

APPENDIX 3A

CLINICAL SPECIFICATIONS AND FUNCTIONAL SPACE REQUIREMENTS

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SCHEDULE 3A

CLINICAL SPECIFICATIONS AND FUNCTIONAL SPACE REQUIREMENTS

PART 1. OVERVIEW

1.1 Scope of Patient Care Tower Project.

- 1.1.1 This document is to provide clinical specifications for those Functional Components, which are included in the Royal Inland Hospital Patient Care Tower Project. Functional components are either:
- 1.1.2 Project Co shall read Appendix 3A in conjunction with Schedule 3 and other Appendices including Appendix 3C – Room Data Sheets and Appendix 3D – Acoustic and Noise Control Measures.
 - 1.1.2.1 Scheduled for inclusion in the New Facility developed as a building addition to the existing Hospital, or
 - 1.1.2.2 Scheduled to remain in existing Hospital buildings, as renovated space.
 - 1.1.2.3 The following is a schedule of Functional Components that are included in the scope of this project:
 - 1.1.2.3(1) A. General Medical / Surgical Inpatient Units
 - 1.1.2.3(2) B. Medical Mental Health Adaptive Unit
 - 1.1.2.3(3) C. Maternal and Child Health Services
 - 1.1.2.3(4) D. Mental Health and Substance Use Services – Psychiatry Inpatient Unit
 - 1.1.2.3(5) D.1 Mental Health and Substance Use Services – Child and Adolescent Mental Health Crisis Intervention Program
 - 1.1.2.3(6) E. Surgical Services
 - 1.1.2.3(7) F. Main Entrance, Lobby and General Building Support Facilities
 - 1.1.2.3(8) G. Respiratory Therapy Services

1.2 Scope of Clinical Services at Royal Inland Hospital

- 1.2.1 Royal Inland Hospital is one of two tertiary regional referral centers within Interior Health Authority. The Hospital, located in Kamloops, BC, serves the population in the Thompson Cariboo Shuswap Health Service Delivery Area (HSDA 14) and offers high-level, specialty medical care including core physician specialties, 24-hour emergency and trauma services,

ambulatory and outpatient clinics, and diagnostic services. A list of services is shown in Table 1.

1.2.1.1 Table 1 Lists current list of Clinical Services provided by the Royal Inland Hospital.

<u>Inpatient Services</u>	<u>Maternity and Child Health Services</u>	<u>Diagnostic Services</u>
General Medicine	Antepartum Care	Radiology Services
General Rehabilitation	Intrapartum Care	<ul style="list-style-type: none"> • General Radiology
Geriatric Medicine	Maternal Fetal Medicine	<ul style="list-style-type: none"> • CT Scan
Intensive Care Unit	Maternity Services	<ul style="list-style-type: none"> • MRI (Magnetic Resonance Imaging)
Hematology	Neonatal Intensive Care	<ul style="list-style-type: none"> • Nuclear Medicine
Oncology	Pediatric Oncology	<ul style="list-style-type: none"> • Ultrasound (Sonography)
Neurological Rehabilitation	Pediatrics	<ul style="list-style-type: none"> • Fluoroscopy
Acute Neurology	Postpartum Care	<ul style="list-style-type: none"> • Interventional Radiology / Angiography
Gastroenterology	Gynaecological and Obstetrics Surgery	<ul style="list-style-type: none"> • Mammography
Ophthalmology	Pediatric Surgery	<ul style="list-style-type: none"> • Echocardiogram
Psychiatry		<ul style="list-style-type: none"> • Transesophageal Echocardiogram (TEE)
Urology	<u>Outpatient Services</u>	<ul style="list-style-type: none"> • Vascular Lab
Palliative Care	Emergency Health Services	Cardiac Diagnostic Services
Ear, Nose & Throat Services	Cast Clinic	<ul style="list-style-type: none"> • Exercise Electrocardiogram
Chronic Obstructive Pulmonary Disease Services	Chemotherapy	<ul style="list-style-type: none"> • Holter Monitor
	Arthritis Rehabilitation	<ul style="list-style-type: none"> • Electrocardiogram (ECG)
<u>Surgical Services</u>	Hand Clinic	<ul style="list-style-type: none"> • Stress Echocardiogram
General Surgery	Outpatient Antibiotic Therapy Program	Respiratory Therapy Services
Neurosurgery	Outpatient Nutrition Counselling	<ul style="list-style-type: none"> • Pulmonary Diagnostics

<u>Inpatient Services</u>	<u>Maternity and Child Health Services</u>	<u>Diagnostic Services</u>
Orthopaedic Surgery	Pediatric Asthma Services	<ul style="list-style-type: none"> • Spirometry Testing
Surgical Daycare	Sleep Disorders Services	<ul style="list-style-type: none"> • Diagnostic Bronchoscopy
Thoracic Surgery	Swallowing Intervention Services	Laboratory Services
Urology Surgery	Enterostomal Therapy	
Vascular Surgery	Wound Care	<u>Patient Support Services</u>
Plastic Surgery	Endoscopy	Aboriginal Patient Navigator Service
Otolaryngology Surgery	Outpatient Child/Adolescent Psychiatry	Colon Screening Program
Dental Surgery	Outpatient Laboratory	Community Care Clinic
Pacemaker Implantation	IV Therapy	Community Respiratory Therapy
Post Anaesthetic Care	Vascular Improvement Program	Asthma Education Program
	Vascular Improvement Program	BC Early Hearing Program
<u>Mental Health and Substance Use Services</u>	Pre-surgical Screening	Diabetes Education Program
Psychiatry		Healthy from The Start
Acute Psychiatric Services	<u>Clinical Support Services</u>	Home Oxygen Program
Drug and Alcohol Resource Team	Pharmacy Services	Hospice
Addiction Consult Team	Physiotherapy Services	Orthotics
	Occupational Therapy	Patient/Family Counselling
	Speech-Language Pathology	Spiritual Care Services
	Biomedical Engineering	Volunteer Services
	Nutrition / Dietitian Services	

1.2.1.2 Demands for hospital-based services will continue increasing as with population growth for both the immediate and the extended catchment areas continue rising.

1.3 Clinical Support Services

1.3.1 This section describes key clinical support services provided within Hospital including a range of allied health services.

1.3.1.1 Pharmacy Services

1.3.1.1(1) Management of pharmaceuticals in each Clinical Space will utilize a computerized, individual prescription, unit-dose system. Medications will be prepared in the Hospital's central Pharmacy, in response to electronic orders, delivered by Pharmacy staff to the inpatient care units and placed in automated dispensing cabinets

(ADC) sized to suit the number of patients served on the Unit. Controlled substances will be accommodated within each ADC or locked in controlled substances cupboard in each medication room.

- 1.3.1.1(2) Patient medications brought from home shall be stored in lockable cabinets in patient rooms and/or medications rooms.
- 1.3.1.1(3) STAT requests for medications not housed in ADCs will be sent manually via porter or pneumatic tube system.
- 1.3.1.1(4) Picking and delivering medications to patients will be conducted by nursing staff. Pharmacists will provide consultative services to staff and to patients at the bedside. Pharmacists will also provide in-service training.
- 1.3.1.1(5) Clinical Pharmacists will provide in-service education as appropriate.

1.3.1.2 Diagnostic Imaging (DI) Services

- 1.3.1.2(1) A full range of diagnostic imaging services is provided at Hospital, including MRI and CT. Interventional Radiology services will expand in the future with increasing number of procedures performed in the hybrid rooms in Surgical Services.
- 1.3.1.2(2) For both inpatients and outpatients most imaging will be conducted in the Hospital's Diagnostic Imaging department. Imaging for patients on inpatient units who cannot be transported to the Diagnostic Imaging department, will be accommodated using portable X-ray and portable ultrasound equipment that is brought to the unit by DI staff. DI staff will provide imaging services in the Surgical Suite and PARR using imaging equipment stored in the areas. Equipment includes portable x-ray and C-arms; images will be digitized using a CR reader.
- 1.3.1.2(3) All imaging will be digital and will be accessible using PACS.

1.3.1.3 Laboratory Services

- 1.3.1.3(1) Phlebotomies will be performed at patient bedsides by laboratory staff. All specimens will be either manually transported or transported via pneumatic tube back to the Laboratory for testing.
- 1.3.1.3(2) Laboratory results will be accessed through the electronic health record system.
- 1.3.1.3(3) Limited point-of-care testing (glucometers) will be provided on the inpatient units. Frozen sections will be performed either in the

Surgical Suite and or transported to the main laboratory for analysis.

1.3.1.4 Physiotherapy and Occupational Therapy

1.3.1.4(1) Physiotherapists and Occupational Therapists will conduct patient assessments and will provide hands-on therapy on inpatient units. Physiotherapists will use walking loops on the units to mobilize patients. Care may be provided at the bedside, in rehabilitation spaces in the inpatient units or, in limited circumstances, in the Hospital's central rehabilitation facilities. In the latter case, patient transport/escort will be provided by the Hospital's escorting services or by therapists.

1.3.1.5 Respiratory Therapy

1.3.1.5(1) Respiratory Therapists will conduct patient lung and breathing assessments, provide airway management, be involved in intubations and tracheotomies, respond to life-threatening cardiopulmonary arrests (code blues), manage ventilated patients in critical care areas.

1.3.1.5(2) Respiratory Therapists conduct in-service education for Hospital staff, and provide education to patient to help them in managing their pulmonary disorders.

1.3.1.6 Speech-Language Pathology

1.3.1.6(1) Speech-Language Therapists will form part of the multi-disciplinary care team, and will conduct patient assessments, including swallowing assessments on inpatients, at the bedside or in some cases in dining facilities.

1.3.1.7 Social Work

1.3.1.7(1) Social Workers will provide advocacy, counseling, and mediation services for patients, patients' family members and other caregivers responsible for a patient during and beyond their hospital stay.

1.3.1.8 Dietitian Services

1.3.1.8(1) Acute Care Dietitians will provide in hospital medical nutrition therapy to patients at nutritional risk, including enteral and parenteral nutrition support. A clinical dietitian will screen, assess and monitor patients who are high-to- moderate nutrition risk.

1.3.1.9 Biomedical Engineering Services

1.3.1.9(1) Biomedical Engineering staff will service clinical equipment used in care, diagnosis and treatment of patients. Exceptions include bed maintenance and servicing provided by Plant Services, and set up and maintenance of ventilators by Respiratory Services. Most servicing will occur in Biomedical Engineering central facility.

1.3.1.9(2) A satellite Biomedical Engineering workroom will be accommodated in the Surgical Services Component. Repairs and maintenance of equipment dedicated for use in the operating rooms and PARR will occur in the satellite workroom including service of imaging equipment and lasers.

1.3.1.10 Spiritual Care Services

1.3.1.10(1) The practice of Spiritual Health Care is holistic in nature. It will include assessment and relational treatment of persons experiencing emotional and spiritual distress or crisis during a health transition, thereby purposefully reducing emotional suffering, while enhancing emotional, cognitive and physical wellbeing. This service will be provided to patients and families on the units.

1.3.1.11 Aboriginal Patient Navigators

1.3.1.11(1) Aboriginal Patient Navigators (APNs) support families by providing resources to help form connections to appropriate health care services and to provide cultural support. APNs will also work with health care workers to provide resources to assist in providing culturally appropriate care and to connect with external Aboriginal services.

1.3.1.12 Education Services

1.3.1.12(1) Clinical teaching programs will be accommodated in all Clinical Spaces. Formal lectures or continuing education will not be accommodated in the clinical areas where direct inpatient care is provided.

1.3.1.12(2) In-service education, rounds, and patient teaching programs will be conducted on a regular basis throughout each inpatient unit, in clinical care spaces as well as in staff conference/meeting room(s) and patient/family teaching rooms equipped with audiovisual equipment.

1.4 Non-Clinical Support Services

1.4.1 This section describes key non-clinical support services provided within the Hospital.

1.4.1.1 Material Management Services

1.4.1.1(1) Consumable Supplies

1.4.1.1(1)(a) Inventories of consumable supplies will be maintained on each inpatient unit and other areas within the Facility. Generally, minimum inventory levels will be established for each item, and once reached, according to either a manual or electronic count, will trigger an electronic order. New supplies will be delivered by Materiel Management staff, who will also be responsible for entering the “top up” stock into inventory.

1.4.1.1(2) Equipment

1.4.1.1(2)(a) To the extent practicable, RIH equipment management will operate according to a philosophy of, “the right piece of equipment, at the right place, at the right time.” Objectives of this practice will be to minimize dormant equipment inventories on the nursing units, reduce hallway clutter, ensure that equipment is in constant circulation and is being maintained.

1.4.1.1(2)(b) Equipment storage will be kept close to point of use in Clinical Spaces. Designated centralized equipment storage will be located in the General Support Services Component.

1.4.1.2 Housekeeping Services

1.4.1.2(1) Housekeeping staff will conduct routine cleaning of all areas of the New Facility. Housekeeping services will rely on a combination of manual carts stored locally and automated/motorized equipment. Smaller automated floor cleaning equipment will be stored in a local housekeeping rooms.

1.4.1.2(2) An area for storing and charging larger floor cleaning equipment is provided in the Support Services Component. The equipment stored there will be used throughout the New Facility as needed and returned to the central area when not in use.

1.4.1.2(3) Throughout the New Facility, all housekeeping storage facilities will be located strategically, and will have restricted access. Generally, a week’s supply of consumable products will be stored in these facilities. Bulk supplies will be stored in the Material Management area of the New Facility.

- 1.4.1.2(4) Segregated soiled holding areas will be provided for Housekeeping staff and will be located near the staff/emergency/service elevators.
- 1.4.1.3 Waste Management
 - 1.4.1.3(1) Waste products will be collected as close to point of generation as practicable. Waste will be sorted into categories of: garbage, sharps, recyclables, compostables and biohazardous. Soiled Holding rooms on each inpatient unit will hold waste collected until transported to the appropriate areas in the hospital by Housekeeping staff, for processing/off-site removal.
- 1.4.1.4 Laundry and Linen Services
 - 1.4.1.4(1) Inventories of clean linen will be maintained on each nursing unit using an exchange cart system. Laundry staff or outside vendor staff will be responsible for delivering carts according to routine schedules. Soiled linen will be collected, held in Soiled Holding rooms on each floor until it is transferred to central soiled linen holding area until pickup. Clean linen will be delivered to the central laundry holding area in the existing Hospital until disturbed to the rest of the facility.
- 1.4.1.5 Food Services
 - 1.4.1.5(1) Bulk food will be prepared in the Hospital's central kitchen, panned and delivered to the Food Service Servery on each inpatient unit, three times per day where final preparation will occur. Food will be plated as per patient preference, heated and delivered from the Food Servery to either patients' bedside or dining room, if applicable.
 - 1.4.1.5(2) All ware washing will occur in the central kitchen. Dirty dishes, trays, and pans will be picked up and taken back to the ware washing area three times per day by food service staff.
 - 1.4.1.5(3) Nourishment rooms or alcoves are provided on each unit for the preparation of light snacks, beverages. This function will promote family/caregiver participation.
- 1.4.1.6 Nurse Administration Hospital Porters
 - 1.4.1.6(1) The Hospital will operate a centralized portering service that will be dispatched from a central location in the Hospital and serve the following functions:
 - 1.4.1.6(1)(a) Patient transfers using wheelchairs, stretchers or beds

- (a).1 Escort of ambulatory patients
- (a).2 Delivery of equipment items to/from each inpatient unit, MDR and outpatient departments
- (a).3 Transport of specimens to the laboratory

1.4.1.6(1)(b) Surgical Services has dedicated porters for transfer of patients, etc.

1.4.1.7 Information Management

1.4.1.7(1) The New Facility will operate utilizing both paper and electronic charts and records. Patient information systems will provide access to information by means of computer terminals located at staff work areas distributed throughout the New Facility. Ordering and scheduling of tests, procedures, and medications will be managed through the same terminals in the staff work areas or through hand-held devices.

1.4.1.8 Security Services

1.4.1.8(1) Security Services is responsible for the safe and secure environment Campus Wide, including parkades. Security Services provides the following services:

- 1.4.1.8(1)(a) Acute site security operations
- 1.4.1.8(1)(b) Conducting routine security patrols
- 1.4.1.8(1)(c) Responding to Code White alarms (other Hospital personnel also respond), duress calls and other safety issues as they occur.
- 1.4.1.8(1)(d) Locking and unlocking doors
- 1.4.1.8(1)(e) Monitoring and responding to alarms.

PART 2. CLINICAL SPECIFICATIONS

2.1 Functional Component Organization

2.1.1 The information for each Functional Component is organized in the following manner.

2.1.1.1 Functional Description outlines a Functional Component's key purpose(s) and major functional content

2.1.1.2 Operational Description provides minimum hours of operation, patient management and practitioners flows, clinical and non-clinical support service descriptions specific to the Component.

2.1.1.3 Functional Component Design Requirements cites key design, configuration and technology features pertaining to the Component.

2.1.1.3(1) Key External Relationship text identifies proximity relationships with other Functional Components by priority.

2.1.1.3(1)(a) In the context of proximity relationships, two terms will be used throughout this document:

(a).1 Direct Access will refer to contiguous spaces which avoid movement through other circulation systems.

(a).2 Convenient Access refers to spaces which are located at a minimal distance from each other and linked by horizontal and/or vertical circulation.

2.1.1.3(1)(b) The types of circulation used to gain access between related spaces are described as follows:

(b).1 Movement from one Functional Component to another by Internal Circulation will refer to adjacent Functional Components linked internally through a horizontal connection such as a door or opening, and will avoid movement through other circulation systems of the facility.

(b).2 Movement from one Functional Component to another by General Circulation" will refer to vertically and/or horizontally separated Functional Components linked by corridors, stairs or elevators used by public, visitors and staff.

(b).3 Movement from one Functional Component to another by Restricted Circulation will refer to vertically and/or horizontally separated Functional Components linked by restricted-

access corridors, stairs or elevators to be used by staff, registered patients and services and are not for use by the general public.

- 2.1.1.3(2) Key Environmental Requirements indicates basic criteria and concepts for the spatial organization and environmental design of the Component.
- 2.1.1.3(3) Functional Component Diagram illustrates the internal relationships of spaces and the organizations of zones/blocks of spaces and flows in the Functional Component.
- 2.1.1.3(4) Schedule of Accommodation details the room-by-room requirements by the type, number, size (nsm) and internal space features for each room/space.

2.2 Schedule of Accommodation Summary

2.2.1 The following table summarizes the net square meters for each Functional Component included in the New Facility.

2.2.1.1 Table 2: Summary of Functional Component Space Requirements

Functional Components	NSM
A. General Medical/Surgical Inpatient Unit	1430.2
B. Medical Mental Health Adaptive Inpatient Unit	1512.2
C. Maternal and Child Health Services	1524.7
D. MH&SU Psychiatric Inpatient Unit	1314.6
D1. MH&SU Child and Adolescent Mental Health Crisis Intervention Program	433.6
E. Surgical Services	3230.7
F. Main Entrance, Lobby and General Support Facilities	1815.9
G. Respiratory Services	253.1
Total, NSM	11515.0

2.3 Functional Components

2.3.1 The following section of the document includes detailed information about each Functional Component included in the scope of this project.

2.4 A. GENERAL MEDICAL/SURGICAL INPATIENT UNITS

2.4.1 Functional Description

- 2.4.1.1 This specification outlines the requirements for the 30 bed General Medical/Surgical Inpatient Unit. The Component will provide facilities for the delivery of secondary and specialized acute care services to medical and surgical adult patients (pediatric patients will be accommodated in the Pediatric Inpatient Unit). Patients admitted to this unit will come from the local and surrounding communities within the catchment area, other health care facilities, or from Clinical Spaces within the Hospital.
- 2.4.1.2 Family participation is promoted, allowing family members to be accommodated in a patient's room at any time of the day or night, unless a patient's condition calls for restricting visiting times. The level of participation will be somewhat determined by a patient's acuity, but whenever practicable, family members will be encouraged to help prepare and deliver light snacks and beverages, assist with feeding during mealtimes, visit and engage in light recreation and assist with ambulation.
- 2.4.1.3 In most cases, discharge planning will begin at the time of admission. This process will involve members of the multidisciplinary care team, the patient and their family/immediate caregivers and, when appropriate, community service agencies. Objectives of discharge planning will include seamless re-entry into the community and continuity in any ongoing or follow-up care.

2.4.2 Operational Description

2.4.2.1 Minimum Hours of Operation

- 2.4.2.1(1) The General Medical/Surgical Unit will be staffed 24-hours per day, 7-days per week.

2.4.2.2 Patient and Provider Processes and Flows

- 2.4.2.2(1) Patients will be admitted to the inpatient unit by direct admission, unscheduled admissions, or through transfers from other facilities or from other departments of the Hospital. Admitted patients will initially report to the Team Care Station or Unit Clerk upon arrival on the unit.
- 2.4.2.2(2) The 30-bed inpatient unit will be managed from a Central Staff Support Area which includes the Unit Clerk, Patient Care Coordinator, Unit Manager and other work areas for staff. The Central Staff Support Area will be the coordination centre for the unit, handling admissions, discharges, and information dissemination,

- 2.4.2.2(3) The Care Team Station, within the support area, will act as the reception point for the unit. A Care Team Workroom will be directly adjacent to the Care Team Station. The workroom will be a quieter work area for staff where there is additional privacy for confidential discussions.
 - 2.4.2.2(4) All patients admitted to the inpatient unit will be under direct care of a physician. Each patient's care plan will be led by a Patient Care Coordinator with an interdisciplinary team of Registered Nurses, Licensed Practical Nurses, Nurse Practitioners, Care Aides, Transition Liaison Nurse, Unit Clerks, Support Clerks and other allied health professionals (i.e., Clinical Pharmacists, Respiratory Therapists, Physiotherapy, Occupational Therapy, Social Work, Speech- Language Pathology, Audiology). These latter team members will directly participate in patient care while on the unit, and will access assessment/treatment space as well as touchdown workstations throughout the unit; promoting collaboration and coordination of patient care between team members.
 - 2.4.2.2(5) A patient to nurse ratio during the day shift will 5:1 depending on acuity; with a higher ratio at night.
 - 2.4.2.2(6) Patient care, treatment, and assessments will be delivered to the patient at their bedside, in rehabilitation rooms, in unit corridors (i.e. for gait and cardiac assessments), or in some cases off the unit. As a general principle, care will be brought to the patients.
- 2.4.2.3 Patient Information Management
- 2.4.2.3(1) The inpatient unit will accommodate both paper-based and electronic charting and records management.
 - 2.4.2.3(2) Computer terminals and the provision for computers will be located throughout the unit. Specifically, at workstations, the Care Team Stations, observation alcoves and medication rooms. Staff will use the patient information systems for ordering, scheduling of tests, procedures and medications.
 - 2.4.2.3(3) Staff will utilize a wireless communication system.
- 2.4.2.4 Clinical and Non-Clinical Support Processes and Flows
- 2.4.2.4(1) Pharmacy Services – no additional considerations
 - 2.4.2.4(2) Diagnostic Imaging Services – no additional considerations
 - 2.4.2.4(3) Laboratory Services – no additional considerations

- 2.4.2.4(4) Physiotherapy and Occupational Therapy – no additional considerations
- 2.4.2.4(5) Respiratory Therapy – no additional considerations
- 2.4.2.4(6) Speech-Language Pathology – no additional considerations
- 2.4.2.4(7) Social Work - no additional considerations
- 2.4.2.4(8) Dietitian Services - no additional considerations
- 2.4.2.4(9) Biomedical Engineering Services – no additional considerations
- 2.4.2.4(10) Material Management Services – no additional considerations
 - 2.4.2.4(10)(a) Consumable Supplies -- no additional considerations
 - 2.4.2.4(10)(b) Equipment – no additional considerations
 - 2.4.2.4(10)(c) Waste Management - no additional considerations
 - 2.4.2.4(10)(d) Laundry and Linen Services - no additional considerations
- 2.4.2.4(11) Housekeeping Services - no additional considerations
- 2.4.2.4(12) Food Services
 - 2.4.2.4(12)(a) One nourishment alcove located on each 30-bed IPU will be stocked by Nutrition Services. Other consumables, such as paper cups, napkins, plates, etc. are topped up by Logistics and equipped with refrigerators, microwave ovens, hot water tap, coffee maker and cube/ice chip machine(s). Nurses, patients and family will have access to these self-service stations.
- 2.4.2.4(13) Nurse Administration Hospital Porters – no additional considerations
- 2.4.2.4(14) Information Management – no additional considerations
- 2.4.2.4(15) Security Services
 - 2.4.2.4(15)(a) The Medical/Surgical Inpatient Unit will be an open unit but will be capable of being secured with respect to public access and egress. All points of access/egress to/from the outside and to/from

General Circulation will be locked and controlled from workstations located at each Care Team Station as required or in the case of when a patient with a patient wandering system control device approaches an exit. Each access point will be equipped with video intercom and remote door release

- 2.4.2.4(15)(b) The main public/visitor entrance will be under visual surveillance by staff at the Team Care Station. Staff working in these locations will have access to code white buttons
- 2.4.2.4(15)(c) While staff must be able to move easily between the Clinical Spaces, security measures must ensure that this circulation is strictly controlled and unavailable to patients and visitors.
- 2.4.2.4(15)(d) The security of both patients and staff must be assured. Security personnel will respond to code white alarms and personal duress calls.
- 2.4.2.4(15)(e) Staff will have access to code white buttons.
- 2.4.2.4(15)(f) Swipe identity cards will be used for employee access to areas where family and patient access is restricted
- 2.4.2.4(15)(g) When appropriate patient RTLS tracking devices will be used to prevent patient wandering off the unit.

2.4.3 Functional Component Design Requirements

2.4.3.1 External Relationships

2.4.3.1(1) The following is a summary of other Functional Components in the Hospital that have a functional relation with the General Medical/Surgical Inpatient Units. The relationships are listed in order of descending priority.

- 2.4.3.1(1)(a) Convenient Access by General Circulation, for the ease of movement of staff and patients, to the following areas:
 - (a).1 Emergency Department,
 - (a).2 Diagnostic Imaging,
 - (a).3 Respiratory Therapy Services,
 - (a).4 Cardiac Services, and

(a).5 Surgical Services

2.4.3.1(1)(b) Convenient Access by General Circulation to the New Facility's main entrance to enable the movement of admitted patients, their escorts and visitors.

2.4.3.2 Key Environmental Requirements

2.4.3.2(1) The following subjects have been identified as specific criteria for the layout and design of this Functional Component.

2.4.3.2(2) Zones of Activity within the Component:

2.4.3.2(2)(a) Unit Entrance/Patient & Visitor Support Area

2.4.3.2(2)(b) Central Staff Support Area

2.4.3.2(2)(c) Central Inpatient Unit Support Area

2.4.3.2(2)(d) Clinical space

2.4.3.2(2)(e) Staff Amenity Area

2.4.3.3 General Physical Organization

2.4.3.3(1) A hand hygiene sink will be located at this Functional Component's entrance along with an alcove for Infection Prevention and Control information and respiratory protective equipment (i.e., Respiratory Center).

