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## B Inpatient Services

### B5 MATERNAL CHILD PROGRAM

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#### B5.1 SERVICE DESCRIPTION

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##### B5.1.1 Scope of Clinical Services

This section B5 sets out the requirements for the centralized facilities for the Facility's Maternal Child Program to be achieved by Project Co in providing the Works and the Services. The Maternal Child Program (MCP) specification describes:

*Maternal/newborn services, including:*

- A labour triage services area
- A maternal/fetal/newborn outpatient services area
- An antepartum/birthing/combined care unit with 28 Labour Birthing Recovery Postpartum (LBRP) rooms and 1 operating room and associated support rooms to be located in the Surgical Suite (C7)
- A Level II special care nursery area with provisions for 12 bassinets

*Children's services, including:*

- A pediatric day care unit of 8 beds/chairs
- A dedicated child health outpatient area with therapies
- An 18-bed pediatric inpatient unit, including a separate section for clinical decision/high dependency patients of 4 beds

The Maternal Child Program provides separate facilities for the diagnosis and treatment of all children, together with maternity services. Although integral to the main health centre services, it will provide a dedicated environment, complete with its own support facilities whenever practical. Maternal/child services will be provided within an environment that is appropriate for these patient groups. This requirement should influence all aspects of design of these areas, with the emphasis upon the creation of a non-threatening, child-friendly environment throughout all areas.

The Maternal Child Program will be supported by an integrated interdisciplinary team of staff who are focused on meeting the needs of the women, their newborns and their families and children and adolescents. The program will operate as a partnership with the community for continuity of care on public health programs and issues (e.g., prenatal care, post-delivery follow-up, etc.).

##### B5.1.1.1 Maternal/Newborn Services

The range of maternal/newborn services to be provided within this component include, but are not limited to:

- Counselling (preconception, prenatal, intrapartum and postpartum)
- Preadmission assessment
- Fetal/maternal assessment: non-stress tests and ultrasound
- Prenatal counselling, education and assessments (e.g., gestational diabetes)
- Parenting skills and maternal and infant care education
- Intrapartum care for mothers with normal to moderate risk deliveries
- Care for normal and level ii newborns
- Postnatal care, including: pre-discharge education and post-discharge follow-up clinics (e.g., parenting support, postpartum and neonatal clinics). Post-discharge newborn and neonate clinics will be closely linked to pediatric support; and
- High risk antepartum homecare

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Labour Triage services to include:

- Labour assessment
- Induction services
- Direct admission process to a LBRP for women in labour, thereby, bypassing the Emergency department, and
- Cervical ripenings

Maternal/Fetal/Newborn Outpatient Assessment services are to include a range of diagnostics, assessments and consultations, bereavement counselling and selected procedures.

Antepartum/Birthing/Postpartum Combined Care Services to include:

- Fetal scalp monitoring
- Labour, birthing and recovery, and postpartum care for low to medium risk vaginal births in 28 LBRP suites
- Operative delivery and recovery services for emergent and elective C-section and trial forceps deliveries and recoveries in 1 operative delivery room

Medium/high risk births will be defined according to national criteria taking into account the care needs of the mother and baby.

Level II Special Care Nursery (SCN) including 12 bassinets/isolettes providing Level II intensive care for neonates and high risk newborns delivered in the hospital and referred in from area Level I centres.

Of the current birthing volumes, 20% of the in-hospital births are referred from outside the Local Health Area 34 Abbotsford catchment area and, therefore, a private room will be available for parents to care for their newborn baby to assist in the transition from the SCN to home.

The SCN will provide 'step-down' care to neonates being transferred back to the Fraser East area from any of the province's Level III Neonatal Intensive Care Units. FHA will continue to advance linkages with Level III centres in the management of patients referred.

#### **B5.1.1.2** Children's Services

The range of children's services to be provided within this component include, but are not limited to:

- counselling
- preadmission assessment
- care of normal and Level II newborns
- holistic approach to inpatient and outpatient pediatric child health care
- medical and surgical day care (incl. limited pediatric oncology)
- comprehensive child health outpatient services

Pediatric Inpatient Care will provide care to children up to and including 16 years of age, based on Child Health Network guidelines, including:

- pediatric inpatient beds (18), including 4 beds for clinical decision, continuous observation and isolation

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The most common diagnoses for inpatient pediatric services include, but will not be limited to, the following:

- Bronchiolitis
- Gastroenteritis, miscellaneous digestive disorders
- Asthma
- Pneumonia
- Viral illnesses
- Seizure and headache
- Trauma/fractures
- Croup
- Appendectomy

Given the acuity of the future pediatric inpatient, it has been assumed that admission will often involve close observation and isolation, separation and protective environments.

In addition to the medical and surgical diagnoses previously noted, the inpatient unit will also provide care for mental health patients (generally under 16 years of age) with, but not limited to, the following mental health issues (based on existing protocols):

- Depression
- Suicidal
- Eating disorders
- Behavioural disorders

Those children and adolescents experiencing extreme behavioural or other problems will be referred to the 6-bed special child and adolescent unit within the Psychiatry Inpatient Unit, however, once stabilized and deemed appropriate, they will be discharged to community services or returned to pediatrics for follow-up care as required.

The Medical/Surgical Day Care program will provide:

- Care for patients requiring medical procedures and/or treatments, including antibiotic therapy, transfusions, gastro-esophageal reflux probe, conscious sedation for CT
- Care of patients prior to and following a day surgical procedure
- Care of patients undergoing systemic therapy
- Teaching

On the day of inpatient surgery, final check-in and preparation will occur in this area (as opposed to the Same Day Admit area).

The pre-admission clinic housed within Ambulatory Care Centre (see section A1) will provide pre-surgery registration, education and testing prior to the day of surgery.

The pediatric program will provide palliative care services to children in the end stages of cancer or other clinical conditions, such as end-stage organ failure.

Outpatient Pediatric Child Health Care will evolve around the concept of a consolidated child health center concept. Specialized services will be accommodated to provide primary and follow-up care and will, in some cases, provide alternatives to in-hospital care. All pediatric patient clinic needs will be accommodated in this component and will include:

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- Pediatric diabetic clinic
- Preoperative pediatric teaching program
- Neonatal follow-up clinic
- Rehabilitation
- Pediatric oncology
- Pediatric asthma clinic
- Allergy and immunology clinic
- Failure to thrive program
- Suspected child abuse/neglect program
- Cystic fibrosis clinic
- Developmental assessment
- Eating disorders clinic
- Nutrition counselling
- Surgical follow-up clinic
- Visiting specialist consultations (including cardiology, diabetes, genetics, neurology, and rheumatology)
- Patient/family counselling (social work)

#### B5.1.1.3 Current Trends

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

- *The increasing shift towards the provision of acute care services for children in the home.*
- *The provision of short stay facilities to improve the efficiency of pediatric emergency services and to avoid unnecessary hospital admissions.*
- *The provision of a rapid access pediatric clinic as a way to reduce inappropriate hospital admissions.*
- *The provision of a day assessment unit to decrease the number of emergency overnight admissions.*
- *The shift towards the consolidation of pediatric intensive care services at a regional facility.*

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#### B5.1.2 **Scope of Education Services**

Students from various disciplines will be present in the component. These will include, amongst others, family practice residents, medical students and nursing and midwifery students.

- Medical undergraduates, up to 4 at a time
- Medical/surgical residents, 4 at a time
- Nursing (diploma, undergraduate and graduate) students, up to 16 (8 mat, 8 child) at a time (on one shift)
- Midwifery students, 1 at a time
- 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

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- Social work students, up to 3 at a time
  - Child life specialists, up to 1 at a time
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#### **B5.1.3 Scope of Research Services**

The MCP will participate in multi-centred research studies involving interdisciplinary teams from FHA. It is expected that there could be 2-3 studies ongoing at any one time.

