
A Outpatient Services

A1 AMBULATORY CARE CENTRE

A1(e) Cancer Centre General Clinic

A1(e) CANCER CENTRE GENERAL CLINIC

A1(e).1 SERVICE DESCRIPTION

A1(e).1.1 Scope of Clinical Services

This section A1(e) sets out the requirements for the centralized facilities for the Facility's General Clinic area

The General Clinic provides facilities for the examination, consultation, and treatment of new patients (including full history and physical examination for initial management and determination of treatment), follow-up assessment clinics for medical oncology/radiation oncology/surgical oncology outpatients, a hereditary cancer program high-risk surveillance clinic, and a pain and symptom management clinic/palliative care program. As patient care becomes more complex, an increased number of health professionals will be involved in patient care management.

In addition to medical specialists, the patient may consult with a nurse, pharmacist, social worker, psychologist or dietician. Interview space for these consultations will be provided in this component or scheduled in the patient counselling area.

A proportion of patients who have had a genetic counselling risk assessment through the hereditary cancer program genetic counselling clinic (located in A1(b) Abbotsford Hospital Outpatient Services) and learn that they are at significantly increased risk of developing cancer (i.e., confirmed gene mutation carriers), are referred to the hereditary cancer program high-risk surveillance clinic. Referred patients will meet with an oncologist and the HCP nurse for a consultation regarding their cancer risks and ongoing cancer screening. A variety of diagnostic tests (i.e., mammograms, ultrasounds, blood work) are ordered and a physical examination is done by an oncologist at each visit. Once a patient has been referred to the HCP high-risk surveillance clinic, they are seen every six months for ongoing cancer screening management.

A pain and symptom management clinic/palliative care program will provide expert consultation concerning pain and symptom management for cancer patients. The program also ensures that patients whose prognosis is terminal have a seamless connection with palliative care providers in their community. Patients and families are seen anywhere in their trajectory of care when the management of their symptoms outstrip the resources of their primary oncology team, or where end of life planning is looked for by the patient and family. The program is provincial in scope with interdisciplinary consultative teams and clinics at the four regional cancer centres.

In support of the clinics, this component will continue to include general examination/consultation rooms and common support space. As well, a specialized ENT procedure room and stretcher rooms will be included.

Prior to their clinic visit, a patient may be referred elsewhere for diagnostic testing and examinations (e.g., in their own communities or the Abbotsford Hospital's Laboratory, diagnostic imaging and nuclear medicine, etc.).

The length of the patient's examination will vary from ½ to 2 hours, depending on the type of visit (e.g., a new visit average 1½ hours or follow-up review visit average ¾ hours), the number of specialists examining the patient, and the state of the patient.

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A prosthesis/wig room run by volunteers that will provide wig and prosthesis fitting/consultation area, storage of wigs, prostheses and educational materials for patients will also be available.

The table below indicates the workload expansion for the General Clinic.

Table A1(e)-A: Workload Indicators for Years 2007 & 2015

	Projected Year 2007 (Opening)	2010	2015 (Maximum Capacity)
# Exam Rooms Required	23	23	27

A1(e).1.1.1 Current Trends

In providing the Works and Services, Project Co shall take into account the following trends:

- *There is a greater focus on population-based prevention and screening programs.*
- *The number of new cases and deaths attributable to cancer will continue to rise as the Canadian population increases and ages.*
- *Significant expansion of oncology drug programs, and new treatment modalities will improve cancer survival rates.*
- *Shift towards multi disciplinary care will lead to improved overall outcomes and decreased morbidity due to cancer.*

A1(e).1.2 **Scope of Education Services**

The General Clinic provides clinical resources for rotating medical/radiation/surgical oncology, pharmacy, nursing, and radiation therapy students/residents/clinical associates, up to 4 at a time. All teaching programs are accommodated within the patient care areas.

A1(e).1.3 **Scope of Research Services**

Any clinical research activities undertaken by staff utilizing the General Clinic area will continue to be accommodated within the patient care space provided, and within the Clinical Trials component.

