B Inpatient Services

B3 TERTIARY PALLIATIVE CARE UNIT

B3.1 SERVICE DESCRIPTION

B3.1.1 Scope of Clinical Services

This section B3 sets out the requirements for the centralized facilities supporting the provision of tertiary palliative care services at the Facility to be achieved or accommodated by Project Co in providing the Works and the Services.

Tertiary palliative care is a service of active compassionate care, primarily directed towards improving the quality of life for the dying. It is delivered by an interdisciplinary team that provides sensitive and skilled care to meet the physical, psychosocial and spiritual needs of both the patient and the family (Health and Welfare Canada, 1989). Patients can still be receiving active treatment, but the management of the disease must be palliative rather than curative in intent. The Canadian Hospice Palliative Care Association [2001] states that palliative care aims to relieve suffering and improve the quality of living and dying. It aims to address physical, psychological, social, spiritual, and practical expectations and needs, loss, grief and bereavement and preparation for and management of the dying process. An interdisciplinary group most effectively delivers it.

The Canadian Hospice Palliative Care Association has proposed the following principles of hospice palliative care in their document titled “Hospice Palliative Care: Towards a Consensus in Standardized Principles of Practice, 2000”:

- Meet the physical, psychological, social and spiritual expectations and needs
- Access
- Equal availability without discrimination
- Ethics
- Right to information
- Right to choice/empowerment
- The unit of care is the patient and family
- Interdisciplinary team
- Continuity of care
- Community collaboration through partnerships and mutual support
- Governance and administration to support services
- Quality of care
- Service evaluation
- Education, information, research and advocacy
- Staff education and support

These principles should be considered in Project Co design for the Tertiary Palliative Care Unit.

The unit is to provide specialized, skilled assessment and intervention in a supportive acute care environment and to stabilize patients so they may return home or go to hospice or residential care setting, if home is no longer an option.

The tertiary acute Tertiary Palliative Care Unit will primarily serve the Fraser East area of the Fraser Health Authority. This unit will have close relationships with the two community palliative care teams within the Fraser East area in Abbotsford/Mission and Hope/Chilliwack. Potential patients for admission to the tertiary unit must be known to the tertiary palliative care providers.

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Patients will have a life threatening illness or be facing end of life issues. The estimated prognosis is less than six months. Patients may still be receiving active treatment, but the management of the disease must be palliative rather than curative in intent.

Patients requiring admission to the tertiary unit may be experiencing the following:

- Condition requires rapid evaluation due to impending tertiary palliative care emergencies or complications;
- Condition requires diagnostic testing and/or invasive procedures/complex treatments;
- Unstable symptoms causing severe discomfort requiring rapid control;
- Individual family displaying extreme emotional/behavioural reactions, requiring close observation and/or frequent communication/intervention.

The Fraser Health Authority tertiary palliative care service will have a centralized referral system and community-based consultation teams in place. These teams provide an infrastructure which facilitates screening of tertiary palliative care needs. The admission screening will be based on the criteria listed above. The community teams will communicate with the clinical manager, or designate, for the Tertiary Palliative Care Unit, who will, in consultation with the community teams and the designated tertiary palliative care physicians, determine the priority for admission. Priority for admission will be based on patient needs and the inability to meet these needs in other locations, for example: acute care, community, hospice or residential care.

Patients must be admitted to the tertiary unit under the direction of a tertiary palliative care consultant physician, who will manage all care. Family physicians will be welcome to visit their patients for continuity of care and support.

The Tertiary Palliative Care Unit will be an integral part of the Fraser Health Authority tertiary palliative care service and will implement Fraser Health Authority tertiary palliative care service protocols, standards, clinical pathways and pain/ symptom management guidelines as appropriate to this acute care setting. The unit will be managed by a clinical manager who will work closely with all the community teams. This will ensure the highest quality of acute tertiary palliative care services and appropriate utilization of resources, manpower and materials within the health care area tertiary palliative care service and acute care. All tertiary palliative care unit staff will report to the clinical manager for acute tertiary palliative care issues and to their department managers for professional issues where appropriate.

Interdisciplinary clinical rounds will be conducted weekly and individual case conferences will be held as frequently as needed to address complex physical, psychosocial and spiritual care needs in a timely manner. All tertiary palliative care staff will be expected to participate in selected authority educational and quality improvement activities offered by the authority.

