
C Support Services

C7 SURGICAL SERVICES

C7.1 SERVICE DESCRIPTION

C7.1.1 Scope of Clinical Services

This section C7 sets out the requirements for the centralized facilities for the immediate pre-operative, peri-operative and post-operative treatment of adult and pediatric patients requiring elective or emergency surgery to be achieved or accommodated by Project Co in providing the Works and the Services.

The Surgical Suite will provide facilities for the performance and support of all scheduled inpatient, outpatient (day surgery), and unscheduled emergency surgical procedures including preoperative holding and immediate post anaesthesia recovery. All procedures requiring general and regional anesthetic will be performed in the Surgical Suite, including operative obstetrics, but excluding caesarean sections, certain emergency and special radiology procedures, and ECT procedures.

Surgical procedures performed in the Surgical Suite will be classified as either general procedures or special procedures. General procedures will use basic operating room configurations with specialized equipment incorporated for specific users. Special procedures will be provided with dedicated operating rooms, equipment, environmental controls and support facilities necessary for the performance of a definitive range of types of procedures included in that specialty. Special needs for heavier and forensic (prisoner) cases will also be accommodated. The surgical specialties accommodated in each category will be as follows:

General

General Surgery
Gynecology
Plastic Surgery
Urology
ENT Surgery
Dental/Oral Surgery
Vascular Surgery

Special

Orthopedics
Cystoscopy (*procedures requiring general/
regional anaesthetic only*)

The post anaesthesia care unit (PACU) will be included as an integral area of the Surgical Suite. It will provide for immediate post-operative care of all anaesthetized patients. The involvement of family will occur in selective cases such as in pediatric surgery. In addition, ECT procedures will be conducted in the PACU where there is ready access to a recovery nurse.

The Surgical Suite will include 8 operating theatres and 21 PACU stretcher beds.

The Surgical Day Care/Same Day Admit Unit (SDC/SDA Unit) will provide pre- and post-operative care to adult outpatients undergoing scheduled surgical diagnostic or treatment procedures, which do not require the use of inpatient care resources. This unit will also provide facilities for the reception, registration and pre-operative care of same-day (of surgery) admit patients. All surgical procedures requiring general and regional anesthesia will be performed in the Abbotsford Hospital's Surgical Suite component, where, for some, the first stage of post-operative recovery will also occur. In the Surgical Day Care Unit, some patients will require relatively low levels of nursing care, while others will require more care and direct access to resuscitation equipment. Minor procedures requiring local anesthesia will be performed in the General Day Care Unit (see section A3) or Ambulatory Care Centre (see section A1).

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The following surgical sub-specialties will make use of the Surgical Day Care program:

- General surgery
- Dental surgery
- Gynecology
- Vascular surgery
- Orthopedic surgery
- Ophthalmology (excl. cataracts)
- Otolaryngology
- Plastic surgery
- Urology
- Cardioversions

No procedures will be carried out directly in this program area as it is planned that all surgical procedures and the first stage of post-operative recovery will be performed in the Surgical Suite area.

Patients whose surgical procedures do not require the unique resources of the Surgical Suite (OR nurses, anesthetists, special equipment, and PACU) will utilize the minor surgery procedure rooms and/or prep/recovery areas located in the outpatient clinics and General Day Care Unit components (e.g., angiographies, biopsies/aspirations, endoscopies, minor surgery using local anesthetic only, etc.).

Surgical Oncology:

A linkage between surgeons and hospitals providing surgical oncology and the Cancer Centre (BCCA provincial surgical oncology program) will build upon BC's expertise in cancer management to optimize patient outcomes. This will require integration with radiation and systemic therapies and efforts to provide equitable, accessible surgical oncology care throughout the province. More than half of patients newly diagnosed with cancer will require some form of surgical procedure during the course of their illness that may be diagnostic, therapeutic or palliative. Surgeons are often the care providers who diagnose cancer and initiate the cancer management.

