Key features of the Model of Care (MoC) include:

- co-location of triage nurse and registration clerk to streamline communication
- upon arrival and once triaged, patients will be escorted to the appropriate stream. Each stream will incorporate a waiting room. This will facilitate rapid movement of patients away from the front of house waiting areas, to an appropriate clinical area enabling assessment, treatment and observation by clinical staff
- hospital avoidance strategies territory-wide and these strategies integrated with the northern and southern Canberra ED network
- waiting areas within streams may be utilised for patients awaiting results and waiting for access to a treatment space within the stream
- multidisciplinary teams, including allied health professionals will be accessible and provide a service within all clinical treatment areas
- movement of patients between streams in response to clinical need
- early involvement of a discharge liaison nurse with key populations
- increased use of care plans/pathways e.g. elderly or chronic illness
- volunteers engaged in providing support to service provision
- medical, nursing and allied health students within teams providing opportunities to learn within a supportive structure
- focused assessment by teams allowing for early referral to an inpatient team, commencement on a pathway or admission/ transfer to a defined clinical area external to the ED. Pathways allow for a more efficient way of managing common presentations
- right skill mix in the right place at the right time
- balance between maintaining privacy and facilitating line of sight
- timely access to turnaround diagnostics
- flexibility in design to enable changes of function and facilitate potential changes in model of care.

4.1.   Patient flow

The ED must accommodate rapid flows between functional areas and be designed to avoid congestion. In addition to dedicated patient bay/bed areas provision is required to cater for patient surges for extraordinary events through temporary utilisation of appropriate spaces (both indoors and outside).

The clerical desk and triage are the initial single point of contact for all patients attending the ED. Once the patient is triaged they will be streamed to an appropriate stream/sub-wait. The streaming process is flexible, facilitating optimal patient care, providing the ability to move patients from one stream to another should there be a change in the patient's condition.

Following initial assessment and review, patients may be transferred internally to other areas of the ED. From the ED, patients may be admitted to short stay units to continue their care. Alternatively patients may be transferred to other services within the hospital (e.g. theatres, ICU, Inpatient Unit), another hospital or discharged home.
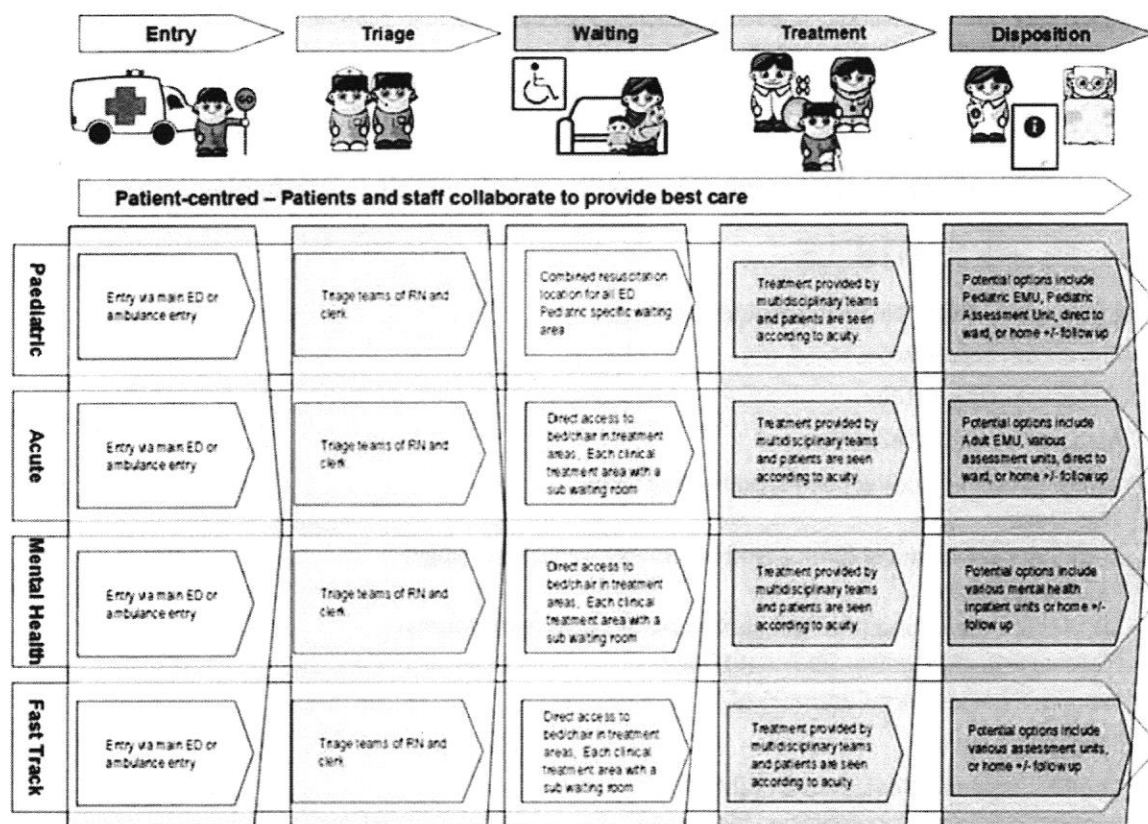

	Entry	Triage	Waiting	Treatment	Disposition
Patient-centred – Patients and staff collaborate to provide best care					
Paediatric	Entry via main ED or ambulance entry	Triage teams of RN and clerk	Combined resuscitation location for all ED. Paediatric specific waiting area	Treatment provided by multidisciplinary teams and patients are seen according to acuity.	Potential options include Pediatric EMU, Pediatric Assessment Unit, direct to ward, or home +/- follow up
Acute	Entry via main ED or ambulance entry	Triage teams of RN and clerk	Direct access to bed/chair in treatment areas. Each clinical treatment area with a sub waiting room	Treatment provided by multidisciplinary teams and patients are seen according to acuity	Potential options include Adult EMU, various assessment units, direct to ward, or home +/- follow up
Mental Health	Entry via main ED or ambulance entry	Triage teams of RN and clerk	Direct access to bed/chair in treatment areas. Each clinical treatment area with a sub waiting room	Treatment provided by multidisciplinary teams and patients are seen according to acuity	Potential options include various mental health inpatient units or home +/- follow up
Fast Track	Entry via main ED or ambulance entry	Triage teams of RN and clerk	Direct access to bed/chair in treatment areas. Each clinical treatment area with a sub waiting room	Treatment provided by multidisciplinary teams and patients are seen according to acuity	Potential options include various assessment units, or home +/- follow up

Figure 1: Patient flow within ED

5. Workforce

Projected staff profiles have been documented within the Emergency Department Model of Care V0.7 October 2018.

6. Policies impacting on the built environment

The ED and associated Units will adhere to the relevant design and space standards outlined in the *Australasian Health Facility Guidelines (AusHFG) Part B – Health Facility Briefing and Planning*:

- 300 Emergency Unit
- 131 Mental Health – Overarching Guideline Revision
- 133 - Psychiatric Emergency Care Centre PECC
- 510 Maternity Unit

Other policies impacting on the built environment include:

- ACEM Policy P32 Violence in Emergency Departments
- ACT Health (2012) – Work Health & Safety Act and Regulations and Management Systems Policy.
- ACT Health (2012) - Clinical Records Management Policy
- ACT Health - Electronic Medicines Management Policy

- ACT Health Accommodation guidelines
- Infection Prevention Control Policy
- Disability Discrimination Act, 1992
- Centralised Equipment Services(CES)
- National Health and Medical Research Council (2010). Australian Guidelines for the Prevention and Control of Infection in Health Care
- ACT Health (2014). Draft Action Plan: Improving patients sleep at CH.

7. Operational description and associated design requirements

The ED consists of the following functional zones:

1. Entrance/ reception
2. Triage and registration
3. Assessment and treatment
- Resuscitation (including paediatric resuscitation)
- Fast Track
- Adult Acute (including older person and maternity/gynaecology)
- Paediatrics Acute
- ED Mental Health pod (including behavioural assessment rooms)
- Clinical Forensic Medical Service (CFMS)
- Women's Assessment Centre (WAC)
4. Short stay unit
- Adult Emergency Medicine Unit (EMU)
- Paediatric Emergency Medicine Unit (EMU)
- Mental Health Short Stay Unit (MHSSU)
5. Support areas
- Decontamination
- Satellite Diagnostic Imaging
6. Amenities, and
7. Ambulance areas.

7.1   Entrance / Reception

The unit operates 24 hours-a-day, seven days per week.

7.1.1   Entry

The following access points will be the first interaction point for most unplanned patient presentations. Access points need to take into account provision for aged, bariatric, patients with a disability, carers and visitors. A drop-off zone is also required.

Additionally, after-hours access to the main hospital through ED is required in such a way that visitors do not walk through clinical areas of the ED and is visible to security office.

Public and ambulance entrances will be access controlled after hours.

Ambulant Entry

- A standalone, dedicated ambulant entry will be provided to the ED for ambulant patients, separate from the Hospital's Main Entry for patients/carers who have not been involved in a contamination incident. The ambulance entry to the unit will be directly adjacent to the main ambulant ED entry to enable a single triage area.

Ambulance Entry within the Ambulance Area

- There is a dedicated ambulance entry from the ambulance bay into the department.

Retrieval Entry

- There is an entry way which facilitates easy access to ED by retrieval services.

Decontamination Entry

- An alternate entry point will be provided for those involved in a contamination incident that leads directly to the ED decontamination shower.

Staff entry

- There is proximity card access from the staff zone to the ED.

7.1.2   Waiting areas

Patients in general will not wait in a "front of house" waiting room. They will be rapidly assessed at the triage/clerical area, and be directed onwards to the relevant clinical stream. Within the stream they will be immediately placed in an assessment space if available. If not, they will be placed in the "sub-waiting" area which is an integral part of each stream.

Treatment may be initiated in the sub-waits where clinically appropriate, and patients may return to the sub-wait area to finalise their treatment or for observation if appropriate. Requirements:

- a minimal front of house waiting area, which is family friendly.
- waiting areas are to accommodate different patient groups including bariatric, elderly and those with accessibility requirements
- paediatric separation from adults including play area to cater for families and children of patients in the main ED area
- the sub-waiting rooms will be attached to, or within, each stream with the exception of the resuscitation stream
- each sub-waiting area is to be designed to be an integral part of the stream
- each sub-wait is to be easily observable, enabling easy visual and physical interaction within the stream as a whole
- all sub-waiting areas are to have a beverage bay
- facilitate the provision of privacy for family groups generally
- space to accommodate educational-type material and an area for health and community related displays and demonstrations

- vending machines containing healthy and nutritional food and beverages, and an internet kiosk
- soft seating, appropriate for people with limited mobility e.g. with appropriate arm rests and height
- seating in waiting areas should be designed so that seats do not face the triage desk, thereby preventing the 'fish bowl' effect and enhancing patient privacy
- televisions in the waiting room with free to air and information loop
- adult acute sub-wait area is to be capable of accommodating patients in a bed.

7.1.3. Security Control Monitoring Room

A security control monitoring room is to be located in the ED to enable observation of the entrance, triage and waiting areas. The office will monitor and facilitate after-hours access to the rest of the hospital.

7.2. Triage / Registration

7.2.1 Triage

Adults and paediatrics are received and triaged at a single location.

Clerical reception and nurse triage are collocated and are the focus of the initial presentation and associated clerical/administrative functions.

Patients who are deemed stable may be interviewed across the desk. Those patients with more complex conditions requiring a physical examination or discrete questioning will be invited into the triage bay and assessed by a nurse.

After triaging the patient will then be directed to the appropriate stream/sub wait area. The intent is to move away from one centralised waiting area. Located in the ED are treatment streams that are comprise of a combined paediatric and adult resuscitation area, ED Mental Health pod, Fast Track pod, acute adult pod and paediatric stream. In addition there will be short stay and assessment areas including separate EMUs for adult and paediatric, Clinical Forensic Medical Service (CFMS), Women's Assessment Centre (WAC) and MHSSU.

Patients will be seen according to a combination of the urgency of their condition and their time of arrival. Requirements:

- the triage nurse and clerical desks are to be shared to provide a single point of contact for the patient
- the triage nurse will have a clear line of sight to the main entry, ambulance triage and front of house waiting area
- there needs to be immediate access to the front of house waiting area for triage staff, to manage acutely unwell patients (i.e. patient collapse)
- there will be provision for segregation from violent/disruptive behaviour
- triage will allow visitors to communicate private information without compromising their privacy
- associated assessment area/s for triage will be sufficient in size to provide appropriate assessment of an acutely unwell patient. These spaces will allow triage to survey the waiting room and entrances yet still provide privacy to the patient.

7.3. Assessment and treatment

7.3.1. Resuscitation

The most seriously ill or injured patients will be treated in the resuscitation stream. Both paediatric and adult services will be provided. During resuscitation up to 15 people, along with significant amounts of equipment, may attend the patient at the same time. The resuscitation area will:

- be open plan to enable clinical staff to move easily and quickly between bays, whilst still affording patients privacy
- have the ability to be used for trauma patients or patients that require resuscitation
- be supported by a physiological monitoring system with associated central monitoring
- have direct and straight access from the ambulance entry to the resuscitation area
- have direct access to satellite imaging
- have overhead X-ray gantry in all resuscitation beds
- two of the resuscitation bays will be preferentially used for major trauma, these will need to be larger to accommodate the complex, large team and additional equipment and procedures
- have C-arm X-ray in the large resus room and one other bay
- have ceiling mounted bariatric lifting equipment in the large resuscitations bay
- large resus room to have negative pressure capability
- staff station located centrally, with ready access to support areas including sterile store, clean utility, pneumatic tube

A viewing room for family members of deceased patients is required to be located within this area, co-located with the patient family lounge. This room needs to be located in a quiet, discreet and private area, and will have dual access to enable a bed to be wheeled in from corridor and have an adjoining ensuite.

7.3.2   Fast Track

Rapid assessment, investigation, and treatment of lower acuity patients will occur in Fast Track. Generally patients will be discharged home from this area, but if further management is required, they will usually be transferred to EMU or an inpatient unit. Medical staff, physiotherapists (including extended scope practitioners), and other nursing staff will staff this stream.

