

Pond, Aleks (Health)

From: Burch, Brad (Health)
Sent: Monday, 4 February 2019 10:30 AM
To: Catanzariti, John
Cc: Culver, Jakob (Health); Gray, Sophie; Basic, Babita; Building Health Services Program
Subject: RE: TCH SPIRE - Authority to conduct search for environmental TTW_189105 [SEC=UNCLASSIFIED]
Attachments: Authority to Conduct Information Search Signed.pdf

UNCLASSIFIED

Hi John – see attached signed authority.

Thanks

Brad Burch | Executive Branch Manager, Strategic Infrastructure

Strategic Infrastructure and Procurement

Corporate Services

☎ (02) 5124 9719 or [REDACTED] | 📧 brad.burch@act.gov.au



ACT
Government

ACT Health

From: Catanzariti, John
Sent: Monday, 4 February 2019 9:42 AM
To: Burch, Brad (Health) <Brad.Burch@act.gov.au>
Cc: Culver, Jakob (Health) <Jakob.J.Culver@act.gov.au>; Gray, Sophie <Sophie.Gray@act.gov.au>; Basic, Babita <Babita.Basic@act.gov.au>
Subject: FW: TCH SPIRE - Authority to conduct search for environmental TTW_189105 [SEC=UNCLASSIFIED]

Brad,

Can you please provide authority for Douglas Partners (through STH) to undertake an audit of existing environmental assessments as per the email below and attached document.

Thanks,
 John

From: [REDACTED]
Sent: Friday, 1 February 2019 1:39 PM
To: Catanzariti, John <John.Catanzariti@act.gov.au>
Cc: Basic, Babita <Babita.Basic@act.gov.au>; [REDACTED]

Subject: FW: TCH SPIRE - Authority to conduct search for environmental TTW_189105

Good afternoon John,

We are seeking to conduct a desk top audit of existing environmental assessments carried out on the TCH campus and in order to obtain this information, we will require client authority to do so. Could you please forward this to the appropriate person who can provide this authorisation and return on this email.

Many thanks

Associate



SILVER THOMAS HANLEY
 PELACO COMPLEX
 BUILDING 3, LEVEL 2
 21-31 GOODWOOD ST
 (PO BOX 550)
 RICHMOND 3121
 VIC, AUSTRALIA

T: [REDACTED]
 F: [REDACTED]
 E: [REDACTED]
 W: sth.com.au

From: [REDACTED]
Sent: Friday, 25 January 2019 2:28 PM
To: [REDACTED]
Cc: [REDACTED]
Subject: TCH SPIRE - Authority to conduct search for environmental TTW_189105

Gents,

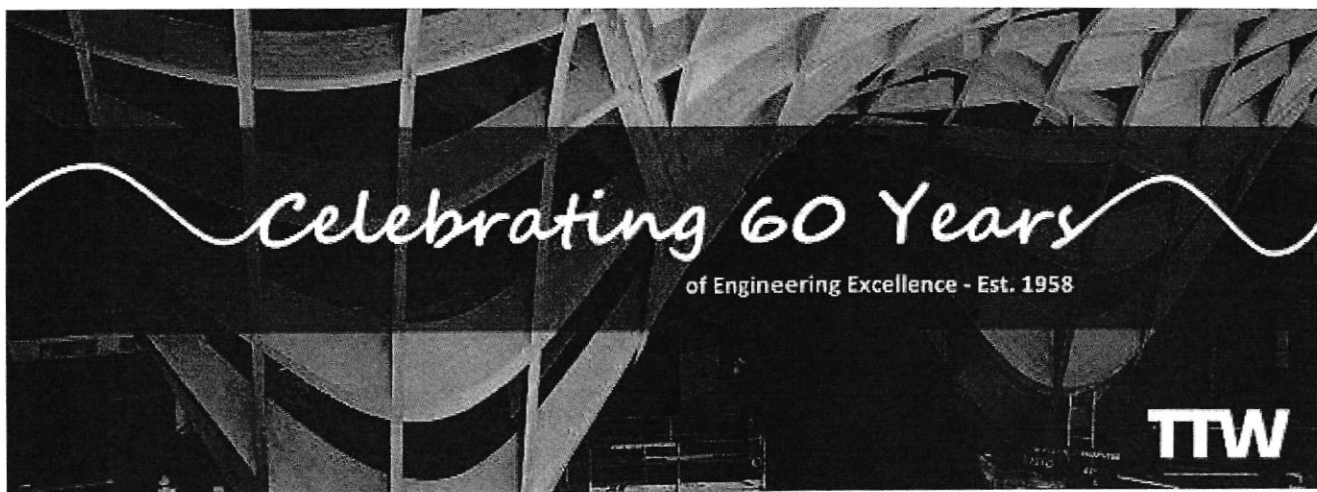
Please see below. Our Environmental engineer requires the client's authority to conduct searches relevant to the environmental assessment of the site. Could you please arrange for the client Rep to sign the attached and return at your earliest convenience?

Kind Regards

Director

ttw.com.au |

103 Tennant Street, Fyshwick ACT 2609



From: [REDACTED]
Sent: Friday, 25 January 2019 2:15 PM
To: [REDACTED]
Subject: Garran PSI - Canberra Hospital

Good afternoon [REDACTED]

I've just sent through the authority to conduct information search to you for the Garran PSI. Could you please have to site owner/custodian sign it and then send it back to me so we can proceed with the PSI searches.

Thanks.

Hope you have a good long weekend!

Kind regards,

Environmental Scientist
Douglas Partners Pty Ltd | ABN 75 053 980 117 | www.douglaspartners.com.au
Unit 2 73 Sheppard Street Hume ACT 2620 | PO Box 1487 Fyshwick ACT 2609

FINANCIAL REVIEW

CLIENT CHOICE AWARDS 2018

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AUTHORITY TO CONDUCT INFORMATION SEARCH

To	Douglas Partners Pty Ltd
Attention	
Fax	
Email	

I hereby give Douglas Partners Pty Ltd, and its authorised representatives, approval to obtain an information search on my property as described below:

Address	SPIRE - The Canberra Hospital, Garran
Company or Name	ACT Health Directorate
ABN	164 611 475 09
Address	4 Bowes Street, Phillip ACT 2606
Phone	(02) 5124 9719
Fax	
Email	Brad.burch@act.gov.au

Authorised by	Brad Burch, acting Executive Branch Manager - Strategic Infrastructure
Signature	
Date	4 February 2019

Pond, Aleks (Health)

From: Mitchell, Imogen (Health)
Sent: Monday, 4 February 2019 2:42 PM
To: Burch, Brad (Health)
Cc: DDGCorporate
Subject: RE: ACT Health Correspondence | Surgical Procedures Interventional Radiology and Emergency Centre - Planning and Engagement

Dear Brad

Ms Doran has suggested I respond to you in regards as to the ANU Medical School representatives for the SPIRE decanting working party, the ANU Medical School representatives would be:

Professor Zsuzsoka Kecskes (Deputy Dean) (Zsuzsoka.kecskes@act.gov.au)

Mr Tim Borough (Operations Manager) (tim.borough@anu.edu.au)

Ms Lyndall Thorn (Clinical Skills Manager) (Lyndall.thorn@anu.edu.au)

Please let me know if you are comfortable with three people.

With best wishes

Imogen

Professor Imogen Mitchell

Director, ANU Medical School

T: [REDACTED]

Tw: IA_Mitchell

From: Hayne, Casey (Health)
Sent: 31 January 2019 15:42
To: Mitchell, Imogen (Health)
Cc: DDGCorporate
Subject: ACT Health Correspondence | Surgical Procedures Interventional Radiology and Emergency Centre - Planning and Engagement

Dear Dr Mitchell

Please find attached correspondence from Karen Doran, Deputy Director-General, Corporate.

Best regards,

Casey Hayne

./g Executive Assistant to Karen Doran, Deputy Director-General, Corporate | ACT Health Directorate

P: (02) 5124 9190 | E: casey.hayne@act.gov.au | DDGCorporate@act.gov.au | A: 2-6 Bowes Street PHILLIP ACT 2606



Care ▲ Excellence ▲ Collaboration ▲ Integrity

Attwood, Courtney (Health)

From: Culver, Jakob (Health)
Sent: Monday, 4 February 2019 6:30 PM
To: Burch, Brad (Health)
Subject: HPU and MoC [DLM=For-Official-Use-Only]
Attachments: Perioperative and Intervent HPU_V.06 October 2018.docx; Perioperative and Interventional Centre MoC v0.5 20181008.docx

Jakob J Culver

Commercial Advisor | Strategic Infrastructure, Corporate Services | ACT Health Directorate
P: +61 2 5124 9707 | M: [REDACTED] | E: Jakob.J.Culver@act.gov.au | A: 2-6 Bowes Street PHILLIP ACT 2606



HEALTH PLANNING UNIT BRIEF

PERIOPERATIVE & INTERVENTIONAL CENTRE

Health Planning Unit Brief – Perioperative & Interventional Centre v0.6

Approvals

Name	Position	Signature	Date
	A/g Executive Director, Surgery & Oral Health Division		
	Deputy Director General, Canberra Hospital and Health Services		
	For Information - Executive Sponsor, Chief of Clinical Operations, ACT Health		

Outstanding issues

Subject	Issue
Surgical Booking office	Proposed Territory-wide Surgical Bookings office. Decision and location to be determined.
Data analysis required	Further analysis to confirm number of types of Operating Rooms and PACU numbers.
Confirm number of PACU bays	37 bays allocated. AusHFG recommendation 1.5 bays per OR, plus 1 bay per Interventional suite, plus 1 bay per hybrid room, + 1 bay per non periop outliers. 20 OR's (30bays) + 4 Interventional (4 bays), plus 2 hybrid + 1 non periop outliers = 37 bays
Number and type of OR/IR	The composition to be confirmed following the completion of the Specialty Service Plans (SSP) relating to Surgery.
Allocation of 6 OR's to WY&C	To be confirmed once the SSP for Maternity, Gynaecology and Paediatric are completed to inform service requirements.
Workforce	Workforce recurrent costs have not been included in the document. This will be provided in the detailed Business Case. Staff profiles are subject to review by Workforce Policy and Planning Unit.
Blood product management	Confirmation of electronic systems in place for the Blood Bank services.
Diagnostic Imaging stakeholder engagement	Consultation with Diagnostic Imaging clinical stakeholders remains outstanding.