The overall Fraser Health Authority tertiary palliative care service will in the future include three acute (tertiary) care units, a number of community based hospice facilities, and interdisciplinary and interagency tertiary palliative care consultative teams.

The unit is planned for a future capacity of 10 acute beds and accommodates staff resources for both the community program and the inpatient unit.

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B3 TERTIARY PALLIATIVE CARE UNIT

To facilitate management of the services, patients become part of the tertiary palliative care service by being formally screened. Patients are referred by their family physician, or by other health care providers or by self referral. If the patient, family and family physician all agree that tertiary palliative care is appropriate, the patient is then assessed according to service criteria: terminal illness with probable life expectancy of weeks to months. A patient is then eligible for a variety of tertiary palliative care services, including admission to the unit and receiving care from the tertiary palliative care consultative team. Patients will be encouraged to use community-based tertiary palliative care services first though the tertiary palliative team, including home care nurses, home support worker, hospice volunteers. Patients will be cared for on the unit until their acute condition stabilizes and they are able to return home or transferred to hospice or long term care placement.

The tertiary palliative care social worker located on the unit will provides 1:1 emotional and financial counseling during hospitalization. The social worker also does the discharge planning from the hospital. In addition to the social worker, emotional support and bereavement services are provided to patients and families by hospice volunteers. The hospice volunteers are headed by the volunteer coordinator; also under the direction of the Hospice Society executive director.

The Hospice Society provides administration, finance, public awareness and community relations functions in support of hospice services. It is assumed that the Abbotsford Hospice Society will be the main provider of support to the unit because of the geographical location of the unit.

The spiritual care service coordinates spiritual care professionals and volunteers, helps families to arrange memorial services and funerals, supports staff and families and is active in the education and training of clergy and staff.

B3.1.1.1 *Current Trends*
In providing the Works and Services, Project Co shall take into account the following trends:

- *Tertiary palliative care services are recognized in provincial cancer care plans as an important component of an integrated and seamless cancer service for patients and a service that will continue to develop, particularly for patients in the end stages of their disease. The contact numbers and staffing support are likely to increase with aging of the "baby boomers" and a longer patient experience of chronic decline with medical advances.*

B3.1.2 Scope of Education Services

Health Co is committed to making the unit a centre of excellence for palliative education and care. The tertiary palliative care service continues to promote palliative education through individual and group in-services, and participation in regional, provincial and national educational services and conferences. The tertiary palliative care service is a member of the British Columbia Hospice Palliative Care Association and a member of the Canadian Hospice Palliative Care Association.

The tertiary palliative care service will continue to foster an understanding of symptom control. The Hospice will continue to train volunteers to provide grief support and bereavement services.

Educational activities include practicums and training services for students in the areas of medicine, nursing, pharmacy, nutritional sciences, chaplaincy and social work. Assistance with hospice volunteer training will also continue.

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The tertiary palliative care service will provide clinical resources in support of teaching services for the following types and numbers of students:

- Medical/surgical/oncology residents and fellows, 4 at a time
- Medical undergraduates, up to 4 at a time
- Nursing (diploma, undergraduate and graduate) students, up to 4 at a time (on one shift)
- Pharmacy undergraduates/residents, 1 at a time
- Physiotherapy students, up to 2 at a time
- Occupational therapy students, up to 2 at a time
- Respiratory therapy students, up to 2 at a time
- Dietetic intern, 1 at a time
- Social work students, up to 1 at a time

B3.1.3 Scope of Research Services

Health Co is also committed to clinical research in palliative care. Palliative care is a newly emerging field of health care and requires research to expand the base of knowledge of the field. Research activities are therefore critical for the development of services which are in the best interests of patients. Research projects will be carried out in conjunction with other bodies including universities, the BC Cancer Agency and community service agencies.

Research activities will be accommodated within the service space provided, and statistics concerning service capacity and performance, as well as screening of patients for potential involvement in clinical trials testing potentially therapeutic symptom regimes, and involvement of patients and families in qualitative research studies to further the understanding of phenomena such as anticipatory grief, hope, and transitions.

B3.1.4 Specific Exclusions

This specification excludes palliative care services provided elsewhere, including:

- In other inpatient units (see sections B2 General Medical/Surgical Inpatient Care Units and B5 Maternal Child Program)
- Hospice services provided in any off-site hospice facility in the service area

B3.2 OPERATIONAL DESCRIPTION

B3.2.1 Minimum Hours of Operation

The tertiary palliative care service will be staffed 24 hours a day, 7 days a week.