A single room/ procedure/isolation room with ensuite (not a dedicated room)is required in Fast Track for the management of <u>correctional/custodial</u> patients. This room is to be designed to provide a safe space to manage patients at risk of clinical deterioration, harm to others, or escape from custody. The room will be large enough to enable the prisoner to be accompanied by two correctional officers. It will be located to enable ease of supervision and provide a direct line of sight from a staff station, minimise disturbance to other patients, protect the privacy and dignity of the patient and consider paths of access to and from the room.

A consult room is required to be fit out for use by ENT / Ophthalmology and requires a wall or ceiling mounted electronic visual acuity screen, computer and slit lamp, to accommodate Snellen chart

Two procedure rooms are required for dressings, stitches, minor procedures and one room will require a plaster trap.

Allied health assessment requires one plinth in the physiotherapy treatment room to accommodate a 400kg patient.

Visibility from a central staff station to all rooms and the sub-wait area is required.

7.3.3   Adult Acute Stream

Adult patients with severe or potentially severe conditions will be treated in acute assessment beds. Patients will be dressed in a gown, connected to central monitoring and have investigations/interventions initiated. Patients who are mid treatment and stable, or considered suitable for relocation pending results may be moved to chairs within the adult acute sub-waiting room. Generally patients will be moved to either other areas of the hospital, including short stay units, or home. Requirements:

- solid wall between bays (1/2 length with remainder curtain)
- each space to have a ceiling mounted examination light
- treatment spaces to be arranged in pod configuration with two pods to have ability to shared amenities, given the number of adult acute assessment spaces

- physical separation between the adult acute and adult EMU
- ceiling mounted bariatric hoists to 250kg located in 2 adult acute bays
- one of the two procedure rooms will require a plaster trap
- interview rooms required for non-clinical and indirect care including allied health, police, distressed families
- Visibility from a central staff station to all rooms and the sub-wait area is required.

Ward services interchange

Wards person and Hospital assistance will be designated to the ED and will require an interchange/setting area for use between tasks. This interchange area will help to ensure Ward Services staff will be accommodated in a location which does not provide an OH&S risk to clinical areas and assists with maintaining work flow.

Communication Centre

- Will be located within the ED
- Switchboard operations/workstations for up to four staff.
- A centralised single phone number for ED - direct dial for outside callers including general public.
- A central single Multi-Function Device.
- Wireless VOIP charging stations and two way radio stations.
- The ability to utilise the room for senior ED staff to co-ordinate urgent and emergent ED issues.

7.3.4   Paediatric Acute Stream

Paediatric patients with severe or potentially severe conditions will be treated in acute assessment beds. Patients will be dressed in a gown if necessary, connected to central monitoring and have investigations/interventions initiated. Patients who are mid treatment and stable, or considered suitable for relocation pending results may be moved to chairs within the acute sub-waiting room. Generally patients will be moved to either other areas of the hospital, including short stay units, or home. Requirements:

- child specific environment
- complete auditory, visual and physical separation of paediatrics from adult areas
- consideration of 1/2 length solid wall between bays
- isolation rooms: one isolation room will double for use by paediatric (mainly adolescent) behavioural/psychiatric presentations, this area is to be compliant with mental health guidelines for design
- each space will have an examination light and adjustable/dimmable overhead lighting
- a patient television is required in each bay
- access to the outside environment or natural light is required
- visibility from a central staff station to all rooms and the sub-wait area is required.
- separation from the patients' bed areas, visually and acoustically
- paediatric procedure rooms require physiological monitoring, medical gas panel, including nitrous, Nurse Call, Nurse Assist and Emergency Call
- one of the two paediatric procedure rooms will require a plaster trap

No support areas in SoA, will they be shared with Paeds EMU.

7.3.5   ED Mental Health pod

The ED-Mental Health pod should be located at the front of ED to allow ready access to the behavioural assessment rooms. The pod has a sub-wait area, and staff station and other clinical facilities as for the other ED streams. Entrance is access controlled, however people can move freely within the area. The pod is permanently staffed by ED nursing staff, medical staff, mental health clinicians and psychiatry medical staff.

Behavioural Assessment Rooms

The Behavioural Assessment Rooms (BAR) provide a safe space within the ED to observe, assess and manage patients exhibiting behavioural disturbance, also providing time for the effects of drug or alcohol intoxication to wear off. An assessment will be made to determine the diagnosis, management pathway, or referral to an appropriate service for ongoing treatment. These spaces within the ED are to be located at the entrance and modelled on 'behavioural assessment rooms' (BARs).

7.3.6.   Clinical Forensic Medical Suites (CFMS)

The ED will accommodate examination suites for the Clinical Forensic Medical Service (CFMS). Staff from CFMS and Child at Risk Health Unit (CARHU) will use the facility to assess and collect evidence in cases including:

- adult sexual assault
- childhood sexual abuse
- childhood physical abuse
- victims of general assault including domestic violence
- traffic medicine and collection under the Road Transport Act for the purpose of police bloods
- occupational exposure assessments on Australian Federal Police (AFP) Officers
- follow up assessments for all of the above.

Patients appropriate to this service, who present to the ED, will be triaged. Patients requiring medical treatment will be streamed to the appropriate area depending on the severity of their injuries. When clinically stable, the patient will then be assessed within the CFMS area.

A CFMS staff member will see the patient in the dedicated CFMS consultation room for forensic evidence collection. The only people with access to the consultation room will be the patient, staff members and support persons (including agencies Canberra Rape Crisis Centre, Domestic Violence Crisis Service, NSW counselling support, AFP investigating officers). Preventing contamination of forensic specimens is paramount. The clinical suite is subject to a DNA decontamination process and register prior to and after each consultation to forensic and infection control standard. Police will conduct interviews in the adjoining lounge room. Family and friends will also provide support within this space. The CFMS requirements include:

- a design that will facilitate a one way flow
- two consult rooms are required
- the unit will be accessed initially through a family/ waiting room
- this will lead into an interview room with access to ICT -computer and telephone
- this will then flow to the consult rooms which will have an ensuite
- the ensuite is to be accessible from the consult room only
- family room to be accessible by swipe, to be an enclosed space where the door can be closed
- the family room is to have a beverage bay
- the family room is to have a less clinical feel, but still must be able to be decontaminated to forensic standards.

The requirements of the treatment/ consult room include:

- to be electronically access controlled with programming enabling access to CFMS staff only
- bank of lockable storage cupboards along the full width of the room which is to contain an examination trolley h1400 x w1000 xd600. Cupboard to have a bench within, and storage above the bench
- a locked, enclosed cupboard to have space allowance for a full height, single glass door, lockable forensic fridge (current size h2200 x d700 x w700) with allowance for adequate ventilation
- one small wall is to be painted 18% Grey – wall is to be full height and at least 2m wide, to enable standardised forensic photography

- consult desk to be positioned so that patient sits adjacent to desk
- all surfaces to withstand cleaning with bleach
- the examination beds are to be accessible from both sides and by a staff member sitting on a stool at the base of the couch. The couch is larger than a standard bed approx. 600x1700
- a ceiling mounted examination light
- wall mounted speculum light source adjacent to the couch
- the ensuite is to have a curtain track around the entry door to enable a staff member to stand inside the ensuite, whilst maintaining patient privacy
- the shower is not to have a shower curtain (risk of forensic contamination), and must have a accessible bench
- the specialised requirements of this department will require further investigation and articulation at the Room Data Sheet phase.

7.3.7 Women's Assessment Centre (WAC)

The WAC is a discrete outpatient unit located adjacent to the ED for the provision of care for women experiencing issues or difficulties in the early stages of pregnancy up to 20 weeks gestation, as well as women experiencing gynaecological issues. The unit will be staffed by appropriately trained obstetrics/gynaecology staff and will be under the governance of the division of Women Youth and Children. The unit will be staffed from 0800 to 2200 hours by registered midwives' with Women's Youth and Children medical staff rostered as required. As demand increases the staffing model and operational hours may change. At this stage of planning it is anticipated that the unit will be closed from 2200 to 0800 and all presentations will be assessed in the ED.

When presenting problems obviously present as gynaecological/obstetric issues in line with agreed guidelines, patients once triaged will be discharged from the ED and transferred to the WAC. Alternatively if symptoms are ambiguous patients will be accessed by ED staff. Once transferred to the WAC, patients will be removed from the Emergency Department Information System (EDIS) and be transferred to the CH ACT Patient Administration System (ACTPAS).

Adult women with undifferentiated abdominal pain will be seen in the ED rather than the WAC. Access to the WAC will be via both appointment, and as triaged through the ED. Women attending WAC via booked appointment will be required to be admitted in ACTPAS in order to capture their occasion of service. Women attending this service will usually require a pelvic examination as well as pelvic/vaginal ultrasound. For many women and their partners attending this service, this may be a time of particular loss and stress especially if there has been a foetal loss, the environment of the WAC is therefore to support privacy. The WAC specific design requirements are:

- one treatment rooms with gynaecological examination coach that can be accessed from both sides and the end of the couch
- examination light positioned to facilitate pelvic examinations
- fixed duress in all rooms
- adjoining ensuite
- play area within the sub wait
- dedicated space for confidential phone follow up and organising of appointments
- an environment that promotes auditory and visual privacy
- provide a non-institutional environment
- homelike interiors promoting a calm and stress free environment
- provision of space for a wall mounted trophon disinfecting cabinet, space for soaking probes prior to disinfection, PPE rack.

7.4. Short Stay Units

7.4.1 Adult EMU

The Adult EMU, under the governance of Critical Care, will provide ongoing management, care and observation of patients requiring assessment and short stay admissions. Discharge from the EMU is to be within 24 hours. 85% of patients are discharged home; the remainder are admitted to an Inpatient Unit. Patients waiting for inpatient beds will not occupy EMU.

- solid wall between bays (1/2 length with remainder curtain).
- TVs in each patient bay.

7.4.2 Paediatric EMU

The Paediatric EMU, under the governance of Critical Care, will provide ongoing management, care and observation of paediatric patients requiring assessment and short stay admissions. Discharge from the paediatric EMU is to be within 24 hours. 85% of patients are discharged home, whilst the remainder are admitted to an IPU. Patients waiting for inpatient beds will not occupy EMU. Specific design requirements include:

- solid wall between bays (1/2 length with remainder curtain)
- facility for parent overnight stay to be provided by the bedside
- a patient television in each bay
- support areas will be shared with Paediatric Acute.

7.4.3 Mental Health Short Stay Unit (MHSSU)

The MHSSU is a standalone short stay mental health inpatient unit adjacent to the ED, staffed with appropriately trained Mental Health, Justice Health, Alcohol and Drug Service (MHJHADS) staff, medical, allied and nursing staff. The MHSSU will be operational 24 hours a day, 365 days a year and provides opportunity for extended clinical observation, crisis stabilisation, mental health assessment and intervention for admitted people for up to a 48 hour period.

The unit design is intended to support brief therapeutic intervention including the establishment of pharmacological treatments, recovery focussed interventions and psycho-education. The MHSSU has the capacity to provide both voluntary and involuntary mental health care and is an approved facility under the Mental Health Act 2015.

The MHSSU has the capacity to provide both voluntary and involuntary mental health care and is an approved facility under the *Mental Health Act 2015*.

Patients will be discharged home, or admitted to the acute mental health unit from this stream.

A homely and therapeutic environment is required, balanced against the need for a safe environment for the patient cohort. Design requirements include:

- integrated personal duress system which indicates at a central location within the staff station the location of the duress call
- fixed duress in any area where people and staff mix
- to be located to allow for the easy internal transfer of patients from triage, ED Mental Health Pod and acute assessment bays
- location removed from paediatrics to limit any perceived threat to children
- fittings and fixtures will be anti-ligature and in line with the latest AHFG anti-ligature recommendations and CHHS Clinical Procedure Ligature Risk Management for MHJHADS Inpatient Mental Health Units
- all treatment and therapy spaces will be access controlled
- all spaces where clients and staff mix will have dual egress
- clear lines of sight with no concealed unsecured areas

- furnishings to minimise the potential for fixtures and fittings being used as weapons, barriers or ligature points
- ensure that shared communal areas are residential in type but should avoid obvious potential risks of personal self-harm
- maximise natural light within the facility, particularly to communal areas that are used most frequently in the daytime
- the ceiling is to be designed/secured to ensure that clients cannot access the ceiling space.
- glass within the unit is to be "JailGuard" or equivalent
- fire detection and suppression systems are to be tamper resistant and anti-ligature in line with systems in all MHJHADS Inpatient Mental Health Units
- a designated vulnerable persons area, including a bedroom and separate lounge area to accommodate their specific needs.

7.5 Clinical Support Areas

7.5.1 Decontamination Room/Disaster Store/Area

Single person decontamination facilities will be designed within the ED, multiple person decontamination equipment will be located external to ED to enable decontamination prior to the entry to ED. Primary stock required to attend a decontamination incident will be located within ED, whilst the major stock will be stored externally. Whilst the location of the external store is yet to be determined, consideration for a location within SPIRE should be considered.

A Primary Disaster store will store PPE for staff for immediate response to disaster presentations to the ED, including for respiratory infectious threat response, mass casualty presentations, and CBR presentations. This store is not for hospital-wide or scene response. The storage room should contain multiple power outlets, space for staff to change into PPE, and storage units

A large storage area for hospital-wide disaster response, mass casualty decontamination equipment, PPE, will also be required. This should be located outside of the ED.

The Emergency Management Steering Committee will be responsible for the disaster response, and will be located in the temporary command centre adjacent to ED.

- Will have a separate entrance to the single decontamination shower ambulance approach and offload areas must not allow access to public vehicle thoroughfare or parking.
- A single shower decontamination area will be provided within the ED, accessed from outdoors, then progress into ED.
- The Hospital Disaster Control Centre will not be located in the ED.

A primary concern will be the protection of the ED from infiltration of contaminated patients. The multiple person decontamination process is under review following consultation with ACT Fire and Rescue who is the lead combat agency for this type of event.

Depending on the type of incident and level of exposure the most appropriate treatment of decontamination will be determined by the lead agency in consultation with staff at ED.

A central <u>command centre</u> will be located adjacent to the ED. The governance of the command centre is by ACT Health Demand Management Unit.

7.5.2 Satellite Diagnostic Imaging

Modalities proposed for inclusion in the ED are summarised in the following table. These modalities are in addition to mobile ultrasound and fixed x-ray gantries in the resuscitation bays.