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#### **B5.1.4 Specific Exclusions**

This specification excludes maternal child program services/ requirements provided elsewhere, including:

- Women's health services provided in the Ambulatory Care Centre (see section A1 Ambulatory Care Centre)
  - Breast health services provided in the Ambulatory Care Centre (see section A1 Ambulatory Care Centre)
  - Child and adolescent psychiatric services in Mental Health/Psychiatry Program (see section B6 Mental Health/Psychiatry Program)
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## **B5.2 OPERATIONAL DESCRIPTION**

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### **B5.2.1 Minimum Hours of Operation**

Hours of operation for the component will vary with each service as follows:

#### *Maternal/newborn services*

- Labour triage: 24 hours a day, 7 days a week
- Maternal newborn outpatient service: 0800 – 1600, Monday to Friday, other hours as required
- Birthing: 24 hours a day, 7 days a week
- Postpartum and antepartum inpatients: 24 hours a day, 7 days a week
- Special Care Nursery: 24 hours a day, 7 days a week
- Warm line: 24 hours a day, 7 days a week

#### *Children's services*

- Pediatric Inpatient Unit: 24 hours a day, 7 days a week
- Pediatric medical/surgical day care/clinical decision unit: 24 hours a day, 7 days per week
- Pediatric child health centre: 0800 – 1600, Monday to Friday, other hours as required

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**B5.2.2 Patient Management Processes**

*Maternal/Newborn Services*

**B5.2.2.1 Reception/Registration**

Patients will usually be referred through their family physician, obstetrician, or midwife; in some cases, they may be self-referred. Every attempt will be made to register mothers through the MCP registration area.

Registration of patients for an elective C-section delivery will be at the Maternal OP area in this component.

Appointments will have been scheduled through the MCP's booking/scheduling system. Patients attending outpatient clinics will register/check-in at the MCP registration area.

Patients utilizing birthing services will also be pre-registered for their inpatient stay and upon presentation will require only verification of information; however, there will also be the ability to register in the labour birthing recovery postpartum (LBRP) room or birthing suite.

**B5.2.2.2 Labour Triage/Antepartum Assessment**

A labour triage and antenatal assessment area will be available to assess patients for delivery readiness utilizing ultrasound, induction and catheter insertions.

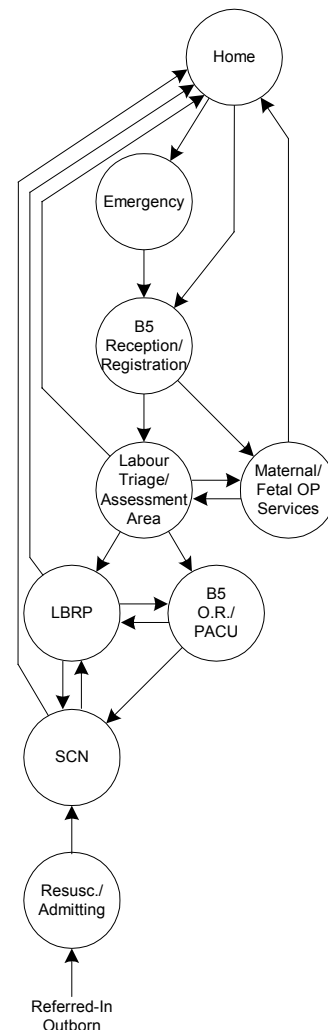
If patients are assessed to be ready for delivery, they will be provided with a LBRP or prepared for a cesarean birth, or if not ready, either be sent home, or asked to wait/ambulate.

For women who are deemed to be low to medium risk, labour, delivery, recovery and postpartum care will be in the LBRP.

Mothers requiring an antenatal stay will be admitted to a LBRP bed on the Maternal Care Unit.

**B5.2.2.3 Maternal/Newborn Care Unit**

This area contains sufficient support space so as to eliminate or minimize the need for patients or staff to leave the unit for routine patient care activities. Spaces for patient bathing, examination, treatment, education, and interaction with other patients and visitors are available within the unit, as are those support spaces frequently utilized by nursing and support staff. Spaces will not be shared with other inpatient units on the same floor as this is considered a closed unit.



*Maternal/Newborn  
 Patient Flow Diagram*

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Facilities should support the concept of family-centred care and education through accommodation of:

- Larger patient bedrooms
- Baby bathing in room
- Rooming-in of babies
- Family visitation
- Home-like environment

A special consideration in the design of this unit is to develop a home-like environment where family members can freely interact. Acoustical privacy between patient rooms is important in achieving this concept.

Provide all patients with exterior views from their beds. Each patient bed area will be provided with visual and acoustic privacy from activities in adjacent areas. Wall, floor and ceiling surfaces as well as furnishings must be carefully designed/selected so as to create a bright, cheerful, home-like environment.

Allow adequate space in each patient bedroom for bassinets as babies will room-in with mothers and a sleep bed/chair for the support person. Provision should also be made for a sink and cupboard and counter space in support of the rooming-in concept.

All spaces utilized by patients must be designed for safe use by persons with disabilities (e.g., handrails in corridors and bathrooms).

Provide attractions within the unit to encourage early ambulation of patients. Comfortable, attractive lounges, with outside access if possible, are to be created where a patient can obtain either privacy or interaction and can have a snack (cookies, toast) with tea/coffee. Corridors will be attractive and wide enough to encourage patient ambulation without interference with staff or materials movement.

#### **B5.2.2.4 Newborn Care**

All newborns will be assessed in the LBRP by nursing and medical staff. Normal healthy babies will remain with their mother. If necessary, a newborn will be moved to the infant resuscitation room and from there to the Special Care Nursery for closer monitoring and observation. All referred-in outborn babies will come through the resuscitation/admitting room for assessment.

Provide the nursery areas with exterior light and views.

Wall, floor and ceiling surfaces as well as furnishings must be carefully designed/selected so as to create positive environment for staff morale and to stimulate neonate perception, but must not interfere with the natural skin tone of the infants. Capability to reduce/subdue lighting for rest periods is necessary.

The area should have acoustical isolation from external and internal noise.

The Special Care Nursery should contain sufficient support space so as to eliminate or minimize the need for staff to leave the unit for routine patient care activities. Space for patient examination and treatment will be available within the unit, as will spaces frequently utilized by nursing staff.

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Some babies may be discharged back to their mother if she is still a registered inpatient or they will be discharged home.

The spatial organization of the Special Care Nursery is based upon three principal factors: the continuous observation, monitoring and treatment of the newborn infants; the movement of staff and supplies related to the provision of medical and supportive nursing care; and the maintenance of a clean environment which corresponds to the activities of patient care.

In keeping with the above-mentioned principles, the Special Care Nursery will be organized internally into two major zones - restricted and non-restricted.

The restricted zone will include the patient care areas and attached patient care support facilities. Bassinet areas are to be maintained as the cleanest spaces in the component.

The non-restricted zone will include the administrative and staff support facilities related to the comprehensive operations of the Special Care Nursery. The activity and environmental conditions in the restricted zone will be regulated by the nursing staff. Patient care facilities will constitute the primary work areas within this zone.

The Special Care Nursery facilities must be isolated from outside traffic. The staff and visitors entry to the patient care areas will be strictly controlled internally and limited to specific individuals. The scrub/gowning areas will be located at the entries to the restricted zone.