C7.1.1.1 Current Trends

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

- *The trend to performing procedures on an outpatient basis is expected to continue to increase.*
- *It is anticipated that in the future, as surgical cases become more complicated and the patient is at a higher level of risk, that the PACU will have to provide more sophisticated central monitoring techniques and nursing care, while at the same time deal with a relatively high turnover of uncomplicated day surgery patients.*
- *In the future, advances in technology and robotics/telesurgery will lead to increased minimally-invasive surgeries, and a requirement for larger operating theatres.*
- *There will be increasing segregation of emergency and trauma work from elective surgery and theatres may be designated and grouped as such.*

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- *The use of peri-operative imaging is expected to increase significantly, with future applications including peri-operative open MRI and digital vascular imaging. Theatres will therefore need to be capable of supporting the installation of such modalities in the future.*
- *Developments in robotic surgery will also impact on near-table space and on additional facilities near theatres for control equipment and secure storage.*
- *There are developments in pain management that involve theatre time and clinical support from anaesthetists and specialist nurses.*
- *The growing case mix complexity of patients requiring surgery is expected to increase the demand for theatre time. The design solution should, therefore, reflect an anticipated requirement for a minimum of one additional theatre.*

C7.1.2 Scope of Education Services

Most teaching will occur within available service space (i.e., procedure rooms); however medical and nursing education programs will also require convenient access to group teaching facilities (10-15 persons at a time) within the component. Educational functions occurring infrequently or involving larger groups will utilize available facilities elsewhere. Educational programs will include:

- in-service staff continuing education (weekly, up to 20 at a time for 1.5 hours)
- student nurses (6 at a time)

C7.1.3 Scope of Research Services

Research activities may occur within the component, but will not require dedicated facilities or staff resources beyond those already provided for patient care services.

C7.1.4 Specific Exclusions

This specification excludes surgical suite services/requirements provided elsewhere, including:

- Complex pediatric surgery will typically be referred to the Children's & Women's Health Centre of British Columbia.
- The majority of obstetrical caesarean sections will be performed in Maternal Child Program (see section B5 Maternal Child Program).
- Most pediatric surgical patients will be accommodated on the Pediatric Inpatient Unit (see section B5 Maternal Child Program) both pre- and post-operatively.
- Neurosurgery and cardiac surgery will not be provided at this site within the planning horizon.
- Most ophthalmology surgery can be conducted on a daycare basis and all cataract surgery will be consolidated at the Chilliwack General Hospital in the future.
- O.R. booking office is located with the pre-admission clinic (see section A1(b) Abbotsford Hospital Outpatient Services)

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C7.2 OPERATIONAL DESCRIPTION

C7.2.1 Minimum Hours of Operation

Routine hours of operation for this component will be as follows:

Surgical Suite

- 0730 – 1700, Monday to Friday for elective surgery
- 24 hours a day, 7 days a week for the PACU
- Staff, including anesthetists, will be on call for emergency procedures 24 hours/day, 7 days/week, with additional staff available

Medical imaging services will be provided on-call 24 hours a day, 7 days a week.

Surgical Day Care/Same Day Admit Unit

It is expected that this component will be operational between 0600 and 2300 hours on weekdays. If patients require observation beyond normal operating hours from other areas of the Abbotsford Hospital, they will be transferred to this unit.

C7.2.2 Patient Management Processes

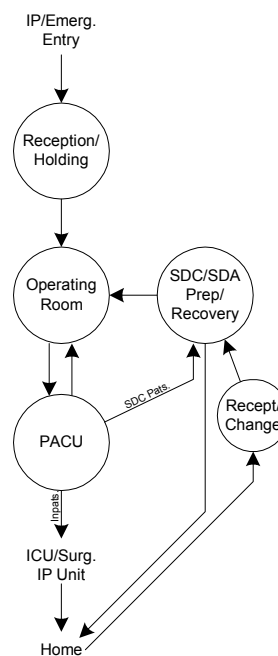
C7.2.2.1 Reception/Control/Holding

Reception/control functions will be centralized to facilitate control and monitoring of all patient movement into, within, and out of, the component. This control centre should have dedicated audio communication links to patient holding area(s), each operating room, sterile core area, PACU, Day Care Surgery, the critical care units and Sterile Processing Services. Remote monitoring systems may be utilized to assist in this function, and to help maintain security.

It is expected that preadmission screening will expand to include a pre-operative patient teaching program that will be conducted in the pre-admission clinic area of the Ambulatory Care Centre (see section A1(b)).

Operating room scheduling and booking for inpatients and day care (outpatients) patients will be provided by an O.R. booking person.

Inpatients are transferred on an O.R. stretcher, incubator or frame by a porter, from an Inpatient Unit, Emergency or other area of the Abbotsford Hospital to a patient holding area at the entry to the Surgical Suite. This holding area will be suitable for a mixture of patients on stretchers, in wheelchairs, or who have walked in and are waiting in seats or lounge chairs. More sedation



Patient Flow Diagram

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may be given and the patient may undergo preliminary preparation for induction or be visited by the surgeon or the anaesthetist.

