCIGS.
Back of House Services	Easy	Movement of staff, equipment, supplies and waste etc, including loading dock for deliveries of large amounts of stock.
Site Interfaces	Priority	Comments
Drop off / Pickup Area	Direct	Courier access including Red Cross Lifeblood.
Car parking	Ready	Movement of outpatients, families/carers and visitors. Parking for staff undertaking home collection service and on call out of hours.

Table 61 - Pathology External Functional Relationships.

10.9 Internal Functional Relationships

1. The internal functional relationship diagram shows the required proximity of the key functional zones and the connectivity between the zones (i.e. visitor/ staff/ student/ material flows) plus external interfaces. The cool room is accessed frequently during the day. The Microbiology zone is future proofing eg, Molecular Microbiology, which require access to the sink for staining, Biological Safety Cabinet etc.

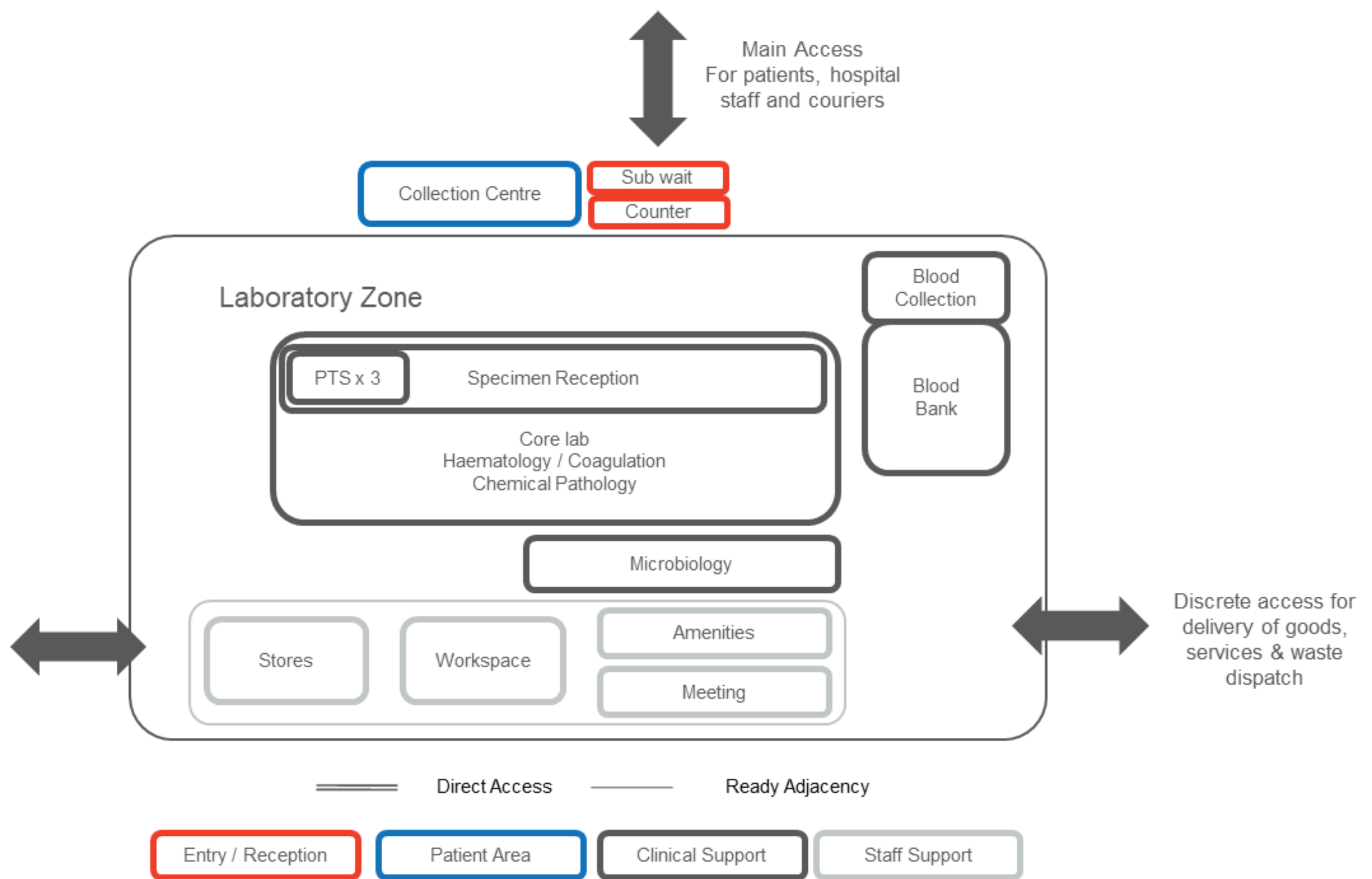

Figure 14 - Pathology Functional Relationship Diagram.

2. The overall design of the Pathology Department must achieve the following:

   2.1 Open plan laboratory layout with natural light and clear line of sight across all work areas.

   2.2 Separation of clean and dirty flows.

   2.3 Benches have ability to be locked together for initial planning and layout design and/or unlocked for redesigning layout of laboratory for future changes that may occur.

   2.4 Pallet jack access to circulation areas adjacent to stores and the laboratories for equipment delivery / replacement including space for holding until unpacked.

DESCRIPTION OF PROJECTED WORKFORCE

1. Workforce under development to align service configuration and models of care.

Staff Profile	FTE Current / Headcount Future			Comments
Scientific				
Health Manager	[illegible]	[illegible]	[illegible]	
Scientist	[illegible]	[illegible]	[illegible]	
Technical				
Technical Assistant	[illegible]	[illegible]	[illegible]	
Technician Officer	[illegible]	[illegible]	[illegible]	Depends on extended hours and location of specimen collection and any other collection services.

Staff Profile	FTE Current / Headcount Future			Comments
TOTAL				

Table 62 - Pathology Workforce Profile.

SPECIFIC OPERATIONAL GUIDELINES

10.10 General

1. Hours of Operation

1.1. The Pathology will provide a 24/7 service to ERH. Specific services will be provided as follows:

Service	Operating Hours
Pathology Laboratory	0730 hours – 2000 hours 5 days per week. 0830 hours – 1700 hours weekends and public holidays. An on-call and POCT service is available outside operating hours for urgent tests. Hours of operation may need to be extended to 24/7 depending on clinical requirements and demand for services in the future. However, it is recognised that a 24/7 service is at RDL 5, ie higher than the planned delineation.
Collection Centre (Outpatients)	0730 hours – 1700 hours Monday to Friday and 0800 hours – 1630 hours on weekends and public holidays with the option for extended hours based on clinical need.
Collection (Inpatient)	0800 & 1100 daily.

Table 63 – Pathology Hours of Operation.

2. Governance and Administration

2.1 The day to day operational management of the Pathology Service is the responsibility of the ERH Senior Hospital Scientist and Operations Manager reporting to the NSW Health Pathology Regional & Rural Director of Operations and supervised by the Local Pathology Director for SNSWLHD.

2.2 All reporting, policy development, planning, education, training and clinical governance will remain the responsibility of NSW Health Pathology South within the context of the State-wide Pathology service model.

2.3 Technical Assistant staff will provide reception and call centre responsibilities including general information, specimen processing, phlebotomy, sample collection & registration, advice regarding results via mail, telephone, downloads, email and less commonly, faxes, support during computer downtime, point of care analyses, and report distribution until transition to electronic reports is implemented in the future.

2.4 In the future, a State-wide laboratory information system will enable centralisation of some of these services such as sample tracking, result delivery and call centre functions.

3. Pathology requests and reporting

3.1. The Requests for pathology testing and reporting of results electronic. E-ordering is used for specimens which are electronically logged with the stickers prelabelled in the front of house area of the lab.

3.2. All analysers are connected to LIS and are connected to doctor's surgeries if they are community referrals.

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3.3. Pathology results are integrated into the eMR system including my health record as part of a single patient specific record.

3.4. Ideally, the Pathology system will link to private practice software to support pre- and post-analytical functions. The use of an in-house database in manual mode during downtime is planned.

3.5. Authorised access to verified results will be available electronically at point of care throughout the hospital.

3.6. Limited paper request forms, workbooks, notes, records are currently in use, but the aim is to be full paperless by the time the service relocates to new premises.

4. Asset Management Workflow

4.1 All Specimens and reports will be retained in accordance with the requirements of the NPAAC and for documentation of requirements of the Health Insurance Act for inspection by the Health Insurance Commission.

4.2 All requests and reports are transmitted securely using Public Key Infrastructure systems with an electronic version retained.

4.3 Records regarding maintenance and Quality Assurance activities will be retained in line with regulatory policies and NSWHP procedures.

5. Specimen Collection/Phlebotomy

5.1. The Collection Centre operates 7 days a week for hospital outpatients and community referred patients.

5.2. A phlebotomy service provides two collection rounds to the inpatient units daily, one in the morning and another after lunch. This may increase in the future to meet demand. Senior collecting staff are involved in collecting for paediatrics and neonates.

5.3. Four inpatient collection trolleys will be required; trolleys will be fitted with iPads or laptops to enable real time interaction with the Pathology collection handbook, the LIS and electronic Pathology collection orders and requests from medical officers.

5.4. Bedside sample label printing will be provided on trolleys following positive barcode scanning of barcoded wrist/ankle name bands to enhance patient identification and reduce errors.

5.5. The home collection service will be coordinated via a dispatch centre housed within the Laboratory Service at Westmead Hospital.

6. Equipment Identification and Tracking

6.1. Specimen Reception area of the laboratory will provide specimen receipt, data entry, initial processing, and distribution of pathology specimens to the appropriate laboratory, including off-site, as necessary. There will be full electronic tracking of all samples from collection and receipt in the lab.

6.2. Pre-analytical services will also co-ordinate pathology services for research and clinical trials which will include biohazard cabinets shared with specimen reception.

6.3. Innovative technology and automation will provide further efficiencies into the future to streamline the data entry.

6.4. Specimens collected in clinical areas will be transported to the specimen reception area within the Pathology Unit by pneumatic tube system (PTS).

6.5. Specimen Reception will need to be closely integrated into the testing zones to enable the lab to be run and always supervised, particularly at night by a single staff member. There will need to be line of sight over sample drop off and analysers.

6.6. The PTS should include RFID capacity to ensure specimen deliveries are not delayed due to loss of misplaced pneumatic tube transport capsules. Ideally all parts of the hospital including services in separate physical buildings, particularly the Emergency Department and the ICU are

connected via the PTS to the Pathology unit, to ensure critical time dependent specimens are not queued to be delivered to the laboratory via the PTS.

6.7. The pneumatic tube stations should be able to be individually isolated and shutdown if they become faulty to allow other sections of hospital to continue to function. Wards are broken into zones which can be isolated during fault or service.

6.8. The PTS will be remote diagnostics enabled.

6.9. The Operating Theatres, ED and ICU stations will have priority send over other wards.

6.10. Pathology can clear zones of block canisters and to audit canisters sent and received at the stations.

6.11. Selected specimens, e.g. critical samples such as cerebrospinal fluid (CSF), blood gases, tissue samples in formalin, and larger specimens and samples that are not be able to be recollected should be hand delivered to Specimen Reception.

6.12. A courier service will operate regularly between ERH and other NSWHP facilities. The frequency and timing of courier pickups and drop offs will be continually reviewed and modified to ensure the service meets the needs of patients and clinicians.

7. Blood and Blood Products

7.1. All blood products will be stored in accordance with the Australian Standards AS3684 and Lifeblood (Australian Red Cross Lifeblood) standards within the Pathology Unit. A freezer capable of -40°C will be required for the blood products storage. A -40°C freezer will be required for bone graft material storage prior to theatre procedures.

7.2. Separate storage will be required for cross-matched and non-cross-matched blood.

7.3. After-hours access will be required to the blood fridge by ERH staff.

7.4. Blood will be transported to the Operating Theatres, ED and COU/ICU by HASA's and authorised after-hours staff.

8. Frozen Sections

8.1. A frozen section service may be developed for ERH should it be required to support the needs of the surgical service. Ideally, the provision of this service would be planned and would align with predetermined surgical lists and procedures.

8.2. Use of telepathology to be investigated with Westmead anatomical pathology if required.

9. Staff

9.1. Staff access to and within the unit will be controlled by an electronic access control system.

9.2. Pathology staff will have access to a workspace, locker, toilet and shower facilities and a staff room.

9.3. End of trip facilities including showers, lockers and change rooms will be provided centrally to serve all ERH staff.

10. Public Amenities

10.1. Outpatients attending the Collection Centre will have access to a waiting room equipped with a patient entertaining system that can play health education content.

10.2. Public amenities including water dispensers, disability access toilets, a disabled access changing place / shower, and a parenting room (breast feeding and separate baby change) will be provided adjacent the unit.

10.11 Clinical Support

Services	Description
Infection Prevention and Control	– Standard precautions will be used when handling all specimens. – Provision of hand hygiene, both basins and alcohol-based hand rub delivery points will be required throughout the laboratory and the Collection Centre. – Workflows and processes will be designed to minimise cross-contamination between laboratories and work areas. – Laboratory safety will be maintained through the use of two biological safety cabinets, one for specimen reception and one in the microbiology testing zone. A fume extraction cabinet may also be required for faeces sampling to aid amenity and safety for staff. – Pneumatic pods and pneumatic tubing conduit should be able to be decontaminated.

Table 64 - Pathology Clinical Support Services Description.

10.12 Non-Clinical Support

Services	Description
Cleaning	– The Laboratory and Collection Centre will be routinely cleaned by the HealthShare staff. – Access will be required to a cleaner's room for storage of the cleaner's trolley, cleaning equipment and consumables (e.g. toilet paper, paper towels).
Food and Beverages	– A staff room with microwave will be provided including sufficient refrigeration space for staff who wish to bring meals from home.
Linen	– Laboratory staff will wear clean gowns within the laboratory areas. – A linen bay will be required near the staff entry of the laboratory. – Linen skips will be provided for staff to dispose of used gowns on their way out. – Laundry will be managed and provided by the HealthShare.
Maintenance	– Routine onsite/building maintenance will be logged by staff on the BEIMs or AFM online system. Engineering staff will coordinate repairs. – Equipment maintenance provided by external contract with service providers, coordinated by Pathology.
Waste Management	– Waste will be segregated at the point of generation and include general, clinical, sharps, recyclable and confidential waste. – All pathological waste should be considered as potentially hazardous and be treated as clinical waste. Pathological waste will be collected by HASA's and removed to loading dock disposal room.

Services	Description
	– Waste bins and receptacles will be regularly collected from a shared disposal room by HealthShare staff.
Work Health and Safety	– Work Health and Safety consultation and support will be provided by the hospital's Work, Health and Safety team. – The unit design is to minimise manual handling risks and support a "no lift" policy. – Height adjustable benches will be required. – Safety showers, eye wash stations located as per the Standard. – The unit will comply with Safe Work Australia working in isolation guidelines.
Security	– Access to the unit will be controlled by an electronic access control system. – Public access to the Collection Centre will be separated from staff and deliveries access to the laboratory areas. – Escape egress and fixed duress alarms will be required in all areas where staff interact with consumers and the public. – Secure access is required by staff at night and after-hours. Parking should be provided close by for staff working after-hours. – Mobile duress devices will be used where staff are moving around the workplace in the course of their work and there is a risk of being confronted by aggressive behaviour. – Unit security systems (duress, access control etc) will be monitored 24/7 by the ERH Security Service. – Appropriately trained security personnel will respond to critical incidents within the unit automatically on activation a duress alarm and as required on request from clinical and service staff. – Pathology collection vehicles are fitted with telematics for duress.
Supply	– Consumables will be delivered to the Hospital Loading dock by external couriers, and priority delivery by the HASA's or relevant staff to the laboratory bulk storage area (both room temperature and cold store).
Building System	– Temperature control and ambient room temperature monitoring. – Cool room linked to BMS. – Provisions for emergency and mechanical redundancies e.g., two motors connected to cool room. – Isolation switches for fridges that are easily accessible once a month pathology must complete a safety check of blood bank alarms. – Emergency power to critical equipment such as security, refrigeration / cool room systems. A safety/UPS circuit for safety backups.

Services	Description
	– Refrigerators must be alarmed and have temperature loggers and monitoring to ensure an early response to any problems, these will require connection to the Building Management System (BMS), emergency power data port and wireless capability. – A reverse osmosis (RO) water plant will be required to supply water to analysers. The plant will need to be wall-mounted and plumbed with easy access to change cartridges. The area will need to be designed as a wet area as the area gets wet during the change of filter cartridges. A sink will be needed within close proximity. A pressure vessel will possibly be required to maintain pressure to instrument if required. – Access to regular plumbing to dispose of analyser liquid waste, e.g., a floor waste with air gap between waste pipe and drain. – Networked instruments for specimen analysis or to store samples and other products in fridges/freezers require up to four data outlets per item. – Data cable connection closet (comms room/cupboard): circuit breaker and emergency power shut-off button. – Use of service poles to supply power and data suspended from the ceiling to benches and analysers. Maximising flexibility of bench configuration. – Access to power point and data outlets for equipment such as fridges without having to move the large and heavy equipment. – 15Amp supply feed required for some instrumentation, with potential for 32Amp for larger testing analysers.
ICT	– Refer to Overarching Section. – ICT will be wireless, and the digital environment will be consistent with the LHD ICT Strategy. – Telepathology Fusion. – Connection to the Pathology ICT network on WSLHD network for the Laboratory Information System (LIS) for ordering and reporting. – Connection to the SNSWLHD hospital ICT network to enable access to eMR for ordering and reporting. – Connectivity to support access to videoconferencing, virtual care and telehealth/telepathology including eHealth applications such as eHealth Conferencing (Pexip) etc. – Connectivity to support the remotely monitoring and diagnostics of laboratory equipment by outside providers with maintenance contracts and compliance with SNSWLHD cyber security policy. – Access to specialised digital technology (high capacity fibre cables, cloud storage and high-speed internet) for Anatomical Pathology (AP), Haematology, Microbiology and genomics for image and data review and reporting and multi-disciplinary team meetings with on-site clinicians. These systems will reach into

Services	Description
	Pathologist's workspaces at ERH as well as into MDT meeting rooms. – A paperless environment supported by integrated ICT systems. – Connection to the hospital electronic access control system including CCTV monitoring of all entrances and a monitored alarm system. – Duress alarm system including fixed alarms in designated rooms and mobile alarms with location finders set at regular intervals and linked to a real time monitor facility within the unit and to Security. – Connection to the hospital Building Management System (BMS) for the remote monitoring of cool rooms and freezers etc. to ensure the integrity of reagents and patient samples are not compromised during equipment and or power failures. – Wi-Fi connectivity to support bring your own (BYO) devices. – Capacity for images and data storage, middleware servers, interface equipment and backup. – Communications – VOIP telephone and/or mobile: pathology-clinician; Call diversion to mobile for afterhours service and in the event of loss of VOIP phones for Transfusion.
Staff Workspace	– Refer to Overarching Section for NSW Health Activity Based Working (ABW) Policy. – Staff non-operational workspace will be located within a secure staff only zone adjacent the clinical area and be designed to support both collaborative and focussed, individual work. Non-operational space refers to where staff carry out office-based functions such as administrative, managerial, clinical follow-up, planning and research. – Workspace will be planned in accordance with ABW principles tailored to the type of work that staff undertake, and the proportion of time spent engaging in different tasks. – The staff zone will include a mix of enclosed and unenclosed space for office based activities and meetings, utilities such as photocopying and scanning equipment, and staff amenities including a staff room, lockers, toilet and shower facilities.
Education, Training and Research	– Staff will have access to and be encouraged to undertake skills training and professional development to ensure interdisciplinary collaboration and evidence based care delivery. – Staff will be provided with on-going supervision, mentoring and support relevant to their discipline and scope of practice. – The service will provide education and learning opportunities for pathology trainees and students etc. – Meeting space will be required for education and training activities.

Table 65 - Pathology Non-Clinical Support Services Description.

10.13 Design Considerations

1. The specific requirements for core functions are as outlined below:

Area	Key Requirements
Waiting Area	– Waiting area with play area and access to public amenities close by. – Patient entertainment for patients with provision to display brochures/pamphlets. – Patients undertaking GTT will require comfortable seating and line of sight from the reception area during the 2hr period of waiting.
Collection Centre	– Access to dedicated Collection Centre patient parking. – Accessible waiting area (wheelchair and visual impaired access). – Two collection rooms each withl a collection trolley; one collection room to be child friendly. – A collection toilet. – A bariatric chair for bariatric patient collections. – Line of sight over waiting are so collection staff can observe patients e.g. glucose tests. – PTS station if remote from Laboratory Specimen Reception. – Collection chairs to be electric and able to convert to prone/flat position to support both paediatric and bariatric collections.
Specimen Reception	– Courier drop off and pick up zone. – Up to six or seven staff working in the specimen reception / send away work zone. – Open plan area with access points for data, power, and waste outlets. – Incoming zones including sample drop off, 3 x PTS stations. – Biological safety cabinet. – Storage for eskies. – Pigeon hole storage. – Direct functional relationship with Haematology and Biochemistry, then Transfusion and Microbiology.
Core Laboratory	– The core laboratory will analyse the majority of specimens. – Laboratory space to continuous with Specimen Reception via a front-end automated track system or manual transport. – During the day 5-6 staff will be required in the core laboratory.

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Area	Key Requirements
	– During evening shifts/weekends (2000 – 0730) one staff member needs to attend all facets of laboratory so minimal walking between benches required. – PTS stations to be accessible from laboratory and Specimen Reception. – Open plan design with access to natural light and clear line of sight across all areas. – It will require: • No laboratory benches should be fixed in the laboratory and specimen reception areas (excluding wet areas) to allow for flexibility; computers and benches need to be movable to allow for change, including not being fixed to walls. • Regular access points to power, data, and water, ideally accessed from the ceiling with access to waste plumbing. Selected equipment requires 15amp outlets; RO water supply; UPS attached to instruments or dedicated UPS room-discussion. • 100% adjustable height (high/low) benches • Sturdy benches for microscope-no vibration. Ability for microscopy ability. • Most benches to be 750mm deep, with the exception of those with larger testing equipment that should be 900mm • Customised trolleys for specialist laboratory equipment, • Rear access for maintenance, cleaning and servicing requirements. • Adequate air conditioning and ventilation to offset the temperatures generated by laboratory analysers, fridges and freezers. • Sufficient space to accommodate waste containers • Clean and dirty walk in cool rooms (temperature monitored/alarmed. • A centralised freezer cool room/non-slip floors and mats (temperature monitored/alarmed) with appropriate electrical and mechanical redundancy to assure stock control. – Wireless remote temperature monitoring including ambient temperature monitoring of the laboratory and storage areas.

Area	Key Requirements
Blood Bank	– A dedicated window adjacent the main Pathology reception for receipt of blood and blood products from NSW Red Cross and collection of the same by hospital staff. – Dedicated access for hospital staff to an after-hours blood dispensing fridge (compatible with Standard AS3684 and ANZSBT Guidelines). – The fridge used to issue blood products to clinical areas will be located closest to the dispensing hatch. – A specimen delivery/drop off area which will allow sorting of specimens and blood product deliveries. – An automated area where analysers perform bulk specimen testing. – A discrete laboratory workspace to complete more complex specimen testing with adjacency to Haematology. – A bench top water bath with access to a sink and a free-standing platelet shaker machine. – A blood product fridge/freezer area to house multiple blood bank fridges and freezers. This area will require appropriate ventilation to accommodate the heat generated from the fridges and freezers. – Power point and data outlets used for equipment such as fridges and analysers must be accessible without having to move large and heavy equipment for mandatory power testing. – Access to telephone (that does not rely on ICT) to provide 100% coverage to support urgent transfusion requests.
Haematology	– Open area with flexible (including not fixed to walls) benches with access to multiple workstations and computers and a range of analysers. – Most benches to be 750mm deep, with the exception of those with larger testing equipment that should be 900mm. – An integrated Full Blood Count Analysers system that will include slide maker, stainer and digital morphology. – Other analysers including coagulation analysers, shall be positioned to improve specimen workflow and result turnaround times. Generally, each analyser will have a dedicated computer supporting analyser activities. – A discrete morphology area towards the periphery of the core laboratory area housing height-adjustable workstations with microscopes, some of which are double headed microscopes, and all with access to digital morphology. – In slab floor waste will be required to support full blood count and coagulation testing. – Direct functional relationship with Specimen Reception, Transfusion and Biochemistry.

Area	Key Requirements
Chemical Pathology	– A flexible specimen triage zone for miscellaneous testing. – The main chemical pathology analysers are modular systems linked by a track system (eg. 3m long, 1.3m deep) so provision must be made to accommodate the growth and expansion of these analysers into the future, including power and floor waste. – Main chemistry analysers require access to a purified RO water source and appropriate waste amenities – floor drains, secure cabling drop from roof. Ability to switch from UPS/surge protected supply to mains supply when performing maintenance on UPS. Current water unit is wall mounted and requires a sink underneath to support filter replacement and leakages. – Flexible laboratory space will be required to accommodate the commissioning of next generation chemistry analysers including extra power and floor waste drainage. – Analysers require rear access to complete regular servicing requirement. – Less common, more manual and specialised chemical testing will be processed towards the periphery of the Chemical Pathology area. – When testing is completed, specimens may be stored automatically/manually into a dirty cool room. – An additional separate phone line dedicated as a RED Emergency Phone for PABX outages. – Maintain phone access, readily accessible in all areas of laboratory. – In slab floor waste will be required to support high value chemistry waste. – Ability to fax reports from the laboratory during downtime. – An emergency cut-off circuit breaker button centrally located to isolate all power outlets in the case of emergency. – Multiple printers located next to instruments and interfaced with LIS. – MOXA boxes (device servers for serial device instruments) between instruments and LIS. – Ability to create instant additional bench space (top of roll-out cabinets) in the event of downtime and working manually. – Alphabet paper sorters are used to store request forms, reports by patient name. (Future direction may have stand-alone database to do this functionality. It would be located on a standalone PC).

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Area	Key Requirements
Other direct testing zones such as Microbiology	– Biological safety cabinet. – Bench space for sample sorting and preparation. – Molecular biology diagnostic instruments, microscopy stations, urine and fluid cell counting instruments, direct antigen testing and gram staining zones.
Reporting	– Reporting room for visiting pathologist with provision for telehealth and high-quality image capture and review. – Microscopes. – Downtime computer for retrieving results in case of complete LIS failure central to location in laboratory.
Staff workspace	– Laboratory managers and scientists will share a combined administrative area/s adjacent to the testing laboratories. 4 x clean workstations will be required to support management and administrative activities. – Two workpoints for visiting staff performing quality and supervision and for corporate functions. – Interview/meeting room.
Storage – Laboratory	– Bulk storage accessible to the delivery dock for cold and room temp storage. – Cold and room temperature storage to be temperature monitored. – Chemical and flammable store cabinets. – Dry reagent, cool clean and dirty, and freezer clean and dirty storage. – Centralised disposal room for waste. – Limited consumables will be stored in the core laboratory as stock will be decanted, as required, from a central dry storage area. – Space for used and clean waste bins, including sharps bins. – Under bench small fridges required in some areas of the laboratory for frequent access to refrigerated consumables.

Area	Key Requirements
Pneumatic Transportation System (PTS)	– A PTS link to all clinical areas of the hospital to the pathology laboratory with canisters equipped with the RFID. – Ability to close/isolate non-functional zones if malfunction and reset after performing pod clearance. – Continual functionality with isolated zone. – Priority zones/direct line for COU/ICU, ED with a second non-direct line as redundancy. – Ready access of PTS tube to Specimen Reception and the laboratory. – Canisters/Pods and air tube may need decontamination. – PTS controlling computer located in Pathology and have ability for external dial in diagnostics. – Ability programme PTS alarms to notify staff in relevant areas at different times.
Parking – Courier/Technician /Collection	– Dedicated courier and NSW Red Cross parking for drop off and pick up. – Parking for two pathology service vehicles. – Vehicle access for external technicians performing instrument maintenance and repair. – Trolley accessible, swipe card security. – Well illuminated area for safety and security. – CCTV monitoring.
Storeroom and stock supplies	– Space for compactus. – Shelves for dry goods, cleaning, reagents, bleach, Acetone, MeOH and Iodine. – Flammable cabinet.
Cold Room	– Provision for separation of clean and dirty items. – Access from the lab circulation space via glass doors. – Ability to load display shelves from the back. – Electrical and mechanical redundancy. – Light sensor inside.
Collection Trolley Storage	– Bay for storage of phlebotomy collection trolleys adjacent/within Collection Centre. – Ability to access power and data to support future technologies such as smart trolleys.
Data Comms/UPS Room	– Dedicated room to free up floor; to be included in plant space.

Table 66 – Pathology Design Considerations.

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10.14 Schedule of Accommodation

1. The Schedule of Accommodation (SOA) will be used to guide the minimum provision of rooms and spaces within the Pathology Department.
2. Refer to Appendix A – ERH Schedule of Accommodation.

11 FRONT OF HOUSE FUNCTIONAL DESIGN BRIEF

DESCRIPTION OF SERVICE

11.1 Introduction

1. The Eurobodalla Regional Hospital (ERH) Functional Design Brief (FDB) for SNSWLHD provides an initial summary of service requirements to inform the design, delivery and operations of the service.

2. Services covered in the Front of House FDB are:

    a. Main Entrance.

    b. Reception and Enquiries:

        i. Cashier.

        ii. Patient Liaison.

        iii. Switchboard.

        iv. Courier and Mail Services.

    c. Aboriginal Gathering space.

    d. Multifaith Space and Pastoral Care.

    e. Volunteer Services.

    f. Retail.

    g. Public Amenities.

3. Admissions and Bookings, Clinical Support Unit, Disaster Management and Staff Amenities/End of Trip services are addressed in the Executive Unit/Whole of Hospital FDB.

11.2 Description of Service

1. The vision for the project is:

    1.1. The Eurobodalla Regional Hospital will optimise and transform service delivery for patients and staff to help our communities to thrive and lead healthy lives.

    1.2. The Front of House services will seek to reflect that vision and enhance the experience of all who come to the health service by providing a strong community identity, being welcoming, friendly and offering assistance with way-finding and other Enquiries.

2. Main Entrance

    2.1 The main entry lobby will be the focal point of the facility and provide a sense of arrival and destination from which to access the services offered on the campus.

    2.2 There will be one unifying entrance to the building from where patients, visitors and staff will easily be able to navigate their way to the service or unit they require assisted by good design and effective wayfinding.

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2.3 The main entrance will incorporate a lobby/display area which will be available to health and community services including NGO's and volunteer organisations to display information and health promotion materials. Public display screens will be used for the promotion of events and for health education. This space will also be used for as a community interaction space for the staging of events such as presentations, concerts, art exhibitions etc.

2.4 The main entry will acknowledge the traditional land the health service is on and be a place of Aboriginal welcome with access to a culturally appropriate gathering space for local Aboriginal people.

2.5 Waiting and meet up space will be provided for the use of patients, families, staff and visitors with access to outdoor space for recreation and reflection. The area will be able to cater for large family or community groups that may gather in times of crisis.

3. Reception and Enquiries

3.1 A universally accessible reception counter will be located adjacent the main entrance with administrative staff and volunteers available to meet and greet patients and visitors on arrival, answers enquiries and provide directions to their required destination. The reception area will include electronic kiosks to assist with wayfinding and self check-in/registration.

3.2 The patient liaison service will be available from the main reception and require access to an interview room.

3.3 A cashier service will be available at the reception counter for cashless payment transactions.

3.4 The switchboard service will be collocated with the reception area to enable flexible staffing during the day.

3.5 Courier and mail services will deliver and collect items from the mail reception area.

4. Aboriginal Gathering Place

4.1 The Aboriginal Gathering space will be accessible 24/7 from the main entrance. This space is to be designed in collaboration with the local Aboriginal community to enhance the experiences of Aboriginal people when they visit the health service. The gathering space will be a place where Aboriginal people can come together in small or large groups to reflect, grieve or celebrate. It will comprise culturally appropriate indoor and outdoor space.

5. Multi-faith Space and Pastoral Care

5.1 The multi-faith space will be provided near the Medical/Surgical Inpatient Unitsoffering a quiet place accessible to all 24/7 for reflection, retreat, spiritual and religious observances.

5.2 Accredited pastoral care workers will attend the health service to visit patients, families or staff. Patient visits will usually occur in clinical areas either in the patient bedroom or an interview rooms.

5.3 Amenities for pastoral care workers will be provided in the Volunteers Room.

6. Admission and Bookings

6.1 An admissions unit may be located as part of, or in close proximity to the main entry.

6.2 Increasingly, a largepercentage of patients are admitted to hospital at the point of care (i.e. emergency department, pre-admission clinics and day of surgery/ procedure units or an inpatient unit) or treated as outpatients. The need for a dedicated admissions unit needs to be assessed on a project by project basis.

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6.3 Where provided, the admissions unit may share waiting space with the main entry. A dedicated admissions unit may be provided in larger facilities, usually within close proximity of the main entry.

6.4 The area will contain:

- waiting space; a universally accessible reception counter designed to provide a level of patient privacy;
- an interview room (or access to a shared interview room);
- associated office space;
- self-registration kiosks, where used.

7. Volunteer Services

7.1 Health Service Volunteers will provide a range of invaluable services to support the people-centred service care and service delivery. Volunteer services will include:

- Auxiliary fund raising services;
- Dementia and delirium support services;
- Pastoral care services;
- Meet and greet services including assistance with way finding.

7.2 The various volunteer services will have access to volunteers room to serve as a base when on campus with lockers for personal belongings, a beverage bay, table and chairs. This needs to be within easy access to the FoH services.

7.3 A storage room to accommodate resources and goods for sale will be shared between the volunteer services. The storage room does not need to be within the FoH space.

7.4 A pop up space is required for volunteer service fund raising activities.

7.5 Volunteer groups and Auxiliary would also have access to bookable meeting rooms.

8. Retail

9.1 Retail options will be available to patients, staff, and visitors to ERH. The retail area will be complementary to the overall facility and designed to enhance the experience of staff, patients and visitors.

9.2 Retail requirements will be captured in the overall retail strategy to be developed for the Eurobodalla Regional Hospital (ERH). The retail space will include provision for a range of food and beverage options for patients, families, carers and staff e.g. café and vending machines. Other considerations will include services such as ATM, other retail services (e.g. newsagency, pharmacy, florist, a post office) and internet kiosks.

9.3 Preference for the café to cater for breakfast through to dinner with a healthy options menu and be open to all comers including patients, visitors, staff and passing trade.

9. Public Amenities

10.1 Public amenities will be provided adjacent the main entrance and may include:

- waiting and gathering spaces (as described above) with charging banks for mobile devices;
- self-service registration and wayfinding kiosks clearly visible from the entry point;

- public and accessible toilets;
- a parenting room with an adjoining play area;
- a 'Changing Places' facility where carers can attend to the personal needs of those needing support and the public can shower;
- parking for motorised scooters with charging facilities;
- cold water drinking dispenser;
- a public phone and a taxi phone;
- retail services including a café, ATM, vending machines etc;
- access to landscaped outdoor space including seating and a therapeutic garden with consideration for bush food. Consider family friendly design including play space, encouraging patients and staff to enjoy outdoor areas (also discouraging smoking);
- access to charging stations in the car park;
- Pandemic Response protocols

11.3 Scope of Service

1. The following FoH services are planned to support the clinical operations on the Eurobodalla Regional Hospital campus:

Service	Comments
Main Entrance	Drop off and pick up space adjacent the main entrance lobby and waiting area. Lobby to have space for displays and events by health and community services including NGO's.
Reception and Enquiries	Main reception point for the health service with administrative and volunteer services available to meet and greet patients and visitors and answer Enquiries. Patient liaison and cashier services to be provided in addition to a drop off/collection point for mail and courier services. Switchboard to be collocated.
Aboriginal Gathering Space	Indoor and outdoor meeting and retreat space to be designed in collaboration with the local Aboriginal community.
Multi-Faith Space	Non-denominational for reflection, retreat, spiritual and religious observances with capacity for up to 15 people.
Volunteer Services	Workroom and base for up to 10 volunteers and auxiliary members with access to storage for materials.
Retail	Space to fitted out by retail service providers in accordance with the ERH Retail Services Strategy.
Public Amenities	A comprehensive range of amenities design to meet the needs of all who attend the health service.

Table 67 – FoH Service Capacity.

11.4 Model of Care/Service Delivery

1. The model of service delivery for the FoH is to provide core services and functions that support patients and visitors and staff on arrival, while in and prior to leaving the health facility. This will be achieved through a "meet and greet" approach to welcome and enhance the experiences of all who come to the hospital.

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2. The FoH will act as an orientation and information point. It will provide wayfinding for patients and visitors and directions to their destination. It will also be an area for the public, patients, families, visitors and staff to wait in comfort or access retail facilities.
3. The FoH will provide the main arrival point for all patients and visitors, with the exception of emergency patients who will be received via the Emergency Department (ED). Elective admissions will be directed to point of care for clerical and clinical admission. Ambulatory care patients, including those destined for outpatient and community health clinics, medical imaging or the pathology collection centres patients, will directed to the required service reception point.

11.5 Future Service Delivery / Technological Trends

1. The use of technology to communicate with patients and visitors to the facility may include introduction of check-in kiosks, SMS alerts for waiting times and appointment reminders as well as providing opportunities for patients to rest in quiet spaces before attending their appointment by receiving an instant message.