Table 1: Satellite imaging modalities

Satellite Imaging FPUs	Current	Future
General Xray, including OPG	1	2
Fixed Ultrasound	1	3
CT	0	1

Note – the current general X-ray is located in the ED, while the current fixed ultrasound is located adjacent to the ED in medical imaging. The future state is that the two fixed ultrasound will be located in the ED, as will the two general X-ray and one CT.

7.5.3   Diagnostic Imaging

Dedicated Diagnostic Imaging services with allocated imaging staff will be required in the ED 24/7. Medical imaging modalities play a significant role in the treatment of patients within the ED.

Modalities to be located within the ED include:

- general x-ray
- computed tomography (CT)
- Ultrasound
- orthopantomogram (OPG).

CT scanning and dedicated x-ray facilities are to be located adjacent to the resuscitation stream to enable direct patient flow into those modalities.

Where clinically appropriate, patients will be escorted to the required modality by a Wards person. If the patient is critically unwell/unable to be moved, the mobile x-ray/ultrasound will be taken to the patient bedside.

There will be multiple portable ultrasound machines in use throughout the ED, these are to be stored in dedicated equipment bays. As with existing practice, these will largely be used by ED specialists, ED registrars, and for some applications by ED nursing staff.

Within the resuscitation stream gantry style x-ray will be available along with C-arm capability.

All medical imaging suites are to have dual egress from the imaging control room. A networked Radiology Information System and Picture Archiving and Communication System will manage data collection, retrieval and reporting throughout the facility.

Mobile imaging equipment will be stored in a bay – mobile equipment.

- Resuscitation bays require gantry style X-ray in:
  - six adult resuscitation bays – two of those bays (trauma bays) will require a C-arm type gantry
  - one paediatric resuscitation bay
- X-ray room control bays will have dual egress from control room
- the CT scanner must be immediately adjacent to the resuscitation area.

7.5.4   Storage Requirements

General and dedicated storage is required within the Department and within each stream. With expected increases in the number of older people in the ACT, the ED will need adequate space to store:

- wheelchairs/trolleys/crutches
- commode chairs
- appropriate mattresses e.g. pressure relieving
- recliner chairs.

7.6. Amenities

7.6.1. Staff amenities

Decentralised staff stations within each stream will provide write up for core staff whilst providing visibility to all patient beds. Staff need access to computers at each bedside, staff stations, in consultation, treatment and procedure rooms. Clinicians (nurse, physio, doctor, etc.) should have a tablet device to enter relevant patient information, order tests, review results, send outpatient referrals, provide discharge emails (to patient and GP). This should include entering information in a real time medical record, that all involved in the patients care can see. These handheld devices should also be the communication method between staff within and outside the ED.

Staff toilets will be distributed throughout the ED. An emergency shower will be located within the ED. Staff lockers, staff room and staff offices will be located on the boundary of the Unit.

Staff stations are located in each stream and require line of sight to all clinical areas' staff areas are to be co-located to enable easy access and to be access controlled.

Water and electrical supply shut-off systems to clinical spaces is required in the staff only area, to reduce risk of inappropriate use of showers and consequent flooding and access to live electrical currents, particularly when people are considered at extreme risk or not under direct supervision by staff.

Clerical staff will be located in the clinical workroom adjacent to the staff station, where required. Noncore staff will also access computers and write up space within the clinical workrooms adjacent to the staff stations. Access is required to a mobile device platform (workstation on wheels) for the purpose of data entry. One device will be used between two bed spaces.

7.6.2 Teaching, education and research

The ED will accommodate a team of health professionals and support staff that work together to deliver high quality services to both children and adults. Ongoing training of this team is a major focus of the ED into the future. Most facilities for training and education will be provided within the Department so that they can be easily accessed by staff. These facilities will also be used to provide venues for internal meetings and family conferences.

Over 500 FTE staff will require ongoing education, plus students of multiple disciplines. The ED will require access to lecture theatres, and to high fidelity simulation areas within the hospital. The design requirements below are those that are required within the ED itself. Design requirements for teaching training, education and research include:

- Major teaching spaces, with the ability to split into smaller tutorial rooms via operable walls.
    - to facilitate regular daily staff training and teaching, including large group sessions, and small group rotating sessions
    - all rooms will need the ability to multi-media project and display
    - video-conferencing / telehealth / remote viewing of simulation centre and resus room are to be available
    - rooms ideally in rectangular configuration, and not used as storage
    - these rooms may also be used as an appropriate venue for medical and nursing handovers.
- Meeting room
    - suitable for up to 30 people, designed for department senior staff meetings, small group education etc. This would not necessarily need to be located with the major teaching spaces.
- Practical skills room
    - space with ability to set-up closely matching resus/acute bay for low-medium fidelity simulation and practical skills training. This room is not intended for high fidelity simulation, which will be accessed in the Hospital's Simulation Suite
- Storage

- teaching and other equipment, including mannequins and other educational materials
- Library/media
    - space to review/access/prepare
    - two bookshelves within an education space.
- Office space for educational staff
    - including medical education officer
    - telemedicine facilities including network access, video and audio communications should be provided for clinical and educational use. These may be provided in the education area of ED
    - all education and meeting rooms to be equipped with projectors, screens and access to network/internet
    - one room to be capable of videoconferencing.

7.6.3 Patient amenities

Amenities for adult and paediatric patients will be provided as detailed within the design requirements and the Schedule of Accommodation. Design requirements include:

- ceiling mounted monitors for displaying ED patient and waiting information
- access to hearing loop at reception, selected interview, consult and meeting rooms
- phone charging points by the patient bed side
- interview rooms for up to eight people, providing a confidential setting for families to receive information / counselling, and with capacity for computers, phone charging, and storage of resource materials
- chairs will be provided at the patient beside so a carer can comfortably wait
- provision of amenities will consider the needs of the aged and persons with a disability.

7.6.4. Visitor amenities

Amenities for visitors will be provided including:

- comfortable waiting area, including chairs, television, time (clock)
- play area for children adjacent to the main waiting area
- volunteers' area for general assistance
- a parent room (feeding and changing facilities)
- public phone
- taxi phone
- toilet and change facilities for able and persons with a disability.

7.7. Ambulance Areas

Ambulance services deliver and retrieve patients from the ED, via the ambulance entrance. They accompany the patients and continue providing treatment to patients in the ambulance triage area, until the patient's care is handed over to emergency staff. This areas will generally be physically and visually separated from public areas. Ambulance officers will be provided with a bay – write-up to undertake paperwork and make phone calls.

7.7.1 Ambulance Bays

Ambulance services will have a separate dedicated entry. The ambulance area will be a self-contained stream outside and adjoining the ED, which will not obstruct access to the main ambulant ED entry. The stream will enable ambulance staff to perform data input (Ambulance Communications Centre) and cleaning and restocking of their vehicles as required. When patients arrive at the ED via ambulance they will be wheeled into the ambulance trolley bay where they will be triaged and streamed into the appropriate stream. The internal planning of the ED will accommodate rapid flows

between functional areas and avoid congestion. Clear and separate traffic flows will be accommodated for:

- ambulance and other emergency vehicles
- public traffic
- staff and patient traffic
- flows for back of house services
- separate clean and dirty flows.

The Ambulance area requires:

- twelve covered parking bays for ambulances
- ambulance bays to be 'reverse in' design
- dedicated entrance for emergency vehicles, segregated from public
- sufficient space to for ambulances to safely manoeuvre, reverse and park without obstructing each other
- parking for other emergency vehicles including six car park spaces for police cars or other emergency vehicles
- storage for medications, linen, consumables and cleaning equipment; and parking space for restocking and cleaning of ambulances in the Ambulance Communications Base
- communications/write-up base with capacity for electronic Patient Care Record and Clinical Information System interface in the Ambulance Communications Base
- separate drainage and airflow management
- include an air lock and an air curtain to maintain ED environmental temperatures
- all entrances are to have a radiation area monitor including the decontamination area
- up to five patients on stretchers able to be accommodated while awaiting triage
- clear vision and communication is required between the ambulance bay and triage desk
- ability to separate patients awaiting triage who are agitated.

7.8 Core services

7.8.1 Pathology

Sampling will occur at the bedside by a suitably qualified staff member, utilising a pathology sampling trolley

Pathology services will include the use of point of care testing. Point of care analysers will be located within Resus, Adult Acute, Paediatric Acute, Fast track, Adult EMU and Paediatric EMU

Rapid access to pathology labs is required through the use of pneumatic tube and electronic result system, including immediate electronic notification of results availability. Pneumatic tubes are required in each stream. Some specimens may need to be transported by staff/courier.

7.8.2 Pharmacy

Rapid access to pharmacy services within the ED will be provided and include dedicated pharmacy staff based in the ED, provision of Automated Dispensing Machines (ADMs) located throughout the ED to support clinical care, and the provision for an ADM for the storage of discharge packs, especially out of hours. ADM stock levels are monitored electronically, with restocking managed by a pharmacy technician. Restricted and individualised medications are monitored and stocked by the ED pharmacist/s who will be available seven days a week extended hours will be required.

A wall mounted medication safe in a Clean Utility is required within the ED for storage of restricted medication as a safeguard against ADM failure.

A pneumatic tube system (separate from pathology) and/ or courier and or Automated Guided Vehicle will be used to deliver non-imprest drugs from the Pharmacy to the ED as required.

Design requirements:

- clean utility rooms within each stream will house an ADM Apart from Resuscitation Stream which will have an ADM Bay
- a large afterhours ADM unit for central pharmacy stores, is to have a close functional relationship to demand management
- lockable medication fridges integrated with ADM's are required in the clean utility in Fast Track, Adult Acute and Paediatric Acute. The acute fridge will be larger and house anti-venom. Fridges require back to base alarms and hardwiring. Construction around the fridge is to ensure that the fridges do not overheat
- pharmacy services for the ED will be provided by the CH Pharmacy Service
- desk space for two pharmacists will be required
- a central ADM will store discharge packs.

7.8.3. Allied Health

The major allied health services to be provided within the Department will include:

- physiotherapy (full time presence), including primary assessment and management role
- Aboriginal Liaison Service
- social work
- occupational therapy.

Other services, such as nutrition, psychology and speech pathology, will provide in-reach services to the Department where appropriate. In order to undertake patient care, allied health services will need access to clinical and related facilities including:

- interview rooms
- larger meeting rooms
- consultation rooms in ambulatory assessment stream
- treatment rooms
- an area to assess patients on stairs.

7.8.4 Biomedical Engineering

Services will be provided by the Biomedical engineering service in the CH. A combined workroom will be provided within the ED where Technical Officers will manage the equipment requirements of ED. This workroom will accommodate a satellite Biomedical Workroom, where repairs and maintenance of equipment will take place.

7.9. Non-clinical support

7.9.1. Administration

Clerical services relating to patient presentation and admission will be located in the ED reception, co-located with triage. In addition clerical staff will be distributed throughout the ED in workrooms adjacent to staff stations.

ED offices and education areas will be located in close proximity to the ED. The paging system will be extended to the offices and education areas to ensure staff not located within the ED itself can receive communication.

7.9.2 Environmental and supply services

Linen

Linen supplies will be business as usual. Supplies are delivered and replenished daily. Clean linen supplies will be stored on trolleys in designated linen bays in patient occupied areas. Restocking will be by a trolley exchange roll in/roll out system.

Dirty linen carriers (skips) are stored in dirty utility rooms. Staff take a dirty linen carrier from the dirty utility room to the point of use and return for storage. Once full they are tied off by a hospital

assistant/staff member and transferred to the local disposal room. From here they are transferred by the contracted linen provider to the dirty linen storage area located at the dock where they are taken by large truck offsite for washing.

Cleaning

Cleaning services will ensure that facilities are clean and hygienic as per Infection Prevention Guidelines and contemporary best practice.

Each clinical unit has a designated cleaner's room which holds the cleaners trolley and some consumables. All other large equipment i.e. floor washers, vacuums etc is located in the cleaners stores in a back of house area.

Cleaning staff remove all waste from the clinical area to a local disposal room. From this room it is collected and transported to the loading dock where it is held awaiting removal from the site.

Stores

Stores are delivered daily with stock levels monitored by Purchasing and Inventory Control System (PICS). To reduce staff walking distances, point of care cupboards are to be distributed evenly throughout.

An additional General storeroom will provide space for miscellaneous stock. An Equipment Room will accommodate reusable equipment. Much of this equipment will require charging. Mobile equipment bays will be provided to make available commonly used items (e.g. hoists, intravenous fluid poles, vital signs monitors).

Waste

Waste management and removal will occur as per the facility wide policy for managing waste. Waste will be segregated at the source and will include general, biohazard and recyclable as a minimum.

Waste is removed by the cleaners from all areas across the campus and disposed/ recycled in a range of receptacles located at the loading dock. Waste streaming bays are located across the campus in all clinical areas and use an exchange bin model where clean, empty spare bins are stored in the nearest disposal room and exchanged for waste bins once they become full. From the disposal room, these bins are taken by cleaning staff to the dock where they are emptied.

There are many types of waste including general, co-mingled, paper, clinical, metal and other recyclables.

Dirty utility rooms will accommodate two 660L bins for general waste and co-mingle recycling, and two 240L clinical waste bins. Waste will be removed from dirty utility rooms and Disposal rooms once to twice daily depending on area, demand and agreed schedule.

Food

Adult and paediatric-age appropriate food for EMU patients will be delivered in a food retherm trolley and docked for distribution by a food services staff member. Meals are not provided to families; however they will have access to tea and coffee facilities, reheating facilities and a shared patient/family dining room.

Within other streams sandwiches, snacks, tea and coffee and water will be provided with the ability of visitors to help themselves. These are to be available in close location to treatment areas.

7.10. Security requirements

Security arrangements will be in line with ACT Health Policies and Procedures. Design requirements:

- security must be able to be maintained during power failure and all public access points must be able to be locked down during a disaster
- staff only areas will be access controlled via swipe card
- CCTV:

CCTV will be required at all entrances and egress points, waiting areas, short stay units

CCTV provided in specified treatment spaces (e.g. resuscitation bays) will be integrated with storage systems to enable the recording, storage and retrieval of discrete periods of footage for use in debriefing and training exercises

- Mobile or personal duress system

duress alarms will be required at triage, all clinical areas (interview rooms, distressed relatives rooms and larger meeting rooms), staff area and the car park. Staff will be able to utilise the multifunctional wireless phones and mobile duress alarms in addition to existing duress systems.