Space will be provided for the temporary holding of patients prior to proceeding to an operating room. Approximately 20% of patients will require a stretcher with access to medical gases and privacy curtains for the administration of regional blocks, while the remaining 80% can be accommodated in chairs and recliners.

Outpatient (or surgical day care) surgical cases or same day admit cases arrive at the Surgical Day Care/SDA Unit prior to the scheduled procedure. The patient then removes street clothes, changes to the proper clothing for surgery and may be examined by an anaesthetist and/or a surgeon. Premedication may be given at this time. He/she walks into the Surgical Suite or is transferred by wheelchair or stretcher by a porter to the patient holding area and proceeds from there, the same as an inpatient, via the patient/staff corridor to the operating room.

All day care patients will be pre-admitted with all documentation and diagnostic tests completed several days before the day of surgery. On the day of their surgery, all patients will report to the main reception area of the component. The surgical day care patient will be discharged from this same area.

C7.2.2.2 Procedure

On arrival and placement on the operating table, the anaesthetist then administers anaesthesia and the patient receives final preparation and is draped for the beginning of the surgical procedure.

C7.2.2.3 Post Procedure Care

All patients requiring close post-anaesthetic observation and monitoring will be transferred to the PACU after their surgical procedure via the patient/staff corridor. One stretcher space will be larger to accommodate critically ill patients on ventilation.

Inpatient's, following recovery from anaesthesia, are transferred to a Surgical Inpatient Unit or to the Intensive Care Unit for further observation and care.

Outpatients, following recovery from anaesthesia, are transferred back to the SDC/SDA Unit, for a second stage recovery where they stay until judged fit to dress and proceed home with an escort. Pre-operative and post-operative patients will be placed in separate areas, so that pre-operative patients are not distressed by post-operative patients.

ECT procedures, as well as other procedures requiring ready access to a recovery nurse will also be accommodated.

C7.2.3 Patient Information Management

A key resource of the future facility will be computerized O.R. Management System. The system includes surgical booking, controlled/ generated by Surgical Services. The OR will have an internal computerized system to provide room activity information.

Facilities will be provided to access the "telehealth" service (i.e., a teleconference room).

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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.

C7.2.4 Staff Work Processes

C7.2.4.1 Staff Change/Lounge Facilities

Staff should have ready access to change rooms upon entry and exit from the Surgical Suite under visual control of the main reception desk. Staff working with sterile supplies will be segregated from staff working with soiled material and patient traffic areas.

Staff changing rooms and lockers will be planned integrally within the component 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. Half-size lockers will be provided for personal valuables and will be shared across shifts.

A staff break room will be provided for the use of surgeons and other medical staff, who may want to interact with the surgeons, and for nursing and support staff.

The staff break room will be large enough and suitably subdivided by means of seating arrangements, and other furnishings, to permit a high degree of privacy for a number of separate conversation groups.

Interaction could be achieved by means of a counter/window between the two areas.

Surgeons from outside of the component will be able to communicate with other staff in the component without gowning. Access to changing and lounge facilities by staff must avoid circulation through the operating theatre area.

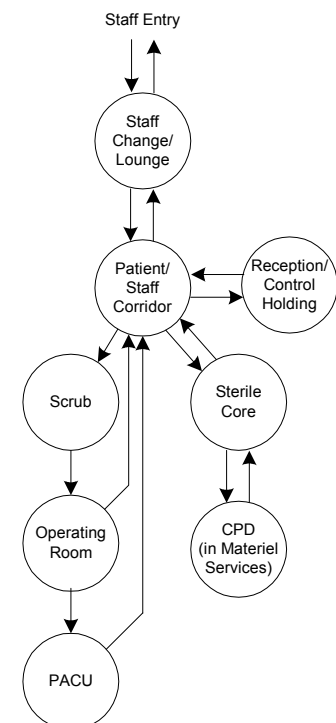
On-call (sleep) facilities will be provided in the Intensive/Stepdown Care Units for shared use by the Surgical Suite and others.

Snacks and beverages will be provided by vending machines located in the lounge.

Dictating facilities will be provided near the change anteroom for physicians.

C7.2.4.2 Surgical Team – Anaesthesia

The anaesthetist initially enters the Surgical Suite through the staff change facilities, where he removes his street clothes, puts on a clean scrub suit, and covers his feet. He then enters the patient/ staff peripheral corridor and proceeds to the patient holding area or to an operating room.



Process Flow Diagram

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Following the procedure the anaesthetist accompanies the patient to the PACU, where he may give instructions to the PACU staff concerning the care of the patient.