#### Children's Services

##### B5.2.2.5 Pediatric Inpatient Unit

Pediatricians, surgeons and family physicians will admit and discharge patients from pediatric services. All pediatric admissions will be provided through the MCP registration service until 20:00 hours, then through the admitting clerk in the Emergency department. Admissions will follow standard admission and discharge criteria, which will be structured to maximize the utilization of resources. Discharge planning will be initiated at the time of admission.

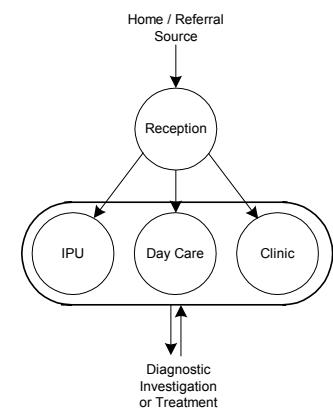
Within the unit, spaces will be located close to patient bedrooms in the following order of priority: care station(s), medications area, utility rooms, patient bathing areas, staff conference area, dictation area, and office areas.

Provide all patients with exterior views from their beds. Consideration must be given to windowsill heights to enable visibility of ground level activity.

Provide attractive options to encourage patient activation and promote patient independence wherever possible.

Wall, floor and ceiling surfaces, as well as furnishings, will be carefully designed and selected to create a bright, cheerful, and safe environment for patient recovery. All covering materials will be fire retardant and surfaces will be easily cleaned, and non-porous.

Each patient bed room will be provided with visual and acoustic privacy from activities in adjacent spaces. Rooms will be decorated and furnished with visually appealing and



*Pediatric  
Patient Flow Diagram*



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reassuring personal objects and graphics at child sight lines. All vertical and horizontal surfaces will be potentially interactive. In addition, facilities should support the concept of family centred care and education through the accommodation of rooming-in of parents, and a home-like environment.

All spaces utilized by patients will be designed for the safe use by persons with disabilities (e.g., handrails in corridors, appropriate lighting, manoeuvrability, space for wheelchairs and beds with traction).

Maintain a sense of personal scale within the unit. Consider the possibility of creating clusters of patient rooms each with its own mini-lounge/play space.

Explore any opportunities for patient outdoor space (balconies, roof gardens, etc.). Patient outdoor space should be a minimum of 100 m<sup>2</sup>. The unit will be located for access to an exterior play area. If an "on-grade" location is unattainable, then direct access via vertical circulation to the on-grade outdoor play area will be provided. Alternatively, an above grade, safe outdoor play area may be created. Outdoor areas should have plug-ins for electrical equipment and visualization by nursing staff (direct or video camera).

Easy removal of walls between private rooms will be provided for long term flexibility in bed mix. Walls in place should have the capacity to maintain the integrity of negative pressure balance. These rooms should have direct physical and visual access (windowed wall facing care station) from the care station to provide future opportunity to group patients requiring specialized care.

The playroom areas will be easily convertible to other activity areas such as a games room on a predominantly adolescent unit. The playroom will be provided for children and host entertainment programs such as children's festival, Shriners, Christmas choirs etc.

One of the private bedrooms in each unit (other than isolation rooms) will be sound-isolated. Noisy patients will be transferred to this room to avoid disturbance of other patients.

All rooms shall be able to accommodate 3 cribs instead of two beds. This can be useful during periods of very high occupancy (e.g., during winter months/epidemics).

Adolescents will be provided with a private socializing lounge.

A treatment room will be required to provide a safe environment away from other patients to carry out general procedures as well as discretely contain noisy or crying patients.

Each infant/toddler bedroom will be equipped with a counter (for changing purposes) containing a large bathing sink that is easily cleaned. All patient bedrooms will have ensuite washrooms with combination tub/showers.

Seven designated isolation bedrooms with negative pressure ventilation will be provided in the unit. Two of these will be provided in the 4-bed special care area. An enclosed anteroom is required for each isolation room and a storage area for supplies will be provided near the door of each isolation room. Hand washing facilities will also be provided in each room.

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#### **B5.2.2.6** Pediatric Day Surgery

Pediatric same day surgery patients will be registered through the Pre-Admission Clinic in the Ambulatory Care Centre (see A1). If the patient is a first time visitor to the centre, he/she will be registered on the FHA system at the time of the initial pre-procedure clinic visit.

Children who are undergoing surgery under general anesthesia will be prepared for the surgery and recovered (Stage II Recovery) in the day procedures in the Pediatric Inpatient Unit area. Patients will have had a pre-procedure visit 1 to 2 weeks prior to the day of the surgical procedure.

The patient's operating room, procedure room or diagnostic visit will have been booked in advance through the physician's office or clinic visit. All pre-registration information will have been gathered at the time of the pre-surgical clinic visit.

On the day of the surgery/procedure, the patient will check-in, at the Pediatric Inpatient Unit day procedures area where their registration information will be verified. The patient will change and be escorted to the Surgical Suite. After surgery, the patient will return (by a patient porter and accompanied by a nurse) to day procedures recovery area after an appropriate length of stay in the Post-Anesthetic Care Unit (PACU) to complete the recovery process in stretcher bed or recliner chair.

Parents will participate in the education process at the time of the pre-surgery clinic visit and they will accompany their child on the day of surgery/procedure into the operating room or procedure room for the induction process. The parent will then wait in a family waiting area until their child is taken to the PACU where the parent will join the child and accompany his/her child to the pediatric day surgery area.

Children undergoing procedures requiring conscious sedation will be prepared and recovered in the pediatric day care area.

#### **B5.2.2.7** Child Health Clinics

Children undergoing therapy or treatment for the first time as an outpatient will be scheduled through pediatrics from the physician's office or clinic.

Following any pre-visit registration, patients will arrive and check-in through the child health centre and proceed either directly to the consultation room or to the waiting area.

After the consultation, follow-up visits will be booked at the clinic(s) check-in area. For any subsequent visits, patients need only to check-in at the clinic prior to their treatment/therapy.

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#### **B5.2.3 Patient Information Management**

FHA information technology strategy will support the MCP as follows:

- Booking/scheduling system available at any workstation in the Abbotsford Hospital or outside to those who have privileges to the system
- Statistics and indicators will be captured from registration and care databases to minimize re-entry
- Telehealth set-up for patient care consults and staff education, including a teaching channel in 2-3 languages

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- Test ordering and results reporting will be by data link with other departments/services
- Linkage to other area hospitals and to electronic Child Health Network, Provincial Perinatal Registry, etc.
- Data will be structured in a way that facilitates outcomes research and continuous quality improvement analysis

A key resource will be a computerized triage/communication system within the department to indicate occupancy, stage of delivery and fetal monitoring, etc. Also 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.

**B5.2.4 Staff Work Processes**

*Maternal/Newborn Services*

**B5.2.4.1 Maternal/Newborn Care Unit**

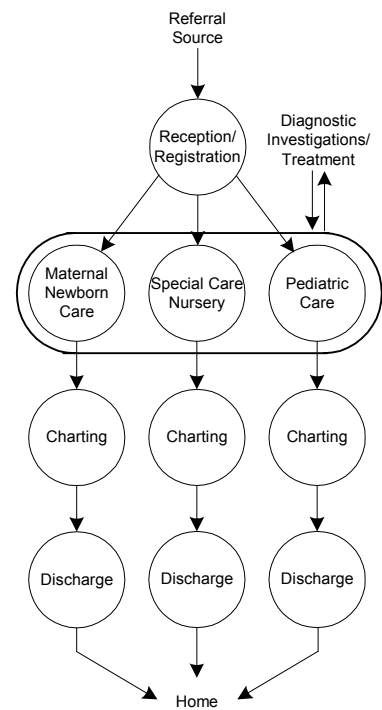
The parent/newborn care station will be centrally located to minimize distances to patient bedrooms. Beds closest to the nurses' station will be used for non-acutely ill antepartum patients.