Document version history

Rev No	Issue Date	Issued By	Issued To	Reason for Issue
Draft v0.1	16/4/18	Capital Insight	ACT Health	Draft for review
Draft v0.2	23/4/18	Capital Insight	ACT Health	Draft for review
Draft v0.3	24/4/18	ACT Health	Capital Insight	Client feedback
Draft v0.4	1/5/18	Capital Insight	ACT Health	Final Draft
Draft v0.5	24/5/18	HSPU	ACT Health	Final draft for review
Draft v0.6	08/10/18	HSPU	BHSP	For progression to Design Consultant for proof of concept

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1. Introduction

In September 2016, ACT Government announced the construction of a Surgical Procedures, Interventional Radiology and Emergency (SPIRE) Centre to be built at Canberra Hospital (CH). This infrastructure project is part of the ACT Government's 10-Year Health Plan and is in response to the increasing demand on ACT hospitals and health services across the territory.

The ACT Government 2017 Budget provided funding for the first stages of the SPIRE project which includes planning and the commencement of design. A Health Planning Unit (HPU) Brief is a planning document that defines the activities and functions to be undertaken within a unit/ service. This HPU Brief has been developed as part of the SPIRE planning component and articulates the operational requirements, functionalities and relationships for which the prospective design consultant can develop a suitable design response.

This HPU brief describes the perioperative facilities to be provided in SPIRE for the management of Surgical Booking and Preadmission Clinic facilities for elective surgery patients will be provided in the ambulatory care building and are not included in this brief.

2. Description of the Service

The Perioperative service provided at CH includes preoperative care, intraoperative treatment, and postoperative support for the management of Day Only (DO) patients, DoSA (Day of Surgery Admission) elective surgery patients, inpatients, or emergency patients in an operating room environment.

2.1. Surgery types

The tertiary perioperative services provided at the CH include:

- cardio-thoracic
- dental
- ear, nose and throat (ENT)
- general
- gynaecology
- neurosurgery
- obstetrics
- oral-maxillary-facial
- organ retrieval
- orthopaedics
- ophthalmology
- paediatrics
- plastics
- trauma
- urology
- vascular.

Capacity will be required in the operating rooms/suites to undertake emergency endoscopy procedures and elective endoscopy and urology procedures requiring anaesthetic support in a major theatre environment due to the risk profile of the patient (e.g. patients with bariatric conditions, patients with multiple comorbidities and paediatric patients).

Low complex endoscopy, bronchoscopy services will continue to be provided in a "Gastroenterology" Endoscopy Procedure Suite external to Perioperative Services.

Separate HPU briefs have been prepared for:

Health Planning Unit Brief – Perioperative & Interventional Centre v0.6

- Sterilising Services Department (SSD)
- Diagnostic Imaging, excluding Interventional Radiology
- Interventional Cardiology Laboratory (ICL)
- Procedure rooms (endoscopy & bronchoscopy).

3. Scope of service

The Perioperative service will continue to provide a level 6 role delineation service and will be comprised of:

- Day of surgery admissions
- Operating Theatres (general digital robotics)
- Interventional suites
- Hybrid operating suites
- Post Anaesthetic Care Unit
- Day surgery
- Extended Day Surgery
- Discharge Lounge
- Support Services (including technician support areas, office accommodation).

Services requiring or potentially requiring an anaesthetic intervention and post-anaesthetic/procedural support to be co-located e.g. hybrid and interventional suites. This is to eliminate duplication of specialised equipment, to utilise skilled staff effectively, and to promote improved patient care.

The scope of perioperative services covered by this brief is outlined in Table 1.

Table 1: Current and future perioperative Functional Planning Unit (FPU)

Core Service Areas	Current	Future	Comments
	L3 Bld12	SPiRE	
Preoperative Spaces			
Waiting (external pre clerical admission)	30	54	Currently used for pre-op overflow.
Preoperative patient cabins/bays	2	26	AusHFG: 1 per OR
Interview/consult rooms	4	3	Pt consults to occur in preop bays
Preoperative seating (internal post clerical admission)	40	0	See above
Bedrooms	0	3	Infectious, custodial, special needs, shared with post op
Holding bays – ready for surgery/procedure	4	26	At entry to 'pod' or suite
Intraoperative Spaces			
General digital robotic Operating Rooms	13	20	Complex/high volume short stay Emergency/elective
General digital robotic anaesthetic induction room	12	20	Complex/high volume short stay Emergency/elective
Hybrid Suites	0	2	Combined open, minimally invasive, image-guided and/or catheter-based procedures
Hybrid suite anaesthetic induction room	0	2	

Core Service Areas	Current	Future	Comments
Interventional Suites	0	4	Image guidance to support diagnosis and surgical treatment
Interventional suite anaesthetic induction	0	4	
Postoperative Spaces			
PACU bays Stage 1	18	80	AusHFG: 1.5 bays per OR + 1 bay per interventional suite & hybrid suite + capacity to accommodate demand for services from outlying anaesthetic provision
DSU Post-operative bed bays- Stage 2	Utilises EDSU bed bays	93	Day Surgery Unit (DSU) – preoperative and postoperative, including designated areas for paediatrics, obstetrics, and miscarrying gynaecology patients. AusHFG: 3 per OR, 2 per hybrid, 2 per interventional + 3 additional 'ready to go'
EDSU	14 12 funded	78	AusHFG: 3 bays per OR
EDSU bedroom	0	4	Infectious, custodial, special needs, shared with pre-op
Discharge Lounge	0	78	AusHFG: 26 Rooms at 9m2 (3m2 x3 chairs per room) = 78 recliner chair spaces (assumes not all procedures will be require use of Discharge Lounge).

3.1.1. General digital robotic operating rooms

The SPIRE perioperative service will include visual and digital information operating rooms with robotic capability. These rooms provide the integration necessary to support minimally invasive and image guided surgery. Video integration can also occur outside of the theatre with the transfer of streamed video from instrumentation or cameras to an external location such as a training room or device.

The general digital robotic theatres will include provision for robotic surgery, 3D printing, mobile robot arms and tactile feel technology systems.

The operating rooms will be organised in pods of 4. Within these pods surgical specialties will be collocated. For example, the orthopaedic ORs will be grouped to utilise specialty operating theatre requirements, such as the laminar flow operating theatre used for implant surgery.

Robotics

Robotics used in surgery is similar to laparoscopic surgery facilitating the use of minimally invasive techniques. Robotics offer greater precision and control than is possible with conventional techniques.

Operating rooms with robotics capability require additional space to house extra equipment as well as accommodate more staff who are present during a procedure.

3.1.2. Hybrid operating suites

The Hybrid operating suites will have robotic capability and fixed imaging platforms designed to support multi-disciplinary teams in delivering real-time intraoperative guidance for complex open and minimally invasive surgery. Examples include transcatheter aortic valve replacement, simultaneous Coronary Artery By-pass Grafting (CABG) and abdominal aortic endovascular aneurysm repair, simultaneous carotid endarterectomy and carotid stenting.

Initially it is expected that hybrid theatre activity will be focussed in the following four surgery specialties:

- Interventional Neurology
 - digital angiography is used for neurovascular surgery and spinal surgery
 - CT scan or MRI scan is applied in brain tumour surgery
- Neurosurgery/Orthopaedic surgery - the O-arm system is specifically used in spinal surgery
- Vascular
- Cardiothoracic.

Use of hybrid theatre techniques is evolving rapidly. Other areas where hybrid surgery techniques could expand in the medium term include orthopaedics and trauma.

3.1.3. Interventional operating suites

Interventional suites will have robotic capability, MRI, interactive imaging, 3D modelling, and navigational image guidance to support tightly coupled diagnosis and surgical treatment. These tools enable a surgeon to navigate and execute procedures with full knowledge of the surrounding anatomy. Examples of procedures include laparoscopic assisted pancreatic necrosectomy, endoscopic sinus surgery, spinal surgery, interstitial laser treatment for brain tumours, cryoablation for metastatic colorectal cancer, and MRI-guided prostate brachytherapy treatment with computer control.

An integrated and co-located interventional suite creates an environment where all interventional procedures requiring anaesthetic support can be provided from one hospital location.

3.1.4. Post Anaesthetic Care Unit (PACU)

The Post Anaesthetic Care Unit (PACU), operated by specialist nursing staff, is responsible for the management of patients' immediate post-procedural period.

The SPIRE perioperative service will include Stage 1 Recovery, and Stage 2 Recovery Areas.

- Stage 1 Recovery:
 - a service that accommodates unconscious patients who require constant observation and monitoring
 - with a one-to-one patient nurse ratio
 - open planned bays are provided that can be observed from a staff station.
- Stage 2 Recovery:
 - accommodates patients who have regained consciousness after an anaesthetic however require further observation
 - patients who have undergone procedures with local or sedation anaesthetic who may require less supervision than Stage 1 Recovery.
 - post-operative obstetric patient needs including facilitating breast feeding as per the breast feeding-friendly hospital policy.

3.1.5. Day Surgery Unit (DSU)

The Day Surgery Unit will be a flexible area integrated into Perioperative Services where patients can have their entire episode of care within the perioperative environment and be discharged on the day of surgery. It will provide facilities to support the post-operative care of patients undergoing a range of surgical procedures.

3.1.6. Extended Day Surgery Unit (EDSU)

The SPIRE perioperative service will include a 23 Hour Extended Day Surgery Unit. It will be a flexible area where patients can have their entire episode of care within the perioperative environment and

be discharged as per criteria. Bed allocation will be for patients who meet the 23 Hour Extended Day Surgery Unit criteria and do not require admission to an Inpatient Unit as they are discharged within 23 hours post op surgery/procedure.

3.1.7. Discharge Lounge

The discharge lounge provides comfortable chairs for patients who are awake and waiting for a medical discharge, medication, instructions etc. The patient may eat and drink in this area.

3.1.8. Support Services

Support Services are a requirement within the perioperative service. Support Services will include:

- Central Sterilising Services Department (CSSD)
- Clinical/Biomedical Engineering
- Pathology
- Medical Imaging
- Body Viewing Room
- Waste Management
- Cleaning Services
- Hospital Assistant services
- Wards Persons services
- Sterile Stock Rooms
- General stock rooms
- Prosthetic and implant consignment management facilities
- Medication Stock Rooms – Automatic dispensing machines
- Equipment Store Rooms
- Technology garaging facilities
- 3D implant printing facilities
- Administration Staff services
- Anaesthetic Department
- Medical Physics & Radiation Engineering
- Clinical education resources
- Bone and Tissue Bank.