The anaesthetist may then exit the Surgical Suite, visit other patients in the patient holding area, or proceed to other areas attached to the patient/staff corridor, such as his office or the anaesthetist workroom or he may proceed to another operating room for his next procedure.

C7.2.4.3 Surgical Team – Surgeons, Nurses, and Technicians

All other members of the surgical team, including observers or consultants, enter the Surgical Suite by way of the change facilities. They remove their street clothes and change into scrub suits and footwear.

From this point, they may enter the peripheral patient/staff corridor and proceed to their assigned workstations. Prior to the beginning of the procedure, the surgeon and nurses scrub, enter the operating room and gown and remain until the completion of the procedure. It is intended that no member of the surgical team need leave the operating room once the procedure has begun.

Following the procedure, all members of the surgical team must remove their soiled gowns and gloves and exit through the patient/staff corridor. They repeat the entire cycle for the performance of the next procedure.

C7.2.4.4 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 Core Area of the Surgical Suite. Each surgical procedure is assigned a cart, which is prepared especially for that procedure and contains all the necessary instruments and supplies. The only exceptions are specific instruments, which for some reason cannot be removed from the Surgical Suite, and they will be processed in facilities attached to the sterile core area (as in the case of a consultant's personal equipment used in a special procedure).

At the time of their use in a procedure, the case carts are transferred to the respective operating rooms 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 core 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. Examples are anaesthesia machines, monitoring equipment and portable x-ray machines.

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 the 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.

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C7.2.5 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.

C7.2.6 Linen/Housekeeping Services

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

C7.2.7 Equipment Asset Management

Infrequently used equipment will be stored in MS.

Extensive equipment storage will be provided in the Surgical Suite for those items used frequently in daily operations.

Daily cleaning and maintenance of anaesthesia machines and equipment will take place within the component. Attachments and accessories will be sent to Sterile Processing Services department (SPD) for cleaning and sterilization and returned to the Surgical Suite for reassembly. Items will be transported to and from SPD by dedicated lifts.

Other soiled and/or contaminated reusable equipment will be cleaned and/or decontaminated either in the soiled utility room in the Suite or in SPD.

A satellite Biomedical Engineering area provided as part of the E2 Service Category, will be located in the operating room suite.

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

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C7.3 ACTIVITY INDICATORS

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

C7.3.1 Hospital Activity

Unit	Minimum Projected Yearly Activity
<u>Inpatient Surgery</u>	
# Cases	4,200 ¹
# C-Section Cases	(440)
Subtotal, IP Cases	4,200
<u>Day Care Surgery</u>	
# Cases	9,800
# Peds. Cases	(456)
Subtotal, DC Cases	9,800
<u>Total Surgery</u>	
# Cases	14,000
# Surgery Hours	18,200
# Ave. Surgery Hours/Case	1.3
# PACU Hours	23,800
# Ave. PACU Hours/Case	1.7
Inpatient Same Day Admit Surgery Cases	11,497

Notes & Assumptions

1. These procedures to be conducted in the Maternal Child Program (see section B5).

C7.3.2 Cancer Centre Activity

Unit	Minimum Projected Yearly Activity
<u>Inpatient Surgery</u>	
# Cases	407
<u>Day Care Surgery</u>	
# Cases	527
<u>Total Surgery</u>	
Breast Procedures	325
Bladder Procedures	263
Colorectal Procedures	166
Prostate Procedures	180
# Cases	934

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C7.4 PEOPLE REQUIREMENTS

This component will have a total staff complement in the range of 82 FTE, consisting of 75 nurses, 2 clinicians, 1 orderly and 4 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>Surgical Suite</u>					
Reception/Control Area	6	4	1-2	2-3	13-15
Administrative Area	0	20	0	4-5	24-25
Procedure Area	8	35-40	0	5-10	48-58
Support Area	0	5-6	0	1-2	6-8
Post Anaesthesia Care Unit Area	16	18-20	4-5	3-5	41-46
<u>Surgical Day Care/Same Day Admit Unit</u>					
Reception/Discharge & Waiting Area	10-12	2-3	5-8	1-2	18-25
Patient Change Area	5	1-2	1-2	0	7-9
Patient Care Area	40-50	8-10	10-15	4-5	62-80
Administration Area	0	1	0	0	1
<u>Shared Support Area</u>					
Staff Facilities	0	15-20	0	20-25	35-45