11.6 Change Management

1. Change management support will be required to address the following issues:
   - 1.1. Development of a volunteer service to work alongside staff to provide meet and greet and orientation services to those who attend the health service.
   - 1.2. Training of staff and volunteers in the use of electronic systems for self-registration and wayfinding so that may assist patients and visitors.
   - 1.3. Development and implementation of point of care admission to the hospital (i.e. ED, pre-admission clinic, day of surgery/ procedure unit, maternity or inpatient unit etc).
   - 1.4. Development of a 24/7 telephony service so that the phone is answered no matter what time of the day.
   - 1.5. Development of a volunteer and auxiliary services model that builds on and strengthens the services currently provided at the Moruya and Batemans Bay hospitals.

FUNCTIONAL RELATIONSHIPS

11.7 Relative Location

1. FoH services will be located within or immediately accessible from the main entrance to the Eurobodalla Regional Hospital (ERH). The main entry will require good linkages to public car parks and the public transport bus stop.
2. The main external entry and exit point will provide a safe entry and exit for pedestrians and vehicles and the main entrance will offer a clear route with appropriate wayfinding support to all clinical areas.

11.8 External Functional Relationships

1. Key external relationships between FoH services and other areas on campus are prioritised as follows:

   Direct access (collocated with access via a horizontal or vertical route with minimal turns).

   Ready access (proximal vertical or horizontal access).

   Easy access (navigable access but proximity not critical).

Services/Departments	Priority	Comments
Emergency	Ready	Movement of patients, family and carers, and visitors.
Perioperative Service	Ready	Movement of patients, family and carers, and visitors.
Diagnostic Services	Ready	Movement of patients to Medical Imaging and Pathology Collection Centre.
COU/ICU	Ready	Movement of patients, family and carers, and visitors.
Ambulatory Care	Ready	Movement of patients, family and carers, and visitors.
Inpatient Units	Ready	Movement of patients, family and carers, and visitors.
Security	Ready	For movement of staff.
Back of House	Easy	Movement of staff, equipment, supplies and waste etc.
Site Interfaces	**Priority**	**Comments**
External Drop off/Collection area	Direct	Movement of patients, family and carers, visitors and staff requiring drop-off and collection from the main entrance.
Hospital Circulation Spine	Direct	Movement of patients, family and carers, visitors and staff.
Car Parking	Ready	Movement of patients, family and carers, visitors and staff.

Table 68 - FoH External Functional Relationships.

11.9 Internal Functional Relationships

1. The internal functional relationship diagram shows the required proximity of the key functional zones and the connectivity between the zones (i.e. visitor/ staff/ student/ material flows) plus external interfaces.

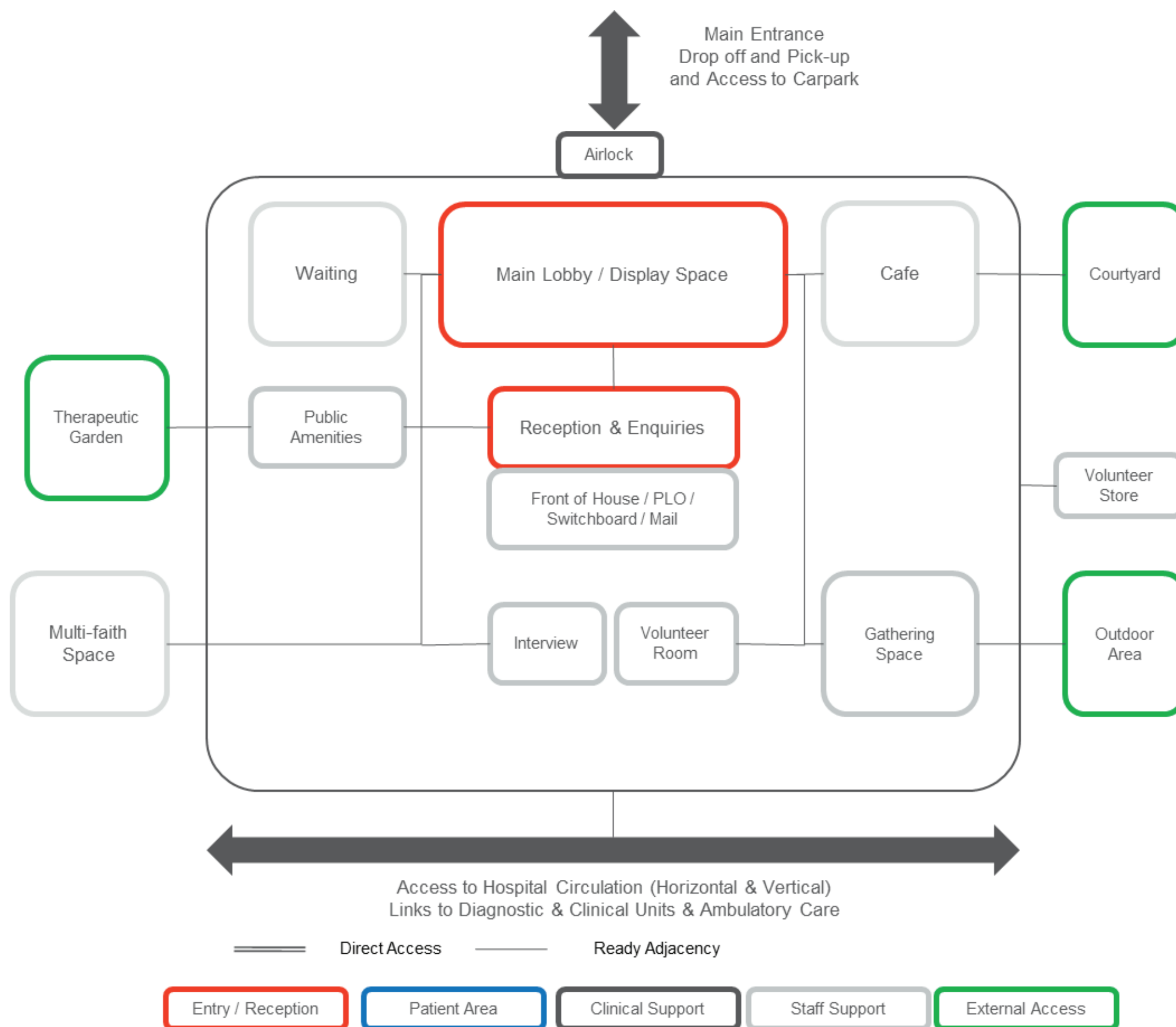

Figure 15 - FoH Functional Relationship Diagram.

2. The main entrance will be a welcoming community environment. It will provide:

   2.1 A welcoming, uncluttered, family and dementia friendly and culturally appropriate environment with positive distractions, such as artwork and play space etc designed to reduce the anxiety of those who may be experiencing high levels of stress.

   2.2 Spaces for health promotion, fundraising activities, education and research displays, exhibitions and performances.

   2.3 Spaces for art to be displayed.

   2.4 Access to a public circulation spine that is easy to navigate, enables intuitive wayfinding to the desired destination and offers resting areas along the path of travel.

   2.5 Areas for public, patients, families, visitors and staff to wait and meet up in comfort and with a degree of separation between groups.

   2.6 Weatherproof access to patient drop off/ pick up, car parking, ride sharing, and patient transport/public transport set-down areas and for people to wait if screening procedures are required.

   2.7 Access to outdoor areas including a therapeutic garden.

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2.8 Assistance and support for people will accessibility and disability issues including those who use mobile accessibility devices

2.9 Access to a range of public amenities to meet the needs of all age groups.

2.10 Access to a range of retail options including pop-up space for volunteer and auxiliary fundraising activities.

DESCRIPTION OF PROJECTED WORKFORCE

1. Workforce under development to align service configuration and models of care.

Staff Profile	FTE Current / Future		Comments
Reception and Enquiries			
Administration Officer			
Patient Liaison Officer			
Switchboard Operator			
Volunteer Services			
Volunteer Coordinator			
Transit Lounge			
Registered Nurse			
Enrolled Nurse			
TOTAL			

Table 69 - FoH Workforce Profile.

SPECIFIC OPERATIONAL GUIDELINES

11.10 General

1. Hours of Operation

Service	Operating Hours
Main Entrance Public Access	0600 hours – 2030 hours seven days after hours entry via ED.
Reception and Enquiries	0630 hours – 2000 hours seven days.
Patient Liaison Service	Business hours.
Switchboard	As above then diverted to after-hours service.
Courier and Mail Service	As above then diverted to Security via intercom. Staff ability to collect mail 24/7.
Volunteer Services	Typically during business hours with option of extended hours services as required.
Aboriginal Gathering Space	24/7, 7 days.
Multi-Faith Space	24/7, 7 days.
Retail outlets	24/7 vending machines.
Café	0630 hours – 1800 hours seven days or as agreed with provider.

Table 70 – FoH Hours of Operation.

2. The hours of FoH clinical and non-clinical supporting functions will be adjusted to match the changing requirements of the clinical services to ensure safe, supported and timely health service delivery.

3. Access - General

   3.1. Elective and ambulatory patients will access the facility via the main entrance and be directed to point of care by reception staff and volunteers or self direct using wayfinding signage or self registration and navigation kiosks.

   3.2. Visitors will be directed to the required destination reception staff and volunteers or self direct using wayfinding signage.

   3.3. After-hours access will occur via a proximity reader and intercom which will go back to base at the Security Control Room. The airlock would be remotely unlocked via the intercom, by Security. The airlock would be unlocked in a two-stage approach – the outside door would unlock, then the inside door would be unlocked, once the person had entered. This would ensure optimal safety in only allowing access for that person.

   3.4. Staff after hour's access would be via a smaller side door, rather than the airlock, to support security and maximise unwanted entry.

   3.5. Staff and volunteer access to FoH service areas and will be controlled by an electronic access control system.

11.11 Clinical Support

Services	Description
Infection Prevention and Control	– Universal precautions will apply with alcohol based hand rub available in the public and staff access areas in addition to a hand wash bay in the Transit Lounge.
Medical Emergency	– 24/7 access required to the Clinical Rapid Response Team for the management of the deteriorating patient.
Patient Transport Service	– Where relevant, day patients and discharged inpatients will by moved to and from Patient Transport Vehicles by a HASA who may be accompanied by a nurse.

Table 71 - FoH Clinical Support Services Description.

11.12 Non-Clinical Support

Services	Description
Cleaning	– The FoH area will be routinely cleaned by the HealthShare staff. – Access will be required to a cleaner's room for storage of the cleaner's trolley, cleaning equipment and consumables (e.g. toilet paper, paper towels).
Food and Beverages	– The Transit Lounge will require a beverage bay. – Staff and volunteers will have access to a beverage bay with sufficient refrigeration space for staff who wish to bring meals from home.
Linen	– Clean linen will be supplied to the unit on an imprest trolley by HealthShare staff and stored in a linen bay in the Transit Lounge.

Services	Description
	– Dirty linen skips will be stored in a bay before collection and transfer by HealthShare staff to the loading dock dirty linen holding area.
Waste Management	– Waste will be segregated at the point of generation and include general, clinical, recyclable and confidential waste. – Waste bins and receptacles will be regularly collected from a shared disposal room by HealthShare staff.
Work Health and Safety	– Work Health and Safety consultation and support will be provided by the hospital's Work, Health and Safety team. – The FoH units will be designed to minimise manual handling risks and support a "no lift" policy. – The FoH will comply with Safe Work Australia working in isolation guidelines.
Security	– Access to the FoH areas will be controlled by an electronic access control system. – The security of the reception and waiting areas, gathering place, multifaith space and public circulation areas and amenities will be appropriately monitored using a CCTV system. – Escape egress and fixed duress alarms will be required in all areas where staff interact with consumers and the public. Mobile duress devices will be used where staff are moving around the workplace in the course of their work and there is a risk of being confronted by aggressive behaviour. – Unit security systems (duress, access control etc) will be monitored 24/7 by the ERH Security Service. Lockdown capability will be required after hours and in emergency situations (both remote and local lock down). – Appropriately trained security personnel will respond to critical incidents within the unit automatically on activation a duress alarm and as required on request from clinical and service staff.
Supply	– Supplies will be delivered to the FoH service units by HealthShare staff to maintain agreed imprest and stock inventory levels.
ICT	– Refer to Overarching Section. – ICT will be wireless, and the digital environment will be consistent with the LHD ICT Strategy. – Connection to the hospital ICT network to enable access to eMR etc. – Access to the WI-FI network across the hospital. – Interactive wayfinding and self-registration kiosks. – Technology to support a 24/7 telephony service including a PABX fail phone and downtime computer is to be considered.

Services	Description
	– Connection to the hospital electronic access control system including CCTV monitoring of entrances and a monitored alarm system. – Duress alarm system including fixed alarms in designated rooms and mobile alarms (with location finders set at regular intervals) linked to a real time monitoring facility within Security; require a system that provides greater visibility and the right information to better inform the response; early information could be used deescalate a situation. – Communications – smart (VOIP) phone and messaging for paging clinical staff and HASA's. – Connection to the hospital Building Management System (BMS).
Staff Workspace	– Refer to Overarching Section for NSW Health Activity Based Working (ABW) Policy. – Workspace will be planned in accordance with ABW principles tailored to the type of work that staff undertake, and the proportion of time spent engaging in different tasks. – Access will be provided to staff amenities including a staff room, lockers and toilets and end of trip facilities including changerooms and showers.
Education, Training and Research	– Access required to a training and meeting space for departmental meetings and in-service education.

Table 72 - FoH Non-Clinical Support Services Description.

11.13 Design Considerations

1. The specific requirements for core functions are as outlined below:

Area	Key Requirements
External drop off/collection area	– An external drop off/collection area with seating available to support the fragile, aged and/or disabled.
Waiting Space	– A variety of seating options including bariatric and aged friendly, will be required where families, visitors and staff can wait and meet people. Recharging points for mobile devices.
Reception and Enquiries	– The reception and enquiries desk should be centrally located the first visual contact point on entry for patients, families and visitors. – A universally accessible and non-scalable reception counter is required with an escape route should staff and need to flee a high-risk situation. – The reception counter will require space for administrative staff and volunteers and be designed to support cashier, patient liaison and courier and mail functions. Collocated workspace screened from public view will be required for administrative/PLO and switchboard functions and storage of mail and packages for collection or distribution..

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Area	Key Requirements
	– The area will include electronic wayfinding and check-in kiosks. – Access will be required to an interview room of confidential discussions with patients and their family or carer. – Mail room with access control. – Consideration for acoustics is required – noise from busy areas such as the café.
Gathering Place – to be developed in consultation with the local Aboriginal community	– Indoor space that can accommodate both a large gathering of people and smaller gatherings requiring a more intimate setting where the Aboriginal Health Worker (AHW) can confidentially discuss personal information with Aboriginal families in privacy. – The indoor gathering space is to provide a welcoming environment for Aboriginal families incorporating culturally appropriate art and furnishings including the ability to display digital artwork and images. – The indoor Gathering Place is to connect with an outdoor Gathering Place. – Outdoor landscaped space to feature local native species, a cultural fire pit around a yarning circle and sculpture or other forms of outdoor art from local artists. – The Gathering Place is to be easy to find and in close proximity to ED. – The AHW's will require access to a workspace within or nearby the Gathering Place.
Multi-faith Space	– The Multi-faith space should be suitable for use by all faith and cultures including for sorry business. – Storage is required for religious items and access to an interview for use by pastoral care for private counselling. – A washroom will be required for those of the Muslim faith.
Public Amenities	– Public amenities are to be located close to the main entry with ready access to waiting areas, lifts and general circulation.
Volunteer Services	– Volunteers room with lockers, beverage bay, seating and tables and a workspace. – Storage for volunteer materials such as donations etc. (this area does not need to be at the FoH). – Pop up space for use by volunteers and NGO's for fundraising and health promotion of activities.
Retail Space	– Shell space for fit out by retail service providers as per the ERH Retail Strategy. • Spaces for vending machines.
Staff Workspace	– Access to shared workspace for office-based activities

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Area	Key Requirements
Meeting Room	– Access to a meeting/training room with space for up to 15-20 people.

Table 73 - FoH Area Key Requirements.

11.14 Schedule of Accommodation

1. The Schedule of Accommodation (SOA) will be used to guide the minimum provision of rooms and spaces within the FoH Department.
2. Refer to Appendix A – ERH Schedule of Accommodation.

12 BACK OF HOUSE FUNCTIONAL DESIGN BRIEF

DESCRIPTION OF SERVICE

12.1 Introduction

1. The Eurobodalla Regional Hospital (ERH) Functional Design Brief (FDB) for SNSWLHD provides an initial summary of service requirements to inform the design, delivery and operations of the service.

2. Services covered in the Back of House (BoH) including Hotel Services FDB are:

    a. Cleaning Services.

    b. Linen Services.

    c. Waste Management.

    d. Porterage and Patient Transport Services.

    e. Mortuary.

    f. Logistics and Supply (including Docks).

12.2 Description of Service

1. The suite of non-clinical support services described in the BoH and Hotel Services FDB will support the safe and efficient 24/7 operation of the clinical and clinical support services in Eurobodalla Regional Hospital (ERH).

2. This chapter is to be read in conjunction with Health Infrastructure Back of House Guidelines and Appendix F.

3. Cleaning Service

    3.1 The Cleaning Service, managed by HealthShare NSW, is responsible for maintaining a clean and sanitary environment across the ERH facility. Services include:

    a. overall management and accountability for HealthShare NSW provided cleaning services

    b. providing all scheduled routine cleaning including soft furnishings.

    c. providing ad hoc reactive cleaning including terminal/ infectious cleaning of inpatient areas and all special cleaning.

    d. conducting cleaning audits and audit rectifications (potential use of tablets for audits).

    3.2 The cleaning service will be managed from the Cleaning Services Management Administration area, within the shared BoH workspace. This will be in line with the Activity Based Working (ABW) policy.

    3.3 The Cleaning Service will provide an in-house service, including:

    a. general cleaning.

    b. Infectious cleaning of inpatient areas.

    c. all special cleaning.

    d. bed cleaning.

e. Carpet cleaning.

f. external cleaning may be undertaken either by contractors and or in-house staff.

3.4 Clinical areas will be cleaned first during the day avoiding patient meal times and peak periods, during which the cleaning staff will move all waste streams to a disposal room.

3.5 Disposal rooms will be located adjacent or on the periphery to the inpatient units (IPUs) and departments as noted on individual departmental schedules of accommodation and in other departments, as required. Cleaning services staff will transport waste and linen from disposal rooms to a central waste and linen holding area on the dirty side of the loading dock.

3.6 Cleaning of non-clinical areas will be scheduled primarily out of hours to reduce the impact on those departments and the flow of patients, visitors and staff during the day.

3.7 Cleaning staff will be responsible for conducting a discharge clean of each bed space/ room following patient discharge.

3.8 Cleaning services will provide the cleaning services to the Perioperative services.

3.9 A cleaning audit system for ongoing monitoring and reporting of cleaning services is used to deliver KPI's.

3.10 The service will implement waste minimisation, recycling procedures and has a strong focus on sustainability into the future.

3.11 The cleaning services will provide operational sustainability by minimising double handling, decreasing travel times and travel pathways. While minimising the risk to staff in relation to the movement of waste and related products across the campus. While adhering to the regulation for the Management of Clinical and Related Waste.

3.12 A microfibre mopping system is in use with the mop pads laundered on-site. All mop pads may be laundered off-site by the HealthShare NSW laundry service in the future, as is the case in a number of LHD's.

3.13 Selected external cleaning will be undertaken by contractors and or in-house staff depending on what is required.

3.14 Cleaning will be undertaken in accordance with the NSW Health Infection Prevention and Control and Policy Directive, the NSW Health Cleaning of the Healthcare Environment Policy Directive, the Cleaning Guidelines from the NSW Clinical Excellence Commission.

3.15 Tablets are being increasingly used to assist with logging completion of cleaning jobs and hence wireless access will need to be readily available in all general areas of the health service. A Task Allocation System (TAS) is currently being trialled at Royal North Shore Hospital.

4. Waste Management

4.1 The Waste Management Service, provided by HealthShare NSW, is responsible for ensuring the correct segregation, storage and disposal of waste. Services include:

a. transfer of all bagged general waste to a disposal room.

b. transportation of waste from disposal rooms to a central waste collection area on the loading dock.

4.2 Waste Management Services will be provided in accordance with the relevant regulations and codes of practice such as Infection Control Guidelines, Department of Environment and Conservation and the Industry Code of Practice for the Management of Clinical and Related Wastes.

4.3 HASA’s are currently responsible for the collection of all clinical waste and its transfer to the loading dock.

4.4 Waste handling will be achieved through the collection of segregated waste at the point of waste generation, and soiled materials including including clinical, PVC, cardboard, general, recycling, sharps and cytotoxic waste. Recycling and other waste segregation will be done in colour coded bins. Waste collections from IPUs and departments will occur regularly throughout the day.

4.5 All clinical waste and sharps containers are to be stored in a secure area until removed from the site by an external contractor.

4.6 Separate bins will be supplied for secure document waste. Once the bins are full the contractor will be contacted for removal/replacement.

4.7 Trade, equipment and electronic waste will be the responsibility of Asset Management.

4.8 An assorted size of waste bins will be utilised ranging from 120 to 660 litre bins.

4.9 The location and design of waste holding areas need to be carefully chosen in order to minimise security risks and odours.

4.10 Bin washing will be undertaken daily in line with departmental operational policies. This activity will be performed as close to the bin storage area as possible. Adequate drainage and water should be provided and be compliant with the relevant regulations.

4.11 Waste collections from IPUs and support services areas will occur regularly throughout the day. General, paper and cardboard bins will be taken to the compactors located off the dock/ service yard. A separate system is utilised for clinical and related waste. Recyclable waste is managed and transported by cleaning staff to the dock for removal by a contractor.

4.12 Removal of waste from ERH will be the responsibility of external contractors. Waste will typically be collected from the designated holding areas adjacent to the loading dock or a compactus for general and co-mingled waste. Some specialised waste such as sanitary bins will be collected directly from areas within ERH.

4.13 Sustainability and waste minimisation initiatives continue to be a key focus and opportunities to have a positive impact on waste minimisation may become more apparent through planning.

4.14 The Waste Management service will continue to implement waste minimisation, recycling procedures with a strong focus improving the sustainability of service delivery. Future opportunities include the recycling of glass ware, hollowware as well as food and other organic waste unit.

5. Linen Service

5.1 Linen is currently supplied by HealthShare NSW by bulk delivery three times a week (including semi trailers). The linen service areas within ERH should be designed to be flexible and able to accommodate new service models.

5.2 Linen will be managed according to NSW Health Polices and Guidelines and relevant Australian Standards.

5.3 Consideration should be given to future technology opportunities such as hospital staff managing inventories via a linen imprest service for each IPU/department by using handheld barcode readers.

5.4 The Hotel Services staff will be responsible for:

a. receiving clean linen on linen trolleys on delivery.

b. recording quantities received and transferring linen trolleys to point of use.

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c. HASA's collect dirty linen bags from the disposal room in clinical areas and transferring by trolley to the dirty linen holding area adjacent the loading dock for collection.

5.5 Disposable theatres linen is used in operating theatres in SNSWLHD.

5.6 Soiled linen from infectious patients will be bagged separately and in accordance with infection prevention and control procedures. Cytotoxic linen will be managed in accordance with the Cytotoxic Contaminated safe work practice.

5.7 Separate clean linen and dirty linen holding stores will be required adjacent the loading docks.

5.8 A minimum of 48-hour contingency stock of linen will be held in the clean linen holding area in case of issues with delivery due to a natural disaster or extreme weather event.

5.9 Other items currently laundered onsite such as slings and curtains, including shower curtains, could also be sent to the linen service in the future.

5.10 Based on developments in other LHD's it is unlikely that a commercial laundry will be required in the ERH facility. Disposable patient privacy and shower curtains to be used in future. Window curtains will not be used if avoidable.

6. Porterage and Patient Transport Services

6.1 Portering services will be coordinated to ensure timely movement of patients, patient related equipment, manual handling support, rapid response to all codes, assistance with the transfer of patients.

6.2 HASA's will provide internal patient transport and a variety of services including patient and non-patient transport, clinical equipment transfer and certain blood products. HASA's will also assist on the inpatient units with patient care and mobility needs such as lifting and positioning.

6.3 HASA's are notified of requests by pager from the NUM including prioritisation of patient movements. The Deputy Director of Nursing & Midwifery (DDONM) oversees transport and portering services.

6.4 HealthShare NSW currently trialling a program for portering and cleaning at RNSH called Task Allocation System (TAS). May be suitable for roll out at ERH.

6.5 Non-emergency Patient Transport Services will be provided by the LHD Patient Transport Service and external contractors as well as NSW Ambulance Service when required. The LHD Patient Transport Service is booked via the patient flow portal coordinated through the Patient Transport Hub. Access will be required to a weather protected drop off and pick-up area for non-urgent patient transfers adjacent the main entrance and Transit Lounge with parking for two patient transport vehicles and two private vehicles. Overnight parking for three PTVs is also required with capability for charging equipment within the vehicles.

6.6 Services also include:

a. movement of clinical equipment.

b. movement of certain blood related products.

c. providing assistance in clinical areas when required.

7. Food Services

7.1 The Food Service is managed by HealthShare NSW which provides a plated inpatient meal service and light meals such as sandwiches to ambulatory care units and the future Transit Lounge. The current meal service delivery model for the new facility is My Food Choice with meals delivered by trolley to the bedside. However, newer models such as Order To Appetite are being trialled and kitchens should be designed to be flexible to accommodate any future food service models.

7.2 Refer to Appendix for the Food Services Brief.

8. Mortuary

8.1 The Mortuary will provide facilities for refrigerated body storage, body viewing, body preparation and discreet collection by funeral directors or coronial agencies. Management of the Mortuary will be the responsibility of the DONM at ERH, supported by HASA's. The Mortuary will be designed to meet the needs of the ERH and fulfill the following functions:

a. the viewing and/or identification of a body;

b. the temporary storage of bodies until collection by a funeral director or agent of the Coroners Court and/or NSW Health Forensic and Analytical Science Service (FASS).

8.2 Deceased patients will be transferred to the Mortuary in a timely manner by a HASA. This will be undertaken in a dignified, respectful, and sensitive manner and will be separated from the movement of patients and public.

8.3 The model of care recognises that body viewing is an essential part of the mourning process. Where possible, viewing of the deceased will occur in the clinical areas. When this is not possible, viewing in the mortuary will be arranged for relatives through the DONM. Sufficient space and amenity will be needed to accommodate the cultural and/or religious needs of family groups which in some cases may include large groups.

8.4 Bodies are typically held in the Mortuary for a few days while the family confirm funeral arrangements or are contacted to identify the body. Five days is the statutory period a body may be held without approval by the Public Health Unit. Approval may be granted to hold the body for longer where the next of kin do not live locally, are difficult to contact, or there are no next of kin, in which case the holding time may increase to two weeks.

8.5 Where the deceased requires an autopsy or the death has been referred to the Coroner, the body will be transferred to a FASS mortuary at either Lidcombe, Newcastle, or Wollongong.

9. Logistics and Supply

9.1 The Logistics and Supply services will be responsible for supply of goods and services. Management of onsite logistics and the loading dock, the movement of goods and materials throughout the hospital. Goods will be received by stores management for receipt and distribution.

9.2 Procurement in SNSWLHD is governed by PD2019_028 NSW Health Goods and Services Procurement Policy and SNSWLHD Delegations of Authority Manual within the Financial Management system Oracle R12, processes include:

a. submission of requisitions by SNSWLHD staff for escalation and approval as per SNSWLHD Delegations of Authority Manual.

b. approved requisitions escalate to Health Share Procurement for creation of purchase orders and submission of purchase orders to vendors.

c. receiving of procured goods to delivery dock (currently no dedicated dock staff, this is undertaken by whomever opens the back door-could be a HASA or Health Share Hotel Service staff)- Blue Sky would be dedicated HASA dock staff.

d. receipt of purchase orders by SNSWLHD staff in Oracle R12.

e. deliveries from HealthShare OneLink Warehouse arrive once a week currently Tuesday or Wednesday.

f. deliveries from vendors can arrive any working day.

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g. HealthShare Hotel Service staff working at ERH follow a similar procurement process aligned with Health Share governance.

9.3 Stores are currently delivered on mass, once a week, on mixed pallets and need to be decanted and distributed to the end user for storage (currently undertaken by HASA's). A dedicated room is required close to the clean dock entrance with sufficient space to decant and sort deliveries, requires temperate and humidity control and shelving to keep stock off floor. Ward staff are required to unpack stock on delivery with nursing staff responsible for determining restocking needs and ordering.

9.4 It is envisaged that a cost code based barcoded imprest system will be implemented for the ordering and supply of consumables before the relocation to the new ERH facility. Health Share and eHealth currently piloting a project in SESLHD with mobile device e.g. iPad or mobile phone scanning program. There is currently no infrastructure (shelf labelling and bar codes) or human resource (Inventory Manager and site inventory controller) for an automated inventory management system with SNSWLHD.

9.5 Process for ordering, supply and storage of reusable medical devices (RMD) and loan equipment in the Operating Theatre and the return of soiled RMD for reprocessing is to be developed in consultation with relevant SNSWLHD stakeholders.

9.6 Reprocessed RMD will include operating theatre instrumentation and loan kits, these deliveries should be taken to sterile stock storage location in the Perioperative Unit of arrival and not remain in the delivery dock. RMD's requiring reprocessing by SERH Sterilisation Services will require a storage location off the dirty corridor awaiting collection by dedicated Sterilising Services transport system.

9.7 Renal dialysis fluid will mainly be delivered to the dock (depending on the size of the facility) and transferred directly to the bulk store in the renal dialysis department and may be transported on pallets.

9.8 Some stores such as fluids and medications (vendor managed inventory) are ordered and delivered to the point of use by the supplier / vendor.

10. Loading Docks

10.1 The loading docks will serve the ERH campus and provide a central point for receiving supplies including linen, equipment and the dispatch of waste and soiled linen.

10.2 The services utilising the loading dock area regularly will include Food, Linen, Waste Management, Supply including medical gases, Pharmacy, Pathology, Asset Management, Biomedical Engineering and Sterilising Services.

10.3 Couriers and authorised visitors and contactors will enter and exit the dock area and will be electronically signed in/ registered as being on the premises. After hours access will be via the front door.

12.3 Scope of Service

1. The following BoH and Hotel services scope is planned to support the clinical operations on the Eurobodalla Regional Hospital campus:

Service	Comments
Cleaning Services	– Centralised equipment and consumable storage with decentralised cleaner's rooms with recharging capacity and point of use consumable storage.
Waste Management	– Centralised holding areas or compactors for holding waste from various streams prior to collection by an external contractor. Decentralised disposal rooms

	adjacent source of generation. Segregated waste incl. recycling and Organic's units.
Linen Service	– Thrice weekly bulk delivery service with a flexible design to facilitate a roll on-roll off exchange trolley system model in the future. – Centralised clean and dirty holding areas and decentralised clean linen bays and disposal rooms.
Porterage and Transport Services	– Drop off and pick-up area for non-emergency patient transfers. – 24/7 access to central bed store and medical equipment stores.
Food Service	– Centralised on-site kitchen with a flexible design to enable new models such as an order to appetite model in the future. – Decentralised meal trolley bays in IPU's to support a plated meal service and beverage bays in clinical units and staff support areas. – Refer to Appendix.
Mortuary	- Cool storage capacity for up to 11 bodies including 2 bariatric cadavers as well as viewing room.
Logistics and Supply	– Central stores for: ○ Consumables awaiting distribution plus 24 hours contingency stock. ○ IV Fluids. ○ Equipment to be installed /commissioned. ○ Medical gas cylinders - full and empty. – Hazardous / flammable store.
Loading Docks	– Clean and dirty loading docks with capacity for garbage compactor and three trucks/delivery vehicles. Requires an overhang of 10m. – The dock needs to cater for both side loading and end loading capacity vehicles. Adequate space for entry and exits manoeuvres needs to factor into the side loading area. – Parking bays for standard delivery vehicular traffic are also required in or collocated with the loading dock area for pharmacy, and couriers etc. – Parking/ set down bays should be provided at the dock to accommodate large trucks.

Table 74 – BoH including Hotel Services Service Capacity.

12.4 Model of Care/Service Delivery

1. The Back of House and Hotel Services model of service delivery will support patient care and clinical operations at the ERH facility by providing efficient and timely services that are align with the needs of the end users. Work practices will be designed to not interfere with patient flow and the safety and comfort of patients, staff and visitors. Service corridors and designated service lifts will be used by BoH and Hotel Services to minimise cross over with public and patient flows.

2. Lean and efficient supply chains and reprocessing procedures will be developed to minimising costs, double handling and wastage and to improve environmentally sustainable outcomes. Imprest systems will be used to maintain appropriate levels of supply for linen and consumables, support "Just- in-Time"/ point of use approaches and release clinical staff from supply duties.

12.5 Future Service Delivery / Technological Trends

1. A number of clinical support services have trials underway include food preparation and delivery, linen delivery/collection services and task allocation processes and technology.

2. An increase in use of technology may see an increase in use of devices not only for task allocation but also task completion i.e. robotics.

3. Sustainability and waste minimisation initiatives continue to be a key focus and opportunities to have a positive impact on waste minimisation may become more apparent through planning.

12.6 Change Management

1. Change management support will be required to address the following issues:

   1.1. Training and education of staff in the for the use of new systems, technology and equipment including roll on-roll off exchange trolley linen supply, RFID tracking and imprest systems, laundering of mop heads and use of tablets for auditing and TAS.

   1.2. Implementation of further waste minimisation, recycling procedures to improve the sustainability of future operations e.g. organic food waste unit (pulp master) and other emerging sustainability concepts.

   1.3. Waste management planning; include best practice.

   1.4. RFID management of linen items and imprest systems.

   1.5. Multi skilling of staff.

   1.6. Changes to supplier delivery patterns.

   1.7. Reviewing and updating of operational procedures prior to the move to ERH.

   1.8. Consideration to be given to Waste Management Plan including sustainability.

FUNCTIONAL RELATIONSHIPS

12.7 Relative Location

1. The BoH and Hotel Service centralised facilities require a location adjacent the loading dock and service corridors that link with the service lifts.

12.8 External Functional Relationships

1. Key external relationships between BoH and Hotel Services and other areas on campus are prioritised as follows:

   Direct access (collocated with access via a horizontal or vertical route with minimal turns).

   Ready access (proximal vertical or horizontal access).

Easy access (navigable access but proximity not critical).

Services/Departments	Priority	Comments
Asset Management /Biomedical Engineering	Ready	Movement of staff and equipment – beds etc.
Front of House Services	Easy	Movement of staff, equipment, supplies and waste etc.
Clinical units and IPU's	Easy	Movement of staff, patient meals, equipment, supplies and waste etc.
Executive / Whole of Hospital	Easy	Movement of staff, equipment, supplies and waste etc.
Security	Easy	For movement of staff.
End of Trip Facilities	Easy	Movement of staff, supplies and waste etc.
Site Interfaces	Priority	Comments
Loading Docks	Direct	Movement of staff, equipment, supplies and waste etc.
Hospital Circulation Spine – Service Corridors and Lifts	Ready	Movement of staff, patient meals, equipment, supplies and waste etc.
Car Parking	Easy	Safe movement of staff, particularly after-hours.

Table 75 – BoH including Hotel Services External Functional Relationships.

12.9 Internal Functional Relationships

1. The internal functional relationship diagram shows the required proximity of the key functional zones and the connectivity between the zones (i.e. visitor/ staff/ student/ material flows) plus external interfaces.

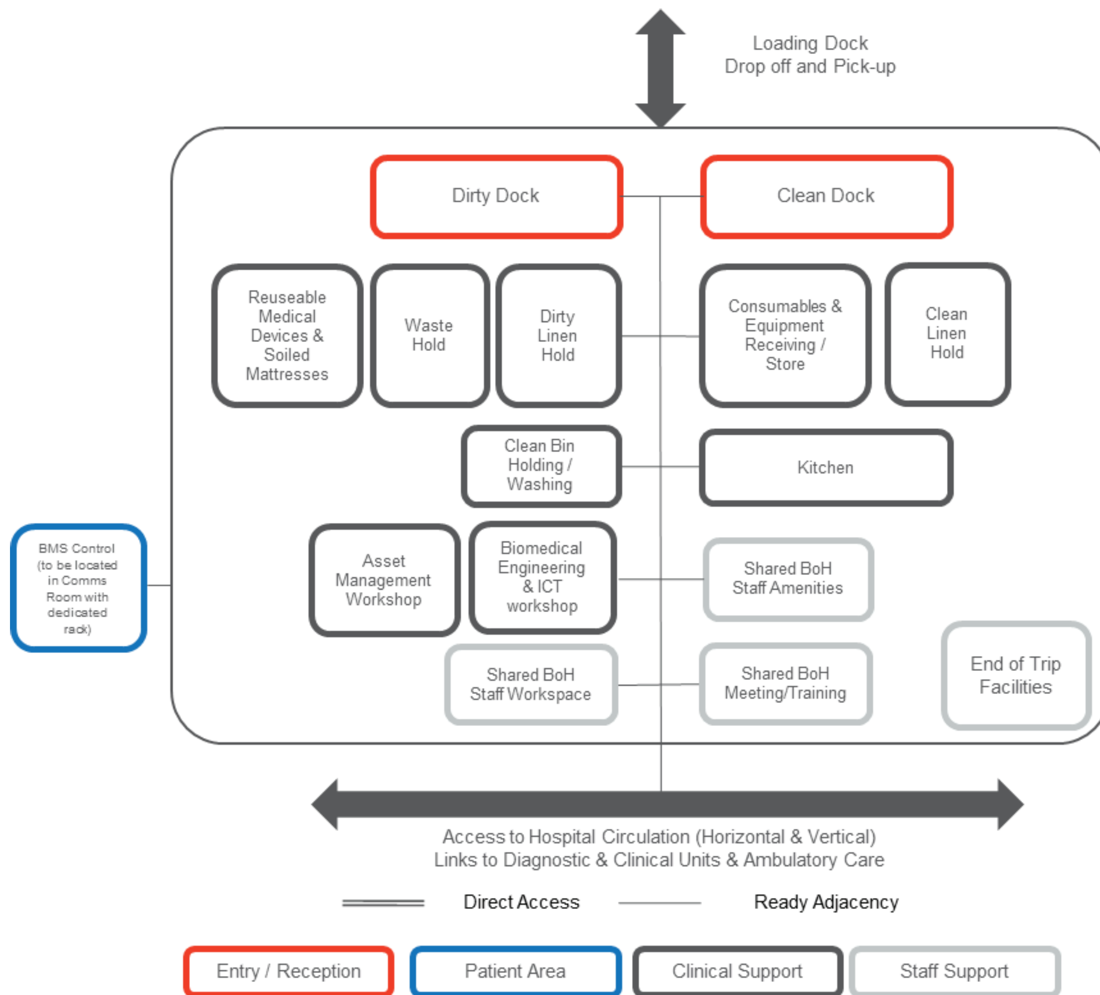

Figure 16 - BoH including Hotel Services Functional Relationship Diagram.