- Additional security measures:

bollards are to be installed at the entrance to the ED to prevent vehicular access.

7.11. Information Communication Technology (ICT)

ICT services technology changes rapidly and the design process must acknowledge continuous development of policy and the impact it may have on implementation. Specific ICT requirements include:

- bedside data entry:

Staff will need access to computers at each bedside, staff stations, in consultation, treatment and procedure rooms.
Clinicians (nurse, physio, doctor, etc.) will have tablet devices to enter relevant patient information, order tests, review results, send outpatient referrals, provide discharge emails (to patient and GP). This should include entering information in a real time medical record, that all involved in the patients care can see. These handheld devices should also be the communication method between staff within and outside the ED
Access is required to a mobile device platform, Workstation on Wheels (WoW), for the purpose of data entry. One WoW will be used between two bed spaces.

- Wi-Fi

Provision for medically safe wireless networking throughout the clinical area
Wi-Fi internet access will be provided throughout the Department (including lounge/wait areas) for use by staff and visitors

- Printer

Printers are required at the staff station in each stream, at reception/triage and in close proximity to the ambulance entrance
Space is required for equipment relating to electronic medication/pathology/wristband/ programs

- Hearing Loop

Hearing loop is to be available at triage/reception and scattered through the streams. Each stream will have at least one area with hearing loop installed; this will include interview, consult and meeting rooms.

- Patient monitoring

Patients will be issued with Electronic wristbands that provide real time tracking ability, can be scanned by clinician devices to confirm identity and provide alerts for allergies etc
Patient monitoring at bed spaces, and selected other spaces (e.g. procedure rooms) will be configured for monitoring at a central location with real time reporting.
All resuscitation beds are to have haemodynamic monitoring and ventilation equipment.
Central monitoring will feature in all streams.
All monitoring modalities will be compatible with other critical care areas within the hospital including ICU/CCU and Interventional Suite

- Patient beside entertainment

Where appropriate and required, patient entertainment (i.e. TV) will be provided. Bedside data entry for clinical staff will be provided by an alternate system

Patient entertainment will be available in all paediatric areas

TV in lounge/wait areas providing access to entertainment and health information

- Telemedicine/Video conferencing

Selected clinical spaces will be configured to provide remote telemedicine for patients located in the ACT to access services provided elsewhere. These facilities can be located in either the Education room or a communal office area.

- Communication

the most appropriate latest technology will be required for: communicating during systems fail or in disaster response; audible communication in all clinical and non-clinical areas of the ED with access to points in multiple locations and integrated paging and communication systems.

7.12. Infection control

Negative pressure (Class N) and positive pressure (Class P) isolation rooms will be located within the ED to manage a range of conditions with airborne transmission. Each class N isolation room will have an ante room.

Clinical hand wash basins and associated equipment and consumables will be provided in treatment, consultation and therapy areas at the entrances to each room, and at the entrance to the department. Hand spray stations will be available at all entrances to the ED, along corridors, at staff stations for use by all staff, patients and carers.

The air conditioning system will have the capacity to enable isolation of one area in the department from another e.g. between main areas and EMU.

The waiting room and sub-waiting rooms are to be designed in a way to enable separation of patients i.e. the vomiting patient.

8. Specific design requirements

8.1. Overarching design requirements

The design must:

- incorporate safe design principles including visibility between staff and patients and vice versa, standardisation, automation (if possible), reduction in noise, immediate accessibility to information close to the point of service and the minimisation of patient movement around the facility
- support maximum productivity and efficiency, short travel distances, and ensure flexibility to allow operational models, nursing staff structures and the Model of Care to change over time, including nurse to patient ratios
- be standardised where possible to produce an environment which is familiar to staff enabling efficient use of time and space thereby reducing stress and fatigue
- facilitate efficient and effective patient flow though areas
- provide expansion space for future growth of the unit
- have universal design of individual patient treatment areas to offer greater flexibility and adaptability for multiple purpose use
- there is sufficient storage to ensure that equipment and trolleys do not clutter the corridor
- floor and wall coverings are to support acoustic attenuation.

Each stream is to be fully equipped (e.g. pneumatic tubes for pathology to individual streams) to enable independent and flexible functioning (e.g. quiet periods).

The design and distribution of spaces must support the range of health care professionals and other care givers who will work in the Emergency Service areas in terms of information sharing, learning and communication, sharing of resources.

Technology will support access to information and data entry requirements of staff and patients, for example, bedside computers for data entry, and distributed spaces for data entry and computer access for all team members.

There is to be sufficient space by each bed side for a chair for a carer.

Each bed space is to be visible from the staff station.

Emergency (battery powered) lighting and other power to other essential equipment must be provided in all patient care areas in case of power failure.

8.2. Specific design requirements

Specific design requirements for the various areas within the ED are outlined below:

8.2.1 Outdoor Space

Access to an outside courtyard will be required for those awaiting treatment and for distressed relatives. It should be located within direct access off EMU for those patients who are in the department for longer periods. Access will be required to an outdoor space from the paediatric stream. Access to an outside courtyard adjacent to staff tea room facilities is desirable.

8.2.1 Treatment Spaces

Bedrooms

- all bedrooms will be single bedrooms.
- all furniture, fixtures and fittings used in 'private' residential areas e.g. bedrooms and bathrooms/ensuites must be of a type specifically manufactured and marketed as anti-ligature and tamperproof type.
- patient bedroom doors are designed to prevent holding, barring or blocking.
- beds are to be built in beds with a weight rating of 240kg.
- the bedroom door is to be fitted with an anti-ligature type door closer and fitted with ligature sensors on the top of doors.
- bedroom doors must provide staff with rapid access in the event of an emergency.
- anti-pick sealant required and tamper-proof screws throughout
- doors into rooms must have observation panels with integrated blinds/obscuring mechanisms – with consideration for the use of electrostatic panels. These can be operated by residents with an external override feature for staff.
- staff can override any locks that are lockable from the inside e.g. patient bedrooms.
- where outward opening doors are provided, these should be recessed to prevent obstruction of corridors.
- there should be no blind spots in the rooms, particularly any created behind open doors or by ensuite placement.
- bedrooms are to be acoustically treated to minimise transference of noise between adjoining bedrooms.
- bedrooms are to be access controlled with the ability to lock people out of their bedroom
- two bedrooms able to be segregated as a vulnerable persons' suite-which will be access controlled. This area is to be visible from the staff station and include a small lounge area

Vulnerable persons

- an area including two bedrooms with attached ensuites and a small lounge is required. There is to be the ability to segregate this area from the rest of the unit.

- line of site is essential of this area from the staff station

8.2.2 · Ensuite shower/toilets

- ensuites will not have doors, the design will ensure privacy and anti-ligature privacy screen will be fitted.
- shower cubicles should have good floor-to-fall drainage
- all possible ligature points should be avoided, considerations for ensuites, showers and toilets include:
  - recessed area for garbage bins
  - recessed and anti-ligature toilet roll holders
  - toilet seats that resist breakage and removal
  - shelves (rather than collapsible hooks) for clothing and towels in a dry area
  - in-fill moulded hand rails (not in accessible toilets)
  - recessed and anti-ligature soap and shampoo shelf
  - floor waste drain.

9. Functional Relationships

9.1. Internal Relationships

Figure 2: Internal functional relationships for ED

Emergency Department

9.2. External Relationships

Key external functional relationships are prioritised in Table 4 as per the criteria in Table 5.

Table 4: External functional relationships for ED

Service/Unit	Priority	Comments
Medical Imaging	Immediate	Movement of patients – satellite provision
Security	Immediate	Movement of staff. e.g. black alert, staff from all points urgently attend
Drop off/Pickup	Immediate	Movement of staff & consumers; Ambulance, Security, Patient Transport
Mental Health Short Stay Unit	Direct	Movement of Patients
Medical and Surgical Assessment Units	Direct	Movement of patients
ICU	Direct	Movement of patients from resuscitation bays
Interventional Services	Direct	Movement of staff and patients for procedures
Pharmacy	Direct	Movement of staff and medications; planned visits
Helipad	Ready	Movement of patients and staff
Pathology	Ready	Movement of patient samples via pneumatic tube. Also immediate POC testing
Allied Health	Ready	Movement of staff
Central Equipment Store	Ready	Movement of equipment
Discharge Lounge	Ready	Movement of patients
Administration Centre	Easy	Movement of staff and consumers (admissions, MHRT hearings, patient flow etc)
General (Hotel) Services	Easy	Movement of staff, meals, linen & waste
Mortuary	Easy	Movement of patients
IPU	Easy	Movement of patients and staff
Site Interfaces		
Car parking – Staff	Ready	Movement of staff; swipe card access control (particularly on call staff)
Car parking – Visitors	Easy	Movement of visitors and consumers
Public Transport	Easy	Movement of visitors, consumers and staff

Table 5: Prioritisation of external functional relationships

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.

Future service developments and innovation

There will be identification of space for future expansion adjacent to the ED, such that should future requirements direct that extension of the ED is necessary, this will be done in such a way that maximises functional outcome, and can be achieved without major effect on other structures.

Planning should acknowledge likely implementation of:

- large automated dispensing machines
- AGV – food delivery
- paperless electronic medical records systems.

The CH Emergency Department will be integrated with new ED services established in the Territory, such as a proposed North Canberra inpatient service.

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10.Schedule of Accommodation

AusHFG Code	Deviation from HPU B.0300 Y/N	Room / Space	Quantity	Room Area M2	Total Area	AHFG's Standard Compnent Size m2	Deviation from Standard Compent m2
ENTRANCE / RECEPTION							
AIRLE-10	N	Airlock, 10m2	1	10	10	10	0
RECL-15	Y	Reception/ Triage / Clerical, 20m2	1	50	50	20	30
STPS-8	Y	Store - Photocopy/ Stationery, 8m2	1	8	8	8	0
SECR-10	Y	Security Room, 10m2	1	10	10	10	0
WAIT-50	N	Waiting, 50m2	1	30	30	50	-20
PLAP-10	N	Play Area - Paediatric, 10m2	1	10	10	10	0
PAR	N	Parenting Room	1	6	6	6	0
BPH	N	Bay – Public Telephone	1	2	2	2	0
BVM-3	N	Bay – Vending Machines	1	3	3	3	0
BPPE	Y	Bay - PPE (Personal Protective Equipment)	1	2	2	2	0
WAPU-3	N	Toilet - Public, 3m2	4	3	12	3	0
WCAC	N	Toilet - Accessible, 6m2	1	6	6	6	0
BMEQ-6	N	Bay - Mobile Equipment	1	12	12	12	0
	Y	`	1	6	6	12	-6
		Subtotal			161		4
		Discounted Circulation		30%	48		1
		Total			209		1
TRIAGE / REGISTRATION							
	N	Triage Cubicle/ Bay	3	9	27	9	0
AIRLE-10	N	Airlock, 10m2	1	10	10	10	0
AMBTR	N	Ambulance Triage	1	12	12	12	0
PBTR-H-9	N	Patient Bay - Holding, 9m2	1	9	9	9	0
SSTN-20	Y	Staff Station, 20m2	1	20	20	20	0
		Subtotal			78		0
		Discounted Circulation		30%	23		0
		Total			101		0
TREATMENT AREAS							
RESUSCITATION							
PBTR-R	N	Patient Bay - Resuscitation, 25m2	4	25	100	25	0
PBTR-R	Y	Patient Bay - Resuscitation, 40m2	2	40	80	25	80
PBTR-R	Y	Patient Bay - Resuscitation, 25m2	1	25	25	25	25
ANRM	Y	Anteroom	1	6	6	0	6
INTF	Y	Interview Room	2	14	28	12	28
BMEQ-4	N	Bay – Mobile Equipment, 4m2	1	4	4	4	0
SHDEC	N	Shower, Decontamination	1	8	8	8	0
STGN	N	Store – General, 9m2	1	9	9	9	0
		Subtotal			260		139
		Discounted Circulation		30%	78		42
		Total			338		181
RESUSCITATION SUPPORT AREAS							
SSTN-14	N	Staff Station, 14m2	1	20	20	14	6
CLUR-8	Y	Clean Utility/ Medication Room - Sub, 8m2	1	8	8	8	0
STSS-12	Y	Store - Sterile Stock, 12m2	1	12	12	12	0
DTUR-S	Y	Dirty Utility - Sub, 8m2	1	8	8	8	0
BPATH	Y	Bay – Pathology	1	4	4	4	0
BBW	Y	Bay - Blanket / Fluid Warmer	1	3	3	3	0
BPPE	Y	Bay - PPE (Personal Protective Equipment)	1	2	2	2	0
STEQ-14	Y	Store - Equipment, 14m2	1	14	14	14	0
LNPT-10	Y	Lounge - Patient/ Family, 10m2	1	10	10	10	0
ENS-ST	Y	Ensuite - Standard, 5m2	1	5	5	5	0
MOR-VR	Y	Mortuary - Viewing Room	1	8	8	8	0
BPTS	Y	Bay - Pneumatic Tube	1	1	1	1	0
BLIN	Y	Bay - Linen	1	2	2	2	0