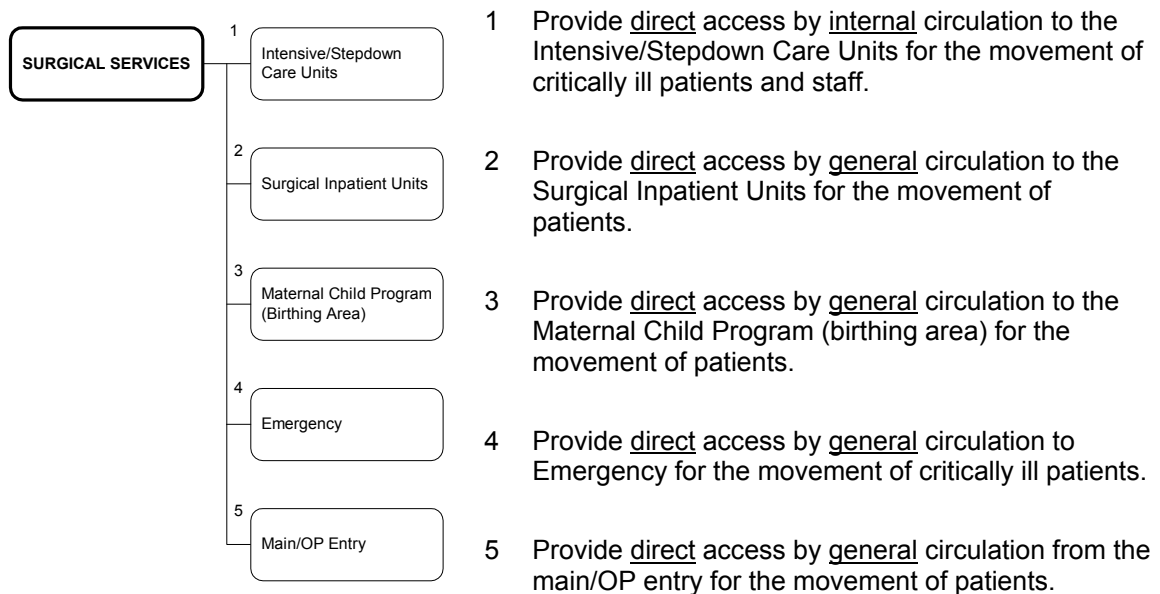
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C7.5 DESIGN CRITERIA

C7.5.1 Key External Relationships

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



Note: Provide direct, internal elevators from Sterile Processing Services for the movement of case carts and other materials/ equipment.

C7.5.2 Key Internal Relationships/ Environmental Considerations

The following will be achieved:

C7.5.2.1 Surgical Suite (incl. PACU)

C7.5.2.1.1 *Spatial Organization*

The organization of the Surgical Suite will be based on two major principles:

1. The maintenance of aseptic control in operative and associated areas
2. The efficient movement of patients, staff and supplies according to pre-operative, operative, and post-operative procedures

Allow for access from both the non-sterile and sterile zones for the following component functions: control centre, staff break room, staff change rooms, toilets and showers, and anaesthesia offices.

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C7.5.2.1.2 *Sterile/Non-Sterile Zoning*

Patient/staff movement into procedure rooms will be segregated from the movement of sterile materials. This may be achieved by means of a perimeter corridor running around the outside of procedure rooms for patients/staff, accessible from the Surgical Suite entrance and staff facilities, and a separate "sterile core" for case carts and other supplies surrounded by and accessible only from the procedure rooms and by a dedicated vertical elevator connecting with the Sterile Processing Services supply route above or below.

C7.5.2.1.3 *Specimen Movement*

A scrub nurse will collect specimens from the operating rooms and transfer to a specimen holding room. Specimens are then moved directly to the central Laboratory by a porter.

C7.5.2.1.4 *Laser Equipment Safety*

All operating rooms must be equipped with safety screens and laser in-use signs at doorways and windows as well as special electrical power and plumbing provisions.

C7.5.2.1.5 *Room Isolation Capability*

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.

C7.5.2.1.6 *Visual Relief*

Provide natural light and visual access to the exterior from the staff lounge for the psychological well being of staff. Provide natural light and exterior views elsewhere in the component whenever possible. The provision of natural light into the operating rooms by way of 'borrowed' light from the peripheral corridor should also be considered.

Also refer to Output Specifications, Section 1: Key Site and Building Design Criteria, subsection 1.2.5.3 Daylight.

C7.5.2.1.7 *Acoustic & Spatial Isolation*

Provide acoustic isolation and minimal visual distraction in the preoperative holding area, operating rooms, and post-anaesthetic care unit, in order to minimize the disturbance of sedated or recovering patients. Provide spatial, but not visual, isolation capability for one of the recovery beds. All patients in the PACU must be located under the visual surveillance of the core station.