4. Model of care summary

The key principles that underpin the Model of Care (MoC) for Perioperative Services are outlined in the following SPIRE Project Perioperative Services principles and assumptions:

- the perioperative service will comprise of three separate functional zones i.e. general digital robotic operating room suite; hybrid suite, interventional suite.
 - the general digital robotic operating room suite will comprise of operating rooms for general digital robotic surgery, anaesthetics, and shared Admissions, Holding Bay, PACU (Stage 1 and Stage 2) and Support Services.
 - the hybrid suite will comprise of digital robotic operating rooms, and fixed imaging platforms designed to support multi-disciplinary teams in delivering real time intraoperative image guidance, anaesthetics, and shared Admissions, Holding Bay, PACU (Stage 1 and Stage 2) and Support Services
 - the Interventional Suite will comprise of integrated operating rooms designed to facilitate the use of robotic capability, MRI, interactive imaging, 3D modelling, and navigational image guidance to support tightly coupled diagnosis and surgical treatment and the interaction of

multidisciplinary clinical care teams, shared Admissions, Holding Bay, PACU (Stage 1 and 2 Recovery) and Support Services.

- the SPIRE perioperative service will provide for planned Day of Surgery Admission, Day of Procedure Admission, unplanned emergency surgery/procedure and elective surgery/procedure. The majority of patients presenting at the SPIRE perioperative service will have been managed in preadmission clinics located in an Ambulatory Care setting. All Zones (see dot point 1 above) will be responsible for the clinical management of their patients within the perioperative service. All zones will be staffed with specialty staff.
- the SPIRE perioperative service will provide standardised layout of rooms for all general digital robotic operating rooms, interventional suites, and hybrid suites as well as Post Anaesthetic Care Unit (Stage 1 & 2 Recovery), Day Surgery Unit, Extended Day Surgery Unit and Discharge Lounge where possible. This will facilitate familiarity to staff.
- all perioperative services will be co-located
- the Post Anaesthetic Care Unit (PACU) will require flexible use of Stage 1 and Stage 2 Recovery, as well as DSU/EDSU and a Discharge Lounge due to the high volume turnover of some ORs.
- ambulant and non-ambulant patients will be admitted via separate entrances to facilitate patient flow through the unit
- Day Surgery, Extended Day Surgery and Discharge Lounge facilities will be shared by the operating room suite, the hybrid suite and the interventional suite.
- the suites will be a security controlled environment to provide facilities for non-elective, emergency surgery, and elective planned surgery. Emergency non-elective patients will be booked via the team leader of the required procedure/surgery zone.

4.1.1. Patient flow

The proposed patient flow is summarised as follows:

- on the day of surgery, all elective/planned admissions will present to the DoSA for clerical admission.
- following registration, patients undergo nursing and anaesthetic assessment where required, and don surgical gowns for their procedure in the DoSA preoperative area
- within the DoSA there will be separate streams and holding/recovery areas for paediatric/youth, obstetric, and miscarrying gynaecology patients, to optimise flow and the patient experience
- DoSA patients will proceed from the DoSA preoperative area to a "ready for procedure" holding area at the entry to the pod where the procedure will be undertaken
- inpatients and emergency patients will be transferred directly to the relevant holding area from the inpatient unit or Emergency Department (ED)
- patients are transferred to the anaesthetic bays for further assessment and anaesthetic interventions whilst the operating room is cleaned and prepared for their care
- patients are transferred into the operating room for their procedure
- patients who have had a general anaesthetic or sedation will be transferred to the designated PACU area (paediatric/youth, obstetrics and miscarrying gynaecology patients, general) following their procedure for observation and monitoring until they regain consciousness and are stabilised post procedure; a cohort of acutely unwell patients or those already expecting immediate admission to ICU will bypass the PACU and go directly to Intensive Care Unit (ICU)
- on regaining consciousness and post-surgery clinical stability:
 - inpatients will be transferred to an inpatient unit including obstetrics and miscarrying gynaecology patients requiring an extended recovery (>4 hours)
 - patients requiring high dependency will be transferred to the ICU

- Day surgery unit (DSU) patients will be transferred to the designated DSU postoperative area (paediatric <4 hours only/youth, obstetrics and miscarrying gynaecology <4 hours, general) DSU postoperative area - stage 2 and stage 3 (discharge)
- Paediatric patients <16 years requiring >4 hours recovery (or a stay beyond 2100 hours) will be transferred to the Paediatric DSU or an inpatient unit
- Extended Day surgery Unit (EDSU) patients will be transferred to the EDSU and discharged within 23 hours.
- patients who have undergone procedures with local anaesthetic or light sedation will:
 - transfer to the inpatient unit if they are an inpatient after assessment in PACU
 - transfer to the designated DSU postoperative area (paediatric, obstetrics and miscarrying gynaecology, general) - stage 2 and stage 3 (discharge) if they are a DO patient
 - transfer to the EDSU if their stay is expected to be more than 23hrs.
- emergency surgery/procedures for neonates will continue to be undertaken in the Neonatal Intensive Care Unit (NICU).

4.1.2. Work flow

- overall staff workflows are guided by the patient pathways through perioperative services. Perioperative services involve a wide-ranging number of specialised staff.
- A perioperative management structure supports efficient and effective fiscal, human resource, and materials management practices for both elective and emergency streams. This includes utilisation of an Operating Room and Anaesthetic Management System.
- Information management unit staff support the provision of sound data for planning and analysis.

Variations to workflow and process: the impact of procedure type

- The category of operating room and surgical subspecialty required varies in the intraoperative phase according to a range of characteristics, including:
- the body part involved and procedural complexity e.g. simple day procedures (e.g. closed reduction of a fractured bone) compared to a more complex operating room procedure (e.g. hip replacement)
- the degree of invasiveness and associated procedural techniques e.g. minimally invasive techniques using endoscopy, open surgery
- equipment needed e.g. lasers, hybrid theatre imaging equipment, robotic surgery
- number of surgeons or other proceduralist involved, which can vary from one to several for a complex trauma or organ retrieval case.
- The procedural characteristics determine the numbers of anaesthetic, nursing and technical staff together with non-clinical staff in the intraoperative phase e.g. more wardspersons are required to assist with patient movement in multi trauma surgical cases.

4.1.3. Workforce

Projected staff profiles will be developed to inform this stage of planning and will be subject to adjustment both in numbers and classification as better clarity is gained around MoCs/service delivery models. The staffing profile is required to develop the Schedule of Accommodation only (e.g. offices, staff stations and receptions). Staff profiles are subject to review by Workforce Policy and Planning. Future workforce requirements will be determined using relevant College standards e.g. Australian College Operating Room Nursing (ACORN) Standards for Perioperative Nursing.

5. Policies impacting on the built environment

The department design, configuration and functionality must comply with all relevant and applicable standards, building codes and regulations.

The Perioperative Service and associated general digital robotic operating, interventional, and hybrid suites will adhere to the relevant design and space standards outlined in the *Australasian Health Facility Guidelines (AusHFG) Part B – Health Facility Briefing and Planning*

Key guidelines and policies include:

- ACT Health Infection Control policies and procedures
- Australian and New Zealand College of Anaesthetists (ANZCA)
- Royal Australian and New Zealand College of Radiologists (RANZCR)
- Australian College Operating Room Nursing (ACORN) Standards
- Royal Australian College of Surgeons (RACS), Surgical Education and Training (SET) requirements
- Workcover Design and Handling of Surgical Instrument Transport Cases 2011
- Gastroenterology Society of Australia (GENSA).
- Biomedical College of Engineers Australia

There needs to be capability to address the impact of new and updated policies as they come on line.

6. Operational description and associated design requirements

6.1. Access

6.1.1. Hours of operation

- general digital robotic operating rooms, interventional, and hybrid suites will be routinely staffed Monday to Friday 0730 – 2100 hours
- additional staff will be on 'close call' for emergency surgery from 2100 – 0730 hrs Monday to Friday and on the weekend/public holidays.
- emergency theatres and PACU will be open 24 hours per day, seven days per week

6.1.2. Access to the unit

- the zoned approach to the SPIRE perioperative service will prevent unauthorised access to staff areas of the building
- ambulant and non-ambulant patients will be admitted via separate entrances to facilitate patient flow through the unit
- access required for equipment to be serviced and replaced.

6.2. Description of the service

- a day of surgery/procedures admission model will be in place for all non-inpatient elective/booked surgical patients and identified emergency non-elective patients
- the majority of elective surgical patients will have had an appropriate pre-admission assessment; either at a pre-admission clinic or by telephone, depending on the patient risk profile. Pre-operative preparation will have been documented and consent obtained during the pre-admission process
- emergency surgical patients managed through the Acute Surgical Unit (ASU) or ED and will be received by nursing staff and managed in a holding bay or directly into required Room / Operating Theatre

- visitors such as company representatives will not be permitted to enter the Unit. Visitors will be received in the Manager's office or an adjacent meeting room.

6.2.1. Paediatric, obstetric, and miscarrying gynaecology patients access

- paediatric, obstetric, miscarrying gynaecology patients presenting on day of surgery/procedure will access the DoSA and DSU via separate streams with designated waiting and reception areas
- the paediatric, obstetric and miscarrying gynaecology patient streams will be managed by specialised paediatric and women's health nursing/midwifery staff
- the designated obstetric operating room for obstetric emergencies (Category A) must be accessible in less than 10 minutes (knife to skin within 30 minutes)
- paediatric patients may be accompanied by a parent or guardian in the holding/anaesthetic bay and recovery areas; surgically assisted birthing women may be accompanied by a support person who may also be present in the OR
- private space is required within the PACU for skin to skin contact following a caesarean section.

6.2.2. Family/Carer access

- family members/carers will be given an estimation of procedure time and be asked to return to the DoSA waiting room at that time. The waiting area will include a designated area for family/carers who wish to remain close by
- a quiet room will be provided for use by distressed or grieving families
- family members/carers will be able to join DSU/EDSU patients in the Discharge Lounge
- interview rooms for surgical leads to talk with the families/carers post surgery
- a meeting room will be available in the Discharge Lounge for informing patients and accompanying family/carers about postoperative care following discharge.

6.2.3. Staff access

- staff access into and throughout the Perioperative Service Units, Operating /Interventional Suites will be controlled by a proximity access identification (swipe) card
- all staff working within the Operating Suites will be required to change into work attire on arrival to work
- staff amenities will be provided so that staff can change into appropriate attire and then enter the Operating Suites via restricted circulation.
- separation of public and staff areas.