The resuscitation room will be located in close proximity to the operative delivery room and the SCN.

The unit is to be sufficiently compact and designed so as to provide the patient with the secure feeling that nursing staff are close at hand.

Aside from the care station, other spaces frequently used by nursing staff will be located as close as possible to patient bedrooms (e.g., medications room, conference/charting area, clean utility and soiled holding rooms), while other support spaces could be further removed from patient bedrooms.

Both nurses and physicians must have areas where they can discuss or document patient condition/information in private. Whereas the nursing desk will be highly accessible to patients and their visitors, an acoustically private conference area will be provided immediately adjacent to the nursing station.



*Process Flow Diagram*

**B5.2.4.2 Special Care Nursery**

A nurse work area will be provided for the use of all staff. This work area will be centrally located so as to minimize distances to each neonatal area and to permit direct visual supervision of all activities in the unit.

Intermediate care involves continuous observation and monitoring of environmentally isolated infants. Infant places will be located so as to permit the team members to view all patients and

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monitoring equipment from any point in this space. An isolation annex within the nursery area will be separated from the nursery area by glass walls and doors.

Aside from the nurses work area, other spaces frequently used by nursing and medical staff will be located as close as possible to patients (e.g., clean and soiled utility, equipment storage, etc.).

Staff members assigned to the Special Care Nursery will initially enter through the staff change areas in the obstetrical suite. They will remove their street clothes and the nurses will change into working clothes. All staff members and parents will scrub and gown prior to entering the Special Care Nursery areas.

Clean supplies are to be delivered directly by supply technicians to the clean utility room. Supply technicians should not penetrate other areas of the Special Care Nursery. Supplies are held or transferred by internal staff to appropriate use areas. Similarly, soiled materials (held in separate soiled utility rooms), will be able to be removed without Materiel Services staff entering the infant care area.

#### **B5.2.4.3** Surgical Supplies

Sterile supplies are generally all processed in Sterile Processing Services (see section C8). Sterile and general supplies are to be delivered in case carts via a dedicated handling system directly to the sterile holding area of the obstetrical operating room.

At the time of their use in a procedure, the case carts are transferred to the obstetrical operating room and packs are opened and prepared. The cart remains in the operating room during the course of the procedure. Any back-up supplies needed during the performance of the procedure are delivered by the sterile holding area staff to the operating room circulating nurse.

All equipment, which cannot or need not be sterilized, is maintained in a designated area attached to the patient/staff corridor.

Following the procedure, all instruments, equipment and soiled or contaminated materials are removed from the operating room in appropriate bags placed in the case carts in which they were delivered. Supplies to be reprocessed in Sterile Processing Services are transferred to the soiled holding room. All supplies which are in the operating room following the procedure are considered contaminated, whether used or not, and must be removed from the operating room as described before re-use.

Soiled case carts are held in a soiled holding room until returned to Sterile Processing Services decontamination area for sorting and distributing to the respective processing areas (laundry, trash disposal, etc.). The material is then sterilized and packed in Sterile Processing Services, arranged on case carts and the process begins again.

#### *Children's Services*

#### **B5.2.4.4** Pediatric Inpatient Unit

Provide a compactness of inpatient unit layout, which enables visual supervision of, and direct access to, patient bedrooms from the nurses' work areas in each unit.

Provide visibility of nurse work areas from the individual patient beds in order to reassure patients that nursing care is close at hand.

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Minimize nurse "in-flight time" and maximize nurse-patient visibility by locating frequently utilized support spaces close to the patient bed spaces.

In order to achieve the above criteria it may be necessary to provide one or more small care sub-station(s) (e.g., for the 2 semi-private bed rooms for special care observation) as well as a central care station/ communications centre within each inpatient unit. The central station should have as much visibility as possible of all beds (except for the SCN).

Therapists, nurses, physicians, etc. will require an area where they can discuss or document a patient's/resident's condition/ information in private. Since the care station desk area will be highly accessible to patients/residents and their visitors, an acoustically private staff conference/ charting room will also be provided. This area will be glass-fronted so that staff can observe patient/resident activity. This room could have sliding glass doors to the care station to permit ease of access and observation.

Because the nurse stations must be close to patient bedrooms, there will be sound control problems. Nurse and physician conversations will be private and not overheard by patients. Activities in the nurse stations should not disturb sleeping patients at night. Therefore, the care stations will be designed with sound control measures.

The medication room will be discreetly located. Entry to it will be controlled through the care station, and will be securable with a separate lockable narcotics cupboard.

Provide medications room security by locating it under the direct supervision of the care team base.

Locate all services outlets/controls out of reach and/or protected from younger patients.

Provide a half-pole at the top of any staircase to inhibit accidental wheelchair access.

#### **B5.2.4.5 Staff Services**

Create a separate staff break/team room on the unit where staff may take breaks in a relaxed, acoustically sound insulated environment.

Staff changing rooms and half size lockers will be planned integrally within the Maternal/Newborn Care Unit to allow for the opportunity of maintaining a high degree of sterile discipline. 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 staff break/team room will be provided for beverage making, staff debriefing, grieving and rest.

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#### **B5.2.5 Materiel Services**

Instruments will be provided to the operative delivery room and LBRP's using a case cart system. Local 'flash' sterilization for exceptional items, dropped instruments, etc. will be available in the birthing area. A "prep" room, separate from the clean supply room, will be provided to clean these instruments prior to flash sterilization. Case carts will be delivered by Materiel Services. It is assumed that a delivery cart system operating on a just-in-time schedule will be established.

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Supplies to the Inpatient Care Units will be provided using a top-up system and delivered by Materiel Services. Items will be bar-coded and scanned as used, or at daily/weekly checks with ordering automatically linked to the stockless provider.

Also 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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#### **B5.2.6 Linen/Housekeeping Services**

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

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#### **B5.2.7 Equipment Asset Management**

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

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**B5.3 ACTIVITY INDICATORS**

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

**B5.3.1 Hospital Activity**

Unit	Minimum Projected Yearly Activity
<u>Birthing Unit</u>	
# Live Births	
- Normal	1,672
- Under 2,500 Grams	88
- C-Sections	440
Total	2,200
<u>Maternal/Newborn Care Unit</u>	
# Cases	2,616
# Patient-Days	6,541
ALOS (Days)	2.5
% Occupancy	64.0
# LBRP Beds Set-Up	28
<u>Maternal/Fetal OP Services</u>	
OBS Non-Stress Tests	2,700
Rhogam Injections	240
<u>Special Care Nursery</u>	
# Cases	372
# Patient-Days	3,723
ALOS (Days)	10
% Occupancy	85.0
# Bassinets Set-Up	12
<u>Pediatric Inpatient Unit</u>	
# Cases	1,840
# Patient-Days	4,599
ALOS (Days)	2.5
% Occupancy	70.0
# Beds Set-Up	18
Surgical Day Care Cases	546
<u>Child Health Centre Visits</u>	
General Ambulatory	2,900
Asthma Clinic	
First Visits	200
Follow-Up Visits	520
Failure to Thrive	85
Suspected Child Abuse/Neglect	175
Eating Disorders	200
Nutrition Counseling	180
Surgical Follow-up	20
Pediatric Diabetic Clinic	140
Patient/Family Counseling (SW)	130
Subtotal	4,550
Child Therapy (Cancer)	
Frequency (# Assembly Hrs/Yr)	10
Group Size (Persons)	10

## B Inpatient Services

### B5 MATERNAL CHILD PROGRAM

#### B5.3.2 Cancer Centre Activity (Incl. in Hospital Activity above)

#### B5.4 PEOPLE REQUIREMENTS

This component will have a total staff complement in the range of 111 FTE, consisting of 103 nurses, 1 social worker and 7 clerical/administrative personnel.