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

C7.5.2.1.8 *Bone Bank*

Bone tissue for use in the operating rooms will be received from a regional bone bank located off-site.

C7.5.2.1.9 *Elevator Access in Operating Room*

If fire code permits, provide auto release in elevator to allow continued movement of products from SPD to prevent disruption of flow to OR.

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C7.5.2.2 Surgical Day Care/Same Day Admit Unit

C7.5.2.2.1 *Component Spatial Organization*

The component will be organized into 2 basic zones:

- Patient reception/waiting/discharge area
- Day chair/bed and patient support area

C7.5.2.2.2 *Nurse/Patient Accessibility and Visibility*

All patients within the chair/bed area will be directly accessible and visible from the staff centre.

C7.5.2.2.3 *Privacy*

Provide visual privacy for all patients in the chair/bed area through the use of movable partitions, privacy curtains and possibly short, fixed “stub” walls between chair/bed spaces.

Provide visual and acoustic privacy for patients and family members in the consultation/interview room.

Nurses, physicians, therapists, etc. will require an area where they can discuss or document a patient’s condition/information in private. Since the care station desk area will likely be highly accessible to patients and their family/visitors, an acoustically private staff conference/charting room will also be provided. This area will be partially glass-fronted so that staff can observe patients from within. This room could have sliding glass doors to the nurse station to facilitate frequent access and observation between the two spaces.

Nurse and physician conversations will be private and not overheard by patients. Activities in the nurse stations should not disturb sleeping patients. Therefore, the nurse stations will be designed with sound control measures.

C7.5.2.2.4 *Pre-Op/Post-Op Patient Separations*

Provide a means of visually (and to some degree acoustically) separating pre-and post-op patients, while allowing the numbers of patients to shift from pre-op to post-op as the day progresses.

C7.5.2.2.5 *Patient Flow*

Layout of chair/bed areas, changing area, and circulation routes should provide for a unidirectional flow of patients through the component to the extent possible.

C7.5.2.2.6 *Room 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 and Technical, Division 15 Mechanical.

C7.5.2.2.7 *Controlled/Restricted Access*

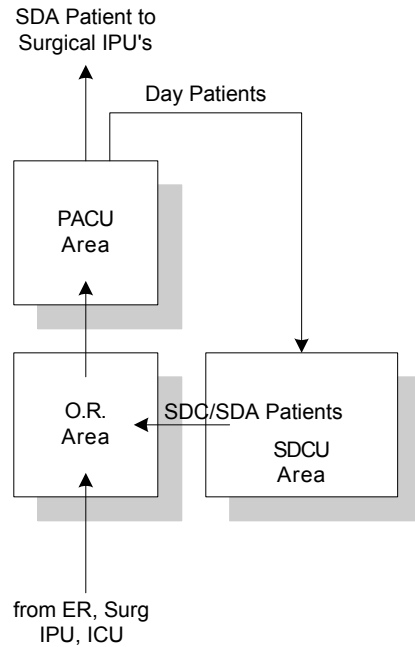
Provide for controlled access to the patient chair/bed area to keep it free of unnecessary traffic. Patient visitation will be permitted but controlled. Relatives and friends will be able to wait in an adjacent area until being admitted to the chair/bed area by nursing staff.

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C7.5.2.3 Component Functional Diagrams