2.4.3.3(2) The 30-bed unit will be comprised of all private rooms with ensuite washrooms. Two of the private patient rooms will accommodate bariatric patients. One of the bariatric rooms will also serve as an Airborne Isolation Room (AIR) with anteroom. Two additional Airborne Isolation Rooms shall be provided.

2.4.3.3(3) The 30-bed unit shall be subdivided into two 15-bed units with support spaces distributed equally to both halves of the full unit.

2.4.3.3(4) All 30 inpatient private rooms shall have windows providing direct access to natural light and views from the patient bed. Refer to Schedule 3 section 5.4.1.4.

2.4.3.3(5) Medication Rooms and Clean Utility Rooms shall be co-located. Medication Rooms shall have one door accessible from the patient/public corridor and another door connecting to the Clean Utility Room so staff can easily retrieve supplies for the set up of IV medications. The Clean Utility Room shall have another door from

the patient/public corridor. Doors connecting the two rooms and connecting the Medication Room to the patient/public corridor need to be automatic and secure. The door connecting the Clean Utility Room to the patient/public corridor is not required to have an automatic opening mechanism.

- 2.4.3.3(6) Observation of patients by staff members from observation alcoves located in the corridor; generally, one alcove will provide oversight for two adjacent inpatient rooms.
- 2.4.3.3(7) Observation Alcoves shall be designed with dimmable lighting and windows with integral blinds with views to head of bed to facilitate assessment without disturbing patients. They will also have power and data to support electronic health records
- 2.4.3.3(8) Wandering loops shall be provided with bench seating in alcoves. The use of different coloured flooring shall guide patients to the wandering loop and away from restricted areas.
- 2.4.3.3(9) The Front of House and Back of House concept shall be demonstrated in the design by placing staff workspaces, touchdown stations, education spaces, and amenities away from public areas. Front of House areas such as patient rooms, rehabilitation rooms, and public waiting areas shall be located on patient/public corridors.
- 2.4.3.3(10) Staff delivering of supplies, medications, linens, and food shall use the staff/emergency/service Elevators and Back of House circulation.
- 2.4.3.3(11) The layout of the General Medical/Surgical Inpatient unit shall provide separation of public/patient from staff circulation. Staff only or restricted corridors will link Back of House functions providing staff access from one side of the unit to the other, avoiding the use of patient/public corridors. Public/patient corridors will provide access to clinical spaces and public waiting and public/passenger elevators.
- 2.4.3.3(12) Clean supply and equipment alcoves shall be distributed across the unit to ensure needed supplies and equipment at readily at hand.
- 2.4.3.3(13) All alcoves to have power and data for future flexibility. Supply Alcoves – to be deep enough to accommodate top-up linen carts and exchange linen carts, supply carts and equipment so that corridors remain clear.
- 2.4.3.3(14) To provide efficient and effective care, travel distances shall be minimized between inpatient beds and high touch support spaces

such as medication rooms, clean and soiled utility rooms and equipment storage through decentralization of these spaces. The distribution of these support spaces should be such as to form 15 bed sub-units.

2.4.3.3(15) Doors into staff/restricted corridors shall be automatic and secure with hold opens as appropriate.

2.4.3.3(16) The 3 isolation rooms shall be distributed across the unit, with one located close to the staff/emergency/service elevators and with all away from the public/passenger elevators. The path of travel to transfer a patient to an Airborne Isolation Room shall not pass the public/passenger/elevators, waiting/reception areas.

2.4.3.4 Patient Room Configuration

2.4.3.4(1) The Medical/Surgical Inpatient Unit will be designed with 100% private patient rooms with ensuite washrooms. Within each private patient room, there will be three zones: patient zone, provider zone and family zone. To the extent practicable, all inpatient rooms will be configured to a common specification. Mirrored patient rooms are acceptable.

2.4.3.4(2) Fully accessible, ensuite patient washrooms with dual sided access to the toilet for staff to assist the patient.

2.4.3.4(3) Three patient rooms (one of them being the non-AIR bariatric patient room) shall be plumbed to accommodate dialysis. These room shall be non-adjacent rooms on the unit.

2.4.3.4(4) Patients will be provided with exterior views from their beds. Shelf/counter space for patient's personal items (e.g., flowers, family pictures) will be provided on an adjacent wall opposite the foot of the bed.

2.4.3.4(5) Attractive options to encourage patient activation and promote patient independence will be included wherever possible. A seating area near the window for patient and visitor/family should be provided.

2.4.3.4(6) Headwall or ceiling mounted lighting is to avoid exposure to glare when patients are laying in the supine position.

2.4.3.5 Visual Monitoring and Security

2.4.3.5(1) Visitors who access the unit will be directed to the Care Team Station. Monitoring of the public entrance to the unit from the Care

Team Station is required either through direct observation or video intercom with remote door release.

- 2.4.3.5(2) The Care Team Station shall be located centrally within the unit allowing observation of unit entry points and, as much as possible, patient/public corridors.
- 2.4.3.5(3) Staff assistance will be facilitated using nurse call, wireless staff duress and wireless staff communication system.
- 2.4.3.5(4) Design and configuration of the inpatient units must avoid blind alcoves/corridors where staff cannot be observed from a distance.
- 2.4.3.5(5) All rooms designated for “staff only” must be lockable.
- 2.4.3.5(6) Medical/Surgical inpatient unit will be serviced with a patient wandering system to prevent unauthorized egress of patients.
- 2.4.3.5(7) Nurses shall be able to make visual checks on patients in their rooms from patient/public corridors.

2.4.3.6 Flexibility

- 2.4.3.6(1) Two rooms that are sized to accommodate bariatric patients are required. One bariatric patient room will also be configured to serve as an Airborne Isolation Room with anteroom. When not in use for isolation the patient room shall be accessible directly from the corridor. The other bariatric room shall be capable of providing dialysis.
- 2.4.3.6(2) Inpatient rooms are to be acuity-adaptable and capable of accommodating a range of acuity levels or a single patient’s changing acuity level with little or no changes to the room’s configuration or supplies/equipment content.

2.4.3.7 Sensory Environment

- 2.4.3.7(1) As part of the Care Team Station, the Care Team Workroom is an acoustically private space where nurses, physicians, allied health practitioners and students can privately discuss or document a patient’s condition or personal information. This area may have sliding glass doors or a glass wall to separate it from the Team Care Station while providing a visual connection to Care Team Station.
- 2.4.3.7(2) Interdisciplinary conversations should be private and not overheard by patients. Activities in the Care Team Station should not disturb

sleeping patients; therefore, the station shall be designed with sound control measures.

2.4.3.7(3) All inpatient rooms will be private and respectful of each patient's privacy, dignity, confidentiality and right to a quiet care environment.

2.4.3.7(4) Provide sound attenuation measures at pneumatic tubes stations.

2.4.3.8 Airborne Isolation Rooms and Outbreak Control Zone

2.4.3.8(1) All Airborne Isolation Rooms will be provided with negative pressure ventilation to accommodate patients with airborne infectious diseases. Each isolation room will require an enclosed anteroom containing a storage area for supplies. Hand hygiene facilities will also be provided in each room and anteroom.

2.4.3.8(2) In case of an airborne infection pandemic outbreak, a zone containing a minimum of 15 beds will have negative pressurization capability and to isolate the half of the unit from the surrounding areas. Each 15-bed zone will have the following:

2.4.3.8(2)(a) Support spaces including medication and utility rooms shall be within the airborne Outbreak Control Zone

2.4.3.8(2)(b) The Outbreak Control Zone will be bounded by construction that allows the mechanical ventilation systems to create negative pressure within a zone relative to adjacent floor areas.

2.4.3.8(2)(c) The Outbreak Control Zone will contain space that can be converted into an anteroom (e.g., double set of powered doors) adjacent to the entrance to the zone and will be equipped with a hand hygiene sink and space for PPE storage. The anteroom shall be large enough to accommodate a stretcher when both sets of doors are closed.

2.4.3.8(2)(d) Both sets of power doors shall have automatic opening when an access control card is swiped. Card readers will be located on the entry side of the first set of doors and on the exit side of the second set of doors far enough away from the doors to allow them to open before a stretcher is present. Under normal operations, the doors will remain open but will be closed when the Outbreak Control Zone is in use.

2.4.3.8(2)(e) One airborne isolation patient room and one bariatric patient room. The zone containing the remaining 15 beds will include one airborne isolation bariatric patient room and one airborne isolation patient room.

2.4.3.9 Building Systems

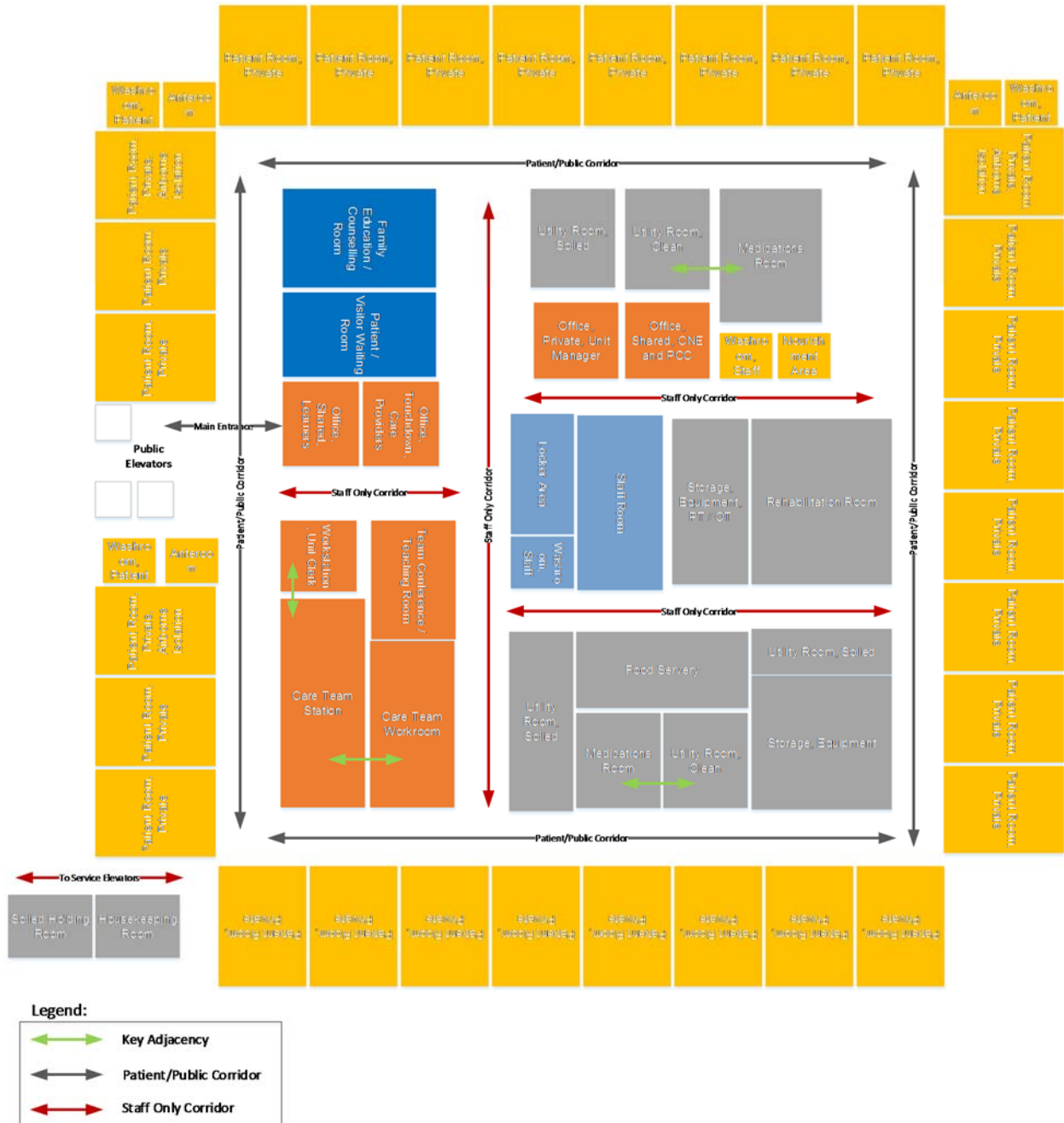
2.4.3.9(1) Data and power to accommodate an electronic medical record will be supplied in observation alcoves and at patient headwalls

2.4.3.9(2) HVAC systems should be designed and configured to ensure that drafts are not directed over the patient bed or sitting area

2.4.4 Functional Component Diagram

2.4.4.1 The spatial organization of this Component will be generally as shown in the diagram below. The diagram illustrates conceptual relationships, and shall not be treated as a floor plan. See legend for key internal adjacencies.

2.4.4.2



2.4.5 Schedule of Accommodations

2.4.5.1 Provide the following spaces, numbers of spaces, net areas, and space contents as minimum requirements. Note the indented spaces indicate the space is internally connected to the space listed above.

Ref. No	Space	Space Program			Remarks
		units	nsm/unit	nsm	
	A. General Medical/Surgical Inpatient Unit				
	<u>Unit Entrance/Patient & Visitor Support Area</u>				
01	Patient/Visitor Waiting Room	1	24.0	24.0	Seating for up to 12 with variety of seating configurations - Television viewing area; glazing to separate from corridor. Secure entry and overview from video intercom at the unit clerk workstation along with remote door release
02	Alcove, Hand Hygiene Sink	1	1.5	1.5	Incl. hand hygiene sink, Personal Protective Equipment, Infection Protection and Control signage
03	Washroom, Patient/Visitor	1	4.6	4.6	1 toilet, 1 sink, accessible
04	Family Education/Counseling Room	1	24.0	24.0	Multipurpose room with seating for up to 12 - Includes data ports, locate off public/patient corridor
	Subtotal, Unit Entrance/Patient & Visitor Support Area			54.1	
	<u>Central Staff Support Area - 30 Beds</u>				
05	Workstation, Unit Clerk	1	9.2	9.2	Serves as floor/unit reception - Main Public Reception - 2 workstations, collocate with Care Team Station with acoustical separation from Care Team Station
06	Alcove, Pneumatic Tube Station	1	1.9	1.9	Incl. Millwork. Requires acoustical separation from Care Team Station and unit clerk workstations
07	Care Team Station	1	25.5	25.5	Central station with up to 7 workstations - Site for allied health collaborative meetings/teaching - Confidential area; incl. 16 purse lockers
08	Care Team Workroom	1	22.0	22.0	Quiet work area with 6 workstations - acoustically separation from Care Team

Ref. No	Space	Space Program			Remarks
		units	nsm/unit	nsm	
					Station, directly adjacent to Care Team Station
09	Team Conference/ Teaching Room	1	18.0	18.0	Seating for up to 10 people - Conference table - Serviced for tele/video conferencing, workstation, glass sliding door to connect to Care Team Station
10	Workstation, Learners	2	4.6	9.2	Incl. computer, power, data, cabinet for personal items
11	Workstation, Touchdown	3	4.6	13.8	Enclosed workstation for sound privacy, computer, power, data; use for dictation, etc.
12	Photocopy Room	1	7.0	7.0	Accommodates business equipment, supplies, and large confidential shredding bin; Millwork shall be designed for easy access to forms, paper, toner and other supplies; - Temporary chart holding area. Co-locate with CTS or Unit Clerk
13	Alcove, Crash Cart	1	1.9	1.9	Incl. data ports and electrical outlets, locate adjacent to service elevators.
14	Office, Private, Unit Manager	1	10.0	10.0	Incl. workstation, files storage - Accommodates meetings with up to 2 people
15	Office, Shared CNE and PCC	1	12.0	12.0	Incl. 2 workstations, files storage - Accommodates meetings with up to 2 people
16	Office, Shared, Learners	1	13.8	13.8	Incl. table and chairs, seating for 4-6, monitors, computers
17	Office, Touchdown, Care Providers	1	13.8	13.8	Incl. 3 workstations, files storage
	Subtotal, Central Staff Support Area - 30 Beds			158.1	
	<u>Central Inpatient Unit Support Area - 30 Beds</u>				
18	Food Servery	1	20.0	20.0	Incl. counter with sink, convection ovens, supplies, refrigerator, power, data. Bulk food will be delivered and plated and delivered to patients. Ware washing will occur in central food services area.

Ref. No	Space	Space Program			Remarks
		units	nsm/unit	nsm	
19	Rehabilitation Room	1	45.0	45.0	Open plan with rehabilitation assessment and treatment stations includes a non-functioning tub with grab bars on two sides – 2 workstations – Hand hygiene station – Separate secured storage area for clean linen and supplies, room requires hard ceilings and full height backing in all walls. Two entrances – accessible from both staff only and patient/public corridors.
20	Storage, Equipment, PT/OT	1	15.0	15.0	Incl. counter with utility sink for cleaning equipment. Medical equipment storage such as walkers, canes transfer lifts, wheelchairs
21	Storage, Equipment	1	35.0	35.0	Charging stations throughout room for mobile/electrical equipment - Shelving
22	Medication Room	2	16.0	32.0	Millwork, standing-height counter, computer workstations, 3 glucometers, hand hygiene sink, small-size refrigerator mounted on pedestal to bring to ergonomic height, monitored by BMS, 3-piece automated medication dispensing cabinets plus future tower, recessed narcotic cabinet and wall-mounted storage (adjustable wire shelving), glazing for visibility where possible – Automatic opener – Controlled access to this room, access from patient/public corridor and clean utility room. Space for future drug disposal system.
23	Utility Room, Clean	2	15.0	30.0	Wall-mounted wire bin storage system for top up (adjustable wire shelving – Accommodation for wire cart with adjustable shelves. Accessible from patient/public corridor.

Ref. No	Space	Space Program			Remarks
		units	nsm/unit	nsm	
24	Utility Room, Soiled	3	12.0	36.0	Hand hygiene sink at entry – Stainless steel counter with marine edge and utility sink, Personal Protective Equipment cabinets – Lower cabinets with wire bin pull out shelves except below utility sink – fluid waste disposal system – Access to Personal Protective Equipment for unit based decontamination and cleaning – Enclosed patient waste disposal unit, Controlled access to this room – accessible from patient/public corridor, automatic door opener.
25	Alcove, Wheelchair/Stretcher Holding	1	12.0	12.0	Accommodates up to 4 stretchers and 8 wheelchairs - Locate adjacent to service elevator
26	Housekeeping Room	1	12.0	12.0	Hand hygiene sink at entry - Wire cart with adjustable shelving and storage of supplies Floor (service) sink - Pre-mixed automatic system for dispensing chemical supplies - Accommodates housekeeping carts, ladders, floor cleaning machine, and cleaning supplies - Located in close proximity to service elevators - Controlled access to this room
27	Soiled Holding Room	1	9.0	9.0	Accommodates staged storage for bins of garbage, soiled linen, biohazardous waste, recyclables etc. - Located in close proximity to service elevators - Controlled access to this room
	Subtotal, Central Inpatient Unit Support Area - 30 Beds			246.0	
	<u>Clinical Space - 30 beds</u>				
28	Patient Room, Private	26	21.4	556.4	1 patient bed with wardrobe, medical headwall with gases, electrical, data and nurse call with space for storage of minimal medical/surgical supplies, privacy curtain in arch by door. Hand hygiene sink at entrance - family zone for participation/visiting
29	Washroom, Patient	26	5.6	145.6	1 toilet, 1 sink, 1 shower - accessible

Ref. No	Space	Space Program			Remarks
		units	nsm/unit	nsm	
30	Patient Room, Private, Bariatric	1	31.0	31.0	1 patient bed with wardrobe, medical headwall with gases, electrical, data and nurse call with space for storage of minimal medical/surgical supplies, privacy curtain in arch by door - Hand hygiene sink at entrance - family zone for participation/visiting
31	Washroom, Patient, Bariatric	1	7.5	7.5	1 assisted toilet standard sized with provision for bariatric commode, 1 sink, 1 assisted shower - Floor requires higher floor loading rating
32	Patient Room, Bariatric/ Airborne Isolation	1	31.0	31.0	1 patient bed with wardrobe, medical headwall with gases, intercom, electrical, data and nurse call, with space for storage of minimal medical/surgical supplies, privacy curtain in arch by door - Hand hygiene sink at entrance - family zone for participation/visiting
33	Anteroom	1	5.0	5.0	Entry alcove for gowning - Hand hygiene sink
34	Washroom, Patient, Bariatric	1	7.5	7.5	1 assisted toilet standard sized with provision for bariatric commode, 1 sink, 1 assisted shower - Floor requires higher floor loading rating
35	Patient Room, Private, Airborne Isolation	2	21.4	42.8	1 patient bed with wardrobe, medical headwall with gases, intercom, electrical, data and nurse call, with space for storage of minimal medical/surgical supplies - Hand hygiene sink at entrance - family zone for participation/visiting
36	Washroom, Patient	2	5.6	11.2	1 toilet, 1 sink, 1 shower - accessible
37	Anteroom	2	5.0	10.0	Entry alcove for gowning - Hand hygiene sink
38	Alcove, Observation	15	1.4	21.0	Wall mounted desk counter height with lockable drawers; provide storage small equipment. Direct visual access into patient's room through glazing with integral blinds control from alcove side - Shared by 2 mirrored patient rooms

Ref. No	Space	Space Program			Remarks
		units	nsm/unit	nsm	
39	Alcove, Nourishment	1	5.0	5.0	Millwork counter with double sink, upper storage cabinets above the counter, full-size refrigerator (lockable) and microwave oven - Small kitchen appliances, Individual ice dispenser with filtered water - Lower cabinets with pull out wire drawers/bins
40	Alcove, Portable/Wheeled Equipment or Clean Supplies	15	2.0	30.0	Incl. data ports and electrical outlets; distributed in patient corridors, one alcove per 15 beds, must accommodate linen exchange carts, distributed in the corridor across from and near the patient rooms/observation alcoves.
41	Alcove, Seating	2	2.0	4.0	Incl. bench seating
42	Washroom, Patient/Visitor	1	4.6	4.6	1 sink, 1 toilet, accessible
43	Washroom, Staff	1	4.6	4.6	1 sink, 1 toilet, accessible
	Subtotal, Clinical Space - 30 beds			917.2	
	<u>Staff Amenity Area</u>				
44	Staff Room	1	28.0	28.0	Seating for up to 14 people combination of dining table and chairs and soft seating, TV - Kitchenette with double sink, dishwasher, microwave oven, two full-size refrigerators; controlled staff only access
45	Locker Area	1	15.6	15.6	Accommodates up to 45 half-size lockers or combination of half-size and purse-size - coat and boot racks; controlled staff only access
46	Washroom, Staff	2	5.6	11.2	1 sink, 1 toilet, 1 shower; accessible
	Subtotal, Staff Amenity Area			54.8	
	Total nsm, General Medical/Surgical Inpatient Unit			1430.2	

2.5 B. MEDICAL MENTAL HEALTH ADAPTIVE INPATIENT UNIT

2.5.1 Functional Description

- 2.5.1.1 The Medical Mental Health Adaptive Inpatient Unit will be designed to safely accommodate both medical and psychogeriatric inpatients with acute and chronic medical conditions. The patient population will flex between these two populations as need requires. The unit will incorporate design elements that encourage group interaction and rehabilitation as is typically found in behavioral units as well as elements that are typically found in an acute care medical unit.
- 2.5.1.2 Patient length of stay (LOS) may be longer on average compared to the General Medical Inpatient Unit LOS.
- 2.5.1.3 Safety and security of patients, family, and staff will be incorporated into the design and will meet Appendix 3 H – Staff Safety Guidelines for Interior Health Facility Design, New Build or Renovation Projects, to illustrate; a typical patient room will have a medical headwall that can be secured and tamperproof, ligature proof fixtures and hardware.
- 2.5.1.4 The unit will be designed to meet elder friendly environment principles which meet the guideline “Code Plus Physical Design Components for an Elder Friendly Hospital” 2nd edition.
- 2.5.1.5 A wandering loop(s) will be incorporated into the design for patients to encourage ambulation but with the intent of keeping patients safe and secure on the unit.
- 2.5.1.6 The Medical Mental Health Adaptive Unit will provide clinical resources in support of teaching programs for the following types of students: Medical students, Physician Residents, Nursing (diploma, undergraduate and graduate) students; other Allied Health students.

2.5.2 Operational Description

2.5.2.1 Minimum Hours of Operation

- 2.5.2.1(1) The Medical Mental Health Adaptive Inpatient Unit will be staffed 24-hours per day, 7-days per week.

2.5.2.2 Patient and Provider Processes and Flows

- 2.5.2.2(1) Patients will be admitted to the inpatient unit by direct admission, unscheduled admissions or through transfers from other facilities. Admitted patients and their caregivers will initially report to the Care Team Station or Unit Clerk upon arrival on the unit.
- 2.5.2.2(2) Patients will be admitted to the unit with a medical diagnosis as their primary diagnosis but may also have cognitive deficits or dementia or other mental health conditions. Patients will be treated

for their medical condition and will be provided support for the behavioural condition.

- 2.5.2.2(3) The 30-bed inpatient unit will be managed from a Central Staff Support Area which will include the Unit Clerk, Patient Care Coordinator, and other work areas for staff. The Central Staff Support Area will be the coordination centre for the unit, handling admissions, discharges, and information dissemination,
- 2.5.2.2(4) The Care Team Station, within the support area, will act as the reception point for the unit. A Care Team Workroom will be directly adjacent to the Care Team Station and will be a quieter work area for staff for team huddles or small group meetings.
- 2.5.2.2(5) All patients admitted to the inpatient unit will be under direct care of a physician and/or psychiatrist. Each patient's care plan will be led by a Patient Care Coordinator with an interdisciplinary team that may consist of: Registered Nurses, Registered Psychiatric Nurses, Licensed Practical Nurses, Nurse Practitioners, Care Aides, Transition Liaison Nurse, Unit Clerks, Support Clerks and/or other allied health professionals (i.e. Clinical Pharmacists, Respiratory Therapists, Physiotherapy, Occupational Therapy, Social Work, Speech- Language Pathology, Audiology). These latter team members will directly participate in patient care while on the unit, and will access assessment/treatment space as well as touchdown workstations.
- 2.5.2.2(6) A patient to nurse ratio during the day shift will be 5:1 but may fluctuate based on acuity with a higher ratio at night.
- 2.5.2.2(7) The Medical Mental Health Adaptive unit shall be adjacent to the Inpatient Mental Health unit (i.e., adjacent floors) within the Building to allow sharing of resources such as staff and specialized rooms.
- 2.5.2.2(8) Patient care, treatment, and assessments will be delivered to the patient at their bedside, in rehabilitation rooms, interview or consult rooms, or in some cases off the unit. As a general principle, care will be brought to the patients.
- 2.5.2.2(9) Family members will be encouraged to help prepare and deliver light snacks and beverages, assist with feeding during mealtimes, visit and engage in light recreation and assist with ambulation.