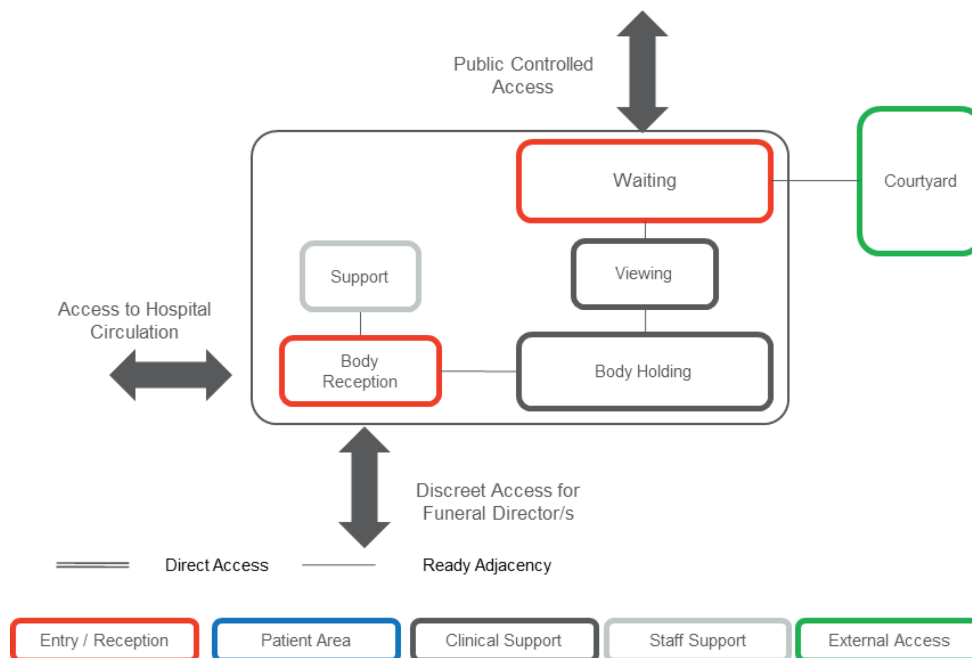

Figure 17 - Mortuary Functional Relationship Diagram.

2. The overall design of the Back of House areas must achieve the following:

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2.1 Separation of public flows and BOH and Hotel Services flows.

2.2 Separation of clean and dirty flows at the loading docks and throughout the health facility.

DESCRIPTION OF PROJECTED WORKFORCE

1. Workforce under development to align service configuration and models of care.

Staff Profile	FTE Current / Future		Comments
HealthShare NSW – Cleaning, Waste, Linen, Food, Supply			
Manager			
Supervisor			
LHD Services			
HASA's			
Administrative Support			
Stores			Need to include a resource to manage bar code labelling changes and inventory orders if installing a scanning system to re-order.
TOTAL			

Table 76 - BoH including Hotel Services Workforce Profile.

SPECIFIC OPERATIONAL GUIDELINES

12.10 General

1. Hours of Operation

Service	Operating Hours
Cleaning	0600 hours – 2300 hours weekdays. 0600 hours – 1430 Saturday and Sunday.
Waste Management	General waste: 0600 hours – 1430 hours, 7 days. Clinical waste: HASA's as required.
Linen Service	0600 – 1430 hours six days delivery to wards with HASA's after hours.
Patient Transport and Portering	24/7.
Food Service	0600 hours – 1900 hours seven days.
Mortuary	24/7 for body transfer. Viewing 0830 hours – 1700 hours Monday to Friday, 0830 hours – 1700 hours with after-hour access as required by arrangement with the health service through site nursing manager.
Stores	Access for 24/7 deliveries.
Loading Docks	24/7, 7 days.

Table 77 – BoH including Hotel Services Hours of Operation.

2. The hours of BoH and Hotel Services will be adjusted to match the changing requirements of the clinical services to ensure safe, supported and timely health service delivery.

3. Access – General

3.1 Staff access to the BoH and Hotel Services service areas and will be controlled by an electronic access control system.

3.2 Swipe card access will be required to cleaners rooms that must be secure at all times.

3.3 Approved contractors will be issued with an electronic sign in card to use to tap on when coming on-site. When presenting onsite contractors will also be issued with a Contactor identification tag to were while on-site.

4. Mortuary – General

4.1 Patients can be transported by the NSW Ambulance Service, the SNSWLHD Patient Transport Service, private transport providers and private vehicles. The bodies of patients who die in the hospital will be prepared and placed in a body bag for transfer to the Mortuary.

4.2 Transfer of bodies to the mortuary will be coordinated by HASA. Bodies will be transferred to Mortuary on in-patient bed or trolley as appropriate.

4.3 On arrival at the Mortuary, the body will be transferred to a mortuary trolley and moved to the Body Holding Room.

4.4 All bodies received into the Mortuary will be registered and tagged and recorded electronically in the Mortuary register.

4.5 Dispatch of the body from the Mortuary will also be recorded.

4.6 The remains of foetuses under 20 weeks of age may also be held in the Mortuary for up to 30 days; less than 10 per year.

4.7 Placentas may be held in the Mortuary for up to 72 hours prior to collection by Pathology; approximately six at a time.

4.8 Lockable storage for the personal effects of the deceased will be provided at a the safe managed by the DONM.

4.9 The body will be placed in the viewing room prior to the arrival of relatives for grieving and identification purposes when required.

4.10 Appropriately skilled staff will be available throughout the viewing process to provide assistance or advice, if needed, but will not intrude into the privacy of the family unless they are responding to a request.

4.11 A bassinet will be available for infant viewing.

4.12 Funeral directors will need to call ahead to arrange collection of the death certificate prior to collection of the body.

12.11 Clinical Support

Services	Description
Infection Prevention and Control	– All personnel will adhere to the Infection Prevention and Control policies of the hospital. – Standard precautions will apply with alcohol based hand rub available in the public and staff access areas in addition to hand wash bays within or adjacent to work areas such as cleaner's rooms. – Standard precautions will be used when handling the body of a deceased person. All bodies will be secured in an approved body bag that prevents leakage of body exudate or other substances prior to the leaving the clinical unit for transfer to the Mortuary. Where the deceased had a known or suspected infectious status

Services	Description
	additional precautions may be required until the body is enclosed in a double body bag. – Dedicated cleaner's trolleys required in the Perioperative and Day Oncology units to prevent cross contamination. – All bed areas or rooms will receive a discharge clean following the discharge of a patient. Clinical areas will receive a terminal clean following use by an infectious patient.

Table 78 – BoH including Hotel Services Clinical Support Services Description.

12.12 Non-Clinical Support

Services	Description
Work Health and Safety	– Work Health and Safety consultation and support will be provided by the hospital's Work, Health and Safety team. – The BoH and Hotel Services units will be designed to minimise manual handling risks and support a "no lift" policy. – Bodies that have been exposed to hazardous materials will be collected directly from the clinical area by the HAZMAT team. – The BoH and Hotel Services will comply with Safe Work Australia working in isolation guidelines. – The built environment should enable good WHS practices to ensure the safety of staff and others. These may include but are not limited to: – The equipment selection process should involve the completion of a risk and safe work practice assessment to minimise manual handling risks and ensure ergonomics of equipment is easy to use and operate. – Charging cables and cords create a potential risk for workplace injury. Battery operated / cordless equipment should be considered to improve the safety and efficiency of staff. – Positioning of power points for cleaning services should be located near point of use and should be provided at a safe working height to reduce staff having to bend down.
Security	– Access to the BoH and Hotel Services areas will be controlled by an electronic access control system. – Escape egress and fixed duress alarms will be required in all areas where staff interact with consumers and the public. Mobile duress devices will be used where staff are moving around the workplace in the course of their work and there is a risk of being confronted by aggressive behaviour. – Unit security systems (duress, access control etc) will be monitored 24/7 by the ERH Security Service. Lockdown capability will be required after hours and in emergency situations.

Services	Description
	– Appropriately trained security personnel will respond to critical incidents within the unit automatically on activation a duress alarm and as required on request from clinical and service staff.
Fixtures Fittings and Equipment (FFE)	– The following major equipment items will be required: – Mortuary refrigerator 3 x 3 cabinets with bariatric capacity, temperature display and alarm. – Mortuary lifter trolley. – Automated cleaning equipment. – Motorised Bed movers. – Motorised trolleys. – Recharging facilities. – Cleaners' trolleys. – Dedicated cleaner's trolleys required in the Perioperative and Day Oncology units to prevent cross contamination.
ICT	– Refer to Overarching Section. – ICT will be wireless, and the digital environment will be consistent with the LHD ICT Strategy. – Connection to the hospital ICT network to enable on-line ordering, electronic registration of body receipt and dispatch etc. – Wireless bar code technology to improve ordering and distribution systems associated with materials management. – Asset tracking so that equipment can be easily tracked and located (RFID/ emerging Bluetooth technology offers real time asset tracking); tracking system linked to the health financial systems. – Duress alarm system including fixed alarms in designated rooms and mobile alarms (with location finders set at regular intervals) linked to a real time monitoring facility within Security; require a system that provides greater visibility and the right information to better inform the response; early information could be used deescalate a situation. – Connection to the hospital electronic access control system including CCTV monitoring of the loading dock, entrances and a monitored alarm system. – Food Service cool and freezer rooms connected to hospital electronic monitoring control system. – Communications – smart (VOIP) phone and messaging for paging HealthShare NSW staff and HASA's. – Connection to the hospital Building Management System (BMS). – ICT systems that will support staff who work remotely.

Services	Description
	– Tablets are being increasingly used to assist with logging completion of jobs and hence wireless access will need to be readily available in all general areas of the health service. – Flexibility to respond to new models in food services, linen delivery/collection as well as task allocation processes and technology.
Logistics and Supply	– Materials management of goods, equipment and consumables.
Staff Workspace	– Refer to Overarching Section for NSW Health Activity Based Working (ABW) Policy. – Workspace will be planned in accordance with ABW principles tailored to the type of work that staff undertake, and the proportion of time spent engaging in different tasks. – Access will be provided to staff amenities including a staff room, lockers, toilet, and shower facilities.
Education, Training and Research	– Access is required to a training and meeting space for management meetings and in-service education.

Table 79 – BoH including Hotel Services Non-Clinical Support Services Description.

12.13 Design Considerations

1. The specific requirements for core functions are as outlined below:

Area	Key Requirements
Cleaning Service Store – Central	– Storage of large pieces of equipment such as commercial scrubbers (rechargeable scrubbers preferred), platform ladders, vacuum cleaners, floor polishers and buffers etc. with parking and charging bays. A wall mounted racking system will be installed for mop handles, brooms etc. Adequate power to be provided to enable charging of equipment when not in use. – Storage of consumables i.e.: bulk cleaning materials, consumable and chemical cupboar, facilitating distribution to cleaners rooms with direct access to a corridor. – Secure chemical store for bulk storage of chemicals and of auto chemical dispensing bladders (4 different chemicals). Floor standing heavy duty shelving to be provided. – All storerooms require direct access using swipe card from the main hospital service corridor the loading dock and lift cores. – Recommended Floor finish: sealed polyurethane concrete. – Workpoints for supervisory staff to be considered that will include sufficient space for storing tablet charging devices. – A centralised staff (electronic) sign in bay will be collocated to this area with ready access to staff. – Some large equipment will be housed within the equipment store such as commercial scrubbers and platform ladders. A central

Area	Key Requirements
	location is preferable. Access to equipment storage with parking and charging bays. For i.e.: commercial scrubbers. – The design must ensure that routes to delivery points have sufficient wall and door protection, and hard floor surfaces are for ease of trolley movement and handling. – The design must allow for walls and floors in the holding areas and washing bay to withstand frequent washing with high pressure hoses and the floors graded to allow 'run off'. – Adequate power to be provided to enable charging of equipment when not in use i.e.: 2-way radios etc.
Equipment Charging	– Both Cleaning and Linen equipment will be charged within this area. – Adequate power will be provided to enable charging of equipment when not in use. – Storage of large pieces of equipment such as commercial scrubbers (rechargeable scrubbers preferred), platform ladders, vacuum cleaners, floor polishers and buffers etc. with parking and charging bays. The area needs to be well ventilated.
Cleaners Room's' – Decentralised	– Located near work areas, available from all IPUs and departments. – Secure storage of cleaner's trolley and supplies. – To include cleaners sink (sluices) and hand basin. – Dispensers for detergent/chemical mixer, dispensers for disposable gloves, paper/hand towels and soap. – All storerooms require direct access using swipe card from the main hospital service corridor. – Space for cleaner bucket. – General Waste bin 20L. – Shelving: floor standing. – Floor Drain (grated under door). – Wall mounted racking system will be installed for mop handles, brooms etc. – Space for a commercial vacuum cleaner to be considered. – Floor finish: sealed polyurethane concrete. – One cleaners' room is typically provided in each inpatient unit and other clinical departments, noting very small departments may be able to share. – Operating theatres will be provided with 1 cleaners room per 6 theatres. Ready access to all areas of the unit is required with preference to locate rooms on the perimeter of the unit where

Area	Key Requirements
	practical. One room may be slightly larger to accommodate a floor scrubber. – Cleaners rooms for ambulatory and administration services may be shared with adjacent services, depending on the size and scale of the footprint.
Waste Management Services	– Holding area general waste bins, full and empty. – Holding area recyled waste bins, full and empty. – Secure holding area clinical waste bins and cytotoxic waste with bunded floor. – Caged area for holding recyclables for collection. – Waste compactor. – Automated bin wash area that meets statutory requirements in relation to WH&S and drainage etc. – Clean bin holding area. – Walls and floors in areas used for bin storage should be impervious and sealed to allow daily hosing and cleaning of spills. Doorways need to be sufficiently wide to allow bins that are used in the facility. A graded floor with drainage to allow hosing of areas should be provided. – Organic Waste Unit located nearby to food services and accessible to remove output. Ensure organics segregation is done at the point of generation. Recycling bins located throughout the hospital is preferred. The waste management zone will consist of the following functional areas: – Clean bin hold / bin washing area with access to water, drainage and chemical dispenser. A high-pressure sprayer may be used in this area. – External, covered waste compound for general and cardboard. – External waste hold room with designated areas for segregation of clinical, cytotoxic and sharps bin that is secured. – In floor Scales located on the dirty dock for the weighing of clinical and related waste. – Dock Leveller depending on the design of the dock, there will be the requirement for a dock leveller on the clean and dirty docks.
Waste Management Services - Decentralised	– Waste disposal rooms to be provided at the ward level. These rooms will be used for the temporary holding of full soiled linen bags and waste bins prior to collection. Disposal rooms will be close to service lifts and located without the need to traverse clinical and non- clinical units and preferably using staff/ service only pathways. i.e., on the periphery of departments. Doors need to be wide enough to accommodate 660 litre bins.

Area	Key Requirements
	– Enough holding space within the IPU's and departments disposal rooms must be provided to ensure that the frequency of collection rounds can be minimised. – Waste will be collected from disposable rooms and transported to the central waste zone/ dirty dock via service lifts and corridors ensuring hospital operations are not impacted. – The segregation of waste will require an extensive receptacle system at the point of generation. With holding spaces in e.g.: kitchenettes, beverage bays, pantries, public areas, retail for the separation of waste. – The design should allow for the path for waste removal from the retail areas to not cross over public areas.
Linen Service	– Clean linen storage with sufficient shuffle space for receiving exchange trolleys and storage for an agreed amount of clean linen supply (quantity to be confirmed). – Designated area for the holding of soiled linen trolleys awaiting pickup from HealthShare. This area will also house empty HealthShare trolleys. – Linen trolleys will be housed in IPU's and or departments in dedicated recessed linen bays. Space will be required for storage of two linen trolleys in most clinical areas or as designated by the schedule of accommodation (SoA) for each service. – Workstation for staff is required, this will be shared area with other BoH Services. – Charging facilities for the transportation equipment. This room/area requires appropriate ventilation for the charging of battery operate equipment. This area will be located within the shared equipment charging area; cleaning services. – Doorways need to be adequately sized to allow easy movement of trolleys. – The room needs to be secured. – Designated disposal rooms to hold soiled linen in IPU's and departments.
Food Services	– Refer Appendix for detailed Food Services Brief.
Mortuary	Body Reception: – An entry area for the reception of the body on a mortuary trolley and exit area with direct access to a weather protected parking bay for funeral directors' vehicles. – A small workspace with ICT connectivity and shelving for recording details of the body receipt and dispatch (online or paper based). – A handwash bay and suitable PPE. – Storage for body bags and linen.

Area	Key Requirements
	Waiting and Viewing: – Viewing room needs to consider cultural requirements. – Viewing room needs easy and supportive access for public. – A waiting area for relatives and family with natural light and access to a toilet; discreet access to a screened outdoor area is preferred. – A laminated safety glass observation window to the viewing room for those who do not wish to enter the viewing room. – The viewing room will require durable construction and finishes to reduce damage by distressed relatives. Body Holding: – Individual cabinets in a cool store with capacity for 11 bodies (4 3x3 tiers, 1 x 2 bariatric tier) and placentas or foetuses. – Space for manoeuvring/ loading using lifters. – Body cabinets to be suitable for keeping bodies for a few days or up to 21 days (subject to the required approval) within a temperature range of 2-6°C (temperature range as per AusHFG and NPAAC requirements). Alarmed and linked to the BMS. – Emergency backup power supply for refrigeration and lighting. – Service lifts must be wide and long enough to fit the mortuary transport trolley with ease. – Space for parking the mortuary trolley (300kg capacity 2055mm L x 677mm W) and a lifter to be located close by. Funeral Director Parking: – A separate entrance for mortuary vehicles. – Vehicles need to be able to turn if it is one way. – A screen parking bay adjacent the body reception area suitable for parking a van or station wagon. – Intercom link to security for after-hours undertaker access is required at the vehicle/unloading bay.
Logistics and Supply	– Stores/dock manager's workstation with receivables bench and sign in area for couriers external contractors etc with clear line of site to the docks, ramp and compound. Consumables Store with sufficient capacity and shelving to decant pallets and repack prior to delivery to clinical locations as well as secure caged areas for contingency stock, IV fluids etc – temperature and humidity controlled. – Secure cage area for the holding of equipment awaiting installation/commissioning with separate compartments for use by various services, as required e.g. ICT equipment. – Medical gas storage cages for empty and full portable cylinders. – Secure hazardous / flammable store with bunded floor.

Area	Key Requirements
	– Bay for parking and charging of forklifts and pallet movers. – Room for receiving sterile RMD equipment and loan kits received from other sites, direct delivery to Theatre on arrival, must not be stored on dock or exposed to weather .IT access in receiving store to enable checking of PO numbers to confirm deliver to locations.
Loading Docks and Back of House Compound	– Dedicated docks for receiving (clean) and dispatch (dirty) with separate set down areas for receiving or dispatch. – Space for garbage compactor and up to three trucks/delivery vehicles including a semi-trailer with a 10m overhang. – An allocation of space for recycling and waste functions including one compactors within the service yard with a secure caged access providing dedicated areas for the separation of the different waste streams. – In floor scales are required for the weighing of clinical and related waste, on the dirty dock. – Clean dock will need to be able to receive food related items. – Dock to cater for both side loading and end loading capacity; adequate space for entry and exit manoeuvre required for the side loading area. – Medical gas trucks delivering gases will require access to manoeuvre within the BoH compound. – Dock levellers- clean and dirty. – An automated secure bin lifter will be used. – Handwash basin/PPE and emergency shower with eye wash. – Ramp for access by couriers and external contactors or personnel etc. – A secure and contained area must be provided in the dirty zone of the loading dock for the storage of clinical, cytotoxic, sharps and related waste awaiting removal, the floor area must be bunded. – Adequate parking for couriers, external contractors and visiting LHD Asset Management and HealthShare NSW personnel (5-6 parking bays). – Need sufficient space and turning circle for semi-trailers. – Add space for dirty loan equipment to be taken offsite for cleaning. – All-weather cover for staff to be able to access general waste and clinical waste bulk storage bin (this is currently being added at SERH). – Charging for electric trucks/vehicles/tugs away from the dock. – The discharge tank of a food waste pulp system may be located at the dirty side of the dock, in which instance appropriate safety

Area	Key Requirements
	precautions must be made to secure the area against damage and allow for heavy vehicle access to discharge the system. – Spill Kits will be available on the loading dock. – Intercom link to security for after-hours access is required.
Staff Workspace	– Access to shared workspace for office-based activities. Kitchen Manager and Cleaning Supervisor require workspace. – Workplace for manager and supervisory staff, that will include sufficient space for holding electronic equipment ie: tablets, phones Two way radios etc with charging capabilities. – Electronic Sign on/ off are for staff on the periphery of this area. – Bay photocopy/ Stationary. – Staff Hub/ Staff room with open beverage bay, tables chairs and lounge type seating. – Bay photocopy/ Stationary. – Staff Hub/ Staff room with open beverage bay, tables chairs and lounge type seating.
Meeting Room	– Access to a meeting/training room with space for up to 15-20 people with ability to book other meeting rooms throughout the facility.

Table 80 – BoH including Hotel Services Design Considerations.

12.14 Schedule of Accommodation

1. The Schedule of Accommodation (SOA) will be used to guide the minimum provision of rooms and spaces within the BoH including Hotel Services Department.
2. Refer to Appendix A – ERH Schedule of Accommodation.

13 EDUCATION AND TRAINING FUNCTIONAL DESIGN BRIEF

DESCRIPTION OF SERVICE

13.1 Introduction

1. The Eurobodalla Regional Hospital (ERH) Functional Design Brief (FDB) for SNSWLHD provides an initial summary of service requirements to inform the design, delivery and operations of the service.

2. The Brief considers the Education requirements of ERH as well as tertiary providers and other education providers.

3. ERH currently works with a number of education providers including:

   - Australian National University (ANU).
   - University of Canberra (UC).
   - University of Wollongong (UOW).
   - TAFE NSW.

4. Accommodation for students on placement is not part of the scope of works however a future accommodation zone has been included in the ERH Master Plan.

13.2 Description of Service

1. Education and training activities will be integral to the delivery of safe, integrated and effective health care services aligned with new ways of working including networked and interdisciplinary team based care. The education and training facilities to be provided on the Eurobodalla Regional Hospital (ERH) will be accessed by staff (clinician and non-clinical), students, patients, their families and carers, and members of the local community participating in health promotion and related education programs.

2. Education and training activities will be designed to support an integrated service delivery model which will require access to a variety of settings for education, training and clinical meetings and collaboration activities throughout the Eurobodalla Regional Hospital (ERH). Flexible places for these activities will be required in the following locations:

   2.1 Centralised and external to clinical and support areas.

   2.2 Adjacent to clinical areas and support areas.

   2.3 Embedded within the clinical and support areas.

3. Education and training programs will evolve in response to the future clinical direction of the Eurobodalla Regional Hospital (ERH) and network requirements and to support a culture where health service providers, patients, carers and family members share information to improve health literacy, to support improved outcomes and community wellbeing.

4. The new facility will consolidate core clinical training and education services currently provided across two campuses providing a dedicated centre for the delivery of education, training and research facilities to students and staff. When not required for clinical education and training, the facilities will be available for complementary activities include health promotion as well as patient and carer education.

5. Collectively, the education, training and research services accommodated within ERH will foster integration, collaboration and teamwork across education, patient care and research and will play a major role in the education of the future workforce and up-skilling the existing workforce.

6. The facility will complement existing decentralised meeting and education rooms located across the Moruya and Batemans Bay hospital campuses and link with the clinical areas to support integrated and interdisciplinary approaches to clinical training, professional development and continuing education.

13.3 Scope of Service

1. The ERH will offer education and training opportunities that foster the delivery of evidence-based, safe and effective health care, the upskilling and career advancement of all staff and the promotion of health and wellbeing in the community.

2. The Eurobodalla Regional Hospital will provide a range education and training opportunities requiring access to a variety of bookable meeting/training facilities in a range of settings:

Service	Facility	Comments
Mandatory Training	- Meeting/training rooms – centralised 15+ pp decentralised ≤15 pp - Venues for setting up a number of skills stations - Workspace for self-guided learning	Whole of health education programs to facilitate orientation, mandatory training and specialist education for designated services e.g. HETI My Health Learning eLearning, CEC mandatory clinical skills training programs and competency assessment, BLS, violence and aggression training etc.
Professional Development	- Meeting/training rooms – centralised 15+ pp decentralised ≤15 pp - Workspace for self-guided learning	Including in-service training, clinical skills drills, simulation training including interdisciplinary training such as PROMT, internet and mobile based interventions (IMI), telehealth/streamed training sessions.
Simulation Training	- Central hi-fidelity simulation room including control room and store	Applies to Mandatory Training and Professional Development. Skills and Simulation based training Clinical Education for students.
ICT Training	- Meeting/training room – centralised 8 trainees + 2 trainers	eMR and onboarding training etc.
Accredited Training Programs – undergraduate and post graduate	- Meeting/training rooms – centralised 15+ pp decentralised ≤15 pp - Workspace for self-guided learning - Access to a common room	In partnership with external training providers offering medical, nursing and allied health student placements as well as post graduate courses.

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Service	Facility	Comments
Recruitment and Retention	- Meeting/training rooms – centralised 15+ pp decentralised ≤15 pp	“Grow your own” training and development initiatives offering local pathways into health careers including student placements.
Training of health care partners	- Meeting/training room – centralised 15+ pp	Training and education of GP’s, RACF staff, and NGO staff and community.
Patient and carer health literacy, education and health promotion	- Meeting/training rooms – centralised 15+ pp decentralised 25-30 pp - Virtual care consult rooms	In-centre and virtual education targeting patients, carers and families such as antenatal classes.

Table 81 – Education and Training Service and Facility Type.

3. Access will be required to a variety of meeting/training venues in ERH. Decentralised venues will be required adjacent work areas.
4. Centralised venues will requiring for larger groups such as grand rounds and those activities requiring more specialised venues for skills training and competence assessments requiring multiple skills stations and debriefing space.

13.4 Model of Care/Service Delivery

1. Education and training will be embedded in the day to day delivery of clinical care and the associated support services at the Eurobodalla Regional Hospital. Programs and activities will be aligned with the future service provisions and workforce requirements and designed to offer skill development opportunities, access to training and education and opportunities to develop and introduce new ways of working in supported team-oriented services.
2. A nurse educator and an allied health educator will oversee the whole of health education program with locally based Clinical Nurse Educators, FACEMs and physicians providing in-service education, bedside teaching and simulations with individual services including inpatient, community health, mental health, palliative care, rehabilitation, critical care, maternity and perioperative.
3. The promotion and engagement of external training providers will continue to ensure that the health service has pathways and opportunities available for staff:

    3.1 The current Australian National University (ANU) Medical School - Rural Clinical School is well established and graduates are returning to the area to establish careers.

    3.2 The newly established ANU Rural Training Hub is assisting the development of specialist medical (includes surgery and other) training pathways. The development of a specialist workforce will enable development of training as part of this hub.

    3.3 The Rural Generalist Program for training rural GPs (funded and governed by the Health Education and Training Institute NSW (HETI)), partnered with the Primary Health Network and GP training providers, is well established and as the Eurobodalla Regional Hospital grows there will be more opportunities to train GPs in palliative care, emergency medicine, obstetrics and other skills.

    3.4 The commencement of a staff specialist FACEM and a VMO FACEM (emergency physician) will allow training for career medical officers, rural GPs and junior medical officers.

    3.5 Continuation of training and rotation opportunities will be sought from UC, UOW and other tertiary facilities as part of the MoU with ACT Health and other specialised networks. Visiting

services from these networked facilities to Eurobodalla also provide the opportunity for mentoring and coaching on site.

4. Aligning with the NSW Health Leadership Framework and available professional development opportunities for staff from HETI, the Health Service will engage clinical and non-clinical staff in upskilling and career advancement.

5. The level 4 service and its higher level clinicians will allow the service to offer accredited training programs for a range of disciplines. Current relationships with universities and TAFE will continue, to ensure medical, nursing and allied health student placements. The District will also continue to build relationships with tertiary and networked health services to ensure staff remain up to date with the competencies required for level 4 services.

6. Violence and aggression training involves physical training sessions to develop muscle memory for 10-15 people. These sessions are currently conducted at SERH.

7. In addition, the Health Service, aligned with the Organisational Development and Recruitment and Retention strategies for the District, will promote a “grow your own” model, engaging the population from within the LGA with training and development opportunities and pathways into health careers:

   a. Scholarships for Tertiary and Post Graduate study.

   b. School Based Traineeships.

   c. Cadetships.

   d. Holiday work and clinical placements.

8. The Eurobodalla Regional Hospital has good working relationships established with a number of tertiary institutions to help training and development of medical, nursing and allied health clinicians, and to foster positive attitudes to working in regional areas:

9. SNSWLHD has a number of formalised agreements with ANU:

   10.1 ‘Student Placement for entry into a health occupation’ the Eurobodalla campus of the ANU Medical School - Rural Clinical School (an onsite building at Batemans Bay) offers teaching to medical students by GPs and visiting and local specialists. Patients in acute and non-acute settings may be seen by such medical students.

   10.2 HHF ‘Licence and operating agreement’ relating to the educational facilities (which includes ANU and UC).

   10.3 Rural Training Hub for Medical Training - The ANU won the tender to create the South-East NSW Rural Training Hub in 2017 under the auspices of the Commonwealth Government to establish a regional training pipeline for doctors in General Practice and specialties. The funding includes the appointment an education administrator to work in SNSWLHD which the LHD to participate in a framework that is integrated with the ANU and the Canberra hospitals, providing support for senior clinicians to provide training to junior doctors and registrars.

   10.4 Placement Agreement with UC.

   10.5 Current lease agreements for the CTFs on the site of the Moruya, Bega and Cooma Hospitals.

   10.6 Collaboration Agreement in relation to the HFF that has funded the CTFs and student accommodation at Cooma, Bega and Moruya.

13.5 Student Cohort

A profile of the types of students who will access the facility is provided in the table below.

Institution	Student Type	Number	Duration	Comment
Medical				
ANU	Post graduate Year 3	[redacted]	Full year	

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ANU	Postgraduate Year 3		Short-term	6 weeks
ANU	Rural Stream Training Block Year 3		Short-term	
ANU	Post Graduate Year 4		Full Year	
ANU	Rural Week Year 1		One week	Post grad Yr 1 students
Nursing (Staff)				
	Orientation		1 day per month	Students also attend
	Mandatory Training		2 days per month	2 sessions per day
	Grad Program		8 days over 6 months	4 days orientation in Jan
	Transitions		5 to 10 days per month as per the Education and Training Calendar	
	Community Health			
	DETECT Jn			
	Critical Care Grad Start & Transitions			
	Sub-Acute			
UC	Nursing Students			
Allied Health / Hospital / Programs				
	Orientation		1 day per month	
	Mandatory Training		2 days per month	2 sessions per day
	Grad Program		8 days over 6 months	4 days orientation in Jan
	Transitions		5 to 10 days per month as per the Education and Training Calendar	
	Community Health			
	DETECT Jn			
	Critical Care Grad Start & Transitions			
	Sub-Acute			
	Students		Throughout the year	Existing: x Moruya x BBay x SARU x Maternity x Paeds x Renal x Oncology (4/yr) x MH x Community x Theatres x Pharmacy (4-6/year)
University of Canberra	Students		Throughout the year	Potential: x Medical Radiation Science x Nutrition & Dietetics x Pharmacy x Physio x OT x Social Work x Speech Pathology x Clinical Psychology

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				x Exercise Physiology x Optometry

Table 82: Student Profile.

FUNCTIONAL RELATIONSHIPS

13.6 Relative Location

1. The education and research spaces require a central location within ERH, accessible both from the main entrance and clinical areas. Furthermore, decentralised spaces such as meeting rooms adjacent the clinical and support service units will assist in reinforcing the fundamental importance of education, training and research to quality integrated service delivery on campus.

13.7 External Functional Relationships

1. Key external relationships between the central education/meeting facilities and other areas on campus are prioritised as follows:

   Direct access (collocated with access via a horizontal or vertical route with minimal turns).

   Ready access (proximal vertical or horizontal access).

   Easy access (navigable access but proximity not critical).

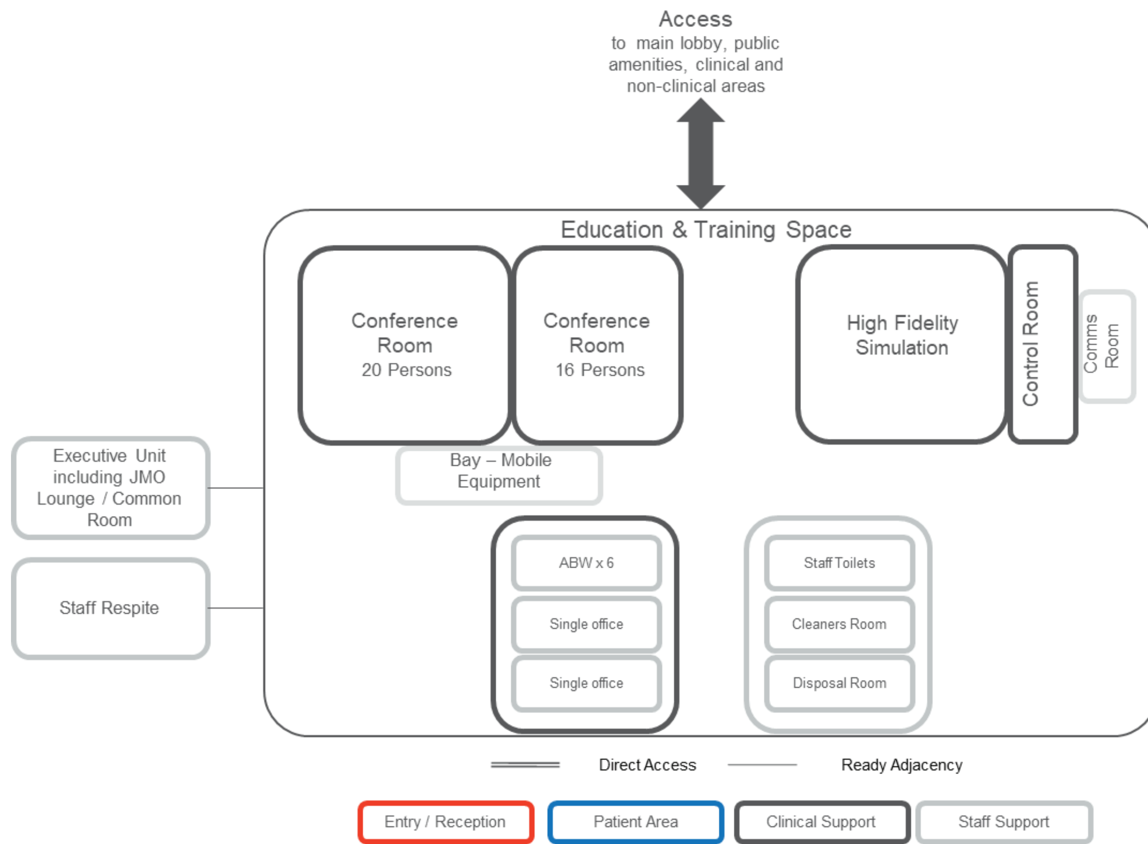
Services/Departments	Priority	Comments
Front of House / Main Entry	Ready	Movement of staff, outpatients, families/carers and visitors.
Ambulatory Care	Ready	Movement of staff, outpatients, families/carers and visitors.
Clinical Units	Ready	Movement of staff and students.
Clinical Support Units	Ready	Movement of staff and students.
Non-Clinical Support Units	Easy	Movement of staff and students.
Cafe	Easy	Movement of staff, students, academics and visitors.
Site Interfaces	Priority	Comments
Drop off / Pickup Area	Ready	Movement of outpatients, families/carers and visitors.
Car parking	Easy	Movement of staff, students, outpatients, families/carers and visitors.

Table 83 – Education and Training External Functional Relationships.

13.8 Internal Functional Relationships

1. The internal functional relationship diagram shows the required proximity of the key functional zones and the connectivity between the zones (i.e. visitor/ staff/ student/ material flows) plus external interfaces.

2.



3.

Figure 18 - Education and Training Functional Relationship Diagram.

DESCRIPTION OF PROJECTED WORKFORCE

1. LHD Workforce under development to align service configuration and models of care.

2. Education and training staff will be drawn from all clinical disciplines and include medical, nursing and allied health staff in addition to administrative and technical support staff.