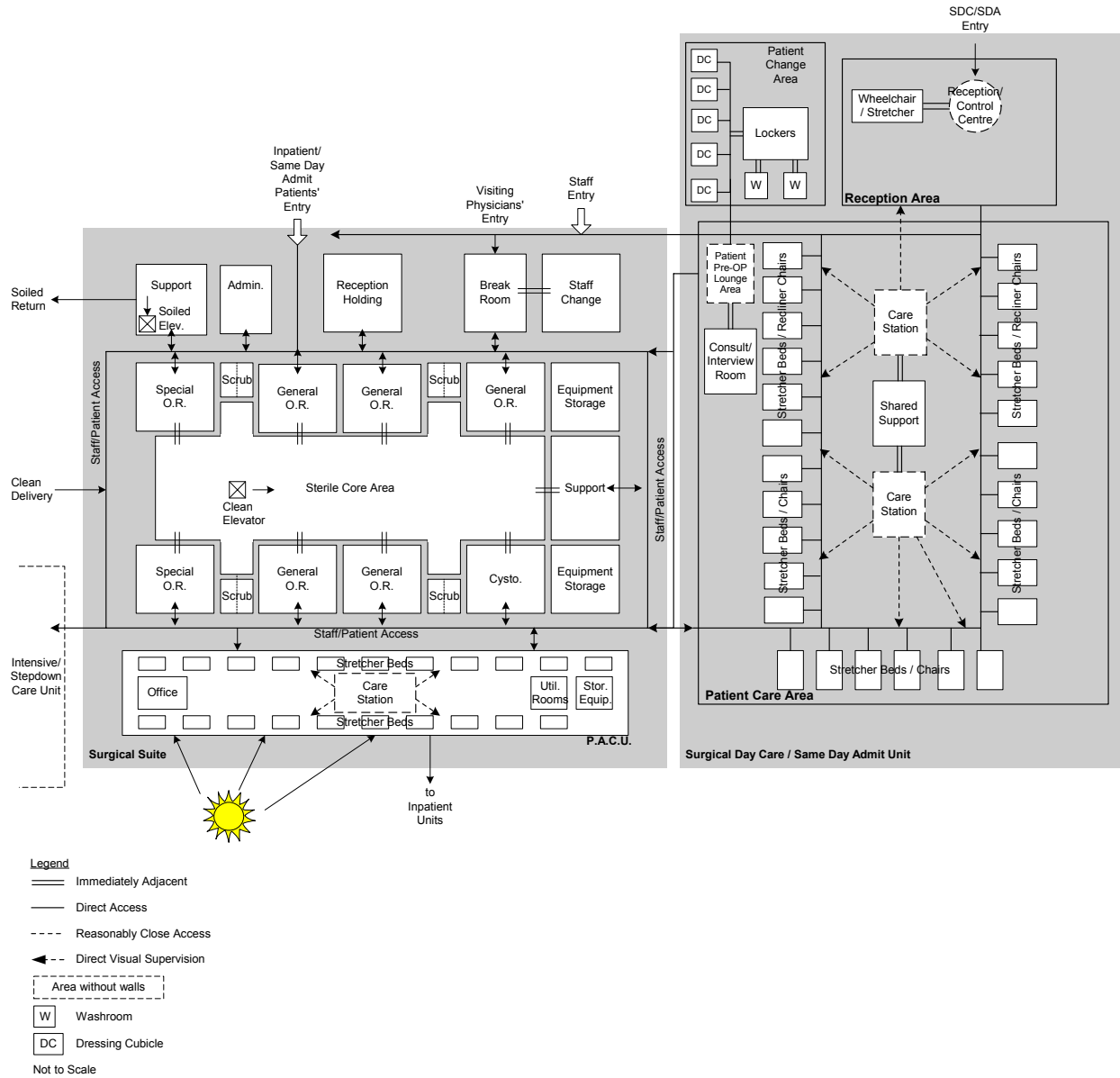
The spatial organization of this component will be generally as shown in the diagrams below.

C7.5.2.3.1 Macro Relationship Diagram



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C7.5.2.3.2 Micro Relationship Diagram



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C7.5.3 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
Surgical Suite Area				
<u>Reception/Control Area</u>				
01	Control Centre	1		12.0
02	Pneumatic Tube Station	1		2.0
03	Patient Holding Area	1		52.0
04	Washroom, Staff/Patients	1		3.5
05	Stretcher Cleaning/Holding Area	1		(32.0)
06	Housekeeping Closet	1		(5.0)
Subtotal				106.5
<u>Administrative Area</u>				
07	Office, Head of Surgery	1		9.0
08	Office, Head of Anesthesia	1		9.0
09	Office, Patient Care Manager	1		9.0
10	Office, Patient Care Coordinator	1		9.0
11	Office, Nurse Clinician	1		12.0
12	Office, Equipment Nurse	1		12.0
13	Conference/Seminar Room	1		32.0
Subtotal				92.0
<u>Procedure Area</u>				
14	Operating Room	8	48.0	384.0
15	Scrub Area	8	3.0	24.0
16	Equipment Alcove	8	4.0	32.0
17	Stretcher Holding/Patient Interview Alcove	8	2.0	16.0
18	Alcove, Linen Cart	2	1.5	(3.0)

