Australasian Health Facility Guidelines

Part B - Health Facility Briefing and Planning

0130 - Admissions Unit

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Australasian Health Facility Guidelines

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01 INTRODUCTION

01.01 Preamble

This guideline addresses the Admissions Unit as a separate Health Planning Unit. In some health care facilities the Admissions Unit may be co-located with the Main Reception/Entrance or 'Front of House' (Refer HPU 430 Front of House).

The range of functions performed by the Admissions Unit is heavily dependent on the operational policies adopted by the healthcare facility. The size of the unit will vary depending on the relative size of the healthcare facility and the planned patient volume.

The patient admission process has two main components - the 'administrative' process and the 'clinical' admission/assessment process. The 'clinical' assessment process is more frequently being performed through pre-admission assessment and/or a Pre-admission Clinic. This guideline will address both the 'administrative' and the 'clinical' admission process, conscious that Pre-admission assessment / Clinics are unlikely to be co-located with the Admissions Unit.

With changing models of care and the increase in Pre-admission Clinics, day only procedures, day surgery and day-of-surgery admissions will often occur within the actual Health Planning Unit providing the service to the patient. Due to this, the role of a dedicated Admissions Unit and its staffing profile needs to be carefully considered.

01.02 Introduction

This clause is currently not applicable, but has been included for consistent HPU clause numbering.

01.03 Policy Framework

Legislation in your state/territory will need to be consulted regarding:

- anti-discrimination;
- occupational health & safety; and
- disability services.

Refer to Appendices, Section AX.04 References for details.

01.04 Description

DEFINITION OF HEALTH PLANNING UNIT

The Admissions Unit is responsible for the booking, capture and entering of admission, discharge and transfer information of patients. It is often the first point of contact for patients to the healthcare facility. Patients may be admitted to the healthcare facility from a range of different places.

The following functions are generally accommodated in the Admissions Unit:

- booking of patient for admission (optional);
- pre-registration of patient for admission;
- patient admissions;
- processing of inter-facility patient transfers;

- collation of financial information for the finance department;
- request or retrieval of medical records for a patient's admission;
- bed allocations (optional – may have a dedicated bed manager located elsewhere);
- demand management;
- discharge Planning; and
- cashier (optional).

Dependent on the size and nature of the healthcare facility, the cashier will often be located near the Admissions Unit.

The following functions are generally undertaken during the 'clinical' assessment phase, usually but not always, in a separate Pre-admission Clinic:

- processing informed consent and completion of paperwork;
- collation of information on patients clinical condition and medical history;
- referral to an anaesthetist and/or allied health professionals (if necessary);
- referral for diagnostic tests (eg.ECG, Blood Test, X-ray);
- patient education on the expected clinical pathway; and
- discharge planning.

GENERAL ARRANGEMENT

Admissions Units will vary in size. Components and allocated spaces will depend on the range of functions performed by the Admissions Unit and the operational policies of the health facility.

The admission process may be conducted in a dedicated Admissions Unit - usually in or near the Main Entry, within the unit providing the patient care (Inpatient Unit, Day Procedure Unit, Operating Suite etc) or in the Emergency Department. The location of the admission process depends on the model of care adopted by the health facility.

An alternative model is for the 'administrative' functions of the Admissions Unit to be co-located with Main Entry / Reception functions (see Front of House Planning Unit). This model is especially likely in smaller facilities where separation of these functions is unjustifiable from a staffing perspective.

Decentralisation of the admission process to ward / department level may result in the dedicated 'Admissions Unit' not being required in its traditional form. However protocols and policies must be in place to ensure that all admissions processes are adequately covered by the separate Health Planning Units which perform admission tasks. Other functions such as cashier and bed allocations must be incorporated within other Health Planning Units. In addition, if it is decided to admit at department level, there will need to be space set aside for clerical staff, patient interviews and patient / supporter waiting in each of these departments.

In large facilities, a Pre-admission Clinic is often established to facilitate the 'clinical' component of the admissions process.

Since a variety of pre-admission tasks may need to be accomplished, a multidisciplinary Pre-admission Clinic is often preferred. In order to provide access to the necessary personnel and facilities, the clinic is often located in the Health Planning Unit in which the procedure will occur, for example, Day Surgery Unit, Operating Suite or Ambulatory Procedures Centre or alternatively co-located with other Outpatient services.

02 PLANNING

02.01 Operational Models

MODELS OF CARE

Admission to a health facility may be planned (elective) or unplanned (emergency).

Many patients come into a health facility as a planned admission, as a result of referral from a physician, a visit to an outpatients department or planned transfer from another health facility. Planned admissions include both multiday inpatients and day only patients.

Many health facilities are adopting a pre-admission planning process and/or Pre-admission Clinic model of care, which streamlines the admission process for all planned admissions where pre-assessment is required.

After-hours emergency admissions are generally handled directly by the Emergency Department and/or other emergency portals of entry such as Medical and/or Surgical Admissions Units. Usually these areas have a dedicated staff member/s assigned to this role. In addition, some emergency patients on specific clinical pathways, e.g. hip fracture , stroke, heart attack, may be admitted directly to the relevant clinical area.

If the health facility has a Maternity Unit it will generally provide a 24 hour, seven day per week service. Approximate bookings are made for the mother prior to the due date of birth and often pre admission assessments are held about three to four weeks prior to this date. Depending on local operational policies and the model of care, admission to the Unit may be managed directly by the Maternity Unit or by the Admissions Unit / Emergency Department.

PRE ADMISSION ASSESSMENT

The objective of pre-admission assessment is to facilitate a smooth admission on the day of surgery by performing the 'clinical' assessment process prior to the day of surgery. The pre-admission assessment process should address the medical, nursing, educational, financial and discharge requirements of the patient.