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
<u>Maternal/Newborn Care Unit</u>					
Reception Area	5-6	2-3	4-5	1-2	12-16
Labour Triage Area	6	4-5	5-6	2-3	17-20
Maternal/Fetal OP Services Area	4-5	3-4	2-3	2-3	11-15
Antepartum/Birthing/Combined Care Area	25-28	25-27	20-25	3-5	73-85
Staff Facilities	0	8-10	0	2-3	10-13
<u>Special Care Nursery</u>					
Patient Care Area	10	12-13	10-12	2-3	34-38
<u>Pediatric Inpatient Unit</u>					
General Care Area	14	15-20	14-20	4-5	47-59
Special Care Area	4	4	4-6	2-3	14-17
Medical/Surgical Day Care Area	3-4	1-2	6	1-2	11-14
Pediatric Clinic					
Patient Care Support Area					
Family Accommodation Area	8-10	2-3	8-10	1-2	19-25
Staff Work Area	20-25	15-20	1-2	2-3	38-50
Staff Facilities	0	15-20	3-4	2-3	20-27

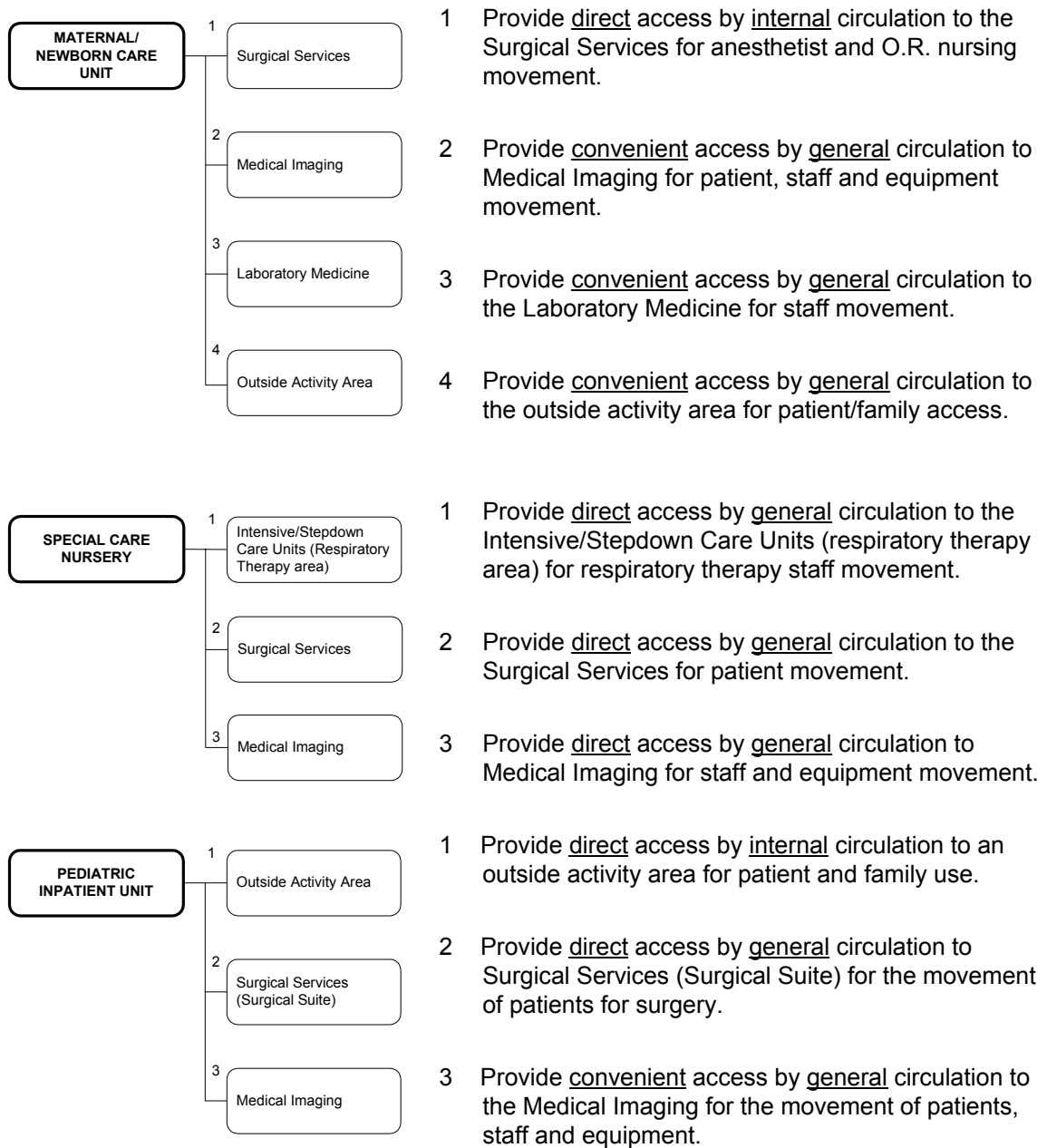


**B Inpatient Services**  
**B5 MATERNAL CHILD PROGRAM**

**B5.5 DESIGN CRITERIA**

**B5.5.1 Key External Relationships**

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



## B Inpatient Services

### B5 MATERNAL CHILD PROGRAM

#### B5.5.2 Key Internal Relationships/ Environmental Considerations

The following will be achieved:

##### B5.5.2.1 Maternal/Newborn Care Unit

Provide security of drugs by locating the medications room under the direct visual supervision of nurses in the nurses' station and by providing a card swipe system.

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

##### B5.5.2.2 Special Care Nursery

Essential to provide controlled access into and out of the unit, with alarmed locks, etc., to protect patients (e.g., patient abduction).

All patient care areas must be accessible to portable x-ray equipment.

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

##### B5.5.2.3 Pediatric Inpatient Unit

Essential to provide controlled access into and out of the unit, with alarmed locks, etc., to protect patients (e.g., patient abduction).

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

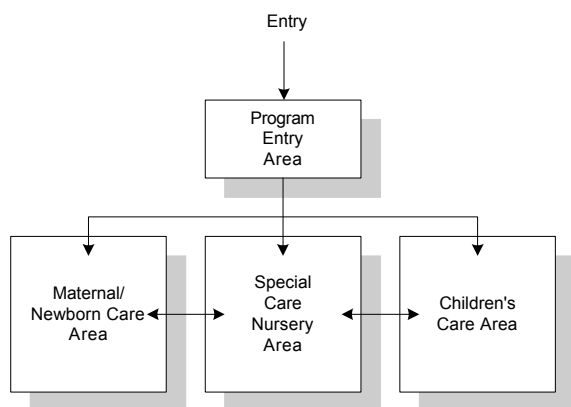
##### B5.5.2.4 Preventing Drafts Adjacent to Entrance

Ensure that functional spaces adjacent to program entrances are draft-free.