2.5.2.3 Patient Information Management

- 2.5.2.3(1) The inpatient unit will accommodate both paper-based and electronic charting and records management.

- 2.5.2.3(2) Computer terminals and the provision for computers will be located throughout the unit. Specifically, at workstations, the Care Team Stations, Observation Alcoves and Medication Rooms. Staff will use the patient information systems for ordering, scheduling of tests, procedures and medications.
- 2.5.2.3(3) Staff will utilize a wireless communication system.
- 2.5.2.4 Clinical and Non-Clinical Support Processes and Flows
 - 2.5.2.4(1) Pharmacy Services – no additional considerations
 - 2.5.2.4(2) Diagnostic Imaging Services – no additional considerations
 - 2.5.2.4(3) Laboratory Services – no additional considerations
 - 2.5.2.4(4) Physiotherapy and Occupational Therapy – no additional considerations
 - 2.5.2.4(5) Respiratory Therapy – no additional considerations
 - 2.5.2.4(6) Speech-Language Pathology – no additional considerations
 - 2.5.2.4(7) Social Work - no additional considerations
 - 2.5.2.4(8) Dietitian Services - no additional considerations
 - 2.5.2.4(9) Biomedical Engineering Services – no additional considerations
 - 2.5.2.4(10) Material Management Services – no additional considerations
 - 2.5.2.4(10)(a) Consumable Supplies -- no additional considerations
 - 2.5.2.4(10)(b) Equipment – no additional considerations
 - 2.5.2.4(10)(c) Waste Management - no additional considerations
 - 2.5.2.4(10)(d) Laundry and Linen Services - no additional considerations
 - 2.5.2.4(11) Housekeeping Services - no additional considerations
 - 2.5.2.4(12) Food Services
 - 2.5.2.4(12)(a) A dining room will be located on this unit to encourage patients to socialize at meal times.
 - 2.5.2.4(12)(b) The Food Servery shall be located adjacent to the dining room.

- 2.5.2.4(12)(c) One nourishment room located within the Dining Room will be stocked by Nutrition Services. Other consumables, such as paper cups, napkins, plates, etc. are topped up by Logistics and equipped with refrigerators, microwave ovens, hot water tap, coffee maker and cube/ice chip machine(s). The room will be lockable.
- 2.5.2.4(13) Nurse Administration Hospital Porters – no additional considerations
- 2.5.2.4(14) Information Management – no additional considerations
- 2.5.2.4(15) Security Services
 - 2.5.2.4(15)(a) The Medical Mental Health Adaptive Inpatient Unit will be an open unit but will be capable of being secured with respect to public access and egress after-hours. All points of access/egress to/from the outside and to/from General Circulation will be locked and controlled from workstations located at each Care Team Station as required or in the case of when a patient with a patient wandering system control device approaches an exit. Each access point will be equipped with video intercom and remote door release
 - 2.5.2.4(15)(b) The main public/visitor entrance will be under visual surveillance by staff at all Team Care Station. Staff working in these locations will have access to code white buttons
 - 2.5.2.4(15)(c) While staff must be able to move easily between the clinical spaces, security measures must ensure that this circulation is strictly controlled and unavailable to patients and visitors.
 - 2.5.2.4(15)(d) The security of both patients and staff must be assured. Security personnel will respond to code white alarms and personal duress calls.
 - 2.5.2.4(15)(e) Staff will carry personal duress devices and have access to code white buttons.
 - 2.5.2.4(15)(f) Swipe identity cards will be used for employee access to areas where family and patient access is restricted

- 2.5.2.4(15)(g) When appropriate patient RTLS tracking devices will be used to prevent patient wandering off the unit.

2.5.3 Functional Component Design Requirements

2.5.3.1 External Relationships

2.5.3.1(1) The following is a summary of other Functional Components in the Hospital that have a functional relation with the Medical Mental Health Adaptive Unit. The relationships are listed in order of descending priority.

2.5.3.1(1)(a) Convenient Access by General Circulation, for the ease of movement of staff and patients, to the following areas:

- (a).1 Emergency Department,
- (a).2 Diagnostic Imaging,
- (a).3 Respiratory Therapy Services,
- (a).4 Cardiac Services, and
- (a).5 Surgical Services

2.5.3.1(1)(b) Convenient Access by Restricted Circulation to the Mental Health Inpatient Unit to enable the movement of staff and patients.

2.5.3.1(1)(c) Convenient Access by General Circulation to the New Facility's main entrance to enable the movement of admitted patients, their escorts and visitors.

2.5.3.2 Key Environmental Requirements

2.5.3.2(1) The following subjects have been identified as specific criteria for the layout and design of this Functional Component.

2.5.3.2(2) Zones of Activity within the Component:

- 2.5.3.2(2)(a) Unit Entrance/Patient & Visitor Support Area
- 2.5.3.2(2)(b) Central Staff Support Area
- 2.5.3.2(2)(c) Central Inpatient Unit Support Area
- 2.5.3.2(2)(d) Clinical space
- 2.5.3.2(2)(e) Staff Amenity Area

2.5.3.3 General Physical Organization

- 2.5.3.3(1) A hand hygiene sink will be located at this Functional Component's entrance along with an alcove for Infection Prevention and Control information and respiratory protective equipment (i.e., Respiratory Center).
- 2.5.3.3(2) The 30-bed unit shall be subdivided into two 15-bed units with support spaces distributed equally to both halves of the unit.
- 2.5.3.3(3) All 30 inpatient private rooms shall have windows providing direct access to natural light and views from the patient bed. Refer to Schedule 3 section 5.4.1.4.
- 2.5.3.3(4) Observation of patients by staff members from observation alcoves located in the corridor; generally, one alcove will provide oversight for two adjacent inpatient rooms.
- 2.5.3.3(5) Observation Alcoves shall be designed with dimmable lighting and windows with integral blinds with views to head of bed to facilitate assessment without disturbing patients. They will also have power and data to support electronic health records.
- 2.5.3.3(6) To the extent possible, demonstrate in the design the concept of Front of House and Back of House by placing staff workspaces, touchdown stations, education spaces, and amenities away from public areas. Front of House areas such as patient rooms, rehabilitation rooms, and public waiting areas shall be placed on patient/public corridors.
- 2.5.3.3(7) Medication Rooms and Clean Utility Rooms shall be co-located. Medication Rooms shall have one door accessible from the patient/public corridor and another door connecting to the Clean Utility Room so staff can easily retrieve supplies for the setup of IV medications. The Clean Utility Room shall have another door from the patient/public corridor. Doors connecting the two rooms and connecting the Medication Room to the patient/public corridor need to be automatic and secure. The door connecting the Clean Utility Room to the patient/public corridor is not required to have an automatic opening mechanism. Staff delivering supplies, medications, linens and food shall use the staff/emergency/service Elevators.
- 2.5.3.3(8) Clean supply and equipment alcoves shall be distributed across the unit to ensure needed supplies and equipment at readily at hand.
- 2.5.3.3(9) All alcoves to have power and data for future flexibility. Supply Alcoves – to be deep enough to accommodate top-up linen carts and exchange linen carts, supply carts and equipment so that corridors remain clear.

- 2.5.3.3(10) To provide efficient and effective care, travel distances shall be minimized between inpatient beds and high touch support spaces such as medication rooms, clean and soiled utility rooms and equipment storage through decentralization of these spaces.
- 2.5.3.3(11) Doors into staff/restricted corridors shall be automatic and secure with hold opens as appropriate.
- 2.5.3.3(12) During the day patient wandering loops will be along all corridors. Internal corridors shall be secured at night to prevent patients wandering into the middle of the unit.
- 2.5.3.3(13) Wandering loops shall be provided with bench seating in alcoves. The use of different coloured flooring shall guide patients to the wandering loop and away from restricted areas.
- 2.5.3.3(14) The 3 isolations rooms shall be distributed across the unit, with one located close to the staff/emergency/service elevators and with all away from the public/passenger elevators. The path of travel to transfer a patient to an Airborne Isolation Room shall not pass the public/passenger elevators, waiting/reception areas.
- 2.5.3.3(15) Three patient rooms (one of them being the non-AIR bariatric patient room) shall be plumbed to accommodate dialysis. These room shall be non-adjacent rooms on the unit.
- 2.5.3.3(16) It is desirable to have the staff room, lockers and associated washroom facilities on the same floor; however, if not possible, then the facilities could be located on a different floor but no more than two floors away.

2.5.3.4 Patient Room Configuration

- 2.5.3.4(1) The Medical Mental Health Adaptive Inpatient Unit will be designed with 100% private patient rooms with own ensuite washrooms. Within each private patient room, there will be three zones: patient zone, provider zone and family zone. To the extent practicable, all inpatient rooms will be configured to a common specification. Mirrored patient rooms are acceptable.
- 2.5.3.4(2) Rooms shall be lockable by staff when not in use, but patients will not be locked in their rooms. All features, fixtures and furniture in the rooms shall be of an anti-ligature design and shall comply with Mental Health standards listed in Schedule 3 section 2.1.
- 2.5.3.4(3) The room shall be designed to enhance patient physical safety without compromising staff safety.

- 2.5.3.4(4) The design shall minimize the risks for patients, who are confused, disoriented, behaviourally disturbed or who have cognitive or sensory impairment.
- 2.5.3.4(5) Fully accessible, ensuite patient washrooms with dual sided access to the toilet for staff to assist the patient
- 2.5.3.4(6) The rooms will be sufficiently flexible to serve different age groups such as adult and geriatric patients.
- 2.5.3.4(7) Headwalls shall be built to accommodate medical gases and vacuum that can be secured and tamper-proofed when not medically required. Headwall or ceiling mounted lighting is to avoid exposure to glare when patients are laying in the supine position.
- 2.5.3.4(8) Patient ceiling lifts shall be designed and stalled to be secure, anti-ligature, and tamper proof.
- 2.5.3.4(9) Electronic water shut offs shall be included for each plumbing fixture in the patient's room and washroom. The shut off will be controlled from the Care Team Station.
- 2.5.3.4(10) Patients will be provided with exterior views from their beds. Shelf/counter space for patient's personal items (e.g., flowers, family pictures) will be provided on an adjacent wall opposite the foot of the bed.
- 2.5.3.4(11) Attractive options to encourage patient activation and promote patient independence will be included wherever possible. Seating area near the window for patient and visitor/family shall be provided.

2.5.3.5 Visual Monitoring and Security

- 2.5.3.5(1) The design of the unit will strike a balance between the safest possible healing environment and a non-institutional appearance.
- 2.5.3.5(2) Visitors who access the unit will be directed to the Care Team Station/Unit Clerk station. Monitoring of the public entrance to the unit from the Care Team Station/Unit Clerk station is required either through direct observation or IP video surveillance system along with remote door release.
- 2.5.3.5(3) The Care Team Station shall be located centrally within the unit; allowing observation of unit entry points and, as much as possible, patient corridors.

- 2.5.3.5(4) The Care Team Station shall be fully enclosed in glass for staff safety and confidentiality.
- 2.5.3.5(5) Gathering areas such the Dining/Multipurpose Area and Activity Room for patients shall be located near the Care Team Station area to provide professional overview.
- 2.5.3.5(6) Gathering areas shall provide comfortable seating and places for conversation and other quiet activities that are not distracting to work in the Care Team Station.
- 2.5.3.5(7) Nurses shall be able to make visual checks on patients in their rooms from patient/public corridors.
- 2.5.3.5(8) Staff assistance will be facilitated using nurse call, wireless staff duress and wireless staff communication system.
- 2.5.3.5(9) Design and configuration of the inpatient units must avoid blind alcoves/corridors where staff cannot be observed from a distance. All rooms designated for “staff only” must be lockable
- 2.5.3.5(10) The Medical Mental Health Adaptive inpatient unit will be serviced with a patient wandering system to prevent unauthorized egress of patients.
- 2.5.3.5(11) Interview and consult rooms shall have dual access/egress and panic/security features
- 2.5.3.5(12) Patient and staff areas shall be designed to prevent staff becoming trapped between an aggressive patient and their egress.
- 2.5.3.5(13) All alcoves on patient accessible corridors shall be secured to prevent tampering of supplies and equipment by patients. Computers in Observation Alcoves shall be designed to prevent tampering or damaging of computers by patients.

2.5.3.6 Flexibility

- 2.5.3.6(1) Two rooms that are sized to accommodate bariatric patients are required. One bariatric patient room will also be configured to serve as an Airborne Isolation Room with anteroom. When not in use for isolation the patient room shall be accessible directly from the corridor. The other bariatric room will be capable of providing dialysis.
- 2.5.3.6(2) Inpatient rooms will be acuity-adaptable and capable of accommodating a range of acuity levels or a single patient’s

changing acuity level with little or no changes to the room's configuration or supplies/equipment content.

- 2.5.3.6(3) Group rooms will be designed to provide flexibility for various activities.

2.5.3.7 Sensory Environment

- 2.5.3.7(1) As part of the Care Team Station, the Care Team Workroom is an acoustically private space where nurses, physicians, allied health practitioners and students can privately discuss or document a patient's condition or personal information. This area may have sliding glass doors or a glass wall to separate it from the Team Care Station
- 2.5.3.7(2) Interdisciplinary conversations should be private and not overheard by patients. Activities in the Care Team Station should not disturb sleeping patients; therefore, the station shall be designed with sound control measures.
- 2.5.3.7(3) All inpatient rooms will be private and respectful of each patient's privacy, dignity, confidentiality and right to a quiet care environment.
- 2.5.3.7(4) The Snoezelen Room shall be designed to provide a therapeutic environment to deliver high levels of stimuli to patients with dementia and other mental health issues. The room shall be designed to combined lighting effects, aromas, colors, textures and sounds to stimulate a person's olfactory, auditory and gustatory systems, and shared with the Mental Health Inpatient Unit.

2.5.3.8 Airborne Isolation Rooms and Outbreak Control Zone

- 2.5.3.8(1) All airborne isolation patient rooms will be provided with negative pressure ventilation to accommodate patients with airborne infectious diseases. Each isolation room will require an enclosed anteroom containing a storage area for supplies. Hand hygiene facilities will also be provided in each room and anteroom.
- 2.5.3.8(2) In case of an airborne pandemic outbreak, a zone containing a minimum of 15 beds will have negative pressurization capability to isolate the half of the unit from the surrounding areas. Each 15-bed zone will have the following:
 - 2.5.3.8(2)(a) Support spaces including medication and utility rooms shall be within the airborne Outbreak Control Zone.

- 2.5.3.8(2)(b) The Outbreak Control Zone will be bounded by construction that allows the mechanical ventilation systems to create negative pressure within a zone relative to adjacent floor areas.
- 2.5.3.8(2)(c) The Outbreak Control Zone will contain space that can be converted into an anteroom (e.g., double set of powered doors) adjacent to the entrance to the zone and will be equipped with a hand hygiene sink and space for PPE storage. The anteroom shall be large enough to accommodate a stretcher when both sets of doors are closed.
- 2.5.3.8(2)(d) Both sets of power doors shall have automatic opening when an access control card is swiped. Card readers will be located on the entry side of the first set of doors and on the exit side of the second set of doors far enough away from the doors to allow them to open before a stretcher is present. Under normal operations, the doors will remain open but will be closed when the Outbreak Control Zone is in use.
- 2.5.3.8(2)(e) One airborne isolation patient room and one bariatric patient room. The zone containing the remaining 15 beds will include one airborne isolation bariatric patient room and one airborne isolation patient room.

2.5.3.9 Building Systems

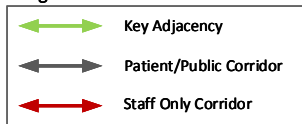
- 2.5.3.9(1) Data and power to accommodate an electronic medical record will be supplied in observation alcoves and at patient headwalls
- 2.5.3.9(2) HVAC systems should be designed and configured to ensure that drafts are not directed over the patient bed or sitting area

2.5.3.10 Functional Component Diagram

- 2.5.3.10(1) The spatial organization of this Component will be generally as shown in the diagram below. The diagram illustrates conceptual relationships, and shall not be treated as a floor plan. See legend for key internal adjacencies.



Legend:



2.5.4 Schedule of Accommodations

2.5.4.1 Provide the following spaces, numbers of spaces, net areas, and space contents as minimum requirements. Note the indented spaces indicate the space is internally connect to the space listed above.

Ref. No	Space	Space Program			Remarks
		units	nsm/unit	nsm	
	B. Medical Mental Health Adaptive Inpatient Unit				
	<u>Unit Entrance/Patient & Visitor Support Area</u>				
01	Patient/Visitor Waiting Room	1	16.0	16.0	Seating for up to 8 with variety of seating configurations - Television viewing area; glazing to separate from corridor. Secure entry and overview from video intercom at the unit clerk workstation along with remote door release
02	Alcove, Hand Hygiene Sink	1	1.5	1.5	Incl. hand hygiene sink, Personal Protective Equipment, Infection Protection and Control signage
03	Washroom, Patient/Visitor	1	4.6	4.6	1 toilet, 1 sink, accessible
	Subtotal, Unit Entrance/Patient & Visitor Support Area			22.1	
	<u>Central Staff Support Area</u>				
04	Workstation, Unit Clerk	1	9.2	9.2	Serves as floor/unit reception - Main Public Reception - 2 workstations with transaction window, collocate with Care Team Station with acoustical separation from Care Team Station
05	Alcove, Pneumatic Tube Station	1	1.9	1.9	Incl. Millwork. Requires acoustical separation from Care Team Station and unit clerk workstations
06	Care Team Station	2	18.4	36.8	Collocate with Care Team Workroom. Fully enclosed with secure glass and transaction window. Incl. 4 workstations each; incl. 16 purse lockers
07	Care Team Workroom	1	27.6	27.6	Quiet work area with 6 workstations - Confidential area - acoustical separation from Care Team Stations, directly adjacent to both Care Team Stations
08	Workstation, Learners	2	4.6	9.2	Incl. computer, power, data, cabinet for personal items
09	Workstation, Touchdown	2	4.6	9.2	Enclosed workstation for sound privacy, computer, power, data; use for dictation, etc.
10	Team Conference/Family Education Room	1	24.0	24.0	Seating for up to 12 people - Conference table - Serviced for tele/video conferencing, workstation

Ref. No	Space	Space Program			Remarks
		units	nsm/unit	nsm	
11	Photocopy Room	1	7.0	7.0	Accommodates business equipment, supplies, and large confidential shredding bin; Millwork shall be designed for easy access to forms, paper, toner and other supplies; - Temporary chart holding area. Co-locate with CTS or Unit Clerk
12	Alcove, Crash Cart	1	1.9	1.9	Incl. data ports and electrical outlets, locate adjacent to service elevators.
13	Office, Private, Unit Manager	1	10.0	10.0	Incl. workstation, files storage - Accommodates meetings with up to 2 people
14	Office, Shared CNE and PCC	1	12.0	12.0	Incl. 2 workstations, files storage - Accommodates meetings with up to 2 people
15	Office, Shared, Learners/Care Providers	1	13.8	13.8	Incl. table and chairs, seating for 4-6, monitors, computers
16	Washroom, Staff	1	4.6	4.6	1 sink, 1 toilet, accessible
	Subtotal, Central Staff Support Area			167.2	
	<u>Activity Zone</u>				
17	Dining/Multipurpose Area	1	40.0	40.0	Open area no doors required. Seating for minimum of 20, hand hygiene sink
18	Nourishment Room	1	5.0	5.0	Millwork counter with double sink, upper storage cabinets above the counter, full-size refrigerator (lockable) and microwave oven - Small kitchen appliances, ice dispenser with filtered water - Lower cabinets with pull out wire drawers/bins, secure with door when not in use; - Co-located with Dining Room
19	Food Servery	1	20.0	20.0	Co-locate with Dining/Multipurpose room. Requires transaction counter for self-service with sliding glass window; Incl. counter with sink, convection ovens, supplies, refrigerator, power, data. Bulk food will be delivered and plated and delivered to patients. Ware washing will occur in central food services area.
20	Rehabilitation Room	1	45.0	45.0	Open plan with rehabilitation assessment and treatment stations with a non-functioning tub with grab bars on two sides – 2 workstations – Hand Hygiene station – Separate secured storage area for clean linen and supplies, room requires hard ceilings and full height backing in all walls. Two entrances – accessible

Ref. No	Space	Space Program			Remarks
		units	nsm/unit	nsm	
					from both staff only and patient/public corridors.
21	Storage, Equipment, PT/OT	1	15.0	15.0	Incl. counter with utility sink for cleaning equipment. Medical equipment storage such as walkers, canes transfer lifts, wheelchairs
22	Snoezelen Room	1	12.0	12.0	Provide space for 2-3 people with lockable storage cabinets for visual and tactile stimulation tools – Provide 2 means of egress, doors with viewing window with integral blinds – Room to be designed and constructed with anti-ligature provisions, provide Video Intercom with viewing at Care Team Station.
23	Activity Room	1	15.0	15.0	Enclosed lockable room with games table, seating, TV, Musical Instruments for non-programmed leisure activities
24	Consult/Interview Room	2	12.0	24.0	Room for consults – Seating for up to 6 people. Requires two points of egress (can be into adjacent room if unable to provide into corridor).
25	Washroom, Patient/Visitor	1	4.6	4.6	1 sink, 1 toilet, accessible
	Subtotal, Activity Zone			180.6	
	<u>Central Inpatient Unit Support Area</u>				
26	Storage, Equipment	1	35.0	35.0	Charging stations throughout room for mobile/electrical equipment - Shelving; can be distributed
27	Laundry, Personal Clothing	1	9.3	9.3	2 commercial washers and 2 commercial dryers - Counter for folding, floor drain.
28	Medication Room	2	16.0	32.0	Millwork, standing-height counter, computer workstations, 3 glucometers, hand hygiene sink, small-size refrigerator mounted on pedestal to bring to ergonomic height, monitored by BMS, 3-piece automated medication dispensing cabinets plus future tower, recessed narcotic cabinet and wall-mounted storage (adjustable wire shelving), glazing for visibility where possible – Automatic opener – Controlled access to this room, access from patient/public corridor and clean utility room. Space for future drug disposal system.

Ref. No	Space	Space Program			Remarks
		units	nsm/unit	nsm	
29	Utility Room, Clean	2	15.0	30.0	Wall-mounted wire bin storage system for top up (adjustable wire shelving) – Accommodation for wire cart with adjustable shelves. Accessible from patient/public corridor.
30	Utility Room, Soiled	3	12.0	36.0	Hand hygiene sink at entry – Stainless steel counter with marine edge and utility sink, Personal Protective Equipment cabinets – Lower cabinets with wire bin pull out shelves except below utility sink – fluid waste disposal system – access to Personal Protective Equipment for unit based decontamination and cleaning – Enclosed patient waste disposal unit, Controlled access to this room – accessible from patient/public corridor, automatic door opener.
31	Alcove, Wheelchair/Stretcher Holding	1	12.0	12.0	Accommodates up to 4 stretchers and 8 wheelchairs - Locate adjacent to service elevator
32	Housekeeping Room	1	12.0	12.0	Hand hygiene sink at entry - Wire cart with adjustable shelving and storage of supplies Floor (service) sink - Pre-mixed automatic system for dispensing chemical supplies - Accommodates housekeeping carts, ladders, floor cleaning machine, and cleaning supplies - Located in close proximity to service elevators - Controlled access to this room
33	Soiled Holding Room	1	9.0	9.0	Accommodates staged storage for bins of garbage, soiled linen, biohazardous waste, recyclables etc. - Located in close proximity to service elevators - Controlled access to this room
	Subtotal, Central Inpatient Unit Support Area			175.3	
	<u>Clinical Space</u>				
34	Patient Room, Private	26	21.4	556.4	1 patient bed with wardrobe, medical headwall with gases, electrical, data and nurse call with space for storage of minimal medical/surgical supplies - Hand hygiene sink at entrance - family zone for participation/visiting ; Headwall to have the ability to be secured when patient is unsupervised – all fixtures, fittings, and equipment to be anti-ligature breakaway design features and installed to maintain

Ref. No	Space	Space Program			Remarks
		units	nsm/unit	nsm	
					public safety – room finishes must be abuse resistant – room to be configured with anti barricade and anti concealment measures – nurse call need ability to turn on/off with external switch
35	Washroom, Patient	26	5.6	145.6	1 toilet, 1 sink, 1 shower - All fixtures, fittings and equipment to be anti-ligature and installed to maintain patient safety- H/C Accessible
36	Patient Room, Private, Bariatric	1	31.0	31.0	1 patient bed with wardrobe, medical headwall with gases, electrical, data and nurse call with space for storage of minimal medical/surgical supplies - Hand hygiene sink at entrance - family zone for participation/visiting; Headwall to have the ability to be secured when patient is unsupervised – all fixtures, fittings, and equipment to be anti-ligature breakaway design features and installed to maintain public safety – room finishes must be abuse resistant – room to be configured with anti barricade and anti concealment measures – nurse call need ability to turn on/off with external switch
37	Washroom, Patient, Bariatric	1	7.5	7.5	1 toilet, 1 sink, 1 shower with provision for bariatric commode - All fixtures, fittings and equipment to be anti-ligature and installed to maintain patient safety- H/C Accessible - Floor requires higher floor loading rating
38	Patient Room, Bariatric/Airborne Isolation	1	31.0	31.0	1 patient bed with wardrobe, medical headwall with gases, intercom, electrical, data and nurse call with space for storage of minimal medical/surgical supplies - Hand hygiene sink at entrance - family zone for participation/visiting; Headwall to have the ability to be secured when patient is unsupervised – all fixtures, fittings, and equipment to be anti-ligature breakaway design features and installed to maintain public safety – room finishes must be abuse resistant – room to be configured with anti barricade and anti concealment measures – nurse call need ability to turn on/off with external switch. Negative pressure

Ref. No	Space	Space Program			Remarks
		units	nsm/unit	nsm	
39	Anteroom	1	5.0	5.0	Entry alcove for gowning - Hand hygiene sink
40	Washroom, Patient, Bariatric	1	7.5	7.5	1 toilet, 1 sink, 1 shower with provision for bariatric commode - All fixtures, fittings and equipment to be anti-ligature and installed to maintain patient safety- H/C Accessible - Floor requires higher floor loading rating
41	Patient Room, Private, Airborne Isolation	2	21.4	42.8	1 patient bed with wardrobe, medical headwall with gases, electrical, intercom, data and nurse call with space for storage of minimal medical/surgical supplies - Hand hygiene sink at entrance - Sized to allow for family participation/visiting; Headwall to have the ability to be secured when patient is unsupervised – all fixtures, fittings, and equipment to be anti-ligature breakaway design features and installed to maintain public safety – room finishes must be abuse resistant – room to be configured with anti barricade and anti concealment measures – nurse call need ability to turn on/off with external switch. Negative pressure
42	Washroom, Patient	2	5.6	11.2	1 toilet, 1 sink, 1 shower - All fixtures, fittings and equipment to be anti-ligature and installed to maintain patient safety- H/C Accessible
43	Anteroom	2	5.0	10.0	Entry alcove for gowning - Hand hygiene sink
44	Alcove, Observation	15	1.4	21.0	Wall mounted desk counter height with lockable drawers; provide storage small equipment. Direct visual access into patient's room through glazing with integral blinds control from alcove side - Shared by 2 mirrored patient rooms; ability to secure from confused patients.
45	Alcove, Portable/Wheeled Equipment or Clean Supplies	15	2.0	30.0	Incl. data ports and electrical outlets; distributed in patient corridors, one alcove per 15 beds, must accommodate linen exchange carts, distributed in the corridor across from and near the patient rooms/observation alcoves.
46	Alcove, Seating	2	2.0	4.0	Incl. bench seating
47	Washroom, Staff	2	4.6	9.2	1 sink, 1 toilet, accessible
	Subtotal, Clinical Space			912.2	

Ref. No	Space	Space Program			Remarks
		units	nsm/unit	nsm	
	<u>Staff Amenity Area</u>				
48	Staff Room	1	28.0	28.0	Seating for up to 14 people combination of dining table and chairs and soft seating, TV - Kitchenette with double sink, dishwasher, microwave oven, two full-size refrigerators; controlled staff only access
49	Locker Area	1	15.6	15.6	Accommodates up to 45 half-size lockers or combination of half-size and purse-size - coat and boot racks; controlled staff only access
50	Washroom, Staff	2	5.6	11.2	1 sink, 1 toilet, 1 shower; accessible
	Subtotal, Staff Amenity Area			54.8	
	Total nsm, Medical/Mental Health Adaptive Inpatient Unit			1512.2	

2.6 C. MATERNAL AND CHILD HEALTH INPATIENT UNIT

2.6.1 Functional Description

2.6.1.1 This specification outlines the requirements for the Maternity Care Unit and Neonatal Intensive Care Unit (NICU). This Functional Component describes facilities developed for purposes of supporting women's health through all stages of pregnancy, delivery, post-partum and ante-partum care. Facilities for the early care and treatment of neonates are also included.