The pre-admission planning process can be achieved in a variety of ways and in a variety of locations. This is dependent on the operational policies adopted by the health facility.

Pre-Admission Clinics

Pre-admission Clinics are designed as an outpatient service, operated to assess the suitability of the patient for surgery prior to the day of admission. If the Pre-admission Clinic is located within a specific Health Planning Unit (Inpatient Unit, Day Procedure Unit, Operating Suite) then the hours of operation will depend on their individual operational policies.

Pre-admission Clinic attendance normally occurs one to three weeks prior to the scheduled admission date. This is a common model adopted by larger health facilities.

Outreach/Alternative pre-admission assessment services

Where people have to travel long distances, arrangements can be made to deliver pre-assessment either as an outreach clinic, at a local hospital, or using a primary care provider.

Telephone pre-admission assessment

Telephone pre admission assessment may be utilised by the health facility, in cases of minor procedures or in those situations where physical examination or investigation is not required.

Refer to 'Best Practice Guidelines for Ambulatory Surgery & Procedures', Australian Day Surgery Nurses Association.

CASHIER

Where operational business and staffing models support the location of a cashier function in the Admissions Unit, it is important to consider elements of accessibility, during and outside the facility operating hours, and safety for staff and property. A security grill is recommended to enhance security where money is handled.

The opening hours of the Cashier will need to be considered under the business model. After-hours access to the cashier or patient trust facilities may be required.

02.02 Operational Policies

Operational policies that will affect planning the Admissions Unit include:

- the hours of operation of the facility;
- the range of services to be provided within the unit;
- the admission process adopted by the health facility; and
- generation, retrieval and management of Medical Records in relation to the admissions process.

HOURS OF OPERATION

The opening hours for the Admissions Unit will vary, depending on the service profile of the facility and the operating hours of individual Health Planning Units (e.g. Inpatient Unit, Day Procedure Unit, Operating Suite etc).

Typically the Admissions Unit of an inpatient facility will be open from 8am to 5pm, seven days per week. Some facilities may schedule some after hours appointments. Outside of the scheduled hours, unplanned emergency admissions generally occur via the Emergency Department and/or other emergency portals of entry which operate 24 hours, seven days a week.

TECHNOLOGY

In some health care facilities, the Admissions Unit may be required to keep accurate and up-to-date information on patients. Patient Administration System (PAS), Hospital Information Systems (HIS) or Information Patient Management Systems (IPMS) are commonly being used to track patients from pre-admission to discharge. Bookings, admissions and separations are entered into the system by Admission Officers.

Safeguarding the vast amounts of personal health information electronically located on these information systems is of prime concern. Health information must be securely managed and privacy and confidentiality ensured through compliance with the relevant State Health Policy on - Electronic Information Security.

Medical record generation, retrieval and management processes are currently changing as electronic medical records are being introduced into larger health facilities. This will have implications on storage space requirements and admission functions within the Admissions Unit.

Paper medical records may be requested by the Admissions Unit (whether centralised or decentralised) and/or the Pre-admission Clinic for those patients that are booked in for admission to the health facility.

Dependant on the operational policy of the facility, space for temporary secure storage of medical records may be required in both the Admissions Unit and Pre-admission Clinic if the health facility does not have electronic patient records.

Information collected on all patients is based on standards of identification developed by State Health Departments. Consent forms, admission forms, booking forms and theatre lists must all comply with the relevant Health Policy on Patient Identification.

PATIENT TRANSPORT

Arrangements for inter-facility patient transport may be the responsibility of Admissions personnel; however this will be dependent on the model adopted by the facility.

STAFFING

Admissions Unit

The size of a unit will be determined by the service plan and volume of activity. It is not the intention of this Guideline to advise on staffing levels. However a unit should be of a size that ensures the safety, security and emergency needs of staff on duty are addressed.

Pre-admission Clinic

An office will be required for the Clinic Coordinator and any other staff permanently based in the Unit. In addition there will need to be write-up workstations for medical professionals including, visiting Anaesthetists, Nursing Specialists and Allied Health Professionals. Administrative areas will also be allocated to the Pre-admission clerical officers.

02.03 Planning Models

LOCATION

The Admissions Unit should be ideally located in, or in close proximity to the Main Entry / Reception area and close to where departing patients will pass on their way out of the hospital. Where admissions processes are decentralised, separate admissions areas should be co-located with the appropriate Health Planning Unit e.g. Day Procedure Unit, Inpatient Unit, Emergency Department etc.

Pre-admission Clinics are often located in the Health Planning Unit in which the procedure will occur, for example, Day Surgery Unit, Operating Suite or Ambulatory Procedures Centre or alternatively co-located with other Outpatient services.

There should be close access to public amenities and waiting areas.

CONFIGURATION

The configuration of the Admissions Unit and Pre-admission Clinic will depend on:

- the number of staff to be accommodated;
- the range of services provided;
- whether it is co-located with other Health Planning Units or a stand alone area; and
- mobility level of patients - ambulant, wheelchair or trolley bound.

The security risk will determine the appropriate level of security required, taking into consideration the principles of Crime Prevention Through Environmental Design.

ADMISSIONS UNIT

Space requirements (waiting areas, interview rooms, workstations etc) will vary depending on the source and location of admissions e.g. Day Procedure Unit, Emergency Department etc. and associated operational policies.

Dependent on the operational policies of healthcare facilities, a combination of counters, offices, cubicles and workstations can be utilised as an interface with patients and visitors within the Admissions Unit.

Privacy for clients is a primary design consideration. If multiple Admissions staff are working in parallel a separation of the counters / workstations will aid acoustic privacy. Consideration must be given to children and patients/visitors using wheelchairs and therefore a low counter is recommended.