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AusHFG Code	Deviation from HPU B.0300 Y/N	Room / Space	Quantity	Room Area M2	Total Area	AHFG's Standard Compnent Size m2	Deviation from Standard Compent m2
	Y	Bay - dirty linen trolley	1	1	1	1	0
		Subtotal			97		6
		Discounted Circulation		30%	29	0	31
		Total			126		31
FAST TRACK							
CONS	N	Consult room	5	12	60	12	0
CONS-ENT-OPT	N	Consult - ENT/ Ophthalmology	1	12	12	12	0
	N	Consult - Dental	0	12	0	12	0
PBTR-NA	Y	Patient Bay – Non Acute Treatment, 10m2	7	10	70	10	70
1 BR-IS-N	Y	1 Bed Room - Isolation - Negative Pressure, 15m2	1	15	15	15	15
ENS-ST	Y	Ensuite - Standard, 5m2	1	5	5	5	5
ANTE	Y	Anteroom	1	6	6	6	6
PROC-20	Y	Procedure Room, 20m2	2	20	40	14	40
SSTN-14	Y	Staff Station, 14m2	1	20	20	14	20
TRMT	Y	Allied Health Assessment TreatmentRoom	1	14	14	14	14
		Subtotal			242		170
		Discounted Circulation		30%	73	0	51
		Total			315		221
FAST TRACK SUPPORT AREA							
WAIT-10	Y	Waiting, 10m2	1	30	30	10	20
CLUR-14	N	Clean Utility/ Medication Room, 14m2	1	14	14	14	0
DTUR-10	N	Dirty Utility, 10m2	1	10	10	10	0
STSS-12	N	Store - Sterile Stock, 12m2	1	12	12	12	0
STEQ-14	N	Store - Equipment	1	14	14	14	0
	N	Store - Crutch	1	2	2	2	0
WCPT	N	Toilet - Patient, 4m2	2	4	8	4	0
BHW	Y	Bay - Height/ Weight	1	2	2	2	0
BHWS-A	N	Bay – Hand wash - Type A	2	1	2	1	0
BPPE	Y	Bay - PPE (Personal Protective Equipment)	6	2	9	1	1
BPATH	Y	Bay – Pathology	1	4	4	4	0
BPTS	N	Bay – Pneumatic Tube	1	1	1	1	0
BMEQ-4	N	Bay - Mobile Equipment, 4m2	1	4	4	4	0
BBEV-OP	N	Bay – Beverage, Open Plan, 4m2	2	4	8	4	0
BMT-4	Y	Bay – Meal Trolley	1	4	4	4	0
BLIN	N	Bay - Linen	1	2	2	2	0
	Y	Bay - dirty linen trolley	4	1	2	1	0
BRES	Y	Bay - Resuscitation Trolley	1	2	2	1	1
		Subtotal			130		21
		Discounted Circulation		40%	52	0	8
		Total			181		
ADULT ACUTE							
PBTR-A12	N	Patient Bay - Acute Treatment, 12m2	30	12	360	12	0
1 BR-IS-N	N	1 Bed Room - Isolation - Negative Pressure, 15m2	3	15	45	15	0
1BR-IS-P	Y	1 Bed Room - Isolation - Positive Pressure	1	15	15	15	0
ANTE	N	Anteroom	3	6	18	6	0
ENS-BA	N	Ensuite - Bariatric, 7m2	1	7	7	7	0
ENS-ST	N	Ensuite - Standard, 5m2	3	5	15	5	0
PROC-20	Y	Procedure Room, 20m2	2	20	40	20	0
INTF	Y	Interview Room	2	14	28	14	0
WCPT	N	Toilet - Patient, 4m2	5	4	20	4	0
SHPT	N	Shower - Patient, 4m2	2	4	8	4	0
		Subtotal			556		0
		Discounted Circulation		40%	222	0	0
		Total			778		

HEALTH PLANNING UNIT BRIEF – *EMERGENCY DEPARTMENT v0.11*

AusHFG Code	Deviation from HPU B.0300 Y/N	Room / Space	Quantity	Room Area M2	Total Area	AHFG's Standard Compnent Size m2	Deviation from Standard Compent m2
ADULT ACUTE SUPPORT AREA							
WAIT-10	Y	Waiting, 10m2	1	30	30	10	20
SSTN-14	Y	Staff Station, 14m2	2	30	60	30	0
OFF-CLN	Y	Office - Clinical Workroom	2	15	30	15	0
BHWS-A	N	Bay – Hand wash - Type A	11	1	11	1	0
BPPE	N	Bay - PPE (Personal Protective Equipment)	10	2	15	2	0
	N	Office – Telemedicine	0	12	0	12	0
CLUR-12	Y	Clean Utility/ Medication Room, 12m2	2	12	24	12	0
STSS-12	N	Store - Sterile Stock, 12m2	1	12	12	12	0
BPTS	N	Bay – Pneumatic Tube	2	1	2	1	0
BPATH	N	Bay – Pathology	2	1	2	1	0
	N	Bay - pathology trolley	4	1	4	1	0
DTUR-10	Y	Dirty Utility, 10m2	2	10	20	10	0
STEQ-14	N	Store - Equipment	1	30	30	30	0
STDE	N	Store - Disaster Equipment	1	15	15	8	7
BBW	N	Bay - Blanket / Fluid Warmer	1	3	3	3	0
BMEQ-4	N	Bay - Mobile Equipment, 4m2	4	4	16	4	0
BBEV-OP	N	Bay – Beverage, Open Plan, 4m2	2	4	8	4	0
BMT-4	N	Bay – Meal Trolley	1	4	4	4	0
BLIN	N	Bay - Linen	3	2	6	2	0
STDR-10	Y	Medication Room	1	10	10	10	0
DISP-8	Y	Disposal Room, 8m2	1	8	8	8	0
CLRM-5	N	Cleaner's Room, 5m2	1	5	5	5	0
	Y	Bay - dirty linen trolley	10	1	5	1	0
	Y	Wardsperson interchange	1	10	10	10	0
	Y	Communications Centre	1	25	25	25	0
BRES	N	Bay - Resuscitation Trolley	1	2	2	2	0
		Subtotal			357		59
		Discounted Circulation		40%	143	0	24
		Total			499		109
PAEDIATRIC ACUTE							
PBTR-A12	N	Patient Bay - Acute Treatment, 12m2	10	12	120	12	0
1 BR-IS-N	N	1 Bed Room - Isolation - Negative Pressure, 15m2	2	15	30	15	0
ANTE	N	Anteroom	2	6	12	6	0
ENS-ST	N	Ensuite - Standard, 5m2	2	5	10	5	0
CONS	N	Consult Room	2	12	24	12	0
PROC-20	Y	Procedure Room, 20m2	2	20	40	20	0
TRMT	N	Plaster Room	0	14	0	14	0
	N	Store - Crutch	1	2	2	2	0
PLAP-10	N	Play Area - Paediatrics, 10m2	1	10	10	10	0
INTF	N	Interview Room	1	12	12	12	0
WCPT	N	Toilet - Patient, 4m2	2	4	8	4	0
SHPT	N	Shower - Patient, 4m2	1	4	4	4	0
		Subtotal			272		0
		Discounted Circulation		40%	109	0	
		Total					
ED MENTAL HEALTH POD							
TRMT	Y	Treatment Room - Behavioural Assessment Room	2	14	28	14	0
	Y	Gun safe	1	2	2	2	0
WCPT	N	Toilet - Patient, 4m2	1	4	4	4	0
SSTN-10	Y	Staff Station	1	10	10	10	0
WAIT-20	Y	Waiting, 20m2	1	20	20	20	0
INTF	N	Interview Room	3	14	42	14	0
		Subtotal			106		0
		Discounted Circulation		30%	32	0	0
		Total			138		
EMERGENCY MEDICINE UNIT - ADULT							

HEALTH PLANNING UNIT BRIEF – *EMERGENCY DEPARTMENT v0.11*

AusHFG Code	Deviation from HPU B.0300 Y/N	Room / Space	Quantity	Room Area M2	Total Area	AHFG's Standard Compnent Size m2	Deviation from Standard Compent m2
PBTR-A12	N	Patient Bay - Acute Treatment, 12m2	23	12	276	12	0
1 BR-IS-N	N	1 Bed Room - Isolation Room - Negative Pressure, 15m2	3	15	45	15	0
ANTE	N	Anteroom	3	6	18	6	0
INTF	Y	Interview Room	1	12	12	12	0
ENS-ST	N	Ensuite	3	5	15	5	0
WCPT	N	Toilet - Patient, 4m2	3	4	12	4	0
SHPT	N	Shower - Patient, 4m2	3	4	12	4	0
		Subtotal			390		
		Discounted Circulation		30%	117	0	
		Total			507		
EMERGENCY MEDICINE UNIT - ADULT - SUPPORT AREA							
SSTN-20	N	Staff Station, 20m2	1	20	20	20	0
BLIN	N	Bay - Linen	1	2	2	2	0
BHWS-A	N	Bay – Hand wash - Type A	7	1	7	1	0
BPPE	N	Bay - PPE (Personal Protective Equipment)	9	2	14	2	0
	N	Bay - Waste streaming	1	4	4		4
CLUR-14	N	Clean Utility/ Medication Room, 14m2	1	14	14	14	0
STSS-12	N	Store - Sterile Stock, 12m2	1	12	12	12	0
DTUR-12	N	Dirty Utility, 12m2	1	12	12	12	0
	N	Bay - dirty linen trolley	9	1	5		1
BMT-4	N	Bay – Meal Trolley	1	4	4	4	0
BBEV-OP	N	Bay – Beverage, Open Plan, 4m2	1	4	4	4	0
STGN-9	N	Store - General	1	12	12		12
STEQ-14	N	Store - Equipment	1	14	14	14	0
BMEQ-4	N	Bay - Mobile Equipment, 4m2	2	4	8	4	0
BRES	N	Bay - Resuscitation Trolley	1	2	2		2
BPATH	N	Bay – Pathology	1	4	4	4	0
	N	Bay - pathology trolley	3	1	2		1
BPTS	N	Bay – Pneumatic Tube	1	1	1	1	0
		Subtotal			139		19
		Discounted Circulation		30%	42	0	6
		Total			181		24
PAEDIATRIC EMERGENCY MEDICINE UNIT							0
PBTR-A12	N	Patient Bay - Acute Treatment, 12m2	5	12	60	12	0
1 BR-IS-N	N	1 Bed Room - Isolation Room - Negative Pressure, 15m2	1	15	15	15	0
ANTE	N	Anteroom	1	6	6	6	0
ENS-ST	N	Ensuite	1	5	5	5	0
WCPT	N	Toilet - Patient, 4m2	2	4	8	4	0
SHPT	N	Shower - Patient, 4m2	1	4	4	4	0
		Subtotal			98		0
		Discounted Circulation		30%	29	0	
		Total			127		
PAEDIATRIC STREAM SUPPORT AREA							0
WAIT-10	N	Waiting, 10m2	1	30	30	20	10
SSTN-14	N	Staff Station, 14m2	1	14	14	14	0
OFF-CLN	N	Office - Clinical Workroom	1	15	15	15	0
SSTN-14	N	Staff Station, 14m2	1	14	14	14	0
CLUR-14	Y	Clean Utility/ Medication Room, 14m2	1	14	14	14	0
STSS-12	N	Store - Sterile Stock, 12m2	1	12	12	12	0
DTUR-10	N	Dirty Utility, 10m2	1	10	10	10	0
BBW	N	Bay - Blanket / Fluid Warmer	1	3	3	3	0
BHWS-A	N	Bay – Hand wash - Type A	5	1	5	1	0
BPPE	Y	Bay - PPE (Personal Protective Equipment)	2	2	3	2	0
BPTS	Y	Bay – Pneumatic Tube	1	1	1	1	0

HEALTH PLANNING UNIT BRIEF – *EMERGENCY DEPARTMENT v0.11*

AusHFG Code	Deviation from HPU B.0300 Y/N	Room / Space	Quantity	Room Area M2	Total Area	AHFG's Standard Compnent Size m2	Deviation from Standard Compent m2
BPATH	Y	Bay – Pathology	1	4	4	4	0
	Y	Bay - pathology trolley	2	1	1	1	0
STGN-9	N	Store - General	1	12	12	12	0
STEQ-14	N	Store - Equipment	1	14	14	14	0
STDE	Y	Store - Play	1	2	2	2	0
BMEQ-4	N	Bay - Mobile Equipment, 4m2	2	4	8	4	0
BBEV-OP	N	Bay – Beverage, Open Plan, 4m2	2	4	8	4	0
BHW	N	Bay - Height/ Weight	1	2	2	2	0
BMT-4	N	Bay – Meal Trolley	1	4	4	4	0
BLIN	N	Bay - Linen	1	2	2	2	0
DISP-8	Y	Disposal Room, 8m2	1	8	8	8	0
	Y	Bay - dirty linen trolley	2	1	1	1	0
BRES	N	Bay - Resuscitation Trolley	1	2	2	2	0
		Subtotal			*189*		*0*
		Discounted Circulation		40%	75	0	
		Total			264		
OTHER STAFF SUPPORT AREAS							0
SRM-35	Y	Staff Room, 30m2	1	45	45	30	15
CHST-20	Y	Change - Staff (Male/Female), 20m2	2	20	40	20	0
SHST	N	Shower - Staff, 3m2	2	3	6	3	0
WCST	N	Toilet - Staff, 3m2	17	3	51	3	0
PAR	Y	Parenting Room	1	6	6	6	0
		Subtotal			*148*		*15*
		Discounted Circulation		30%	44	0	5
UNIT_TOTAL		**Total**			192		0
SUPPORT AREAS							0
	Y	Biomedical equipment workroom	1	30	30	30	0
		Subtotal			*30*		*0*
		Discounted Circulation		30%	9	0	0
		Total			39		0
ED IMAGING							0
CTPR	N	CT Scanning	1	45	45	45	0
CTCR	N	CT Control Room	1	12	12	12	0
	Y	Reporting Station	0	6	0	6	0
GENXR	N	General X-Ray	2	40	80	35	5
XRRR	N	X-Ray Viewing & Reporting Room	0	12	0	9	3
WAIT-10	N	Waiting, 10m2	1	10	10	10	0
ULTR	N	Ultrasound	3	14	42	14	0
STGN-8	N	Store - General, 8m2	1	8	8	8	0
BLIN	N	Bay - Linen	1	2	2	2	0
BMEQ-6	N	Bay - Mobile Equipment, 6m2	1	6	6	6	0
	Y	Bay - dirty linen trolley	2	1	1	1	0
		Subtotal			*206*		*0*
		Discounted Circulation		30%	62	0	0
		Total			268		0
EXTERNAL AREA							0
		Ambulance Bays	12	tba			
		Mental Health Short Stay courtyard	1	20	20	20	0
		Paediatric courtyard	1	20	20	20	0
		Staff courtyard	1	20	20	20	0
		Emergency services bays	6	tba			
		Subtotal			*60*		*0*
		Discounted Circulation		30%	18	0	0
CIRC		**Total**			78		0
UNIT_TOTAL							0
Areas that must be included							0
MENTAL HEALTH SHORT STAY UNIT							0
WAIT-20	N	Waiting, 20m2	1	20	20	20	0