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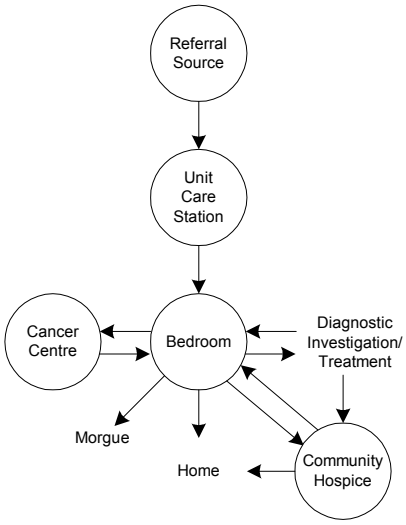
B3.2.2 Patient Management Processes

B3.2.2.1 Referral Pathways

The community consultation teams with work closely with the discharge planning staff, client coordinators, home care nurses, family physicians and specialized tertiary palliative care physicians to identify patients that may require a tertiary admission. The community consultation teams will communicate closely with the clinical manager and specialized palliative care physicians as to the appropriateness and priority for potential admissions. Identified patients requiring admission to the Tertiary Palliative Care Unit will be waitlisted.



Patient Flow Diagram

B3.2.2.2 Reception/Admission

Patients will be admitted to the unit by pre-arrangement, through the admitting office, as an unscheduled patient through the Emergency department, and possibly through an inter agency transfer. On admission ambulant patients will report to the unit care station/communications desk.

The care station/communications desk will act as the unit clerk's base.

Patients will be admitted to a specific bed and will be monitored from the central care station.

Each private bedroom will have an en-suite washroom with wc, sink and shower. Patients who require an assisted bath will use assisted bathrooms, located centrally on the unit.

B3.2.2.3 Care

Patient bedrooms will be provided as all privates (100% of beds) (i.e., a 10-bed cluster will include 10 private bedrooms).

All patients will have exterior views from their beds. Consideration must be given to windowsill heights to enable visibility from a prone position in the bed.

Shelf space will be provided for patient's personal items, flowers, etc., visible and easily accessible from the bed (possible at a deep window sill).

Attractive options to encourage patient activation and promote patient independence will be used wherever possible (e.g., electric beds, remote controls).

Wall, floor and ceiling surfaces, as well as furnishings, will be carefully designed and selected to create an aesthetically pleasing (may be calm and soothing), and safe environment for patient care. All surfaces will be non-porous and be easily cleaned. All covering materials will be fire retardant.

Maintain a sense of personal scale within the unit.

Provide opportunities for patient and staff access to a partially covered outdoor space (balconies, roof gardens, etc.) with bed accessibility and a southeast orientation (outdoor space should be a minimum of 60 m^2).

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Consideration will be given to physical layouts and design features which minimize the typically institutional aspects of inpatient accommodation and maximize non-institutional hotel/residential aspects in order to provide a more therapeutic healing environment that should promote peace and dignity.

A treatment room will be accessed from a neighbouring medical/surgical inpatient unit for special procedures, exam and/or more private consultation than is possible in a patient bedroom.

All private bedrooms will be sound-isolated to avoid disturbance of other patients from confused or loud patients of grieving family members.

B3.2.2.4 Visitation
Provide a central patient/family/visitor lounge(s) with the option to be designated by activity type to suit the varied environmental needs of patients (e.g., active/noisy, passive/quiet, etc.) with provisions of 24/7 visitation and family overnight staff facilities.

B3.2.3 Patient Information Management

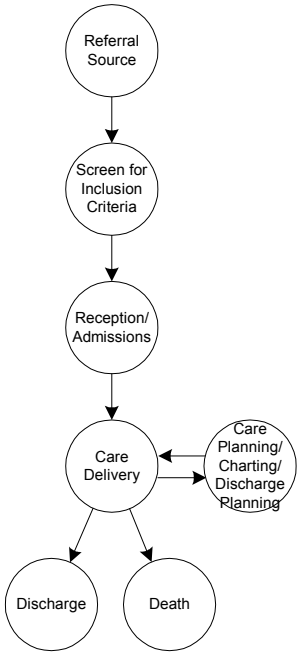
Refer to Output Specifications, Section 3: Non-Clinical Services, subsection D1 Information Management; Section 5: Design and Technical, subsection 5.3.17 Technology and Communication Systems; and Section 6: IT/Tel Services.