##### B5.5.2.5 Component Functional Diagrams

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

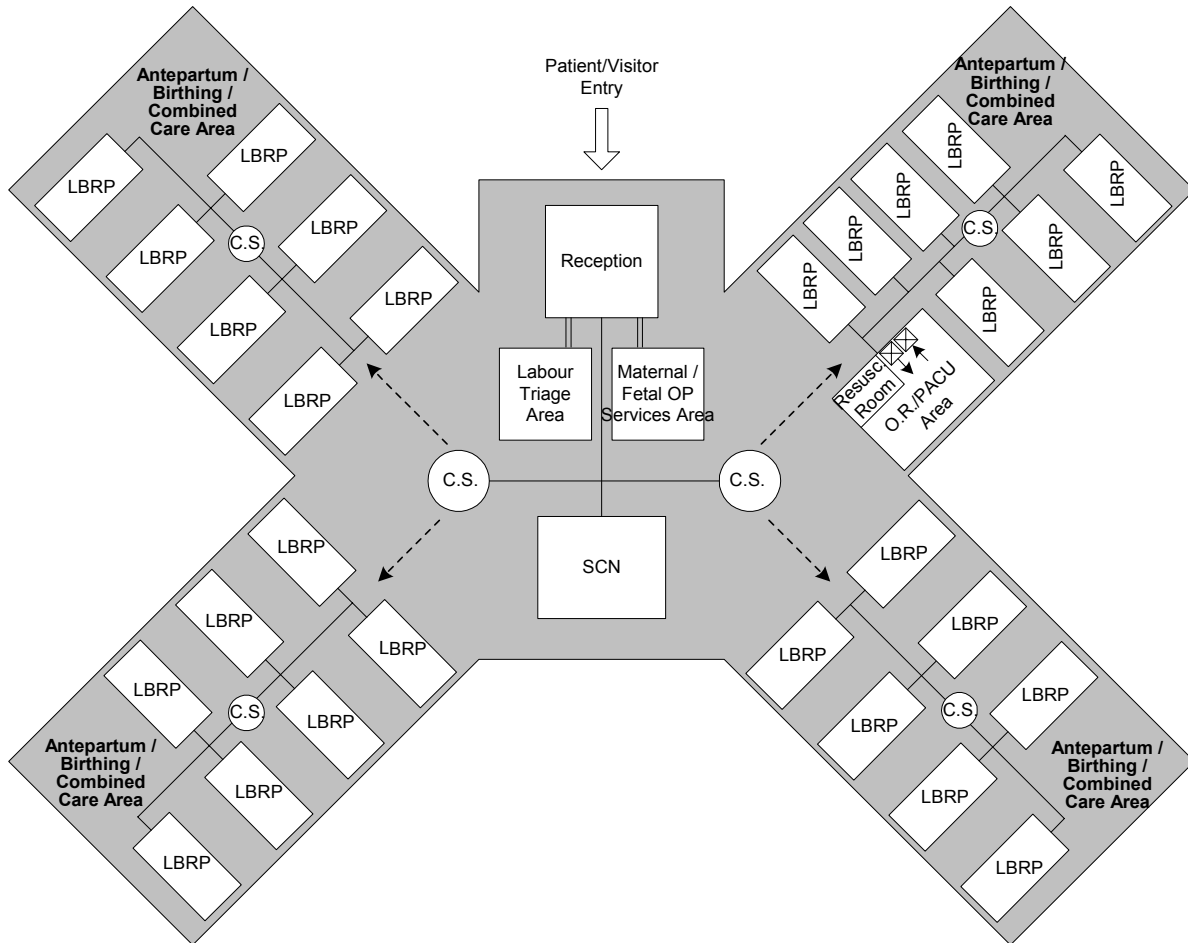
##### B5.5.2.5.1 *Macro Relationship Diagram*



**B Inpatient Services**  
**B5 MATERNAL CHILD PROGRAM**

**B5.5.2.5.2 Micro Relationship Diagrams**

**Maternal/Newborn Care Unit**

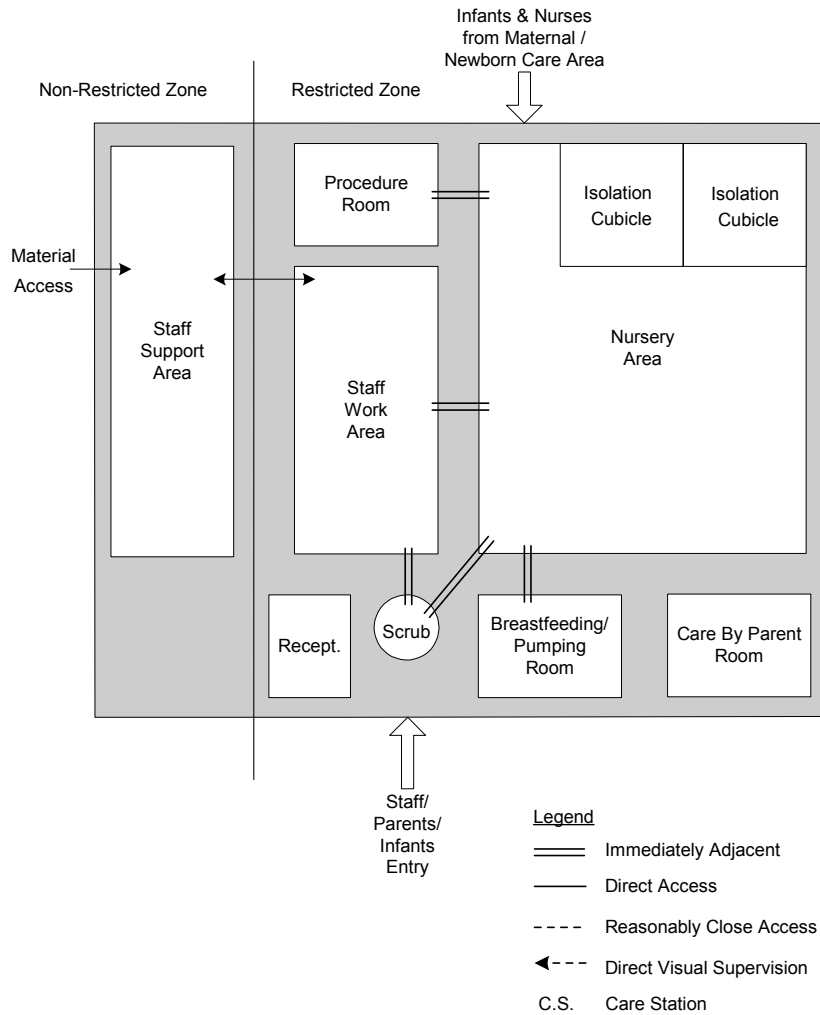


Legend

- ==== Immediately Adjacent
- Direct Access
- Reasonably Close Access
- ←--- Direct Visual Supervision
- (C.S.) Care Station
- ⊠ CPS Elevators