6.2.4. Amenities for staff

- staff will use the change room facilities serving the Perioperative service and will access lockers for their possessions
- staff toilets will be provided within the units
- staff working on the DSU will have access to locker facilities on the unit
- staff will have internal access to a staff room/lounge located within the unit
- breastfeeding parents will have access to a parent's room in the Hospital.

6.3. Clinical support

6.3.1. Pathology Services, Blood Bank

- blood products will be managed using the Electronic Blood Release System (EBRS)
- blood products will be delivered by courier in accordance with current protocols including the Massive Blood Transfusion protocol
- storage will be required for skull flaps, allogenic bone bank, other tissue e.g. skin grafts with back-to-base-monitoring

- specimens will be collected by procedural staff, a pathology e-order generated and transferred to the Pathology Laboratory by pneumatic tube system, where appropriate
- some specimens (frozen sections) will be examined on-site by the anatomical pathologist in a dedicated area. Planned frozen sections will be co-ordinated to allow pathology staff to be present in the Operating Suite to undertake slide review consideration of specimen management and requirements for storage and transport of specimens
- facilities for the safe decanting of formalin for the preservation of large biological specimens is required.
- the SPIRE perioperative suite will have access to blood gas machines.

6.3.2. Bone and Tissue Bank

- the Bone Bank will require freezer space for the storage of femoral heads and skull flap bone. The room must be able to house two freezers to -80 degrees Celsius. It will need to be located immediate to the operating theatre within the Operating Theatre Suite.
- specialties including orthopaedics and neurosurgery will require access the freezers as well as Bone Bank Staff.
- the tissue bank provides for the storage of (primarily) skin graft tissue under cryogenic conditions
- the room is required to be temperature controlled and alarmed.

6.3.3. Diagnostic imaging

- mobile equipment garaging facilities will be provided adjacent to general digital robotic operating rooms/hybrid/intervention suites for the storage and recharging of mobile equipment and the appropriate storage of protective garments
- all operating rooms will require Information Communication and Technology (ICT) infrastructure to enable the viewing of high resolution Picture Archive and Communications Systems (PACS) images
- additional radiographers and equipment will be required given the increase in radiological requirements associated with the increase in interventional and hybrid procedures.

6.3.4. Robotics and clinical engineering

- garaging facilities will be provided within the hybrid/general digital robotic/interventional suites for the storage and recharging of mobile robotic devices and clinical engineering equipment
- a room for equipment testing and repair is required to meet advances in anaesthetics and perioperative technology. This room will be accessed by clinical engineering staff who require benches for equipment testing. Space is needed for storage of equipment and consumables. This includes space for medical gases and a range of perioperative equipment, including back-up anaesthetic machines. This room will be secure and accessible at all times.
- Hybrid and interventional suites, because of their extensive equipment use, require additional space for a range of technical support staff.

6.3.5. Medication management

- medications will be stored in clean utility/medication rooms designed to house all unit medications and associated consumables in one location including impress drugs, refrigerated drugs, space for sterile manipulation of IV admixtures, electronic prescribing and controlled drug storage
- the electronic medicine management system will interface with the electronic medical record to provide real time electronic medical record updates and alerts
- provision for the installation of automated (medication) dispensing machines (ADMs) is required, including data and power
- locked medication storage will be required in each operating room for S4D (prescription only) and S8 (controlled) drugs.

6.3.6. Infection control

- patients with a known multi-resistant organism (MRO) infection will be transferred straight to the operating/interventional room from the inpatient unit and will not wait in a holding bay
- isolation rooms will be provided in the DoSA, PACU, EDSU and DSU
- ideally isolation rooms will be located between the DSU preoperative and DSU stage 2/3 areas to enable use for preparation and recovery
- clinical handwash basins (Type B) will be provided at the ratio of 1 per 4 holding/recovery bays in DSU, PACU and EDSU
- non-alcohol based hand rub will be provided in all patient care areas and at the entries to the unit.
- negative pressure OR capability
- there must be a flow that supports a known or potentially infectious patient (e.g. tuberculosis patient requiring a bronchoscopy) through the Interventional Suite. This pathway must include 1x Negative Pressure Procedure Room and 1 Class N single room for the recovery of the patient.

6.3.7. Patient transfer

- patients admitted on day of procedure will be transferred to the operating/interventional suites on a day surgery trolley
- DoSA patients to be admitted overnight will be transferred to the inpatient unit on an inpatient bed
- inpatients will be transported by inpatient bed
- bed holding space will be required within the Operating Suites adjacent to each theatre.
- a fully integrated Wards Person call system that ensures Wards Persons are responding to calls appropriately and in a timely manner that will lead to improved patient care and safety. An area is required to provide seating when waiting for calls.

6.3.8. Sterilising Services

Please refer to the Sterilising Services HPU Brief.

6.3.9. Emergency Call

A fully integrated Emergency call system that ensures medical emergencies are responded to appropriately and in a timely manner that will lead to improved patient care and safety alleviating the need of calling for the external Medical Emergency Team (MET) team except for neonatal emergencies.

6.4. Non clinical Support**6.4.1. Information Communication Technology (ICT)**

The Interventional Suite should incorporate a fully integrated ICT system that supports the national E-Health and ACT Health enterprise strategies.

- each operating/interventional room, anaesthetic room, PACU bay, holding area, E/DSU and DoSA bed space and the operational management areas will require immediate access to an Operating Room and Anaesthetic Management System (OR&AMS)
- an integrated Patient Information Management System (PIMS) will be implemented to streamline the tracking of request for admission (RFA) and associated patient management, bookings and scheduling, consumables and equipment
- all operating/interventional rooms will require ICT infrastructure to enable the viewing of high resolution PACS images
- the Hybrid/general digital/robotic/interventional operating rooms will require integrated operating room systems, the Hospital's information system (HIS), PACS, internet access, and video

and audio technology with staff able to access images, results and medical records via sterile touch screens via sterile touch screens or non-touch technology

- the operational management hub will require large screen viewing capability of the electronic booking and patient flow management system
- T-DOC or an equivalent system will be required in each operating/interventional room for instrument tracking – forward planning to include either or both tray level/instrument to patient URN
- monitors, cameras and certain instruments will be suspended from the ceiling instead of sitting on carts beside the operating table
- some operating/interventional rooms are to be equipped with pendant mounted cameras for the recording and real time transmission of operative procedures for clinical review and training purposes
- an internal communication/call system is required within the operating/interventional rooms with annunciator panels (location to be determined during the design phase)
- the DSU and PACU patient bays will be equipped with communication/call systems in accordance with the AusHFG.

6.4.2. Booking of Post Anaesthetic Care Unit / recovery spaces

Electronic booking and patient flow management system will be required for the optimal management of the PACU and E/DSU recovery areas i.e. Operating Room and Anaesthetic Management System.

6.4.3. Administration

- provision will be made will be made for finance and supply clerical officers undertaking administrative duties as part of the Perioperative team.
- offices will be required for Perioperative nursing, anaesthetic and surgical operational management

6.4.4. Food Services

- DSU patients will have a light meal prior to discharge
- light meals and beverages will be provided fresh daily for EDSU patients
- appropriate refrigeration and clean up areas will be supplied

6.4.5. Supply Services

- direct entry access to the Operating/Interventional Suite receiving area via service corridors must be provided
- imprest supplies will be delivered by the ACT Supply Service and levels will be monitored electronically for in time replacement.
- RMD and loan sets from Supply Services will be delivered directly from the dock area to the set-up/ sterile stock area in the Operating/Interventional Suite.
- systems are required to be in place to ensure ready access to emergency supplies during disaster events.
- a secure dedicated space is required for the delivery and checking of up to 20 large consignment trays
- storage space required for storage carts/shelving for set-ups
- supply rooms will have a consistent layout across the campus
- the SPIRE perioperative service must have a streamlined and effective logistics system that facilitates the distribution of surgical supplies including consumables and equipment, instruments including consignment, loan equipment and sterile instruments. This approach will be to reduce the reliance on bulk storage space but must ensure that services and supplies are delivered to the point of use in a timely fashion.

- an integrated ICT system to track and detail the location of equipment, medical supplies and specialised equipment. All systems must interact with each other.

6.4.6. Environmental Services

- the cleaning service will require access to a cleaner's room in immediate proximity to each operating room, and within each Perioperative service unit as well as centralised storage for supplies and equipment
- all waste and sharps will be removed from the operating rooms to clean-up rooms in immediate proximity to each OR.
- all waste and sharps will be removed from the Perioperative service units and operating/interventional suites to a disposal room located on the perimeter of the unit or suite adjacent the service corridor and lift.
- waste streaming at the source (including secure document disposal) will be supported. The service will be consistent with the ACT Health Waste Management Plan. Waste management will include clean, contaminated, radioactive, chemotherapy, pharmacy, and recycling.

6.4.7. Linen Services

Deliveries, based on an agreed impress, will be arranged as required from the Linen Service. Dirty linen will be held in the Disposal Room ready for collection.

6.4.8. Teaching, education and research

- the service will provide teaching and learning opportunities for staff and students from a range of disciplines
- the service is required to meet accreditation requirements for surgical and anaesthetic training
- in-service education will be routinely conducted in the unit and will require access to a shared meeting room with capacity for 15 people
- staff are encouraged to take up and complete professional development packages and will require access to computer workstations to access eLearning applications
- multidisciplinary learning and development opportunities are promoted and encouraged. Teaching rounds are conducted regularly
- clinical placement is provided for nursing, allied health and medical students. These clinical placements, lasting up to ten weeks, are provided for students from Australian National University (ANU) Medical School, University of Canberra, Australian Catholic University, and the Charles Sturt University
- access to clinical simulation and assessment facilities is required
- the Canberra Hospital will have strong links with health faculties from many external educational facilities. The SPIRE perioperative service will provide an appropriate environment for undergraduate teaching, clinical placements and postgraduate training together with a full range of staff development services. Space is provided within the Interventional Suite to support this activity. A centralised online booking system will be utilised to book rooms.

6.4.9. Safety and security requirements

- all perioperative service units and operating/interventional suites will be secured, and only authorised staff will have access
- staff access to and within the unit will be controlled by proximity access card
- public access to the holding, DSU and PACU areas will be restricted and controlled from the reception or staff station
- a duress alarm will be required at all reception points and staff stations
- CCTV monitoring at designated access and egress points.
- security arrangements will be in line with ACT Health policies and procedures

- staff will be able to utilise the multifunctional wireless phones and mobile duress alarms in addition to existing duress systems.