B3.2.4 Staff Work Processes

B3.2.4.1 Communications
The inpatient unit will be administered from a centralized communications centre/care station, which will also act as a reception/control point for access to the unit. This communication centre will include the patient care unit clerk's workstation, and a conference/report room.

An interdisciplinary and multi-team approach to care will be carried out in the unit. Workstations at the care station, rooms for visiting professionals and for interviewing/counselling will achieve an ordered use of space.

B3.2.4.2 Care Delivery
Services are provided to patients by an interdisciplinary team. The service offers consultative services in assessing the needs and planning the care of patients on the unit as well as in other health care settings, and in private residences. The admission of a client is dependent on whether the client meets the palliative care service criteria: terminal illness, life expectancy from weeks to a month, and whether the patient chooses to become a palliative care client. The client can choose to use as much or as little of the service as they desire.



Process Flow Diagram

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Nursing staff will be organized in flexible shifts over 24-hours. The nursing care will be managed from the nurse base which will normally be staffed by up to 3 RN's and 1 LPN for 10 patients in the days and evenings, and 2 RN's for 10 patients at night.

In addition to the regular nursing staff on duty, other staff will visit the ward on an ad-hoc basis, including medical staff, clergy, therapists, etc.

B3.2.4.3 Staff Services

Staff facilities will be provided in the General Medical/Surgical Inpatient Unit for shared use by the Tertiary Palliative Care Unit.

Outer clothing will be stored in coat closets located in a lockable coat hanging area. Students and volunteers will also have space for coat storage in the coat closets. Purse lockers will be provided for personal valuables and will be shared across shifts. A small staff break/team room will be provided for beverage making, and a place to rest. The staff changing area will be accessible through the lounge, thus enhancing security.

B3.2.5 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.

B3.2.6 Linen/Housekeeping Services

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

B3.2.7 Equipment Asset Management

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

B Inpatient Services

B3 TERTIARY PALLIATIVE CARE UNIT

B3.3 ACTIVITY INDICATORS

The table below summarized the projected activity for the Tertiary Palliative Care Unit services which must be addressed by Project Co in performing the Works and the Services.

B3.3.1 Hospital Activity

Unit	Minimum Projected Yearly Activity
Tertiary Palliative Care Unit	
# Cases	347
# Patient-Days	3,467
ALOS (Days)	10.0 [1]
% Occupancy	95
# Beds Set-Up	10

B3.3.2 Cancer Centre Activity *(Incl. in Hospital Activity above)*

B3.4 PEOPLE REQUIREMENTS

This component will have a total staff complement in the range of 19 FTE, consisting of 1 clinical manager, 0.5 pastoral care and 0.5 occupational therapist, 0.1 respiratory therapist, 0.2 dietitian, 1 social worker, 10.7 registered nurses, 4.4 licensed practical nurses and 0.5 clerical/administrative personnel.

The needs of the patients and their families on the Tertiary Palliative Care Unit will be complex and multidimensional. This unit will require a designated interdisciplinary team of professionals.

It is anticipated that hospice volunteers will provide a significant number of volunteer hours. The role of the volunteer in the provision of acute tertiary palliative care will be clearly articulated as distinct but complementary to the role of professional staff.

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
Patient Care Area	10	4-5	25-30	4-5	43-50
Staff Work Area	1-2	10	1-2	2-3	14-17
Patient Care Support Area	6-8	3-4	25-30	2-3	36-45
Administration Area	2-3	5	2-3	1-2	10-13

[1] *It is expected that the average length of stay will be short, approximately 10 days although some patients will require terminal admission to the acute Tertiary Palliative Care Unit as they will not be able to be stabilized to the extent that they can return home or go to hospice.*

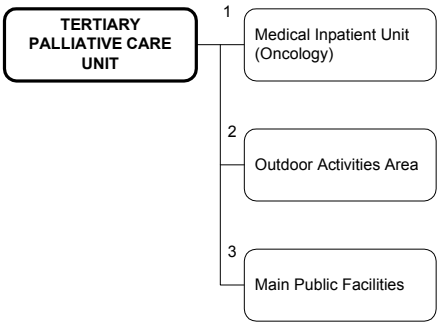
B Inpatient Services

B3 TERTIARY PALLIATIVE CARE UNIT

B3.5 DESIGN CRITERIA

B3.5.1 Key External Relationships

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



1 Provide direct access by general circulation to a Medical Inpatient Unit (Oncology) for staffing economies and for access to shared support space.