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Ref	Space	Area Requirements		
		units	nsm/unit	nsm
18-1	Operating Room, Obstetrical	1		48.0
18-2	Scrub Alcove	1		3.0
18-3	Sterile Holding Room	1		(18.5)
18-4	Recovery Room	1		24.0
18-5	Infant Procedure/Resuscitation/Admitting Room	1		14.0
18-6	Soiled Holding Room	1		(12.0)
18-7	Housekeeping Closet	1		(5.0)
	Subtotal			583.5
	<u>Support Area</u>			
19	Case Cart Holding/Sterile Store (Sterile Core Area with Clean Elevator)	1		150.0
20	Pneumatic Tube Station	1		1.0
21	Storage, Equipment	1		35.0
22	Workshop, Biomedical Eng.	1		(11.0)
23	Soiled Holding/Clean-Up Area (Soiled Elevator)	1		40.0
24	Storage, X-Ray Equipment, Mobile	1		6.0
25	Frozen Section Laboratory	1		8.0
26	Specimen Holding Room	1		8.0
27	Storage, Anesthetic Supplies & Equipment	1		25.0
28	Workroom, Anesthetic Equipment	1		25.0
29	Washroom, Staff	1		2.5
30	Housekeeping Closet	1		(5.0)
	Subtotal			316.5
	<u>Post Anaesthesia Care Unit Area</u>			
31	Stretcher Bed Area, Open	1		150.0 ¹

¹ Includes 19 bed/stretcher positions (incl. circulation space), 4 sinks.

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Ref	Space	Area Requirements		
		units	nsm/unit	nsm
32	Stretcher Area, Critical Care	1		15.0
33	Stretcher/Bed Room, Isolation	1		14.0
34	Ante Room	1		4.0
35	Care Station	1		12.0
36	Pneumatic Tube Station	1		1.0
37	Medications Alcove	1		6.0
38	Office, Patient Care Coordinator	1		9.0
39	Clean Supply Holding Room	1		(9.5)
40	Soiled Holding Room	1		(9.5)
41	Soiled Utility Room	1		(9.5)
42	Storage Alcove, Equipment	1		11.0
43	Washroom, Staff	1		2.5
Subtotal				253.0
Surgical Day Care/Same Day Admit Unit				
<u>Reception Area</u>				
44	Reception/Control Centre	1		7.0
45	Storage Alcove, Wheelchair/ Stretcher	1		5.0
Subtotal				12.0
<u>Patient Change Area</u>				
46	Dressing Cubicle, Patient	4	1.5	6.0
47	Dressing Cubicle, Patient Assisted	1		2.5
48	Washroom, Patient, Wheelchair Access	2	3.5	7.0
49	Locker Area, SDC Patients	1		10.0
50	Clothes Closet, SDA Patients	1		4.0
Subtotal				29.5

C Support Services

C7 SURGICAL SERVICES

Ref	Space	Area Requirements		
		units	nsm/unit	nsm
	<u>Patient Care Area</u>			
51	Lounge Area, Patient Pre-Op/ Post-Op Final Recovery Stage	1		55.0
52	Consultation/Interview Room	1		10.0
53	Interview Cubicle	3	5.0	15.0
54	Stretcher Bed/Chair Area, Open, Post-Op	1		230.0 ²
55	Washroom, Patient, Wheelchair Type	3	4.5	13.5
56	Care Station	2	10.0	20.0
57	Pneumatic Tube Station	1		2.0
58	Medication Room	2	6.0	12.0
59	Nourishment Centre	1		(5.5)
60	Washroom, Staff	1		2.5
61	Break Room, Staff	1		9.0
62	Clean Supply Holding Room	1		(20.0)
63	Alcove, Linen Cart	2	1.5	(3.0)
64	Soiled Utility Room	1		(8.0)
65	Soiled Holding Room	1		(12.0)
66	Alcove, Equipment Storage	1		20.0
67	Housekeeping Closet	1		(5.0)
	Subtotal			442.5
	Shared Support Area			
	<u>Staff Facilities</u>			
68	Break Room, Staff	1		60.0
69	Servery Area	1		6.0
70	Dictation Cubicles	5	1.5	(7.5)

² Includes 30 places (mixture of stretcher beds and recliner chairs), 6 sinks.

C Support Services

C7 SURGICAL SERVICES

Ref	Space	Area Requirements		
		units	nsm/unit	nsm
71	Change Room, Male	1		12.0
72	Washroom, Male	1		12.0
73	Change Room, Female	1		24.0
74	Washroom, Female	1		12.0
75	On-Call Room	3	7.0	21.0
76	Washroom, On Call	1		4.0
	Subtotal			158.5
	Total			1994.0

C7.6 DESIGN GUIDANCE

None

C7.7 OTHER SPECIFICATIONS

Surgical services are primarily based in the Surgical Services component, however, other specifications that will be consulted are:

- A1 Ambulatory Care Services
- A3 General Day Care Unit
- B4 Intensive/Stepdown Care Units
- B5 Maternal Child Program