7. Specific design requirements

7.1. Overarching design requirements

7.1.1. Overarching principles

- design will be evidenced based
- the design must have the capacity to respond efficiently and effectively to the flows of patient, staff and supplies.
- the overall design of the Interventional Suites must have the capacity for potential changes in practice around surgical and interventional procedures including future changes in the use of the Interventional Suite (for example, more Interventional Suites may be required for procedural use and less for surgical purposes).
- the three separate functional zones i.e. general digital robotic operating room suite, hybrid suite, interventional suite must be flexible enough to allow patient management models to change over time.
- there must be capacity for the future expansion of the perioperative service without disruption to the delivery of clinical services to patients
- physical infrastructure must be able to be repaired/replaced without adversely impacting on surgical activities in neighbouring spaces
- perioperative support spaces will be designed to accommodate surgical activity demand, overall clinical functionality and support for patients with adequate storage for equipment/technology current and future
- the design will enable the separation of patient flows for adults, paediatrics, and obstetric from miscarrying gynaecology patients while ensuring flexible use of available space and efficient service delivery
- capacity to manage patients with bariatric conditions weighing up to 250kg; designated surgical rooms and holding/recovery areas will be required for those weighing up to 350kgs
- separation of clean and dirty flows is essential
- separation of public and staff areas
- separation of support services i.e. food, linen, supplies and waste management, traffic to enabling services to occur without interfering with patients and the public
- circulation routes are to support logical flow with legible and clear way finding
- connectivity with the existing CH campus to support direct access to critical care areas and easy access to support services
- network infrastructure, building and floor distribution rooms are designed to ensure high levels of redundancy and support healthcare technology principles and standards
- network infrastructure must be accessible for on-going maintenance without impacting on surgical activities
- ICT systems connected to medical equipment or installed within patient areas will be designed, installed, commissioned and maintained as medical grade ICT networks.
- PACU, EDSU, Discharge Lounge and Staff Areas have access to natural light.
- rooms will be laid out the same to ensure familiarity to staff, allow efficient use of time and space and reduce stress and fatigue.
- the design must support maximum productivity and efficiency and short travel distances for staff and patients.

- a fully integrated nurse call system that ensures nurses calls are responded to appropriately and in a timely manner that will lead to improved patient care and safety.
- all zones will have an integrated wall mounted clock including hours, minutes and seconds.
- all zones will have wall mounted integrated RIS/PACs Screens.
- Wi-Fi will be accessible to all zones.

7.2. Specific design requirements

7.2.1. Pre-operative

Waiting

- the waiting areas for patients and carers will have a tracking system so they can be kept informed of where the patient is up to in the perioperative process e.g. holding area, OR, PACU
- there will be separate waiting areas for paediatric, obstetrics and miscarriage gynaecology patients, and patient with special needs.
- waiting areas will be incorporated within the Admissions areas.
- segregation of area for reception of children will be required to screen children from and avoid distress to adults. Acoustic privacy will be required.
- entertainment (e.g. television/Wi-Fi) will be provided in the waiting area.

Admissions

- there will be a common admission point for the hybrid/general digital robotic /interventional operating suite
- planned admissions will present to the Admissions areas for a clerical and clinical admission. These will include Day of Surgery Admission, Day Surgery Unit or Day of Procedure Admission patients.
- Preadmissions clinics are located in the ambulatory care settings
- emergency non-elective patients will be booked via the team leader of the required procedure zone.
- interview rooms will be provided so that medical staff can communicate privately to family members and patients regarding procedures.
- a fully integrated queue management system will be implemented.

DoSA

- discrete bays or "cabins" offering increased privacy without compromising nursing supervision.
- designated bays or "cabins" for paediatric use
- facilities for the containment of custodial patients, the isolation of infectious patients e.g. MRO and ensuring the privacy of distressed patients e.g. miscarriage
- the DSU will require a paediatric friendly pod including parent waiting and play space, separated from those areas used by adult patients
- storage system for day stay personal belongings that supports and facilitates the day stay patient journey.
- facilities for provision of safe patient care of bariatric patients is required

7.2.2. Intraoperative

The operating rooms, interventional suites and hybrid suites are to be configured in service/specialty specific pods bringing together specific skills sets; each pod will have access to a sterile stock store, specialty equipment bays/garages etc.

- All operating rooms, interventional suites and hybrid suites must have fully integrated IT with seamless access to images regardless of specialty. This will also include the teaching and research area.

General digital robotic operating rooms

- general digital robotic surgery operating rooms with garaging facilities for robotic tools for use by all surgical specialties (where appropriate). For example Ear, Nose and Throat (ENT), urology, gynae-oncology, colorectal, paediatric services and appropriate emergency cases.
- the intraoperative general digital/robotic operating rooms will be configured in service/specialty specific pods. Each pod will have access to a sterile stock store, clinical engineering workroom, specialty equipment bays/garages, reporting areas, 3D printing etc.
- all theatres will need to accommodate a digital environment and robotics.
- all Operating Theatres will require an anaesthetic room, exit bay and direct access to a core sterile store. Exit bay will have shelving. Anaesthetic bay will have handwashing within benchspace, cupboards and shelving.
- operating theatres will be designed into pods There will be 4x Operating Theatres per Pod.
- operating Theatres must be arranged in pairs with a scrub bay in between. This can allow for grouping of Operating Theatres to form Pods.
- 2x Laminar flow Operating Theatres required for Implant Surgery for Orthopaedic Surgery.
- X-ray gown storage located through-out department. A higher concentrated close to Orthopaedic, Urology, Vascular, General and Emergency Operating Theatres.
- storage garaging for Image equipment close to Orthopaedic and General Operating Theatres.
- consignment storage area close to orthopaedic pod. Efficient storage solutions required
- consignment storage area for other specialties. Efficient storage solutions required
- large storage area for large equipment such as traction tables, spare operating Theatre beds, accessories, etc.
- chemotherapy store area (bay).
- reporting stations for medical Officers within the Operating Theatres.
- reporting Stations for Nurses within the Operating Theatres.
- Automated Dispensing Machine.
- 2x Negative pressure (Class N) Operating Theatres (1x Complex Surgery Operating Theatre and 1x High Volume Operating Theatre).
- large core sterile stock store. Compactors required.
- large non- sterile stock store. Compactors required.

Hybrid operating suite

- project specific design requirements to be developed during schematic design for two hybrid operating rooms with angiography, robotic, equipment requiring control and computer rooms suitable for cardiothoracic, vascular surgery (endovascular aneurysm repair), neuro interventional and trauma cases
- the hybrid suites will have access to a sterile stock store, clinical engineering workroom, specialty equipment bays/garages, reporting areas, 3D printing etc.
- 1 x Negative pressure (Class N) hybrid suite.

Interventional Suite

- four interventional suites with direct access to specialised imaging equipment, yet to be determined e.g. MRI, Computed Tomography (CT), radiological image guidance (X-ray fluoroscopy, ultrasound)
- the suite will be configured to support the streaming of interventional suite patients
- all rooms are to be 'Anaesthetic' ready
- the interventional suites will have access to a sterile stock store, clinical engineering workroom, specialty equipment bays/garages, reporting areas, 3D printing etc.
- 1 x Negative pressure (Class N) interventional suite

- Storage -additional storage space incorporating storage systems including hard case sterile instrument storage required as TCH is the only L6 regional hospital South of Sydney in the ACT & NSW area.
- Radio frequency equipment tracking

7.2.3. Post operative

PACU

- patient access to PACU is required from operating rooms, interventional suites, hybrid suites, and external clinical areas
- the PACU requires capacity for midwives to provide care for baby post caesarean e.g. cot, bed, visitor. (Mother cared for by PACU nurse). Allocate two recovery spaces to mother and baby
- paediatric PACU bays require space for one carer in attendance
- PACU requires immediate access to adult resuscitation, paediatric resuscitation and neonate resuscitation trolley/bay.
- isolation rooms will be provided with negative pressure capability for infectious patients
- the SPIRE perioperative suite must have shared flexible stages of recovery spaces which will cope with models of change over time
- Stage 1 Recovery Spaces and Stage 2 Recovery Spaces must be identical in layout, to allow flexing between them to accommodate peaks and troughs in work flows

DSU

- the DSU will interconnect with the EDSU for short stay patients requiring an extended stay of up to 23 hours

EDSU

- the EDSU will interconnect with the DSU for short stay patients requiring an extended stay of up to 23 hours
- isolation rooms will be provided with negative pressure capability for infectious patients

7.2.4. Anaesthetic and Perioperative Medicine Department

- 19 single person offices
- six, two-person shared offices
- shared workroom for up to 6 visiting medical officers (VMOs)
- office space for five administrative staff
- approximately a third of the office space must be in close vicinity to Perioperative and Interventional Centre, the remainder can be some distance away
- two overnight rooms for registrars and one overnight room for on call consultant within two minutes' walk/run of the operating/interventional rooms

7.2.5. Clinical Education Support

- shared workroom capacity with direct access to perioperative services for clinical development nurses to support live time competency assessments, mock scenarios and transition to practise activities.
- multipurpose spaces that are flexible enough to accommodate a range of functions including multi disciplinary meetings and tutorial rooms to enable electronic learning and the use of technology to broadcast procedures to different locations.
- AV Functionality – video links, projectors.

8. Functional relationships

8.1. Internal relationships

The new general digital robotic, hybrid, and interventional operating suites will be co-located (horizontal or vertical linkage) to enable the sharing of DoSA, the DSU and PACU facilities, where feasible.

Immediate (<1 minute)	Being the shortest direct, horizontal route. The route must be an Unimpeded Route. Door to door travel time between the two areas or services identified as having an "Immediate" functional relationship must not exceed one minute.
Direct (<2 minutes)	Being a direct horizontal or vertical route. The route must be an Unimpeded Route. Door to door travel time between the two areas or services identified as having a "Direct" functional relationship must not exceed two minutes and there must be minimal corner turns between the two areas or services.
Ready (<5 minutes)	Being a horizontal or vertical route. Door to door travel time between the two areas or services identified as having a "Ready" functional relationship must not exceed five minutes.
Easy (<10 minutes)	Being a horizontal or vertical route. Door to door travel time between the two areas or services identified as having an "Easy" functional relationship must not exceed ten minutes.