Staff Profile	FTE Current / Future		Comments
SNSWLHD			
Allied Health			
Educator (District wide)			
Nursing			
Educator (District wide)			
Clinical Nurse Educator	)		
CNCs (District Wide)			
Medical			
Education Administrator			
Academic Student Coordinator			
DPET (2 hrs), ED education (3.5hrs)			

Staff Profile	FTE Current / Future		Comments
Health Information			
1 Educator (District Wide)			
Visiting Personnel			
Facilitators			UOW, TAFE.
Reps			Occasional – wound care, equipment.
Health Education Officers (District Wide)			Ambulatory Care.
TOTAL			
ANU			
Academic /Clinicians			
Professional			
Research Assistant			
UC			
Academic /Clinicians			
Professional			
UOW			
Academic /Clinicians			
Professional			

Table 84 – Education & Training Workforce Profile.

SPECIFIC OPERATIONAL GUIDELINES

13.9 General

1. The clinical training, education and research facilities will be available for SNSWLHD education and meeting activities including patient education and support as well as education provider clinical training activities.
2. Hours of Operation

   2.1. Education and training sessions will be either schedule or opportunistic, based on need. Services will be provided as follows:

Service	Operating Hours
Scheduled	Typically, between 0830 hours – 1700 hours Monday to Friday with extended hours and weekend sessions as required.
Opportunistic	24/7 as required.

Table 85 – Education and Training Hours of Operation.

3. Students

   2.1 Students from all disciplines will be integrated with clinical teams and accommodated within MDT spaces and Staff Hubs and will have access to a common room to be shared with JMOs.

4. Education and Training Space

   3.1 Scheduled education and training activities will be provided from bookable multipurpose meeting rooms.

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3.2 Large sessions involving more than 15 people will occur in centrally located designated meeting rooms.

3.3 In-service education and small group sessions (up to 15 people) will be undertaken in meeting facilities adjacent to the clinical and support service areas.

3.4 On the spot opportunistic education and training activities will be undertaken in operational settings such as at the patient bedside, in the clinical work room or an interview space if privacy is required.'

5. Education Staff

4.1 All Education staff will have access to a workspace, locker and toilet facilities and a staff room.

4.2 End of trip facilities including showers, lockers and change rooms will be provided centrally to serve all ERH staff.

6. Equipment Storage

5.1 Public amenities including waiting space, water dispensers, disability access toilets, a disabled access changing place / shower, and a parenting room (breast feeding and separate baby change) will be provided adjacent the centralised meeting facilities.

13.10 Non-Clinical Support

Services	Description
Cleaning	– The Education areas will be routinely cleaned by the HealthShare staff. – Access will be required to a cleaner's room for storage of the cleaner's trolley, cleaning equipment and consumables (e.g. toilet paper, paper towels).
Food and Beverages	– A beverage bay with microwave will be provided within the staff room and will include sufficient refrigeration space for staff and students who wish to bring meals from home. – Catering for education and training sessions will be organised when required and provided by an external contractor or the Hospital Food Service.
Waste Management	– Waste will be segregated at the point of generation and include general, recyclable and confidential waste. – Waste bins and receptacles will be regularly collected from a shared disposal room by HealthShare staff.
Work Health and Safety	– Work Health and Safety consultation and support will be provided by the hospital's Work, Health and Safety team. – The design is to minimise manual handling risks and support a "no lift" policy.
Security	– Access to education/meeting facilities will be controlled by an electronic access control system. – Escape egress and fixed duress alarms will be required in education/meeting rooms where staff interact with consumers and the public. – Security systems (duress, access control etc) will be monitored 24/7 by the ERH Security Service.

Services	Description
	– Appropriately trained security personnel will respond to critical incidents within the unit automatically on activation a duress alarm and as required on request from clinical and service staff.
Supply	– Educators will order supplies via iProcurement for delivery by HealthShare staff.
ICT	– Refer to Overarching Section. – ICT will be wireless, and the digital environment will be consistent with the LHD ICT Strategy. – Connection to the hospital ICT network to enable access to eMR and other related systems for room bookings, teaching and training. – Connection to university networks. – Outlook for booking of meeting rooms including electronic reminders and display screens on each room to indicate meeting name and booked or free status. Consideration will be given to education providers ability to use the electronic booking system for education and training spaces. – Connectivity to support seamless access to videoconferencing, and telehealth including eHealth applications such as eHealth Conferencing (Pexip) etc. – Connection to the hospital electronic access control system including CCTV monitoring of all entrances and a monitored alarm system. – Duress alarm system including fixed alarms in designated rooms and mobile alarms with location finders set at regular intervals and linked to a real time monitor facility within the unit and to Security. – Wi-Fi connectivity to support the use of workstations on wheels (WOWs), bring your own (BYO) devices and use of portable telehealth devices. – Capacity to live stream and record sessions • in the simulation rooms and skills laboratories to the adjoining meeting rooms used for observation and debriefing activities. • in the clinical areas. • from external providers (such as ACI and CEC). • to remote sites.
Staff Workspace	– Refer to Overarching Section for NSW Health Activity Based Working (ABW) Policy. – Staff non-operational workspace will be located within a secure staff only zone adjacent the clinical area and be designed to support both collaborative and focussed, individual work. Non-operational space refers to where staff carry out office-based

Services	Description
	functions such as administrative, managerial, clinical follow-up, planning and research. – Workspace will be planned in accordance with activity based working (ABW) principles tailored to the type of work that staff undertake, and the proportion of time spent engaging in different tasks. – The staff zone will include a mix of enclosed and unenclosed space for office based activities and meetings, utilities such as photocopying and scanning equipment, and staff amenities including a staff room, lockers, toilet and shower facilities.

Table 86 – Education and Training Non-Clinical Support Services Description.

13.11 Design Considerations

1. The size, and fitout of other rooms will comply with the relevant Australasian Health Facility Guidelines (AHFG) briefing and planning unit guidance and standard components, where available.

1. Information provided in the following sections complements the design guidance from the ANU and AHFG and addresses project specific requirements and variations.

Area	Key Requirements
Training Space – High Fidelity Simulation including control room and store	– Simulation clinical area including operational medical services panel and a scrub sink for handwashing education. – A control room located adjacent to the simulation room with one way viewing for the control of mannequins and audio-visual recording/streaming and monitoring connections to the tutorial spaces for debriefing. – Space for the storage of mannequins and consumables with a wet area for cleaning of equipment. Good sound attenuation required to limit noise transfer to adjoining training areas.
Meeting Space - Centralised	– Access to bookable education/meeting spaces with capacity for approx. 20 people per room. – Preference for 3 collocated 20 person rooms with operable walls to allow configuration as a conference/flat deck auditorium. – All rooms to have projection and videoconferencing equipment and access to a beverage bay. Consideration for technology to use tech for 3 separate rooms as well as screens showing same content across all screens when one big room. – Access for roll-in/roll-out equipment storage. – Accessible to students and their supervisors for debriefing. – Consideration for future education models including virtual reality.
Meeting/Education Space - Ambulatory Care	– Access to bookable education/meeting spaces with capacity for approx. 20 people per room for staff and patient education.

	– All rooms to have projection and videoconferencing equipment, collocated storage for roll-out and roll-out furniture and training and access to a beverage bay. – Access require to interview space for mentoring, clinical supervision and opportunistic support of staff and students.
Meeting /Training Space – Decentralised	– Bookable multipurpose meeting/training spaces with capacity for approx.15 people per room to be located adjacent all clinical and support service areas. Larger bookable group rooms available in Ambulatory Care, catering for up to 25-30 people. – All rooms to have projection and videoconferencing equipment, collocated storage for roll-out and roll-out furniture and training and access to a beverage bay. – Access require to interview space in clinical areas for mentoring, clinical supervision and opportunistic support of staff and students.
eLearning space	– Workpoints to be provided in staff workspace hubs for staff and students to access eLearning resources for mandatory training and continuing education.
Staff Workspace - Educators/ Facilitators	– Workspace for use by educators including visiting facilitators. – Storage for materials and mannequins. – Huddle space for the team work. – Quiet space for students for study.
Common Room	– Accommodate up to 20 people. Includes beverage bay, Lounge chairs/soft seating, charging stations, workstations. Located near wards.
Accommodation	– Access to accommodation for students, short term staff.
Mobile Sim Centre	– Space for semi-trailer parking as well as access to 3 phase power.
Clinical Meeting Rooms Storage	– For mobile education equipment, lockable. If possible, accessible from outside the meeting room as well as inside. Size to be influenced by equipment size/requirements.

Table 87 – Education and Training Design Considerations.

13.12 Schedule of Accommodation

1. The Schedule of Accommodation (SOA) will be used to guide the minimum provision of rooms and spaces within the Education and Training Department.
2. Refer to Appendix A – ERH Schedule of Accommodation.

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14 EXECUTIVE UNIT AND WHOLE OF HOSPITAL FUNCTIONAL DESIGN BRIEF

DESCRIPTION OF SERVICE

14.1 Introduction

1. The Eurobodalla Regional Hospital (ERH) Functional Design Brief (FDB) for SNSWLHD provides an initial summary of service requirements to inform the design, delivery and operations of the service.

2. Services covered in the Executive Unit and Whole of Hospital (WoH) FDB are:

   a. Operations Centre.

   b. Admissions and Bookings.

   c. Clinical Support Unit.

   d. Staff Workspace Accommodation – Hubs.

   e. Corporate Records.

   f. End of Trip Facilities.

   g. Disaster Management.

   h. HASA's/Security.

14.2 Description of Service

1. The Executive Unit and Whole of Hospital services will provide the strategic executive oversight, day to day management and administrative support to enable the safe, efficient and effective delivery of patient care and to attract, retain and support the staff essential to the operation of a 24/7 the health service.

2. The following services are described below:

   i. Operations Centre.

   j. Admissions and Bookings.

   k. Clinical Support Unit.

   l. Staff Workspace Accommodation – Hubs.

   m. Corporate Records.

   n. End of Trip Facilities.

   o. Associated Security Services.

3. Operations Centre

   3.1 The Operations Centre will accommodate patient flow and members of the day to day operations management team including the after-hours manager.

   3.2 Key functions of the Operations Centre will be to allow relevant staff to converge on a single space that will facilitate rapid decision making and will include:

a. End to end oversite of bed management and capacity through use of real time data and dashboards including coordination of timely environmental bed cleaning to maximise patient throughput efficiency and reduce idle time.

b. Management of the admissions and discharge to provide clear information on demand capacity and management.

c. Facilitating and supporting transport coordination for transfers through the LHD Patient Transport Service.

d. Coordination of patient flow for waitlisted patients for elective admissions, inter hospital transfers, and emergency admissions.

e. Maintaining waitlist patients (excluding elective surgery waitlists) and responding proactively to demands for beds.

f. Utilising software to monitor admission times.

g. Leading the development, implementation and continual improvement of patient flow.

h. Optimise patient safety and experience.

i. Liaising with staff to develop service, capacity and winter plans.

j. Maintaining patient activity data in a bed management system.

k. Developing partnerships as part of the Coastal network and SNSWLHD Patient Flow initiatives.

l. Deputy DONM/AHNM, determining flow 24/7.

m. Ambulance arrivals screens.

n. NUM huddles.

4. Admissions and Bookings

4.1 Admissions and Booking manages the patient admission processes for all inpatient admissions both elective and direct admission via ED and ambulatory care admissions and clinic bookings.

4.2 The services include:

a. Booking of patient for admission;

b. Pre-registration of patient for admissions;

c. Patient admissions;

d. Processing of inter-facility patient transfers;

e. Bed allocations;

f. Demand management;

g. Discharge awareness for bed management not clinical decisions which are made on the ward.

During the ‘clinical assessment’ pre-admission, the Admissions Service is responsible for:

h. Processing informed consent and completion of admission requirements;

i. Collation of information on patients’ clinical condition and medical history;

j. Referral to an anaesthetist and/or allied health professionals (if necessary);

k. Referral for diagnostic tests (e.g., ECG, Blood Test, X-ray);

l. Patient education on the expected clinical pathway;

m. Discharge planning.

4.3 Admission and bookings functions for admissions and outpatient/ambulatory care services will be provided at the point of care i.e. ED, pre-admission clinics and day of surgery/ procedure unit or inpatient unit outpatient service of clinic.

5. Clinical Support Officers (CSOs)

5.1 Clinical Support Officers will be allocated to various clinical units. When not required in the clinical areas they will have access to an available and bookable workspace.

6. Staff Workspace Accommodation - Hubs

6.1 Staff workspace accommodation will be designed to support collaborative, inter-disciplinary team-based approaches to service delivery and new ways of working. The Activity Based Working (ABW) principles outlined in the NSW Health, PD 2019_060 Workspace Accommodation Policy and Workspace Accommodation, Support and Implementation Guide will inform the provision of staff workspace Hubs for office type activities adjacent or collocated with key operational areas of the health facility. The following hubs are being considered:

a. Executive and Whole of Hospital including Education and Training, ICT and District Staff.

b. Critical Care (ED, COU/ICU, Perioperative and Medical Imaging).

c. Women's and Children's Services.

d. Ambulatory Care Services.

e. Back of House and Hotel Services.

6.2 Each hub will be designed to accommodate a critical mass of staff to ensure access to the range of open and enclosed work spaces required to support the type of office – based activities undertaken during a typical work day. Work points will be provided for visiting staff in each hub to support the development of networked models of service delivery. The final configuration of hubs will developed in consultation with the various staff groups and will be aligned with the Workforce Plan which will be developed as part of the Business Case process.

7. Corporate Records

7.1 The health facility will adopt a paper lite approach to record keeping of corporate records. Hard copy records will be retained where there is a statutory requirement to do so e.g. personnel records, pharmacy/DD registers, death records. The business units that create records (health and corporate) are required to manage them in accordance classification and retention periods.

8. End of Trip Facilities

8.1 End of trip facilities will be provided to promote a healthy and active workforce, increase staff wellbeing and encourage sustainable service delivery outcomes. The facilities will be designed to support those staff who:

a. cycle, jog or walk to work rather than drive or take public transport;

b. exercise during the working day i.e. meal breaks etc.

8.2 Facilities will include:

a. secure bicycle parking (preferably undercover and including charging facilities);

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b. locker facilities;

c. showers and change rooms.

9. Disaster Management Facilities

9.1 Disaster Management facilities will be required to enable response in the event of a natural and man-made disasters. Facilities will include bookable meeting rooms that can be dedicated to disaster management when required. Cupboards will also be required in ED and near the identified response rooms. It is recommended this is adjacent to, but not integrated with, the Patient Flow Unit.

10. Hospital Security

10.1 The ERH Security service will monitor Hospital security systems (duress, access control etc), respond to critical incidents and issue staff identification and electronic access control cards.

14.3 Scope of Service

1. The following Executive Unit and Whole of Hospital services are planned to support the clinical operations on the Eurobodalla Regional Hospital campus:

Service	Comments
Operations Centre / Patient Flow Unit	Central 24/7 facility for ICT enabled real time patient flow and bed management by patient flow and nursing management team members.
Central Intake/Virtual Support (physically located in Ambulatory Care)	Central facility for remote monitoring of wearables and other technology as well as management of waiting lists and clinic bookings.
Admissions and Bookings	Decentralised to point of care.
Clinical Support Officers	Decentralised to clinical units with workspace within WOH hub.
Staff Workspace - Hubs	Configured to provide staff only ABW for office – type duties adjacent to clinical and non-clinical support units. Includes accommodation for locally based District staff.
Corporate Records (pending governance approval)	Model to be confirmed.
End of Trip Facilities	Centralised changerooms including toilets, showers and locker space for use for staff requiring to change at the beginning of end of a shift, excludes Theatre staff who will use dedicated facility.
Disaster Management	Meeting room/s to become dedicated disaster response rooms as/when required.
HASA's/Security	On-site control centre (pending governance approval) operated by HASA's with support from Coastal Network HASA Manager & SNSWLHD Security Manager.

Service	Comments
TECS	Telehealth enabled room to support provision of a District wide 24/7 TECS.
District Staff Accommodation	Onsite workspace accommodation for 30 FTE.

Table 88 – Executive Unit & WoH Service Capacity/Service Configuration.

14.4 Model of Care/Service Delivery

1. The focus of the model of service delivery for the Executive Unit and Whole of Hospital services is to support timely access to the right health care in the right setting and the safe delivery of health services by ERH. Key enablers include the provision of work place environments which facilitate collaboration and team based approaches to service delivery and support the needs of all staff members during their working day.

2. The PFU and Admission and Booking services will play a key role in ensuring that access to patient services is timely, coordinated, integrated and networked to support high quality care. Provision admissions and bookings services at point of care will streamline access to services and support the delivery of person-centred services arranged around the needs of patients and their carers. In person admissions and bookings services will be supported by the implementation of digital check-in/registration systems to improve the patient experience and optimise patient flow.

3. Security

    3.1 ERH Security Services will be provided by appropriately trained and qualified HASA's; security duties currently account for approximately 30% of their workload. Security Services will include 24/7 monitoring of security systems (duress alarms, access control, CCTV, etc.), internal and external patrols, and response to on-site security incidents.

    3.2 Security Services may be responsible for the production and printing of staff identification and access cards. The staff identification and access card system is required to conform to the district-wide solution (Inner Range - Infiniti Class 5).

    3.3 Fixed duress alarms will be required in areas where staff interact with consumers and the public, and in areas where there is a risk of entrapment. Mobile duress devices will be required where staff are moving around the workplace in the course of their work and where there is a risk of workplace violence or aggression.

    3.4 The majority of the security workload is generated in the Emergency Department between 1100 hours– 0200 hours.

    3.5 Asset Management is responsible for maintaining security systems and equipment.

14.5 Future Service Delivery / Technological Trends

1. The use of technology to support and monitor remote patients is expected to increase to allow patients to be cared for in their own home. Utilising a central service to link with a patients clinical journey and provide a wholistic view of their care requirements will support patients to be cared for at home/in the community.

14.6 Change Management

1. Change management support will be required to address the following issues:

    1.1. Centralisation of patient flow and bed management functions to create a 24/7 Operations Centre.

1.2. Devolution of admission and bookings functions to point of care.

1.3. Devolution of clinical support to the clinical units.

1.4. Transition to 'paper lite' approaches to patient and corporate records management including the elimination of departmental/service subfiles.

1.5. Transition to ABW settings for office-based duties to support collaborative, integrated and team-based approached to service delivery.

1.6. Implementation of a dedicated security control centre and associated unit based CCTV or consideration for a District wide security control centre.

FUNCTIONAL RELATIONSHIPS

14.7 Relative Location

1. Whilst the Executive Unit and Whole of Hospital services do not require a location within the 24/7 zone close to the clinical units, consideration should be given to safety and security of staff accessing the unit outside of standard working hours.

2. The Patient Flow/Operations Centre will require a location within the 24/7 zone, close to clinical units.

3. The Security Service Control Centre requires a discreet location adjacent the Emergency Department with good connectivity to other high access services areas including Front of House, inpatient units and ambulatory care.

14.8 External Functional Relationships

1. Key external relationships between the Executive Unit and Whole of Hospital services and other areas on campus are prioritised as follows:

   Direct access (collocated with access via a horizontal or vertical route with minimal turns).

   Ready access (proximal vertical or horizontal access).

   Easy access (navigable access but proximity not critical).

Services/Departments	Priority	Comments
Emergency	Ready	Movement of staff
Perioperative Service	Ready	Movement of staff
Diagnostic Services	Ready	Movement of staff
COU/ICU	Ready	Movement of staff
Ambulatory Care	Ready	Movement of staff
Inpatient Units	Ready	Movement of patients, family and carers, and visitors
Front of House	Easy	Movement of staff, patients, family and carers, and visitors
Back of House	Easy	Movement of staff, equipment, supplies and waste etc
Security	Easy	Movement of staff

Services/Departments	Priority	Comments
Emergency	**Direct**	For movement of staff
Inpatient Units	Ready	For movement of staff
Ambulatory Care	Ready	For movement of staff
Front of House	Ready	For movement of staff/access for front door fire panel
Site Interfaces	**Priority**	**Comments**
Hospital Circulation Spine – Services	**Direct**	Movement of staff
Car Parking	Easy	Movement of patients, family and carers, visitors and staff

Table 89 – Executive Unit & WoH External Functional Relationships.

14.9 Internal Functional Relationships

1. The overall design of the department must achieve the following:

1.1. General security requirements

a. Security systems and services will comply with the NSW Health Protecting People and Property Manual.

b. A single site wide master key system (a patented/restricted 4 level system) with capacity to expand and a compatible software system for the ordering, management and issuing of keys.

c. Traka safes for the management of keys e.g. medication keys, fleet cars, building and department master keys etc.

d. Patient wandering, and tracking systems will be required for high risk areas e.g., aged care, paediatrics etc.

e. Internal and external landscaped areas, public forecourts, entrances and access ways, car parks etc. will be designed according to the Crime Prevention Through Environmental Design (CPTED) principles of Natural Surveillance, Natural Access Control, Territorial Reinforcement and Maintenance and Management. The building and landscape design will ensure adequate lighting and avoidance the creation of blind spots and places of concealment as well as provision of external cameras.

1.2. Cameras and surveillance

a. CCTV cameras positioned at all entry points to the buildings on both internal and exterior surfaces. Video streaming will relay images and data to the surveillance system and its monitors within the Security Control Centre and staff stations.

b. Cameras in high risk areas including but not limited to the car park, cashier, waiting, pharmacy counter, mortuary and main entry.

c. Cameras to be internet protocol (IP) and power over ethernet (PoE) capable. Electronic access control

d. A single site wide electronic access control card system is required on campus (including car parks and loading dock entry), consistent with the district-wide access card and access control system.

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e. The Security Control Centre to have the capability to remotely lock and unlock electronic access-controlled doors/gates.

1.3. Intruder alarm system

a. There will be a single site wide intruder alarm system on campus. The intruder alarm system will incorporate individual localised control panels for the day to day operation of the system. Programming, monitoring and site wide master control of the system will be provided via the security control room.

1.4. Security/Priority Call Points

a. Based on a security risk assessment, consideration will be given to fixed "security call points" (public duress points) in car parks, grounds and gardens, along major public access ways external and internal to the building and in large public spaces within the buildings e.g., retail precinct.

b. Vertical transport will incorporate a "priority call" and "exclusive/independent service" function utilising the electronic access control system to allow rapid movement of staff between floors in code black and code blue response situations. This functionality will also enable the safe and efficient transport of patients to and from the helipad via the "hot lift".

c. Based on a security risk assessment, consideration will be given to provision for an emergency nurse call point located adjacent to the main hospital entry and ED entry in the event that the doors have automatically locked after hours.

2. The internal functional relationship diagram shows the required proximity of the key functional zones and the connectivity between the zones (i.e. visitor/ staff/ student/ material flows) plus external interfaces.

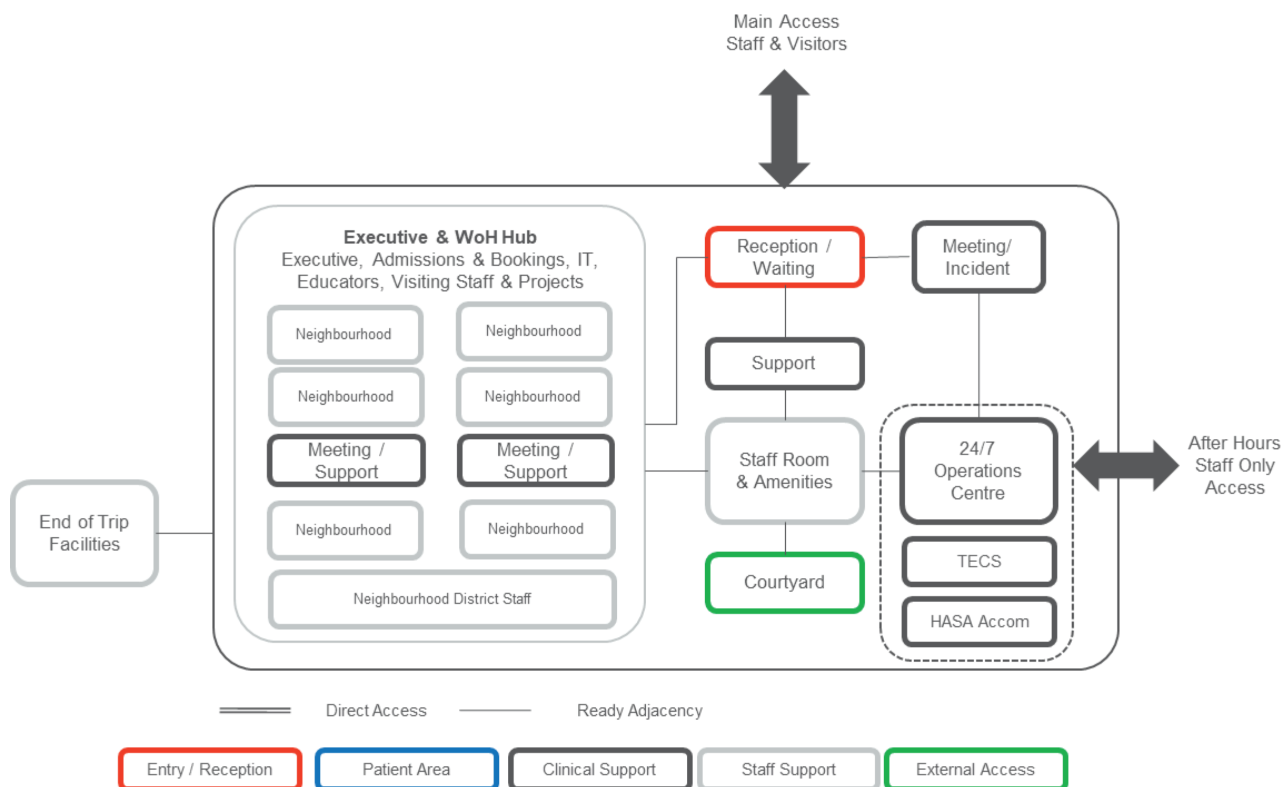

Figure 19 Executive Unit & WoH Functional Relationship Diagram.

DESCRIPTION OF PROJECTED WORKFORCE

1. Workforce under development to align service configuration and models of care.

Staff Profile	FTE Current / Future		Comments
Executive			
General Manager			
Director of Nursing & Midwifery			
Assistant Director of Nursing & Midwifery			
Director of Medical Services			
Corporate Services Manager			
Executive Assistant			
Patient Flow			
Patient Flow Manager			
Nursing Administration			
Assistant Director of Nursing			
Admissions and Bookings			
Administration Manager			
Administration Officer			
Clinical Support			
Clinical Support Officers			
Security			
HASA	)		Includes COVID staff Moruya: day. afternoon. night. Future model may include allocated to ED 24/7.
TECS			
TOTAL			

Table 90 - Executive Unit & WoH Workforce Profile.

SPECIFIC OPERATIONAL GUIDELINES

14.10 General

1. Hours of Operation

Facility	Operating Hours
Operation Centre	24/7 controlled access.

Admissions and Bookings	As per point of care operating hours.
Clinical Support Officers	Business hours Monday to Friday.
Staff Hubs	Business hours with controlled access 24/7.
Corporate Records	Business hours Monday to Friday as required with controlled access.
End of Trip Facilities	24/7 controlled access.
Security	24/7.
TECS	24/7 controlled access.

Table 91 – Executive Unit & WoH Hours of Operation.

2. The operating hours of the Executive Unit and Whole of Hospital Services will be adjusted to match the changing requirements of the clinical services to ensure safe, supported and timely health service delivery.

3. Access

    3.1. Staff access to Executive Unit and Whole of Hospital service areas and will be controlled by an electronic access control system.

    3.2. Visitors will be escorted to meeting rooms within the unit.

    3.3. Doors within the hospital to be controlled through an electronic access control system with the capability to lock or unlock doors from a remote location.

    3.4. After hours public and staff entry points to be fitted with video/CCTV intercom systems to allow screening of members of the public presenting at the door, to allow staff to request assistance on arrival/leaving, and to record any incidents that may occur at entry points.

    3.5. Electronic door alarms to be connected to staff pagers (eg security staff pagers) to alert of possible breach of perimeter security.

4. Admissions

    4.1. Admissions will be proactively managed 24 hours a day, 7 days a week.

    4.2. Planned and unplanned admissions are integrated with the Health Operations Centre, electronic referrals and patient flow management systems.

    4.3. Patients are triaged for the provision of care. The decision to admit a patient for inpatient care is made by authorised medical officers with admitting rights to the facility and in consultation with the Health Operations Centre to ascertain bed availability. Patients are admitted directly to an inpatient bed via the Emergency Department (ED), through interhospital transfers, transferred from other units for definitive care, or admitted as elective admissions following the patient's consultations in the outpatient clinics. Patients can be admitted to HITH through direct referrals from GPs.

    4.4. Admissions will be managed by the respective services to facilitate admission, movement and discharge of patients that present to the hospital and to divert patient to another area of the hospital when needed.

        a. Urgent / unplanned admissions are coordinated following request by a medical officer.

        b. Same day admissions are admitted via the Same Day Centre / Day Surgery Unit.

        c. Routine admissions are coordinated by the health services' administrative support staff.

    4.5. Admissions will be at point of care, with appropriate support services provided to facilitate the admissions functions.

4.6. Reception and patient registration points will require appropriately trained administrative staff to check-in patients, answer bookings and admission enquiries, and help with the use of self-check-in kiosks.

4.7. Planned admissions for outpatients or elective surgical services are coordinated by referral and scheduling teams. Admission and fasting times will be sent to patients via electronic text message, or phone call (if the patient does not have a mobile phone) the day before admission.

4.8. Patients coming in for scheduled appointments will be asked to register their details through the online admissions portal at least 72 hours prior to their admission date.

4.9. Discharge planning starts early in the process (sometime prior to admission) in discussions with the patients and their family members and carers. An Estimated Day of Discharge (EDD) will be provided by the medical officer on admission. Patients identified and signed off as eligible for Criteria Led Discharge (CLD), will be discharged by CLD competent staff (e.g. appropriately accredited / identified senior nursing, allied health, junior medical officer) in accordance with agreed CLD procedures.

4.10. On day of admission, patients will check themselves in at the self-service check-in kiosks at the relevant service reception and have their details checked before they attend their appointment. Staff assistance is available for patients needing aid in checking in or for walk-in patients needing assistance with completing their admission form/ Health Questionnaire. The Digital Front Door which is part of the virtual strategy will also apply for patient check-in and completion of forms.

4.11. Patients will be provided with an RFID wristband tag at the check-in point which will track the locations of patients, and automatically check out patients at the end of their occasion of service.

4.12. The consumer's identity and health information on the admissions portal are checked by an Admissions Officer before they are booked in for their appointment and seen by their clinician.

4.13. On the day of the planned procedure or treatment, patients will present directly to the relevant point of care. For example:

a. Adult day of surgery admissions (DOSA) and day only (DO) admissions are admitted directly to the Perioperative Service.

b. Elective Caesarean section patients are admitted directly into a Maternity inpatient bed and prepared for theatre.

c. Paediatric DOSA and DO patients will present to the Paediatric Inpatient Unit (including Short Stay) prior to transfer to theatre.

d. Medical oncology patients attending hospital for infusions services are checked in at the oncology Day Therapy unit.

e. Outpatients booked for an interventional procedure in Medical Imaging will be directed to the Medical Imaging unit.

4.14. Some patients are required to attend the pre-admission and anaesthetic clinics, for pre-assessments and routine screenings prior to elective surgery.

4.15. A central preadmissions area will manage all elective preadmission and anaesthetic clinics (medical and surgical) with emergency admissions managed through the ED. Admissions will be responsible for patient administration activities including:

a. Patient registration.

b. Outpatient clinic booking.

c. Reception and administration services.

d. Emergency registrations and admissions.

e. Elective admissions and waitlist management.

f. Performance monitoring.

4.16. Preadmission and anaesthetic clinics will be in the Ambulatory Centre. Where possible, preadmission and anaesthetic clinics will be managed through telehealth consultations.

4.17. Direct to ward admissions will be enabled to allow offsite referrers such as Specialists, GPs, Nurse practitioners to arrange immediate in-hospital assessment or care for well known, chronic patients facing crisis, deliberately bypassing ED.

5. Patient Flow Unit

5.1 The Patient Flow team based at the Operations Centre will leverage patient flow management software and other integrated systems (e.g., eMR) to deliver services by:

a. Coordinating bed management to reduce acceptance of patients without knowing capacity pressures or bed pre-allocation.

b. Viewing hospital bed status and capacity through real-time data and live dashboards for clear visibility of bed status to maximise usage, ensure patients are admitted to the correct department from the outset improving patient care with faster and safer outcomes.

c. Streamlined ED bed placement process through integrated IT systems to manage predicted demand (and bed availability), unscheduled patients from ED and planned and confirmed discharges, making it easier to identify and predict pressures points beforehand.

d. Coordinate environmental cleaning of beds and clinic spaces to maximise availability and usage.

e. Quickly and easily identify outliers at both hospital and ward level.

f. Fast identification of delayed discharges to address the causes of delays before demand exceeds availability.

g. Coordinating patient flows across acute and planned admissions.

h. Making faster referrals to community and social services and minimising inappropriate referrals.

i. Streamlining and proactive discharge management utilising transit lounge facilities to remove bottlenecks in discharge milestones.

j. Transition to HITH and virtual beds as key patient flow strategy.

5.2 The Patient Flow team will comprise of interdisciplinary decision-makers (clinicians and administrative leaders) trained in the use of real-time data and live dashboards.

5.3 The nursing manager /other support staff will monitor the data dashboard, and coordinate with the clinical care teams to resolve patient flow issues.

5.4 Partnerships will be developed with other health care providers in the local network to fully leverage the benefits through sharing of information and resources.

6. Disaster Management

6.1 The Meeting Rooms within this area will be designed to operate as the Disaster Response Room in the event of a natural or man-made disaster. A disaster cupboard will be located adjacent to the ED as well as one adjacent to/within the meeting room. Whiteboards about meeting room walls.

7. HASA/Security workflow

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7.1 Unit security systems (duress, access control etc) will be monitored 24/7 by the HASA's in the Security Control Centre.

7.2 HASA's will be alerted by the duress systems or electronic phones as well as through integration with the nurse call system.

7.3 Requests for staff identification cards will be made by email and processed by LHD People and Wellbeing based at Goulburn Hospital.

7.4 Staff access cards will be issued on-site by HASA's from the Security Control Centre. A SNSWLHD wide solution is being developed and will be confirmed.

7.5 After-hours access to the building perimeter including intercom etc will be managed automatically from the hospital's security system with override possible from designated security system interfaces.

14.11 Clinical Support

Services	Description
Medical Emergency	– 24/7 access required to the Clinical Rapid Response Team for the management of the deteriorating patient.
Patient Transport Service	– Day patients and discharged inpatients will by moved to and from the Transit Lounge by a HASA who may be accompanied by a nurse. NSW Ambulance and the LHD Patient Transport Services will transfer non-urgent patients to and from the health facility.

Table 92 – Executive & WoH Clinical Support Services Description.

14.12 Non-Clinical Support

Services	Description
Cleaning	– The Executive Unit and Whole of Hospital areas will be routinely cleaned by the HealthShare staff. – Access will be required to a cleaner's room for storage of the cleaner's trolley, cleaning equipment and consumables (e.g. toilet paper, paper towels).
Food and Beverages	– Staff will have access to a beverage bay with sufficient refrigeration space for staff who wish to bring meals from home.
Linen	– Clean linen will be supplied to the End of Trip Facility unit on an Imprest trolley by HealthShare staff and stored in a linen bays. Dirty linen skip s will be stored in a bay before collection and transfer by HealthShare staff to the loading dock dirty linen holding area.
Waste Management	– Waste will be segregated at the point of generation and include general, recyclable and confidential waste. – Waste bins and receptacles will be regularly collected from a shared disposal room by HealthShare staff.
Work Health and Safety	– Work Health and Safety consultation and support will be provided by the hospital's Work, Health and Safety team. – The Executive Unit and Whole of Hospital areas will be designed to minimise manual handling risks and support a "no lift" policy. – The Executive Unit and Whole of Hospital areas will comply with Safe Work Australia working in isolation guidelines.
Security	– Access to the Executive Unit and Whole of Hospital areas will be controlled by an electronic access control system. – Escape egress and fixed duress alarms will be required in all areas where staff interact with the public. Mobile duress devices will be used where staff are moving around the workplace in the course of their work and there is a risk of being confronted by aggressive behaviour. – Unit security systems (duress, access control etc) will be monitored 24/7 by the ERH Security Service. Lockdown

Services	Description
	capability will be required after hours and in emergency situations (both remote and local lock down). – Appropriately trained security personnel will respond to critical incidents within the unit automatically on activation a duress alarm and as required on request from clinical and service staff.
Supply	– Supplies will be delivered to the Executive Unit and Whole of Hospital areas by HealthShare staff to maintain agreed imprest and stock inventory levels.
ICT	– Refer to Overarching Section. – ICT will be wireless, and the digital environment will be consistent with the LHD ICT Strategy. – Connection to the hospital ICT network to enable access to eMR etc. – Access to the WI-FI network across the hospital including paging and duress. Ensure extenders on external parts of the building/across the site. – Patient flow management will be provided from Operations Centre supported by predictive real-time analytics relating to ED volumes, bed allocations and assignments, environmental room cleaning, COU/ICU capacity, surgical and diagnostic scheduling and discharge planning. – Duress alarm system including fixed alarms in designated rooms and mobile alarms (with location finders set at regular intervals) linked to a real time monitoring facility within Security; require a system that provides greater visibility and the right information to better inform the response; early information could be used deescalate a situation. – Communications – smart (VOIP) phone and messaging for paging clinical staff and HASA's. Satellite phone capacity also required as well as copper wire for phones if the VOIP system isn't working. – Connection to the hospital Building Management System (BMS). – Meeting rooms with video conferencing capabilities/telehealth enabled as well as booking system. Access to enhancements such as hearing impaired in meeting rooms and workspaces as required. – Utilising eHealth recommended software and technology. – Consideration of MIE for other messaging requirements (reducing reliance on nurse call/emergency response systems). – Connection to the hospital electronic access control system including CCTV monitoring of the entire hospital campus (excluding clinical treatment areas) and a monitored alarm system. Consideration for 8MP (facial recognition) cameras for high risk areas.