A1(e).1.4 **Specific Exclusions**

This specification excludes General Clinic services/requirements provided elsewhere, including:

- Abbotsford Hospital outpatient services (see section A1(b) Abbotsford Hospital Outpatient Services)
- Social work, nutritionist, and psychiatric counselling (see section A1(g) Cancer Centre Patient Rehabilitation)

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- Abbotsford Hospital physical, occupational, and speech language pathology therapy services (see section C6 Rehabilitation Services)
- Chemotherapy treatment (see section A1(c) Cancer Centre Chemotherapy Treatment Unit)
- Dental services (see section A1(h) Cancer Centre Radiation Therapy)
- Radiation treatment and treatment planning (see section A1(h) Cancer Centre Radiation Therapy)
- Laboratory specimen collection (phlebotomy), cardiology diagnostics, pulmonary diagnostics, neurodiagnostics, and vascular diagnostics (see section C1 Diagnostic Services)
- Breast health program (see section A1(b) Abbotsford Hospital Outpatient Services)
- Driver/volunteer room area (see section A1(b) Abbotsford Hospital Outpatient Services)
- Process leader office (see section A1(f) Cancer Centre Professional Staff Offices)
- Surgical suite (see C7 Surgical Services)
- Hereditary cancer program (see section A1(b) Abbotsford Hospital Outpatient Services)

A1(e).2 OPERATIONAL DESCRIPTION

A1(e).2.1 Minimum Hours of Operation

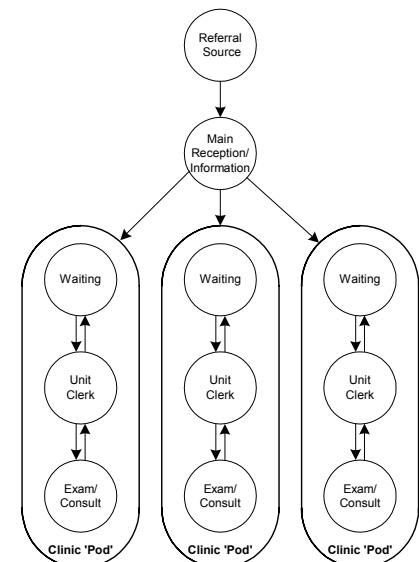
The General Clinic will typically operate from 0800h to 1700h, Monday to Friday.

A1(e).2.2 Patient Management Processes

A1(e).2.2.1 Reception/Registration/Booking

The majority of patients will access the General Clinics via a secondary entry to the Cancer Centre located in this area.

Patients arriving to the General Clinic area to attend clinics or access various services within this component will first report to the main reception in General Clinics where any outstanding documentation will be completed and then will be directed to the waiting area of the “pod” or module area. Follow-up clinic patients will have had required diagnostic tests completed so that results will be available at the time of their scheduled appointment. Follow-up clinic patients will report to the main reception where chart information will be updated, then go the waiting area of the “pod” or module. Patients may also have their tests done the same day as the doctor visit and results will become available in the computer. Patients may also bring the results of tests to their appointment.



Patient Flow Diagram

Patient clinics will be organized by tumour site or grouped on a regular schedule of weekly sessions. There will be 3 “pods” or modules in the general clinic area, each “pod” will have a dedicated waiting area supervised by a clinic clerk and/or clinic nurse. All waiting areas in the General Clinic area will be well appointed, with daylight. Chairs of different heights and

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accommodating a wide range of physical forms and disabilities will be provided. In addition, space will be available for wheelchairs.

All “pods” or module areas will have individual receptions where patient’s details can be checked on arrival by the unit clerk. Each reception will be designed:

- With patient privacy in mind as personal and confidential information may be required by reception staff
- To provide security for staff and for patient records, many of which will still be in note form

A1(e).2.2.2 Consultation

New patients will be called from the waiting area by nursing staff to a clinic examination room. Follow-up clinic patients will be called from the waiting area by nursing staff to an examination room.

Patients required to re-book will be directed to a central booking service (CAIS) to avoid unnecessary queuing at reception. It is assumed that a dedicated Outpatient scheduling system is available to co-ordinate the booking of clinics and support services. The Authorities are prepared to consider alternative proposals to scheduling where benefits can be shown.

After the examination/consultation, the patient will return to the waiting area to wait for a unit clerk to provide information regarding follow-up appointments or further tests. The clerk will require workspace to phone and book appointments. The images for current day patients will be stored in CAIS and made available for viewing throughout the General Clinic area.

A1(e).2.3 Patient Information Management

Refer to Output Specifications, Section 3: Non-Clinical Services, subsection D1 Information Management; Section 5: Design and Technical, subsection 5.3.17 Technology and Communication Systems; and Section 6: IT/Tel Services.