HEALTH PLANNING UNIT BRIEF – *EMERGENCY DEPARTMENT v0.11*

AusHFG Code	Deviation from HPU B.0300 Y/N	Room / Space	Quantity	Room Area M2	Total Area	AHFG's Standard Compnent Size m2	Deviation from Standard Compent m2
SSTN-10	N	Staff Station, 14m2	1	14	14	14	0
OFF-CLN	N	Office - Clinical Workroom	1	15	15	15	0
INTF	N	Interview Room	2	14	28	14	0
1BR-MH-A	N	1 Bed Room - Mental Health - 12m2	9	12	108	12	0
ENS-MH-A	N	Ensuite - Mental Health, Inboard, 5m2	3	5	15	5	0
1BR-SP-A	N	1 Bed Room - Special, 18m2	1	18	18	18	0
ENS-SP	N	Ensuite - Special, 6m2	1	6	6	6	0
TRMT	N	Treatment Room	1	16	16	16	0
ADLD	N	Lounge/Dining	1	50	50	50	0
WCAC	N	Toilet-Accssible 6m2	1	6	6	6	0
BHWS-A	N	Bay – Hand wash - Type A	2	1	2	1	0
BBEV-OP	N	Bay – Beverage, Open Plan, 4m2	2	3	6	3	0
BMT-4	N	Bay – Meal Trolley	1	4	4	4	0
CLUR-8	N	Clean Utility/ Medication Room - Sub, 8m2	1	8	8	8	0
DTUR-S	N	Dirty Utility - Sub, 8m2	1	8	8	8	0
BRES	N	Bay - Resuscitation Trolley	1	2	2	2	0
BLIN	N	Bay - Linen	1	2	2	2	0
	N	Bay - dirty linen trolley	2	1	1	1	0
	N	Gun safe	1	2	2	2	0
STGN-8	N	Store - General, 8m2	1	8	8	8	0
OFF-2P	N	Office - 2 Person Shared, 12m2	1	12	12	12	0
OFF-S9	N	Office - Single Person, 9m2	1	9	9	9	0
PROP-2	N	Property Bay - Staff, 2m2	1	2	2	2	0
WCST	N	Toilet - Staff, 3m2	1	3	3	3	0
		Subtotal			365		*0*
		Discounted Circulation		30%	109	0	0
		Total			474		0
WOMEN'S ASSESSMENT CENTRE							0
WAIT-10	N	Waiting, 10m2	1	10	10	10	0
PBTR-H-9	N	Patient Bay – Holding, 9m2	2	9	18	9	0
TRMT	N	Treatment Room	1	14	14	14	0
SSTN-10	N	Office	1	9	9	9	0
BHWS-PPE	N	Bay - Handwashing/ PPE	1	2	2	2	0
CLUR-8	N	Clean Utility/ Medication Room Sub	1	8	8	8	0
INTF	N	Interview Room	2	12	24	12	0
ENS-SP	N	Ensuite - Special, 6m2	1	6	6	6	0
		Subtotal			91		*0*
		Discounted Circulation		32%	29	0	0
		Total			119		0
CLINICAL FORENSIC MEDICAL SUITE							0
INTF	N	Interview Room	1	12	12	12	0
CONS	N	Consult room	2	12	24	12	0
ENS-ST	N	Ensuite	2	5	10	5	0
LNPT-10	N	Lounge - Patient/ Family, 10m2	1	10	10	10	0
OFF-2P	N	Office - 2 Person Shared, 12m2	1	12	12	12	0
WAIT-10	N	Waiting, 10m2	1	10	10	10	0
STGN-8	N	Store - General, 8m2	1	8	8	8	0
BBEV-OP	N	Bay – Beverage, Open Plan, 4m2	1	4	4	4	0
		Subtotal			90		*0*
		Discounted Circulation		30%	27	0	0
		Total			117		0
STAFF AREAS							0
MEET-L-20	Y	Meeting Room, 20m2	6	25	150	20	5
OFF-2P	N	Office - 2 Person Shared, 12m2	1	12	12	12	0
OFF-S12	N	Office - Single Person, 12m2	1	12	12	12	0
MEET-L-30	N	Meeting Room, 30m2	1	30	30	30	0

HEALTH PLANNING UNIT BRIEF – *EMERGENCY DEPARTMENT v0.11*

AusHFG Code	Deviation from HPU B.0300 Y/N	Room / Space	Quantity	Room Area M2	Total Area	AHFG's Standard Compnent Size m2	Deviation from Standard Compent m2
MEET-L-30	N	Meeting Room, 30m2	1	30	30	30	0
OFF-S9	N	Office - Single Person, 9m2	1	9	9	9	0
STEQ-20	N	Store - Equipment, 20m2	1	20	20	20	0
WCST	N	Toilet - Staff, 3m2	0	3	0	3	0
		Subtotal			263		*0*
		Discounted Circulation		30%	79	0	0
		Total			**342**		**0**

Summary - Excluding ED Clinical Admin			Total Area	Deviation from Standard Compent m2
Total Room Area			4325	432
Total Discounted Circulation	Ave	34%	1450	166
Total Department / Unit Area			**5775**	**599**

AusHFG Code	Deviation from HPU B### Y/N	Room / Space	Quantity	Room Area M2	Total Area	AHFG's Standard Compnent Size m2	Comments - This should be a comment on the purpose of the space if a deviation from the HPU
ED CLINICAL ADMINISTRATION							
WAIT-10	N	Waiting, 10m2	1	10	10	10	
RECL-10	N	Reception/ Clerical, 10m2	1	10	10	10	
MEET-9	Y	Meeting Room, 9m2	2	9	18	9	Interviews
STPS-8	Y	Store - Photocopy/ Stationery, 8m2	1	8	8	8	
OFF-S9	Y	Office - Single Person, 9m2	1	9	9	9	Administration manager
	Y	Office - Administration	7	6	39	6	2 secretaries, 1 admin officer, 1 data manager, 3 EDIS
OFF-S9	Y	Office - Single Person, 9m2	6	9	54	9	4 x Deputy Director, 2 x Director of Training
OFF-S12	Y	Office - Single Person, 12m2	1	12	12	12	1 x Professor
OFF-S9	Y	Office - Single Person, 9m2	1	9	9	9	1 x senior lecturer
OFF-S9	Y	Office - Single Person, 9m2	32	9	288	9	32 x Staff specialists
	Y	Office - Shared Workstation, 4.4m2	9	4	40	4	9 x Senior Registrars. Shared to reflect part time use

HEALTH PLANNING UNIT BRIEF – *EMERGENCY DEPARTMENT v0.11*

AusHFG Code	Deviation from HPU B.0300 Y/N	Room / Space	Quantity	Room Area M2	Total Area	AHFG's Standard Compnent Size m2	Deviation from Standard Compent m2
	Y	Office - Shared Workstation, 3m2	8	3	24	3	8 x Registrars. Shared to reflect PT use
	Y	Office - Shared Workstation, 3m2	6	3	18	3	6 x RMO/CMO/Interns. Shared to reflect PT use
OFF-S9	Y	Office - Single Person, 9m2	3	9	27	9	1 x ADON, 2x Nurse Manager
	Y	Office - Shared Workstation, 5.5m2	3	6	17	6	2 x Clinical Support nurse, 1 x project officer
	Y	Office - Shared Workstation, 4.4m2	8	4	35	4	20 x Nav/Clin, 9 x CDN. Shared to reflect part time use
	Y	Office - Shared Workstation, 3m2	8	3	24	3	8 x Allied Health, includes physio, social work, OT, dietitician, pharmacy,
	Y	Office - Shared Workstation, 4.4m2	2	4	9	4	2 equipment officers / biomed designated to ED
	Y	Office - Shared Workstation, 4.4m2	4	4	18	4	Psych reg, MHC, CAMHS. Shared to reflect part time use
		Subtotal			667		
		Discounted Circulation		30%	200	0	
		Total			867		

Summary -ED			Total Area
Total Room Area			667
Circulation Allowance	Ave	30%	200
Total Department / Unit Area			867

11.Abbreviations

Abbreviation	Description
ACTPAS	ACT Patient Administration System
ADM	Automated Dispensing Machine
ADS	Alcohol and Drug Services
AGV	Automatic Guided Vehicles
BAR	Behavioural Assessment Room
CAMHS	Child and Adolescent Mental Health Service
CARHU	Child At Risk Health Unit
CCTV	Closed Circuit Television
CFMS	Clinical Forensic Medical Service
CT	Computed tomography
ED	Emergency Department
EDIS	Emergency Department Information System
EDSU	Extended Day Surgery Unit
EMM	Electronic Medication Management
EMU	Emergency Medicine Unit
FFE	Furniture, Fittings and Equipment
FPU	Functional Planning Unit
FTE	Full Time Equivalent
HPU	Health Planning Unit
ICT	Information Communication Technology
IPU	Inpatient Unit
MAU	Medical Assessment Unit
MHJHADS	Mental Health, Justice Health, Alcohol and Drug Service
MHS-ID	Mental Health Service for People with an Intellectual Disability
MHSSU	Mental Health Short Stay Unit
OPMHS	Older Persons Mental Health Service
OPG	Orthopantomogram
PEHR	Personal Electronic Health Record
PICS	Purchasing Inventory Control System
PPE	Personal Protective Equipment
RTLS	Real Time Location System
SAU	Surgical Assessment Unit
SPIRE	Surgical Procedures, Interventional Radiology and Emergency
WAC	Women's Assessment Centre
WOW	Workstation on Wheels

HPU brief development participants

Participants in the development of the HPU brief	
Position	Name
Clinical Director	Greg Hollis
Acting ADON	Nicole Slater
Manager Acute Support Physiotherapy	Kerry Boyd
Director Medical Imaging	Mark Duggan
HPU senior planning officer	Amanda Slater
Director, Clinical Forensic Medical Services	Vanita Parekh
Program Director Health Services Redesign	Carolyn Bartholomew
Executive Director, Health Services Program	Vanessa Brady
Clinical Director Obstetrics and Gynaecology	Lim Boon
Executive Director Women, Youth & Children	Elizabeth Chatham
Operational Director of Adult Acute Mental Health Services, MHJHADS	Helen Braun
ED Leadership committee	Medical, Nursing, Administration representatives

ACT Health

ACT HEALTH
DATE: OCTOBER 2018

Pond, Aleks (Health)

From:	Catanzariti, John
Sent:	Wednesday, 6 February 2019 10:14 AM
To:	Burch, Brad (Health)
Cc:	Gray, Sophie; Busic, Babita; Culver, Jakob (Health); Esau, Lloyd
Subject:	RE: SPIRE Issues and follow-up [SEC=UNCLASSIFIED]

Brad,

Please refer to my response to your queries in red below.

I have also updated the revised combined STH/EY program for your review.

Regards,
John

From: Burch, Brad (Health)
Sent: Tuesday, 5 February 2019 2:14 PM
To: Catanzariti, John <John.Catanzariti@act.gov.au>
Cc: Gray, Sophie <Sophie.Gray@act.gov.au>; Busic, Babita <Babita.Busic@act.gov.au>; Culver, Jakob (Health) <Jakob.J.Culver@act.gov.au>
Subject: SPIRE Issues and follow-up

UNCLASSIFIED For-Official-Use-Only

Hi John

Thanks for pulling the meeting together yesterday, we will have some instructions later this afternoon for STH to action as part of the primary option for SPIRE – with a cost plan validation required in the first instance.

In terms of PPT meetings moving forward, can I please ask that there be a 15-30 minute pre-meeting held with STH and I to discuss any major issues or concerns before the broader meeting (including any presentation materials). The PPT was not the appropriate forum for Karen and I to find out about the cost pressures for the first time, and I think this is the best way to manage information moving forward. Babita will coordinate a 30minute pre-meeting and send out invitations today

I also wanted to follow up on a few outstanding issues:
- Staging and Decanting Strategy – I understood this was due last week, do we have an ETA? I want to review well in advance of the PPT meeting on Monday; The revised staging and decanting strategy will be submitted by STH this afternoon
- Update on the Vegetation Assessment for SPIRE; Pricing request(s) will be issued this week
- Variation documentation for site survey update – just need to ensure we cover this one off through the DG; and STH will provide a formal variation submission by COB tomorrow
- Update on the draft variation documentation for the development of DA documentation for the demolition works. Variation price request will be issued to STH this week

Happy to discuss.

Thanks and regards

Brad Burch | Executive Branch Manager, Strategic Infrastructure
Strategic Infrastructure and Procurement

1

Corporate Services

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ACT Government | **ACT Health**

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ACT Government | **ACT Health**

Pond, Aleks (Health)

From:	Burch, Brad (Health)
Sent:	Wednesday, 6 February 2019 10:34 AM
To:	Catanzariti, John
Cc:	Culver, Jakob (Health); Esau, Lloyd; Gray, Sophie; Busic, Babita
Subject:	RE: SPIRE Scoping Meeting - Outcomes [SEC=UNCLASSIFIED]
Attachments:	20190205 Emergency Department HPU v0.11.docx

UNCLASSIFIED

Hi John – my responses are below in red.

-
-
-
-
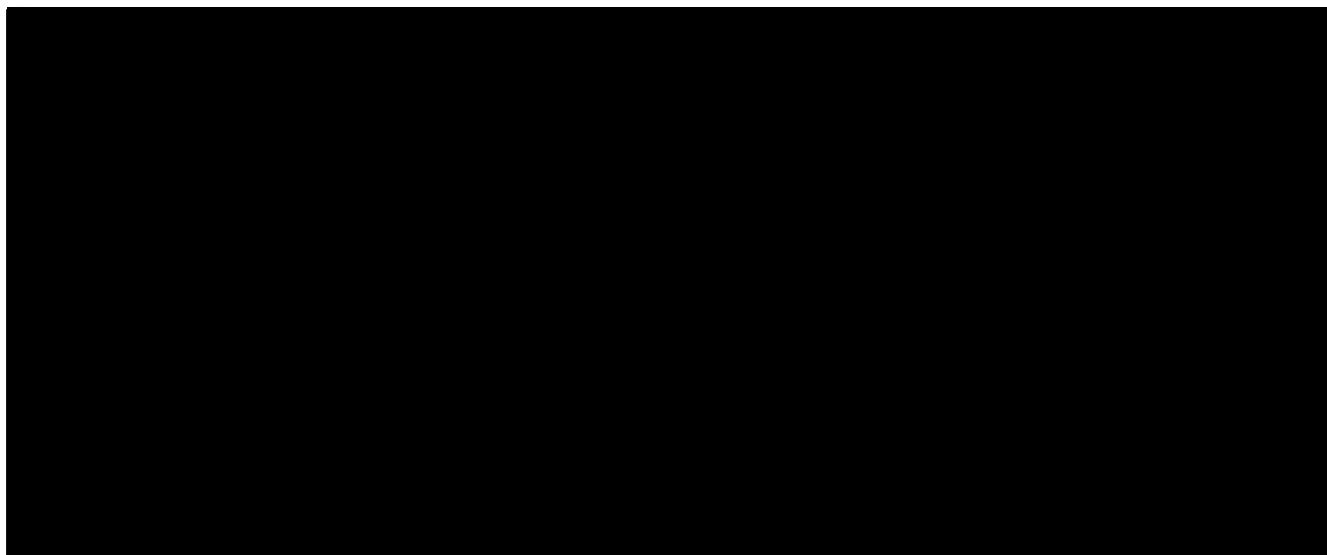
In addition, our planning team has identified a discrepancy between the ED HPU brief which was issued to STH and the latest version held by ACT Health – could you please issue the attached as an update to the ED requirements (noting admin and education are out of scope as per my email from yesterday). I understand that there are some space savings in this latest version.