Offices / workstations are generally located in an area adjoining the counter area to provide adequate separation of staff areas and patient areas. It also provides an additional area behind the counter interface to complete and organise paperwork and have access to photocopy, printer, stationery and record storage areas.

In healthcare facilities where patient interviews are conducted in the Admissions Unit, there is a need for private interview rooms. Private interview rooms are an important mechanism to maintain privacy of

confidential information. It is important that these rooms provide adequate space to allow for access by patients with differing levels of mobility.

PRE-ADMISSION CLINIC

The configuration of a Pre-admission Clinic is highly dependent on its location (e.g. independent or co-located with an associated Health Planning Unit), the size of the healthcare facility and its associated operational policies.

Pre-admission Clinics can range in size and form. In some healthcare facilities the Clinic comprises a small number of interview and consulting rooms where patients are interviewed on their medical history and paperwork is completed. If there is a need for further clinical pre- assessment, the clinic will refer the patient to the relevant health professionals and diagnostic testing sites located externally or in other sites in the health facility.

Alternatively the Pre-admission Clinic can be part of large multidisciplinary clinic with associated clinical areas for examination of the patient by medical professionals and access to Allied Health Professionals and Diagnostic testing facilities within the Clinic.

Regardless of the model, a reception point for initial patient presentation and waiting area will be required.

02.04 Functional Areas

FUNCTIONAL ZONES

Functional areas in the Admissions Unit are:

- patient waiting area;
- patient interview rooms;
- patient admissions counter;
- staff offices and amenities; and
- cashier (optional).

Functional Areas in a Pre-admission Clinic are:

- reception area and waiting room;
- clinical area (including consult rooms);
- patient Interview rooms; and
- office and staff areas.

The provision of vending machines in Admissions Units needs consideration when patients may present fasting (nil by mouth) in readiness for surgery that day.

Public amenities must be available for visitors either within the unit itself or readily accessible.

PATIENT WAITING AREA

The size of patient waiting areas should be determined to reflect the expected throughput of patients and visitors, accompanying baggage and method of mobility e.g. wheelchair, trolley.

The need for specific and segregated waiting areas may be considered if the healthcare facility regularly admits prisoners from custodial facilities.

Arrangement of chairs and other facilities in waiting areas should be considered with the principles of Crime Prevention Through Environmental Design. This may include arranging chairs to face each other for conversation rather than facing towards staff and ensuring furnishings and fittings cannot be used as weapons. A play space for children may also be appropriate, as with TV or provision of other entertainment for adults.

In some facilities, it may be important to provide an outdoor waiting area according to preferences and cultural needs identified from user group discussions.

PATIENT INTERVIEW ROOMS

The size and number of patient interview rooms should be determined with consideration of operational policies, patient throughput and likely mobility. Trolley access will need to be considered e.g. especially where patients are admitted from nursing homes.

A risk assessment for security and ergonomic issues should be undertaken, but it is likely that visibility can be increased through the use of windows while still maintaining privacy and safety.

02.05 Functional Relationships

EXTERNAL

Admissions Unit

Ideally a dedicated Admissions Unit will be located adjacent to the Main Entry area with close access to public amenities and waiting areas.

It is to be noted that it is beneficial that the cashier not be visible from the hospital entrance to reduce the likelihood of armed hold-ups and theft attempts.

Pre-admission Clinic

The Pre-admission Clinic may be located within or in close proximity to the Health Planning Unit in which the procedure will occur, for example, Day Surgery Unit, Operating Suite or Ambulatory Procedures Centre or alternatively close to other Outpatient services.

If not co-located with the Pre-admission Clinic, the following areas of the health facility will have a close working relationship:

- pathology (or blood collection point);
- clinical pysiology unit (egg ECG);
- medical imaging; and
- pharmacy.

INTERNAL

Admissions Unit

Access to security is desirable if the cashier is located within the Admissions Unit.

The layout of decentralised admission areas (e.g. Inpatient Unit, Day Procedure Unit etc) and pre-admission areas should be prominent within the relevant Health Planning Unit and clear and logical to enable easy way finding and orientation for patients and visitors.

Pre-admission Clinic

The reception area must be designed for efficiency, allow patients to move easily to and from consultation areas and accommodate patients, supporters and mobility aids. Staff areas should be efficient to allow staff to move freely and must also provide a degree of privacy with a quiet area so staff can work away from patients.

03 DESIGN

03.01 Accessibility

EXTERNAL

In addition to the legal obligations that exist in many States and Territories regarding access to workplaces under OH&S legislation, there are specific issues for consideration in an Admissions Unit.

The Admissions Unit and Pre-admission Clinic will need close access to a vehicle drop off point to accommodate patients who are elderly, frail, have limited mobility or are wheelchair bound.

INTERNAL

In addition to the legal obligations that exist in many States and Territories regarding access to workplaces under OH&S legislation, there are specific issues for consideration in an Admissions Unit.

The design of the Admissions Unit and Pre-admission Clinic should ensure it is user friendly for all patients who require mobility aids (wheelchairs, crutches etc.).

03.02 Parking

See Front of House Planning Unit Guidelines for parking considerations if the Admissions Unit is co-located with Main Entrance.

For staff parking, refer to Part C, Clause 790 of these Guidelines for further information.

03.03 Disaster Planning

It is essential that equipment such as minimum lighting, telephones, duress alarm systems (including the central computer) and electronic locks are connected to the non-interruptible emergency power supply.

Refer to Part B Health Facility Briefing and Planning Clause 80 and Part C Design for Access, Mobility, OHS and Security; of these Guidelines for further information.