2.6.1.1(1) The Maternal and Child Health Inpatient Unit will consist of the following:

2.6.1.1(1)(a) A Maternity Care Unit consisting of 6 Labour/Delivery/Recovery (LDR) rooms and 14 private ante/post-partum rooms

2.6.1.1(1)(b) A Neonatal Intensive Care Unit (NICU) consisting of 12 bassinette positions using a combination of private and open rooms

2.6.1.2 Development of Maternity Care Unit portion assumed a model of care based on labour, delivery and recovery (LDR) concepts.

2.6.1.3 The Maternity Care Unit will function as a regional resource admitting patients from the entire catchment area. The unit will provide facilities for the labour, delivery,

recovery and post-partum care of women. Pre-labour care of women assessed with complex or high-risk pregnancies will also be accommodated.

- 2.6.1.4 Neonates requiring constant monitoring and/or treatment following delivery (e.g., premature births, neonates with low birth weights, neonates presenting with delivery-related trauma or suspected infections) will be accommodated in the NICU. Well babies who will not room-in with their mothers (e.g., babies surrendered for adoption and apprehensions) will be cared for in the NICU.
- 2.6.1.5 Midwifery will be a component of care for some mothers admitted to the unit. This component will also accommodate interdisciplinary staff support, and visitor support facilities.
- 2.6.1.6 Vaginal deliveries will be accommodated within this Component, whereas scheduled and emergency Caesarean sections will be conducted in the Hospital's Surgical Services Functional Component.

2.6.2 Operational Description

2.6.2.1 Minimum Hours of Operation

- 2.6.2.1(1) The Maternity Care and Neonatal Intensive Care Units will be staffed 24-hours per day, 7-days per week.

2.6.2.2 Patient and Provider Processes and Flows

- 2.6.2.2(1) Patients will be admitted to the Maternity Care Unit by direct admission, unscheduled admissions or through transfers from other facilities. Admitted patients will initially report to the Team Care Station or Unit Clerk upon arrival on the unit.
- 2.6.2.2(2) Patients will also access the Triage/Observation area for assessments at any time during pregnancy, for non-stress testing or when in early or advanced labour.
- 2.6.2.2(3) In emergency situations or during times of over census, Triage and Post/Ante- Partum rooms shall support deliveries.
- 2.6.2.2(4) Patients who come in to the Hospital in early labour may be held in the Triage/Observation area and then transferred to a LDR room or transferred to the OR for emergency C-section or in some cases sent home.
- 2.6.2.2(5) One to one care is provided in the LDR rooms.
- 2.6.2.2(6) Once mother and baby have recovered in the LDR, both will be transferred to the Post-partum room and will remain together until discharge.

- 2.6.2.2(7) Scheduled C-section patient will be directly admitted to a Post-partum room where they can store their belongings and change in preparation for surgery. Post C-section patients will return to their assigned room for post-partum care.
- 2.6.2.2(8) Neonates will be admitted to the NICU from the LDR rooms, Operating Rooms, or transferred from another facility. The staffing ratio in the NICU is 1:2 or 1:3 nurse to patient depending on acuity; if a baby is ventilated the ratio is 1:1.
- 2.6.2.2(9) In the Maternity Care Unit and the NICU family members will be encouraged to participate in care of mothers and newborns, visit and engage in light recreation and assist with ambulation. Post-partum mothers will remain in the Maternity Care Unit until discharged. The NICU, which will accommodate rooming-in by healthy, stable, post discharge mothers.
- 2.6.2.2(10) The Maternity Care Unit will be managed from a Central Staff Support Area will include the Unit Clerk, Patient Care Coordinator, Unit Manager and other work areas for staff. The Central Staff Support Area will be the coordination centre for the unit, handling admissions, discharges, and information dissemination.
- 2.6.2.2(11) The Care Team Station, within the support area, will act as the reception point for the Maternity Care unit. A Care Team Workroom will be directly adjacent to the Care Team Station and will be a quieter work area for staff.
- 2.6.2.2(12) In the NICU, the Care Team Station will act as the reception point for the unit. Staff in the Care Team Station will have sightlines to the main entrance to the unit.

2.6.2.3 Patient Information Management

- 2.6.2.3(1) The Maternity Care and Neonatal Intensive Care units will accommodate both paper-based and electronic charting and records management.
- 2.6.2.3(2) Computer terminals and the provision for computers will be located throughout the unit. Specifically, at workstations, the Care Team Stations, observation alcoves and medication rooms. Staff will use the patient information systems for ordering, scheduling of tests, procedures and medications.
- 2.6.2.3(3) Staff will utilize a wireless communication system.

2.6.2.4 Clinical and Non-Clinical Support Processes and Flows

- 2.6.2.4(1) Pharmacy Services – no additional considerations
- 2.6.2.4(2) Diagnostic Imaging Services
 - 2.6.2.4(2)(a) Imaging for this Functional Component’s Fetal Assessment Service (FAS), will be accommodated using portable ultrasound equipment.
- 2.6.2.4(3) Laboratory Services
 - 2.6.2.4(3)(a) Laboratory staff will access patients at the bedside for specimen procuring. All specimens will be either manually transported or transported via pneumatic tube back to the Laboratory for testing
- 2.6.2.4(4) Physiotherapy and Occupational Therapy – no additional considerations
- 2.6.2.4(5) Respiratory Therapy
 - 2.6.2.4(5)(a) Respiratory Technologists will support NICU patients on the following devices: ventilators, CPAP and Opti-Flo.
- 2.6.2.4(6) Speech-Language Pathology – no additional considerations
- 2.6.2.4(7) Social Work
 - 2.6.2.4(7)(a) Social Workers will provide consultations on NICU patients, conduct high risk population assessments and assist mothers and families, including for services such as securing rental accommodations and breast pumps
- 2.6.2.4(8) Dietitian Services - no additional considerations
- 2.6.2.4(9) Audiology
 - 2.6.2.4(9)(a) Audiologists will perform hearing assessments on neonates. Assessments will be conducted at the bedside.
- 2.6.2.4(10) Public Health Nursing
 - 2.6.2.4(10)(a) Public health nurses will work with the care teams and will consult on the continued well-being of patients and families beyond their immediate hospital stay. They will conduct assessments and will plan ways through which the concerns can be

resolved or minimized. A public health nurse will promote Infection Prevention and Control, health maintenance and health coaching in both hospital and during home care visits.

2.6.2.4(11) Lactation Support Services

- 2.6.2.4(11)(a) While admitted to the Hospital, new mothers will have access to a Lactation Support Program. Services offered by this program will include:
- (a).1 Providing breastfeeding support and education to mothers
 - (a).2 Working with mothers to prevent and manage breastfeeding problems
 - (a).3 Supporting breastfeeding infants with special health care needs, such as congenital heart disease and prematurity
 - (a).4 Helping mothers maintain milk supply when separated from their babies
 - (a).5 Teaching mothers how to use breast pumps
 - (a).6 Assisting mothers in finding breast pumps and equipment
 - (a).7 Teaching educational programs for health care providers
 - (a).8 Supporting employees who return to work after maternity leave and who wish to continue breastfeeding their baby through the Employee Lactation Support Program
- 2.6.2.4(11)(b) g) Doula Services
- (b).1 Doulas will provide non-medical support to mothers and to families throughout all stages of pregnancy, labour, delivery and post-partum care. The presence of Doulas will be accommodated in all LDR rooms and in the ante/post-partum rooms. Doulas may accompany mothers undergoing Caesarean sections to the Surgical Services Functional Component.
- 2.6.2.4(11)(c) h) Aboriginal Health Support
- (c).1 All care programs at the Hospital will support delivery of services in an environment of cultural competency. Traditional practices, ceremonies and special dietary needs will be accommodated throughout all areas of the Maternal and Child Health Services

Functional Component. While admitted to the Hospital, patients and their families will have access to Aboriginal Patient Navigators (APNs) who will help develop understandings about the hospital care system and specific treatments. APNs will also play a key role in discharge planning ensuring continuity of care beyond hospitalization.

- 2.6.2.4(12) Biomedical Engineering Services – no additional considerations
- 2.6.2.4(13) Material Management Services – no additional considerations
 - 2.6.2.4(13)(a) Consumable Supplies -- no additional considerations
 - 2.6.2.4(13)(b) Equipment – no additional considerations
 - 2.6.2.4(13)(c) Waste Management - no additional considerations
 - 2.6.2.4(13)(d) Laundry and Linen Services - no additional considerations
- 2.6.2.4(14) Housekeeping Services - no additional considerations
- 2.6.2.4(15) Food Services
 - 2.6.2.4(15)(a) Two nourishment alcoves will be stocked by Nutrition Services. Consumables, such as paper cups, napkins, plates, etc. are topped up by Logistics. The nourishment alcoves will be equipped with refrigerators, microwave ovens, hot water tap, coffee maker and cube/ice chip machine(s). Nurses, patients and family will have access to these self-service stations.
- 2.6.2.4(16) Nurse Administration Hospital Porters – no additional considerations
- 2.6.2.4(17) Information Management – no additional considerations
- 2.6.2.4(18) Security Services
 - 2.6.2.4(18)(a) The Maternal and Child Health Inpatient Unit will be a secured unit with respect to public access and egress. All points of access/egress to/from the outside and to/from General Circulation will be locked and controlled from workstations located at each Care Team Station. The NICU will be a locked

zone within this Functional Component. Each access point will be equipped with video intercom and remote door release allowing public to access as and when deemed appropriate.

- 2.6.2.4(18)(b) All areas of the Maternal and Child Health Inpatient Unit and the NICU will be serviced by an infant/child protection system. All access points to the Component will be controlled at all times.
- 2.6.2.4(18)(c) Access of family members to the NICU will be restricted to the front entry unless accompanied by a staff member.
- 2.6.2.4(18)(d) While staff must be able to move easily between the clinical spaces, security measures must ensure that this circulation is strictly controlled and unavailable to patients and visitors.
- 2.6.2.4(18)(e) The security of both patients and staff must be assured. Security personnel will respond to code white alarms and personal duress calls.
- 2.6.2.4(18)(f) Staff will carry personal duress devices and have access to code white buttons.
- 2.6.2.4(18)(g) Swipe identity cards will be used for employee access to areas where family and patient access is restricted
- 2.6.2.4(18)(h) Infant RTLS tracking devices will be used to prevent infant abductions from the unit.

2.6.3 Functional Component Design Requirements

2.6.3.1 External Relationships

- 2.6.3.1(1) The following is a summary of other Functional Components in the Hospital that have a functional relation with Maternal and Child Health Services. The relationships are listed in order of descending priority.
 - 2.6.3.1(1)(a) Convenient Access by Restricted Circulation to the Surgical Services to facilitate the movement of mothers requiring emergency or elective Caesarean sections.

- 2.6.3.1(1)(b) Convenient Access via General Circulation, for the ease of movement of staff and patients, to the following areas:
 - (b).1 Emergency Department,
 - (b).2 Diagnostic Imaging,
 - (b).3 Respiratory Therapy Services, and
 - (b).4 Pediatric Inpatient Unit
- 2.6.3.1(1)(c) Convenient Access by General Circulation to the New Facility's main entrance to enable the movement of admitted patients, their escorts and visitors.

2.6.3.2 Key Environmental Requirements

- 2.6.3.2(1) The following subjects have been identified as specific criteria for the layout and design of this Functional Component.
- 2.6.3.2(2) Zones of Activity within the Maternity Care Unit
 - 2.6.3.2(2)(a) Unit Entrance/Patient & Visitor Support Area
 - 2.6.3.2(2)(b) Central Staff Support Area
 - 2.6.3.2(2)(c) Triage/Observation Area
 - 2.6.3.2(2)(d) Central Inpatient Unit Support Area
 - 2.6.3.2(2)(e) Clinical space
 - 2.6.3.2(2)(f) Staff Amenity Area (shared between Maternity Care Unit and NICU)
- 2.6.3.2(3) Zones of Activity within the NICU
 - 2.6.3.2(3)(a) Main NICU
 - 2.6.3.2(3)(b) Intermediate Care Area

2.6.3.3 General Physical Organization

- 2.6.3.3(1) A hand hygiene sinks will be located at this Functional Component's entrances along with an alcove for Infection Prevention and Control information and respiratory protective equipment (i.e., Respiratory Center).
- 2.6.3.3(2) At the entrance to the NICU, an alcove with hand hygiene is required. All visitors to the NICU must abide by hand hygiene requirements.

- 2.6.3.3(3) Maternity Care Unit shall group the LDR patient rooms together along with support spaces required for the operations of those rooms including the Mediation Room. The Care Team Station shall have a closer adjacency to the LDR rooms than the Post/Ante Partum rooms. The Post/Ante Partum rooms shall also be grouped together with required support spaces.
- 2.6.3.3(4) The Triage/Observation Area shall be located close to the public entrance for ease of wayfinding for patients and family entering the unit and to the LDR area. This is important after hours when staff numbers are decreased.
- 2.6.3.3(5) The Triage/Observation workstation shall be located with the exam rooms.
- 2.6.3.3(6) The Unit Clerk shall be collocated with the Care Team Station and shall have observation of the main entry either directly or via IP video surveillance.
- 2.6.3.3(7) The Care Team Station in the Maternity Care Unit shall be located centrally, at a cross corridor location, for observation of the Labour/Delivery/Recovery (LDR) rooms and as many of the private ante/post-partum rooms as possible. Locate near the Triage/Observation area for monitoring of patients.
- 2.6.3.3(8) All LDR and Post-Ante Partum inpatient private rooms shall have windows providing direct access to natural light and views from the patient bed. Refer to Schedule 3 section 5.4.1.4
- 2.6.3.3(9) The Education/Conference room will be used for inpatients education sessions. This room shall be located close to the Post/Ante Partum rooms.
- 2.6.3.3(10) In the NICU, Observation Alcoves shall be designed with dimmable lighting and windows with integral blinds to facilitate assessment without disturbing babies or parents and shall have power and data for electronic health record access.
- 2.6.3.3(11) Additionally, cameras are required for all 12 bassinette positions. The cameras shall only focus on the babies and can be viewed at both the main NICU Care Team Station and at the Support Area in the Intermediate Care Area.
- 2.6.3.3(12) The Care Team Station in the NICU shall have sightlines to the NICU entry and to the Intermediate Care Area. The layout of the Care Team Station shall ensure adequate circulation space around the station.

- 2.6.3.3(13) Video Intercom with remote door release controlling the main NICU entrance, shall be located at the main Care Team Station and at the Care Team Station in the Intermediate Care Area.
- 2.6.3.3(14) To the extent possible, demonstrate in the design the concept of Front of House and Back of House by placing staff workspaces, touchdown stations, education spaces, and amenities away from public areas. Front of House areas such as patient rooms, triage area, and public waiting areas shall be placed on patient/public corridors.
- 2.6.3.3(15) An efficient path of travel from LDR and OR to the NICU is critical for the safe transport of neonates to the unit.
- 2.6.3.3(16) The corridor linking the LDR rooms shall not be used as a main visitor/public corridor to access other parts of the unit.
- 2.6.3.3(17) Visitors to the NICU shall have direct access from the main entry of the Component to the NICU entry without passing by any LDR or Post/Ante Partum rooms.
- 2.6.3.3(18) Staff delivering of supplies, medications, linens, and food to the Maternity Care Unit and NICU shall use the staff/emergency/service Elevators and utilize back of house circulation.
- 2.6.3.3(19) Medication Rooms and Clean Utility Rooms shall be co-located. Medication Rooms shall have one door accessible from the staff/patient corridor and another door connecting to the Clean Utility Room so staff can easily retrieve supplies for the setup of IV medications. The Clean Utility Room shall have another door from the staff/patient corridor. Doors connecting the two rooms and connecting the Medication Room to the staff/patient corridor need to be automatic and secure. The door connecting the Clean Utility Room to the staff/patient corridor is not required to have an automatic opening mechanism. Clean supply and equipment alcoves shall be distributed across the units to ensure needed supplies and equipment is readily at hand.
- 2.6.3.3(20) All alcoves to have power and data for future flexibility. Supply Alcoves – to be deep enough to accommodate top-up linen carts and exchange linen carts, supply carts and equipment so that corridors remain clear.
- 2.6.3.3(21) To provide efficient and effective care, travel distances shall be minimized between inpatient beds and high touch support spaces such as medication rooms, clean and soiled utility rooms and equipment storage through decentralization of these spaces.

- 2.6.3.3(22) Doors into staff/restricted corridors shall be automatic and secure.
- 2.6.3.3(23) The Airborne Isolation Rooms in the Maternity Care Unit shall be located close to the staff/emergency/service elevators. The paths of travel to transfer a patient to an airborne isolation rooms shall not pass the public/passenger elevators, waiting/reception areas.
- 2.6.3.3(24) The staff room shall be located centrally and equidistant between the LDR rooms and the NICU.
- 2.6.3.3(25) At a minimum, a direct connection between the Neonatal Intensive Care Unit and the Maternity Inpatient Unit (post -partum rooms) is required in addition to the access to each from the public circulation.

2.6.3.4 Patient Room Configuration

- 2.6.3.4(1) The Maternity Care Unit shall be designed with 100% private patient rooms with own ensuite washrooms. Within each private patient room, there will be three zones: patient zone, provider zone and family zone.
- 2.6.3.4(2) In each LDR there will be a clinical zone (including in-room charting stations enabling staff to provide continuous visual observation without leaving the room), a family zone with sleeper and storage, a zone for sterile delivery set up, a neonatal assessment zone, bassinette area.
- 2.6.3.4(3) Each LDR room will be equipped with the supplies and equipment for monitoring labour, delivery and care of the newborn immediately after delivery. A supply storage unit with upper and lower cabinets with counter shall be located in the infant zone. Lower cabinets with counter shall be located in the delivery zone.
- 2.6.3.4(4) Two headwalls shall be built to accommodate medical gases and vacuum; one for the mother with O₂, N₂O and scavenging place on the family side, and one for the newborn.
- 2.6.3.4(5) The ensuite washroom shall have a tub that is accessible from three sides with minimum 1000mm clearance all sides and will also have a separate shower. Shower zone may be considered in the 1000mm clearance.
- 2.6.3.4(6) In the event of a baby in distress, the layout of the LDR room shall provide privacy of the mother by ensuring the baby's team do not have direct views to the foot of the mother's bed.

- 2.6.3.4(7) The Post/Ante Partum rooms shall be designed for mother and baby to room together with an additional sleeper chair for the other parent or caregiver.
- 2.6.3.4(8) Patients will be provided with exterior views from their beds. Shelf/counter space for patient's personal items (e.g., flowers, family pictures) will be provided on an adjacent wall opposite the foot of the bed.
- 2.6.3.4(9) Attractive options to encourage patient activation and promote patient independence will be included wherever possible. A seating area near the window for patient and visitor/family shall be provided. A chair that converts into bed is required for parent or caregiver rooming in in the Post /Ante Partum room.
- 2.6.3.4(10) The NICU will have private patient rooms equipped with bassinette, sleeper chairs for rooming in parents, breast feeding chair. Two headwalls to accommodate twins will be equipped with medical gases to support ventilation if required.
- 2.6.3.4(11) Each NICU room will have glass breakaway doors and a shared observation alcove with views into two rooms.
- 2.6.3.4(12) The Intermediate Care area will have 4 bassinette positions. One will be an enclosed by with three wall and glass breakaway doors. The other three bays will have privacy curtains.
- 2.6.3.4(13) The Intermediate Care area will have two doors; one to provide direct access for the NICU Care Team Station and the other to the staff/patient corridor.
- 2.6.3.4(14) Visual Monitoring and Security
 - 2.6.3.4(14)(a) Patient and Visitors who access the unit will be directed to the Care Team Station. Monitoring of the public entrance to the unit from the Care Team Station is required either through direct observation or IP Video surveillance system along with remote door release.
 - 2.6.3.4(14)(b) There shall be an infant abduction system installed through all areas of this Functional Component. Visitor access/egress to in clinical spaces and the NICU must be controlled at all times.
 - 2.6.3.4(14)(c) The Care Team Station shall be located centrally within the unit allowing nursing staff to oversee patient rooms.

- 2.6.3.4(14)(d) The Care Team Station shall have the least possible barrier between staff and patients without compromising staff safety.
- 2.6.3.4(14)(e) Staff security will be facilitated using nurse call and wireless staff communication system.
- 2.6.3.4(14)(f) All rooms designated for “staff only” must be lockable.

2.6.3.5 Sensory Environment

- 2.6.3.5(1) Both Maternity Unit and the NICU shall have a non-clinical environment. Technology should be hidden away as much as possible using Millwork adjacent to the head of bed and infant headwall. The design of Millwork, colour schemes and lighting shall promote the non-clinical feel.
- 2.6.3.5(2) LDR, Post-partum, and bassinette rooms must be sound attenuated to prevent sound transmission. Rooms will be constructed with a high level of sound isolation as prescribed by Schedule 3 and Appendix 3D – Acoustic and Noise Control Measures.
- 2.6.3.5(3) No overhead paging in the private patient rooms or the Intermediate Care area in the NICU.
- 2.6.3.5(4) Provide sound attenuation measures at pneumatic tubes stations.
- 2.6.3.5(5) Circadian lighting shall be installed in each private bassinette room and Intermediate Care area in the NICU.

2.6.3.6 Flexibility

- 2.6.3.6(1) Nursing staff shall provide cross coverage between LDR and Post-Partum Patients. Post-partum rooms can be used for deliveries if required in overflow situations.

2.6.3.7 Building Systems

- 2.6.3.7(1) Data and power to accommodate an electronic medical record will be supplied in observation alcoves and at patient headwalls
- 2.6.3.7(2) HVAC systems should be designed and configured to ensure that drafts are not directed over the patient bed or sitting area

2.6.3.8 Functional Component Diagram

2.6.3.8(1) The spatial organization of this Component will be generally as shown in the diagram below. The diagram illustrates conceptual relationships, and shall not be treated as a floor plan. See legend for key internal adjacencies.



2.6.4 Schedule of Accommodations

2.6.4.1 Provide the following spaces, numbers of spaces, net areas, and space contents as minimum requirements. Note the indented spaces indicate the space is internally connect to the space listed above.