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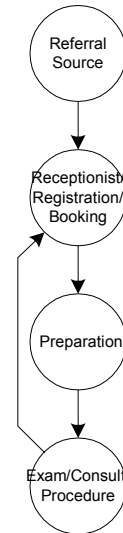
A1(e).2.4 Staff Work Processes

A1(e).2.4.1 Reception

All scheduled and unscheduled patients (and/or accompanying porters and escort staff), clinicians, and visitors to each of the clinic areas are received at a main reception/registration desk in the general clinics area. Inpatients will be portered to the component by porters.

Unit clerks:

- Greet patients and direct them to the appropriate area(s)
- Give directions to patients, families, friends, volunteers, and visitors
- Provide direction to the volunteers
- Meet new patients and instruct them on the HAF form and what to expect of their first visit
- Operate the switchboard (three incoming lines), and screen calls, transfer calls, take messages, etc.
- Page staff as needed in urgent/emergent situations
- Unlock rooms as necessary
- Book appointments and work on maintenance lists and/or broken appointments



Process Flow Diagram

A1(e).2.4.2 Appointment Booking

Unit clerks:

- Answer all incoming calls regarding changes in appointments, booking of new appointments, or confirmation of appointments
- Book all orders generated in the physician's offices
- Maintenance lists
- Rebook broken appointments

A1(e).2.4.3 Preparation of Charts

Unit clerks:

- Prebook all chemo patients for their next cycle of chemo
- Ensure all reports are on-line and print them as necessary
- Request missing reports from a variety of facilities
- Phone patients to remind them of their appointment (this is only for the pain and symptom management clinic and the CNS clinic)
- Ensure all appropriate films have been requested and are on the chart
- Check the last dictation to see if there is any change in the patient's condition and if any other tests have been ordered since they were last in. If so, request the report.

A1(e).2.4.4 Exam/Consult/Procedure

Unit clerks:

- Greet new patients and have them sign the appropriate forms
- Greet follow-up and/or active chemo patients and ensure they have an appointment card
- Answer phone, take messages, transfer calls as necessary
- Book all return appointments to the clinic
- Book all tests and procedures to be done for the patient
- Request films and other things for the next clinic visit

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- Request reports and/or films of procedures the patient had done that were not known about a prep time
- Weigh patients and put patients in their rooms
- Deliver urgent requisitions to the appropriate departments
- Fax requisitions as necessary
- Clean rooms if time permits
- Return “used” films to the main reception desk for delivery to the films department
- Direct “lost” patients and their families
- Report problems with the printers, fax, phone, addressographs to the clerical supervisor
- Process all chemo orders as they arrive and take the chart(s) to pharmacy
- Print requisitions to give to the patients for their next appointment
- Do maintenance lists, rebook broken appointments and call patients with changes to their schedules

Nurses:

- Assess patients for problems with toxicities or any current issues or concerns
- Document assessment in chart
- Liaise with the oncologist regarding issues or concerns related to patient/family situation
- If this is a new patient, go into the patient’s room, do a new patient assessment and go into conference
- Give information to patient related to their treatment (chemo info, radiation therapy info)
- Give them important phone numbers and an overview of who to call and for what
- Do any care required (dressing changes, give medications such as pain meds if required and ordered)
- Do referral for home care, PFC, nutrition if required

Staff will then execute the examination, procedure, teaching session, etc. with one or more patients.

Exam Rooms require a long wall of approximately 3.8 m to enable gynecology oncologists to work from the end of the couch.

Each exam room needs to be cleaned once the patient has left the room. This must be done as soon as possible as another patient will need to be put into the room. In addition, all dirty equipment must be put into the dirty supply room, as well as cleaning of the scopes used in head and neck clinic has to be assigned.

It is envisaged that a touch-screen, computer-based information and self-registration system will be available for patients in reception areas within the future.

Patient counselling rooms are required close to reception for patient counselling and confidential discussions.

A1(e).2.5 Materiel Services

Refer to Output Specifications, Section 4: Facility Management Services, subsection E7 Materiel Services, and Section 2: Clinical Services, subsection C8 Sterile Processing Services.

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A1(e).2.6 Linen/Housekeeping Services

Antineoplastic wastes will be bagged separately and kept in the soiled holding room for removal by Abbotsford Hospital housekeeping staff.

Also refer to Output Specifications, Section 4: Facility Management Services, subsections E5 Housekeeping Services and E6 Laundry/Linen Services.