INCIDENT MANAGEMENT

Admissions staff will receive comprehensive training in emergency management as it specifically relates to the Admissions Unit (e.g. management of aggressive patients, hold up of cashier etc.).

Refer to Part B Clause 80 and Part C of these Guidelines for further information.

03.04 Infection Control

GENERAL

The infection status of patients undergoing the pre-admission process may be unknown. All body fluids should be treated as potentially infectious and precautions must be implemented to protect against exposure to sharps, blood and body fluids.

Purpose designed sharps containers, personal protective equipment and clinical waste spill kits must be supplied and staff must be trained in first aid and injury management procedures for sharps injury and body substance exposure.

Staff hand washing facilities including disposable paper towels, must be readily available.

Refer to the relevant jurisdiction policy on Infection Control, and Part D of these Guidelines - Infection Prevention and Control for further information.

WASTE MANAGEMENT

There should be provisions made for hospital specific waste management facilities.

A general paper recycling facility should be provided for staff who work in the Admissions Unit. Standard clinical waste measures must be provided in clinical areas within the Pre-admission Clinic. Sharps containers are to be provided that are compliant with current Health Infection Control Policy and the relevant Australian Standard.

Refer to: NSW Health PD2005_132 - Waste Management Guidelines for Health Care Facilities.

03.05 Environmental Considerations

AMENITY

The Building Code of Australia outlines the requirements for building amenities and should be consulted when designing an Admissions Unit.

Often the Admissions Unit is the first point of contact for patients being admitted to the health facility and tends to create an overall impression of the facility. The space should therefore be inviting and non-threatening.

The interior decor should be carefully designed to minimise anxiety, with special consideration for children in those facilities providing paediatric services.

ACOUSTICS

Confidential patient information is exchanged in the Admissions Unit and Pre-admission Clinic, therefore the area should be acoustically treated to maximise privacy. Ambient noise from the Main Entry should be minimised when co-located with the Admissions Unit.

AS/NZS 2107 - Acoustics - Recommended design sound levels and reverberation times for building interiors.

This standard recommends design sound levels and reverberation times for different areas of occupancy in various categories of buildings. It specifies methods of measuring the ambient sound level reverberation time. It is intended for use in assessing the acoustic performance of the buildings and building services. It does not apply to the evaluation of occupancy noise.

An augmented hearing loop (to cater for people who are hearing impaired) may be considered in the Admissions Area.

NATURAL LIGHT

The presence of natural light to the Admissions Unit is desirable in creating a pleasant introduction to the facility for patients, visitors and staff, however this is not essential.

PRIVACY

Attention to patient comfort and privacy should minimise stress and discomfort for patients.

Patient privacy and confidentiality can be enhanced by the design of the facility by private interview rooms for personal discussions between staff and patients. Placement of admissions units/desks must ensure they are clear of any public thoroughfares to enhance privacy.

INTERIOR DESIGN

Refer to Part C of these Guidelines for information on interior design. Selection of materials and colours in the Admissions Unit and Pre-admission Clinics (if relevant) should be suitable to withstand the heavy pedestrian utilisation.

SIGNAGE

The orientation of people to and within healthcare facilities is greatly assisted or hampered by the quality and location of signage which may be directional, be used as a means of identification, or be a statutory requirement. Signage can have an important role in safety and security.

Comprehensive signage should be located at the Admissions Unit to aid patients in direction to their next destination.

External signage, included in car parks and at vehicle and pedestrian access points, should clearly indicate the location of the facility's Admissions Unit and/or Pre-admission Clinic.

All signage must be easily understood by staff and the general public, whether patients or visitors, and where necessary and appropriate, languages other than English and/or consistent use of symbols or pictograms should also be used.

Signage should comply with guidelines that promote access for people with disabilities.

Refer to:

- Technical Series TS2 - Signposting for Health Care Facilities, NSW Health, February 2004. To be reissued in 2009 as TS2 Wayfinding for Healthcare Facilities; and
- Australian Standard AS 1428 Design for Access and Mobility, Part 1: General requirements for access - New Building Work. Also contains guidelines on signage for people with disabilities.

03.06 Space Standards and Components

GENERAL

Refer to the Australian Safety and Compensation Council's Guidance on the Principles of Safe Design for Work for information relating to the design and modification of buildings and structures and processes used for work.

SPACE DIMENSIONS

The Admissions Unit should be well proportioned to provide a sense of space.

Waiting areas in both the Admissions Unit and Pre-admission Clinic (if relevant) will cater for the desired number of chairs with an allowance of 1.5m2 per chair.

HUMAN ENGINEERING

Human Engineering covers those aspects of design that permit effective, appropriate, safe and dignified use by all people, including those with disabilities. It includes occupational ergonomics, which aims to fit the work practices, FF&E and work environment to the physical and cognitive capabilities of all persons using the building.

As the requirements of Occupational Health and Safety (OHS) and antidiscrimination legislation will apply, this section needs to be read in conjunction with the section on Safety and Security in Part C of these Guidelines in addition to OHS related guidelines.

ERGONOMICS

Admissions Units and Pre admission Clinics shall be designed and built in such a way that patients, staff, visitors and maintenance personnel are not exposed to avoidable risks of injury.

The design of admissions counters and workstations will ensure appropriate dimensions to minimise risk exposure for staff, patients and visitors (refer to section 130.17.00 for specific details on suitable counter heights).

Where possible counters, workstations and furniture should be adjustable to fit the user's individual characteristics. The patient / client should be at the same height as Admissions Staff to enhance communication and reduce the risk of aggression (e.g. if there is a high standing counter, staff should be seated on high seats).

A variety of seat heights should be available in the waiting areas of both Admissions Units and Pre-admission Clinics to accommodate the needs of the elderly and disabled.