Services	Description
	– Duress alarm system including fixed alarms in designated rooms and mobile alarms (with location finders set at regular intervals) linked to a real time monitoring facility within Security Control Centre; require a system that provides greater visibility and the right information to better inform the response; early information could be used deescalate a situation.
Staff Workspace	– Refer to Overarching Section for NSW Health Activity Based Working (ABW) Policy. – Workspace will be planned in accordance with ABW principles tailored to the type of work that staff undertake, and the proportion of time spent engaging in different tasks.
Education, Training and Research	– Access is required to a training and meeting space for executive and management meetings and in-service education.

Table 93 – Executive & WoH Non-Clinical Support Services Description.

14.13 Design Considerations

3. The specific requirements for core functions are as outlined below::

Area	Key Requirements
Reception and Waiting	– A central reception point and sub waiting area serving the Executive Unit and Whole of Hospital services. – Access to public amenities.
Staff Room/Breakout Space	– Centrally located, multi-use space for working, socialising, eating and holding informal meetings. – Mix of small tables and chairs and comfortable lounge chairs with low tables. – Kitchenette equipped with microwave, fridge and dishwasher. – Access to an outdoor area. – Staff sleep pods.
Workspace -General	– Activity-based workspace for staff to undertake administrative activities arranged in neighbourhoods for key service groups. – Workstations to ergonomically designed with (consideration for mix of electronic sit-stand desks, accommodate mobility requirements etc); 1800mm wide to enable social distancing. – Distributed storage adjacent neighbourhoods for resources and reference material. – Access to lockers for storage of personally belongings. – Access to toilet facilities.
Workspace -Enclosed	– Acoustically private enclosed space adjacent each neighbourhood for managerial tasks, conducting professional development sessions, confidential client telephone/videoconference conversations, collaborative work etc,

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Area	Key Requirements
	– Virtual Care and telehealth enabled,
Touch down work-points	– Workpoints reserved for staff visiting the office on a short term basis.
Meeting Space	– Bookable meeting room to accommodate 15 people for presentations, management meetings and interviews. – Bookable meeting room for up to 4 people for teleconferences and interviews. – Arranged to prevent visitors from entering staff only workspaces. – Disaster preparedness equipment.
Utility Bay	– Support space that provides access to copying, scanning, printing, layout/collation, stationery storage and recycling. – Acoustically dampened to reduce noise.
24/7 zone	
Operations Centre / Patient Flow Unit	– Large screens for the display of patient flow information, bed availability, and patient transport information. – Workspace for patient flow officer, DONM and DDONM, CSO and after-hours staff including one single office. – Down Time Viewers (DTVs) in accordance with the ICT Strategy.
Security Control Room	– Central security monitors linked to electronic security (CCTV, mobile and fixed duress, access control, intruder alarm), emergency communications, telecommunications, boom gate and building/security intercom, photo identification and key control systems. – To be located in close proximity to high risk areas. – Workspace for PC use as well as programming/allocation of Staff ID/swipes.
TECS	– Telehealth enabled room with 2 workpoints. – Access to additional workpoints and staff amenities in the Executive area.

Table 94 – Executive & WoH Design Considerations.

14.14 Schedule of Accommodation

1. The Schedule of Accommodation (SOA) will be used to guide the minimum provision of rooms and spaces within the Executive Unit and Whole of Hospital Department.
2. Refer to Appendix A – ERH Schedule of Accommodation.

15 HEALTH INFORMATION MANAGEMENT FUNCTIONAL DESIGN BRIEF

DESCRIPTION OF SERVICE

15.1 Introduction

1. The Eurobodalla Regional Hospital (ERH) Functional Design Brief (FDB) for SNSWLHD provides an initial summary of service requirements to inform the design, delivery and operations of the service.

15.2 Description of Service

1. The Health Information Service (HIS) is responsible for the daily management of all patient related health information for the Eurobodalla and is managed as an integral part of the HIS for Southern NSWLHD. The HIS fulfils all patient related information functions required, including management of the secure health information department and paper medical record stores; medical record, provision of the paper medical record to clinical areas for patient care, release of health information, medico-legal requirements, clinical coding patient episodes and other case mix, data and research related activities, in accordance with the following policies:

   1.1 Australian Standard 2828.1-2019 Health Records Part 1 Paper Health Records

   1.2 Australian Standard 2828.2-2019 Health Records Part 2 Digitised Health Records

   1.3 NSW Health Privacy Manual for Health Information

   1.4 NSW Health Patient Matters Manual for Public Health Organisations - Chapter 9 Health Records and Information

   1.5 NSW State Records General Retention and Disposal Authority GDA17 Patient/Client Records

   1.6 NSW State Records General Retention and Disposal Authority GA45 Original or Source Records That Have Been Copied

   1.7 NSW State Records Standard on Physical Storage of State Records.

   1.8 National Archives of Australia, 2002, Storing to the Standard: Guidelines for Implementing the Standard for the Physical Storage of Commonwealth Records

   1.9 National Archives of Australia, 2014, National Archives of Australia Standard for the storage of archival records (excluding digital records)

   1.10 Standards Australia, 2011, AS/NZS 1015:2011 Records management – Physical storage (SAI GLOBAL).

   1.11 Sexual Assault Services Policy and Procedure Manual (Adult), PD2005_607, July 2005

   1.12 Records Management – Department of Health, PD2009_057, September 2009

   1.13 Clinical records and Information Privacy Act 2002, July 2017

15.3 Scope of Service

1. The HIS provides a range of services to both internal and external customers; these services include record control and storage, preservation of patient confidentiality and the provision of medico-legal services, clinical coding, provision of records and data for research/reviews, design and control of health record forms and provision of advice on the creation, use and disclosure of health information to all clinicians and services in the Eurobodalla. The health record comprises the clinical care record for each encounter a person has with the health service. This record follows the patient and is created at the first encounter and is added to with each subsequent encounter. For local residents, a patient may present for care over many years and the record comprise several volumes.

1. The health record in Southern NSW LHD is a hybrid record meaning a patients record is in 2 different forms paper and electronic. The paper forms created during each episode of care are filed in a single health record stored within the health information department; events and progress of an episode of care is also captured in an electronic health information system (Cerner eMR, Mosaic (oncology care), CV5 (renal care), eMaternity) depending on the treating service.

2. The transition to the new health information department will need to identify all locations holding paper records and work out an integration approach prior to transfer to the new department. Separate health records are held by Oncology (historic only); mental health and oral health services.

3. Health Information Services are provided to:

   4.1 Internal customers

   - Admitted patient services - medical and surgical wards.
   - COU/ICU.
   - Emergency department.
   - Non-admitted services.
   - Community health and allied health services.
   - Executive.
   - Local Health District.

   4.2 External customers

   - Patients and their authorised representatives.
   - General practitioners, specialists, and other external health care providers.
   - Department of Communities and Justice (DCJ) (formerly known as FACS).
   - Solicitors and courts.
   - Law enforcement agencies.
   - Other government agencies.

4. It is noted that management and storage of SNSWLHD corporate records is not undertaken by the HIS but that current medical record storage facilities at MDH and BBH are being utilised to store some corporate records.

15.4 Model of Care/Service Delivery

1. The primary purpose of HIS is to provide timely access to the entire patient record to the point of care. Accuracy is a key element of this service and supports the accurate and consistent identification, storage and tracking of a patient's health record across the health service. To manage the health records the service is a key user of the iPM patient management system. The service relies on accurate and complete patient demographic to be captured and maintained at each service encounter. The HIS provides and supports the use and interpretation of coded clinical and statistical data to facilitate an optimal level of direct and indirect patient care. The service support direct requests for patient information to facilitate ongoing patient care and for medicolegal purposes.

2. Key functions include:

   2.1 Custodian of the health record to ensure the record is available at the point of care and for ongoing patient care regardless of service location. This incorporates the secure, appropriate storage of health records.

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2.2 Store and retrieve the paper record. Storage comprises two primary and several secondary medical record stores for both Moruya and Batemans Bay health information departments. The secondary stores are at capacity. There is no provision for destruction. There is a need to cull and move records from the secondary stores during 2021.

2.3 Health record location is tracked and its location managed within iPM. As a record is filed in a store, retrieved to a service or re-located within the health information department for management and retrieval purposes the location is captured.

2.4 Retrieval of medical record for audit, review, education and research purposes.

2.5 Compilation of the paper according to a set order and filed in the paper record following completed episodes of care, or each visit (for ED and outpatients).

2.6 Filing of loose-leaf test results or other paper into the record e.g. Referral for Admission, externally provided pathology results.

2.7 Culling, sentencing and secure disposal of medical records.

2.8 Clinical coding services – this service provides clinical classification of all admitted patient records by reviewing the electronic and the paper medical record. Provides feedback and requests to clinicians for clarification of documentation in the clinical record. Supports the interpretation of coded data (ICD-10-AM and AR-DRG) and the identification of codes for certain data retrieval queries. This service works to an agreed Clinical Information Quality Improvement Plan and conduct regular audits to ensure what is coded accurately reflects the services provided to admitted patients. Managers of the services train clinical and non-clinical staff in regard to appropriate health information practices including documentation requirements, privacy of information. Provide training and education on Activity Based Funding (ABF), casemix, privacy, documentation, and the eMR (including PAS).

2.9 Medicolegal services manage information requests, subpoenas, and the supply of information under legal orders for the courts, Police and Department of Communities and Justice, insurance and other health care providers.

3. Health Records Storage

3.1 Health records are stored and retained in accordance with GDA 17 (General Retention and Disposal Authority - Public Health Services: Patient/Client), the retention period for records is on average 15 years, with some records requiring permanent retention. All health records must be maintained in accordance with NSW State Records General Disposal Authority (GDA) 17 and General Authority (GA) 45. Administrative records held by the unit must be retained in accordance with GDA 21.

3.2 HIS requires primary storage within the department with capacity to store at least 4 years of active records. In addition, sufficient on-site secondary storage space is required for the remaining records. Off-site storage is not considered to be a viable option because of the lack of appropriate local storage available and cost and time inhabitations involved in using non-local offsite storage facilities. The number of records held in each store is indicated in the table below:

Facility	Primary Store	Secondary Store	Community health	Off site	Total
Batemans Bay	23,540	10,000		n/a	33,540
Moruya Hospital	24,000	36,000		n/a	60,000

Table 95 - Existing Health Records Storage.

*Numbers of years of current records storage is unknown.

3.3 The implementation of forward medical record digitisation (scanning) would eliminate the need to add to existing long-term storage of paper medical records. With the implementation of digitisation existing storage volumes will become fixed and would be expected to reduce as current paper-based records are able to be culled and destroyed in accordance with record retention policies.

4. Paper Health Records

4.1 Paper health record documents are held in NSW State medical record folders to facilitate terminal digit filing and retrieval. The medical records are tagged with the last year of attendance to facilitate medical record culling.

4.2 Limited sentencing is maintained to indicate deceased and records that are not to be destroyed. If and when next allowed, the destruction of medical records in accordance with NSW State Records requirements requires review to determine the appropriate retention period. Paper medical records will remain in effect and require appropriate storage until the relevant retention period has been reached and the documents are eligible for destruction. It is important to note: The NSW Government has placed a moratorium on the destruction of all medical records.

4.3 Key documents remaining on paper include:

- Request for admission forms.
- COU/ ICU charts.
- Anaesthetic charts/forms.
- Clinical pathways.
- Service specific forms.
- Signed radiology reports, ECGs, CTGs, signed pathology results.
- Maternity forms (excluding progress notes).
- Outpatient forms (excluding progress notes).
- Referrals/external documents.

5. Electronic Medical Record Storage

5.1 The electronic medical record includes documents that are born digital as well as documents that have been digitised (scanned). Currently scanning is limited to key documents approved for single document capture by community health services only.

5.2 The complete implementation of an eMR solution is some time away. Forward scanning has yet to be implemented at any site in SNSWLHD. Funding will need to be secured to implement a SNSWLHD Medical Record Digitisation Project this would be following by 6-8 months of lead-in time for preparatory work, the setting up of scanning systems and a testing phase before going live. Unless funding for the implementation of a medical record digitisation project for the redevelopment is received imminently a hybrid medical record will remain for the relocation of to the new Eurobodalla Regional Hospital facility.

5.3 It is expected that scanning will remain even with a complete eMR, this will include scanning of external documents and documents generated during downtime.

6. Digital imaging of health records

6.1 The District Health Information Manager has received support for a business case for introduction of digital imaging of the paper health record. This design brief is making the assumption that digitisation of records will be in place prior to Go Live, therefore requiring 1.5 years of active record storage.

6.2 The business case proposed the adoption of Cerner CPDI for forward scanning of the documents for admitted and non-admitted patients – emergency, outpatients and community health services.

6.3 There are a number of benefits to be realised from the introduction of the digital imaging capability including:

a. Reduce the clinical risk associated with the hybrid health record by integrating the paper component with that held electronically in the eMR.

b. Patient safety will be improved as all staff will have online access to a patient whole encounter.

c. Negates the requirement for affording offsite storage of paper records for those facilities where storage is at capacity.

d. Reduce over time the space allocation required to house the paper health record.

e. Allow SNSWLHD to compete with the remainder of NSW for scarce clinical coding resources that do not need to be located on site.

f. Gives flexibility to the options available for clinical coding by staff or contractors not being tied to a location for access to records that are currently in paper form.

g. Gives the potential for centralising and supporting the increasing medicolegal demand from any location within the District.

h. Presents the opportunity to eliminate the risks associated with the long-term storage of records in less than ideal storage facilities for example, water inundation by enabling the potent to back scan the records in secondary store and add them to the eMR.

6.4 Implementation will be phased across the District, the approach has yet to be approved. A project team of two is proposed and will comprise a project manager and a project officer to undertake the necessary discover and preparation of the paper forms in readiness for digitising; testing of the implementation; staff training and guidance in the whole revised process for document preparation; scanning and the related validation and quality assurance processes

15.5 Future Service Delivery / Technological Trends

1. The opportunity to move towards digitalisation of medical records can assist with facilitating provision of one electronic record for patients and minimise requirements for paper-based records.

15.6 Change Management

1. Based on existing locations and work practices, opportunities for change management include co-location of existing staff and associated efficiencies as well as standardisation of District-wide procedures.

2. The model of service delivery is expected to change significantly following implementation of a SNSWLHD Medical Record Digitisation Project and the move to a new purpose design facility. Anticipated changes include:

    a. Improved staff efficiencies associated with medical record movement, subfile management and digitisation of medical records. Consideration will need to be given to management of paper files received as patients are transferred to and from other hospitals outside of Southern NSW.

    b. Limiting the growth of the primary record storage.

    c. More flexible work practices such as working from home for clinical coding staff from time to time.

3. It is acknowledged that opportunities for implementing change strategies prior to relocation to the new facility (e.g. consolidation of sub files into main records) will require consideration of existing space challenges experienced at both Moruya and Batemans Bay Hospitals.

4. To introduce the digitisation project prior to the move into the new facility it is likely that a new external location either on or off one of the existing sites will be necessary because of the workspace required to house the monitors and scanning equipment and revised workflow is not available in either of the current departments.

FUNCTIONAL RELATIONSHIPS

15.7 Relative Location

1. Health Information Service requires a location within the 24/7 zone of the hospital that provides secure access to the ED and other clinical services to facilitate timely provision of hard copy medical records for patient care. Hard copy records will continue to be retrieved and provided for care when digital imaging is introduced.

15.8 External Functional Relationships

1. Key external relationships between AM and other areas on campus are prioritised as follows:

    Direct access (collocated with access via a horizontal or vertical route with minimal turns).

    Ready access (proximal vertical or horizontal access).

    Easy access (navigable access but proximity not critical).

Services/Departments	Priority	Comments
Emergency Department	Ready	For immediate record delivery/retrieval.
COU/ICU	Ready	For record delivery/retrieval.
Perioperative Suite	Ready	For record delivery/retrieval.
Front of House / Main Entry	Easy	Movement of patients, families/carers and visitors attending the unit.
Inpatient Units	Easy	For record delivery/retrieval.
Ambulatory Care	Easy	For record delivery/retrieval.
Secondary Storage	Easy	For record delivery/retrieval.
Back of House Services	Easy	Movement of staff, equipment, supplies and waste etc.

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Services/Departments	Priority	Comments
Car parking	Easy	Movement of patients, families/carers and visitors.

Table 96 - HIS External Functional Relationships.

15.9 Internal Functional Relationships

1. The overall design of the Health Information Service must achieve the following:
    1.1. HIS will be largely an open-planned unit with designated areas for records storage, workspaces and enclosed space for meetings, reception and research/review.
    1.2. Accommodation for 2 department managers.
    1.3. The HIS design must accommodate acoustic privacy and noise reduction, specifically regarding the coding activities and administrative areas to an acceptable sound attenuation level.
    1.4. The layout and configuration of equipment must allow room for manoeuvring of trolleys, and space for stools and staff to pass each other safely.
    1.5. Sufficient space is required for movement of trolleys near workstations and through doors/openings and for storage of spare trolleys when not in use (including storage and charging of electric trolley).
    1.6. Flexibility of spaces and HIM services will need to be considered for future changes in technology, e.g., implementation of scanning and eMR, increased remote access to clinical information and increased usage of electronic methods of information transfer.
    1.7. Space needs to comply with Australian Standards and NSW State Records requirements for storage of medical records.
    1.8. Fire and egress routes, proposed area has multiple doors, walls and offices which need further review to determine a workable space for staff and records. Need to ensure safe egress and working environment.
    1.9. Protection of records from damage; need to ensure that the new area is protected from water damage.
    1.10. Emergency power available to reception workstation, scanning workstations, clinical coders and the HIS Manager’s workspace.
2. The internal functional relationship diagram shows the required proximity of the key functional zones and the connectivity between the zones (i.e. visitor/ staff/ student/ material flows) plus external interfaces.

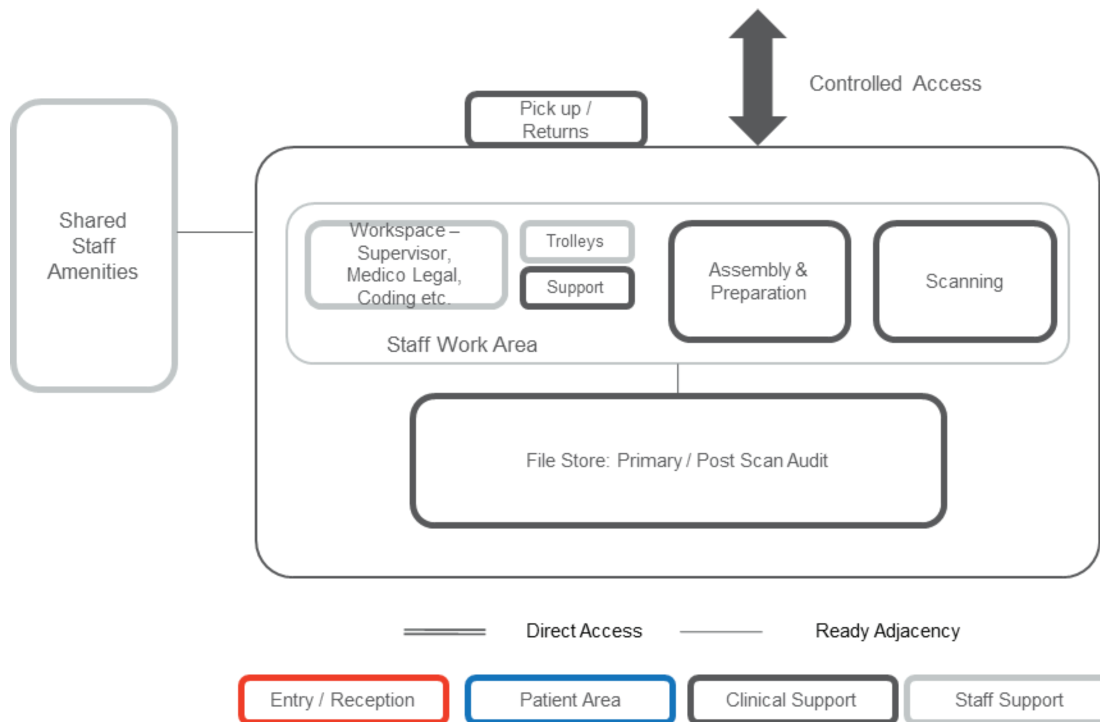

Figure 20 - HIS Functional Relationship Diagram.

DESCRIPTION OF PROJECTED WORKFORCE

1. Workforce under development to align service configuration and models of care.

Staff Profile	FTE Current / Future		Comments
Administration			
Health Information Manager/supervisor			
Clinical Coding Educator/Auditor			
Operational Support			
Health Information Officer			
Medico-legal Officer			
Clinical Coder			
Trainee clinical coder			
TOTAL			

Table 97 - HIM Workforce Profile.

* The health record digital imaging project will bring an additional 2 staff to work across the 2 locations. Note consideration for project and ongoing workforce requirements.

SPECIFIC OPERATIONAL GUIDELINES

15.10 General

1. Hours of Operation

Facility	Operating Hours

Health Information Service	0800 hours – 1630 hours Monday to Friday

Table 98 – HIS Hours of Operation.

2. Access

2.1 The HIS is a secure controlled access unit accessible to authorised staff and visitors.

2.2 During business hours authorised staff include HIM staff, administrative/clinical staff, Security and Executive.

2.3 Outside business hours access is limited to the After Hours Nurse Manager.

2.4 Staff who are visiting the unit for a period, e.g., for file review, are required to sign in.

2.5 All external hospital visitors such as funeral directors are required to sign in.

3. Health Record Access

3.1. Health records are retrieved for patient care. In addition to all patient care encounters, records can be requested for research, review or quality assurance. Records are not to be taken from the department except for patient care. Records for research/review (including quality assurance) are reviewed within the department. Approval and supervision during review of medical records is undertaken by the HIM as per relevant policies.

3.2. Review of electronic medical records for research, review or quality assurance is via an electronic proxy list (in accordance with LHD policy). Depending on the requestor this could be within or external to the HIM.

4. Storage and Retention Requirements

4.1. Records in primary storage (i.e. within Health Information Management) must be stored to facilitate rapid retrieval of records/information. Hard copy medical records are stored in:

4.1.1. Static shelving and compactus units.

4.1.2. Terminal digit order.

4.1.3. Complete years - initially four to five years of storage.

4.1.4. Secondary storage requirements either within or outside the boundaries of health information department with the potential for utilising an area temporarily which could be repurposed as secondary storage requirements diminish (over a very long period of time).

5. Workflow

5.1. The design must allow for the health record to move in line with the workflow of the department. The health records are picked up and returned in a central area within the department to facilitate efficient pick up and returns. The records are then checked and allocated to either storage (primary, secondary, off-site) or the relevant HIM location.

5.2. Records are assembled following discharge and prior to coding to ensure the records are complete and in the correct order to facilitate clinical coding and future use.

5.3. The flow of records within the department should follow a logical movement pattern from record returns to assembly, coding and filing.

5.4. In the future if the medical record documents are scanned, the documents will need to be returned from points of care and dropped off within a receiving bay or reception desk/counter with door for trolleys into the department. Preparation for scanning, validation, quality assurance and storage before secure destruction.

5.5. Scanned documents will need to be retained for at least 6 months in accordance with General Authority 45 from NSW State Records to facilitate auditing. Storage will need to include sufficient space to cater for backlogs within auditing (all sites that have gone live with scanning have reported backlogs with auditing at some point).

6. Future State

6.1. It is noted a separate project regarding scanning is currently underway which will have an impact on workflows and functioning of the Health Information Department. These will be adopted through the project change management processes.

7. Workflow Relationships

Units	Relationship
Emergency Department	Files are retrieved and provided by HIM for clinical care Records returned to HIM for processing and storage.
COU/ICU	Files are retrieved and provided by HIM for clinical care Records returned to HIM for processing and storage.
Perioperative Service - booked admissions	Files are retrieved and provided by HIM for clinical care Records returned to HIM for processing and storage.
COU/ICU	Files are retrieved and provided by HIM for clinical care Records returned to HIM for processing and storage.
All other inpatient units	Files are retrieved and provided by HIM for clinical care Records returned to HIM for processing and storage.
Deceased patient records	Records are returned to HIM for processing and storage.
Preoperative Clinics	Files are retrieved and provided by HIM for clinical care Records returned to HIM for processing and storage.
Maternity / Paediatric Clinics	Files are retrieved and provided for clinical care Records returned to HIM for processing and storage.
Oncology Clinics	Files are stored within Oncology. Process to be confirmed in relation to use of Mosaic.
Allied Health / Other Outpatient Clinics	There are no separate paper records created for community health. All community health paper is scanned into the eMR. Outpatient records returned to HIM for processing and storage.
Research/review	Data/information provided (as required). Files are retrieved and made available in the Research Room (unless otherwise negotiated with the Health Information Manager).
After-hours	Files retrieval by after-hours staff, e.g. After Hours Manager Tracking location updated by HID staff during business hours.

Table 99 - HIS Workflow Relationships.

15.11 Non-Clinical Support

Services	Description
Cleaning	– The unit will be routinely cleaned by the HealthShare staff. – Access will be required to a cleaner's room for storage of the cleaner's trolley, cleaning equipment and consumables (e.g. toilet paper, paper towels).
Food and Beverages	– Staff will have access a staff room with refrigeration.
Waste Management	– Waste will be segregated at the point of generation and include general, recyclable and confidential waste. – Waste bins and receptacles will be regularly collected from a shared disposal room by HealthShare staff.
Work Health and Safety	– Work Health and Safety consultation and support will be provided by the hospital's Work, Health and Safety team. – The unit design is to minimise manual handling risks and support a "no lift" policy. – The unit will comply with Safe Work Australia working in isolation guidelines.
Security	– Access to the unit will be controlled by an electronic access control system. – The reception counter and entry will be appropriately monitored using a CCTV system; intercom required. – Escape egress and fixed duress alarms will be required in all areas where staff interact with consumers and the public. – Mobile duress devices will be used where staff are moving around the workplace in the course of their work and there is a risk of being confronted by aggressive behaviour. – Unit security systems (duress, access control etc) will be monitored 24/7 by the ERH Security Service. – Appropriately trained security personnel will respond to critical incidents within the unit automatically on activation a duress alarm and as required on request from clinical and service staff.
Supply	– Supplies will be delivered to the unit by HealthShare staff to maintain agreed imprest and stock inventory levels.
ICT	– Refer to Overarching Section. – ICT will be wireless, and the digital environment will be consistent with the LHD ICT Strategy for Digital, Tele-health and Virtual Care initiatives. – Connection to the hospital ICT network to enable access to eMR, eMeds all clinical and administrative applications. – Connection to facsimile. – Wi-Fi connectivity to support the use of bring your own (BYO) devices, research, audits etc.

Services	Description
	– Connectivity to support access to videoconferencing, including eHealth applications such as eHealth Conferencing (Pexip) etc. – Connection to the hospital electronic access control system including CCTV monitoring of entrances and a monitored alarm system. – Duress alarm system including fixed alarms in designated rooms and mobile alarms with location finders set at regular intervals and linked to a real time monitor facility within the unit and to Security. – Connection to the hospital Building Management System (BMS). – Communications – telephones to be located on each workstation. – Access to the HID should be for authorised staff only using a swipe card system.
Fixtures, Fittings and Equipment (FFE)	– Upgraded PCs/IT equipment to manage an increasing digital medical record and environment. – Multifunction device (MFD). – Facsimile. – Scanners and associated hardware/software pending approval of the SNSWLHD Medical Record Digitisation Project.
Staff Workspace	– Refer to Overarching Section for NSW Health Activity Based Working (ABW) Policy. – Staff non-operational workspace will be located within a secure staff only zone adjacent the clinical area and be designed to support both collaborative and focussed, individual work. Non-operational space refers to where staff carry out office-based functions such as administrative, managerial, clinical follow-up, planning and research. – Workspace will be planned in accordance with ABW principles tailored to the type of work that staff undertake, and the proportion of time spent engaging in different tasks. – The staff zone will include a mix of enclosed and unenclosed space for office based activities and meetings, utilities such as photocopying and scanning equipment. Access will be provided to staff amenities including a staff room, lockers, toilet and shower facilities.
Education, Training and Research	– Training is generally undertaken via “My health learning” which requires access to a networked PC. – Access is required to a training room, and meeting space for unit meetings and in-service education.

Table 100 HIS Non-Clinical Support Services Description.

15.12 Design Considerations

1. The specific requirements for core functions are as outlined below::

Area	Key Requirements
Reception and pick up and returns area	– Reception window required for handling enquiries. – Area/Window for storage of records waiting to be collected (by inpatient wards, ED and clinics) and storage of records returned to department waiting to be processed.
Workspace (Main Office Area)	– An open plan work area for HIS staff including workspace for the HIS Manager/supervisor, Clinical Coder Educator/Auditor, Medicolegal Officer and clinical coders. – The area will incorporate space for health records waiting for coding near to the clinical coding workstations. Including space to move trolleys in and out. – Space for additional storage for assembly is required.
Trolley Storage	– Trolley storage will be required for a range of trolleys with appropriate power.
Scanning (Preparation, scanning, quality check, validation, archiving)	– Area to accommodate workstations and scanning equipment. – Area to accommodate shelving for the storage of scanned episodes awaiting audit and destruction in line with GA 45. – Includes 3 static shelving bays.
Meeting/Research /Review Room	– Access to an appropriate room for confidential staff meetings and meetings with external visitors such as police, patients etc. Space required for up to four people. To include a networked PC and screen to facilitate eMR medicolegal review, Skype calls, research/review etc.
Primary Storage	– 1.5 years of storage space (noting implementation of digitisation Project prior to Go Live).
Confidential Waste Management	– Area to store confidential waste containers. Container placement/storage should facilitate easy removal by environmental services staff or external contractors.
Photocopy/stationery room	– Room for multifunction device (MFD) where photocopying/printing/facsimile of records will occur including a bench space near the copier to facilitate WHS requirements. – Storage space for stock including stationery, downtime forms, dividers, new medical record files, machines (e.g. guillotine and binding machine). – Space for microfiche reader and film.
Staff Amenities	– Access to kitchenette, lockers and access to staff toilets.

Table 101 - HIS Design Considerations.

15.13 Schedule of Accommodation

1. The Schedule of Accommodation (SOA) will be used to guide the minimum provision of rooms and spaces within the Health Information Service Department.
2. Refer to Appendix A – ERH Schedule of Accommodation.

16 ICT FUNCTIONAL DESIGN BRIEF

DESCRIPTION OF SERVICE

16.1 Introduction

1. The Eurobodalla Regional Hospital (ERH) Functional Design Brief (FDB) for SNSWLHD provides an initial summary of service requirements to inform the design, delivery and operations of the service.

16.2 Description of Service

1. The Information Services Unit is responsible for overseeing the installation and maintenance of ICT infrastructure, hardware and software to ensure smooth operations of all ICT-related services on the hospital campus.

16.3 Scope of Service

1. ICT services will be provided by the Southern New South Wales / Murrumbidgee LHD Information Services Unit. The ICT service is a core component of the Business Support stream.

2. The scope of services provided by the Information Services Unit includes the installation and management of the core ICT systems and infrastructure:

   2.1 Communications Rooms;

   2.2 Wired network;

   2.3 Wireless network;

   2.4 Server computer infrastructure and environment;

   2.5 Telephony and Unified Communications;

   2.6 Videoconferencing and collaborations environment;

   2.7 Technology to support virtual care and telehealth systems;

   2.8 Systems integration and message integration engine; and

   2.9 ICT End User Devices.

3. ISU also provides support of core digital health care systems such as eMR (electronic medical record system and iPM (patient management system) as well as other systems (ICT components) as required.

4. The support of these systems are to be provided by a combination of onsite and remote service delivery. Some of this support will be provided by third party vendors or eHealth NSW.

   1.1. IT staff responsible for maintenance of computers and equipment will be accommodated on-site.

   1.2. An on-site IT team will provide local technical support, computer repair services, perform server maintenance, ICT hardware refreshes, new ICT equipment installation (assembly, configuration and deployment) and software deployments and manage IT security. Workshop space for staging of equipment to be deployed and repairs, with sufficient storage for new equipment in a shared space near the dock, will be required.

   1.3. The ICT Unit will continue to maintain a close working relationship with eHealth NSW.

   1.4. Overarching infrastructure such as comms rooms, server rooms etc.

   1.5. IT workshop with access to storage – workareas for assembling WOWs.

   1.6. Access to training rooms for ICT training eg eMR support person.

   1.7. Tiered model of support will result in additional people on site for remedial action and/or upgrades.

1.8. Additional people may be onsite for defined periods for ICT projects, or projects with a significant ICT component.

16.4 Model of Care/Service Delivery

1. Information Technology will play an ever increasing role in the provision of health services. All services will rely on IT to provide platforms for secure communication, monitoring, electronic medical records and medications.

   1.1. SNSWLHD will pursue increased digitisation of health service delivery as part of the SNSWLHD and Murrumbidgee ICT plan that intends to facilitate changes to work processes, assist in the more efficient use of resources, support the management of the facility and support models of care both in the hospital, outpatient and home environment for patients.

   1.2. Future developments in the virtual care / telehealth space will increase access to services noting workforce constraints and the lack of critical mass to support services in regional areas whilst also reducing travel requirements for patients to regional and tertiary facilities.

   1.3. The inclusion of virtual care / telehealth functionality within the ERH should be coupled with appropriate environments and safe spaces for patient and family interviews.

   1.4. Formalised networked arrangements and consistent technologies will be required to ensure reliable and appropriate support and clinical expertise can be provided to ERH as required.

   1.5. A District Virtual Care Strategy will be implemented to embed technology in models of care and redevelopments that aligns with the current ICT plan for SNSWLHD and Murrumbidgee LHD.

   1.6. The District will engage in consultation with eHealth NSW to ensure that health facilities have capacity for data sharing, and flexibility in technology for linkages to General Practice. Technology requirements and timelines for implementation will be finalised in consultation with General Practices as part of an Integrated Care Strategy to drive the coordinated delivery of out-of-hospital services to the local community.

   1.7. ICT will be deployed to support the LHD / Eurobodalla Regional Hospitals application of activity based working models.

2. An ICT infrastructure strategy will be developed for the Eurobodalla Hospital Redevelopment, which will be underpinned by the following principles of delivering:

   a. Future proofing.

   b. Redundancy.

   c. Flexibility.

   d. Expandability.

   e. Reliability.

   f. Security.

   g. Efficiency.

   h. Supportability.

3. ICT infrastructure will enable seamless connectivity between clinical service streams, and between current and potential future development zones.

4. Wireless capability will be provided to enable easy access to ICT systems and information.

5. Patient entertainment systems will enable access to entertainment options at the bedside.

6. The ICT infrastructure will provide the platform for the introduction of new medical equipment for the management and support of patient care such as mobile telemetry and digital operating theatres.

7. Design considerations must be given to the unique privacy issues arising from the use of image transfer and clinical consultation conducted via videoconference. The protocols issued by the NSW Telehealth Program include guidance in addressing the specific privacy issues.

8. Meeting rooms will be eHealth managed meeting rooms to provide full native support for Skype for Business and MS Teams as well as support for PEXIP and potentially other third party organised meeting joining capabilities.

16.5 Future Service Delivery / Technological Trends

1. The increasing role of technology in service delivery will facilitate an increase in ICT capability including support of wearables and other virtual care technology as well as an increased use of WOWs and tablets.

16.6 Change Management

1. The model of service delivery is expected to change significantly with implementation of the SNSWLHD and Murrumbidgee ICT Plan and associated redevelopment initiatives. Anticipated changes include:

   1.1. Adoption and optimisation of technological systems that allow interoperability, communication and collaboration between internal and external partners.

   1.2. Realisation of District-wide ICT strategies to support more services remotely to address workforce and critical mass constraints.

   1.3. Increased usage of electronic methods of information transfer e.g., digital operating theatres, mobile telemetry, remote monitoring.

   1.4. Reduction in the need for long term storage of paper medical records and off-site retrieval as more information becomes available in the eMR.

   1.5. The implementation of ABW may require more laptops to support an increasingly agile workforce moving from setting to setting and site to site and requiring VDI and tap on / tap off capability.

   1.6. More flexible work practices such as working from home for approved staff.

   1.7. In increasing ICT role in providing support to staff needing assistance with mobile equipment/devices and patients needing assistance with hospital issued patient medical technology; considerations include a Tech Bar / Digital Engagement Lounge.

   1.8. Patient kiosk, room booking systems – significant change in work practices. Development of P&P around implementation of new technology, eg adopting eric, using swipe on swipe off with/instead of WOWs.

   1.9. Integration of core building management systems with the message integration engine to improve the communication of system alert notification messages to end users using a range of devices / according to designated workflows eg Spectralink handsets, mobile duress tags and emails.