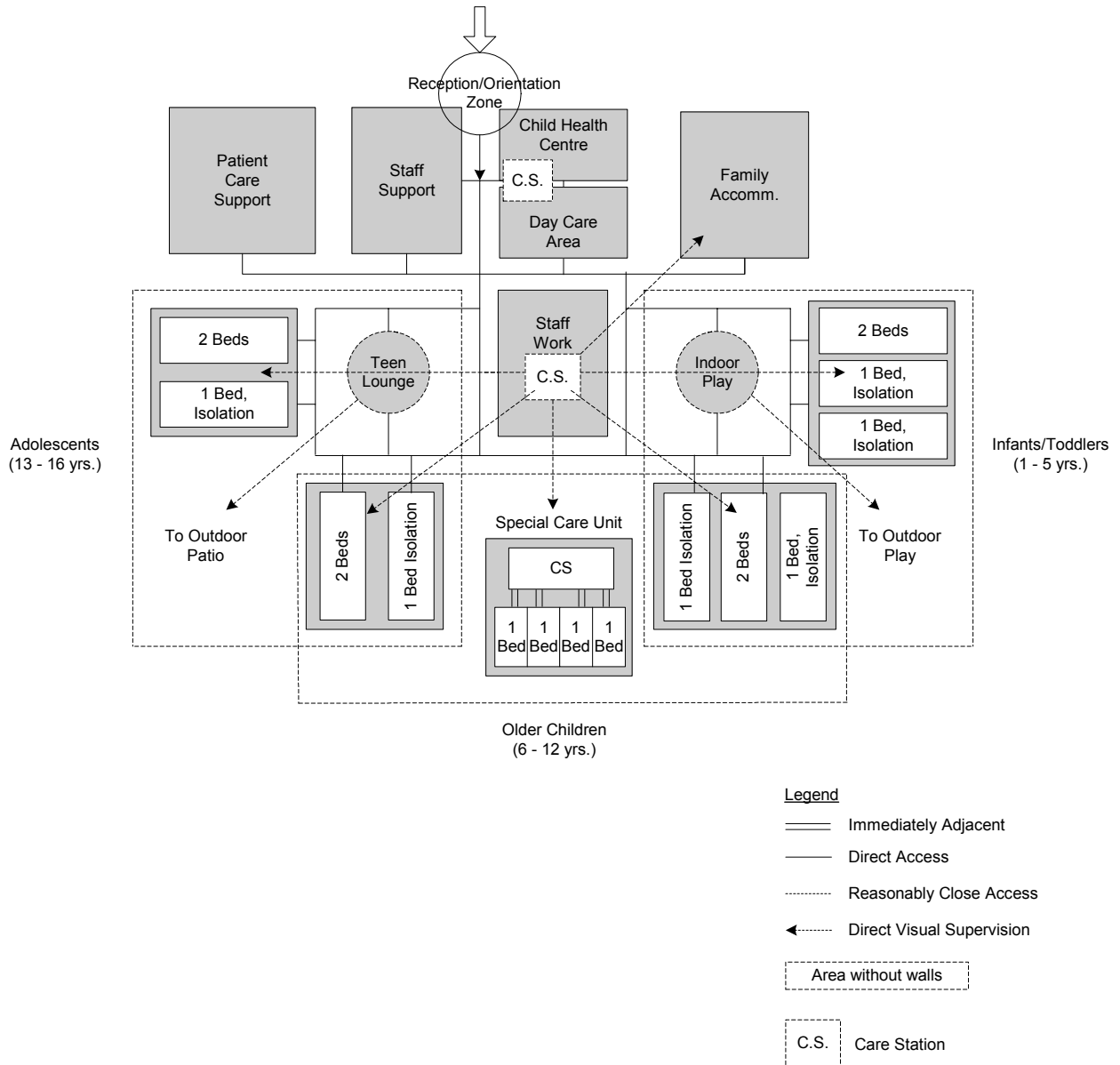
**B Inpatient Services**  
**B5 MATERNAL CHILD PROGRAM**

**Special Care Nursery**



**B Inpatient Services**  
**B5 MATERNAL CHILD PROGRAM**

**Pediatric Inpatient Unit**



**B Inpatient Services**  
**B5 MATERNAL CHILD PROGRAM**

**B5.5.3 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	units	Area Requirements	
			nsm/unit	nsm
<b>Maternal/Newborn Care Area</b>				
<u>Reception Area</u>				
01	Reception/Registration Desk	1		12.0
02	Office Equipment Room	1		10.0
03	Waiting, Family	1		16.0
04	Washroom, Public, Wheelchair Type	1		4.5
05	Storage Alcove, Stretcher/ Wheelchair	1		5.5
Subtotal				48.0
<u>Triage Area</u>				
06	Care Station	1		8.0
07	Triage/Antepartum Assessment Room	1		45.0 <sup>1</sup>
08	Washroom, Patient, Wheelchair Type	1		5.0
09	Storage, Equipment	1		6.0
10	Interview/Counseling/Quiet Room	1		12.0
11	Clean Supply Holding Room	1		(8.0)
12	Soiled Utility Room	1		(8.0)
13	Soiled Holding Room	1		(8.0)
Subtotal				100.0
<u>Maternal/Fetal/Newborn OP Services Area</u>				
14	Assessment Room, NST	1		32.0 <sup>2</sup>

<sup>1</sup> Includes 6 beds/recliners, sink, weigh scale.

<sup>2</sup> Includes 3 recliners, 1 bed.

**B Inpatient Services**  
**B5 MATERNAL CHILD PROGRAM**

Ref	Space	units	Area Requirements	
			nsm/unit	nsm
15	Exam/Consult Rooms	2	11.0	22.0
16	Procedure Room, Ultrasound	1		14.0
17	Washroom, Patient, Wheelchair Access	2	3.5	7.0
18	Multi-Use Staff & Patient Education Room	1		40.0
	Subtotal			115.0
	<u>7-LBRP Care Cluster</u>			
19	LBRP Room	7	25.0	175.0
20	Washroom, Patient, Wheelchair Type	7	5.5	38.5
21	Storage, Equipment/ Supplies	7	4.5	30.0
22	Care Substation	1		8.0
	Subtotal, One 7-LBRP Cluster			251.5
	Subtotal, Three 7-LBRP Cluster			754.5
	<u>7-LBRP/O.R. Care Cluster</u>			
23				
23-1	LBRP Isolation Room	1	25.0	25.0
23-2	Ante Room	1		4.0
23-3	LBRP Room	6	25.0	150.0
24	Washroom, Patient, Wheelchair Type	7	5.5	38.5
25	Storage, Equipment/ Supplies	7	4.5	31.5
26	Care Substation	1		8.0
27	Unassigned Reference Number	0		0.0
28	Unassigned Reference Number	0		0.0
29	Unassigned Reference Number	0		0.0
30	Unassigned Reference Number	0		0.0

**B Inpatient Services**

**B5 MATERNAL CHILD PROGRAM**

Ref	Space	units	Area Requirements	
			nsm/unit	nsm
31	Unassigned Reference Number	0		0.0
32	Unassigned Reference Number	0		0.0
33	Unassigned Reference Number	0		0.0
Subtotal, One 7-LBRP/O.R. Cluster				257.0
<u>Patient Care Support Area</u>				
34	Patient Dining & Multipurpose Room	1		20.0
35	Nourishment/Bufferet Area	1		(8.0)
36	Food Trolley Alcove	1		(0.5)
37	Food Service Galley	1		(20.0)
38	Shower, Wheelchair/Stretcher	1		10.0
Subtotal				58.5
<u>Staff Work Area</u>				
39	Care/Communications Centre	2	16.0	32.0
40	Pneumatic Tube Station	2	1.0	2.0
41	Medications Room	2	7.0	14.0
42	Dictation Cubicle	2	1.5	(3.0)
43	Conference/Team Report Room	2	18.0	36.0
44	Crash Cart Alcove	1		0.5
45	Office, Chief of OB/Gyn	1		9.0
46	Office, Patient Care Coordinator	1		9.0
47	Washroom, Staff	1		2.5
48	Clean Supply Holding Room	2	12.0	(24.0)
49	Soiled Utility Room	2	10.0	(20.0)
50	Linen Cart Alcove	2	2.0	(4.0)
51	Soiled Holding Room	2	12.0	(24.0)