Refer to Part C Section 730.12 under Access and Mobility of these Guidelines for more details.

OFFICES

For provision of offices and associated administration areas refer to the relevant State Guidelines.

BUILDING ELEMENTS

Building elements include walls, floors, ceilings, doors, windows and corridors and are addressed in detail in Part C of these Guidelines - Section 710 - Space Standards and Dimensions.

Doorways must be sufficiently wide and high to permit the manoeuvring of beds, wheelchairs, trolleys and equipment without risk of damage or manual handling risks.

03.07 Safety and Security

GENERAL

Elimination of hazards at the design stage is a national priority under the National Occupational Health and Safety Strategy 2002 - 2012 produced by the Australian Safety and Compensation Council.

Refer to Part C of these Guidelines: Design for Access, Mobility, OHS and Security, Section 790 - Safety and Security Precautions.

SECURITY

Security measures should be designed in such a way that they do not create an unsympathetic, hostile or unnecessarily stressful environment. The design and location of the Admissions Unit , including security measures, should be determined by a risk assessment carried out in consultation with staff and taking into account factors such as:

- facility location;
- demographics;
- size of Facility;
- speed of security response;
- availability of security personnel;
- type of facility e.g. Mental Health;
- potential severity and impact of incidents; and
- other units/services in the immediate vicinity e.g. retail, ATM and ED.

In relation to the Admission Unit the following specific security issues should be considered:

- CCTV of the admissions and cashiers area;
- the admissions counter should have clear oversight of the waiting area;
- the activities of admissions staff and cashier should not be visible from the waiting room;
- admission and cashier staff should sit at a deep reception counter. Each should have emergency egress points and duress alarms;
- after hours security measures should secure the Admissions Unit and the Cashier’s counter. They should be able to be secured separately since they could have differing hours of operation;
- the Cashier’s counter requires security glazing. An after-hours chute and a fire proof safe are required. The safe should be large enough to hold cash and other valuables. The safe should be out of sight of patients and others;

- provide electronic funds transfer facilities to minimise the amount of cash handled;
- after-hours security of the Admissions Unit to prevent unauthorised access, theft and privacy breaches; and
- protocol for what to do in the event of an armed hold-up should be developed and all staff trained in these procedures (as per relevant jurisdiction guidelines (e.g. NSW Health Manual - Section 27).

All external doors to the Admissions Unit should be electronically locked after hours and fitted with alarms linked to Security.

In relation to Pre-admission clinic the following specific security issues should be considered:

- design to allow a controlled entry and exit point from the Unit;
- design to facilitate optimum observation of waiting area by staff;
- emergency egress points and duress alarms;
- controlled access from the waiting room to the clinic area; and
- after-hours security / access control.

Refer to Technical Series TS11 - Engineering Services and Sustainable Development Guidelines. (under revision) - Section 5 - Security Systems. Available in the Reference section of the Guidelines.

03.08 Finishes

GENERAL

Finishes in this context refers to walls, floors, windows and ceilings.

Refer to Part C of the Guidelines - Design for Access, Mobility, OHS and Security, Section 710 - Space Standards and Dimensions.

WALL PROTECTION

Refer to Part C of these Guidelines for more information.

FLOOR FINISHES

Selection of floor finishes must take into account manual handling issues including the impact of the flooring on push / pull forces for wheeled equipment. It must also be selected to minimise the risk of staff, patients and visitors slipping, tripping and falling.

It is preferable for the Admissions Unit to be carpeted as this creates a less institutional atmosphere and contributes to noise attenuation. Where carpet is used, preference should be given to a type that provides low resistance to trolleys and wheelchairs.

Pre-admission Clinic flooring in both patient and treatment areas should be easily cleaned and in good repair for infection control purposes. Standard vinyl is both simple to clean and also enables easy movement of trolleys and wheelchairs.

Refer to Part C of these Guidelines for more information.

CEILING FINISHES

Refer to Part C of these Guidelines for more information.

03.09 Fixtures, Fittings & Equipment

COUNTERS

A suitable barrier should be provided by the Cashier's counter (if co-located in Admissions Unit) and its associated security features e.g. security glass. The counter should be ergonomically designed to minimise risks associated with posture and repetitive movement.

Australian Standard 1428 outlines best practice requirements for counters and desks.

In order to comply with AS 1428, it is essential that a section of the counter is accessible to disabled people. A lower counter at which staff and patients sit is also advantageous to create a more intimate situation with added privacy.

Counters should be to a maximum depth of 1410mm (AS1428), but a depth of 900mm to 1200mm is recommended. A standing counter is essential; it will be 850mm (+/- 20mm) high, with clearance beneath the unit from the floor of 820mm (+/-20mm). In addition, if it is possible to provide a counter for seated interactions, the second counter is recommended at 750mm (+/- 20mm) with clearance beneath the counter from the floor of 730mm (+/- 20 mm).The design of admissions counters and workstations will ensure appropriate dimensions to minimise risk exposure for staff, patients and visitors. The counter should be designed to minimise risks identified through ergonomic and security risk assessments.

Fixtures and fittings should not be able to be used as a weapon or projectile or be likely to cause injury or harm. A security risk assessment will determine the appropriate levels of security required, taking into consideration the principles of Crime Prevention through Environmental Design.

Also refer to Part C, Section 710 of these Guidelines.

Reference:

AS 1428 Design for Access and Mobility Part 2: Enhanced and Additional Requirements - Buildings and Facilities.

03.10 Building Service Requirements

GENERAL

In addition to topics addressed below, project staff may also refer to:

- Part E of these Guidelines - Building Services and Environmental Design;
- TS11 - Engineering Services and Sustainable Development Guidelines; and
- WA Health Facility Guidelines for Engineering Services.