Ref. No	Space	Space Program			Remarks
		units	nsm/unit	nsm	
	C. Maternal and Child Health Services				
	<u>Unit Entrance/Patient & Visitor Support Area</u>				
01	Patient/Visitor Waiting Room	1	16.0	16.0	Seating for up to 8 with variety of seating configurations - Television viewing area; glazing to separate from corridor. Secure entry and overview from video intercom at the unit clerk workstation along with remote door release
02	Alcove, Hand Hygiene Sink	1	1.5	1.5	Incl. hand hygiene sink, Personal Protective Equipment, Infection Protection and Control signage
03	Washroom, Patient/Visitor	1	4.6	4.6	1 toilet, 1 sink, accessible
	Subtotal, Unit Entrance/Patient & Visitor Support Area			22.1	
	<u>Central Staff Support Area - LDR & Post/Ante Partum Beds</u>				
04	Workstation, Unit Clerk	1	9.2	9.2	Serves as floor/unit reception - Main Public Reception - 2 workstations, collocate with Care Team Station with acoustical separation from Care Team Station
05	Alcove, Pneumatic Tube Station	1	1.9	1.9	Incl. Millwork. Requires acoustical separation from Care Team Station and unit clerk workstations
06	Care Team Station	1	23.0	23.0	Central station with up to 5 workstations - Site for allied health collaborative meetings/teaching - Confidential area; incl. 16 purse lockers
07	Care Team Workroom	1	23.0	23.0	Quiet work area with 5 workstations - acoustically separation from Care Team Station, directly adjacent to Care Team Station

Ref. No	Space	Space Program			Remarks
		units	nsm/unit	nsm	
08	Team Conference/Family Education Room	1	24.0	24.0	Seating for up to 12 people - Conference table - Serviced for tele/video conferencing, workstation, 1 set of medical gases required for training purposes, access to room for public/outpatients shall be from the public corridors/main entry. Visitors shall not enter the unit to gain access to the teaching space.
09	Workstation, Learners	2	4.6	9.2	Incl. computer, power, data, cabinet for personal items
10	Workstation, Touchdown	2	4.6	9.2	Enclosed workstation for sound privacy, computer, power, data; use for dictation, etc.
11	Photocopy Room	1	7.0	7.0	Co-locate with Unit Clerk workstation. Accommodates business equipment, supplies, and large confidential shredding bin; Millwork shall be designed for easy access to forms, paper, toner and other supplies; - Temporary chart holding area. Co-locate with CTS or Unit Clerk
12	Alcove, Crash Cart	1	1.9	1.9	Incl. data ports and electrical outlets, locate adjacent to service elevators.
13	Alcove, Emergency Carts	3	1.9	5.7	Incl. data ports and electrical outlets
14	Office, Private, Unit Manager	1	10.0	10.0	Incl. workstation, files storage - Accommodates meetings with up to 2 people
15	Office, Shared, PCC/CNE	1	13.8	13.8	Incl. 3 workstations, files storage - Accommodates meetings with up to 2 people
16	Office, Shared, Learners	1	13.8	13.8	Incl. table and chairs, seating for 4-6, monitors, computers
17	Office, Touchdown, Care Providers	1	13.8	13.8	Up to 3 workstations
18	Education/Conference Room	1	12.0	12.0	For post-partum patient group education. Locate conveniently to near Post/Antepartum rooms. Millwork for secured storage of educational equipment/ material
	Subtotal, Central Staff Support Area - LDR & Post/Ante Partum Beds			177.5	

Ref. No	Space	Space Program			Remarks
		units	nsm/unit	nsm	
	<u>Triage/Observation Area</u>				
19	Workstation, Triage/Observation	1	4.6	4.6	1 workstation with computer and charting area
20	Alcove, Clean Linen/Supplies	1	2.0	2.0	
21	Exam Room, Triage/Observation	6	14.0	84.0	Accommodates patient for exam or fetal non-stress testing (NST) – Includes area for 1 labour bed or 2 recliners – Enclosed room with breakaway glass door – Headwall with medical gases including N2O, suction, scavenging system and nurse call system – Hand hygiene sink 3 per six rooms.
22	Washroom, Patient	1	5.6	5.6	1 toilet, 1 sink, 1 shower - accessible (for all triage positions)
	Subtotal, Triage/Observation Area			96.2	
	<u>Central Inpatient Unit Support Area - LDR & Post/Ante Partum Beds</u>				
23	Food Servery	1	20.0	20.0	Incl. counter with sink, convection ovens, supplies, refrigerator, power, data. Bulk food will be delivered and plated and delivered to patients. Ware washing will occur in central food services area.
24	Storage, Equipment	1	17.5	17.5	Can be combined NICU Equipment Storage room (if combined place close to NICU) Note: Does not include space in the Material Management Area of the Building and Public Support Services functional component dedicated for pediatric equipment storage

Ref. No	Space	Space Program			Remarks
		units	nsm/unit	nsm	
25	Medication Room	1	16.0	16.0	Millwork, standing-height counter, computer workstations, 3 glucometers, hand hygiene sink, small-size refrigerator mounted on pedestal to bring to ergonomic height, monitored by BMS, 3-piece automated medication dispensing cabinets plus future tower, recessed narcotic cabinet and wall-mounted storage (adjustable wire shelving), glazing for visibility where possible – Automatic opener – Controlled access to this room, access from staff-patient corridor and Clean Utility Room. Space for future drug disposal system.
26	Utility Room, Clean	2	15.0	30.0	Wall-mounted wire bin storage system for top up (adjustable wire shelving) – Accommodation for wire cart with adjustable shelves. Accessible from staff-patient corridor.
27	Utility Room, Soiled	1	28.0	28.0	Hand hygiene sink at entry – Stainless steel counter with marine edge and utility sink, upper cabinets – Lower cabinets with wire bin pull out shelves except below utility sink – fluid waste disposal system – Access to Personal Protective Equipment for unit based decontamination and cleaning – Enclosed patient waste disposal unit, Controlled access to this room – accessible from staff/patient corridor, automatic door opener.
28	Alcove, Wheelchair/Stretcher Holding	1	12.0	12.0	Accommodates up to 4 stretchers and 8 wheelchairs - Locate adjacent to service elevator
29	Housekeeping Room	1	12.0	12.0	Hand hygiene sink at entry - Wire cart with adjustable shelving and storage of supplies Floor (service) sink - Pre-mixed automatic system for dispensing chemical supplies - Accommodates housekeeping carts, ladders, floor cleaning machine, and cleaning supplies

Ref. No	Space	Space Program			Remarks
		units	nsm/unit	nsm	
					- Located in close proximity to service elevators - Controlled access to this room
30	Soiled Holding Room	1	9.0	9.0	Accommodates staged storage for bins of garbage, soiled linen, biohazardous waste, recyclables etc. - Located in close proximity to service elevators - Controlled access to this room
	Subtotal, Central Inpatient Unit Support Area - LDR & Post/Ante Partum Beds			144.5	
	<u>Clinical Space - LDR Post/Ante Partum Beds</u>				
31	Patient Room, LDR	5	31.4	157.0	1 patient bed, movable workstation, hand wash sink - locked medication storage, Area for neonate stabilization includes panda warmer, 2 Headwalls: 1 with medical gases including N2O, suction, scavenging system and nurse call system for mother and 1 with medical gases, suction, and nurse call system for infant - Storage for patient/family belongings.
32	Washroom, Patient, LDR	5	9.0	45.0	1 toilet, 1 sink, 1 shower, 1 tub accessible on three sides
33	Patient Room, LDR, Airborne Isolation	1	31.4	31.4	1 patient bed, movable workstation, hand wash sink - locked medication storage, Area for neonate stabilization includes panda warmer, 2 Headwalls: 1 with medical gases including N2O, suction, scavenging system and nurse call system for mother and 1 with medical gases, suction, and nurse call system for infant - Storage for patient/family belongings. Negative Pressure
34	Anteroom	1	5.0	5.0	Entry alcove for gowning - Hand wash sink
35	Washroom, Patient, LDR	1	9.0	9.0	1 toilet, 1 sink, 1 shower, 1 tub accessible on three sides

Ref. No	Space	Space Program			Remarks
		units	nsm/unit	nsm	
36	Patient Room, Private, Ante/Post-Partum	13	21.4	278.2	1 patient bed, bassinette, breast feeding chair, sleeper chair, wardrobe, supply cabinet - Hand hygiene sinks at entrance.
37	Washroom, Patient	13	5.6	72.8	1 toilet, 1 sink, 1 shower, accessible
38	Patient Room, Private, Ante/Post-Partum, Airborne Isolation	1	21.4	21.4	1 patient bed, bassinette, breast feeding chair, sleeper chair, wardrobe, supply cabinet - Hand hygiene sink at entrance. Negative pressure
39	Anteroom	1	5.0	5.0	Entry alcove for gowning - Hand wash sink
40	Washroom, Patient	1	5.6	5.6	1 toilet, 1 sink, 1 shower, accessible
41	Alcove, Nourishment	2	5.0	10.0	Millwork counter with double sink, upper storage cabinets above the counter, full-size refrigerator (lockable) and microwave oven - Small kitchen appliances, Individual ice dispenser with filtered water - Lower cabinets with pull out wire drawers/bins
42	Alcove, Portable/Wheeled Equipment or Clean Supplies	8	2.0	16.0	Incl. data ports and electrical outlets; distributed in patient corridors, one alcove per 15 beds, must accommodate linen exchange carts, distributed in the corridor across from and near the patient rooms/ observation alcoves.
43	Alcove, Blanket Warmer	2	2.0	4.0	
44	Alcove, Seating	2	2.0	4.0	Incl. bench seating
45	Washroom, Patient/Visitor	1	4.6	4.6	1 sink, 1 toilet, accessible
46	Washroom, Staff	1	4.6	4.6	1 sink, 1 toilet, accessible; entrance off staff only corridor.
	Subtotal, Clinical Space - LDR & Post/Ante Partum Beds			673.6	
	<u>Neonatal Intensive Care Unit</u>				
	<u>Main NICU</u>				
47	Entrance Vestibule	1	5.0	5.0	Secure entry to NICU. Incl. video intercom - remote door release from Care Team Station.
48	Alcove, Hand Hygiene Sink	1	1.5	1.5	Incl. hand hygiene sink, Personal Protective Equipment, Infection Protection and Control signage

Ref. No	Space	Space Program			Remarks
		units	nsm/unit	nsm	
49	Care Team Station, NICU	1	27.6	27.6	6 workstations, code pink cart - Includes Unit Clerk workstation; video intercom and remote door release; sightline to entrance to NICU and into Intermediate Care area; need acoustic separation for confidential discussions; incl. 16 purse lockers
50	Alcove, Pneumatic Tube Station	1	1.9	1.9	Incl. Millwork. Acoustical separation from clinical spaces is required
51	Medication Room	1	9.5	9.5	Millwork, standing-height counter with small utility, wall-mounted computer workstations, hand hygiene sink, under counter refrigerator, 1-piece counter top automated medication dispensing cabinet, recessed narcotic cabinet and wall-mounted storage (adjustable wire shelving), space for future drug disposal system, glass walled for visibility where possible – Automatic opener - Controlled access to this room, access from patient/public corridor and clean utility room.
52	Photocopy Room	1	7.0	7.0	Accommodates business equipment, supplies, and large confidential shredding bin; Millwork shall be designed for easy access to forms, paper, toner and other supplies; - Temporary chart holding area. Co-locate with CTS
53	Workstation, Touchdown	1	4.6	4.6	Enclosed workstation for sound privacy, computer, power, data; use for dictation, etc.
54	Alcove, Milk Preparation	1	1.9	1.9	Incl. data ports and electrical outlets, utility sink counter, lower cabinets. Shared by all mothers for milk preparation. Locate adjacent to the Intermediate Care Area.

Ref. No	Space	Space Program			Remarks
		units	nsm/unit	nsm	
55	Bassinette Room, Private	7	15.5	108.5	Accommodates care-by-parent - glass breakaway doors with lower panel frosted glass/upper panel with integral blinds, includes in- room hand hygiene, small fridge -3 rooms with double headwall for higher acuity infants located adjacent to Care Team Station
56	Bassinette Room, Private, Airborne Isolation	1	15.5	15.5	Accommodates care-by-parent - glass breakaway doors with lower panel frosted glass/upper panel with integral blinds, includes in- room hand hygiene, small fridge - Negative pressure
57	Anteroom	1	5.0	5.0	Entry alcove for gowning - Hand wash sink
58	Alcove, Observation	4	1.5	6.0	Wall mounted desk counter height with lockable drawers; provide storage small equipment. Direct visual access into patient's room through glazing with integral blinds control from alcove side - Shared by 2 mirrored patient rooms
59	Washroom, Family/Visitor	1	5.6	5.6	1 assisted toilet, 1 sink, 1 assisted shower - Provides support for bassinette positions
60	Alcove, Ice/Water Machine	1	1.5	1.5	Incl. plumbing for water line and power
61	Alcove, Donor Breast Milk Freezer	1	2.0	2.0	Incl. data ports and electrical outlets, adjacent to milk prep alcove (for future freezer)
62	Alcove, Portable/Wheeled Equipment or Clean Supplies	4	2.0	8.0	Incl. data ports and electrical outlets; distributed in staff/patient corridors, one alcove must accommodate linen exchange carts, locate across corridor from patient rooms/observation alcoves.
63	Alcove, Blanket Warmer	1	2.0	2.0	
64	Storage, Equipment	1	17.5	17.5	Can be combined LDR/Post/Ante Partum Equipment Storage room (if combined place close to NICU)

Ref. No	Space	Space Program			Remarks
		units	nsm/unit	nsm	
65	Utility Room, Clean	1	12.0	12.0	Wall mounted wire bin storage system for top up (adjustable wire shelving) - Accommodation for wire cart with adjustable shelves.
66	Utility Room, Soiled	1	12.0	12.0	Hand hygiene sink at entry - Stainless steel counter with marine edge and utility sink, upper cabinets - Lower cabinets with wire bin pull out shelves except below utility sink - fluid waste disposal system - Access to Personal Protective Equipment for unit based decontamination and cleaning - Enclosed patient waste disposal unit, Controlled access to this room - accessible from patient corridor, automatic door opener
67	Washroom, Staff	1	4.6	4.6	1 sink, 1 toilet, accessible
	Subtotal, Main NICU			259.2	
	<u>Intermediate Care Area</u>				
68	Bassinette Bay, enclosed	1	9.5	9.5	Enclosed room with breakaway glass door. Incl. dual medical gases on headwall, bassinette, breast feeding chair, cards and cabinets.
69	Bassinette Bay, open	3	9.5	28.5	Privacy curtains around each bay. Incl. dual medical gases on headwall, bassinette, breast feeding chair, carts
70	Support Area	1	15.0	15.0	Incl. hand hygiene sink, utility sink, and baby bath sink with counter, cabinets for storage for supplies; charting at adjustable height counter with two workstations with video intercom with remote door release of main NICU door.
	Subtotal, Intermediate Care Area			53.0	
	Subtotal, Neonatal Intensive Care Unit			312.2	
	<u>Staff Amenity Area</u>				
71	On-Call Room	3	9.0	27.0	1 standard bed with side tables - Lockable

Ref. No	Space	Space Program			Remarks
		units	nsm/unit	nsm	
72	Washroom, Staff	3	5.6	16.8	1 toilet, 1 sink, 1 shower, accessible
73	Staff Room	1	28.0	28.0	Seating for up to 14 people combination of dining table and chairs and soft seating, TV - Kitchenette with double sink, dishwasher, microwave oven, two full-size refrigerators; controlled staff only access
74	Locker Area	1	15.6	15.6	Accommodates up to 45 half-size lockers or combination of half-size and purse-size - coat and boot racks; controlled staff only access
75	Washroom, Staff	2	5.6	11.2	1 sink, 1 toilet, 1 shower; accessible
	Subtotal, Staff Amenity Area			98.6	
	Total nsm, Maternal and Child Health Services			1524.7	

2.7 D. MENTAL HEALTH & SUBSTANCE USE SERVICES - PSYCHIATRY INPATIENT UNIT

2.7.1 Functional Description

- 2.7.1.1 This Functional Component description includes facilities developed for purposes of supporting adult, including geriatric, patients whose behavioral and/or emotional condition(s) pose risks for the safety of either themselves or others; sources of risk may be due to either mental illness or substance dependency. The Psychiatry Inpatient Unit will be a regional resource accepting admissions from the immediate and surrounding communities (the Thompson Cariboo Health Service Delivery Area) and elsewhere within the Hospital including the Hospital's Emergency Department (ED).
- 2.7.1.2 The Psychiatry Inpatient Unit shall be organized into a 20-bed sub-unit and 10-bed sub-unit for higher acuity patients. Each sub-unit will also have a secure room.
- 2.7.1.3 Exclusion include:
 - 2.7.1.3(1) Patient presenting with co-morbidities and with a primary medical diagnosis will be placed on the Medical Mental Health Adaptive Inpatient Unit. Geriatric psychiatry inpatients who are cognitively impaired will be accommodated on the Medical Mental Health Adaptive Inpatient Unit.
 - 2.7.1.3(2) Electroconvulsive Therapy (ECT) will be a form of treatment provided to some patients. This procedure will not be accommodated in the Psychiatry Inpatient Unit, but in PARR.
- 2.7.1.4 The overall objective of discharge planning will be to return the client to an optimal level where they can be returned to the community, or in the case of the elderly, to their highest level of functioning. In many cases, continuity in post-discharge care using community-based resources will be a key part of the overall care plan.

2.7.2 Operational Description

2.7.2.1 Minimum Hours of Operation

- 2.7.2.1(1) The Psychiatry Inpatient Unit will be staffed 24-hours per day, 7-days per week.

2.7.2.2 Patient and Provider Processes and Flows

- 2.7.2.2(1) Most patients admitted to this Component will arrive from the Hospital's Emergency Department (ED) or will be a direct admit. The typical patient will be ambulatory, and will be escorted by family members, caregivers or, in extreme cases, by police or Protection Services personnel. For patients held in the ED's secure holding facilities prior to their arrival here, registration and

documentation will have been started or completed in the ED. All other patients will be documented upon arrival.

- 2.7.2.2(2) Upon arrival in the Component, patients will require an initial assessment to identify accommodation requirements and the beginning of a care plan. A Consult/Interview Room near to the staff/emergency/service elevator and patient belongings storage room shall be used for this purpose.
- 2.7.2.2(3) Patients who are deemed to require a higher level of care will be admitted to the 10-bed sub-unit. Otherwise patients will be assigned a room within the 20-bed sub-unit. Secure rooms will be provided for the most at-risk patients.
- 2.7.2.2(4) The main Care Team Station, within the support area, will act as the reception point for the unit. A Care Team Workroom will be directly adjacent to the Care Team Station and will be a quieter work area for staff.
- 2.7.2.2(5) The 20-bed inpatient sub-unit will be managed from a Central Staff Support Area will include the Unit Clerk, Patient Care Coordinator, Unit Manager and other work areas for staff. The Central Staff Support Area will be the coordination centre for the unit, handling admissions, discharges, and information dissemination.
- 2.7.2.2(6) The 10-bed sub-unit will be managed from its own Care Team Station. This unit will be self-contained, locked unit; patients can access the other facilities on the floor but only when escorted by staff or when granted permission.
- 2.7.2.2(7) All patients admitted to the inpatient unit will be under direct care of a Psychiatrist and or Physician. Each patient's care plan will be led by a Patient Care Coordinator with an interdisciplinary team of Psychologists, Registered Psychiatric Nurses, Registered Nurses, Licensed Practical Nurses, Nurse Practitioners, Care Aides, Transition Liaison Nurse, Unit Clerks, Support Clerks and other allied health professionals (i.e., Physiotherapy, Occupational Therapy, Social Work, Speech- Language Pathology, Audiology and Community Resource Partners). These latter team members will directly participate in patient care while on the unit, and will access assessment/treatment space as well as touchdown workstations.
- 2.7.2.2(8) Patient care, treatment, and assessments will be delivered to patients outside of their rooms in Patient Education Rooms, Assessment/Interview Rooms, Dining/Multipurpose Area, and Home Assessments Room.

- 2.7.2.2(9) Therapeutic sessions will employ both group and one-on-one sessions. Group sessions may involve other family members or other patients. Sessions will be conducted in either interview, assessment/treatment or group rooms. In some circumstances, therapeutic sessions will be conducted in a patient's room, although this practice will be avoided to maintain the inpatient room's role as an area of personal refuge.
 - 2.7.2.2(10) Patients who receive ECT will be transported to PARR in Surgical Services where they will receive their treatment, recovery and return to the unit. Patients will utilize the staff/emergency/service elevators.
- 2.7.2.3 Patient Information Management
- 2.7.2.3(1) The inpatient unit will accommodate both paper-based and electronic charting and records management.
 - 2.7.2.3(2) Computer terminals and the provision for computers will be located throughout the unit. Specifically, at workstations, the Care Team Stations, and Medication Rooms. Staff will use the patient information systems for ordering, scheduling of tests, procedures and medications.
 - 2.7.2.3(3) Staff will utilize a wireless communication system.
- 2.7.2.4 Clinical and Non-Clinical Support Processes and Flows
- 2.7.2.4(1) Pharmacy Services
 - 2.7.2.4(1)(a) Sorting of medications will be conducted in a Medication Room attached to the Team Care Station where patients will access their individual doses.
 - 2.7.2.4(2) Diagnostic Imaging Services – no additional considerations
 - 2.7.2.4(3) Laboratory Services – no additional considerations
 - 2.7.2.4(4) Physiotherapy and Occupational Therapy – no additional considerations
 - 2.7.2.4(5) Respiratory Therapy
 - 2.7.2.4(5)(a) Respiratory Therapists may see patients on this unit, e.g. asthma patients.
 - 2.7.2.4(5)(b) Ventilated patients will not be accommodated on the Psychiatry Inpatient Unit.

- 2.7.2.4(6) Speech-Language Pathology – no additional considerations
- 2.7.2.4(7) Social Work - no additional considerations
- 2.7.2.4(8) Dietitian Services - no additional considerations
- 2.7.2.4(9) Biomedical Engineering Services – no additional considerations
- 2.7.2.4(10) Material Management Services – no additional considerations
 - 2.7.2.4(10)(a) Consumable Supplies -- no additional considerations
 - 2.7.2.4(10)(b) Equipment – no additional considerations
 - 2.7.2.4(10)(c) Waste Management - no additional considerations
 - 2.7.2.4(10)(d) Laundry and Linen Services
 - (d).1 Personal laundry facilities will be incorporated into this Functional Component, as will dedicated facilities for secured storing of patients' belongings. To the extent practicable, each patient's items will be isolated to prevent cross contamination. The storage room will be environmentally controlled to satisfy Infection Prevention and Control standards and to control odor
- 2.7.2.4(11) Housekeeping Services - no additional considerations
- 2.7.2.4(12) Food Services
 - 2.7.2.4(12)(a) The enclosed Nourishment Room will be stocked by Nutrition Services. Consumables, such as paper cups, napkins, plates, etc. are topped up by Logistics. The Nourishment Room will be equipped with refrigerators, microwave ovens, hot water tap, coffee maker and cube/ice chip machine(s). Nurses, patients and family will have access to these self-service stations.
 - 2.7.2.4(12)(b) A Food Servery located near both Dining/Multipurpose Areas with a transaction counter to serve both the 20-bed sub-unit and the 10-bed sub-unit. Patients in the 20-bed sub-unit may pick up trays directly from the Servery and

bring to the dining room. Patients in the high acuity unit will be helped with their food trays.

2.7.2.4(12)(c) Or patients choosing more privacy during dining will be allowed to take meal trays to their rooms. Meal trays will be delivered from the cart to each Secure Room by nursing staff.

2.7.2.4(13) Nurse Administration Hospital Porters – no additional considerations

2.7.2.4(14) Information Management – no additional considerations

2.7.2.4(15) Security Services

2.7.2.4(15)(a) The Mental Health Inpatient Unit will be a secured unit with respect to public access and egress. All points of access/egress to/from the outside and to/from General Circulation, including exit stairs. Component entry doors shall be controlled from workstations located at and the Unit Clerk and each Care Team Station. Each access point will be equipped with video intercom and remote door release allowing public to access as and when deemed appropriate.

2.7.2.4(15)(b) The main public/visitor entrance will be under visual surveillance by staff at all Care Team Station. Staff working in these locations will have access to code white buttons.

2.7.2.4(15)(c) While staff must be able to move easily between the clinical spaces, security measures must ensure that this circulation is strictly controlled and unavailable to patients and visitors.

2.7.2.4(15)(d) The security of both patients and staff must be assured. Security personnel will respond to code white alarms and personal duress calls.

2.7.2.4(15)(e) Staff will carry personal duress devices and have access to code white buttons.

2.7.2.4(15)(f) Access control cards will be used for employee access to areas where family and patient access is restricted

- 2.7.2.4(15)(g) When appropriate patient RTLS tracking devices will be used to prevent patient wandering off the unit.

2.7.3 Functional Component Design Requirements

2.7.3.1 External Relationships

2.7.3.1(1) The following is a summary of other Functional Components in the Hospital that have a functional relation with the Psychiatry Inpatient Unit. The relationships are listed in order of descending priority.

- 2.7.3.1(1)(a) Direct Access by Internal Circulation to secured outdoor space must be provided, and this area must be designed around “harm reduction” principles.
- 2.7.3.1(1)(b) Convenient Access by Restricted Circulation to the Medical Mental Health Adaptive Inpatient Unit will enable the movement of staff and patients.
- 2.7.3.1(1)(c) Convenient Access by Restricted Circulation to the Hospital’s ED to enable discrete movement of new patient admissions.
- 2.7.3.1(1)(d) Convenient Access by General Circulation to the New Facility’s main entrance to enable the movement of admitted patients, their escorts and visitors.
- 2.7.3.1(1)(e) Convenient Access by Restricted Circulation to the Surgical Services Functional Component to enable discrete movement of patients receiving ECT.

2.7.4 Key Environmental Requirements

2.7.4.1(1) The following subjects have been identified as specific criteria for the layout and design of this Functional Component.

2.7.4.1(2) Zones of Activity within the Psychiatry Inpatient Unit

- 2.7.4.1(2)(a) Unit Entrance/Patient & Visitor Support Area
- 2.7.4.1(2)(b) Unit Hub & Professional Services Support Area
- 2.7.4.1(2)(c) Activity Zone

- 2.7.4.1(2)(d) Utility Services Support
- 2.7.4.1(2)(e) 20-bed Psychiatry Inpatient Sub-unit
- 2.7.4.1(2)(f) 10-bed High Acuity Psychiatry Sub-unit
- 2.7.4.1(2)(g) Staff Amenity Area

2.7.4.2 General Physical Organization

- 2.7.4.2(1) A hand hygiene sink will be located at this Functional Component's entrance along with an alcove for Infection Prevention and Control information and respiratory protective equipment (i.e., Respiratory Center).
- 2.7.4.2(2) To access the unit from the public/passenger elevator lobby area, visitors and patients will report to the Unit Clerk who will be able to grant access using a remote door release. All visitors entering the unit and patient returning to the unit, shall be monitored and granted access by the Unit Clerk or CTS.. All Entrances to the unit will be monitored by IP video monitor and controlled by remote door release from the unit clerk's station and the CTSs.
- 2.7.4.2(3) During the day patients will be able to leave the unit. For certain patients, a wander guard system will be used so patients cannot wander off the unit.
- 2.7.4.2(4) Afterhours the unit will be fully locked.
- 2.7.4.2(5) All 30 inpatient private rooms plus the two secure rooms shall have windows providing direct access to natural light and views from the patient bed. Refer to Schedule 3 section 5.4.1.4
- 2.7.4.2(6) Electronic water shut offs shall be included for all plumbing fixture in the patient's room and washrooms. The shut off will be controlled from the Care Team Stations.
- 2.7.4.2(7) All corridors, meeting and group rooms will meet security protocols (e.g., no telephones, computers, moveable tables, etc.) to ensure safety for staff and patients.
- 2.7.4.2(8) The Home Assessment room used by Occupational Therapy must be lockable.
- 2.7.4.2(9) A Hot Room is programmed to facilitate decontamination of patient belongings and shall be located adjacent to patient's personal belongings storage room. Locate both rooms with convenient access to the patient/service elevators.

2.7.4.2(10) Mechanical patient lifts will be conducted using portable lifts; no overhead lifts will be provided.

2.7.4.3 Visual Monitoring and Security

2.7.4.3(1) Mental health and substance use patients are potentially a risk to themselves and others. It is essential that the unit design, maintenance, and built environment is based on the mitigating all potential risks and reducing harm to patients, staff and visitors.

2.7.4.3(2) All spaces in this Functional Component must be designed and built in accordance with specifications cited in the Appendix 3H - Staff Safety Guidelines for Interior Health Facility Design, New Build or Renovation Projects.

2.7.4.3(3) Patients will desire varying degrees of socialization/isolation depending upon the status of their mental health. While inpatient rooms will function as areas of personal refuge, dining, activity and group rooms will provide opportunities for socialization. Congregation spaces must provide opportunities for patients to select the nature and amount of socialization; choices must not be limited to either in-room solitude versus large group gatherings.

2.7.4.3(4) Freedom of movement will be an important therapeutic consideration. Patients must be generally able to move around the unit and, under some conditions, be allowed to leave the Hospital. This controlled freedom of egress from the unit must not compromise overall security.

2.7.4.3(5) The design shall facilitate the ability lock down or secure specific zones within the Component.

2.7.4.3(6) Patient/Visitor washrooms in public areas of the Component shall all have anti-barricade doors. Patient ensuite washrooms will be anti-barricade and be designed to be anti-ligature.