Thanks

Brad Burch | Executive Branch Manager, Strategic Infrastructure

Strategic Infrastructure and Procurement

Corporate Services

☎ (02) 5124 9719 or ▮▮▮▮▮▮▮ | 🖳 brad.burch@act.gov.au

ACT Government | **ACT Health**

From: Catanzariti, John
Sent: Wednesday, 6 February 2019 10:25 AM
To: Burch, Brad (Health) <Brad.Burch@act.gov.au>
Cc: Culver, Jakob (Health) <Jakob.J.Culver@act.gov.au>; Esau, Lloyd <Lloyd.Esau@act.gov.au>; Gray, Sophie <Sophie.Gray@act.gov.au>; Busic, Babita <Babita.Busic@act.gov.au>
Subject: FW: SPIRE Scoping Meeting - Outcomes [SEC=UNCLASSIFIED]

1

Brad,

I have spoken with STH and as indicated below they are aiming to have a return schedule to us tomorrow shortly followed by revised cost planning information.

They have requested four items to be clarified as noted below, are you able to advise?

Regards,
John

From ████████████████████████████
Sent: Wednesday, 6 February 2019 9:30 AM
To: Catanzariti, John <John.Catanzariti@act.gov.au>
Cc: ████████████████████████████████████ Esau, Lloyd <Lloyd.Esau@act.gov.au>; Gray, Sophie <Sophie.Gray@act.gov.au>; Busic, Babita <Babita.Busic@act.gov.au>
Subject: RE: SPIRE Scoping Meeting - Outcomes [SEC=UNCLASSIFIED]

██

Thanks John. Some good outcomes for the project

████████Associate

SILVER THOMAS HANLEY   T: ████████
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21-31 GOODWOOD ST   W: sth.com.au
(PO BOX 550)
RICHMOND 3121
VIC, AUSTRALIA

From: Catanzariti, John [mailto:John.Catanzariti@act.gov.au]
Sent: Wednesday, 6 February 2019 9:14 AM
To: ████████████
Cc: ████████ Maxim Bachimov; Esau, Lloyd; Gray, Sophie; Busic, Babita
Subject: FW: SPIRE Scoping Meeting - Outcomes [SEC=UNCLASSIFIED]

████████

Please refer to Brad's email below (which has already been distributed to Maxim) in relation to revised scoping for the SPIRE project.

We request that STH review and validate the proposed changes for incorporation into the project as well as provided updated cost planning advice.

We would like to have this body of work completed well in advance of next week's PPT meeting

I will give you a call later this morning to discuss.

Regards,
John

From: Burch, Brad (Health)
Sent: Tuesday, 5 February 2019 4:29 PM
To: Catanzariti, John <John.Catanzariti@act.gov.au>
Cc: Gray, Sophie <Sophie.Gray@act.gov.au>; Doran, Karen (Health) <Karen.Doran@act.gov.au>; Building Health Services Program <BuildingHealthServicesProgram@act.gov.au>; Culver, Jakob (Health) <Jakob.J.Culver@act.gov.au>; ██████████████
Subject: SPIRE Scoping Meeting - Outcomes

UNCLASSIFIED For-Official-Use-Only

Good afternoon John

As discussed, ACT Health has done some work to look at the previous proposal, current HPU Briefs and STH's options put forward at yesterday's meeting. Can I ask that you work with STH to structure a project option (with a cost plan validation as one of the first actions), including the below:

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- ██████████████

Our early calculations show ██

I am happy to talk through these changes and give some additional context to the position described above, and the facility planning team will follow up soon with some amendments to our master Schedule of Accommodation. ████

Please let me know if you would like to meet to discuss, or if STH need to have a phone hook-up tomorrow.

Thanks and regards

Brad

Brad Burch | Executive Branch Manager, Strategic Infrastructure

Strategic Infrastructure and Procurement

Corporate Services

☎ (02) 5124 9719 or ██████████ | 🖳 brad.burch@act.gov.au

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HEALTH PLANNING UNIT BRIEF

EMERGENCY DEPARTMENT CHHS

Approvals

Name	Position	Signature	Date
Narelle Boyd	Executive Director, Critical Care Division		
	Deputy Director General, Canberra Hospital and Health Services		
	For Information - Executive Sponsor, Chief of Clinical Operations, ACT Health		

Outstanding Issues

Subject	Issue
ED total Bed Numbers	Awaiting Hardes data and consultation with ED to validate or revise total ED bed numbers
Fast track	Increase scope from 13 to 20 beds. Awaiting Hardes data prior to scope change
Resus room size	AHFG indicate 25m². 2 x 40m² requested. Strong validation based on national benchmarking. Included in SoA
Paediatric EMU	Further validation of bed numbers required
Governance	The Mental Health Short Stay Unit (MHSSU), Clinical Forensic Medical Service and Women's Assessment Centre are to be co-located with ED but are not under the governance of the ED. The operational arrangements are TBC.
Women's Assessment Centre	1. Functional relationship to ED 2. Women's, Youth and Children's Division yet to advise on Workforce
CT Scan	CT usage data and trends required to validate CT scanner numbers

Document Version History

Rev No	Issue Date	Issued By	Issued To	Reason for Issue
Draft v0.1	23/3/2018	Capital Insight	ACT Health	Draft for review
Draft v0.2	27/3/2018	ACT Health	Capital Insight	Client feedback prior to User Group
Draft v0.3	30/3/2018	Capital Insight	ACT Health	Updated for Client and User Group Feedback
Draft v0.4	6/4/2018	Capital Insight	ACT Health	Updated from User Group 4 April 2018
Draft v0.5	10/4/2018	ED Users	Capital Insight	User Group feedback on v0.4
Draft 0.6	15/4/2018	Capital Insight	ACT Health	Updated for Client and User Group Feedback
Draft v0.7	19/4/2018	ACT Health	Capital Insight	Client feedback
Draft v0.8	21/4/2018	Capital Insight	ACT Health	Updated for Client and User Group feedback
Draft v0.9	8/10/2018	HSPU	BHSP	For Proof of Concept
Draft v0.10	15/11/2018	HSPU	BHSP	For Proof of Concept – updated Circulation
Draft v0.11	6/2/2019	Strategic Infrastructure	STH	For Proof of Concept

Table of Contents

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.

ACT Health engaged Capital Insight Pty Ltd to undertake the HPU development in collaboration with staff from Health Services Redesign and Building Health Service's Program. Development of this document occurred between April and May 2018 with internal ACT Health stakeholders who have been identified within this document. Outstanding issues that require resolution over the next design phases are noted at the beginning of this document.

This Health Planning Unit (HPU) Brief defines the activities and functions to be undertaken in the ED and co-located short stay inpatient units. It is not the role of the HPU Brief to design the space, but rather to articulate the operational requirements, functionalities and relationships for which the architect can develop a suitable design response.

2. Description of the service

The Canberra Hospital Emergency Department (ED) is a Level 4 Emergency Department as defined by Australasian College for Emergency Medicine (ACEM), characterised as a large, multifunctional tertiary or major referral hospital with capabilities for managing a wide range of complex conditions, and have a significant level of sub-specialty services. The ACEM Emergency Department Guidelines are intended to support clinicians in the design process and inform Government, health planners, architects and designers in the planning phase.

The CH Emergency Department has department designation according to the Role Delineation guidelines as a level 6 Tertiary Service and Trauma Centre, with a Territory-wide and regional role. The level 6 role delineation provides a framework that describes the minimum support services, workforce and other requirements for clinical services to be delivered safely. It delineates the level of clinical services, not hospitals or health facilities as a whole and informs strategic service, clinical and capital planning. It provides timely, accessible and appropriate health services to people with acute illness or injury.

The ED will receive, triage, stabilise and provide acute health care to patients. This includes patients requiring resuscitation and those with emergent, urgent, semi-urgent and less-urgent conditions. The department includes a number of co-located short stay inpatient units as identified above, for patients that require additional time for assessment and treatment, but do not require an acute ED bed. The ED also requires the capacity to deal with mass casualty and disaster situations.

3. Scope of service

ED has a mixed cohort of elderly, adult and paediatric patients who present with a wide range of conditions of varying urgency and complexity. The unit provides care for adults and children in designated areas. There are particular patient types seen in the Emergency Department that may

have specific psychosocial and treatment needs requiring consideration of treatment spaces to support these needs.

Presentation occurs via ambulant entry, ambulance or police, helicopter and correctional services. The patient presentations types include: major trauma; medical and surgical – including neonatal, paediatric, adult and elderly; acute, complex elderly patients; patients with physical and intellectual disabilities; forensic presentations including victims of child abuse, domestic violence, or sexual assault; psychosocial including mental health; infectious diseases and immunocompromised; custodial patients, patients affected by chemical, biological or radiological contaminants.

A child requiring a multi organ Paediatric ICU admission and individuals with a major burn, head injury or spinal injury may bypass the CH and be transported to an appropriate facility for definitive care. However, these patients can present and require initial management prior to transfer.

A major function of the ED is to support education, training and research within the ED, to enable and support the delivery of a high quality service to both adults and children. Ongoing training of this team is a major focus of the ED into the future. Facilities for training and education will be provided within the Department to facilitate easy access by staff. These facilities will also be used to provide venues for internal meetings and family conferences.

In 2018, it is estimated that ED will manage 89,000 presentations, with strong growth projected into the future (noting that from 2008 to 2018 CH yearly average growth in ED presentations was 5.7%). While the caseload may be predictable, changing levels of demand must be anticipated.

The following table outlines the scope of ED treatment spaces required to 2026/27 within the SPIRE project. Further demand modelling is required to identify final treatment spaces and types required across the territory.

Health Planning Unit	Current FPUs	Future FPUs (2026/27)
Emergency		
Resuscitation (incl. 1xClass N)	5	6
Resuscitation (Paeds)	0	1
Acute Adult (incl. 3 Class N & 1 Class P)	30	34
Acute Paediatric (incl. 2 Class N & 2x consults)	8	14
Fast Track Adult- Treatment spaces	10	8
Fast Track Adult Consult	0	5
Behavioural Assessment rooms	0	2
Emergency Department Total	**60**	**70**
Short Stay and Assessment Units		
EMU Adult (incl 2 Class N)	12	26
EMU Paediatric (incl 1 class N)	0	6
Mental Health Short Stay Unit	6	10
Clinical Forensic Medical Service	1	2
Womens Assessment Centre	0	2
Short Stay and Assessment Units Total	**19**	**46**
Ambulance Bays	8	12

4. Model of care summary

The focus of care provision within the ED will be to provide streamlined assessment of patients and subsequent access to the most appropriate area for treatment as quickly as possible.

Key features of the Model of Care (MoC) include:

- co-location of triage nurse and registration clerk to streamline communication
- upon arrival and once triaged, patients will be escorted to the appropriate stream. Each stream will incorporate a waiting room. This will facilitate rapid movement of patients away from the front of house waiting areas, to an appropriate clinical area enabling assessment, treatment and observation by clinical staff
- hospital avoidance strategies territory-wide and these strategies integrated with the northern and southern Canberra ED network
- waiting areas within streams may be utilised for patients awaiting results and waiting for access to a treatment space within the stream
- multidisciplinary teams, including allied health professionals will be accessible and provide a service within all clinical treatment areas
- movement of patients between streams in response to clinical need
- early involvement of a discharge liaison nurse with key populations
- increased use of care plans/pathways e.g. elderly or chronic illness
- volunteers engaged in providing support to service provision
- medical, nursing and allied health students within teams providing opportunities to learn within a supportive structure
- focused assessment by teams allowing for early referral to an inpatient team, commencement on a pathway or admission/ transfer to a defined clinical area external to the ED. Pathways allow for a more efficient way of managing common presentations
- right skill mix in the right place at the right time
- balance between maintaining privacy and facilitating line of sight
- timely access to turnaround diagnostics
- flexibility in design to enable changes of function and facilitate potential changes in model of care.

4.1. Patient flow

The ED must accommodate rapid flows between functional areas and be designed to avoid congestion. In addition to dedicated patient bay/bed areas provision is required to cater for patient surges for extraordinary events through temporary utilisation of appropriate spaces (both indoors and outside).

The clerical desk and triage are the initial single point of contact for all patients attending the ED. Once the patient is triaged they will be streamed to an appropriate stream/sub-wait. The streaming process is flexible, facilitating optimal patient care, providing the ability to move patients from one stream to another should there be a change in the patient's condition.