AIR HANDLING SYSTEMS

The temperature of the Admissions Unit should be maintained within a comfortable range as per Part E of these Guidelines - Building Services and Environmental Design, and jurisdiction performance specification documents such as NSW Health TS11 Engineering Services, Sustainable Development Guidelines and WA Health Facility Guidelines for Engineering Services.

INFORMATION TECHNOLOGY & COMMUNICATIONS

Admissions Unit

The following is generally required in the Admissions Unit:

- duress alarm system;
- voice /data (telephone and computers);

- Patient Administration System (PAS) / Information Patient Management System (IPMS) / Hospital Information System (HIS); and
- infrastructure for electronic medical records (optional).

Pre-admission Unit

The following is generally required in Pre-admission Clinics:

- duress alarm system;
- voice / data (telephone and computers);
- Patient Administration System (PAS) /Information Patient Management System (IPMS) / Hospital Information System (HIS);
- infrastructure for electronic medical records (optional); and
- access to a PACS system (if relevant).

EMERGENCY/NURSE CALL

All clinical areas including, toilets and bathrooms, should have access to an emergency call facility so staff or patients can call for urgent assistance. The Nurse Call / Emergency Call System are to comply with AS 3811.

DURESS ALARM SYSTEM

Refer to Part C of these Guidelines.

All reception points, patient treatment areas and any other area where a staff member is alone with a patient will require access to a discreet duress alarm system.

04 COMPONENTS OF THE UNIT

04.01 Standard Components

Rooms / spaces are defined as:

- *standard components* (SC) which refer to rooms / spaces for which room data sheets, room layout sheets (drawings) and textual description have been developed;
- *standard components – derived rooms* are rooms, based on a SC but they vary in size. In these instances, the standard component will form the broad room 'brief' and room size and contents will be scaled to meet the service requirement;
- *non-standard components* which are unique rooms that are usually service-specific and not common.

The standard component types are listed in the attached Schedule of Accommodation.

The current Standard Components can be found at: www.healthfacilityguidelines.com.au/standard-components

04.02 Non-Standard Components

CASHIER

Description and Function

Secured area for payment transactions. This area generally includes an office or workstation and a secure serving counter. The size may vary according to the number of personnel to be accommodated.

Location and Relationships

The Cashier should be located close to the Main Entrance with ready access to public amenities.

Considerations

The Cashier's area requires security provisions, such as high counters, security glazing, safe, CCTV and duress alarms.

Provisions for electronic funds payments and transfers should also be available.

AX APPENDICES

AX.01 Schedule of Accommodation

INTRODUCTION

The content and size of both the Admissions Unit and a Pre-admission Clinic is heavily dependent on its location, servcies provided, throughput and operational policies.

A generic Schedule of Accommodation is provided that lists generic spaces that may be combined to form both an Admissions Unit and Pre-admission Clinic (if relevant).

Note that toilet numbers and space requirements will be subject to Building Code of Australia and AS 1428 part 1 and 2. The requirements below are a guide only.

The ‘Room/ Space’ column describes each room or space within the Unit. Some rooms are identified as ‘Standard Components’ (SC) or as having a corresponding room which can be derived from a SC. These rooms are described as ‘Standard Components –Derived’ (SC-D). The ‘SD/SD-C’ column identifies these rooms and relevant room codes and names are provided.

All other rooms are non-standard and will need to be briefed using relevant functional and operational information provided in this HPU.

In some cases, Room/ Spaces are described as ‘Optional' or ‘o’. Inclusion of this Room/ Space will be dependent on a range of factors such as operational policies or clinical services planning.

ADMISSIONS UNIT

AusHFG Room Code	Room / Space	SC / SC-D	Qty	m2	Remarks
BMEQ-6	Bay - Mobile Equipment, 6m2	Y	1	6	For wheelchairs, may be accommodated in Main Entrance Area
BS-1	Bay - Storage, 1m2	Y	1	1	with Cashier's safe
	Cashier		1	9	Optional
	Cubicle - Interview		2	5	For one-on-one discussions/ interviews
INTF	Interview Room	Y	1	12	Optional, dependant on Operational Policies
OFF-S9	Office - Single Person, 9m2	Y	1	9	Unit Manager
	Office - Workstation, 5.5m2		1	5.5	
RECL-10	Reception / Clerical, 10m2	Y	1	10	Space for up to two staff
STFS-10	Store - Files, 10m2	Y	1	10	For storage of records
STPP	Store - Patient Property	Y	1	8	
STPS-8	Store - Photocopy / Stationery, 8m2	Y	1	8	Optional
WAIT-20	Waiting	Y	1	25	May be shared with Main Reception in smaller Helath Facilties; actual size will be determined by the size of the Unit and the projected number of people waiting st any one time; allow 1.5 m2 per person/chair.
WCAC	Toilet - Accessible, 6m2	Y	1	6	Optional, may share with another co-located HPU
WCPU-3	Toilet - Public, 3m2	Y	2	3	Optional, may share with another co-located HPU

ENTRY / RECEPTION AREAS

AusHFG Room Code	Room / Space	SC / SC-D	Qty	m2	Remarks
RECL-10	Reception / Clerical, 10m2	Y	1	10	Space for up to 2 staff
WAIT-20	Waiting, 20m2	Y	1	20	May be shared with Main Reception in smaller Helath Facilties; actual size will be determined by the size of the Unit and the projected number of people waiting st any one time; allow 1.5 m2 per person/chair.