**B Inpatient Services**

**B5 MATERNAL CHILD PROGRAM**

Ref	Space	units	Area Requirements	
			nsm/unit	nsm
52	Storage, Equipment	1		20.0
53	Housekeeping Closet	1		(5.0)
	Subtotal			205.0
	<u>Staff Facilities</u>			
54	Break/Team Room, Staff	1		26.0
55	Locker/Change Room, Male	1		6.5
56	Washroom, Male	1		6.0
57	Shower Room	1		4.0
58	Locker/Change Room, Female	1		20.0
59	Washroom, Female	1		12.0
60	Shower Room	1		4.0
61	On-Call Room	4	7.0	28.0
62	Toilet, Staff On-Call	2	3.5	7.0
	Subtotal			113.5
	<b>Total, Maternal/Newborn Care Area</b>			<b>1651.5</b>
	<b>Special Care Nursery Area</b>			
	<u>Patient Care Area</u>			
63	Scrub/Gowning Ante Room	1		4.0
64	Reception/Clerical Desk	1		4.0
65	Nursery Area	1		82.0
66	Medication Room	1		6.0
67	Isolation Room	2	10.0	20.0
68	Procedure Room	1		14.0
69	Breastfeeding/Pumping Room	1		8.0
70	Staff Work Area	1		10.0

**B Inpatient Services**

**B5 MATERNAL CHILD PROGRAM**

Ref	Space	units	Area Requirements	
			nsm/unit	nsm
71	Pneumatic Tube Station	1		1.0
72	Crash Cart Alcove	1		0.5
73	Office, Patient Care Coordinator	1		9.0
74	Quiet/Consultation Room	1		9.5
75	Care By Parent Room	2	12.0	24.0
76	Washroom, Parent, Wheelchair Access	1		3.5
	Waiting, Family			0 <sup>3</sup>
77	Clean Supply Holding Room	1		(9.0)
78	Alcove, Linen Cart	1		(2.0)
79	Soiled Utility Room	1		(8.0)
80	Soiled Holding Room	1		(8.0)
81	Storage, Equipment	1		25.0
	Break/Team Room, Staff			0 <sup>3</sup>
82	Washroom, Staff	1		2.5
<b>Total, Special Care Nursery Area</b>				<b>250.0</b>
<b>Children's Care Area</b>				
	<u>Reception Area</u>			0 <sup>3</sup>
	<u>Medical/Surgical Day Care Area</u>			
	Reception/Registration Desk			0 <sup>4</sup>
83	Stretcher Bed Area	1		60.0
84	Care Substation	1		12.0
85	Medications Alcove	1		4.0

<sup>3</sup> Shared, see maternal/newborn care area, Ref. 01.

<sup>4</sup> Shared, see child health centre area, Ref. 87.

**B Inpatient Services**

**B5 MATERNAL CHILD PROGRAM**

Ref	Space	units	Area Requirements	
			nsm/unit	nsm
86	Washroom, Patient, Wheelchair Access	1		3.5
	Subtotal			79.5
	<u>Child Health Centre Area</u>			
87	Reception/Registration Desk	1		4.0
88	Child Play Area	1		8.0
89	Exam/Consultation Room	3	11.0	33.0
90	Exam/Consultation Room	1		14.0
91	Linen Alcove	1		(1.0)
92	Weigh Scale Alcove	2	0.5	1.0
93	Washroom, Patient, Wheelchair Type	1		4.5
	Subtotal			65.5
	<u>General Inpatient Care Area</u> (14 beds)			
94				
94-1	Bedroom, Private, Isolation (with Ante Room B5-95)	2	16.0	32.0
94-2	Bedroom, Private (with Ante Room B5-95)	2	16.0	32.0
94-3	Bedroom, Private	2	16.0	32.0
95	Ante Room	4	4.0	16.0
96	Washroom, Patient, Wheelchair Type	6	5.5	33.0
97	Bedroom, Semi-Private	4	26.0	104.0
98	Alcove, Staff Gowining	4	1.0	4.0
99	Washroom, Patient, Wheelchair Type	4	5.5	22.0
	Subtotal			275.0
	<u>Special Inpatient Care Area</u> (4 beds)			

**B Inpatient Services**

**B5 MATERNAL CHILD PROGRAM**

Ref	Space	units	Area Requirements	
			nsm/unit	nsm
100				
100-1	Bedroom, Private, Isolation (with Ante Room B5-101)	2	16.0	32.0
100-2	Bedroom, Private	2	16.0	32.0
101	Ante Room	2	4.0	8.0
102	Washroom, Patient, Wheelchair Type	4	5.5	22.0
103	Care Substation	1		12.0
	<b>Subtotal</b>			<b>106.0</b>
	<u>Inpatient Care Support Area</u>			
104	Assisted (Treatment) Bath			0 <sup>5</sup>
105	Teen Lounge	1		20.0
106	Playroom	1		15.0
107	Office, Child Life Specialist	1		12.0
108	Treatment Room	1		11.0
109	Rehabilitation Room	1		25.0
110	Storage, PT/OT	1		10.0
111	Assessment Room, SLP	1		18.0
	<b>Subtotal</b>			<b>111.0</b>
	<u>Staff Work Area</u>			
112	Care Station/Communications Centre	1		24.0
113	Pneumatic Tube Station	1		1.0
114	Dictation Cubicle	2	1.5	(3.0)
115	Medications Room	1		6.0
116	Crash Cart Alcove	1		0.5

<sup>5</sup> Shared, see B2 General Medical/Surgical Inpatient Care Units.

**B Inpatient Services**

**B5 MATERNAL CHILD PROGRAM**

Ref	Space	units	Area Requirements	
			nsm/unit	nsm
117	Clean Supply Holding Room	1		(10.0)
118	Soiled Utility Room	1		(10.0)
119	Soiled Holding Room	1		(10.0)
120	Nourishment Centre	1		(15.0)
	Food Service Galley			0 <sup>6</sup>
121	Conference/Report Room	1		18.0
122	Storage, Equipment	1		30.0
123	Washroom, Staff	1		2.5
	Subtotal			130.0
	<u>Family Accommodation Area</u>			
124	Family Lounge/Quiet/Teaching Room	1		14.0
125	Washroom, Parents	1		2.5
126	Shower Room	1		4.0
127	Quiet/Counselling Room	1		12.0
	Subtotal			32.5
	<u>Staff Support Area</u>			
128	Break/Team Room, Staff	1		13.0
129	Staff Coat Closet	1		4.0
130	Washroom, Staff	2	2.5	5.0
131	Office, Chief of Pediatrics	1		9.0
132	Office, Patient Care Manager	1		9.0
133	Office, Patient Care Coordinator	1		9.0
134	Office, Nurse Clinician	1		12.0
135	Office, Pharmacist	1		10.0
136	Office, Social Worker/Dietitian	1		12.0
137	Interview Room	1		10.0

<sup>6</sup> Shared, see maternal/newborn care area, Ref. 37.

**B Inpatient Services**  
**B5 MATERNAL CHILD PROGRAM**

Ref	Space	units	Area Requirements	
			nsm/unit	nsm
138	Housekeeping Closet	1		(5.0)
	Subtotal			98.0
	<b>Total, Children's Care Area</b>			<b>897.5</b>

Summary	units	nsm/unit	nsm
Maternal/Newborn Care Area	1		1651.5
Special Care Nursery Area	1		250.0
Children's Care Area	1		897.5
<b>Grand Total</b>			<b>2799.0</b>

**B5.6 DESIGN GUIDANCE**

None

**B5.7 OTHER SPECIFICATIONS**

- Women's and children's health services are primarily based in the Maternal Child Program, however, other specifications that will be consulted are:

- A1 Ambulatory Care Centre
- A2 Emergency
- A3 General Day Care Unit
- B2 General Medical/Surgical Inpatient Care Units
- C7 Surgical Services