FUNCTIONAL RELATIONSHIPS

16.7 Relative Location

1. ICT requires a location within the 24/7 zone of the hospital that provides secure access to all key clinical and non-clinical operational areas.

16.8 External Functional Relationships

1. Key external relationships between ICT and other areas on campus are prioritised as follows:

   Direct access (collocated with access via a horizontal or vertical route with minimal turns).

   Ready access (proximal vertical or horizontal access).

   Easy access (navigable access but proximity not critical).

Services/Departments	Priority	Comments
Biomedical Engineering	Ready	For movement of staff and equipment.
Asset Management	Ready	For movement of staff and equipment/collaboration/use of tools etc.
Back of House Services	Ready	Movement of staff, equipment, supplies and waste etc.
Clinical /Clinical Support Units	Easy	For movement of staff and equipment.
Executive / Operations Centre	Easy	For movement of staff and equipment.
Site Interfaces	**Priority**	**Comments**
Loading Docks	Ready	Movement of equipment and ICT supplies.
Car Parking	Easy	Movement of LHD staff. external technicians and visitors.
Server/Comms Rooms	Ready	Require ready access to main server room/campus distributor.

Table 102 - ICT External Functional Relationships.

16.9 Internal Functional Relationships

5. The internal functional relationship diagram shows the required proximity of the key functional zones and the connectivity between the zones (i.e. visitor/ staff/ student/ material flows) plus external interfaces.

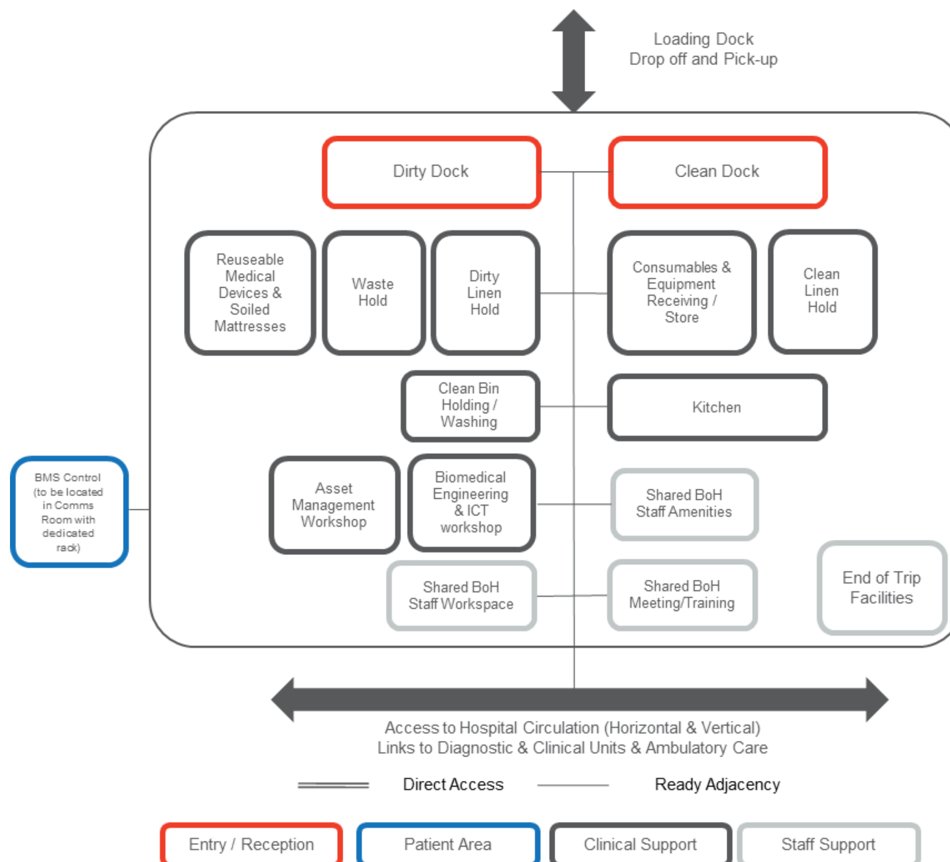

Figure 21 – Back of House Functional Relationship Diagram.

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DESCRIPTION OF PROJECTED WORKFORCE

1. Workforce under development to align service configuration and models of care.

Staff Profile	FTE Current / Future		Comments
Technical			
ICT Technician			Best located near workshop.
eMR support			Best located with WOH training space.
Project staff			Best located with WOH ABW.
TOTAL			

Table 103 – ICT Projected Workforce.

SPECIFIC OPERATIONAL GUIDELINES

16.10 General

1. Hours of Operation

Facility	Operating Hours
Onsite ICT	0800 hours – 1700 hours Monday to Friday.
On call ICT and support after hours	24/7, can be undertaken remotely or onsite.

Table 104 - ICT Hours of Operation.

2. ICT Access

2.1 The ICT Workshop is a secure controlled access area only accessible to authorised staff and visitors, 24/7 access required. Preferably located close to main server room/campus distributor.

3. Workflow

3.1 State-wide service desk used to log a job, a job ticket is generated and triaged by the level 2 LHD member (Technical Support Officer, Telecommunications Support Officer, or an eMR team member).

3.2 There is no walk-up requirement. IT staff typically seek to resolve the problem remotely; in some circumstances they may visit the referring unit.

3.3 An interview/meeting room would be booked where a face to face meeting with health service staff was required.

3.4 Computers and equipment requiring repair will typically be fixed on-site.

3.5 Bulk deliveries of equipment (200 boxes) will be delivered prior to an IT equipment rollout or upgrade (once or twice a year) and require secure storage until transferred to point of use.

16.11 Non-Clinical Support

Services	Description
General	– Future proofing to enable adaptation and potential expansion to meet changing needs. – Arrangement of workspace to be flexible to enable organic growth/reduction in the service personnel using the space.
Cleaning	– The unit will be routinely cleaned by the HealthShare staff. – Access will be required to a cleaner's room for storage of the cleaner's trolley, cleaning equipment and consumables (e.g. toilet paper, paper towels).
Food and Beverages	– Staff will have access to a beverage bay with and sufficient refrigeration space for staff who wish to bring meals from home.
Waste Management	– Waste will be segregated at the point of generation and include general, recyclable and confidential waste. – Waste bins and receptacles will be regularly collected from a shared disposal room by HealthShare staff.
Work Health and Safety	– Work Health and Safety consultation and support will be provided by the hospital's Work, Health and Safety team. – The unit design is to minimise manual handling risks and support a "no lift" policy.

Services	Description
	– The unit will comply with Safe Work Australia working in isolation guidelines.
Security	– Access to the unit will be controlled by an electronic access control system. – Mobile duress devices will be used where staff are moving around the workplace in the course of their work and there is a risk of being confronted by aggressive behaviour. – Unit security systems (duress, access control etc) will be monitored 24/7 by the ERH Security Service .
Supply	– Supplies will be delivered to the unit by HealthShare staff to maintain agreed imprest and stock inventory levels.

ICT	– Refer to Overarching Section.
	– ICT will be wireless, and the digital environment will be consistent with the LHD ICT Strategy for Digital, Tele-health and Virtual Care initiatives.
	– The following systems are required to enable timely, patient focused and safe 24/7 service delivery:
	• Connection to the hospital ICT network to enable access to eMR and eMeds etc
	• Physical Infrastructure
	  • Communications Room Facilities.
	  • Structured Cabling and Campus Backbone.
	  • Copper Telephony Cabling.
	• Core ICT Systems
	  • Wired Network.
	  • Wireless.
	  • Wide Area Network.
	  • Server computing infrastructure.
	  • Telephony and Unified communications.
	  • End User Computing Devices.
	  • ICT to support Activity Based Working including VDI, tap on/tap off technologies.
	  • Distributed Antenna System (DAS).
	  • Vendor Remote Access.
	  • Video Conferencing and Collaboration Systems.
	  • Virtual Care and Telehealth.
	  • Digital Operating Theatre Systems.
	  • Message Integration Engine (MIE) System

Services	Description
	• Two-way radios. • Paging. • Patient Queueing. • Service Delivery System Platforms • Building Management and Control Systems (BMCS). • Mobile Duress. • Security Access Control Systems. • Nurse Call System. • Fixed Duress. • Fire System and Fire Indicator Panel. • Major Medical, Specialist and Biomedical Equipment. • Closed Circuit Television (CCTV). • External Intercom System. • Multiple Access TV System (MATV) / Patient Entertainment System (PES). • Fridge Monitoring. • RFID/Blue tooth tagging and tracking of assets. • ICT options that may be considered. • Digital Signage. • Wayfinding.
Staff Workshop	– Refer to Overarching Section for NSW Health Activity Based Working (ABW) Policy. – Workspace will be planned in accordance with ABW principles tailored to the type of work that staff undertake, and the proportion of time spent engaging in different tasks. – Access will be provided to staff amenities including a staff room, lockers, toilet, and shower facilities.
Education, Training and Research	– Access required to a training room with space for 10 learners and two trainers, and meeting space for department meetings and in-service education. – Largest training demand for eMR with onboarding training sessions for clinicians taking up to 3 hours.
Fixtures, Fittings and Equipment (FFE)	– Bedside computing options will need to be considered to determine the devices to be used in inpatient areas. Powered WOWs will be deployed in areas where mobility of staff is required. – Staff stations require workstations to allow staff to view both eMR and patient flow information concurrently.

Services	Description
	– 40" wall mounted monitor/2 screen computer with camera required in consult/interview rooms routinely used for telehealth with consideration for use of rooms i.e. mental health, family friendly. – Electronic patient journey board (55" screen) required in clinical work rooms/central staff location; to be located out of view of patients and visitors. – Self registration kiosks to be considered in the main entry and in waiting areas adjoining for units where patient present for admission or appointments. – AV equipment will be installed in meeting rooms in line with the eHealth NSW standards for meeting rooms, including the provision of laptops within these rooms. – Printers/MFD will be required according to operational requirements (in line with LHD policy) to service departments. – Critical care overbed cameras will be required in designated critical care areas. – Clean utility rooms will require a workstation for eMeds. – eMR downtime machines (including access to building UPS) and a printer will be required in each of the inpatient and critical care areas. – Workstations fitted with cameras will be required in each of the breakout rooms in the activity based working areas. – Clinical workrooms will need to be fitted with workstations. – Activity based working areas will require a mixture of laptops/PCs to be determined by operational requirements. – Consult/Interview rooms should be fitted with workstations with cameras to facilitate telehealth and telephony. – Telephone handsets, headsets and WiFi phones will be required according to operational requirements.

Table 105 - ICT Non-Clinical Support Services Description.

16.12 Design Considerations

1. The specific requirements for core functions are as outlined below::

Area	Key Requirements
ICT Workshop	– Bench space to work on computers – 4 computers at the same time; – IT technicians workspace for up to 2 staff with computer with multiple screens per workspace (separate from the workshop) as per Functional Relationship diagram; and – Assembly space for equipment such as WOW's etc. – Shelving for spares (4 shelves x 2.5m).

Area	Key Requirements
	– Ideally collocated with workshop facilities for Asset Management and Biomedical services providing it is of sufficient size to accommodate all teams. Proximal to the main server.
Bulk Storage	– Hardwire cage for securing equipment when it is delivered to the dock approximately twice a year.
Staff Workspace	– Other ICT staff could use a work point in the Executive/WOH ABW Hub. This includes staff such as eMR support, ICT PM and CIO. May require access for up to 2 workspaces at any one time plus hot desks for a variety of ICT staff.
Meeting Rooms	– Access to a meeting/training room with space to set-up 10 laptops for learners and for two trainers.

Table 106 - ICT Area Key Requirements.

16.13 Schedule of Accommodation

1. The Schedule of Accommodation (SOA) will be used to guide the minimum provision of rooms and spaces within the ICT Department.

2. Refer to Appendix A – ERH Schedule of Accommodation.

17 ASSET MANAGEMENT FUNCTIONAL DESIGN BRIEF

DESCRIPTION OF SERVICES

17.1 Introduction

1. The Eurobodalla Regional Hospital (ERH) Functional Design Brief (FDB) for SNSWLHD provides an initial summary of service requirements to inform the design, delivery and operations of the service.

2. Services covered in the Asset Management FDB are:

    a. Biomedical Engineering.

    b. Engineering Services.

    c. Asset Compliance.

    d. Associated Security Services.

17.2 Description of Service

1. Biomedical Engineering

    1.1. The ERH Biomedical Engineering service will manage biomedical equipment and assets including preventative maintenance, testing, calibration, repairs and procurement.

2. Engineering Services

    2.1. Engineering services staff have primary responsibility for the management of all Engineering Services (plant, equipment and buildings), contractors and contract management, Asset Management and Maintenance systems, and associated procurement in ERH.

3. Asset Compliance

    3.1. The SNSWLHD Asset Compliance team will ensure that the ERH maintains the appropriate protocols, procedures and maintenance regimes to meet the statutory requirements associated with public health facilities buildings and assets, including the fire safety system. The mandatory fire safety and education training associated with site orientation and ongoing annual re-accreditation will be completed by others.

17.3 Scope of Service

1. The following asset management services are planned to support 24/7 clinical operations on the Eurobodalla Regional Hospital campus:

Service	Current	Future	Comments
Biomedical Engineering	Off-site	On-site	On-site technician and biomedical workshop.
Engineering Services	On-site	On-site	On-site staff and engineering and maintenance workshop with associated storage.
Compliance	On-site	On-site	District service, based on-site to ensure compliance with statutory requirements.

Table 107 – Asset Management Service Capacity.

17.4 Model of Care/Service Delivery

1. Biomedical Engineering

1.1. Biomedical Medical services are provided by SNSWLHD Biomedical Engineering (part of Asset Management) along with medical equipment suppliers under Service Level Agreements with the LHD. The service at ERH will operated under a hub and spoke model. An on-site workshop will be required for staff and external contractors to undertake preventative maintenance, annual testing and repairs. On-site staff will be supported by a senior biomedical technicians located at SERH and Goulburn Hospital.

2. Engineering Services

2.1. Engineering and maintenance services are provided by SNSWLHD Asset Management along with external equipment suppliers under contracts & Service Level Agreements with the LHD. The service at ERH will be operated from a site level Maintenance Manager with direct reports including hands on supervisors, trades & maintenance officers. An on-site workshop will be required for staff and external contractors to undertake preventative maintenance, testing and repairs.

3. Asset Compliance

3.1. The SNSWLHD Asset Compliance team will ensure that the ERH maintains the appropriate protocols, procedures and maintenance regimes to meet the statutory requirements associated with public health facilities buildings and assets, including the fire safety system. The mandatory fire safety and education training associated with site orientation and ongoing annual re-accreditation will be completed by others.

17.5 Future Service Delivery / Technological Trends

1. The consolidation of existing ERH facilities and relocation to a new, larger site provides opportunities to consider delivery of maintenance services relating to groundskeeping.

17.6 Change Management

2. The model of service delivery is expected to change significantly. Anticipated changes include:

1.1 Interface with MIE (Message Integration Engine) through ICT, link to BMS, eg monitoring of TMVs,

1.2 Engineering items including services, pneumatic tube, cooling towers and associated maintenance (including digital),

1.3 Equipment including RFID tagging, digital operating theatre, whole of hospital patient monitoring,

1.4 Resourcing arrangements to undertaken land management including landscaping, slashing and weed control.

FUNCTIONAL RELATIONSHIPS

17.7 Relative Location

1. Asset Management services including Biomedical Engineering requires a location within the 24/7 zone of the hospital, adjacent the service corridor and lifts, that provides good connectivity to the clinical areas (Operating Theatres, COU/ICU, Renal Dialysis) and the loading docks.

17.8 External Functional Relationships

1. Key external relationships between AM and other areas on campus are prioritised as follows:

Direct access (collocated with access via a horizontal or vertical route with minimal turns).

Ready access (proximal vertical or horizontal access).

Easy access (navigable access but proximity not critical).

Services/Departments	Priority	Comments

All Services		
Loading Docks	**Direct**	Movement of staff, equipment, supplies and waste etc.
Back of House Staff Zone	**Direct**	Movement of staff and stores.
Biomedical Engineering		
Perioperative Service	Ready	For movement of staff and equipment to/from operating rooms.
COU/ICU	Ready	For movement of staff and equipment.
Ambulatory Care/Renal Dialysis/Oral Health	Ready	For movement of staff and equipment.
Inpatient Units	Ready	For movement of staff and equipment.
Emergency	Ready	For movement of staff and equipment.
Asset Management		
Plant Rooms	Easy	For movement of staff and equipment.
Inpatient /Non-clinical Areas	Easy	For movement of staff and equipment.
Site Interfaces	**Priority**	**Comments**
Car Parking – Back of House	Easy	Movement of visiting LHD staff and external contractors and official visitors.
Large equipment	Easy	Use of large maintenance equipment such as mowers. External storage/compounds will be considered in line with Helipad Landing Site safety requirements.

Table 108 - Asset Management External Functional Relationships.

17.9 Internal Functional Relationships

1. The internal functional relationship diagram shows the required proximity of the key functional zones and the connectivity between the zones (i.e. visitor/ staff/ student/ material flows) plus external interfaces.

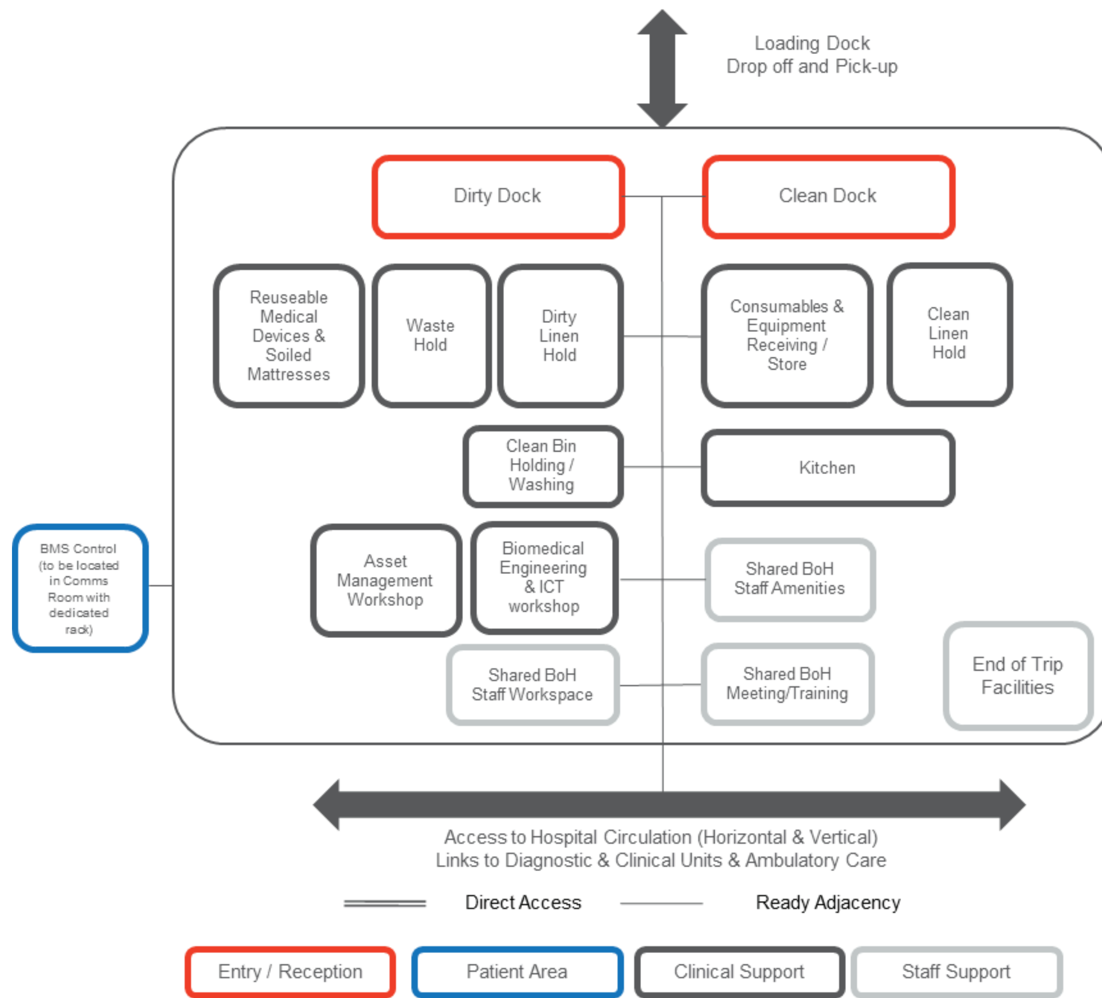

Figure 22 - Back of House Functional Relationship Diagram.

DESCRIPTION OF PROJECTED WORKFORCE

1. Workforce under development to align service configuration and models of care.

Staff Profile	FTE Current / Future		Comments
Biomedical Engineering			
Technical officer			
TOTAL BIOMEDICAL ENGINEERING			
Asset Management			
Manager			
Maintenance supervisor			
Maintenance officer			
Trade person			
Compliance manager (District position)			
TOTAL ASSET MANAGEMENT			

Table 109 - Asset Management Workforce Profile.

SPECIFIC OPERATIONAL GUIDELINES

17.10 General

1. Hours of Operation

Facility	Operating Hours
Biomedical Engineering	0730 hours – 1600 hours Monday to Friday covering emergency breakdowns outside of normal business hours.
Asset Management	Between 0700 hours – 1700 hours Monday to Friday with staggered start times and after-hour on-call service (TBC).
Asset Compliance	As required.

Table 110 - Asset Management Hours of Operation.

2. Access

2.1 The Biomedical Engineering and Asset Management workshops and associated support space will be secure controlled access areas only accessible to authorised staff and visitors. Access to these areas will be required 24/7 to support on-call service requirements.

2.2 Staff access to service areas and within the hospital will be controlled by an electronic access control system.

2.3 External contractors will be required to complete an online induction prior to visiting the site. Approved contractors will be issued with an electronic sign in card to use to tap on when coming on-site. When presenting onsite, contractors will also be issued with a Contactor identification tag to wear.

2.4 Asset management and associated external contractors will require access to 5-6 parking bays adjacent to the loading docks to facilitate access to the workshops and service corridor/lifts.

3. Building Maintenance System (BMS)

3.1 The head end for the BMS will be in the main Hospital Communications Room in a dedicated UPS/generator backed rack. This will also be a rack mounted server. Access provision to the BMS should be through the SNSWLHD WAN for users with the appropriate access.

3.2 A dedicated BMS PC to be located within the workshop to allow service operators to complete work separate from AM workspaces. Access to the BMS to be granted to individuals once relevant training completed.

3.3 Workflows will be established to direct building service and system alarms to the appropriate personnel via an integrated messaging system linked to land line, mobile phone, and Asset Management networked devices as applicable.

3.4 SNSWLHD Asset Management prefers alignment with the existing building management systems throughout SNSWLHD to enable integration and district wide access.

4. Asset Management Workflow

4.1. General

4.1.1 All work orders will be received on-line, triaged, allocated and completed by an asset management staff member via Asset and Facility Management (AFM) online.

4.1.2 All work orders will be requested digitally by appropriate clinical and related personnel via Asset and Facility Management Online (AFMO).

4.1.3 Equipment pick-up and delivery within the hospital should take place via a dedicated service lift and non-public service corridors.

4.1.4 Asset management deliveries to the loading dock will be received by HASA's (and/or store person) and transferred to the designated asset management service work area.

4.2. Biomedical Engineering

4.2.1 Equipment will be delivered via the loading dock and be transferred to the Biomedical Engineering Workshop by staff or delivery personnel. Deliveries should take place via a dedicated service lift and non-public corridors.

4.2.2 Clinical and clinical support staff can deliver or collect items from the workshop within hours of operation.

4.3. Asset Management

4.3.1 Equipment requiring repair or service will typically be transferred to the workshop rather than repaired in the hospital.

5. Equipment Identification and Tracking

5.1 All biomedical equipment will be barcoded and logged on the EMS to enable ease of identification and routine maintenance. Transition to AFMO will occur prior to 'go live'.

5.2 Consideration will be given to the implementation of a cost effective real time equipment tracking system (RFID, blue tooth etc) to support the optimal use and efficient location of equipment.

6. Equipment Storage

6.1 A centralised medical equipment store for non-core (supplementary) equipment will be required to reduce storage on the wards and improve access to specialised equipment; the store will not be managed by asset management. It will be accessible 24/7.

6.2 Storage for surplus and specialised beds should be adjacent to relevant clinical areas.

17.11 Clinical Support

Services	Description
Infection Prevention and Control	– Facilitate unidirectional flows to separate clean and dirty flows (goods, holding areas etc). – Hand wash basins, and alcohol-based hand rub will be provided in work areas as required.

Table 111 - Asset Management Clinical Support Services Description.

17.12 Non-Clinical Support

Services	Description
General	– Standardisation of equipment (including biomedical) and systems across the LHD to optimise support to end users and cost-effective service delivery. – Future proofing to enable adaptation and potential expansion to meet changing needs.
Cleaning	– The service units will be routinely cleaned by the HealthShare staff. – Access will be required to a cleaner's room for storage of the cleaner's trolley, cleaning equipment and consumables (e.g., toilet paper, paper towels).
Food and Beverages	– Staff will have access to a beverage bay with and sufficient refrigeration space for staff who wish to bring meals from home.
Waste Management	– Waste will be segregated at the point of generation and include general, recyclable and confidential waste. – Waste bins and receptacles will be regularly collected from a shared disposal room by HealthShare staff.

Services	Description
Work Health and Safety	– Work Health and Safety consultation and support will be provided by the hospital's Work, Health and Safety Committee. – The unit design is to minimise manual handling risks and support a "no lift" policy. – The unit will comply with Safe Work Australia working in isolation guidelines.
Supply	– Supplies will be delivered to the service units by HealthShare staff to maintain agreed imprest and stock inventory levels.
Building	– Centralised lighting control. – Uninterrupted Power System (UPS) to designated clinical and back of house support areas in accordance with NSW Health GL2016_020 Engineering Services Guidelines. – Non-proprietary system fire alarm system preferred to avoid being locked into system with greater recurrent costs. – Fire panels to be located close to the main hospital entrance as required by NCC 2019. – Capacity to lockdown zones and units within the hospital as required, including facility lockdown in accordance with NSW Health IB2017_047 Health Care Facility Lockdown – A Framework for developing procedures. – After hours public and staff entry points must be fitted with video/CCTV intercom systems to allow screening of members of the public presenting at the door, to allow staff to request assistance on arrival/leaving, and to record any incidents that may occur at entry points. Locations include (but are not limited to): • COU/ICU. • Women's and Children's inpatient units including maternity. • Access control to every ward after hours.
ICT	– Refer to Overarching Section. – ICT will be wireless, and the digital environment will be consistent with the LHD ICT Strategy. – Connection to the hospital ICT network to enable access to on-line ordering and procurement systems such as EMS, iProcure, AFMO etc. – Asset tracking so that equipment can be easily tracked and located (RIDF/ emerging Bluetooth technology offers real time asset tracking); tracking system linked to the health financial systems. – Access to the WI-FI network across the hospital. Consideration of tablets for remote working on AFMO. – Connection to the hospital Building Management System (BMS), including network connectivity, and MIE.

Services	Description
	– Communications – smart phone messaging for paging doctors and hotel services staff. – Patient monitoring, Nurse call.
Staff Workspace	– Refer to Overarching Section for NSW Health Activity Based Working (ABW) Policy. – Workspace will be planned in accordance with ABW principles tailored to the type of work that staff undertake, and the proportion of time spent engaging in different tasks. It is noted staff have a variety of requirements for workspace usage (regular to sporadic) as well as contractors to support the use of AFMO. – Access will be provided to staff amenities including a staff room, lockers, toilet, and shower facilities.
Education, Training and Research	– Access required to a training and meeting space for departmental meetings and in-service education.

Table 112 - Asset Management Non-Clinical Support Services Description.

17.13 Design Considerations

1. The specific requirements for core functions are as outlined below:

Area	Key Requirements
Biomedical Workshop	– A wet and dry area including a deep sink to test, calibrate and repair fluid transfer devices. – Functional separation of clean and dirty (equipment awaiting repair) holding areas with hand washing facilities accessible to both areas. – Accessibility and space to repair and store bulky equipment. – Medical gases including oxygen, air, nitrous oxide, suction, and scavenger outlets. – Workstation for up to 2 people. – Storage for equipment awaiting repair or transport, new equipment to be tested, spare parts and test equipment. – Local ventilation at the point source of emission where soldering or chemicals are to be used. – Adequate mechanical ventilation for the work area in accordance with relevant standards. – Non-conductive work surfaces and storage/charging shelving. – Materials and finishes to be impervious, easily cleaned and resistant to impact damage. Floors coved up the wall in all areas.
BMS Control Centre	– BMS to be accessible from any SNSWLHD networked computer. Head end for BMS to be in a rack mounted server within the main hospital communications room. This should be a dedicated UPS/generator backed rack. – A dedicated BMS PC to be located within the workshop to allow service operators to complete work separate from AM workspaces.

Area	Key Requirements
	Access to the BMS to be granted to individuals once relevant training completed.
Asset Management Workshop	– Multipurpose workshop to suit various trades including plumber, carpenter and electrician as well as welding bay. – Consideration given to bench and floor space for general maintenance, trades, tool storage, limited spare parts/general consumables. – Space for bed maintenance (one at a time) and servicing large equipment. Holding area for beds/equipment to be repaired. – Pallet access for delivery of large items. – Easy access to handwash basin/PPE and emergency shower with eye wash.
Bed Store	– Store for bed fleet not required in the inpatient/clinical units.
Central Equipment Store	– Dedicated store located in a 24/7 access zone for specialised medical equipment not held on the wards. Requires recharging points and testing bench.
Plant Rooms	– Adequate space around plant, in line with Engineering Services Guidelines, to enable safe servicing with storage for replacement items e.g. spares for hot water plant as well as consideration for movement of new plant to plant room.
Staff Workspace	– Access to shared workspace for office-based activities.
Meeting Rooms	– Access to a meeting/training room with space for up to 15 people.
Back of House Car Park	– 6 designated car parks for use by external contactors.
External Structures	– Access to Gardeners Shed for storage of ground maintenance equipment potentially including large agricultural vehicles. – Helipad including relevant safety equipment as recommended by the Aviation Consultant.

Table 113 - Asset Management Area Design Considerations.

17.14 Schedule of Accommodation

1. The Schedule of Accommodation (SOA) will be used to guide the minimum provision of rooms and spaces within the Asset Management Department.

2. Refer to Appendix A – ERH Schedule of Accommodation.

Appendix A

Schedule of Accommodation

MOH.9999.1103.0275

APPENDIX A – SCHEDULE OF ACCOMMODATION

Eurobodalla Regional Hospital
SOA Summary

HPU	SOA
FOH	367
ED	1034
ICU	736
Perioperative	1341
IPU 1	1113
IPU 2	1038
Women's & Paeds	845
SARU	1322
Medical Imaging	967
Pathology	359
Pharmacy	200
Amb & Com Care	2574
Exec & WOH	728
ETR	320
Mortuary	100
HIM	177
BOH	937
SUB-TOTAL	14157
T&E (32%)*	4530
Planning Contingency	151
TOTAL	**18838**

*T&E increased from 28% to 32% from Planning Contingency

Eurobodalla Regional Hospital Schedule of Accomodation
ED

Functional Grouping	Room Name	FPU	Briefed Qty	Area	Total	AHFG Unit Area	Comment for Design
Entry and Public Amenities	Bay - Vending Machine		1	3	3	3	
Entry and Public Amenities	Toilet - Public		2	3	6	3	
Entry and Public Amenities	Waiting		1	25	25	25	Open, dedicated waiting area observed from Triage & Reception. A separated paediatric waiting area is required from this allocation.
Sub-Total			**4**		**34**		
Circulation	30%				10.2		
Entry and Public Amenities Total					**44.2**		
Triage and Registration	Bay - Mobile Equipment		1	4	4	6	Wheelchair/ trolley hold
Triage and Registration	Bay - Weight		1	2	2	2	
Triage and Registration	Gun Safe Alcove		1	1	1	1	To be located in a non public area.
Triage and Registration	Reception, Emergency		1	15	15	15	Staff to be able to observe & control access to treatment areas.
Triage and Registration	Triage Assessment Room, Emergency - Type 2		1	13	13	13	
Sub-total			**5**		**35**		
Circulation	30%				10.5	30%	
Triage and Registration Total					**45.5**		
Ambulance Areas	Airlock - Entry		1	12	12	12	Ambulance entry
Ambulance Areas	Ambulance Write Up		1	3	3	3	Ambulance service write up.
Ambulance Areas	Bay - Handwashing, Type B		1	1	1	1	
Ambulance Areas	Patient Bay, Emergency - Ambulance Triage		2	6.5	13.0	7	Access to patient toilets, dirty utility room and clean/dirty linen required.
Ambulance Areas	Shower - Decontamination		1	8	8	8	
Sub-total			**6**		**37**		
Circulation	30%				11.1	30%	
Ambulance Areas Total	**Total**				**48.10**		
Treatment Areas - Resus	Bay - Mobile Equipment, 4m2		2	4	8	8	Ultrasound, General X-Ray, other mobile equipment.
Treatment Areas - Resus	Interview Room		1	12	12	12	For staff to meet with family and friends of patients. Also used as a quiet/ grieving space.
Treatment Areas - Resus	Office - Write-up		1	3	3	3	
Treatment Areas - Resus	Patient Bay, Emergency - Resuscitation	3	3	25	75	75	
Sub-total			**7**		**98**		
Circulation	40%				39.2	40%	
Treatment Areas - Resus Total	**Total**				**137.2**		
Treatment Areas - Acute	Pantry		1	8	8	8	
Treatment Areas - Acute	Bay - Handwashing, Type B		3	1	3	3	
Treatment Areas - Acute	Bay - Linen		1	2	2	2	
Treatment Areas - Acute	Bay - Mobile Equipment		2	4	8	8	
Treatment Areas - Acute	Bay - Pathology		1	2	2	2	For POCT
Treatment Areas - Acute	Bay - Pneumatic Tube		1	1	1	1	
Treatment Areas - Acute	Bay - Resuscitation Trolley		1	1.5	1.5	2	
Treatment Areas - Acute	Clean Utility/ Medication Room		1	14	14	12	
Treatment Areas - Acute	Dirty Utility		1	12	12	10	
Treatment Areas - Acute	Ensuite - Standard		2	5	10	15	One dedicated to Isolation Room
Treatment Areas - Acute	Patient Bay, Emergency - Acute Treatment	7	7	12	84	84	
Treatment Areas - Acute	Patient Room, Emergency - Acute Treatment Negative Pressure	1	1	20	20	15	Negative pressure isolation.
Treatment Areas - Acute	Anteroom		1	6	6	6	
Treatment Areas - Acute	Patient Room, Emergency - Acute Treatment Special	2	2	15	30	15	

Eurobodalla Regional Hospital Schedule of Accomodation
ED

Treatment Areas - Acute	Safe Assessment Room		1	16	16	16	Easy access from Ambulance Bay. For patients presenting with acute, severe behavioural disturbance where clinically indicated
Treatment Areas - Acute	Shower - Accessible		1	4	4	4	
Treatment Areas - Acute	Staff Station		1	25	25	20	
Treatment Areas - Acute	Office - Clinical Workroom		1	15	15	15	To support access to clinical information systems, staff debriefing etc.
Treatment Areas - Acute	Toilet - Accessible		1	6	6	6	
Treatment Areas - Acute	Toilet - Patient		2	4	8	8	
Treatment Areas - Acute	Toilet - Staff, 3m2		1	3	3	3	
Sub-total			**30**		**278.5**		
Circulation	40%				111	40%	
Treatment Areas - Acute Total	**Total**				**389.9**		
Treatment Areas - Fast Track	Wait - Sub		1	10	10		Close to FT bays and consult room. For patients awaiting results, imaging etc
Treatment Areas - Fast Track	Bay - Handwashing, Type B		1	1	1	1	Easy access to FT bays
Treatment Areas - Fast Track	Bay - Mobile Equipment		1	4	4	4	
Treatment Areas - Fast Track	Consult Room		1	12	12	12	Multipurpose
Treatment Areas - Fast Track	Consult Room - ENT/ Ophthalmology		1	16	16	16	ENT/Opthalmology
Treatment Areas - Fast Track	Consult Room - Sexual Assault/multipurpose	1	1	12	12	12	Sexual assault/multipurpose
Treatment Areas - Fast Track	Patient Bay, Emergency - Fast Track	2	2	6.5	13	13	
Treatment Areas - Fast Track	Toilet - Accessible		1	6	6	6	Easy access from FT bays and consult room
Sub-total			**9**		**74**		
Circulation	40%				30	40%	
Treatment Areas - Fast Track Total	**Total**				**103.6**		
Short Stay	Patient Bay, Emergency - Non Acute Treatment	4	4	10	40	10	Discrete unit with easy access to support spaces
Short Stay	Ensuite - Standard		1	5	5	5	
Short Stay	Ensuite - Accessible		1	7	7	7	
Short Stay	Staff Station		1	10	10	10	
Short Stay	Bay - Linen		1	2	2	2	
Short Stay	Bay - Handwashing, Type B		2	1	2	1	
Short Stay	Bay - Resuscitation Trolley		1	1.5	1.5	2	
Sub-total			**11**		**67.5**		
Circulation	40%				27	40%	
Short Stay Total	**Total**				**94.5**		
Support	Cleaner's Room		1	5	5	5	
Support	Disposal Room		1	10	10	8	
Support	Office - Telemedicine, 12m2		1	12	12	12	
Support	Store - Equipment		1	14	14	14	
Support	Store - General		1	20	20	20	
Support	Bay - Mobile Equipment - Education		1	3	3	3	
Sub-total			**5**		**64**		
Circulation	40%				26	40%	
Support Total	**Total**				**90**		
Staff Areas	Toilet - Staff		2	3	6	3	
Staff Areas	Office - 4 Person Shared, 20m2		1	20	20	20	
Staff Areas	Office - Single Person, 9m2		2	9	18	18	NUM & Director
Staff Areas	Property Bay - Staff		1	3	3	3	
Staff Areas	Staff Room		1	15	15	15	
Staff Areas	Bay - Photocopy/ Stationery		1	3	3	8	
Sub-total			**8**		**65**		
Circulation	25%				16	25%	
Staff Areas Total	**Total**				**81**		
GROSS DEPARTMENTAL AREA		**20**			**1034**		