Immediate

- admissions immediate to Holding Bay
- holding bays immediate to general robotic operating rooms, interventional suites, and hybrid suites
- anaesthetic induction bay immediate to each operating room/suite
- exit clean-up room immediate to operating room/suite
- set-up room immediate to operating room/suite
- set-up room immediate to Core Sterile Stock room
- large equipment garaging adjacent to pods
- store - Sterile Stock for consignment immediate to orthopaedic pod
- Operating Room Coordinator immediate to Control desk
- CNC Office (1x) immediate to Control desk
- CNC Offices immediate to relevant specialty
- E/DSU immediate to Discharge Lounge
- Resource Office area immediate to Core Sterile Stock Room.
- Bone/ Tissue banks immediate to Operating theatres with outside access (grey area)
- Clinical Engineering immediate to Operating Theatres with outside access (grey area)
- Pathology room with immediate access to Operating Theatres with outside access (grey area)

Direct

- offices including - Anaesthetic Director, Anaesthetic Supervisor of Training, Anaesthetic Staff Specialist, Anaesthetic Office Managers, ADON, Nurse Manager, and Wards Person direct to operating rooms and suites
- workstations including: - Radiographer, CDN, direct to operating rooms and suites
- PACU Stage 1 and stage 2 recovery direct to operating rooms and suites
- deboxing room direct to resource area
- Surgical Bookings direct to perioperative services

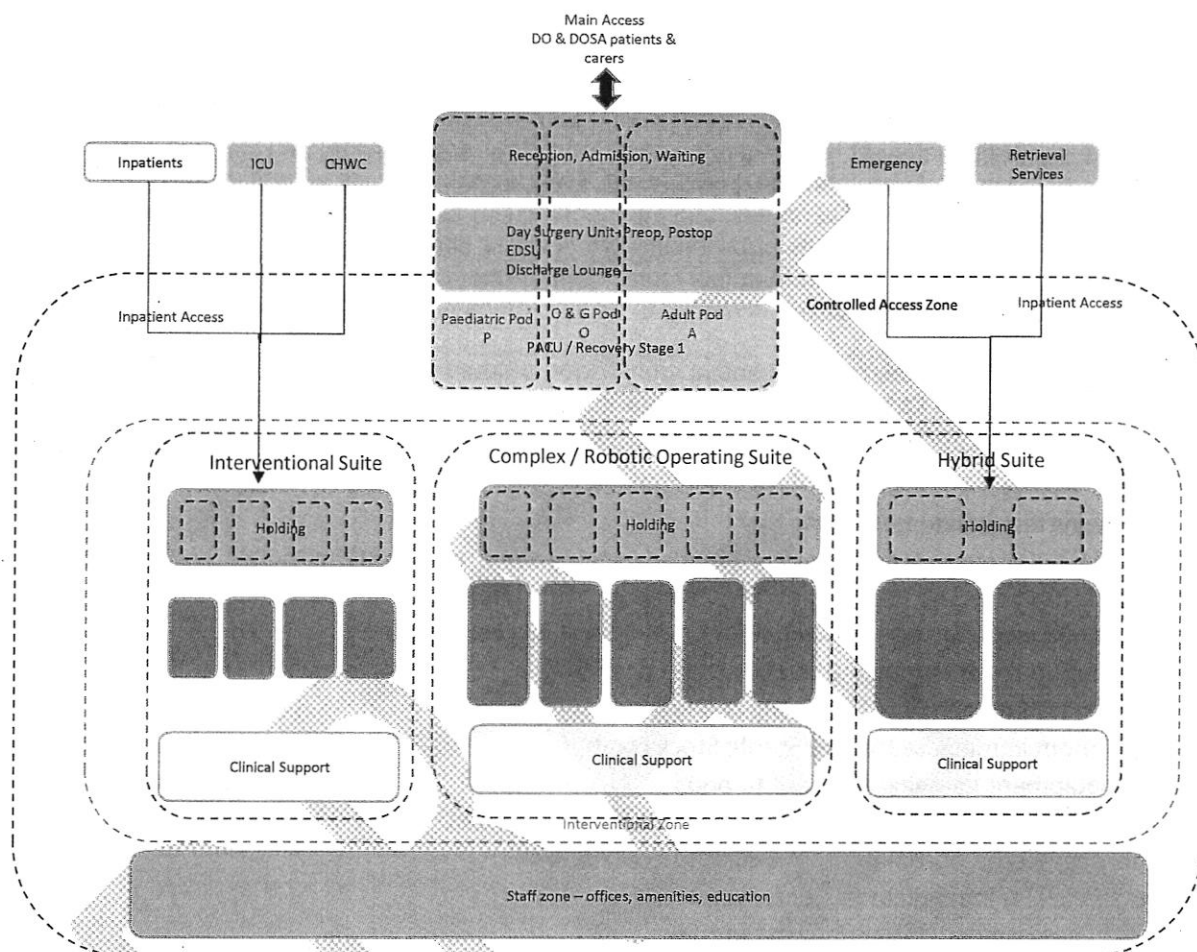
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Ready

- offices including Staff Anaesthetist, Anaesthetic Visiting Medical Officers, Quality and Safety Officer, Research Officer, Billing officer ready to Operating Theatres.
- PACU Stage 2 Recovery ready access to EDSU.

Figure 1: Perioperative and Interventional Centre internal functional relationships



8.2. External relationships

Key external functional relationships are prioritised in the following Table 2 and as per the criteria in Table 3.

Table 2: Perioperative and Interventional Centre external functional relationships

Service/Unit	Priority	Comments
Sterilising Services Department (SSD)	Immediate	Movement of equipment and staff
Intensive Care Unit (ICU)	Direct	Movement of equipment and staff
Interventional Cardiology Laboratory (CCL/EPL)	Direct	Movement of patients
Emergency (ED)	Direct	Movement of equipment and staff

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Birthing / Delivery Suite	Direct	Movement of patients and staff
Preadmission Clinic	Direct	Movement of consultant anaesthetic staff
Clinical Engineering	Direct	Movement of equipment and staff
Helipad	Direct	Movement of patients and staff
Acute Surgery Unit (ASU)	Ready	Movement of patients and staff
Diagnostic Imaging	Ready	Movement of equipment and staff
Inpatient Units	Ready	Movement of patients and staff
Pathology	Ready	Movement of specimens and staff
Surgical Bookings Office	Ready	Access to Preadmissions Clinic, pending integrated bookings IT system
Main Entry	Easy	Movement of patients and visitors
Administration Centre	Easy	Movement of staff
General (Hotel) Services	Easy	Movement of staff, supplies, linen & waste
Pharmacy	Easy	Movement of medications
Food services	Easy	Movement of staff, supplies
Linen services	Easy	Movement of staff, supplies
Site Interfaces		
Loading Dock	Easy	Movement of staff and goods
Mortuary	Easy	Discrete movement of patients
Carparking – Staff	Easy	Movement of staff; swipe card access control (particularly on call staff)
Public Transport	Easy	Movement of staff

Table 3: Adjacency criteria

Immediate (<1 minute)	Being the shortest direct, horizontal route. The route must be an unimpeded route. Door to door travel time between the two areas or services identified as having an "Immediate" functional relationship must not exceed one minute.
Direct (<2 minutes)	Being a direct horizontal or vertical route. The route must be an unimpeded route. Door to door travel time between the two areas or services identified as having a "Direct" functional relationship must not exceed two minutes and there must be minimal corner turns between the two areas or services.
Ready (<5 minutes)	Being a horizontal or vertical route. Door to door travel time between the two areas or services identified as having a "Ready" functional relationship must not exceed five minutes.
Easy (<10 minutes)	Being a horizontal or vertical route. Door to door travel time between the two areas or services identified as having an "Easy" functional relationship must not exceed ten minutes.

9. Future service developments and innovation

- operating and Interventional rooms will be configured along open digital architectural lines to allow the progressive and seamless introduction of digital, robotic and other equipment to the suite
- the implementation of radio frequency identification systems for tracking instruments and implants.

DRAFT

10. Schedule of accommodation

Table 4: SoA for Perioperative and Interventional Centre

AusHFG Code	Room / Space	Quantity	Room Area m2	Total Area m2	Comments	AusHFG Remarks	Deviation from AusHFG m2
DOSA - ADMISSIONS / RECEPTION					Surgery/IR/ Interventional / - Pods for Adults, O&G & Children		
RECL-10	Reception / Clerical, 15m2	1	15	15	TCH - flexible shared with O&G (below)	16ORs=15m2, 10ORs = 12m2	0
RECL-10	Reception / Clerical, 10m2	1	10	10	Women's		0
RECL-10	Reception / Clerical, 10m2	1	10	10	Paediatric		0
PLAP-10	Play Area - Paediatric, 10m2	1	10	10		Defined area adjoining waiting area, or adjacent to paediatric treatment areas.	0
STPS-8	Store - Photocopy / Stationery, 8m2	1	8	8			8
WAIT-10	Waiting	1	45	45	Adult - 40 pp (2 per OR)	Lounge area for waiting relatives and patients can share with postop wait	0

WAIT-10	Waiting	1	10	10	O&G- 6 pp Flexible shared with Adult. Separate stream carrying gynae not id'd in AusHFG	Lounge area for waiting relatives and patients.	10
WAIT-10	Waiting	1	10	10	Paediatric - 6 pp Separate Paeds wait requirement not id'd in AusHFG	Lounge area for waiting relatives and patients.	10
WCAC	Toilet - Accessible, 6m2	1	6	6			0
WCPU-3	Toilet - Public, 3m2	3	3	9			0
SUBTOTAL	Subtotal			133			28
CIRC	Discounted Circulation		30%	40			8
UNIT_TOTAL	Total			173			8
DSU - PREOPERATIVE AREA					Same Day & Extended Stay Stream with pods for Adult, O&G & Paediatrics		
CHPT	Change Cubicle - Patient, 2m2	0	0	0	Assumes patients change in bays	The requirement for change rooms in addition to Holding Bays needs further evaluation	0