2 Provide direct adjacent access to an outdoor activities area for movement of patients and for a view.

3 Provide direct access by general circulation to the Main Public Facilities for the movement of visitors, volunteers, students, physicians and home care nurses and to (Spiritual Care Services) for the movement of families and staff.

B3.5.2 Key Internal Relationships/ Environmental Considerations

The following will be achieved:

B3.5.2.1 Environment

Create a non-institutional, "home-like" environment. The primary objective of the unit is to increase the quality of remaining life and to include other family members in the care service. Provision should therefore be made to accommodate relatives overnight in the patient rooms or in physically adjoining space.

In support of the concept of allowing patients to die with dignity, patients will have the opportunity to personalize their bedrooms and have children and household pets (which have been approved and abide by infection control standards) visit the component at any time.

Provide all patients with exterior views from their beds. Promote patient and family interaction and socialization through the central location of living room, kitchen and dining facilities and the clustering of patient rooms.

Also refer to Output Specifications, Section 1: Key Site and Building Design Criteria, subsection 1.2.5 Indoor Environmental Quality.

B3.5.2.2 Privacy

Allow all patients and families flexibility in choice of privacy. This is particularly important in the case of the bereaved family or patients or family members undergoing counselling, and/or for those patients who may have no significant others at all and benefit from interaction with another patient and his/her visitors.

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Facilities must be separate from other acute care wards because of major differences in care objectives, protocols, services and priorities.

Allow for a balance of communal and private areas with acoustic privacy in individual counselling or assessment areas.

B3.5.2.3 Flexibility

Allow for flexibility in the communal areas to accommodate a variety of patient activities including family meals, gathering and social activities.

Also allow for 24/7 visiting hours for family and significant others in component policies.

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

B3.5.2.4 Ventilation

Provide for odour control in all bathrooms.

There is a no smoking policy in effect in the Abbotsford Hospital, however, in the case where a patient needs to smoke; they may do so outside in a designated smoking area.

Also refer to Output Specifications, Section 5: Design & Technical, subsection 5.3.15.14 Heating, Ventilation and Air Conditioning Systems.

B3.5.2.5 Special Requirements

Provide a microwave and kitchenette area in the dining room for family or patients to prepare special foods and for table dining.

Promote patient independence through the provision of wheelchair oriented fixtures and equipment in the kitchen, bedrooms, and shower rooms. Ensure wheelchair access to all rooms and to outdoor areas.

Overhead speakers for general paging should not be provided in this component.

Wall, floor and ceiling surfaces as well as furnishings must be carefully designed and selected to create a bright, cheerful, positive environment for the emotional support of the patient, family and staff.

B3.5.2.6 Patient Isolation Capability/Infection Control

Refer to Output Specifications, Section 1: Key Site and Building Design Criteria, subsection 1.2.4.5 Infection Control; and Section 5: Design & Technical, Division 15 Mechanical.

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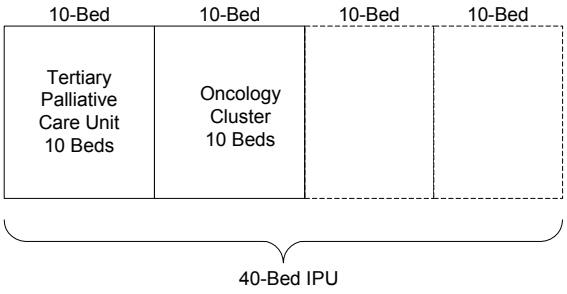
B3 TERTIARY PALLIATIVE CARE UNIT