A1(e).2.7 Equipment Asset Management

Refer to Output Specifications, Section 4: Facility Management Services, subsection E2 Biomedical Engineering; and Section 7: Equipment.

A1(e).3 ACTIVITY INDICATORS

The table below summarized the projected activity for General Clinic services which must be addressed by Project Co in performing the Works and the Services.

A1(e).3.1 Hospital Activity (Incl. in Cancer Centre Activity below)

A1(e).3.2 Cancer Centre Activity

Unit	Minimum Projected Yearly Activity
Surgical New Patient Consults (Pre-operative)	935
Surgical Follow-Up Visits	9,350
Systemic Therapy New Patient Consults	1,333
Systemic Therapy Follow-Up Visits	8,000
Radiation Therapy New Patient Consults	2,829
Radiation Therapy Follow-up Visits	11,314
Pain & Symptom Management/Palliative Care Program	
New Patient Consults	120
Follow-Up Visits	235
Hereditary Cancer Program High-Risk Surveillance Clinic Referrals	180

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A1(e).4 PEOPLE REQUIREMENTS

This component will have a total staff complement in the range of 12 FTE, consisting of 1 clinical nurse leader, 5 registered nurses, 1 secretary, and 5 unit clerks.

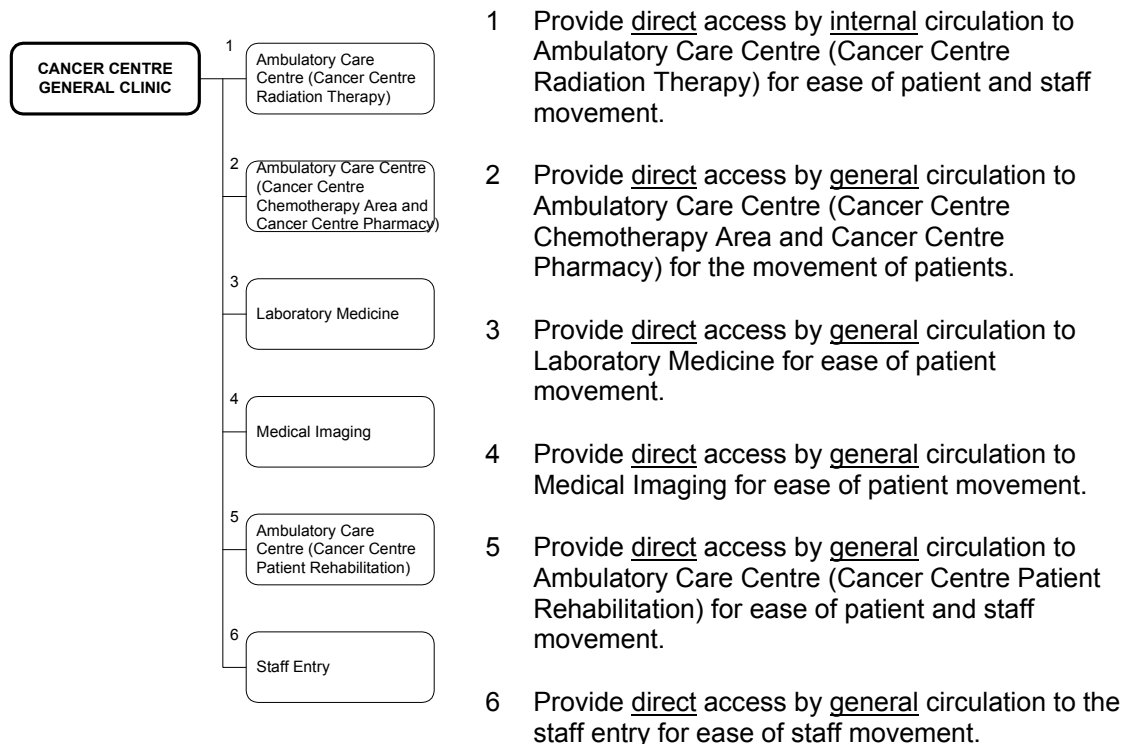
It is anticipated that the key functional areas in the component will need to accommodate the following maximum number of people.