2.7.4.3(7) Under normal operating hours, patients with permissions and visitors are able to leave the unit between the hours of 0700 and 2000. Wander guard system will prevent certain patients from exiting the unit. Outside of these hours all entrances will be locked and patients will not be able to leave the unit. Patients and visitors who wish to enter the unit will use an intercom located at the main entrance to the unit to communicate with either of the Care Team Stations or Unit Clerk. All entrance doors will have remote release control and will be monitored with IP video surveillance system.

- 2.7.4.3(8) In addition to outdoor space access described in the Functional Relationships section all patients shall have access to an area of refuge in the event of an emergency evacuation. This will be a secured area providing containment in a safe and segregated environment to be determined in consultation with the Authority as per Schedule 2 Design and Construction Protocols.
- 2.7.4.3(9) Staff working on this unit will have access to code white buttons providing direct and immediate communication with the Hospital's Protection Services.
- 2.7.4.3(10) Staff shall observe patients in any "common" activity area (e.g., dining/multipurpose, exercise rooms) from the team care stations.
- 2.7.4.3(11) Staff will be able to observe patients in their rooms through glazing in the door with integral blinds from patient corridors.

2.7.4.4 Patient Room Configuration

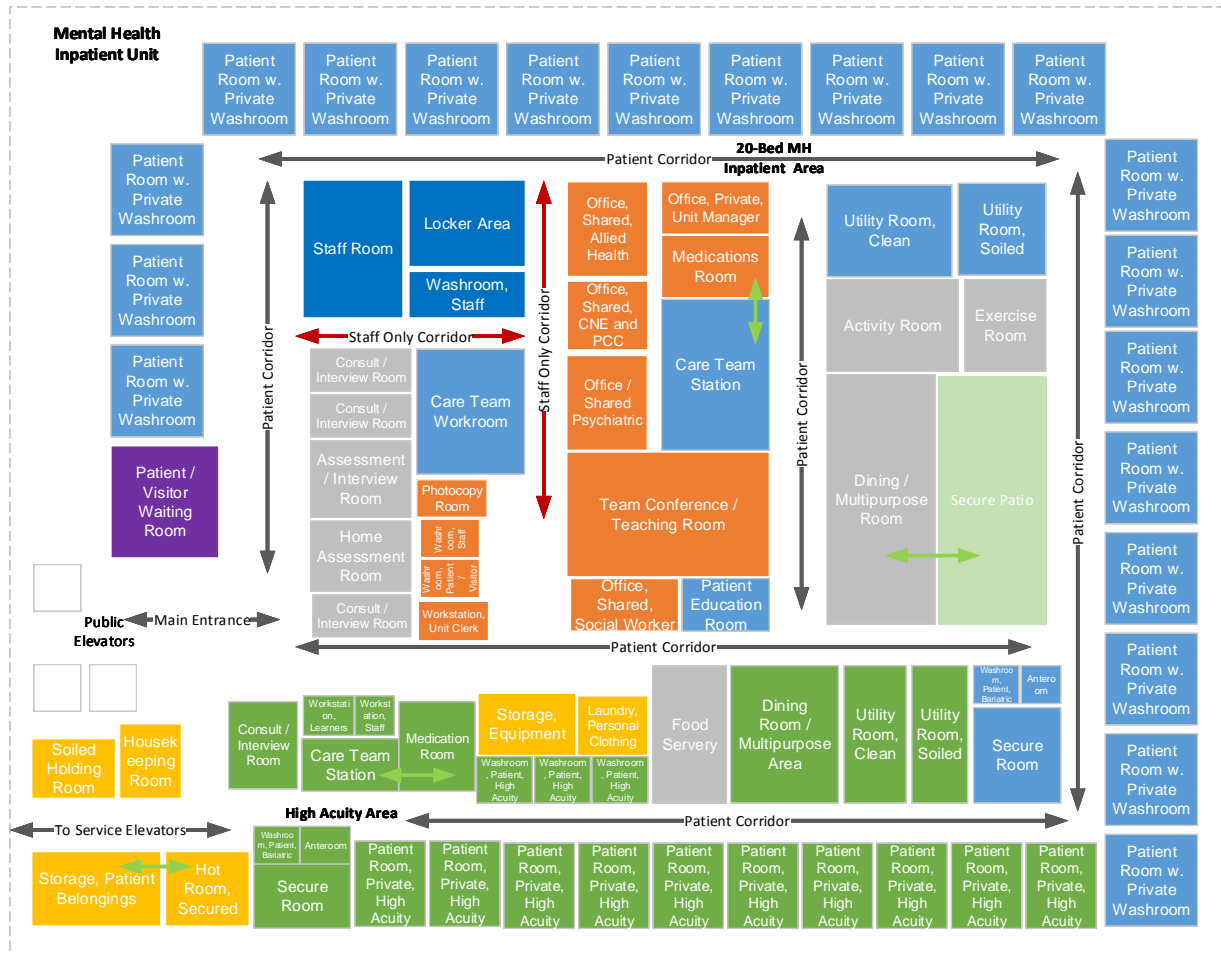
- 2.7.4.4(1) Patient rooms will be non-clinical in nature with simple and safe Millwork and furniture including a desk and wardrobe.
- 2.7.4.4(2) The Secure Rooms on the unit shall comply with standards set out in Ministry of Health Hospital- Based Psychiatric Emergency Services: Observation Units, 2014 or newest version.
- 2.7.4.4(3) One Secure Room shall be included in each sub-unit. The secure room for the 20-bed sub-unit shall be near the 10-bed sub-unit.
- 2.7.4.4(4) Rooms shall be lockable by staff when not in use, but patients will not be locked in their rooms. All features, fixtures and furniture in the rooms shall be of an anti-ligature design and shall comply with Mental Health standards listed in Schedule 3 section 2.1..
- 2.7.4.4(5) The room shall be designed to enhance patient physical safety without compromising staff safety.
- 2.7.4.4(6) The rooms will be sufficiently flexible to serve different age groups such as adult and geriatric patients.
- 2.7.4.4(7) The design shall minimize the risks for patients, who are confused, disoriented, behaviourally disturbed or who have cognitive or sensory impairment.
- 2.7.4.4(8) Provide minimum 1000mm clearance along the two long sides of the bed and 850mm minimum clearance at the foot of the bed.

2.7.4.5 Sensory Environment

- 2.7.4.5(1) As part of the central Care Team Station, the Care Team Workroom is an acoustically private space where nurses, physicians, allied health practitioners and students can privately discuss or document a patient's condition or personal information. This room could have sliding glass doors to the Team Care Station to facilitate frequent access and observation between the two spaces
- 2.7.4.5(2) Interdisciplinary conversations should be private and not overheard by patients. Activities in the Care Team Station should not disturb sleeping patients overhearing; therefore, the station shall be designed with sound control measures.
- 2.7.4.5(3) All inpatient rooms will be private and respectful of each patient's privacy, dignity, confidentiality and right to a quiet care environment.
- 2.7.4.5(4) Provide sound attenuation measures at pneumatic tubes stations.

2.7.5 Functional Component Diagram

2.7.5.1 The spatial organization of this Component will be generally as shown in the diagram below. The diagram illustrates conceptual relationships, and shall not be treated as a floor plan. See legend for key internal adjacencies.



2.7.6 Schedule of Accommodation

2.7.6.1 Provide the following spaces, numbers of spaces, net areas, and space contents as minimum requirements. Note the indented spaces indicate the space is internally connect to the space listed above.

Ref. No	Space	Space Program			Remarks
		units	nsm/unit	nsm	
	D. MH&SU Psychiatric Inpatient Unit				
	<u>Unit Entrance/Patient/Visitor Support Area</u>				
01	Patient/Visitor Waiting Room	1	24.0	24.0	Seating for up to 12 with variety of seating configurations - Television viewing area; glazing to separate from corridor. Secure entry and overview from video intercom at the unit clerk workstation with intercom and remote door release
02	Alcove, Hand Hygiene Sink	1	1.5	1.5	Incl. hand hygiene sink, Personal Protective Equipment, Infection Protection and Control signage
03	Washroom, Patient/Visitor	1	4.6	4.6	1 toilet, 1 sink, accessible
	Subtotal, Unit Entrance/Patient & Visitor Support Area			30.1	
	<u>Unit Hub & Professional Services Support</u>				
04	Workstation, Unit Clerk	1	9.2	9.2	Serves as floor/unit reception. Incl. 2 workstations with lockable drawers, height adjustable, binder storage, privacy glass, mail slots for physicians, psychiatrists, Care Team Station, etc. Video Intercom and front door release. Collocate with Care Team Station
05	Alcove, Pneumatic Tube Station	1	1.9	1.9	Incl. Millwork. Requires acoustical separation from Care Team Station and unit clerk workstations
06	Photocopy Room	1	7.0	7.0	Accommodates business equipment, supplies, and large confidential shredding bin; Millwork shall be designed for easy access to forms, paper, toner and other supplies; - Temporary chart holding area. Co-locate with Unit Clerk
07	Alcove, Crash Cart	1	1.9	1.9	Incl. data ports and electrical outlets, locate adjacent to service elevators.

Ref. No	Space	Space Program			Remarks
		units	nsm/unit	nsm	
08	Medication Room	1	16.0	16.0	Millwork, standing-height counter, wall-mounted computer workstation, hand hygiene sink, small-size refrigerator mounted on pedestal to bring to ergonomic height, monitored by BMS, 3-piece automated medication dispensing cabinet, recessed narcotic cabinet and wall-mounted storage (adjustable wire shelving), space for future drug disposal system, glazing for visibility where possible – Automatic opener – Controlled access to this room, access from Staff only corridor or Care Team Station. Visibility to entrance to Medication Room from Care Team Station.
09	Team Conference/Teaching Room	1	50.0	50.0	Seating for up to 30 people - Conference table - Serviced for tele/video conferencing, workstation
10	Office, Private, Unit Manager	1	10.0	10.0	Incl. workstation, files storage - Accommodates private meetings with up to 2 other people
11	Office, Shared CNE and PCC	1	12.0	12.0	Incl. 2 workstations, files storage - Accommodates meetings with up to 2 people
12	Office, Shared, Social Worker	1	13.8	13.8	Incl. 3 workstations each with telephone and data ports - Organized as cubicles in open plan room
13	Office, Shared, Psychiatrist	1	18.4	18.4	incl. 4 workstations each with telephone and data ports - Organized as carrels in open plan room
14	Office, Shared, Allied Health	1	13.8	13.8	Incl. 3 workstations each with telephone and data ports - Organized as carrels in open plan room
15	Washroom, Staff	1	4.6	4.6	1 toilet, 1 sink, accessible
	Subtotal, Unit Hub & Professional Services Support			158.6	
	<u>Activity Zone</u>				
16	Activity Room	1	35.0	35.0	Open plan with games tables - Musical instruments including piano/ keyboard, storage cabinets.
17	Exercise Room	1	15.0	15.0	Accommodates treadmill, elliptical trainer, stationary bicycle, yoga mat; controlled access
18	Assessment/Interview, large	1	16.0	16.0	Examination table, lockable storage cabinets - Hand hygiene sink at entrance - Administrative workstation with telephone and data ports -

Ref. No	Space	Space Program			Remarks
		units	nsm/unit	nsm	
					Provide 2 points of access/egress - Viewing window with integral blinds
19	Consult/Interview Room	2	12.0	24.0	Incl. table, chairs, provide 2 points of access/egress; one consultant room will be used for patient intake located close to Hot Room and Patient Belonging Storage.
20	Washroom, Patient/Visitor	1	4.6	4.6	1 toilet, 1 sink, accessible
21	Home Assessments Room	1	15.0	15.0	Fully functioning kitchen, include tub with grab bars for OT assessments (tub does not require plumbing)
22	Storage, Equipment, PT/OT	1	10.0	10.0	Incl. counter with utility sink for cleaning equipment. Medical equipment storage such as walkers, canes, wheelchairs
23	Food Servery	1	20.0	20.0	Locate in close proximity to the Dining/Multipurpose room. Requires transaction counter for self-service with sliding glass window; Incl. counter with sink, convection ovens, supplies, refrigerator, power, data. Bulk food will be received, plated and delivered to patients. Ware washing will occur in central food services area.
24	Dining/Multipurpose Area	1	40.0	40.0	Accessible from 20 bed unit; group dining - Seating for minimum of 20 people using variable seating configurations - Adaptable for TV/movie viewing. Open area no doors required. Incl. hand hygiene sink
25	Nourishment Room	1	5.0	5.0	Millwork counter with double sink, upper storage cabinets above the counter, full-size refrigerator (lockable) and microwave oven - Small kitchen appliances, ice dispenser with filtered water - Lower cabinets with pull out wire drawers/bins, secure with door when not in use; - Co-located with Dining Room
26.1	Secure Outdoor Patio	1		(109.0)	Secured exterior space. Incl. seating, activity area and plantings.
26.2	Secure Outdoor Patio	1		(42)	Secured exterior space for the High Acuity Unit. Incl. seating, activity area and plantings.
	Subtotal, Activity Zone			184.6	

Ref. No	Space	Space Program			Remarks
		units	nsm/unit	nsm	
	<u>Utility Services Support</u>				
27	Hot Room, Secured	1	7.5	7.5	Incl. commercial dryer, counter with utility sink, Co-located with Patient Belongings Storage
28	Storage, Patient Belongings	1	15.0	15.0	Lockable storage cabinets sizes to fit 30 large totes; room to be secured.
29	Storage, Equipment	1	20.0	20.0	Accommodates routinely used equipment
30	Laundry, Personal Clothing	1	9.3	9.3	2 commercial washers and 2 commercial dryers - Counter with stainless steel utility sink
31	Housekeeping Room	1	12.0	12.0	Hand hygiene sink at entry - Wire cart with adjustable shelving and storage of supplies Floor (service) sink - Pre-mixed automatic system for dispensing chemical supplies - Accommodates housekeeping carts, ladders, floor cleaning machine, and cleaning supplies - Located in close proximity to service elevators - Controlled access to this room
32	Soiled Holding Room	1	9.0	9.0	Accommodates staged storage for bins of garbage, soiled linen, biohazardous waste, recyclables etc. - Located in close proximity to service elevators - Controlled access to this room
	Subtotal, Utility Services Support			72.8	
	<u>Psychiatry Inpatient Sub-Unit (PIU) (20 Bed Sub-Unit + 1 Secure Room)</u>				
33	Care Team Station	1	18.5	18.5	Central station with up to 4 workstations, both standing and sitting heights - Site for allied health collaborative meetings/teaching - Confidential area - two points of egress, fully enclosed in glass. Incl. 16 purse lockers
34	Care Team Workroom	1	13.8	13.8	Quiet work area with 3 workstations - acoustically separation from Care Team Station, directly adjacent to Care Team Station
35	Workstation, Learners	1	4.6	4.6	Incl. computer, power, data, cabinet for personal items
36	Workstation, Touchdown	1	4.6	4.6	Enclosed workstation for sound privacy, computer, power, data; use for dictation, etc.

Ref. No	Space	Space Program			Remarks
		units	nsm/unit	nsm	
37	Patient Education Room	1	12.0	12.0	Seating for up to 6 people - Conference table - Provide 2 points of access/egress
38	Patient Room, Private	19	13.0	247.0	1 patient bed with wardrobe, patient desk and chair – all fixtures, fittings, and equipment to be anti-ligature breakaway design features and installed to maintain patient safety – room finishes must be abuse resistant – room to be configured with anti barricade and anti concealment measures
39	Washroom, Patient	19	5.6	106.4	1 toilet, 1 sink, 1 shower
40	Patient Room, Private, Bariatric	1	18.0	18.0	1 patient bed with wardrobe, patient desk and chair – all fixtures, fittings, and equipment to be anti-ligature breakaway design features and installed to maintain patient safety – room finishes must be abuse resistant – room to be configured with anti barricade and anti concealment measures
41	Washroom, Patient, Bariatric	1	5.6	5.6	1 toilet, 1 sink, shower
42	Secure Room	1	13.9	13.9	Standards as per MOH Hospital-Based Psychiatric Emergency Services: Observation Units, 2014
43	Anteroom	1	5.5	5.5	
44	Washroom, Patient, Bariatric	1	7.5	7.5	Serves secure room, accessible from anteroom; 1 sink, 1 toilet, 1 shower cubicle - Accommodates bariatric toileting - Stretcher must be able to assess shower
45	Utility Room, Clean	1	15.0	15.0	Wall-mounted wire bin storage system for top up (adjustable wire shelving) – Accommodation for wire cart with adjustable shelves. Accessible from patient corridor with restricted access.
46	Utility Room, Soiled	1	12.0	12.0	Hand hygiene sink at entry - Stainless steel counter with marine edge and utility sink, upper cabinets - Lower cabinets with wire bin pull out shelves except below utility sink - fluid waste disposal system - Access to Personal Protective Equipment for unit based decontamination and cleaning - Enclosed patient waste disposal unit, Controlled access to this room - accessible from patient corridor, automatic door opener access

Ref. No	Space	Space Program			Remarks
		units	nsm/unit	nsm	
47	Washroom, Patient/Visitor	1	4.6	4.6	1 toilet, 1 sink, accessible
48	Washroom, Staff	1	4.6	4.6	1 toilet, 1 sink, accessible
49	Alcove, Hand Hygiene Sink	7	1.0	7.0	1 hand hygiene sink
	Subtotal, Psychiatry Inpatient Sub-Unit (PIU) (20 Bed Sub-Unit + 1 Secure Room)			500.6	
	<u>High Acuity Sub-Unit (10 Bed Sub-Unit + 1 Secure Room)</u>				10 beds designated Higher Acuity - closest to Care Team Station and directly accessible from Service Elevators
50	Care Team Station	1	13.8	13.8	Central station with up to 3 workstations, both standing and sitting heights - Site for allied health collaborative meetings/teaching - Confidential area - two points of egress, fully enclosed in glass. Incl. 8 purse lockers
51	Workstation, Learners	1	4.6	4.6	Incl. computer, power, data, cabinet for personal items
52	Workstation, Touchdown	1	4.6	4.6	Enclosed workstation for sound privacy, computer, power, data; use for dictation, etc.
53	Satellite Medication Room	1	9.5	9.5	Millwork, standing-height counter, wall-mounted computer workstation, hand hygiene sink, small-size refrigerator mounted on pedestal to bring to ergonomic height, monitored by BMS, 3-piece automated medication dispensing cabinet, recessed narcotic cabinet and wall-mounted storage (adjustable wire shelving, glazing for visibility where possible – Automatic opener – Controlled access to this room, access from Staff only corridor or Care Team Station.
54	Consult/Interview Room	1	12.0	12.0	Incl. table, chairs, Provide 2 points of access/egress
55	Dining/Multipurpose Area	1	30.0	30.0	incl. tables and chairs for 12, hand hygiene sink
56	Patient Room, Private, High Acuity	10	13.0	130.0	1 patient bed with wardrobe – all fixtures, fittings, and equipment to be anti-ligature breakaway design features and installed to maintain patient safety – room finishes must be abuse resistant – room to be configured with anti-barricade and anti-concealment measures.

Ref. No	Space	Space Program			Remarks
		units	nsm/unit	nsm	
57	Washroom, Patient, High Acuity	3	5.6	16.8	1 toilet, 1 sink, 1 shower. Only require 3 per 10 beds. Locate separately from patient rooms and distribute across the sub-unit
58	Secure Room	1	13.9	13.9	Standards as per MOH Hospital-Based Psychiatric Emergency Services: Observation Units, 2014
59	Anteroom	1	5.5	5.5	
60	Washroom, Patient, Bariatric	1	7.5	7.5	Serves secure room, accessible from anteroom; 1 sink, 1 toilet, 1 shower cubicle - Accommodates bariatric toileting - Stretcher must be able to assess shower
61	Utility Room, Clean	1	15.0	15.0	Wall-mounted wire bin storage system for top up (adjustable wire shelving) – Accommodation for wire cart with adjustable shelves. Accessible from patient corridor.
62	Utility Room, Soiled	1	12.0	12.0	Hand hygiene sink at entry - Stainless steel counter with marine edge and utility sink, upper cabinets - Lower cabinets with wire bin pull out shelves except below utility sink - fluid waste disposal system - Access to Personal Protective Equipment for unit based decontamination and cleaning - Enclosed patient waste disposal unit, Controlled access to this room - accessible from patient corridor, automatic door opener access
63	Washroom, Patient/Visitor	1	4.6	4.6	1 toilet, 1 sink, accessible
64	Washroom, Staff	1	4.6	4.6	1 toilet, 1 sink, accessible
65	Alcove, Hand Hygiene Sink	3	1.0	3.0	1 hand hygiene sink
	Subtotal, High Acuity Sub-Unit (10 Bed Sub-Unit + 1 Secure Room)			287.4	
	<u>Staff Amenity Area</u>				
66	Staff Room	1	48.5	48.5	Seating for up to 14 people combination of dining table and chairs and soft seating, TV - Kitchenette with double sink, dishwasher, microwave oven, two full-size refrigerators; controlled staff only access
67	Locker Area	1	20.8	20.8	Accommodates up to 60 half-size lockers or combination of half-size and purse-size - coat and boot racks; controlled staff only access

Ref. No	Space	Space Program			Remarks
		units	nsm/unit	nsm	
68	Washroom, Staff	2	5.6	11.2	1 sink, 1 toilet, 1 shower; accessible
	Subtotal, Staff Amenity Area			80.5	
	Total nsm, MH&SU Psychiatric Inpatient Unit			1314.6	

2.8 D.1 MENTAL HEALTH & SUBSTANCE USE SERVICES – CHILD AND ADOLESCENT MENTAL HEALTH CRISIS INTERVENTION PROGRAM

2.8.1 Functional Description

2.8.1.1 This Functional Component describes the facilities developed for purposes of supporting children and adolescents, aged 6 to 18, whose behavioral and/or emotional condition(s) pose risks for the safety of either themselves or others. Sources of risk may be due to either mental illness or substance dependency. Services target clients who will benefit from outpatient intervention as well as those who will benefit from inpatient admission. Outpatient participation may involve clients in remote communities using telehealth and teleconferencing.

2.8.1.2 Outpatient psychiatric services will have 3 major roles;

2.8.1.2(1) Emergency Department (ED) functions will require responses to ED triage nurse requests for assessment (0800 – 1830, Monday to Friday). Outside of these times, Kamloops Mental Health after-hours response team will provide assessment/intervention services.

2.8.1.2(2) Any child or adolescent admitted to the Psychiatric Inpatient Unit will be followed-up by the outpatient care team. The focus of this initiative will be to ensure that the family is involved in the patient's care, and that community resources will be in place. Patients will be followed until patients are deemed stable and that community resources are in place.

2.8.1.2(3) Repetitive inpatient child psychiatric admissions will initiate coordinated care with mental health outpatient care services. The aim of this program will be to keep children out of hospital and to coordinate community resources in delivering ongoing therapeutic services through hospital-based and community resources. Inpatients will have access to pre-code involvement by outpatient staff, who will be involved in discharge planning.

2.8.1.2(4) the Hospital outpatient psychiatric services will be a regional resource providing services to clients in remote (from Kamloops) locations.

2.8.2 Operational Description

2.8.2.1 Minimum Hours of Operation

2.8.2.1(1) Outpatient services will be staffed and in operation 10.5-hours per day, on weekdays.

2.8.2.1(2) The Child and Youth Psychiatry Inpatient Unit will be staffed 24-hours per day, 7-days per week.

2.8.2.2 Patient and Provider Processes and Flows

2.8.2.2(1) Outpatients will access the outpatient clinic from main public circulation and will be greeted by reception. Patients will wait for their appointment in the small waiting area adjacent to the reception.

2.8.2.2(2) Most outpatients will have scheduled appointments. Although there will be some unscheduled visits. Patients will leave after their appointment through the entry door.

2.8.2.2(3) Patients will meet with their care team in the Group Rooms or the Interview /Low Stimulation Room. These sessions may be observed for training purposes. Patients will meet with staff in their offices.

2.8.2.2(4) Inpatients will be admitted to the Inpatient unit by direct admission, unscheduled admissions or through transfers from other facilities. Many admissions will be transfers from the ED. Patients arriving from the ED shall use service/patient corridors and/or staff/emergency/service elevators through a Back of House entrance to the inpatient side of the Component.

2.8.2.2(5) There shall be a clear separation of inpatient and outpatient flows.

2.8.2.2(6) Inpatients will remain in the locked unit for the duration of their stay. During their stay, they shall have access to dedicated outdoor space, activity room, and separate dining facilities.

2.8.2.2(7) The inpatient unit will be managed from a central Care Team Station where staff will provide coordination for the unit, including handling of admissions, discharges, and information dissemination.

2.8.2.2(8) Visitors to the Pediatric Psychiatry Inpatient Unit will be received by the Receptionist during normal hours. Staff from the Inpatient Unit will come to reception, and escort the visitors onto the unit.

2.8.2.2(9) After-hours, visitors will use a video intercommunication system located outside, adjacent the Outpatient Unit entry doors, which will connect to the Care Team Station and allow staff to release the doors. Provide an efficient flow for visitors to access the Inpatient Unit through the Secure Vestibule, without having to pass through the Outpatient Unit.

2.8.2.3 Patient Information Management

- 2.8.2.3(1) Both the outpatient clinic and inpatient unit will accommodate both paper-based and electronic charting and records management.
 - 2.8.2.3(2) Computer terminals and the provision for computers will be located at the Care Team Station, Reception desk, Medication Room, and in Offices at a minimum. Staff will use the patient information systems for ordering, scheduling of tests, procedures and medications.
 - 2.8.2.3(3) Staff will utilize a wireless communication system.
- 2.8.2.4 Clinical and Non-Clinical Support Processes and Flows
- 2.8.2.4(1) Pharmacy Services
 - 2.8.2.4(1)(a) Sorting of medications will be conducted in a Medication Room attached to the Care Team Station where patients will access their individual doses.
 - 2.8.2.4(2) Diagnostic Imaging Services – no additional considerations
 - 2.8.2.4(3) Laboratory Services
 - 2.8.2.4(3)(a) Outpatients will be referred to the outpatient laboratory for specimen procurement needs.
 - 2.8.2.4(3)(b) Inpatients will have their blood drawn in the inpatient unit by Laboratory staff. Specimens will be delivered to the laboratory by staff or via pneumatic tube system at the outpatient clinic’s reception desk.
 - 2.8.2.4(4) Physiotherapy and Occupational Therapy
 - 2.8.2.4(4)(a) For outpatients, all needs for physiotherapy and occupational therapy services will be referred to community-based services.
 - 2.8.2.4(4)(b) Inpatients will either receive therapy services in the inpatient unit or in the Hospital’s central therapy facilities.
 - 2.8.2.4(5) Respiratory Therapy– no additional considerations
 - 2.8.2.4(6) Speech-Language Pathology – no additional considerations
 - 2.8.2.4(7) Social Work

- 2.8.2.4(7)(a) Social Workers will be part of the multidisciplinary team available to address each patient's needs. While on site, Social Workers will have access to administrative workspace.
- 2.8.2.4(8) Dietitian Services - no additional considerations
- 2.8.2.4(9) Biomedical Engineering Services – no additional considerations
- 2.8.2.4(10) Material Management Services – no additional considerations
 - 2.8.2.4(10)(a) Consumable Supplies -- no additional considerations
 - 2.8.2.4(10)(b) Equipment – no additional considerations
 - 2.8.2.4(10)(c) Waste Management - no additional considerations
 - 2.8.2.4(10)(d) Laundry and Linen Services - no additional considerations
- 2.8.2.4(11) Housekeeping Services - no additional considerations
- 2.8.2.4(12) Food Services
 - 2.8.2.4(12)(a) The Nourishment Rooms will be stocked by Nutrition Services. Consumables, such as paper cups, napkins, plates, etc. are topped up by Logistics. The Nourishment Rooms will be equipped with refrigerators, microwave ovens, hot water tap, coffee maker and cube/ice chip machine(s). Nurses, patients and family will have access to these self-service stations.
 - 2.8.2.4(12)(b) Food Services will provide meal trays to the unit from the main kitchen. Inpatients will dine in the open Dining/Multipurpose Area adjacent to the Care Team Station.
- 2.8.2.4(13) Nurse Administration Hospital Porters – no additional considerations
- 2.8.2.4(14) Information Management – no additional considerations
- 2.8.2.4(15) Security Services
 - 2.8.2.4(15)(a) The security of both patients and staff must be assured. Staff will carry wireless communications devices and personal duress devices and have

access to code white buttons. Swipe identity cards will be used for employee access to areas where family and patient access is restricted.