GENERAL PATIENT AREAS

AusHFG Room Code	Room / Space	SC / SC-D	Qty	m2	Remarks
INTF	Interview Room	Y	2	12	Optional dependent on operational policies. Number dependant on size of clinic
CONS	Consult Room	Y	2	12	For anaesthetists, nurse specialists and allied health professionals. Number dependant on size of clinic. If ECGs are to be performedin the consult rooms, then the rooms will require space for equipment to be stored and used.
WCPT	Toilet - Patient, 4m2	Y	1	4	

CLINICAL PATIENT AREAS

AusHFG Room Code	Room / Space	SC / SC-D	Qty	m2	Remarks
CHPT-D	Change Cubicle - Accessible	Y	1	4	Optional, quantity dependent on size of clinic
TRMT	Treatment Room	Y	1	14	

STAFF AREAS

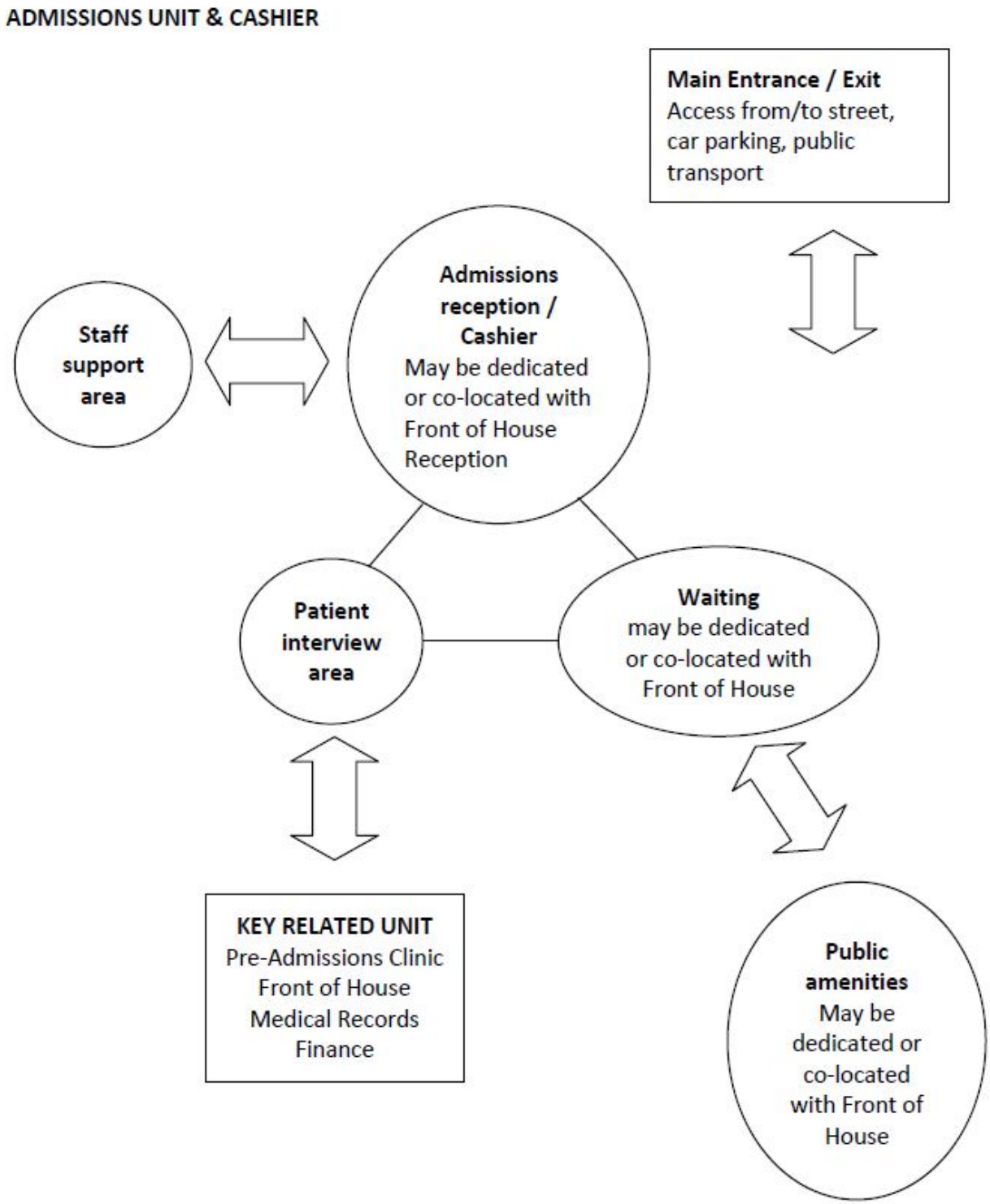
AusHFG Room Code	Room / Space	SC / SC-D	Qty	m2	Remarks
OFF-3P	Office - 3 Person Shared, 15m2	Y	1	15	For visiting professionals write-up room
	Office - Workstation, 5.5m2		2	5.5	
PROP-2	Property Bay - Staff	Y	1	2	
SRM-15	Staff Room, 15m2	Y	1	15	Optional; includes Beverage Bay. Actual size of staff room will vary depending on the number of staff who access it and whether shared with another HPU.
STEQ-14	Store - Equipment, 14m2	Y	1	14	
STFS-10	Store - Files, 10m2	Y	1	10	
STPS-8	Store - Photocopy / Stationery, 8m2	Y	1	8	Optional
WCST	Toilet - Staff, 3m2	Y	1	3	