Eurobodalla Regional Hospital Schedule of Accomodation
ICU

Functional Grouping	Room Name	FPU	Briefed Qty	Briefed Area	Total	AHFG Unit Area	Comment for Design
Entry, Waiting & Family Support	Interview Room		1	14	14	14	For interviews with relatives. Include dual egress.
Entry, Waiting & Family Support	Bay - Beverage		1	2	2	4	For relatives use in waiting area
Entry, Waiting & Family Support	Toilet - Public		1	3	3	3	
Entry, Waiting & Family Support	Waiting		1	15	15	15	
Sub-Total			**4**		**34**		
Circulation	25%				8.5		
Entry, Waiting and Family Support Total					**42.5**		
Patient Areas	1 Bed Room - Intensive Care	7	7	25	175	25	Increased to 8 ICU sized to support LHD future proofing. Fitout 4 x COU
Patient Areas	1 Bed Room - Intensive Care (Class N Isolation)	1	1	25	25	25	
Patient Areas	Anteroom		1	6	6	6	Attached to 1 bed room isolation
Patient Areas	Bay - Blanket/ Fluid Warmer		1	1	1	1	
Patient Areas	Bay - Handwashing, Type A		2	1	2	1	Also included within each patient bay.
Patient Areas	Bay - Linen		1	2	2	2	
Patient Areas	Bay - Mobile Equipment		4	4	16	4	Two more bays to accommodate WOWs
Patient Areas	Bay - Pathology		1	3	3	3	
Patient Areas	Bay - Resuscitation Trolley		1	2	1.5	2	
Patient Areas	Decentralised Staff Workstation		4	2	8	2	4 bays to support 8 rooms
Patient Areas	Ensuite - Special		8	6	48	6	
Patient Areas	Office - Clinical Workroom		1	15	15	15	
Patient Areas	Staff Station		1	25	25	25	
Sub-Total			**15**		**327.5**		
Circulation	40%				131.0		
Patient Areas Total					**458.5**		
Support Areas	Bay - Beverage, Open Plan		1	4	4	4	
Support Areas	Bay - Meal Trolley		1	4	4	4 (o)	
Support Areas	Bay - Pneumatic Tube		1	1	1	1	
Support Areas	Cleaner's Room		1	5	5	5	
Support Areas	Dirty Utility		1	12	12	12	
Support Areas	Medication Room		1	12	12	12	
Support Areas	Respiratory / Biomedical Workroom		1	12	12	12	For set up and servicing.
Support Areas	Store - Clean		1	20	20	30	
Support Areas	Store - Equipment		1	10	10	28	May include specialty stores eg for retrieval equipment, renal, allied health etc.
Support Areas	Store - General		1	14	14	14	
Support Areas	Toilet - Staff		1	3	3	3	
Support Areas	Workroom - Telehealth		1	12	12	12 (o)	Can be used for viewing medical images and discussions, and for telehealth activities for liaison regarding transfers, virtual rounds etc.
Sub-Total			**5**		**109**		
Circulation	40%				43.6		
Support Areas Total					**152.6**		
Staff Areas	Activity Based Working		1	25	25		
Staff Areas	Office - Single Person, 9m2		2	9	18	9	NUM & Director
Staff Areas	Staff Room		1	18	18	18	
Staff Areas	Store - Photocopy/ Stationery		1	5	5	5	
Sub-Total			**5**		**66**		
Circulation	25%				16.5		
Staff Areas					**82.5**		
GROSS DEPARTMENTAL AREA		8			**736**		

Eurobodalla Regional Hospital Schedule of Accomodation
Periop

Functional Grouping	Room Name	FPU	Briefed Area Qty	Area	Total	AHFG Unit Area	Comment for Design
Entry/ Reception/ Waiting Area	Meeting Room, 9m2		1	9	9	9	May also accommodate office and interview functions
Entry/ Reception/ Waiting Area	Reception/ Clerical, 12m2		1	12	12	12	
Entry/ Reception/ Waiting Area	Toilet - Accessible, 6m2		1	6	6	6	
Entry/ Reception/ Waiting Area	Toilet - Public, 3m2		1	3	3	3	
Entry/ Reception/ Waiting Area	Waiting, 10m2		1	10	10	10	
Sub-Total			**5**		**40**		
Circulation	30%				12		
Entry/ Reception/ Waiting Area Total					**52**		
Preoperative Holding Area and Day Surgery	1 Bed Room - Holding, 12m2	1	1	12	12		Accessible to recovery
Preoperative Holding Area and Day Surgery	Bay - Beverage, Open Plan, 4m2		1	4	4		
Preoperative Holding Area and Day Surgery	Bay - Blanket/ Fluid Warmer		1	1	1	1	
Preoperative Holding Area and Day Surgery	Bay - Handwashing, Type B		3	1	3	1	
Preoperative Holding Area and Day Surgery	Bay - Linen		1	2	2	2	
Preoperative Holding Area and Day Surgery	Change Cubicle - Accessible, 4m2		1	4	4	4	
Preoperative Holding Area and Day Surgery	Change Cubicle		1	2	2		
Preoperative Holding Area and Day Surgery	Interview Room		1	9	9	9	Interviews with nursing staff to check details and undertake baseline observations
Preoperative Holding Area and Day Surgery	Patient Bay - Holding, 9m2	3	3	9	27	9	Sized for trolleys, but some may be recliner chairs
Preoperative Holding Area and Day Surgery	Wait - Sub	3	3	4	12	3	Curtained recliner chairs for pt waiting to move to a trolley in the holding bay for final OR prep
Preoperative Holding Area and Day Surgery	Patient Bay - Recovery, Stage 2, 9m2	7	7	9	63	9	
Preoperative Holding Area and Day Surgery	Property Bay - Patient		1	1	1	1	
Preoperative Holding Area and Day Surgery	Recovery Stage 3 / Discharge Lounge		6	4	24		
Preoperative Holding Area and Day Surgery	Shower - Patient, 4m2		1	4	4	4	
Preoperative Holding Area and Day Surgery	Staff Station, 10m2		1	10	10	10	
Preoperative Holding Area and Day Surgery	Ensuite - Accessible		1	7	7	7	
Preoperative Holding Area and Day Surgery	Toilet - Patient		1	4	4		
Sub-Total			**34**		**189**		
Circulation	40%				75.6		
Preoperative Holding Area and Day Surgery Total		**14**			**264.6**		
Operating Room Area	Anaesthetic Preparation Room, 16m2		3	16	48	16	
Operating Room Area	Clean-Up Room - Shared, 15 m2		1	15	15	10	
Operating Room Area	Exit Bay		3	12	36	12	Area includes approx 1m2 space for AV integration server cupboard which must be temperature controlled
Operating Room Area	Operating Room - General		3	60	180	60	
Operating Room Area	Scrub Up, 4m2		3	4	12	4	
Operating Room Area	Immediate Use Sterilisation Room		1	14			Support quick turnaround of dropped instruments and fast turnaround RMD
Sub-Total			**13**		**291**		
Circulation	40%				116.4	40%	

Eurobodalla Regional Hospital Schedule of Accomodation
Periop

Operating Room Area Total					**407.4**		
Recovery Area	Bay - Blanket/ Fluid Warmer		1	1	1	1	
Recovery Area	Bay - Handwashing, Type B		2	1	2	1	
Recovery Area	Bay - Linen		1	2	2	2	
Recovery Area	Bay - Resuscitation Trolley		1	2	1.5	1.5	access from Operating Rooms and Preoperative Holding Area
Recovery Area	Clean Utility/ Medication Room, 10m2		1	12	12	10	Direct access from Recovery Area, shared with Preoperative Holding Area
Recovery Area	Dirty Utility, 10m2		1	12	12	10	Direct access from Recovery Area, shared with Preoperative Holding Area
Recovery Area	Patient Bay - Recovery, Stage 1, 9m2		4	9	36	9	
Recovery Area	Staff Station, 10m2		1	10	10	10	
Recovery Area	Store - General		1	6	6	6	
Sub-Total			**13**		**82.5**		
Circulation	40%				33.0	40%	
Recovery Total					**115.5**		
Scope Reprocessing/ Dispatch	Clean Zone		1	9	9		
Scope Reprocessing/ Dispatch	Dirty Zone		1	8	8		
Scope Reprocessing/ Dispatch	Endoscope Store		1	2	2		
Scope Reprocessing/ Dispatch	RMD Dispatch/ Receiving		2	15	30		
Sub-Total			**3**		**49.0**		
Circulation	20%				9.8		
Scope Reprocessing/ Dispatch Total					**58.8**		
Clinical Support Areas	Anaesthetic Workroom & Biomedical Equipment		1	10	10	10	
Clinical Support Areas	Bay - Linen		2	2	4	2	1 per 2 Operating Rooms; corridor recess with ready access to Operating Rooms
Clinical Support Areas	Bay - Mobile Equipment, 4m2		2	4	8	4	
Clinical Support Areas	Bay - Pathology		1	9	9	9	
Clinical Support Areas	Office - Write-up, 3m2		1	3	3	3	
Clinical Support Areas	Bay - Pneumatic Tube		1	1	1		
Clinical Support Areas	Blood Store		1	2	2	2	
Clinical Support Areas	Cleaner's Room, 5m2		2	5	10	5	
Clinical Support Areas	Disposal Room		1	10	10	10	
Clinical Support Areas	Medication Room		1	6	6	6	
Clinical Support Areas	Store - Equipment major		1	18	18		6m2 per Operating Room, for major equipment
Clinical Support Areas	Store - Equipment- minor		1	15	15		5m2 per Operating Room, for minor equipment
Clinical Support Areas	Store - General		1	20	20	20	for Non-Sterile/ Deboxing storage
Clinical Support Areas	Store - General		1	15	15	15	Anaesthetic store for consumables
Clinical Support Areas	Store - Sterile Stock, 20m2		3	20	60		20m2 per Operating Room; may be provided as a single area
Sub-Total			**20**		**191**		
Circulation	40%				76.4		
Clinical Support Areas Total					**267.4**		
Staff Areas- Office and Support Space	Office - Workstation, 5.5m2		2	5.5	11	4.4	Booking & Scheduling staff
Staff Areas- Office and Support Space	Activity Based Working		1	22	22		To be confirmed with workforce
Staff Areas- Office and Support Space	Office - 2 person shared, 12m2		2	12	24		NM & NUM, Dir Surg & Anaes
Staff Areas- Office and Support Space	Meeting Room, 20m2		1	20	20	12	
Staff Areas- Office and Support Space	Store - Photocopy/ Stationery, 8m2		1	8	8	8	
Sub-Total			**5**		**85**		
Circulation	25%				21.3		
Staff Areas- Office and Support Space Total					**106.3**		

Eurobodalla Regional Hospital Schedule of Accomodation
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Staff Area- Amenities	Change - Staff (Male/Female), 10m2		2	10	20	30	
Staff Area- Amenities	Staff Room		1	20	20	20	
Staff Area- Amenities	Toilet - Accessible, 6m2		1	6	6	6	
Staff Area- Amenities	Toilet - Staff, 3m2		1	3	3	3	
Sub-Total			**5**		**49**		
Circulation	40%				19.6		
Staff Area- Amenities					**68.6**		
GROSS DEPARTMENTAL AREA					**1341**		

Eurobodalla Regional Hospital Schedule of Accomodation
IPU 1

Functional Grouping	Room Name	FPU	Briefed Qty	Briefed Area	Total	AHFG Unit Area	Comment for Design
Patient Areas	1 Bed Room - Inboard Ensuite, Type 2	12	12	16.8	202	16.5	4 to be fitout as 1BR-MH-Am, designed to reflect multipurpose use when not required for MH
Patient Areas	2 Bed Room - Inboard Ensuite, Type 2	14	7	29	203	29	
Patient Areas	1 Bed Room - Bariatric	1	1	18	18	18	
Patient Areas	Ensuite - Inboard - Alternative 1		20	5	100	5	One per 1 Bed Room and 2 Bed Room
Patient Areas	Ensuite - Bariatric		1	7	7	7	
Patient Areas	1 Bed Room - Isolation - Negative Pressure	1	1	16.5	16.5	17	
Patient Areas	AnteRoom		1	6	6	6	Provided as part of N Class room
Patient Areas	Lounge - Patient / Family		1	20	20	20	Inclusion of tea/coffee making facilities will be dependent on local operational policies.
Sub-Total			**40**		**572.1**		
Circulation	38%				217.4		
Patient Areas Total		**28**			**789.5**		
Support Areas	Bay - Beverage, Open Plan		1	4	4	4	For staff access to support patient care eg for storage of feeds, reheating food, patient tea/coffee etc. Open bay
Support Areas	Bay - Handwashing, Type B		4	1	4	1	Located in corridors
Support Areas	Bay - Linen		1	2	2	2	
Support Areas	Bay - Meal Trolley		1	4	4	4	
Support Areas	Bay - Mobile Equipment		2	4	8	4	Ready access to bed rooms
Support Areas	Bay - Photocopy/Stationery		1	3	3	3	
Support Areas	Bay - Pneumatic Tube		1	1	1		
Support Areas	Bay - Resuscitation Trolley		1	1.5	1.5	1.5	
Support Areas	Clean Store		1	10	10	10	
Support Areas	Cleaner's Room		1	5	5	5	
Support Areas	Dirty Utility		1	14	14	14	
Support Areas	Interview Room		1	12	12	12	
Support Areas	Medication Room		1	14	14	14	
Support Areas	Office - Clinical Workroom		1	15	15	15	
Support Areas	Staff Station		1	14	14	14	
Support Areas	Staff Station		2	5	10	5	
Support Areas	Store - Equipment		1	20	20	20	
Support Areas	Store - General		1	9	9	9	
Sub-Total			**23**		**150.5**		
Circulation	38%				57.2		
Support Areas Total					**207.7**		
Staff Areas	Office - Single Person		1	9	9	9	NUM
Staff Areas	Property Bay - Staff		1	3	3	3	
Staff Areas	Toilet - Staff		1	3	3	3	
Sub-Total			**3**		**15.0**		
Circulation	25%				3.8		
Staff Areas Total					**18.8**		
Shared Areas	Disposal Room		1	10	10	10	Place in core for shared use
Shared Areas	Staff Room		1	25	25	15	Shared between IPUs
Shared Areas	Multifunction Room		1	14	14	14	
Shared Areas	Store: Equipment		1	12	12		
Shared Areas	Toilet - Accessible		1	6	6	6	
Shared Areas	Toilet - Public		1	3	3	3	
Sub-Total			**6**		**70.0**		
Circulation	38%				26.6		
Shared Areas Total					**96.6**		
GROSS DEPARTMENTAL AREA					**1113**		

Eurobodalla Regional Hospital Schedule of Accomodation
IPU 2

Functional Grouping	Room Name	FPU	Briefed Qty	Area	Total	AHFG Unit Area	Comment for Design
Patient Areas	1 Bed Room - Inboard Ensuite, Type 2	12	12	16.8	202	16.5	
Patient Areas	2 Bed Room - Inboard Ensuite, Type 2	14	7	29	203	29	
Patient Areas	1 Bed Room - Bariatric	1	1	18	18	18	
Patient Areas	Ensuite - Inboard - Alternative 1		20	5	100	5	One per room
Patient Areas	Ensuite - Bariatric		1	7	7	7	
Patient Areas	1 Bed Room - Isolation - Negative Pressure	1	1	16.5	16.5	17	
Patient Areas	AnteRoom		1	6	6	6	Provided as part of N Class room
Patient Areas	Lounge - Patient / Family		1	20	20	20	Inclusion of tea/coffee making facilities will be dependent on local operational policies.
Sub-Total			**40**		**572.1**		
Circulation	38%				217.4		
Patient Areas Total		**28**			**789.5**		
Support Areas	Bay - Beverage, Open Plan		1	4	4	4	For staff access to support patient care eg for storage of feeds, reheating food, patient tea/coffee etc. Open bay
Support Areas	Bay - Handwashing, Type B		4	1	4	1	Located in corridors
Support Areas	Bay - Linen		1	2	2	2	
Support Areas	Bay - Meal Trolley		1	4	4	4	
Support Areas	Bay - Mobile Equipment		1	4	4	4	Ready access to bed rooms
Support Areas	Bay - Photocopy/Stationery		1	3	3	3	
Support Areas	Bay - Pneumatic Tube		1	1	1		
Support Areas	Bay - Resuscitation Trolley		1	1.5	1.5	1.5	
Support Areas	Clean Store		1	10	10	10	
Support Areas	Cleaner's Room		1	5	5	5	
Support Areas	Dirty Utility		1	14	14	14	
Support Areas	Interview Room		1	12	12	12	
Support Areas	Medication Room		1	14	14	14	
Support Areas	Office - Clinical Workroom		1	15	15	15	
Support Areas	Staff Station		1	14	14	14	
Support Areas	Staff Station		2	5	10	5	
Support Areas	Store - Equipment		1	20	20	20	
Support Areas	Store - General		1	9	9	9	
Sub-Total			**22**		**146.5**		
Circulation	38%				55.7		
Support Areas Total					**202.2**		
Staff Areas	Office - Single Person		1	9	9	9	NUM
Staff Areas	Property Bay - Staff		1	3	3	3	
Staff Areas	Toilet - Staff		1	3	3	3	
Sub-Total			**3**		**15.0**		
Circulation	25%				3.8		
Staff Areas Total					**18.8**		
Shared Areas	Meeting Room, 20m2		1	20	20	18	Shared between IPUs
Sub-Total			**1**		**20.0**		
Circulation	38%				7.6		
Shared Areas Total					**27.6**		
GROSS DEPARTMENTAL AREA					**1038**		

Eurobodalla Regional Hospital Schedule of Accomodation
SARU

Functional Grouping	Room Name	FPU	Briefed Qty	Briefed Area	Total	AHFG Unit Area	Comment for Design
Patient Areas	1 Bed Room - Inboard Ensuite, Type 2	6	6	16.8	100.8	16	4 as Pall Care with easy access to outdoors
Patient Areas	2 Bed Room - Inboard Ensuite, Type 2	20	10	27	270	27	
Patient Areas	Ensuite - Inboard - Alternative 1		17	5	85	5	
Patient Areas	1 Bed Room - Bariatric	1	1	18	18	18	
Patient Areas	Ensuite - Bariatric		1	7	7	7	
Patient Areas	Independent Assessment Suite	1	1	25	25	25	Assumes open plan unit with bed room area, small lounge, dining and kitchenette.
Sub-Total			**33**		**505.8**		
Circulation	38%				192.2		
Patient Areas Total		**28**			**698.0**		
Shared Patient Areas	Dining / Recreation Room		1	36	36	36	
Shared Patient Areas	Gymnasium		1	80	80		
Shared Patient Areas	Lounge - Patient / Family		1	28	28	2m2 at 50%	
Patient Areas	Palliative Care Lounge		1	20	20		
Shared Patient Areas	Toilet - Accessible, 6m2		1	6	6	6	Adjacent to shared areas.
Shared Patient Areas	ADL Bathroom		1	12	12	12	
Shared Patient Areas	ADL Kitchen		1	12	12	12	Linked to Dining
Shared Patient Areas	ADL Laundry		1	8	8	8	
Sub-Total			**5**		**202**		
Circulation	38%				76.8		
Shared Patient Areas Total					**278.8**		
Support Areas	Bay - Beverage, Open Plan		1	4	4	4	
Support Areas	Bay - Flowers, Open Plan, 2m2		1	2	2	2	
Support Areas	Bay - Handwashing, Type B		1	1	1	1	
Support Areas	Bay - Linen		1	2	2	2	
Support Areas	Bay - Meal Trolley, 4m2		1	4	4	4	Co-located with Dining
Support Areas	Bay - Mobile Equipment		1	4	4	4	
Support Areas	Bay - Pneumatic Tube		1	1	1		
Support Areas	Bay - Resuscitation Trolley		1	1.5	1.5	2	
Support Areas	Clean Utility/ Medication Room, 14m2		1	14	14	14	
Support Areas	Cleaner's Room		1	5	5	5	
Support Areas	Dirty Utility		1	10	10	10	
Support Areas	Disposal Room, 10m2		1	10	10	10	
Support Areas	Interview Room		1	12	12	12	Support speech therapy, AH consults
Support Areas	Consult Room		1	12	12	12	Shared use for visiting medical staff
Support Areas	Office - Clinical Workroom		1	15	15	15	
Support Areas	Staff Station		1	14	14	14	
Support Areas	Store - Equipment		1	14	14		Supporting gym
Support Areas	Store - Equipment		1	36	36		
Support Areas	Store - General		1	8	8		
Sub-Total			**19**		**169.5**		
Circulation	38%				64.4		
Support Areas Total					**233.9**		
Staff Areas	Office - 4 Person Shared, 20m2		2	20	40	20	1 office x AH staff, attached to gym, pending workforce profile confirmation
Staff Areas	Office - Single Person		1	9	9	9	NUM
Staff Areas	Property Bay - Staff		1	2	2		
Staff Areas	Staff Room		1	15	15	15	
Staff Areas	Toilet - Staff		1	3	3	3	
Staff Areas	Meeting Room, 20m2		1	20	20	20	Use for staff training, meeting and activities with families or patient education.
Sub-Total			**6**		**89.0**		
Circulation	25%				22.3		
Staff Areas Total					**111.3**		
GROSS DEPARTMENTAL AREA		**28**			**1322**		
External Area	Outdoor Area		1	30	30		
Gross External Area					**30**		

Eurobodalla Regional Hospital Schedule of Accomodation
Women & Paeds

Functional Grouping	Room Name	FPU	Briefed Qty	Briefed Area	Total	AHFG Unit Area	Comment for Design
Entry, Waiting & Reception	Toilet - Public		1	3	3	3	
Entry, Waiting & Reception	Waiting		1	10	10	10	
Sub-Total			**2**		**13**		
Circulation	25%				3.3		
Entry, Waiting and Reception Total					**16.3**		
Shared Clinical Support Spaces	Bay - Beverage, Open		2	3	6	4	One each allocated to Paeds and Maternity
Shared Clinical Support Spaces	Bay - Blanket / Fluid Warmer		1	1	1	1	Collocate with linen bays
Shared Clinical Support Spaces	Bay - Handwashing, Type B		2	1	2	1	
Shared Clinical Support Spaces	Bay - Linen		1	2	2	2	
Shared Clinical Support Spaces	Bay - Mobile Equipment, 4m2		2	4	8	4	Equipment and trolleys
Shared Clinical Support Spaces	Bay - Pneumatic Tube		1	1	1		
Shared Clinical Support Spaces	Bay - Resuscitation Trolley		1	1.5	1.5	2	
Shared Clinical Support Spaces	Clean Utility/ Medication Room, 12m2		1	12	12	12	
Shared Clinical Support Spaces	Cleaner's Room, 5m2		1	5	5	5	
Shared Clinical Support Spaces	Dirty Utility, 10m2		1	12	12	10	
Shared Clinical Support Spaces	Disposal Room, 8m2		1	8	8	8	
Shared Clinical Support Spaces	Multipurpose Room / Interview		1	15	15	12	
Shared Clinical Support Spaces	Lounge - Patient/ Family, 10m2		2	9	18	9	One each allocated to Paeds and Maternity
Shared Clinical Support Spaces	Milk Preparation / Storage Room		1	6	6	6	
Shared Clinical Support Spaces	Office - Clinical Workroom		1	15	15	12	Provides hot desks for visiting staff e.g. midwives, medical staff, allied health as well as reception for clinics etc
Shared Clinical Support Spaces	Play Area - Paediatric		1	15	15	12	This room may also be used by Play Therapist
Shared Clinical Support Spaces	Staff Station		1	14	14	12	
Shared Clinical Support Spaces	Store - Equipment, 14m2		1	14	14	14	Spare bassinets, transport humidicrib.
Shared Clinical Support Spaces	Store - General, 9m2		1	9	9	8	Consumables
Sub-Total			**25**		**164.5**		
	32%				52.6		
Shared Clinical Support Spaces Total					**217.1**		
Birthing	Assessment Room		2	15	30	15	
Birthing	Birthing Room - LDR With Bath		2	40.5	81	40.5	Includes storage
Birthing	Ensuite - Birthing, 7m2		2	7	14	7	With birth room and Include double shower
Birthing	Ensuite, 5m2		2	5	10	5	With assessment rooms
Sub-Total			**8**		**135**		
Circulation	35%				47.3		
Birthing Total					**182.3**		
Maternity IPU spaces	1 Bed Room - Inboard Ensuite	5	5	16.8	84	16.5	
Maternity IPU spaces	Ensuite, 5m2		5	5	25	5	
Sub-Total			**10**		**109.0**		
Circulation	35%				38.2		
Maternity IPU Total					**147.2**		
Paediatrics Spaces	1 Bed Room	2	2	18	36	18	Bed/chair for parent. For management of airborne infections such as chickenpox.
Paediatrics Spaces	Bay - Paediatric Resuscitation Trolley		1	1.5	1.5	1.5	
Paediatrics Spaces	Ensuite, 5m2		3	5	15	5	One each per single room and one to support bays
Paediatrics Spaces	Patient Bay, Emergency - Non Acute Treatment	4	4	9	36		

Eurobodalla Regional Hospital Schedule of Accomodation
Women & Paeds

Paediatrics Spaces	Procedure Room		1	16	16	16	Inpatient/DO/outpatient
Paediatrics Spaces	Consult Room		1	14	14	12	To support outpatient appointments
Sub-Total			**12**		**118.5**		
Circulation	35%				41.5		
Paediatrics Spaces Total					**160.0**		
Neonatal	Neonatal Beds	4	4	12.5	50		Supports 4 cots/bays.
Sub-Total			**4**		**50.0**		
Circulation	35%				17.5		
Neonatal Spaces Total					**67.5**		
Shared Staff Areas & Amenities	Office - Single Person, 9m2		1	9	9	9	Dir Obs
Shared Staff Areas & Amenities	Office - 2 person shared, 12m2		1	12	12	12	NUM & MUM
Shared Staff Areas & Amenities	Property Bay - Staff, 2m2		1	2	2	2	
Shared Staff Areas & Amenities	Staff Room, 15m2		1	15	15	15	
Shared Staff Areas & Amenities	Bay - Photocopy/ Stationery, 8m2		1	3	3	8	
Shared Staff Areas & Amenities	Toilet - Staff, 3m2		1	3	3	3	
Sub-Total			**6**		**44.0**		
Circulation	25%				11.0		
Paediatrics Spaces Total					**55.0**		
GROSS DEPARTMENTAL AREA		**15**			**845**		
External Area	Outdoor Area - Paediatric		1	30	30		Accessible from Paeds
External Area	Outdoor Area - Birthing		1	20	20		Accessible from Birthing
Gross External Area					**50**		

Eurobodalla Regional Hospital Schedule of Accomodation
Amb & Com Care

Functional Grouping	Room Name	FPU	Briefed Qty	Briefed Area	Total	AHFG Unit Area	Comment for Design
Entry / Reception	Play Area - Paediatric, 10m2		1	10	10	10	
Entry / Reception	Reception / Clerical		1	20	20	10	
Entry / Reception	Store - Photocopy/Stationery		1	8	8		
Entry / Reception	Toilet - Accessible, 6m2		1	6	6	6	
Entry / Reception	Toilet - Public, 3m2		4	3	12	3	Number of toilets to align with BCA requirements.
Entry / Reception	Waiting		1	60	60	30	May be further divided into sub-wait areas for appropriate separation of client cohorts (eg a separated waiting area for families with children) and to facilitate way-finding. Consider infrastructure requirements for patient self-registration and access to education / health promotion resources.
Sub-Total			**9**		**116**		
Circulation	25%				29.0		
Entry / Reception Total					**145.0**		
Patient Areas - Renal Dialysis	Consult Room - Virtual care capable	1	1	12	12	12	
Patient Areas - Renal Dialysis	Treatment/Training Room		1	14	14	14	Locate to enable flexible use for treatment during peaks in demand.
Patient Areas - Renal Dialysis	Office - Clinical Workroom		1	12	12		
Patient Areas - Renal Dialysis	1 Bed Room - Holding, 12m2	1	1	12	12	12	
Patient Areas - Renal Dialysis	Bay - Beverage, Open Plan		1	4	4	4	Included if sharing not achievable through design
Patient Areas - Renal Dialysis	Bay - Handwashing, Type B		3	1	3	1	
Patient Areas - Renal Dialysis	Bay - Linen		1	2	2	2	
Patient Areas - Renal Dialysis	Bay - Mobile Equipment, 4m2		1	4	4	4	
Patient Areas - Renal Dialysis	Bay - PPE (Personal Protective Equipment)		1	1.5	1.5	0.5	
Patient Areas - Renal Dialysis	Bay - Resuscitation Trolley		1	1.5	1.5	1.5	Location dependent on ERH wide strategy
Patient Areas - Renal Dialysis	Bay - Storage		1	4	4	1 (o)	
Patient Areas - Renal Dialysis	Clean Utility/ Medication Room, 12m2		1	12	12	12	
Patient Areas - Renal Dialysis	Dialysate Preparation Area		1	1	1		
Patient Areas - Renal Dialysis	Dirty Utility - Sub, 8m2		1	8	8	8	Appropriate disposal unit required for corrosive dialysate concentrate.
Patient Areas - Renal Dialysis	Ensuite,7m2		1	7	7	7	
Patient Areas - Renal Dialysis	Technician Room / Equipment Clean-Up		1	8	8	8	For the servicing of dialysis machines. All machines require connection to power and plumbing. Ultrasound probes are also routinely reprocessed in this room.
Patient Areas - Renal Dialysis	Store - Equipment		1	10	10	10	For storage of spare machines, portable RO units and other equipment. All machines require connection to power and plumbing.
Patient Areas - Renal Dialysis	Office - Single Person, 9m2		1	9	9	9	NUM
Patient Areas - Renal Dialysis	Staff Station		1	12	12	10	
Patient Areas - Renal Dialysis	Toilet - Patient, 4m2		1	4	4		
Patient Areas - Renal Dialysis	Treatment Bay - Renal Dialysis Type A	11	11	9	99	9	
Patient Areas - Renal Dialysis	Waiting - Sub,		1	5	5		Shared with Oncology

Eurobodalla Regional Hospital Schedule of Accomodation
Amb & Com Care

Patient Areas - Renal Dialysis	Bay - Patient Lockers		1	2	2		
Patient Areas - Renal Dialysis	Bay - Height / Weight		1	2	2	2	Shared with Oncology
Patient Areas - Renal Dialysis	Water Treatment Plant Room		1	18	18	1	Close to treatment areas to reduce piping runs. 18m2 will support a unit of up to 12 chairs. Final arrangement will depend on type / manufacturer of RO equipment procured.
Sub-Total			**34**		**267**		
Circulation	30%				80.1		
Patient Areas - Renal Dialysis Total		**1**			**347.1**		
Patient Areas - Day Oncology	Consult Room - Virtual care capable	1	1	12	12	12	
Patient Areas - Day Oncology	Bay - Height / Weight		1	2	2	2	
Patient Areas - Day Oncology	Bay - Handwashing, Type B		3	1	3	1	
Patient Areas - Day Oncology	Bay - Linen		1	2	2	2	
Patient Areas - Day Oncology	Bay - Mobile Equipment, 4m2		1	4	4	4	
Patient Areas - Day Oncology	Clean Utility/ Medication Room, 12m2		1	12	12	12	
Patient Areas - Day Oncology	Dirty Utility - Sub, 8m2		1	8	8	8	
Patient Areas - Day Oncology	Office - Single Person, 9m2		1	9	9	9	NUM
Patient Areas - Day Oncology	Staff Station, 10m2		1	10	10	10	
Patient Areas - Day Oncology	Office - Clinical Workroom		1	12	12		
Patient Areas - Day Oncology	Store - Equipment		1	9	9	7	
Patient Areas - Day Oncology	Store - Wig Library, 10m2		1	10	10		
Patient Areas - Day Oncology	Toilet - Accessible, 6m2		1	6	6	6	
Patient Areas - Day Oncology	Toilet - Patient, 4m2		1	4	4		
Patient Areas - Day Oncology	Treatment Bay - Chemotherapy	9	9	9	81	9	
Patient Areas - Day Oncology	1 Bed Room - Holding, 12m2	1	1	12	12	12	
Patient Areas - Day Oncology	Ensuite, 5m2		1	5	5	5	
Shared Area - Renal & Oncology	Bay - Beverage, Open Plan, 4m2		1	4	4	4	
Sub-Total			**23**		**205**		
Circulation	30%				61.5		
Patient Areas - Day Oncology Total		**1**			**266.5**		
Shared Area - Renal & Oncology	Store - Bulk		1	30	30		
Shared Area - Renal & Oncology	Staff Room		1	15	15		
Sub-Total			**2**		**45**		
Circulation	25%				11.3		
Patient Areas - Day Oncology Total					**56.3**		
Patient Areas - Oral Health	Bay - Handwashing, Type B		1	1	1	1	
Patient Areas - Oral Health	Bay - Linen		1	2	2	2	
Patient Areas - Oral Health	Clean-Up Room		1	5	5	12	
Patient Areas - Oral Health	Dental Surgery, 14m2	5	5	14.5	72.5	14.5	
Patient Areas - Oral Health	Dental Workroom		1	12	12	12	
Patient Areas - Oral Health	Office - Clinical Workroom		1	15	15		

Eurobodalla Regional Hospital Schedule of Accomodation
Amb & Com Care

Patient Areas - Oral Health	Store - General		1	8	8	8	Includes clean staff gowns, dental consumables and locked store for medications.
Patient Areas - Oral Health	Store - General, 8m2		1	8	8	8	
Patient Areas - Oral Health	Waiting - Sub, 5m2		1	5	5		
Sub-Total			**13**		**128.5**		
Circulation	30%				38.6		
Patient Areas - Oral Health Total					**167.1**		
Treatment Spaces - HiTH	Procedure Room, 20m2		1	20	20		
Treatment Spaces - HiTH	Consult Room - Virtual care capable	1	1	12	12		
Treatment Spaces - HiTH	Staff Station, 10m2		1	10	10		
Treatment Spaces - HiTH	Toilet - Patient, 4m2		1	4	4		
Treatment Spaces - HiTH	Toilet - Accessible, 6m2		1	6	6		
Treatment Spaces - HiTH	Treatment Bay -, 9m2	8	8	9	72		
Sub-Total			**13**		**124**		
Circulation	30%				37.2		
Treatment Spaces - HiTH Total		**1**			**161.2**		
Consult/ Interview Rooms	Consult Room	5	5	12	60	12	
Consult/ Interview Rooms	Interview Room	2	2	12	24	12	
Consult/ Interview Rooms	Consult Room - Virtual care capable	8	8	12	96	12	
Consult/ Interview Rooms	Interview Room - Large/Mental Health	4	4	14	56	14 (o)	For patients with mental health conditions to reduce risk to staff and patients.
Consult/ Interview Rooms	Consult Room - Universal Access	2	2	17	34	17	
Consult/ Interview Rooms	Consult Room - Child Related	5	5	14	70		
Consult/ Interview Rooms	Occupational Therapy Room - Light - Paediatric	1	1	28	28	28	
Consult/ Interview Rooms	Treatment Room	2	2	14	28	14	For minor procedures
Consult/ Interview Rooms	Bay - Height / Weight		1	2	2	2	
Sub-Total			**30**		**398**		
Circulation	30%				119.4		
Consult/ Interview Rooms Total		**29**			**517.4**		
Group Rooms	Group Room, 20m2	2	2	20	40		
Group Rooms	Group Room, 40m2	1	1	40	40		
Group Rooms	Bay - Mobile Equipment - Education		1	3	3		To support group rooms
Sub-Total			**2**		**83**		
Circulation	32%				10.0		
Group Rooms Total		**3**			**93.0**		
Allied Health	Consult/Interview Room	1	1	12	12	12	
Allied Health	Consult Room - Virtual care capable	1	1	12	12	12	
Allied Health	Bay - Linen		1	2	2	2	
Allied Health	Bay - Mobile Equipment, 4m2		1	4	4	4	Parking for various items of mobile equipment, eg electrotherapy, ultrasound.
Allied Health	Clean-Up Room, 7m2		1	7	7	7	Multidisciplinary, high access by speech pathology, OT, podiatry, orthotics, physiotherapy
Allied Health	Equipment Loan Pool		1	25	25		
Allied Health	Gymnasium	1	1	80	80	76	
Allied Health	Occupational Therapy Room - Light - Adult	1	1	28	28	28	
Clinical Support	Store - Allied Health		1	15	15		
Allied Health	Treatment Room	1	1	14	14	14	For minor procedures
Sub-Total			**10**		**199**		

Eurobodalla Regional Hospital Schedule of Accomodation
Amb & Com Care

Circulation	30%				59.7		
Allied Health Total		**5**			**258.7**		
Clinical Support	Bay - Beverage, Open Plan, 4m2		1	4	4	4	
Clinical Support	Bay - Linen		1	2	2	2	
Clinical Support	Bay - Pneumatic Tube		1	1	1	1	
Clinical Support	Bay - Resuscitation Trolley		1	1.5	1.5	1.5	Location dependent on ERH wide strategy
Clinical Support	Clean Utility/ Medication Room, 14m2		1	14	14	14	
Clinical Support	Cleaner's Room, 8m2		1	8	8	8	
Clinical Support	Dirty Utility - Sub, 8m2		1	8	8	8	
Clinical Support	Disposal Room, 8m2		1	8	8	10	
Clinical Support	Office - Clinical Workroom		3	12	36		Distributed through consult areas
Clinical Support	Store - Equipment		1	14	14		
Clinical Support	Store - Equipment		1	14	14		
Clinical Support	Store - General, 9m2		1	9	9	9	
Clinical Support	Toilet - Staff		3	3	9	3	
Sub-Total			**17**		**128.5**		
Circulation	30%				38.6		
Clinical Support Total					**167.1**		
ABW & Virtual	ABW Allocation		1	370	370		40pax at 80%
Staff Work Area	Intake/Virtual Care		1	25	25		Co-located with ABW
Sub-Total			**1**		**395**		
Circulation	25%						
ABW & Virtual Total					**395**		
GROSS DEPARTMENTAL AREA		**40**			**2574**		
Notes /Assumptions							
Electronic queue management sytem to minimise waiting time and optimise use of space							
Clinical workrooms included in clinic pods to avoid staff using clinic space for workspace as is current practice & supplement ABW for those space who are largely clinic based							

Eurobodalla Regional Hospital Schedule of Accomodation
Medical Imaging

Functional Grouping	Room Name	FPU	Briefed Qty	Area	Total	AHFG Unit Area	Comment for Design
Entry / Reception / Clerical	Office - 2 Person Shared		1	12	12	12	For clerical and booking staff and related equipment
Entry / Reception / Clerical	Play Area - Paediatric		1	10	10	10	
Entry / Reception / Clerical	Reception/ Clerical		1	10	10	10	
Entry / Reception / Clerical	Toilet - Accessible		1	6	6	6	
Entry / Reception / Clerical	Waiting		1	20	20	20	
Sub-Total			**5**		**58.0**		
Circulation	25%				14.5		
Entry / Reception / Clerical Total					**72.5**		
General X-ray and Fluoroscopy	General X-Ray Room		2	38	76	38	Includes OPG in one room. Includes control console space.
General X-ray and Fluoroscopy	Fluoroscopy Room		1	40	40	40	Room positioned and arranged so that patient privacy is optimised. Includes equipment store within room.
General X-ray and Fluoroscopy	Fluoroscopy Control Room		1	12	12	12	Attached to Fluoroscopy Room.
General X-ray and Fluoroscopy	Ensuite - Accessible		1	7	7	7	Dual access from Fluoroscopy Room and corridor.
General X-ray and Fluoroscopy	Bay - Linen		1	2	2	2	
General X-ray and Fluoroscopy	Bay - Lead Aprons		2	0.5	1	0.5	Storage outside of imaging room (excluding OPG) for lead apron. Alternatively they can be stored in the room.
General X-ray and Fluoroscopy	Radiographer Workroom		2	15	30	30	Room for equipment, e.g. CR processor & workspace with computers etc.
Fluoroscopy	Change Cubicle - Accessible		1	4	4	4	
Fluoroscopy	Change Cubicle - Patient		2	2	4	2	
General X-ray and Fluoroscopy	Patient Locker Bay		1	1	1	1	
Fluoroscopy	Toilet - Patient		1	4	4	4	
Sub-Total			**4**		**181.0**		
Circulation	37%				67.0		
General X-ray and Fluoroscopy Total					**248.0**		
Ultrasound and Mammography	Waiting - sub		1	8	8	5	Assumed patients are waiting and are changed.