2.8.3 Functional Component Design Requirements

2.8.3.1 External Relationships

2.8.3.1(1) The following is a summary of other Functional Components in the Hospital that have a functional relation with the Child and Adolescent Mental Health Crisis Intervention Program Functional Component. The relationships are listed in order of descending priority.

2.8.3.1(1)(a) Convenient Access by Restricted Circulation to the Hospital's Psychiatric Inpatient Unit to enable cross-coverage of staff, and especially during pre-code responding.

2.8.3.1(1)(b) Direct Access by Internal Circulation to secured outdoor space must be provided, and this area must be designed around "harm reduction" principles.

2.8.3.1(1)(c) Convenient Access by General Circulation to the New Facility's main entrance to enable the movement of admitted patients, their escorts and visitors.

2.8.3.1(1)(d) Convenient Access by Restricted Circulation to the Hospital's ED to enable discrete movement of new client admissions.

2.8.4 Key Environmental Requirements

2.8.4.1(1) The following subjects have been identified as specific criteria for the layout and design of this Functional Component.

2.8.4.1(2) Zones of Activity within the Child and Adolescent Mental Health Crisis Intervention Program Component include:

2.8.4.1(2)(a) Unit Entrance/Patient & Visitor Support Area (Outpatient Clinic)

2.8.4.1(2)(b) Clinical space & Professional Services Support Area (Outpatient Clinic)

2.8.4.1(2)(c) Pediatric Psychiatry Inpatient Unit.

2.8.4.1(2)(d) Outdoor patio and garden area (secured)

2.8.4.2 General Physical Organization

- 2.8.4.2(1) This Functional Component consists of two sub-Components; one is an outpatient clinic and the other is a pediatric psychiatry inpatient unit. The two sub-Components spaces must be contiguous but access control between the two units via doors.
- 2.8.4.2(2) There shall be clear spatial and visual separation of the entry points to each unit. The reason is to reduce stress of patients who were previously admitted to the inpatient unit and who are now returning as outpatients.
- 2.8.4.2(3) The inpatient unit shall have access to dedicated exterior space.
- 2.8.4.2(4) There shall be staff only connection between the units to facilitate staff serving both patient populations.
- 2.8.4.2(5) The inpatient rooms, Offices Private and Activity Room shall have access to natural light. Refer to Schedule 3 section 5.4.1.4
- 2.8.4.2(6) The outdoor patio and garden shall be accessible from the inpatient unit. The patio shall provide space for activities and areas for sitting. Patients will be supervised when using this outdoor area.
- 2.8.4.2(7) Storage rooms and alcoves are required to ensure that corridors are kept clear and unobstructed by carts, equipment, and supplies.

2.8.4.3 Major Circulation Systems

- 2.8.4.3(1) A staff/service corridor shall provide a link from Emergency to Child & Adolescent Crisis Intervention Program Inpatient Unit for the ease of transport of admitted patients.
- 2.8.4.3(2) The Child & Adolescent Crisis Intervention Program outpatient clinic's entrance shall be easily accessible from major public circulation. Wayfinding from Main Entrance of the New Facility shall be easily understood.

2.8.4.4 Visual Monitoring and Security

- 2.8.4.4(1) The Group Rooms will be visually monitored from the Observation Room with one-way mirrors with blinds into both rooms. The mirrors in the shared walls shall extend the full width of the rooms to provide maximum visibility from the Observation Room and minimize blind spots in the Group Rooms. Speakers and headsets

will be utilized to listen to the sessions. The Observation Room will be used for student training exclusively.

- 2.8.4.4(2) The Interview Room, Group Counselling Rooms and private Offices shall have two points of access/egress for the safety of staff. Egress can be via doors into other rooms if a corridor is not available.
- 2.8.4.4(3) All rooms used to conduct counselling sessions must provide acoustical privacy.
- 2.8.4.4(4) To the extent practicable, it should be feasible for staff to observe patients in any of the open spaces or their rooms within this Functional Component.
- 2.8.4.4(5) Outpatient and Inpatient services will be secured with respect to public access and egress. All points of access/egress to/from the outside and to/from Internal Circulation will be locked and controlled from a workstation located at the Functional Component's reception desk. Each access point will be equipped with remote door release and IP video surveillance system. All points of access/egress will be controlled for "running" events.
- 2.8.4.4(6) To the extent practicable, this Functional Component will be designed and configured with no "blind corners" or hidden alcoves where patients may hide. Staff safety and patient protection must be priorities in this Functional Component's design.
- 2.8.4.4(7) The Functional Component's main public/visitor entrance will be under visual surveillance by staff at a reception desk.
- 2.8.4.4(8) All staff will have personal duress devices and will have access to code white buttons.
- 2.8.4.4(9) Planning assumes that outpatient services will be contiguous with inpatient services. While staff must be able to move between inpatient and outpatient environments, this pathway must not be allowed to compromise the independent security of either the inpatient or outpatient areas.
- 2.8.4.4(10) The Staff Room will be used by both the inpatient and outpatient units' staff. The Authority anticipates the Staff Room will be utilized by other Components' staff, such as Respiratory Therapy Services. Locate the Staff Room so it is easily accessible to both Respiratory and Child and Adolescent Mental Health Crisis Intervention program staff without having to travel through either department.

- 2.8.4.4(11) All patients shall have access to an area of refuge in the event of emergency evacuation. This will be a secured area providing containment in a safe and segregated environment to be determined in consultation with the Authority as per Schedule 2 Design and Construction Protocols.

2.8.4.5 Patient Room Configuration

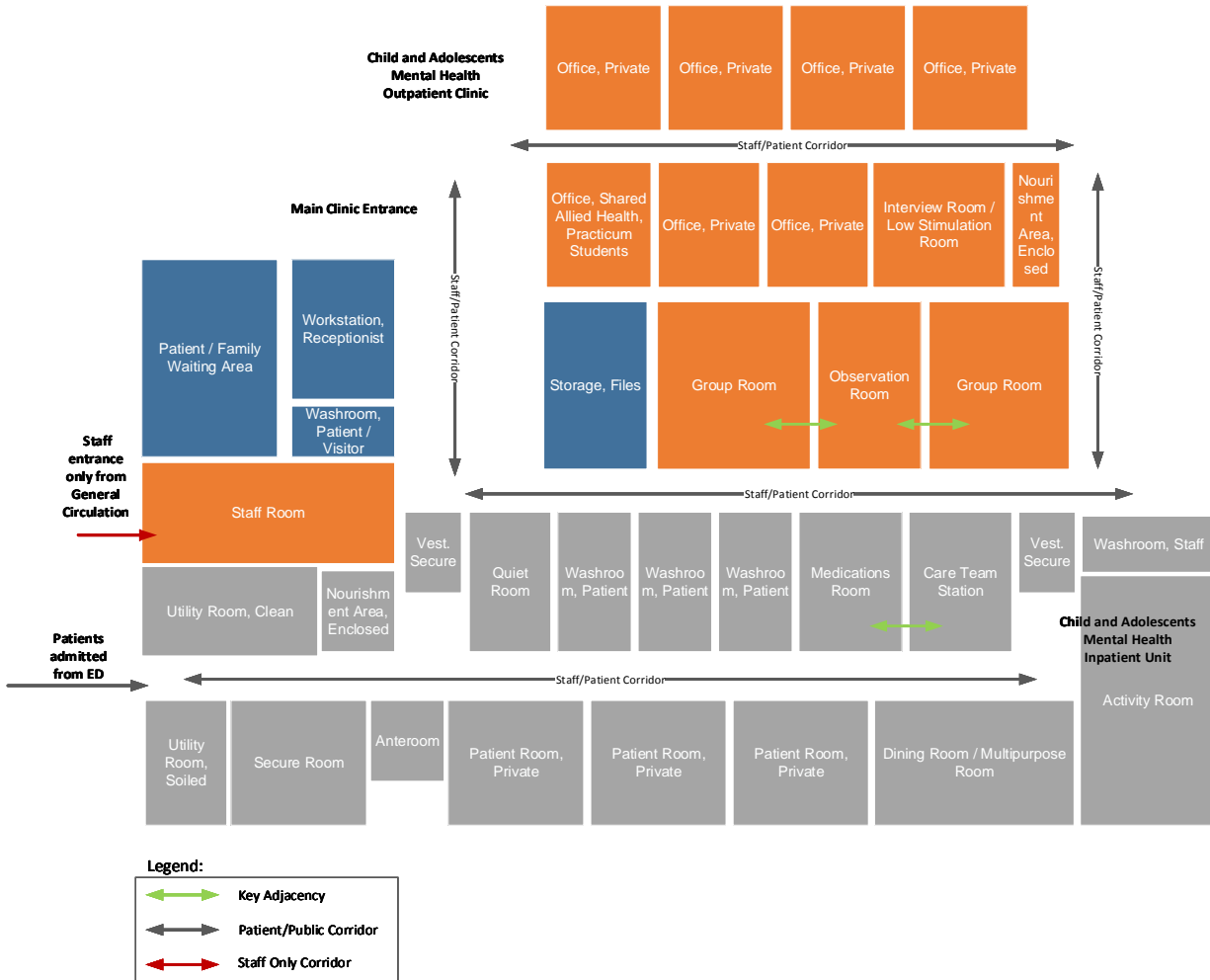
- 2.8.4.5(1) Patient rooms will be non-clinical in nature with simple and safe Millwork and furniture.
- 2.8.4.5(2) Rooms shall be lockable by staff when not in use, but patients will not be locked in their rooms. All features, fixtures and furniture in the rooms shall be of an anti-ligature design and shall comply with Mental Health standards listed in Schedule 3 section 2. 1.
- 2.8.4.5(3) The room shall be designed to enhance patient physical safety without compromising staff safety.
- 2.8.4.5(4) The design shall minimize the risks for patients, who are confused, disoriented, behaviourally disturbed or who have cognitive or sensory impairment.
- 2.8.4.5(5) Patient washrooms shall be located outside the patient rooms. Patients are to be monitored during use to ensure their safety. A water shut off control for each washroom shall be located at the Care Team Station.

2.8.4.6 Sensory Environment

- 2.8.4.6(1) Interview Room/Low Stimulation Room must be able to accommodate a range of sensory inputs.
- 2.8.4.6(2) Provide sound attenuation measures at pneumatic tubes stations.

2.8.4.7 Functional Component Diagram

2.8.4.7(1) The spatial organization of this Component will be generally as shown in the diagram below. The diagram illustrates conceptual relationships, and shall not be treated as a floor plan. See legend for key internal adjacencies.



2.8.5 Schedule of Accommodation

2.8.5.1 Provide the following spaces, numbers of spaces, net areas, and space contents as minimum requirements. Note the indented spaces indicate the space is internally connect to the space listed above.

Ref. No	Space	Space Program			Remarks
		units	nsm/unit	nsm	
	D1. MH&SU Child and Adolescent Mental Health Crisis Intervention Program				
	<u>Unit Entrance & Visitor Support Area</u>				
01	Patient/Family Waiting Area	1	20.0	20.0	Seating for up to 10 with variety of seating configurations - Television viewing area
02	Washroom, Patient/Visitor	1	4.6	4.6	1 toilet, 1 sink, accessible
03	Workstation, Receptionist	1	9.5	9.5	1 computer workstation, telephone - Glassed partition for reception function with access into waiting room
04	Alcove, Pneumatic Tube Station	1	1.9	1.9	Incl. Millwork. Requires acoustically separation from receptionist workstation
05	Photocopy Room	1	7.0	7.0	Accommodates business equipment, supplies, and large confidential shredding bin; Millwork shall be designed for easy access to forms, paper, toner and other supplies
06	Storage, Files	1	20.0	20.0	Equipped with high-density, mobile shelving
	Subtotal, Unit Entrance & Visitor Support Area			63.0	
	<u>Clinical Space & Professional Services Support</u>				
07	Group Room	2	24.0	48.0	Seating for up to 12 - Conference table - Needs 2 points of access/egress
08	Observation Room	1	10.0	10.0	Acoustically isolated room with views using one-way mirrors into both Group Rooms, dimmable lighting, speakers plus headsets to listen in to either session.
09	Interview Room/Low Stimulation Room	1	12.5	12.5	2 points of access/egress

Ref. No	Space	Space Program			Remarks
		units	nsm/unit	nsm	
10	Alcove, Equipment Storage	1	5.0	5.0	Incl. data port and electrical outlets
11	Nourishment Room	1	5.0	5.0	Millwork counter with double sink, upper storage cabinets above the counter, full-size refrigerator (lockable) and microwave oven - Small kitchen appliances, ice dispenser with filtered water - Lower cabinets with pull out wire drawers/bins, secure with door when not in use
12	Office, Private	6	10.0	60.0	Incl. workstation, files storage – requires two points of egress (can be into adjacent room if unable to provide into corridor).
13	Office, Shared Allied Health, Practicum Students	1	13.8	13.8	Open plan room – Accommodates up to 3 workstations – Adaptable for group interviews. Requires two points of egress (can be into adjacent room if unable to provide into corridor).
14	Staff Room	1	24.0	24.0	Seating for up to 12 people combination of dining table and chairs and soft seating, TV - Kitchenette with double sink, dishwasher, microwave oven, two full-size refrigerators; controlled staff only access' shared with Respiratory staff.
15	Washroom, Staff	1	4.6	4.6	1 sink, 1 toilet, accessible
	Subtotal, Clinical Space & Professional Services Support			182.9	
	<u>Pediatric Psychiatry Inpatient Unit</u>				
16	Vestibule, Secure	2	5.0	10.0	At front and back entrances
17	Care Team Station	1	10.0	10.0	Incl. 2 workstations, 6 purse lockers
18	Alcove Patient Belongings	1	1.4	1.4	incl. lockable storage cabinet
19	Photocopy Room	1	7.0	7.0	Accommodates business equipment, supplies, and large confidential shredding bin; Millwork shall be designed for easy access to forms, paper, toner and other supplies

Ref. No	Space	Space Program			Remarks
		units	nsm/unit	nsm	
20	Medication Room	1	9.5	9.5	Millwork, standing-height counter, computer workstations, 3 glucometers, hand hygiene sink, small-size refrigerator mounted on pedestal to bring to ergonomic height, monitored by BMS, 3-piece automated medication dispensing cabinets plus future tower, recessed narcotic cabinet and wall-mounted storage (adjustable wire shelving), glazing for visibility where possible – Automatic opener – Controlled access to this room, access from Staff only corridor or Care Team Station.
21	Washroom, Staff	1	4.6	4.6	1 sink, 1 toilet, accessible
22	Patient Room, Private	3	13.0	39.0	1 patient bed with lockable wardrobe, patient desk and chair.
23	Washroom, Patient	3	5.6	16.8	1 toilet, 1 sink, 1 shower. Accessible from staff/patient corridor.
24	Secure Room	1	13.9	13.9	Standards as per MOH Hospital-Based Psychiatric Emergency Services: Observation Units, 2014
25	Anteroom	1	5.5	5.5	
26	Nourishment Room	1	5.0	5.0	Millwork counter with double sink, upper storage cabinets above the counter, full-size refrigerator (lockable) and microwave oven - Small kitchen appliances, ice dispenser with filtered water - Lower cabinets with pull out wire drawers/bins, secure with door when not in use; - Co-located with Dining/Multipurpose Room
27	Dining/Multipurpose Area	1	12.0	12.0	Incl. table, 4 chairs, open area with visibility from Care Team Station
28	Quiet Room	1	7.0	7.0	soft seating
29	Utility Room, Clean	1	10.0	10.0	Wall-mounted wire bin storage system for top up (adjustable wire shelving) – Accommodation for wire cart with adjustable shelves. Accessible from staff/patient corridor with access control.
30	Utility Room, Soiled	1	12.0	12.0	Hand hygiene sink at entry - Stainless steel counter with marine edge and utility sink, upper cabinets - Lower cabinets with wire bin pull out shelves except below utility sink - fluid waste disposal system - Access to Personal Protective Equipment for unit based

Ref. No	Space	Space Program			Remarks
		units	nsm/unit	nsm	
					decontamination and cleaning - Enclosed patient waste disposal unit, Controlled access to this room - accessible from patient corridor, automatic door opener
31	Activity Room	1	24.0	24.0	Incl. soft seating, TV in lockable cabinet, lockable storage
32	Secure Exterior Courtyard or Patio	1		(25.0)	Secured exterior space. Incl. seating, activity area and plantings.
	Subtotal, Pediatric Psychiatry Inpatient Unit			187.7	
	Total nsm, MH&SU Child and Adolescent Mental Health Crisis Intervention Program			433.6	

2.9 E. SURGICAL SERVICES

2.9.1 Functional Description

2.9.1.1 The Surgical Services Functional Component describes the functions and the spatial requirements for conducting invasive surgical procedures requiring general anesthetic, regional blocks or conscious sedation. In addition to the scope of surgical procedures conducted here, this Functional Component will also accommodate first stage post-procedure recovery and patient holding in PARR until stable enough to transfer to ICU, and patient reception/waiting at Day Care Surgery (DCS).

2.9.1.2 Key functions accommodated in the Surgical Services Functional Component are invasive and minimally invasive surgical procedures, and including arthroscopy, laparoscopy, percutaneous nephrostomy and cystoscopy, and first stage recovery of patients following a surgical procedure. All recovering patients will receive 1:1 nursing care until they are conscious, and then depending upon the acuity for critical care patients a 2:1 nursing care ratio will be used.

2.9.1.3 The scope of services accommodated in this Functional Component will include:

2.9.1.3(1) Receiving and documenting of patients following their initial preparation in Day Care Surgery, Emergency Department (ED) or the inpatient care units including the General Medical/Surgical IPU, the Maternal and Child Health Services IPU and the Intensive Care Unit (ICU)

2.9.1.3(2) Segregation of infectious patients

- 2.9.1.3(3) Administration of general and/or local anesthesia, regional blocks and IV sedation by anesthesiologists
- 2.9.1.3(4) Conducting surgical procedures in the following surgical specialties:
 - 2.9.1.3(4)(a) General
 - 2.9.1.3(4)(b) Dental
 - 2.9.1.3(4)(c) ENT
 - 2.9.1.3(4)(d) Ophthalmology
 - 2.9.1.3(4)(e) Neurosurgery
 - 2.9.1.3(4)(f) Vascular
 - 2.9.1.3(4)(g) Obstetrical/Gynecological (including Caesarean-sections)
 - 2.9.1.3(4)(h) Orthopedic
 - 2.9.1.3(4)(i) Plastic
 - 2.9.1.3(4)(j) Trauma
 - 2.9.1.3(4)(k) Urology and Interventional Urology
 - 2.9.1.3(4)(l) Chronic pain management
- 2.9.1.3(5) Conducting interventional urology requiring a specialized lead-lined surgical suite equipped with an imaging table
- 2.9.1.3(6) Electroconvulsive therapy (ECT) in the PARR
- 2.9.1.3(7) Minimally invasive procedures such as laparoscopy, arthroscopy, cystoscopy and percutaneous and nephrolithotripsy
- 2.9.1.3(8) Post procedure (Phase 1) recovery to a state where patients are stable or transferred to the ICU (note higher acuity area for ICU patients unable to transfer directly).
- 2.9.1.3(9) Although most of the following procedures are performed in Ambulatory Care, provision is still required in the OR as part of another surgical procedure or to accommodate patients unable to tolerate the procedure with a local anesthetic or IV sedation:
 - 2.9.1.3(9)(a) Gastro-intestinal and respiratory endoscopic procedures

2.9.1.3(9)(b) Minor procedures (assumed accommodated in the Hospital ambulatory care facilities, or in the Hospital's ED)

2.9.2 The Functional Component will include the spatial requirements for the following Surgical Services:

2.9.2.1 Surgical Services (including operating rooms and associated technical/general support facilities)

2.9.2.2 Post Anesthetic Recovery Room (PARR)

2.9.2.3 Day Care Surgery Reception/Waiting

2.9.3 Excluded Surgical Services are:

2.9.3.1 Day Care Surgery Recovery

2.9.3.2 Pre-Admission Clinic

2.9.3.3 Medical Device Reprocessing (main reprocessing services)

2.9.4 Operational Description

2.9.4.1 Minimum Hours of Operation

2.9.4.1(1) The Surgical Procedures area will be staffed and operational 24-hours per day, 7-days per week (Note: most procedures will occur during the day; procedures performed after-hours will generally be of emergent or urgent nature).

2.9.4.1(2) Post Anesthetic Recovery Room will be staffed and operations 24 hours per day, 7 days per week. Most patients will recovery and be discharged but some patients may need remain overnight awaiting an available bed.

2.9.4.2 Patient and Provider Processes and Flows

2.9.4.2(1) Elective surgery patients will be typically pre-scheduled through the Surgical Booking Office and, if appropriate, will attend a pre-admission clinic. This clinic will provide physician and nursing assessments, blood work and other tests such as ECGs, pre-operative teaching and orientation.

2.9.4.2(2) Reception and admitting will occur at Registration located in the Main Lobby of the New Facility for same day admit patients. Once registered patients will be directed to Day Care Surgery (DCS). Monitoring of all patient movement into, within and out of, the

Component will occur centrally. IP Video surveillance system may be utilized to assist in this function, and to help maintain security.

- 2.9.4.2(3) Elective surgery and same day admit will proceed to the Pre-Op DCS area, change into gowns for surgery and may be examined by an anesthetist and/or a surgeon. Premedication may be given at this time. Patients will walk while being accompanied to the procedural area (OR holding) or be transferred by stretcher or wheelchair.
- 2.9.4.2(4) Inpatients will be transferred from their respective inpatient units via the staff/emergency/service elevators to the patient holding area. Inpatients and emergency patients will be transported on a stretcher or a wheelchair by a porter to the OR patient holding or DCS area until the OR is ready to receive them.
- 2.9.4.2(5) Prior to surgery, in either DCS or patient holding, there is a final check (admission) of the patient by the OR nurse. At this time, the surgeon and anesthetist may speak with the patient. At times, a family member, caregiver, or an interpreter may remain with the patient until the patient is transferred to the OR; others will wait outside.
- 2.9.4.2(6) Once the operating room and team are ready, the patient is brought into the room and the anaesthetist will then administer anaesthesia and the patient will receive final preparation and will be draped for the beginning of the surgical procedure. Following the procedure, most patients will be transferred by stretcher to the Post-Op Level 1 Recovery Area (PARR) via the patient/staff corridor.
- 2.9.4.2(7) Post-operatively and after regaining consciousness in the Post-Op Level 1 Recovery Area, day surgery patients will be moved to a stretcher-bed cubicle in the DCS Level II Recovery Area. Some patients may move directly to the DCS Level II Recovery Support Area bypassing the Post-Op Level 1 Recovery Area altogether. They will continue their recovery in stretcher- beds under the observation and monitoring of nursing staff until such time as they can be safely discharged to the care of family members or other designated persons.
- 2.9.4.2(8) Following an inpatient's or same day admit patient's recovery from anesthesia, the patient will be transferred to an Inpatient Unit or to the Intensive Care Unit for further observation and care. Some patients may be held in PARR until an ICU bed or an IPU bed is available.

- 2.9.4.3 Patient Information Management
 - 2.9.4.3(1) Surgical Services area will accommodate both paper-based and electronic charting and records management.
 - 2.9.4.3(2) Computer terminals and the provision for computers will be located throughout the area. Specifically, at workstations including touchdown stations, the Care Team Stations in PARR, Control Desk, and Medication Rooms and in each operating room. Staff will use the patient information systems for ordering, scheduling of tests, procedures and medications. In the Sterile Core, there will be two workstations with computers for managing sterile supplies and communicating with the MDR.
 - 2.9.4.3(3) Staff will utilize a wireless communication system and nurse call system to communicate with the control desk, Day Care Surgery, and PARR.to assist with patient flow.
- 2.9.4.4 Clinical and Non-Clinical Support Processes and Flows
- 2.9.4.5 Pharmacy Services
 - 2.9.4.5(1) Picking and delivering medications to patients will be conducted by staff or physicians.
- 2.9.4.6 Diagnostic Imaging Services
 - 2.9.4.6(1) Imaging conducted during a surgical procedure will be accommodated using portable X-ray, fluoroscopy and portable ultrasound equipment. Exceptions to the general rule will be those procedures supported by dedicated imaging equipment incorporated into two hybrid ORs and the Interventional Urology OR.
 - 2.9.4.6(2) Portable X-ray equipment and C-arms (including mini C-arms) will be stored in the equipment storage area near the ORs.
 - 2.9.4.6(3) Digital image viewing capabilities will be accommodated in the procedure rooms, touchdown workstations, physician lounge workstation, and in the preparation and recovery spaces. An alcove for a CR reader will be accommodated.
- 2.9.4.7 Laboratory Services
 - 2.9.4.7(1) Laboratory support will be required for specimen analysis intra-operatively and post-operatively. Surgeons may collect tissue, bone, fluid samples during a procedure. Specimens will be either analyzed immediately in Frozen Section Laboratory, or will be

transported to the central Laboratory, with results being reported electronically (e.g., video terminal). Specimens stored in formalin will be transported to the Hospital's Laboratory by a Perioperative Aide.

2.9.4.8 Physiotherapy and Occupational Therapy

2.9.4.8(1) Physiotherapist, as required, will set up knee mobilizers, cervical collars, etc. post-operatively in PARR.