CLINICAL SUPPORT AREAS

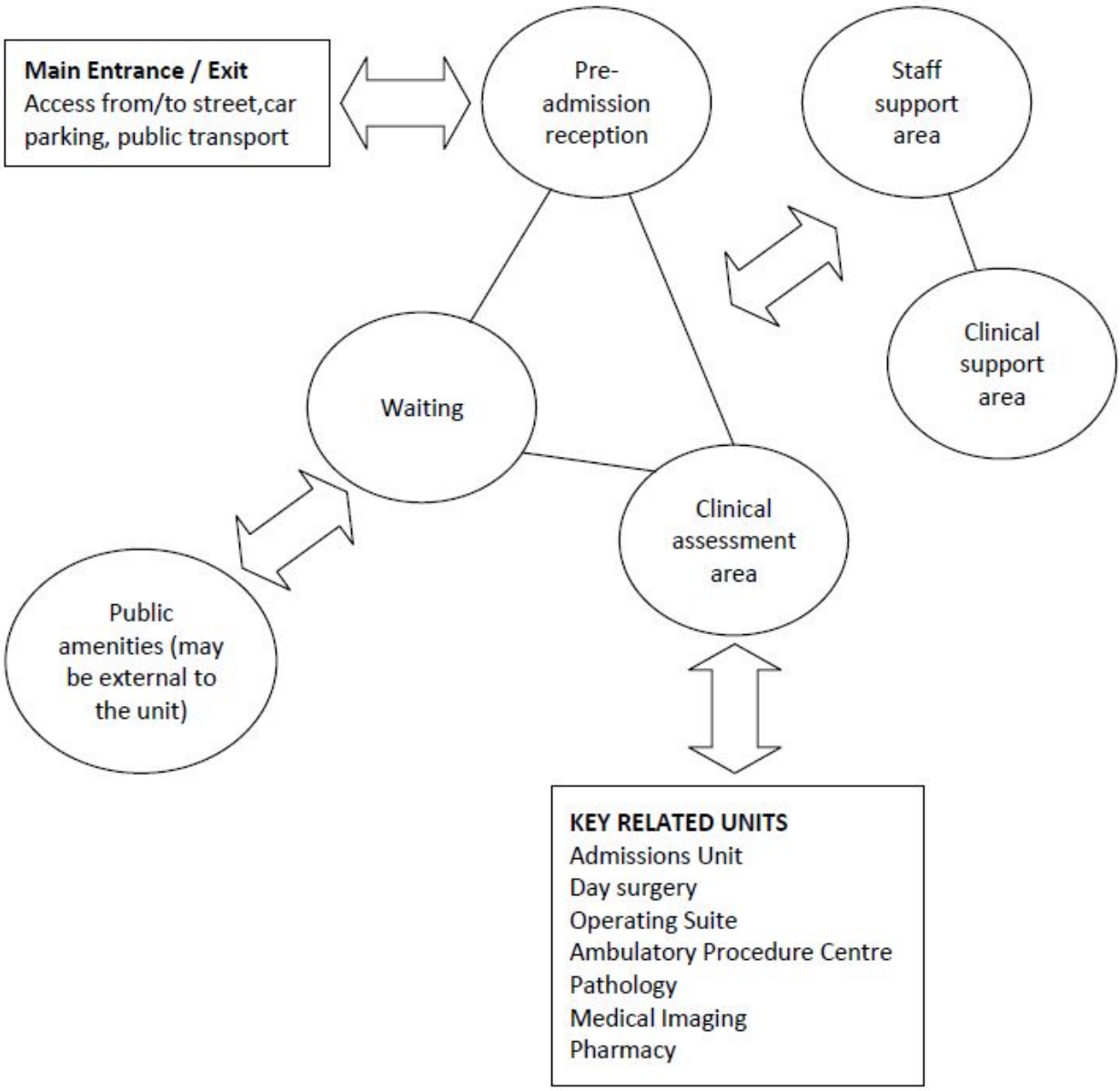
AusHFG Room Code	Room / Space	SC / SC-D	Qty	m2	Remarks
BLIN	Bay - Linen	Y	1	2	
CLRM-5	Cleaner's Room, 5m2	Y	1	5	
CLUR-12	Clean Utility / Medication Room	Y	1	12	
DTUR-10	Dirty Utility, 10m2	Y	1	10	

AX.02 Functional Relationships / Diagrams

The following diagrams set out the relationships between zones in the Admissions Unit and Pre Admissions Unit.



PRE ADMISSIONS UNIT (CLINICAL ASSESSMENT)



AX.03 Checklists

Refer to the Planning Checklists at the ends of Parts A, B, C and D of these Guidelines.

AX.04 References

GENERAL, CODES AND STANDARDS

- Commonwealth Disability Discrimination Act 1992
- Australian Building Codes Board - Building Code of Australia, 2008. Standards Australia, Australian Standard 4806: Closed Circuit Television (CCTV).

- Standards Australia, Australian Standard 4485: Security for Healthcare Facilities.

LEGISLATION AND POLICY - NEW SOUTH WALES

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- NSW OH&S Act 2000 & OH&S regulation 2001
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- NSW Health Policy PD2007- 036 - Infection Control Policy, 2007.
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- NSW Health Policy PD2006 - 380 - Patient Identification - Correct Patient, Correct Procedure and Correct Site Policy, January 2006.
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- NSW Health Policy PD2005 - 409 - Workplace Health and Safety: Policy and Better Practice Guide, 2005.
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- Queensland Health - OHSMS 2-24#21 - Fire Safety Implementation Standard.
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- Queensland Health Work Place and Office Accommodation Policy and Guidelines.
- Queensland Health Admitted Patient Data Collection Manual.
- Queensland Health Financial Management Practice Manual (Cashier finance policy).
- Queensland Government Information Standard 42A (Privacy).

LEGISLATION AND POLICY - SOUTH AUSTRALIA

- South Australia - Occupational Health, Safety & Welfare Act 1986 and Regulations 1995.
- South Australia Infection Control Guidelines, 2007.

LEGISLATION AND POLICY - WESTERN AUSTRALIA

- WA Disability Services Act 1993.
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