Functional Areas	Patients	Staff	Visitors	Others	Total
Reception/Admitting Area	3-4	3-4	1-2	1-2	8-12
General Clinics Area (3 Pods)	45-55	25-35	20-25	3-5	93-120
Shared Support Area	0	10-20	1-2	1-2	12-24

A1(e).5 DESIGN CRITERIA

A1(e).5.1 Key External Relationships

The following key relationships will be achieved in the priority order as numbered for the purposes stated:



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A1(e).5.2 Key Internal Relationships/ Environmental Considerations

The following will be achieved:

A1(e).5.2.1 Zones of Activity

The General Clinic area will be divided into three pods with the flexibility to handle both small and large volumes of outpatients.

Each pod will consist of a group of exam/treatment rooms, wheel chair accessible patient washrooms, a patient counselling room, and a variety of staff support rooms.

A work area will be located within each pod. It will consist of utility support areas, unit clerks, nurses/physicians work area and dictation, meeting room, and selected offices.

A1(e).5.2.2 Visual and Acoustic Privacy

Visual privacy will be provided for patients in examination and treatment spaces.

Acoustic privacy is important throughout the component. All examination, interview and treatment areas will be designed with this in mind so that patients and staff are unable to hear any human interaction between areas. However, all patients must be directly visible from adjacent nurse work areas. It is important that visual contact be maintained at all times between nursing staff and patients. Nursing staff must have direct views of a patient's head and face without being isolated from other activities in the unit. The unit clerk's office would be peripheral. Waiting rooms must be offset or separate from workstations.

Also refer to Output Specifications, Section 1: Key Site and Building Design Criteria, subsection 1.2.5.4 Acoustics.

A1(e).5.2.3 Flexibility

Maintain standard room sizes and configurations wherever possible for short and long term flexibility in use.

Create versatile examination and treatment rooms, which may be used for a variety of patient care functions. Some examination rooms must be designed for specific examinations such as those for ENT, and those sized to accommodate stretcher patients (2 per module). Exam rooms will be larger to accommodate multidisciplinary clinics and be designed to accommodate at minimum videolink technology/equipment for the purposes of providing new patient and follow-up video-consultations.

As new patient and follow-up review clinics may run concurrently, the General Clinic area will be designed to operate as a whole or as two separate entities.

Also refer to Output Specifications, Section 1: Key Site and Building Design Criteria, subsection 1.2.3.3 Flexibility and Expandability.

A1(e).5.2.4 Accessibility

Design considerations for people who are physically challenged must be taken into account throughout the component.

The space will be designed so that individuals on stretchers or wheelchairs can easily be moved through this component.

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Also refer to Output Specifications, Section 1: Key Site and Building Design Criteria, subsection 1.2.4.7 Design Standards for the Disabled.

A1(e).5.2.5 Utility Room

A utility room will be provided for all “pods” or modules within the General Clinic area. One clean supply holding room and two soiled utility rooms could service all “pods” or modules. They must be organized efficiently to perform functions. The soiled utility room must be organized in accordance with Health Co infection control policies and guidelines.

A1(e).5.2.6 Prosthesis/Wig Room

Include special storage to accommodate wigs/head coverings and locate brochures at standing height to prevent patients from leaning over to access information. The room should also include a wig fitting area with a mirror.

A1(e).5.2.7 Ergonomics Considerations

Refer to Output Specifications, Section 1: Key Site and Building Design Criteria, subsection 1.2.4.6 Ergonomics.

A1(e).5.2.8 Multidisciplinary Team Rooms

Team rooms will be configured to achieve a degree of privacy by the arrangement of space to accommodate activities from highly interactive teamwork, to public activities, to concentrated staff/team “quiet zone” activities. Understanding this hierarchy of zones and the appropriate zoning of the staff work areas will be critical to its functionality.

The hierarchy of zones within the team room are as follows:

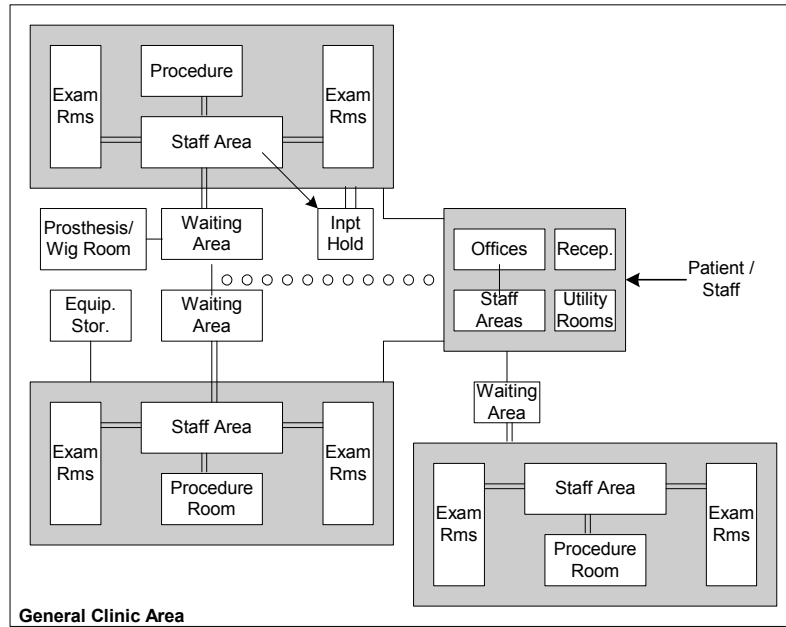
- Reception desk – areas where the staff (i.e. workstation for unit clerk) will have the most interaction with the public/patients. As these public/staff areas will be high traffic areas, design should locate any waiting space close to reception and consider configuring it out of the main corridor so that disruption/noise to patient treatment areas and staff work areas is minimized.
- Teamwork area – health professionals will utilize this area to interact and work (i.e., team room). It will be generally quiet, subdued, and facilitate conversation while accounting for staff and patient confidentiality.
- Dictation areas – though preferably designed as a single area, this function may be designed as a series of smaller alcoves or combined with another area with similar activities. These areas require acoustic isolation and will be developed to support dictation and “quiet zone” activities.

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A1(e).5.2.9 Component Functional Diagram

The spatial organization of this component shall be generally as shown in the diagram below.

A1(e).5.2.9.1 Micro Relationship Diagram



Legend

- ==== Immediately Adjacent
- Direct Access
- Reasonably Close Access
- ←--- Direct Visual Supervision

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A1(e).5.3 Schedule of Accommodation (Note: Spaces listed in parentheses () are spaces supporting services provided by Project Co and are included in the total net square metres.)

Ref	Space	Area Requirements		
		units	nsm/unit	nsm
	<u>Reception/Admitting Area</u>			
01	Prosthesis/Wig Room	1		14.0
02	Stretcher Holding Area	2	4.0	8.0
03	Storage Alcove, Equipment	1		9.5
04	Washroom, Staff	1		2.5
	Subtotal			34.0
	<u>Clinic Pod Area</u>			
05	Workstation, Unit Clerk	1		15.0
06	Waiting Area	1		33.0
07	Coat Closet	1		1.0
08	Multidisciplinary Team Room	1		30.0
09	Weight Scale Alcove	1		2.0
10	Exam Room	7 ¹	11.0	77.0
11	Exam Room, Stretcher	2 ¹	13.0	26.0
12	Patient Counselling Area	2	12.0	24.0
13	Procedure Rooms	1		15.0
14	Washroom, Patient, Wheelchair Access	1		3.5
15	Washroom, Staff	1		2.5
	Subtotal, 1 Pod			229.0
	Subtotal, 3 Pods			687.0

¹ Proponent will evaluate the cost benefit of building to maximum capacity (27 exam rooms) or phasing construction as indicated in Table A1(e)-A.

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Ref	Space	Area Requirements		
		units	nsm/unit	nsm
16	Scope Cleaning Room	1		6.0
	Subtotal, Clinical Pod Area			693.0
	<u>Shared Support Area</u>			
17	Office, Clinical Nurse Leader	1		9.0
18	Clinical/Conference Room	1		50.0
19	Office, Shared, Ambulatory Care	1		16.0
20	Office, Telephone Care Management	1		9.0
21	Staff Locker Room	1		3.5
22	Washroom, Staff	1		2.5
23	Clean Supply Holding Room	1		(15.0)
24	Soiled Utility Room	2	9.0	(18.0)
25	Soiled Holding Room	1		(8.0)
26	Housekeeping Closet	1		(5.0)
	Subtotal			136.0
	Total			863.0

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A1(e).6 DESIGN GUIDANCE

None

A1(e).7 OTHER SPECIFICATIONS

General Clinic services are primarily based in the General Clinic area, however, other specifications that will be consulted are:

- A1 Ambulatory Care Centre
- A1(g) Cancer Centre Patient Rehabilitation
- A1(h) Cancer Centre Radiation Therapy
- A1(i) Cancer Centre Staff Facilities
- C6 Rehabilitation Services