CHPT-D	Change Cubicle - Accessible, 4m2	0	0	0	Assumes patients change in bays	30% of the change rooms should be accessible.	0
1BR-H-12	1 Bed Room, 12m2	3	12	36	Infectious, Custodial, Special Needs patients; shared with post-operative areas	Class S.	36
ENS-ST	Ensuite - Standard, 5m2	3	5	15		For each isolation room.	15
INFA	Interview Room, 12m2	3	9	27	Interviews with nursing staff to check details and undertake baseline observations.	16ORs= 2, 10ORs=1	27
PBTR-H-9	Patient Bay - Holding, 9m2	20	9	180	Surgery: Nursing admission/pre-surg check & anaesthetic consult	1 per Operating Room.	0
PBTR-H-9	Patient Bay - Holding, 9m2	4	9	36	Interventional: Nursing admission/pre-pre check & anaesthetic consult, as required	1 per Operating Room.	0
PBTR-H-9	Patient Bay - Holding, 9m2	2	9	18	Hybrid: Nursing	1 per Operating Room.	0

					admission/pre-pre check & anaesthetic consult, as required		
	Locker Bay – Patient	2	3	6	Quarter height lockers assumed. Shared with postop	16ORs=1, 10ORs=1	0
BHWS-B	Bay - Handwashing, Type B	7	3	21		Quantity to comply with Part D	0
ENS-BA	Toilet/Shower - Patient Accessible, 6m ²	4	6	24		Provide at a ratio of not less than 1:6 if extended day-only activity is planned.	0
WCPT	Toilet - Patient, 4m ²	4	4	16		Provide at a ratio of not less than 1 toilet per 6 bays if extended day-only activity is planned. Additional may be required if colonoscopy performed.	0
CLUR-14	Clean Utility / Medication Room, 14m ²	1	12	12	AusHFG describe 16 Ors only @ 8m ² not 26 Ors	Increase to 12m ² if shared with Recovery & Post-Op Lounge.	4

DTUR-S	Dirty Utility - Sub, 8m2	1	12	12	AusHFG describe 16 Ors only @ 8m2 not 26 Ors	Increase to 12m2 if shared with Recovery & Post-Op Lounge.	4
BLIN	Bay - Linen	2	2	4		Min 1 per 16 bays. Corridor with ready access to Holding/ Anaesthetic Bays.	0
BBW	Bay - Blanket / Fluid Warmer	2	1	2		Blanket only	0
STEQ-8	Pt trolley store	1	10	10			10
SUBTOTAL	Subtotal			419			88
CIRC	Discounted Circulation		40%	168			35
UNIT_TOTAL	Total			587			123
HOLDING AREA - Hybrid Suite- 2 rooms							
PBTR-H-9	Patient Bay - Holding, 9m2	2	9	18		1 per OR, sized for trolleys, promotes throughput	0
SSTN-10	Staff Station, 10m2	1	10	10		Only allocated for L5/6 as Reception could be base used for other levels.	0
BHWS-B	Bay - Handwashing, Type B	1	3	3		Accessible from OR & Patient Holding Areas. Refer to Part D for details.	0
STEQ-20	Equipment Garage	1	20	20		shared between 2 digital, robotic,	0

						MI, large equipment	
SUBTOTAL	<i>Subtotal</i>			51			
CIRC	Discounted Circulation		40%	20			
UNIT_TOTAL	Total			71			
OPERATING ROOM AREA - Hybrid Suite - 2 rooms							
ANIN	Anaesthetic Induction Room, 16m2	2	16	32		Revised HPU 510 v.5	0
	Hybrid Operating Room, 75m2	2	75	150		Based on Prince of Wales Hosp. No info available in AusHFG	150
	Hybrid OR Control Room	2	15	30		Based on Prince of Wales Hosp. No info available in AusHFG	30
	Hybrid OR Computer Room	2	12	24		Based on Prince of Wales Hosp. No info available in AusHFG	24
SCRB-10	Scrub-up / Gowning	2	4	8			0
SETUP-8	Set-up Room	2	8	16			0
	Exit Bay	1	16	16	shared	1 per 2 ORs. If shared between 2 rooms, increase to 16m2.	0
CLUP-15	Clean-Up Room, 15m2	1	10	10	shared	1 per 2 Operating Rooms; Revised HPU 510 v.5	0
	<i>Subtotal</i>			286			204
	Discounted Circulation		40%	114			82

		Total		400		286
HOLDING AREA - Interventional Suite - 4 rooms						
PBTR-H-9	Patient Bay - Holding, 9m2	4	9	36	1 per OR; sized for trolleys, but some may be recliner chairs.	0
SSTN-10	Staff Station, 10m2	1	10	10	Only allocated for L5/6 as Reception could be base used for other levels.	0
BHWS-B	Bay - Handwashing, Type B	2	3	6	Accessible from OR & Patient Holding Areas. Refer to Part D for details.	0
STEQ-20	Equipment Garage	4	20	80	digital, robotic, MI, large equipment	0
SUBTOTAL		<i>Subtotal</i>		132		
CIRC		Discounted Circulation	40%	53		
UNIT_TOTAL		Total		185		
OPERATING ROOM AREA - Interventional Suite - 4 rooms						
ANIN	Anaesthetic Induction Room, 16m2	4	16	64	Revised HPU 510 v.5	0
ORGN	Operating Room - General, 60m2	4	60	240	Revised HPU 510 v.5. Includes MRI scanning	0
	Imaging/MRI Control Room	4	14	56	Per AusHFG MRI	0

	Imaging/MRI Computer Room	4	10	40		Per AusHFG MRI	0
SCRB-10	Scrub-up / Gowning	4	4	16		Revised HPU 510 v.5	0
SETUP-8	Set-up Room	4	8	32	May be centralised	Depends on Operational Policy for case assembly	0
	Exit Bay	2	16	32		1 per operating room. If shared between 2 rooms, increase to 16m2.	0
CLUP-15	Clean-Up Room, 15m2	2	10	20		1 per 2 Operating Rooms; Revised HPU 510 v.5	0
SUBTOTAL	<i>Subtotal</i>			500			
CIRC	Discounted Circulation		40%	200			
UNIT_TOTAL	Total			700			
HOLDING AREA - Operating Room General Digital- 20 rooms							
PBTR-H-9	Patient Bay - Holding, 9m2	20	9	180		1 per OR in pods; sized for trolleys	0
SSTN-10	Staff Station, 10m2	5	10	50		1 per pod of 4 Ors	0
BHWS-B	Bay - Handwashing, Type B	20	3	60		Accessible from OR & Patient Holding Areas. Refer to Part D for details.	0
	Equipment Garage	10	20	200		digital, robotic, MI, large equipment shared 1:2 Ors	0
SUBTOTAL	<i>Subtotal</i>			490			

CIRC	Discounted Circulation		40%	196			
UNIT_TOTAL	Total			686			
OPERATING ROOM AREA - General Digital - 20 rooms							
ANIN	Anaesthetic Induction Room, 16m2	20	16	320		Revised HPU 510 v.5	0
ORGN	Operating Room - General, 60m2	20	60	1200		Revised HPU 510 v.5	0
SCRB-10	Scrub-up / Gowning	20	4	80		Revised HPU 510 v.5	0
SETUP-8	Set-up Room	20	8	160	May be centralised	Depends on Operational Policy for case assembly	0
	Exit Bay	10	16	160		1 per operating room. If shared between 2 rooms, increase to 16m2.	0
CLUP-15	Clean-Up Room, 15m2	10	10	100		1 per 2 Operating Rooms; Revised HPU 510 v.5	0
SUBTOTAL	Subtotal			2020			
CIRC	Discounted Circulation		40%	808			
				2828			
CLINICAL SUPPORT AREAS -							
BBW	Bay - Blanket / Fluid Warmer	5	1	5		1 per pod	0
BLIN	Bay - Linen	13	8	104		1 per 2 Operating Room. Corridor recess with ready access to Operating Room.	0

BMEQ-4	Bay - Mobile Equipment, 4m2	13	8	104		1 bay per 2 Operating Rooms. Provide power outlets for recharging.	0
STGN-9	Store - General	2	30	60	Consider 2 stores for work efficiency, Dedicated to Store-Non-Sterile/ Deboxing	16ORs=1x30m2, 10ORs=1x30m2	0
STEQ-20	Store- Sterile Stock, 20m2	26	20	520	Consider 2 stores for work efficiency, may be provided as a single area (STSS-CC) or smaller rooms (STSS-20) to support pairs or pods	20m2 per Operating Room. Direct relationship to SSU/ TSSU.	0
SRGN-9	Store - General	2	16	32	Consider 2 stores for work efficiency, IV and other Fluid storage	16ORs=1x20m2, 10ORs=1x12m2	0
STEQ-20	Store - Equipment - Major	2	78	156	Consider 2 stores for work efficiency	Plan at 6m2 per OR major storage	0
STEQ-20	Store - Equipment - Minor	2	65	130	Consider 2 stores for work efficiency	*Plan at 5m2 per Operating Rooms. Minor equipment	0

SRGN-9	Store - General	2	38	75	Consider 2 stores for work efficiency, Anaesthetic store for consumables	16ORs=50m2, 10ORs=25m2	0
	Store Bone Bank	1	15	15	Immediate access	Temperature controlled & alarmed back to base	15
	Store Tissue bank	1	15	15	Immediate access	Temperature controlled & alarmed back to base	15
	Anaesthetic & Biomedical Workroom	1	35	35		16ORs=1x20m2, 10ORs=1x15m2	0
	Perfusion Room - Set-up	1	20	20	TBC		0
	Store - Perfusion	1	20	20	TBC		0
	Audiovisual Workroom	1	12	12			0
CLRM-5	Cleaner's Room, 5m2	5	5	25	TBC	1 rm per 1,000m2. Ready access to all areas of the unit, pref on perimeter.	0
DISP-10	Disposal Room	1	35	35		16ORs=1x20m2, 10ORs=1x15m2	0
BLST	Blood Store	1	4	4	TBC	16ORs=1x2m2, 10ORs=1x2m2	0
BPATH	Bay - Pathology	1	18	18	TBC - May be for whole healthcare facility	16ORs=1x9m2, 10ORs=1x9m2	0

STDR-10	Medication Room	2	10	20	Consider 2 rooms for work efficiency		0
OFF-WI-3	Office - Write-up, 3m2	13	8	104		1 per 2 Operating Rooms.	0
OFF-S9	Office - Single Person, 9m2	5	0	0		Duty anaesthetists / 1 per pod	0
WCST	Toilet - Staff, 3m2	5	3	15		1 per pod	0
SUBTOTAL	<i>Subtotal</i>			1524			
CIRC	Discounted Circulation		40%	610			
UNIT_TOTAL	Total			2134			
PACU RECOVERY AREA					Assumes centralisation of PACU - Pods for Adults O&G, & Children		
PBTR-RS1	Patient Bay - Recovery Stage 1, 9m2	44	9	396	Assumes centralised Stage 1 for Gen, Interventional & Hybrid Ors. Additional bays for Anaes outliers	1.5 bays per Operating Room + 1 additional bay per interventional + anaes outliers	396
1BR-H-12	1 Bed Room, 12m2	2	12	24	Infectious, Custodial, Special Needs patients	Class S.	0
SSTN-10	Staff Station, 10m2	3	10	30		16ORs=2x10m2, 10ORs=1x12m2	0