Following initial assessment and review, patients may be transferred internally to other areas of the ED. From the ED, patients may be admitted to short stay units to continue their care. Alternatively patients may be transferred to other services within the hospital (e.g. theatres, ICU, Inpatient Unit), another hospital or discharged home.
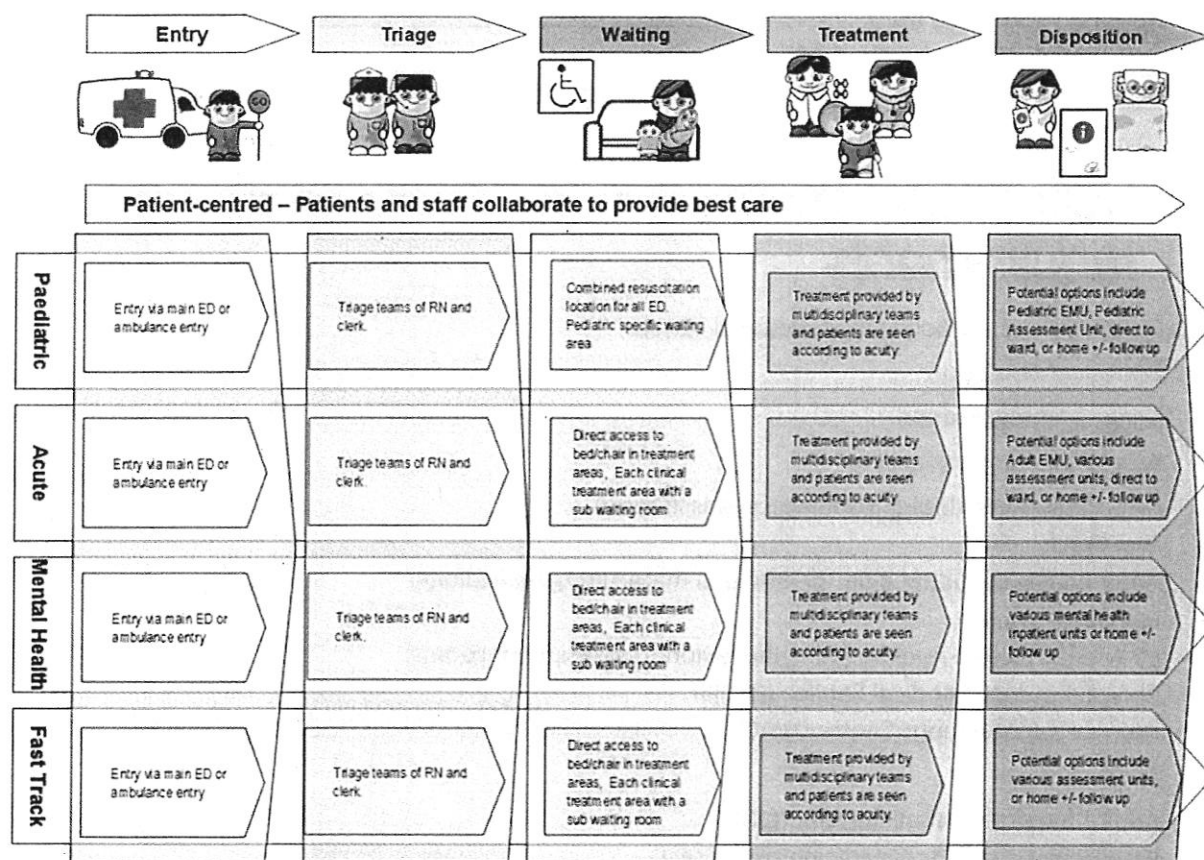

Figure 1: Patient flow within ED

5. Workforce

Projected staff profiles have been documented within the Emergency Department Model of Care V0.7 October 2018.

6. Policies impacting on the built environment

The ED and associated Units will adhere to the relevant design and space standards outlined in the *Australasian Health Facility Guidelines (AusHFG) Part B — Health Facility Briefing and Planning*:

- 300 Emergency Unit
- 131 Mental Health — Overarching Guideline Revision
- 133 - Psychiatric Emergency Care Centre PECC
- 510 Maternity Unit

Other policies impacting on the built environment include:

- ACEM Policy P32 Violence in Emergency Departments
- ACT Health (2012) — Work Health & Safety Act and Regulations and Management Systems Policy.
- ACT Health (2012) - Clinical Records Management Policy
- ACT Health - Electronic Medicines Management Policy

- ACT Health Accommodation guidelines
- Infection Prevention Control Policy
- Disability Discrimination Act, 1992
- Centralised Equipment Services(CES)
- National Health and Medical Research Council (2010). Australian Guidelines for the Prevention and Control of Infection in Health Care
- ACT Health (2014). Draft Action Plan: Improving patients sleep at CH.

7. Operational description and associated design requirements

The ED consists of the following functional zones:

1. Entrance/ reception
2. Triage and registration
3. Assessment and treatment

- Resuscitation (including paediatric resuscitation)
- Fast Track
- Adult Acute (including older person and maternity/gynaecology)
- Paediatrics Acute
- ED Mental Health pod (including behavioural assessment rooms)
- Clinical Forensic Medical Service (CFMS)
- Women's Assessment Centre (WAC)

4. Short stay unit

- Adult Emergency Medicine Unit (EMU)
- Paediatric Emergency Medicine Unit (EMU)
- Mental Health Short Stay Unit (MHSSU)

5. Support areas

- Decontamination
- Satellite Diagnostic Imaging

6. Amenities, and
7. Ambulance areas.

7.1. Entrance / Reception

The unit operates 24 hours-a-day, seven days per week.

7.1.1. Entry

The following access points will be the first interaction point for most unplanned patient presentations. Access points need to take into account provision for aged, bariatric, patients with a disability, carers and visitors. A drop-off zone is also required.

Additionally, after-hours access to the main hospital through ED is required in such a way that visitors do not walk through clinical areas of the ED and is visible to security office.

Public and ambulance entrances will be access controlled after hours.

Ambulant Entry

- A standalone, dedicated ambulant entry will be provided to the ED for ambulant patients, separate from the Hospital's Main Entry for patients/carers who have not been involved in a contamination incident. The ambulance entry to the unit will be directly adjacent to the main ambulant ED entry to enable a single triage area.

Ambulance Entry within the Ambulance Area

- There is a dedicated ambulance entry from the ambulance bay into the department.

Retrieval Entry

- There is an entry way which facilitates easy access to ED by retrieval services.

Decontamination Entry

- An alternate entry point will be provided for those involved in a contamination incident that leads directly to the ED decontamination shower.

Staff entry

- There is proximity card access from the staff zone to the ED.

7.1.2. Waiting areas

Patients in general will not wait in a "front of house" waiting room. They will be rapidly assessed at the triage/clerical area, and be directed onwards to the relevant clinical stream. Within the stream they will be immediately placed in an assessment space if available. If not, they will be placed in the "sub-waiting" area which is an integral part of each stream.

Treatment may be initiated in the sub-waits where clinically appropriate, and patients may return to the sub-wait area to finalise their treatment or for observation if appropriate. Requirements:

- a minimal front of house waiting area, which is family friendly.
- waiting areas are to accommodate different patient groups including bariatric, elderly and those with accessibility requirements
- paediatric separation from adults including play area to cater for families and children of patients in the main ED area
- the sub-waiting rooms will be attached to, or within, each stream with the exception of the resuscitation stream
- each sub-waiting area is to be designed to be an integral part of the stream
- each sub-wait is to be easily observable, enabling easy visual and physical interaction within the stream as a whole
- all sub-waiting areas are to have a beverage bay
- facilitate the provision of privacy for family groups generally
- space to accommodate educational-type material and an area for health and community related displays and demonstrations

- vending machines containing healthy and nutritional food and beverages, and an internet kiosk
- soft seating, appropriate for people with limited mobility e.g. with appropriate arm rests and height
- seating in waiting areas should be designed so that seats do not face the triage desk, thereby preventing the 'fish bowl' effect and enhancing patient privacy
- televisions in the waiting room with free to air and information loop
- adult acute sub-wait area is to be capable of accommodating patients in a bed.

7.1.3. Security Control Monitoring Room

A security control monitoring room is to be located in the ED to enable observation of the entrance, triage and waiting areas. The office will monitor and facilitate after-hours access to the rest of the hospital.

7.2. Triage / Registration

7.2.1. Triage

Adults and paediatrics are received and triaged at a single location.

Clerical reception and nurse triage are collocated and are the focus of the initial presentation and associated clerical/administrative functions.

Patients who are deemed stable may be interviewed across the desk. Those patients with more complex conditions requiring a physical examination or discrete questioning will be invited into the triage bay and assessed by a nurse.

After triaging the patient will then be directed to the appropriate stream/sub wait area. The intent is to move away from one centralised waiting area. Located in the ED are treatment streams that are comprise of a combined paediatric and adult resuscitation area, ED Mental Health pod, Fast Track pod, acute adult pod and paediatric stream. In addition there will be short stay and assessment areas including separate EMUs for adult and paediatric, Clinical Forensic Medical Service (CFMS), Women's Assessment Centre (WAC) and MHSSU.

Patients will be seen according to a combination of the urgency of their condition and their time of arrival. Requirements:

- the triage nurse and clerical desks are to be shared to provide a single point of contact for the patient
- the triage nurse will have a clear line of sight to the main entry, ambulance triage and front of house waiting area
- there needs to be immediate access to the front of house waiting area for triage staff, to manage acutely unwell patients (i.e. patient collapse)
- there will be provision for segregation from violent/disruptive behaviour
- triage will allow visitors to communicate private information without compromising their privacy
- associated assessment area/s for triage will be sufficient in size to provide appropriate assessment of an acutely unwell patient. These spaces will allow triage to survey the waiting room and entrances yet still provide privacy to the patient.

7.3. Assessment and treatment

7.3.1. Resuscitation

The most seriously ill or injured patients will be treated in the resuscitation stream. Both paediatric and adult services will be provided. During resuscitation up to 15 people, along with significant amounts of equipment, may attend the patient at the same time. The resuscitation area will:

- be open plan to enable clinical staff to move easily and quickly between bays, whilst still affording patients privacy
- have the ability to be used for trauma patients or patients that require resuscitation
- be supported by a physiological monitoring system with associated central monitoring
- have direct and straight access from the ambulance entry to the resuscitation area
- have direct access to satellite imaging
- have overhead X-ray gantry in all resuscitation beds
- two of the resuscitation bays will be preferentially used for major trauma, these will need to be larger to accommodate the complex, large team and additional equipment and procedures
- have C-arm X-ray in the large resus room and one other bay
- have ceiling mounted bariatric lifting equipment in the large resuscitations bay
- large resus room to have negative pressure capability
- staff station located centrally, with ready access to support areas including sterile store, clean utility, pneumatic tube

A viewing room for family members of deceased patients is required to be located within this area, co-located with the patient family lounge. This room needs to be located in a quiet, discreet and private area, and will have dual access to enable a bed to be wheeled in from corridor and have an adjoining ensuite.

7.3.2.   Fast Track

Rapid assessment, investigation, and treatment of lower acuity patients will occur in Fast Track. Generally patients will be discharged home from this area, but if further management is required, they will usually be transferred to EMU or an inpatient unit. Medical staff, physiotherapists (including extended scope practitioners), and other nursing staff will staff this stream.

A single room/ procedure/isolation room with ensuite (not a dedicated room)is required in Fast Track for the management of <u>correctional/custodial</u> patients. This room is to be designed to provide a safe space to manage patients at risk of clinical deterioration, harm to others, or escape from custody. The room will be large enough to enable the prisoner to be accompanied by two correctional officers. It will be located to enable ease of supervision and provide a direct line of sight from a staff station, minimise disturbance to other patients, protect the privacy and dignity of the patient and consider paths of access to and from the room.

A consult room is required to be fit out for use by ENT / Ophthalmology and requires a wall or ceiling mounted electronic visual acuity screen, computer and slit lamp, to accommodate Snellen chart

Two procedure rooms are required for dressings, stitches, minor procedures and one room will require a plaster trap.

Allied health assessment requires one plinth in the physiotherapy treatment room to accommodate a 400kg patient.

Visibility from a central staff station to all rooms and the sub-wait area is required.

7.3.3.   Adult Acute Stream

Adult patients with severe or potentially severe conditions will be treated in acute assessment beds. Patients will be dressed in a gown, connected to central monitoring and have investigations/interventions initiated. Patients who are mid treatment and stable, or considered suitable for relocation pending results may be moved to chairs within the adult acute sub-waiting room. Generally patients will be moved to either other areas of the hospital, including short stay units, or home. Requirements:

- solid wall between bays (1/2 length with remainder curtain)
- each space to have a ceiling mounted examination light
- treatment spaces to be arranged in pod configuration with two pods to have ability to shared amenities, given the number of adult acute assessment spaces

- physical separation between the adult acute and adult EMU
- ceiling mounted bariatric hoists to 250kg located in 2 adult acute bays
- one of the two procedure rooms will require a plaster trap
- interview rooms required for non-clinical and indirect care including allied health, police, distressed families
- Visibility from a central staff station to all rooms and the sub-wait area is required.

Ward services interchange

Wards person and Hospital assistance will be designated to the ED and will require an interchange/setting area for use between tasks. This interchange area will help to ensure Ward Services staff will be accommodated in a location which does not provide an OH&S risk to clinical areas and assists with maintaining work flow.

Communication Centre

- Will be located within the ED
- Switchboard operations/workstations for up to four staff.
- A centralised single phone number for ED - direct dial for outside callers including general public.
- A central single Multi-Function Device.
- Wireless VOIP charging stations and two way radio stations.
- The ability to utilise the room for senior ED staff to co-ordinate urgent and emergent ED issues.

7.3.4. Paediatric Acute Stream

Paediatric patients with severe or potentially severe conditions will be treated in acute assessment beds. Patients will be dressed in a gown if necessary, connected to central monitoring and have investigations/interventions initiated. Patients who are mid treatment and stable, or considered suitable for relocation pending results may be moved to chairs within the acute sub-waiting room. Generally patients will be moved to either other areas of the hospital, including short stay units, or home. Requirements:

- child specific environment
- complete auditory, visual and physical separation of paediatrics from adult areas
- consideration of 1/2 length solid wall between bays
- isolation rooms: one isolation room will double for use by paediatric (mainly adolescent) behavioural/psychiatric presentations, this area is to be compliant with mental health guidelines for design
- each space will have an examination light and adjustable/dimmable overhead lighting
- a patient television is required in each bay
- access to the outside environment or natural light is required
- visibility from a central staff station to all rooms and the sub-wait area is required.
- separation from the patients' bed areas, visually and acoustically
- paediatric procedure rooms require physiological monitoring, medical gas panel, including nitrous, Nurse Call, Nurse Assist and Emergency Call
- one of the two paediatric procedure rooms will require a plaster trap

No support areas in SoA, will they be shared with Paeds EMU.

7.3.5. ED Mental Health pod

The ED-Mental Health pod should be located at the front of ED to allow ready access to the behavioural assessment rooms. The pod has a sub-wait area, and staff station and other clinical facilities as for the other ED streams. Entrance is access controlled, however people can move freely within the area. The pod is permanently staffed by ED nursing staff, medical staff, mental health clinicians and psychiatry medical staff.

Behavioural Assessment Rooms