Eurobodalla Regional Hospital Schedule of Accomodation
Medical Imaging

Ultrasound and Mammography	Bay - Water Dispenser		1	1	1	1	
Ultrasound and Mammography	Ultrasound Room		1	14	14	14	
Ultrasound and Mammography	Toilet - Patient		2	4	8	4	
Ultrasound and Mammography	Ultrasound Room - Procedures		1	20	20	20	For interventional procedures.
Ultrasound and Mammography	Change Cubicle - Patient		1	2	2	2	
Ultrasound and Mammography	Change Cubicle - Accessible		1	4	4		
Ultrasound and Mammography	Sonographer Work Room		1	9	9	5.5	
Ultrasound and Mammography	Clean-up		1	7	7	7	
Sub-Total			**9**		**73.0**		
Circulation		37%			27.0		
Ultrasound and Mammography Total					**100.0**		
CT	CT Imaging Room		1	45	45	45	
CT	CT Imaging Control Room		1	12	12	12	
CT	Bay - Handwashing, Type B		1	1	1	1	
CT	Change Cubicle - Patient		1	2	2	2	
CT	Toilet - Patient		1	4	4	4	
CT	Waiting - sub		1	5	5	5	Used by CT and MRI
Sub-Total			**4**		**69**		
Circulation		37%			25.5		
CT Total					**94.5**		
Patient Support Areas	Patient Bay - Holding		6	6	36	9	
Patient Support Areas	Staff Station		1	10	10	10	
Patient Support Areas	Bay - Handwashing, Type B		1	1	1	1	
Patient Support Areas	Clean Utility/ Medication Room		1	10	10	10	
Patient Support Areas	Dirty Utility- Sub		1	10	10	10	
Patient Support Areas	Bay - Beverage, Open Plan		1	4	4	4	
Sub-Total			**11**		**71**		
Circulation		37%			26.3		
Patient Support Areas Total					**97.3**		
Clinical Support Areas	Bay - Handwashing, Type B		1	1	1	1	
Clinical Support Areas	Bay - Resuscitation Trolley		1	1.5	1.5	1.5	
Clinical Support Areas	Bay - Linen		1	2	2	2	
Clinical Support Areas	Bay - Mobile Equipment		2	4	8	4	Various equipment, including bed mover.
Clinical Support Areas	Bay - Pneumatic Tube		1	1	1	1	
Clinical Support Areas	Bay - PPE Donning/Doffing		2	3	6		
Clinical Support Areas	Cleaner's Room		1	5	5	5	
Clinical Support Areas	Disposal Room		1	8	8	8	
Clinical Support Areas	Store - Equipment		1	9	9	9	
Clinical Support Areas	Store - General		1	9	9	9	For accommodation of consumables such as contrast media.
Sub-Total			**12**		**50.5**		
Circulation		37%			18.7		
Clinical Support Areas Total					**69.2**		
Staff Areas	Office- Single Person		1	9	9	9	

Eurobodalla Regional Hospital Schedule of Accomodation
Medical Imaging

Staff Areas	Reporting Room		1	21	21	6	3 workstations
Staff Areas	Meeting Room		1	30	30	20	On perimeter, accessible to ED, Ops Centre & HASA
Sub-Total			**2**		**60.0**		
Circulation	25%				15.0		
Staff Areas Total					**75.0**		
Staff Amenities	Staff Room		1	15	15	15	
Staff Amenities	Toilet - Staff, 3m2		2	3	6	3	
Staff Amenities	Bay - Property, Staff		1	2	2	2	
Sub-Total			**4**		**23.0**		
Circulation	25%				5.8		
Staff Amenities Total					**28.8**		
MRI	Anaesthetic Preparation Room		1	16	16	16	Will also be used to hold patients on beds.
MRI	Bay - Handwashing Type B		1	1	1	1	Part of preparation area.
MRI	MRI Imaging Room		1	46	46	46	Storage within the rooms will be needed.
MRI	MRI Control Room		1	14	14	14	Must oversee with controlled entry into magnet room.
MRI	MRI Equipment Room		1	10	10	10	
MRI	Reporting Room		1	9	9		
MRI	Waiting - Sub		1	5	5		
MRI	Change Cubicle - Patient		1	2	2	2	
MRI	Toilet - Accessible		1	6	6	6	
MRI	Patient Bay - Holding		1	9	9	9	For holding, preparation and recovery
MRI	Staff Station		1	5	5	5	
MRI	Bay - Linen		1	2	2	2	
MRI	Bay - Mobile Equipment		1	2	2	2	E.g. anaesthetic machine.
MRI	Bay - Resuscitation Trolley		1	1.5	1.5	1.5	Non-ferrous construction.
MRI	Patient Locker Bay		1	1	1	1	
MRI	Toilet - Staff, 3m2		1	3	3		
Sub-Total			**16**		**132.5**		
Circulation	37%				49.0		
MRI Total					**181.5**		
GROSS DEPARTMENTAL AREA					**967**		

Eurobodalla Health Service Schedule of Accomodation
Pharmacy

Functional Grouping	Room Name	FPU	Briefed Qty	Briefed Area	Total	AHFG Unit Area	Comment
Entry / Reception	Pharmacy Counter		1	5	5	4	
Entry / Reception	Waiting		1	4	4	4	
Entry / Reception	Interview Room		1	12	12	12	Accessible to HIM. Dual access. Consider use of glazing to support visual access for safety while providing acoustic privacy.
Sub-Total			**2**		**21.0**		
Circulation	25%				5.3		
Entry / Reception / Clerical Total					**26.3**		
Main Pharmacy	After Hours Cupboard		1	3	3	3	Discreet location on the periphery of the pharmacy with internal and external access. Future ADCs will enable recording of access data.
Main Pharmacy	Pharmacy - Dispensing Workstation		3	4	12	4	May include EMM triage stations. VPA Guidelines recommend one station for
Main Pharmacy	Bay - Multifunction Device / Storage		1	2	2	2	
Main Pharmacy	Bay - Trolleys / Shelves		1	2	2	2	Storage for trolleys with dispensed items
Main Pharmacy	Store - General		1	3	3	3	Distribution and dispensing consumables
Main Pharmacy	Pharmacy - Preparation Room, Non-Aseptic		1	4	4		Preparation of extemporaneous compounds.
Main Pharmacy	Bay - Handwashing, Type B		1	1	1	1	
Main Pharmacy	Bay - Pneumatic Tube		1	1	1	1	
Main Pharmacy	Goods Receipt		1	5	5		
Main Pharmacy	Store - Accountable Drugs		1	2	2	2	Assume wall-mounted safe for small
Main Pharmacy	Workstation		1	2.2	2.2	2	Will be required for small services with
Main Pharmacy	Bay - Clean-up		1	3.0	3	3	Area to store measures etc. for
Main Pharmacy	Store - Bulk, 20m2		1	20	20	20	
Main Pharmacy	Store - Files		1	3	3	3	Old prescriptions, registers.
Main Pharmacy	Store - Refrigerated		1	6	6		Refrigerators and freezers.
Main Pharmacy	Pharmacy - Distribution Workstation		1	6	6		Requires bench space, PC, barcoding system, PDE devices and space for
Main Pharmacy	Dispatch / Collection		1	3	3		Distribution trolleys / carts for delivery of
Sub-Total			**16**		**78.2**		
Circulation	25%				19.6		
Main Pharmacy Total					**97.8**		
Shared Areas	Cleaner's Room		1	5	5	5	
Shared Areas	Disposal Room		1	8	8	5	
Sub-Total			**2**		**13.0**		
Circulation	20%				2.6		
Shared Areas Total					**15.6**		
Staff Areas	Office - Single Person		1	9	9	9	Chief Pharmacist
Staff Areas	Office - Workstation		4	4.4	17.6	4	Pharmacists/Techs
Staff Areas	Office - Workstation		1	3	3		Visiting staff/techs etc
Staff Areas	Store - Photocopy / Stationery		1	3	3	3	
Staff Areas	Property Bay - Staff		1	1	1	1	
Staff Areas	Staff Room		1	12	12		
Staff Amenities	Toilet - Staff, 3m2		1	3	3	3	
Sub-Total			**10**		**48.6**		
Circulation	25%				12.2		
Staff Areas Total					**60.8**		
GROSS DEPARTMENTAL AREA					**200**		

Eurobodalla Regional Hospital Schedule of Accomodation
Pathology

Functional Grouping	Room Name	FPU	Briefed Qty	Briefed Area	Total	AHFG Unit Area	Comment for Design
Specimen Collection	Waiting		1	5	5	8	
Specimen Collection	Reception/Clerical		1	10	10	10	2 staff
Specimen Collection	Specimen Collection Bay / Room		1	9	9	9	
Specimen Collection	Specimen Collection Bay / Room		1	14	14	9	
Specimen Collection	Store - Sterile Stock		1	9	9	9	
Specimen Collection	Toilet - Patient, Accessible		1	5	6	6	
Specimen Collection	Bay - Pneumatic Tube		1	1	0	1	Include if not co-located with Pathology
Sub-Total			**2**		**53**		
Circulation	25%				13.3		
Specimen Collection Total					**66.3**		
Reception	Reception/ Sorting / Filing		1	12	12		
Reception	Specimen Storage, Packing & Dispatch		1	20	20		For transfer to 5/6 Laboratory
Sub-Total			**2**		**32**		
	25%				8		
Entry / Reception / Clerical Total					**40.0**		
Laboratory	Bay - Emergency Shower/ eye wash		1	1	1		
Laboratory	Laboratory - General		1	57	57		Haematology, Blood Bank, Clinical Chemistry
Laboratory	Laboratory - Microbiology		1	20	20		
Sub-Total			**3**		**78.0**		
	25%				19.5		
Laboratory Total					**97.5**		
Support Areas	After Hours Blood Fridge		1	3	3		
Support Areas	Bay - Freezer		1	3	3		
Support Areas	Bay - Handwashing, Type B		1	1	1		
Support Areas	Bay - Mobile Equipment		1	4	4		
Support Areas	Bay - Pneumatic Tube		3	1	3		
Support Areas	Bay - PPE (Personal Protective Equipment)		1	1.5	1.5		
Support Areas	Cool room - Walk in		1	12	12		
Support Areas	Store - Equipment, 9m2		1	9	9		
Support Areas	Store - Flammable Liquids		1	2	2		
Support Areas	Store - General, 8m2		1	8	8		
Support Areas	Wash-Up/Decontamination Area		1	6	6		
Sub-Total			**13**		**52.5**		
	25%				13.1		
Support Areas Total					**65.6**		
Staff Areas	Office - Single Person		1	9	9	9	
Staff Areas	Office - Workstation		4	4.4	17.6		
Staff Areas	Bay - Photocopy / Stationery		1	3	3		
Staff Areas	Reporting room		1	12	12		
Staff Areas	Meeting room		1	15	15	12	
Staff Areas	Staff Room		1	15	15		
Sub-Total			**9**		**71.6**		
Circulation	25%				17.9		
Staff Areas Total					**89.5**		
GROSS DEPARTMENTAL AREA					**359**		

Eurobodalla Regional Hospital Schedule of Accomodation
FOH

Functional Grouping	Room Name	FPU	Briefed Qty	Briefed Area	Total	AHFG Unit Area	Comment for Design
Main Entrance	Airlock - Entry, 10m2		1	10	10	10	
Main Entrance	Main Lobby/Display Area		1	73	73	0	
Main Entrance	Bay - Wheelchair Park		1	2	2	2	
Main Entrance	Cleaner's Room, 5m2		1	5	5	5	
Main Entrance	Meeting Room- Family		1	25	25	25	
Main Entrance	Reception / Clerical, 15m2		1	15	15	15	Includes cashier if required
Main Entrance	Workspace		1	5.5	5.5	5.5	Close access to interview room to support reception staff
Main Entrance	Store - Photocopy/Stationery		1	6	6	8	
Main Entrance	Room - Volunteers		1	10	10	10	Room for Volunteers to meet, work and store belongings.
Main Entrance	Interview Room		1	12	12	12	Easily accessible to reception staff and visitors. Multipurpose space to be bookable and used by a range of services (e.g. pastoral care, patient advocate etc)
Main Entrance	Waiting/ Foyer		1	20	20	20	
Sub-Total			**11**		**183.5**		
Circulation	25%				46	25%	
Main Entrance Total					**229**		
Public Amenities	Changing Places Toilet		1	14	14	14	Includes shower
Public Amenities	Parenting Room		1	6	6	6	
Public Amenities	Toilet - Accessible, 6m2		1	6	6	6	
Public Amenities	Toilet - Public, 3m2		2	3	6	6	
Sub-Total			**5**		**32**		
Circulation	25%				8	25%	
Public Amenities Total			**5**		**40**		
Multi-faith Space	Multi-faith room		1	20	20	25	LHD request to relocate to 24hr zone
Sub-Total			**15**		**20**		
Circulation	15%				3	15%	
Multi-faith Space Total			**1**		**23**		
Cafe	Bay - Fridges		1	4	4		Under review by retail consultant
Cafe	Counter/ Cashier		1	12	12		
Cafe	Gift Shop		1	20	20		
Cafe	Kitchen - Enclosed		1	12	12		
Cafe	Storage- hot food		1	2	2		
Cafe	Storage- refrigerator/ freezer		1	2	2		
Cafe	Store - Perishable and dry products		1	10	10		
Sub-Total			**7**		**62**		
Circulation	20%				12		
Cafe Total			**7**		**74**		
GROSS DEPARTMENTAL AREA					**367**		
External Area	Outdoor Area		1	60	60		
External Area	Outdoor Area		1	50	50		
Gross External Area					**110**		

Eurobodalla Regional Hospital Schedule of Accomodation
BOH

Functional Grouping	Room Name	FPU	Briefed Qty	Area	Total	Comment for Design
Kitchen	Goods Receiving area		1	15	15	
Kitchen	Dry store		1	15	15	
Kitchen	Freezer room		1	15	15	
Kitchen	Cool room – cooked prepared goods (finished goods)		1	8	8	
Kitchen	Cool room – dairy, sweets, juices		1	8	8	
Kitchen	Cool room – fruits and vegetables		1	8	8	
Kitchen	Preparation area		1	30	30	
Kitchen	Cooking & Assembly/Plating Area		1	50	50	
Kitchen	Meal Trolley Area		1	30	30	
Kitchen	Tug Charging		1	3	3	
Kitchen	Mid Meal Prep		1	12	12	
Kitchen	Dish & pot wash area		1	75	75	
Kitchen	Trolley Wash		1	5	5	
Kitchen	Store – Equipment		1	6	6	
Kitchen	Cleaner's room		1	6	6	
Kitchen	Office – 1P		1	9	9	
Kitchen	Office - WS		1	4.4	5.0	
Sub-Total			**2**		**300.0**	
Circulation	15%				45.0	
Kitchen Total					**345.0**	
Environmental Services	Disposal Room, Contaminated Waste		1	15	15	
Environmental Services	Disposal Room, General Waste		1	20	20	
Environmental Services	Store - Chemical		1	5	5	
Environmental Services	Store - Equipment, 14m2		1	15	15	
Environmental Services	Store - General, 9m2		1	9	9	
Sub-Total			**5**		**64.0**	
Circulation	15%				9.6	
Environmental Services Total					**73.6**	
Linen	Store - Clean Linen		1	40	40	
Linen	Store - Dirty Linen		1	20	20	
Sub-Total			**2**		**60.0**	
Circulation	15%				9.0	
Linen Total					**69.0**	
Logistics & Supply	Workstation		1	4.4	4.4	Reciept of goods, electronic sign in, courier kiosk
Logistics & Supply	Loading Dock - Clean		1	30	30	
Logistics & Supply	Loading Dock - Dirty		1	20	20	
Logistics & Supply	Bulk Store		1	30	30	Includes IV store, ICT cage
Logistics & Supply	Store - Medical Gases		1	6	6	
Logistics & Supply	Flammable / Hazardous Goods		1	2	2	
Logistics & Supply	Store - Reusable Medical Device		1	6	6	
Logistics & Supply	Store - Soiled Mattresses		1	6	6	
Logistics & Supply	Bay - Emergency Shower/ Eye Wash		1	1	1	
Logistics & Supply	Bay - Equipment Charging		1	4	4	
Sub-Total			**10**		**109.4**	
Circulation	15%				16.4	
Logistics & Supply Total					**125.8**	
Engineering	Reception/Sign in		1	9	9	Workforce to be determined, could be combined with supply sign-in
Engineering	Workshop		1	40	40	
Engineering	Welding Bay		1	10	10	
Engineering	Biomedical Workshop		1	20	20	
Engineering	Equipment awaiting repair		1	25	25	Includes bed holding
Sub-Total			**5**		**104.0**	
Circulation	15%				15.6	

Eurobodalla Regional Hospital Schedule of Accomodation
BOH

Engineering Total					**119.6**	
ICT	Workshop		1	20	20	
Sub-Total			**1**		**20.0**	
Circulation	15%				3.0	
ICT Total					**23.0**	
Waste Management	Bin Wash / Clean Holding		1	10	10	
Waste Management	Bay - Handwashing, Type B		1	0.5	0.5	
Waste Management	Contaminated Waste Bin Holding		1	20	20	
Waste Management	General Waste / Recycling Bin Holding		1	15	15	
Sub-Total			**4**		**45.5**	
Circulation	20%				9	
Waste Management Total					**55**	
Shared Staff Areas	Bay - Photocopy/ Stationery		1	5	5	
Shared Staff Areas	Workstations		6	4.4	26.4	Workforce profile reqd
Shared Staff Areas	Staff Room		1	20	20	Approx 10 staff
Shared Staff Areas	Bay - Handwashing, Type C		1	1	1	
Sub-Total			**9**		**52.4**	
Circulation	20%				10	
Staff Areas Total					**62.9**	
End of Trip Facilities	Change - Staff (Male/Female)		2	20	40	Include Hotel Services & AM staff
End of Trip Facilities	Drying Room		1	6	6	
End of Trip Facilities	Toilet - Accessible		1	6	6	
End of Trip Facilities	Bay - Water Dispenser		1	1	1	
Sub-Total			**5**		**53**	
Circulation	20%				11	
Central Staff Amenities/End of Trip Facilities Total					**63.6**	
GROSS DEPARTMENTAL					**937**	
External Area	Bicycle Cage		1	15	15	
External Area	Waste Compound		1	60	60	
External Area	Volunteers Store		1	30	30	
External Area	Garden Shed		1	30	30	
Gross External Area					**135**	

Eurobodalla Regional Hospital Schedule of Accomodation
Mortuary

Functional Grouping	Room Name	FPU	Briefed		Total	AHFG
			Qty	Area		Unit Area
Entry / Admin / Exit	Bay - Mortuary Trolley Parking		1	3	3	
Entry / Admin / Exit	Entry Lobby		1	7	7	7
Entry / Admin / Exit	Mortuary - Exit		1	7	7	
Sub-Total			**3**		**17.0**	
Circulation	20%				3.4	
Entry / Admin / Exit Total					**20.4**	
Body Holding	Bay - Handwashing, Type B		1	1	1	1
Body Holding	Bay - Mobile Equipment, 4m2		1	4	4	3
Body Holding	Bay - PPE (Personal Protective Equipment)		1	3	3	1
Body Holding	Mortuary - Cool Store		1	25	25	24
Body Holding	Store - General, 9m2		1	6	6	
Sub-Total			**5**		**39.0**	
Circulation	20%				7.8	
Body Holding Total					**46.8**	
Waiting / Viewing	Mortuary - Viewing Room		1	10	10	8
Waiting / Viewing	Mortuary - Waiting		1	9	9	9
Waiting / Viewing	Toilet - Public, 3m2		1	3	3	3
Waiting / Viewing	Waiting - Sub, 5m2		1	5	5	
Sub-Total			**4**		**27.0**	
Circulation	20%				5.4	
Waiting / Viewing Total					**32.4**	
GROSS DEPARTMENTAL AREA					**100**	

Eurobodalla Regional Hospital Schedule of Accomodation
ETR

Functional Grouping	Room Name	FPU	Briefed Qty	Briefed Area	Total	AHFG Unit Area	Comment for Design
Education and Research	JMO Lounge / Common Room		1	30	30		
Education and Research	Bay - Property		1	3	3		
Education and Research	Bay - Mobile Equipment		1	4	4		Attach to teaching spaces
Education and Research	Teaching/ Learning Space		1	30	30		
Education and Research	Teaching/ Learning Space		1	20	20		
Education and Research	Sim - High Fidelity		1	40	40		
Education and Research	Control Room		1	15	15		
Education and Research	Sim Store		1	12	12		
Education and Research	Workspace		6	11.5	69		staff plus library
Education and Research	Office - Single Person		2	9	18	9	
Education and Research	Comms Room		1	12.0	12		consider sharing LHD comms rooms
Education and Research	Toilet - Staff, 3m2		2	3	6		
Education and Research	Toilet - Accessible		1	6	6	6	
Education and Research	Cleaner's Room		1	5	5		
Education and Research	Disposal Room		1	8	8		
Sub-Total			**22**		**278.0**		
Circulation	15%				41.7		
Education and Research Total					**319.7**		
GROSS DEPARTMENTAL AREA					**319.7**		

Eurobodalla Regional Hospital Schedule of Accomodation
Exec & WOH

Functional Grouping	Room Name	FPU	Briefed Qty	Briefed Area	Total	AHFG Unit Area	Comment for Design
Reception	Waiting		1	5	5		
Sub-Total			**1**		**5.0**		
Circulation	25%				1.3		
Reception Total					**6.3**		
Meeting Rooms	Boardroom/ Incident Control Room		1	30	30		
Sub-Total			**1**		**30.0**		
Circulation	25%				7.5		
Meeting Rooms Total					**37.5**		
Staff Work Area	Office - 4 Person Shared, 20m2		1	20	20		GF 24 hr zone for Operations Centre / Patient Flow Unit. 3
Staff Work Area	Office - Single Person, 9m2		1	9	9		Single office integrated with ops centre, GF 24 hr zone
Staff Work Area	Office - 4 Person Shared,		1	20	20		Security
Staff Work Area	Office - 3 Person Shared,		1	15	15		GF 24 hr zone for TECS
Staff Work Area	Intake/Virtual Care		0	25	0		Moved to Amb Care
Sub-Total			**1**		**64**		
Circulation	25%				16.0		
24/7 OperationsTotal					**80**		
Staff Work Area	Staff Workspace		1	250	250		includes executive unit. 27pax at 80%
Staff Work Area	District Staff		1	345	345		30 FTE District Staff
Staff Work Area	Toilet - Staff, 3m2		3	3	9		
Activity Based Working-Bulk Total					**604.0**		
GROSS DEPARTMENTAL AREA					**728**		

Eurobodalla Regional Hospital Schedule of Accomodation
HIM

Functional Grouping	Room Name	FPU	Briefed Qty	Briefed Area	Total	AHFG Unit Area	Design Comment
Assembly / Sorting / Scanning	Assembly / Sorting / Scanning		1	40	40	50	
Assembly / Sorting / Scanning	Bay - Storage, 4m2		1	4	4	4	
Assembly / Sorting / Scanning	Store - General, 8m2		1	8	8	8	
Sub-Total			**3**		**52.0**		
Circulation	15%				7.8		
Assembly / Sorting / Scanning Total					**59.8**		
File Store	Records Store - Active		1	75	75		m2 reflects LHD requirements
Sub-Total			**1**		**75.0**		
Circulation	15%				11.3		
File Store Total					**86.3**		
Staff Offices	Open Workspace		2	5.5	11	5.5	
Staff Offices	Coding Workspace		2	5.5	11	5.5	
Staff Offices	Bay - Photocopy/Stationery		1	3	3	8	
Sub-Total			**5**		**25.0**		
Circulation	25%				6.3		
Staff Offices Total					**31.3**		
GROSS DEPARTMENTAL AREA					**177**		
Notes /Assumptions							
Assumes immediate implentation of forward scanning to reduce primary storage space to 1.5 years (30m2/year)							

Appendix B

Abbreviations

APPENDIX B – ABBREVIATIONS

Abbreviations	Definition
ABW	Activity Based Working
ACEM	Australasian College for Emergency Medicine
ACI	Agency for Clinical Innovation
ADC	Automated Dispensing Cabinet
AHFG	Australasian Health Facility Guidelines
AHW	Aboriginal Health Worker
ALS	Advanced Life Support
ANU	Australian National University
BBH	Batemans Bay Hospital
BLS	Basic Life Support
BoH	Back of House
CEC	Clinical Excellence Commission
COU/ICU	Close Observation Unit/Intensive Care Unit
CSP	Clinical Services Plan
CTF	Clinical Training Facility
ED	Emergency Department
ERH	Eurobodalla Regional Hospitals
EMET	Emergency Medicine Education and Training
eMR	Electronic Medical Record
EMST	Early Management of Severe Trauma
FASS	NSW Health Forensic and Analytical Science Service
FDB	Functional Design Brief
FFE	Fixtures, Fittings and Equipment

FoH	Front of House
HASA	Hospital and Security Assistant
HETI	Health Education and Training Institute
HI	Health Infrastructure
HIM	Health Information Management
HIS	Health Information Service
ICT	Information Communications and Technology
IMI	Internet and Mobile based Intervention
IPU	Inpatient Unit
IVANS/VANS	Integrated Violence, Abuse and Neglect Services
JMO	Junior Medical Officers
LIS	Laboratory Information System
MDH	Moruya District Hospital
MDT	Multidisciplinary team
MHDA	Mental Health Drug and Alcohol
NETS	Newborn and paediatric Emergency Transport Service
NGO	Non-Government Organisation
NSWHP	NSW Health Pathology
PAS	Patient Administration System
PBS	Pharmaceutical Benefits Scheme
PLO	Patient Liaison Officer
PM	Project Manager
PoCT	Point of Care Testing
PPE	Personal Protective Equipment
PROMT	Practical Obstetric Multi-Professional Training
PTS	Pneumatic Tube Station

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PUG	Project User Group
PWG	Project Working Group
RACF	Residential Aged Care Facility
RDL	Role Delineation Level
RFID	Radiofrequency Identification
RMD	Reusable Medical Devices
SARU	Sub-Acute Rehabilitation Unit
SERH	South East Regional Hospital
SCIGS	Subcutaneous Immunoglobulins
SLA	Service Level Agreement
SNSWLHD	Southern NSW Local Health District
TAS	Task Allocation System
TECS	Triage and Emergency Care Services
UC	University of Canberra
UoW	University of Wollongong
UPS	Uninterruptable Power Supply
WHS	Work Health & Safety Act
WoH	Whole of Hospital
WOWs	Workstation on Wheels

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Appendix C
Contributers

APPENDIX C – STAKEHOLDERS

Name	Role
Ambulatory Care Project User Group	
Ambulatory Care Renal and Oncology – Project User Group	

[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
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[redacted]	[redacted]
Asset Management – Project User Group	
[redacted]	[redacted]
[redacted]	[redacted]
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Back of House – Project User Group	
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Education and Training	
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Emergency Department - Project User Group

Executive Unit and Whole of Hospital

Front of House – Project User Group	
Health Information Unit – Project User Group	
ICU/COU – Project User Group	

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Inpatient Unit – Project User Group

Maternity, Newborn and Paediatrics – Project User Group

Medical Imaging – Project User Group

Pathology – Project User Group

Perioperative – Project User Group

[illegible]	[illegible]
Pharmacy – Project User Group	
[illegible]	[illegible]
[illegible]	[illegible]
[illegible]	[illegible]
[illegible]	[illegible]
[illegible]	[illegible]
[illegible]	[illegible]

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Appendix D

Informing Documents

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APPENDIX D - INFORMING DOCUMENTS

The information in the briefs have been informed from the following documents:

- Australasian College for Emergency Medicine (ACEM) Emergency Department Design Guidelines Version 3.0 October 2013.
- Australasian Health Facility Guidelines (AHFG), B.0240 – Health Information Unit, Revision 6, March 2016.
- Australasian Health Facility Guidelines (AHFG), B.0490 Hospital Mortuary / Autopsy Unit, Revision 7, July 2020.
- Australasian Health Facility Guidelines (AHFG), B.0560 - Pharmacy Unit, Revision 6, April 2021.
- Australasian Health Facility Guidelines Part B Health Facility Briefing and Planning HPU 300 Emergency Unit Revision 7.0 May 2019.
- Australasian Health Facility Guidelines Part C: Design for Access, Mobility, Safety and Security.
- Health Infrastructure Design Guidance Note (DGN) 062 – COVID-19 Design Impacts, June 2021.
- Health Infrastructure Design Guidance Note (DGN) 039 – Safe Assessment Room Design Requirements, May 2018.
- Health Infrastructure NSW – Back of House Guidelines, Kitchen/Catering Services , Feb 2021.
- Health Infrastructure: Eurobodalla Health Service Redevelopment, Stage 1 Planning and Prioritisation Report V1.1 February 2021.
- NSW Agency for Clinical Innovation: Establishment, governance and operation of a close observation unit: key principles. Chatswood: ACI; 2018.
- NSW Health, GL2016_020 Engineering Services Guidelines.
- NSW Health, IB2017_047 Health Care Facility Lockdown – A framework for developing procedures.
- NSW Health, PD2010_033 Children and Adolescents – Safety and Security in NSW Acute Health Facilities.
- NSW Health, PD 2013_043 Medication Handling in NSW Public Health Facilities.
- NSW Health, PD2018_010 Emergency Department Patients Awaiting Care.
- NSW Health, PD 2019_060 Workspace Accommodation Policy.
- NSW Health, PD 2020_022 Cleaning of the Healthcare Environment.
- NSW Health, PD2018_034 Breastfeeding in NSW - Promotion, Protection and Support.
- NSW Health, PD2020_049 Clinical and Related Waste Management for Health Services.
- NSW Health Workspace Accommodation, Support and Implementation Guide, March 2020.
- Protecting People and Property, NSW Health Policy and Standards for Security Risk Management in NSW Health Agencies, October 2018.
- Southern NSW Local Health District: Eurobodalla Health Service Clinical Services Plan March 2020. Version 3.

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Appendix E

Australasian Health Facility Guidelines

APPENDIX E – AUSTRALASIAN HEALTH FACILITY GUIDELINES (AUSHFG)

All departmental briefs are to be read in conjunction with the current and relevant Parts of the AusHFG, specifically:

1. Part B: Health Facility Briefing and Planning.
2. Part C: Design for Access, Mobility, Safety and Security.
3. Part D: Infection Prevention and Control.

Within the context of the ERH Development project, additional briefing requirements will apply to the following services in accordance with the following AusHFG reference documents:

Department	AusHFG Refence	Version
Administration Unit	B.0120 Administration Unit	Revision 5.0 dated 1/03/2016
Emergency Department/Ambulatory Care and Community Health OR **ALL**	B.0131 Mental Health – Overarching Guideline	Revision 1.0 dated 14/03/2018
Emergency Department	B.0133 Psychiatric Emergency Care Centre PECC	Revision 6.0 dated 21/ 12/2016
ALL? **Inpatient and Outpatient Departments**	B.0140 Allied Health/Therapy Unit	Revision 7.0 dated 18/03/2021
Ambulatory Care and Community Health	B.0155 Ambulatory Care and Community Health	Revision 7.0 dated 22/09/2020
Health Information Unit	B.0240 Health Information Unit	Revision 6.0 dated 1/03/2016
Medical Inpatient Unit	B.0260 Cardiac Care Unit	Revision 7.0 dated 11/04/2018
Perioperative Unit	B.0270 Day Surgery / Procedure Unit	Revision 6.0 dated 29/06/2016
Perioperative Unit and Ambulatory Care and Community Health	B.0280 Oral Health Unit	Revision 7.0 dated 11/03/2021
Emergency Unit	B.0300 Emergency Unit	Version 7.0 dated 29/05/2019
Inpatient Unit	B.0330 Medical Assessment Unit	Revision 2.0 dated 1/03/2016
Inpatient Unit	B.0340 Adult Acute Inpatient Unit	Revision 7.0 dated 7/04/2020
All	B.0350 Multipurpose Service Unit	Revision 7.0 dated 1/03/2016
Intensive Care Unit	B.0360 Intensive Care Unit	Revision 7.0 dated 9/07/2019
Neonatal Care Unit	B.0390 Neonatal Care Unit	Revision 7.0 dated 16/11/2019
Front of House Unit	B.0430 Front of House Unit	Revision 6.0 dated 21/12/2016
Medical Imaging Unit	B.0440 Medical Imaging Unit	Revision 7.0 dated 28/11/2018

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Medical Imaging Unit	B.0500 Nuclear Medicine/PET Unit	Revision 6.0 date 23/05/2016
Mortuary / Autopsy Unit	B.0490 Hospital Mortuary/Autopsy Unit	Revision 7.0 dated 15/07/2020
Maternity Unit	B.0510 Maternity Unit	Revision 7.0 dated 18/05/2017
Operating Unit	B.0520 Operating Unit	Revision 6.0 dated 4/07/2018
Paediatric Adolescent Unit	B.0540 Paediatric Adolescent Unit	Revision 6.0 dated 7/06/2016
Pathology Unit	B.0550 Pathology Unit	Revision 6.0 dated 1/03/2016
Pharmacy Unit	B.0560 Pharmacy Unit	Revision 7.0 dated 22/04/2021
Radiation Oncology Unit	B.0600 Radiation Oncology Unit	Revision 6.0 dated 1/03/2016
Rehabilitation Inpatient Unit	B.0610 Rehabilitation Inpatient Unit	Revision 3.0 dated 14/03/2018
Renal Dialysis Unit	B.0620 Renal Dialysis Unit	Revision 7.0 dated 9/02/2021

The room requirements detailed in the schedule of accommodation are consistent with the relevant AusHFGs and proposed revisions to the standard components (SC). Spaces have been adjusted (prorate AusHFG) to align with the model of care and the capacity of the unit, where required. Refer to the comments included in the Schedule of Accommodation Appendix A.

Departures

Departures from the AHFG and the revisions listed above are tabled below. Departures will be further reviewed and progressed as part of the next stage of Planning (Schematic Design).

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