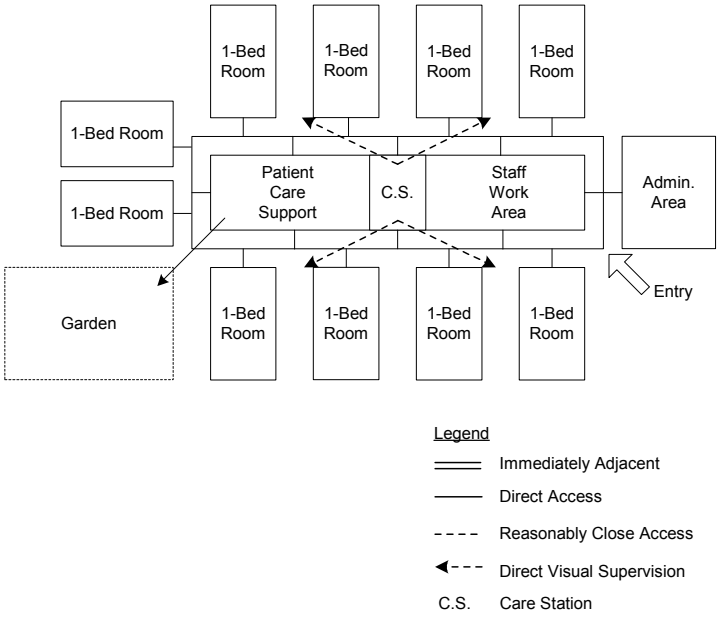
B3.5.2.7 Component Functional Diagram

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

B3.5.2.7.1 *Macro Relationship Diagram*



B3.5.2.8.2 *Micro Relationship Diagram*



B Inpatient Services

B3 TERTIARY PALLIATIVE CARE UNIT

B3.5.3 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
	Patient Care Area			
01				
01-1	Bedroom, Private, Isolation with Ante Room B3-02)	1	18.5	18.5
01-2	Bedroom, Private (with Ante Room B3-02)	1	18.5	18.5
02	Ante Room	2	4.0	8.0
03	Washroom, Patient, Wheelchair Type	2	5.5	11.0
04	Bedroom, Private	8	18.5	148.0
05	Washroom, Patient, Wheelchair Type	8	5.5	44.0
	Treatment Room			0 [2]
	Subtotal			248.0
	Staff Work Area			
06	Care Station	1		18.0
07	Team Charting Area	1		6.0
08	Pneumatic Tube Station	1		1.0
09	Conference/Team Charting Area	1		11.0
10	Dictation/Work Area	1		(3.0)
11	Medication Alcove	1		6.0
12	Washroom, Staff	1		2.5
13	Volunteer Work Area	1		4.0
14	Nourishment Station	1		(6.0)
15	Clean Supply Holding Room	1		(14.0)
16	Alcove, Linen Cart	1		2.0

[2] *Shared, see adjacent component B2 General Medical/Surgical Inpatient Care Units.*

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17	Soiled Utility Room	1		(6.0)
18	Soiled Holding Room	1		(6.0)
	Staff Facilities			0 [2]
	Subtotal			85.5
	Patient Care Support Area			
19	Quiet Study/Library/Music Room	1		16.0
20	Family Room	1		11.0
21	Washroom, Patient, Wheelchair Type	1		5.0
22	Lounge/Dining, Patient/Family	1		35.0
23	Multipurpose Room, Bereavement/Spiritual Care Services	1		25.0
24	Tub Room, Special	1		11.0
25	Storage, Equipment	1		28.0
	Storage, Palliative Home Support Equipment			0 [3]
26	Washer/Dryer Alcove	1		7.0
27	Stretcher Holding Bay	1		4.0
28	Housekeeping Closet	1		(5.0)
	Subtotal			147.0
	Staff Support Area			0 [2]
	Administration Area			
29	Office, Physician	1		12.0
30	Office, Clinical Manager	1		9.0
31	Office/Interview, Shared	2	9.0	18.0
32	Office/Interview, Social Work	1		12.0
	Meeting Room			0 [2]
	Subtotal			51.0
	Total			**531.5**

[3] *See E7 Materiel Services.*

B Inpatient Services

B3 TERTIARY PALLIATIVE CARE UNIT

B3.6 DESIGN GUIDANCE

Project Co is referred to:

- http://www.palliative.org

B3.7 OTHER SPECIFICATIONS

Palliative care services are primarily based in the Tertiary Palliative Care Unit, however, other specifications that will be consulted are:

A2 Emergency
B1 Comprehensive Cardiology Care Unit
B2 General Medical/Surgical Inpatient Care Units
B4 Intensive/Stepdown Care Units
B5 Maternal Child Program