CLUR-10	Clean Utility / Medication Room, 10m2	2	14	28		Direct access from Recovery; may be shared with Patient Holding Areas.	0
DTUR-12	Dirty Utility, 12m2	2	24	48		Direct access from recovery and post operative areas, may be shared with holding.	0
BLIN	Bay- Linen	4	2	8		1 per 16 spaces.	0
BBW	Bay - Blanket / Fluid Warmer	4	1	4		1 per 16 spaces.	0
STGN-8	Store - General, 8m2	2	8	16	Large enough for cots, IV poles, blood warmers, etc. Low traffic area, access to patient holding large equip and delivery trolleys, wide and shallow preferred.	16ORs=110m2, 10ORs=1x6m2	0
BRES	Bay - Resuscitation	2	1.5	3.0		Access from Operating Rooms and Patient Care / Holding Areas.	0
BHWS-B	Bay - Handwashing, Type B	11	1	11.0		1 per 4 bays.	0
MEET-9	Meeting Room, 9m2	2	9	18	optional	May be used for interview and other purposes.	0

SRM-35	Staff Room, 18m2	1	18	18	Shared E/DSU External window desirable.	0
SUBTOTAL	<i>Subtotal</i>			604		396
CIRC	Discounted Circulation		40%	242		158
UNIT_TOTAL	Total			846		554
DSU - POSTOPERATIVE AREA					20 Gen Digital/2 Hybrid/4 Interventional - Pods for Adults, O&G & Children	
1BR-H-12	1 Bed Room, 12m2	2	12	24	Infectious, Custodial, Special Needs patients- shared with pre-op .	Class S. 0
ENS-ST	Ensuite - Standard, 5m2	2	5	10		For each isolation room. 0
PBTR-H-9	Patient Bay - Holding, 9m2	37	9	333	Surgery including 2 x hybrid, 3 x interventional possible shared with DOSA	3 per DO Operating Room.Confirmatio n of # DO. 30%current activity DO x 20(ORS)=7. % Shared with DOSA 0
	Discharge Lounge - Patient Recovery	37	4	148	Surgery including 2 x hybrid, 3 x	3 per DO Operating Room.Confirmatio 0

					interventional possible shared with DOSA	n of # DO. 30%current activity DO x 20(ORS)=7. % Shared with DOSA	
BHWS-B	Bay - Handwashing, Type B	4	1	4		Quantity to comply with Part D. 1:8 pts	0
ENS-BA	Toilet/Shower - Patient Accessible,6m2	6	3	18		Provide at a ratio of not less that 1:6 if extended day-only activity is planned.	0
WCPT	Toilet - Patient, 4m2	6	3	18		Provide at a ratio of not less than 1 toilet per 6 bays if extended day-only activity is planned. Additional may be required if colonoscopy performed.	0
INTF	Interview Room	3	9	27		shared with DOSA	0
BRES	Bay - Resuscitation	1	1.5	1.5			0
SSTN-10	Staff Station, 10m2	1	14	14		30chair bay	0
CLUR-14	Clean Utility / Medication Room	1	14	14			0
DTUR-12	Dirty Utility - 12m2	1	14	14			0
BLIN	Bay- Linen	3	2	6		1 per 16 spaces	0
BBW	Bay - Blanket / Fluid Warmer	3	1	3		1 per 16 spaces	0

BBEV-OP	Bay - Beverage, Open Plan, 4m2	2	4	8		For patients post-procedure.	0
SUBTOTAL	<i>Subtotal</i>			643			
CIRC	Discounted Circulation		40%	257			
UNIT_TOTAL	Total			900			
DSU - SUPPORT AREAS							
BMT-4	Bay - Meal Trolley	2	4	8		light refreshments	8
PROP-2	Property Bay - Staff	2	3	6			0
BPATH	Bay - Pathology	2	5	10		May be shared with Ambulatory Care or Operating Unit.	0
OFF-CLW	Office - Clinical Workroom	1	1	1		Write-up, multipurpose function.	0
OFF-S9	Office - Single Person, 9m2	1	9	9			0
STGN-9	Store - General, 9m2	1	28	28		2ORs=1x12, 4ORs=1x16 with power points for recharging	0
STEQ-12	Store sterile stock	1	40	40		2xOR=18m2, 4xOR=30m2	0
BMEQ-4	Bay mobile equipment	6	2	12		2 Ors=2x2m2, 4ORs=4x2m2 with power points for recharging	0
SRM-18	Staff Room, 18m2	1	18	18		Shared PACU External window desirable.	0
WCST	Toilet - Staff, 3m2	2	3	6			0
CLRM-5	Cleaner's Room, 5m2	2	5	10	Shared with DOSA	May be shared with Ambulatory	0

					Preoperative Area	Care or Operating Unit.	
DISP-10	Disposal Room	2	10	20	Shared with DOSA Preoperative Area		0
SUBTOTAL	Subtotal			168			8
CIRC	Discounted Circulation		25%	42			2
UNIT_TOTAL	Total			210			10
EDSU					10 Gen Digital/2 Hybrid/4 Interventional - Pods for Adults, O&G, & Children		
1BR-H-12	1 Bed Room, 12m2	2	12	24	Infectious, Custodial, Special Needs patients-shared with pre-op	Class S.	24
ENS-ST	Ensuite - Standard, 5m2	2	5	10		For each isolation room.	10
PBTR-H-9	Patient Bay - Holding, 9m2	9	9	81		3 per DO Operating Room. 12%current activity DO x 20(ORS)=3% (roundup) Shared with DOSA	81

BHWS-B	Bay - Handwashing, Type B	2	1	2		Provide at a ratio of not less than 1:6 if extended day-only activity is planned.	2
ENS-BA	Toilet/Shower - Patient Accessible, 6m ²	2	1	2		Provide at a ratio of not less than 1:6 if extended day-only activity is planned.	2
WCPT	Toilet - Patient, 4m ²	2	1	2		Provide at a ratio of not less than 1 toilet per 6 bays if extended day-only activity is planned. Additional may be required if colonoscopy performed.	2
INTF	Interview Room	1	9	9		Shared DSU	9
BRES	Bay - Resuscitation	1	1.5	1.5		Shared DSU	2
SSTN-14	Staff Station,	1	9	9		2xORs	9
CLUR-14	Clean Utility / Medication Room	1	10	10		2xORs	10
DTUR-12	Dirty Utility - 12m ²	1	12	12		2xORs	12
BLIN	Bay- Linen	1	2	2		2xORs	2
BBEV-OP	Bay - Beverage, Open Plan, 4m ²	1	4	4		For patients post-procedure.	4
SUBTOTAL	<i>Subtotal</i>			169			169
CIRC	Discounted Circulation		40%	67			67
UNIT_TOTAL	Total			236			236
EDSU - SUPPORT AREAS							0

BMT-4	Bay - Meal Trolley	1	4	4		light meals	4
PROP-2	Property Bay - Staff	2	3	6	Shared with DSU		6
OFF-CLW	Office - Clinical Workroom	1	15	15	Shared DSU	Write-up, multipurpose function.	15
OFF-S9	Office - Single Person, 9m2	1	9	9	Shared DSU		9
STGN-9	Store - General, 9m2	1	9	9	Shared DSU		9
SRM-18	Staff Room, 18m2	1	18	18	Shared with DSU		18
WCST	Toilet - Staff, 3m2	2	3	6	Shared with DSU		6
CLRM-5	Cleaner's Room, 5m2	1	5	5	Shared with DOSA Preoperative Area	May be shared with Ambulatory Care or Operating Unit.	5
DISP-10	Disposal Room	1	10	10	Shared with DOSA Preoperative Area		10
SUBTOTAL	Subtotal			82			82
CIRC	Discounted Circulation		25%	21			21
UNIT_TOTAL	Total			103			103
STAFF AMENITIES							
CHST-20	Change - Staff (Female), 20m2	2	40	80		Indicative only. 16ORs+10ORs+DSU/EDSU	0
CHST-20	Change - Staff (Male), 20m2	2	40	80		Indicative only. 16ORs+10ORs+DSU/EDSU	0
SRM-18	Staff Room, 18m2	2	60	120		Indicative only. 16ORs+10ORs+DS	0

						U/EDSU External light preferred	
WCAC	Toilet - Accessible, 6m2	2	6	12		Unless easily available elsewhere.	0
SUBTOTAL	<i>Subtotal</i>			292			
CIRC	Discounted Circulation		40%	117			
UNIT_TOTAL	Total			409			
PERIOPERATIVE ADMINISTRATIVE SUPPORT AREAS					Requirements TBC		
OFF_S12	Office - Single Person, 12m2	1	12	12	Service Manager	Indicative only	0
OFF_S9	Office - Single Person, 9m2	8	9	72	NUMs Recovery, Anaesthetics, Equipment, IT etc	Indicative only	0
	Office - Workstation, 5.5m2	8	5.5	44	Admin Support	Indicative only	0
	Office - Workstation, 4.4m2	12	5.5	66			0
MEET-9	Meeting Room, 9m2	2	9	18		May be used for interview and other purposes.	0
MEET-L-30	Meeting Room, 30m2	2	30	60		Up to 40 staff	0
MEET-L-30	Meeting Room, 30m2	1	50	50		Up to 20 staff	0
BBEV-OP	Bay - Beverage, Open Plan, 4m2	4	4	16			0
WCST	Toilet - Staff, 3m2	4	3	12		number and location so staff have access close to where they work	0
SHST	Shower - Staff, 3m2	2	3	6			0

STPS-8	Store - Photocopy / Stationery, 8m2	2	8	16			0
STGN-9	Store - General, 9m2	2	9	18			0
SUBTOTAL	Subtotal			390			0
CIRC	Discounted Circulation		25%	98			0
UNIT_TOTAL	Total			488			0
PERIOPERATIVE EDUCATION SUPPORT AREAS					Requirements TBC		
OFF_S9	Office - Single Person, 9m2	2	12	24	CNC Educator. Medical Education officer	Indicative only	24
OFF_S9	Office - Workstation, 5.5m2	8	5.5	44	Clinical educators and admin support	Indicative only	44
MEET-L-20	Meeting Room, 20m2	4	20	150	operable walls between. Ability to covert into 2x75m2 rooms. Telemedicine facility in one room	Indicative only	150
MEET-L-30	Meeting Room, 30m2	1	30	25	Education meeting room	Indicative only	25
MEET-L-31	Meeting Room, 30m2	1	30	25	practical skills room. Low-med fidelity.	Indicative only	25
STEQ-20	Store - Equipment, 20m2	1	20	20	teaching equipment, mannequins,	Indicative only	20