2.9.4.9 Respiratory Therapy

2.9.4.9(1) Respiratory Therapists will provide support for ventilated patients. RT work and storage space will be provided in the Surgical Services area in conjunction with the Anesthesia work area. RT requires access to a deep sink, a work area and storage space for supplies.

2.9.4.10 Anesthesia Technician

2.9.4.10(1) Anesthesia Technician will provide technical support to Anesthesiologist for complex anesthesia equipment; providing airway management assistance, and monitoring patients under direct supervision of the Anesthesiologist.

2.9.4.11 Speech-Language Pathology – not applicable

2.9.4.12 Social Work – not applicable

2.9.4.13 Dietitian Services – not applicable

2.9.4.14 Biomedical Engineering Services

2.9.4.14(1) Biomedical Engineering staff will service equipment used in Surgical Services. Dedicated technical workshop facilities will accommodate repair and maintenance on most equipment used here as many items do not stand up to the rigors of manual transport over long distances.

2.9.4.14(2) Exceptional major repair and maintenance work will be conducted in the Biomedical Engineering central facility. Movement of the equipment to/from point of use/storage to the technical workshops will be conducted by Biomedical Engineering Technicians or perioperative aides.

2.9.4.15 Material Management Services (Including Medical Device Reprocessing – MDR)

2.9.4.15(1) Sterile operating room consumables will be taken to the MDR Receiving/Breakout Room adjacent to the clean MDR elevator in

the Building Support Services Area. The Material will be unpacked and taken directly to the Sterile Core via the clean MDR elevator or to Sterile Supply in MDR.

2.9.4.16 Consumable Supplies – no additional considerations

2.9.4.17 Medical-Surgical Supplies

2.9.4.17(1) To optimize material flow within the Surgical Services, a case cart system will be utilized for the ORs. Case-specific cart(s) containing all necessary surgical supplies and instruments are picked per case and made readily available. Emergency case carts are made up and stored in the sterile core in case of unscheduled surgeries.

2.9.4.17(2) Other back-up medical-surgical supplies including reprocessed and disposable sterile supplies will be maintained, using a top-up system, in the sterile core and sterile storage area in MDR.

2.9.4.17(3) Direct Access between the Medical Device Reprocessing (MDR) Department and the Surgical Services Functional Component is required for the movement of clean/sterile supplies.

2.9.4.17(4) Since instruments and equipment need to travel vertically to and from the MDR, a dedicated MDR elevator for soiled devices and a dedicated MDR elevator for clean devices will be required.

2.9.4.18 Equipment

2.9.4.18(1) OR procedures rely heavily on specialized equipment that moves in and out of the theatres frequently. Most of this equipment is large, cumbersome and often very sensitive to movement (e.g., lasers and microscopes). Large equipment storage rooms and decentralized equipment alcoves to house larger items will be required to ensure equipment is kept in close proximity to dedicated theatres to minimize travel distances.

2.9.4.18(2) Soiled and/or contaminated reusable equipment and positioning supplies will be cleaned mainly in the OR, and some will be cleaned and decontaminated in the MDR.

2.9.4.19 Waste Management

2.9.4.19(1) Soiled items, waste and biohazardous material from the ORs will be sorted and collected in bins in the Soiled Return Room and sent to the Soiled Holding Room when full. They will be transported via staff/emergency/service elevator and transferred to the loading dock in Material Management (biomedical waste) or nutrition

services (general waste). Waste material and soiled linen generated in PARR will be transported to the Soiled Holding Room, from where housekeeping staff will take away for disposal.

2.9.4.19(2) Utility – Soiled Return

2.9.4.19(2)(a) This space accommodates bins for soiled linen, garbage, recycling and biohazardous waste, a macerator, waste fluid disposal system and a closed system waste management system, hand hygiene sink, a stainless-steel work counter and sink for cleaning positioning equipment or instruments prior to being sent to MDR. The area will access the soiled MDR elevator providing dedicated access to the MDR.

2.9.4.20 Laundry and Linen Services

2.9.4.20(1) Inventories of clean linen will be maintained throughout PARR and the OR, in decentralized linen alcoves and in staff change facilities using an exchange cart system. Soiled OR linen will be gathered in the Soiled Return Room in bins, once full the bins will be transferred to the Soiled Holding Room until transported in the staff/emergency/service elevator to the Hospital's Soiled Laundry Marshalling area for third party pick-up. Housekeeping staff will exchange the full bin in Soiled Return Room with an empty one.

2.9.4.21 Housekeeping Services

2.9.4.21(1) Housekeeping carts and equipment used in the cleaning of the Operating Room will be dedicated to this Component.

2.9.4.22 Food and Nutrition Services

2.9.4.22(1) Patients will generally not receive food or beverages while in the PARR, although provision of light snacks and beverages will be accommodated.

2.9.4.23 Nurse Administration Hospital Porters

2.9.4.23(1) It is anticipated that a number of Porters will be dedicated to the Operating Rooms and will be contacted by the Operating Room using wireless technology. Almost all patients they are transporting will be coming to the OR from the Day Care Surgery Unit with a few exceptions coming from other departments in the Hospital.

2.9.4.24 Information Management and Communication Systems

- 2.9.4.24(1) The Surgical Services Functional Component will require a communications infrastructure to support a full range of digital information technology including:
 - 2.9.4.24(1)(a) Voice, video and data communications
 - 2.9.4.24(1)(b) Wireless communications within the Surgical Services Component and to other selected locations
 - 2.9.4.24(1)(c) Technological support for a Level 3 Surgical Suite (i.e., requires remote audio-visual access to the suite)
 - 2.9.4.24(1)(d) Picture archiving and communication systems (PACS) including one per OR, at each physician workstation, and in PARR as per CSA
 - 2.9.4.24(1)(e) Dictation outlets with dial-in and computer access
 - 2.9.4.24(1)(f) Emergency call system
 - 2.9.4.24(1)(g) Access to perioperative documentation and electronic health records for the surgical team (e.g. surgeons, anaesthesia, nursing) in the ORs and PARR
 - 2.9.4.24(1)(h) Remote physiological monitoring
 - 2.9.4.24(1)(i) Electronic Patient Tracking Boards

2.9.4.25 Security Services

- 2.9.4.25(1) The Surgical Services Functional Component will be a locked unit. It will not be open to the public and access should be limited to its main entrance that must be controlled. Similarly, access to the Staff Amenity and Administration Area including Staff Lounge/Break Room, Physician Lounge/Break Room and Locker /Change Rooms must be restricted, and can be controlled with electronic door hardware.
- 2.9.4.25(2) Access between the Surgical Services area and Medical Device Processing will be via dedicated, secured MDR elevators.

2.9.5 Functional Component Design Requirements

2.9.5.1 External Relationships

2.9.5.1(1) The following is a summary of other Functional Components in the Hospital that have a functional relation with Surgical Services. The relationships are listed in order of descending priority.

2.9.5.1(1)(a) Convenient Access by General Circulation to Day Care Surgery for the movement of patients, some of whom will walk between DCS and Surgical Services. DCS shall be located on the same floor with Surgical Services.

2.9.5.1(1)(b) Convenient Access by Restricted Circulation to the Maternal and Child Health Inpatient Unit to facilitate the movement of mothers requiring emergency or elective Caesarean sections.

2.9.5.1(1)(c) Convenient Access by General Circulation to the Intensive Care Unit to facilitate the movement of staff and patients.

2.9.5.1(1)(d) Direct Access by Restricted Circulation to MDR for the segregated movement of clean/sterile and soiled/contaminated items. The system created for clean/sterile movement will open directly into the Sterile Core.

2.9.5.1(1)(e) Convenient Access by Restricted Circulation to the Hospital's ED and to the Heliport to enable movement of STAT patients.

2.9.5.2 Key Environmental Requirements

2.9.5.2(1)(a) The following subjects have been identified as specific criteria for the layout and design of this Functional Component.

2.9.5.2(1)(b) Zones of Activity within the Surgical Procedures Area

- (b).1 Control and Patient Holding Area
- (b).2 Operating Room Support Area
- (b).3 Operating Rooms and Support Area
- (b).4 Staff Amenity and Administration Area (shared with PARR)

2.9.5.2(1)(c) Zones of Activity within PARR

- (c).1 Main Recovery Room
- (c).2 Higher Acuity Recovery Area

2.9.5.3 General Physical Organization

- 2.9.5.3(1) At all entrances to this Component, there will be a hand hygiene sink, storage of gowns, booties, hats, and a bench to don said items.
- 2.9.5.3(2) Surgical Services Component shall have a single point of access for patients. This point of access shall bring patients past the control desk to access the ORs. Patients leaving the ORs shall have a separate route of egress to PARR. Other routes will be required for the movement of staff, equipment, supplies and waste material, all points of access/egress into this Component will be restricted and controlled at all times.
- 2.9.5.3(3) Visitors shall not have access to this Functional Component unless escorted by a staff member, beyond waiting facilities located near the existing public/passenger elevators. Waiting with patients either pre- or post-procedure will be accommodated in Day Care Surgery. During a procedure, family or escorts may either leave the Hospital or wait in one of the public support facilities (e.g., main waiting room/lounge, coffee shop, cafeteria). Occasionally, family member, care giver or interpreter will accompany a patient into the OR. Fathers and partners of women undergoing C-sections will join them in the OR.
- 2.9.5.3(4) All visitors and staff who wish to enter the operating room area shall report to or communicate with the Control Desk at the OR entry to receive authorization and directions on traffic flow and gowning protocols. This desk will have overviews of the entry to the surgical suite and exit to PARR; patient holding where patients are held prior to entering the Operating Room. All entrances and exits to the Restricted Circulation will be provided with clinical Video Surveillance cameras monitored from the Control Desk.
- 2.9.5.3(5) Medical, nursing and allied health staff, support staff and patients will use Internal Circulation. Patient transfers will be by ambulation, wheelchair, stretcher or bed and have a staff escort.
- 2.9.5.3(6) Circulation routes to Operating Rooms should be configured to minimize travel distances and corners for staff in the transport of patients and supplies.
- 2.9.5.3(7) Functions must be organized within the Surgical Services to minimize travel distance and potential conflicts between patient, staff and material travels.
- 2.9.5.3(8) PARR shall have three entrances. One from public circulation that provides a clear pathway to the existing Day Care Surgery area for transferring patients. The second entrance leads to the ORs.

Patients exiting the ORs will use this entrance. The third will be for patients leaving PARR and accessing the staff/emergency/services elevators.

- 2.9.5.3(9) There shall be a clear one-way flow of patients coming from the Day Care Surgery Area, past the control desk, to the ORs, then to PARR and finally to back to Day Care Surgery. Inpatients will go directly from PARR to an IPU or in some cases directly from the OR to the ICU via existing staff/emergency/service elevators. All doors along this route shall have restricted access automatic openers to facilitate this flow.
- 2.9.5.3(10) It is desirable to have the staff rooms, lockers and associated washroom and on-call facilities on the same floor; however, if not possible, then the facilities could be located on a different floor but no more than one floor away.
- 2.9.5.3(11) The Surgical Procedures Area shall be planned with three zones of activity and protocol:
 - 2.9.5.3(11)(a) An unrestricted area with unlimited access to all personnel, street clothes are permitted. This area includes a control desk to monitor and direct further access, will include pre-operative holding area, some administrative spaces. The staff lounge, locker rooms and addition administrative offices are considered as part of the unrestricted zone but do not have to be contiguous with the Control and Patient Holding Area.
 - 2.9.5.3(11)(b) A semi-restricted zone area limited to authorized personnel who are required to wear appropriate surgical attire including hair covers, and for storage, scrub sink areas and corridors leading to restricted areas.
 - 2.9.5.3(11)(c) The restricted areas, where surgical attire and facemasks are required, include any areas where scrub personnel are present such as operating rooms, sterile core and any areas where sterile supplies are opened.
- 2.9.5.3(12) To optimize Infection Prevention and Control measures, consider transportation of soiled or infectious material via a dedicated route that does not intersect with other routes.
- 2.9.5.3(13) There shall be a direct and dedicated clean MDR elevator will link the Surgical Services Sterile Core and a dedicated soiled MDR

elevator from the service/staff circulation zone with the MDR. The MDR elevators shall be located to facilitate one-way flow from soiled to sterile in the MDR.

2.9.5.4 Visual Monitoring

- 2.9.5.4(1) PARR nursing staff shall have clear sightlines to observe patients in their stretcher positions from a Care Team Stations.
- 2.9.5.4(2) Recovery Bays shall also be seen from the Medication Room and supply areas. Glass partitions, low walls, and the avoidance of structures obstructing view is required.
- 2.9.5.4(3) Staff at the Control Desk shall have clear sightlines to all Patient Holding Bays

2.9.5.5 Sensory Environment

- 2.9.5.5(1) The Operating Rooms must be designated as a quiet area at all times.
- 2.9.5.5(2) OR temperature must be adjustable and very responsive to changes to protect patients from cooling or overheating and to maintain a comfortable environment for staff.
- 2.9.5.5(3) Provide sound attenuation measures at pneumatic tubes stations.

2.9.5.6 Infection Protection and Control

- 2.9.5.6(1) Infection Prevention and Control in the Surgical Services Functional Component will be achieved through:
 - 2.9.5.6(1)(a) Zoning the space as noted above
 - 2.9.5.6(1)(b) The use of impervious, seamless, durable and easily cleaned surfaces and easily cleaned equipment that tolerates Authority approved disinfectants
 - 2.9.5.6(1)(c) The use of hand hygiene sinks, scrub sinks, hand hygiene products, and other fixtures and equipment in conformance with CSA and Authority standards
 - 2.9.5.6(1)(d) Specially designed HVAC systems in conformance with the CSA standard for Health facilities, including HEPA filtered supply air system

2.9.5.6(1)(e) Provision of an Airborne Isolation Room in the PARR area

2.9.5.7 Special Room Requirements

2.9.5.7(1) The Education/Conference Room in the Staff Amenities and Administration area will be designated as an Emergency Operations Centre during emergency situations. The room will house a storage cabinet with emergency supplies along with the other requirements for when in use as an education/conference room. Locate near the Patient/Service Elevators for efficient access by staff in an emergency.

2.9.5.7(2) Biomedical Engineering shall require dedicated technical workspace for repair and maintenance of OR equipment. The Biomedical Engineering Room shall be equipped with the following:

2.9.5.7(2)(a) Lead shielding for servicing C-arms (location and specifications to be confirmed by physicist)

2.9.5.7(2)(b) Laser Ready – laser ready blinds, light indication laser in use, etc.

2.9.5.7(2)(c) 1 built-in wood countertop workbench lower cabinets and power and data outlets

2.9.5.7(2)(d) 3 computer workstations

2.9.5.7(2)(e) Two sets of Medical Gases

2.9.5.7(3) All operating rooms are to be of standard size and configuration, and will be laser-ready. Each room will be large enough to accommodate future technologies including robotics, imaging equipment, and will be capable of accommodating higher acuity cases.

2.9.5.7(4) Thirteen ORs will be included, sized at 65 m² each as per Authority standard, and to ensure that they are all large enough to accommodate special procedures for maximum flexibility. All ORs will be designed same handed and will be laser ready.

2.9.5.7(5) One of the ORs will be configured as an Interventional Urology room with a small control room. A floor drain will be required and shall conform to CSA standards.

- 2.9.5.7(6) Two of the thirteen ORs are hybrid ORs. They shall support interoperable CT and will have shared control and computer rooms. Each hybrid OR shall have lead shielding.
- 2.9.5.7(7) The two hybrid ORs shall be located conveniently for access to the staff/emergency/service elevators for safe transfer of patients.
- 2.9.5.7(8) The ORs will be designated as Level 3 suites meaning that each suite will have digital technology allowing remote viewing of the suite.
- 2.9.5.7(9) ORs will typically have a double door for patient and surgical team access plus a single large door connecting to the adjacent sterile supply area.
- 2.9.5.7(10) As a general guideline only; to be confirmed through the user consultation process described in Schedule 2 Appendix 2C Review Procedure, each OR will be equipped with:
 - 2.9.5.7(10)(a) Two or more surgical lights depending upon the services to be accommodated;
 - 2.9.5.7(10)(b) Services, such as medical gases, power outlets, etc., available from articulating booms and around the room
 - 2.9.5.7(10)(c) Large sized flat panel monitors with screen protection to display medical information, diagnostic images (PACS), physiological monitoring and scope images
 - 2.9.5.7(10)(d) Articulating boom(s) to accommodate surgical, scope and anaesthesia equipment
 - 2.9.5.7(10)(e) Two computer workstations, one for PACs retrieval, display and physician charting, and one nurses' computers including controls for the integrated device network suite
 - 2.9.5.7(10)(f) Stainless steel or mobile storage cabinets for surgical supplies, table parts, specialized equipment, etc.
 - 2.9.5.7(10)(g) Stainless steel blanket and fluid warmer
 - 2.9.5.7(10)(h) Integrated control cabinet for booms. Cabinet shall be ventilated. If mechanically ventilated, then the

fan shall be quiet so as not disrupt conversations in the OR.

- 2.9.5.7(10)(i) Wall mounted hooks with wall backing for hanging used lead aprons. Carts with clean lead aprons to be located in the restricted corridor.
- 2.9.5.7(10)(j) Nurse standing height desk with solid surface counter top. Surgeon desk will be sitting height with solid surface counter top.
- 2.9.5.7(11) A Frozen Section Room will be integrated into the Surgical Services Component. This facility will accommodate frozen sections and the ability to safely decant formalin in a fume hood to fix specimens before they are sent to the Hospital's Laboratory. The Frozen Section Room will be located on the semi-restricted corridor but with a pass-through window to the restricted corridor so surgeons can confer with pathologists on their surgical cases.
- 2.9.5.7(12) One scrub station containing a double, hands-free OR scrub sink and stainless-steel shelves for supplies is required at the entrance to each OR, and with a window above to the OR with integral blinds controlled from the OR. Each scrub station will have backing to mount consumables such as, scrub brushes, scrub solutions, masks, gloves, nail cleaners, etc.
- 2.9.5.7(13) The circulation system will provide a corridor around the ORs' exteriors and a Sterile Core in the middle. All OR's, with the exception of the Interventional Urology, shall have both corridor and sterile core access. Interventional Urology OR shall have corridor access at a minimum and sterile core access, where possible. The Sterile Core will have a doorway into each OR, with the exception of the Interventional Urology, as well as a direct vertical link to the MDR Cart Marshalling Area, Sterile, in the Medical Device Reprocessing (MDR) Component.
- 2.9.5.7(14) Case carts, emergency case carts (7-8), and back-up supply carts will be held in the Sterile Core. Each OR will typically use 1 case cart per procedure, and occasionally 2 carts for more complicated procedures. Soiled carts will be returned to MDR.
- 2.9.5.7(15) Biomedical and Anesthetic Technicians' Storage and Workrooms will be collocated with storage for large equipment
- 2.9.5.7(16) A Utility Room (Case Carts) shall have an easily accessible waste fluid evacuation system docking station and shall have direct access to the soiled MDR elevator.

2.9.5.7(17) Confidential touchdown rooms will be decentralized and located on the corridor around the ORs and will be equipped with computers, PACS, and telephones for dictation.

2.9.5.8 Post Anaesthetic Recovery Room (PARR)

2.9.5.8(1) The PARR will be sized to accommodate 26 recovery stretchers/beds, plus two private rooms. PARR will have two zones; the Main area and the Higher Acuity area. Each area shall have support spaces and alcoves so supplies are close at hand. Each area shall be able to work independently but shall have direct connections between each area for movement and communication of staff.

2.9.5.8(2) Each patient recovery station will include: medical gases, 115 VAC power and data outlets, physiological monitoring, emergency call system, telephone, intercom/ nurse call system, plus adequate space for a mobile computer charting station, IV pump, ventilator and a code team.

2.9.5.8(3) Recovery bays will be designed with a patient service column in a tower and patient feet to the exterior wall with a view out the window. The service column shall be located between two patient bays. The nurse patient ratio is 2:1.

2.9.5.8(4) A 4-bed higher acuity area shall be integrated as part of the PARR and will include a decentralized Team Care Station, support spaces, and washroom with shower.

2.9.5.8(5) There will be two private patient recovery rooms. One will be an Airborne Isolation room with negative pressure with anteroom and washroom that will be used to isolate a patient as required. The other private recovery room will be provided to accommodate patients who require more privacy.

2.9.5.8(6) ECT are performed in the PARR starting at 8am and finishing at 9:30am during weekdays. Four to eight patients are served during this period with supervision by Anesthesia.

2.9.6 Functional Component Diagram

2.9.6.1(1) The spatial organization of this Component will be generally as shown in the diagram below. The diagram illustrates conceptual relationships, and shall not be treated as a floor plan. See legend for key internal adjacencies.



2.9.7 Schedule of Accommodation

2.9.7.1 Provide the following spaces, numbers of spaces, net areas, and space contents as minimum requirements. Note the indented spaces indicate the space is internally connect to the space listed above.

Ref. No	Space	Space Program			Remarks
		units	nsm/unit	nsm	
	E. Surgical Services				
	<u>Control and Patient Holding Area (Unrestricted Zone)</u>				
01	Control Desk	1	15.0	15.0	Incl. 2 workstations
02	Alcove, Pneumatic Tube Station	1	1.9	1.9	Incl. Millwork. Requires acoustically separation from control desk workstations
03	Alcove, Hand Hygiene Sink	1	2.5	2.5	Incl. hand hygiene sink, Personal Protective Equipment, Infection Protection and Control signage
04	Office, Private, PCC	1	10.0	10.0	Incl. workstation, files storage; Accessible from the both the control area and with a door onto restricted corridor.
05	Photocopy Room	1	7.0	7.0	Accommodates business equipment, supplies, and large confidential shredding bin; Millwork shall be designed for easy access to forms, paper, toner and other supplies
06	Workstation, Touchdown	4	4.6	18.4	Enclosed workstation for sound privacy, computer, power, data; use for dictation, etc.
07	Alcove, Wheelchair/Stretcher Holding	1	3.7	3.7	Accommodates up to 2 stretchers
08	Patient Preparation/Holding Bays	5	9.5	47.5	Curtained stretcher bays, equipped with reclining chairs or stretchers, visitor chair, physician stool, 1 hand hygiene sink per three bays requirement. Service column located between two patient bays.
09	Washroom, Patient	1	4.6	4.6	1 sink, 1 toilet, accessible
	Subtotal, Control and Patient Holding Area			110.6	
	<u>Operating Room Support Area (Semi-Restricted Zone)</u>				
10	Workroom, Biomedical Engineering	1	55.0	55.0	3 workstations – Bench space electrical outlets, 2 sets of medical gases – Designated

Ref. No	Space	Space Program			Remarks
		units	nsm/unit	nsm	
					laser ready room, leading shielding – Hand hygiene sink and eye wash – Scavenging system for medical gases – Accessed from restricted and semi-restricted corridors.
11	Laboratory, Frozen Section	1	15.0	15.0	Adjustable height workstation, 1 computer workstation, dual head microscope with camera, grossing station, xylene flammable cabinet, - Cryostat unit - Fume hood - utility sink, hand hygiene sink, accessed off unrestricted corridor. Includes pass through, securable window into Restricted Zone corridor to accommodate "face-to-face" meetings between Pathologists and Surgeons; negative pressure
12	Utility Room, Soiled Return (Case Carts)	1	37.0	37.0	Includes hand wash sink - fluid waste disposal system, macerator. Segregated areas for linen and garbage bins, biohazardous waste, sharps, recyclable items - Shared with operating rooms - Marshalling area for up to 5 contaminated case carts - Point of egress for circulation to MDR soiled elevator, second point of egress to corridor to access solid holding room
13	Housekeeping Room	1	12.0	12.0	Hand hygiene sink at entry - Wire cart with adjustable shelving and storage of supplies - Floor (service) sink - Pre-mixed automatic system for dispensing chemical supplies - Accommodates housekeeping carts, ladders, floor cleaning machine, and cleaning supplies - Located in close proximity to service elevators - Controlled access to this room
14	Soiled Holding Room	1	9.0	9.0	Accommodates staged storage for bins of garbage, soiled linen, biohazardous waste, recyclables etc. - Located in close proximity to service elevators - Controlled access to this room
15	Washroom, Staff	3	4.6	13.8	1 sink, 1 toilet, accessible

Ref. No	Space	Space Program			Remarks
		units	nsm/unit	nsm	
1.51	Alcove, PPE	3	2.5	7.5	Space provided at points of access into the Restricted Zone, including protective apparel. Provide hand hygiene sink if located more than 6m of a Scrub Station or hand hygiene sink required by 5.5.1.2(11).
	Subtotal, General Support Area			149.3	
	<u>Operating Rooms and Support Area (Restricted Zone)</u>				
16	Operating Room, Standard	10	65.0	650.0	Standardized layout.
17	Scrub Station	10	4.6	46.0	Double sinks - co-located with each OR
18	Stretcher Bay	10	2.6	26.0	1 bay co-located with each OR
19	Operating Room, Hybrid	2	85.0	170.0	Lead lined to support CT or other imaging modalities. Laser ready.
20	Scrub Station	2	4.6	9.2	Double sinks - co-located with each OR
21	Stretcher Bay	2	2.6	5.2	1 bay co-located with each OR
22	Control Room, Medical Imaging	1	22.0	22.0	Shared by both hybrid rooms with views into each
23	Computer/Process or Room, Medical Imaging	1	18.6	18.6	Supports imaging modalities, shared by both hybrid rooms. May be located within mechanical space on a separate floor, pending equipment manufacturer's requirements.
24	Operating Room, Interventional Urology	1	65.0	65.0	Designated for Urology procedures; requires floor drain. Laser ready.
25	Scrub Station	1	4.6	4.6	Double sinks - co-located with each OR
26	Stretcher Bay	1	2.6	2.6	1 bay co-located with each OR
27	Control Room, Medical Imaging	1	5.0	5.0	Supports imaging modalities dedicated to Interventional Urology OR
28	Workstation, Touchdown	6	4.6	27.6	Enclosed workstation for sound privacy, computer, power, data; use for dictation, etc.
29	Technical Support/ Workroom - Anesthesia	1	25.0	25.0	Counter - Shelving for inventories of consumable supplies and reusable equipment, medical gases, workstation, electrical outlets
30	Alcove, Laboratory Workstation	1	3.5	3.5	Includes workstation, docking station for point of care testing equipment, filing cabinet -

Ref. No	Space	Space Program			Remarks
		units	nsm/unit	nsm	
					provide ease of access to services elevators
31	Alcove, DI Workstation	1	9.0	9.0	Incl. 3 workstations, one workstation with CR reader; located along the restricted corridor
32	Alcove, Mobile X-ray	1	2.0	2.0	Includes data port, 115 VAC outlet
33	Alcove, Equipment	1	2.0	2.0	Incl. ice machine
34	Alcove -80° Freezer	1	1.5	1.5	Located just outside of the Sterile Core directly adjacent to main point of entry; remote monitoring and alarm required; floor drain
35	Storage, Clean Equipment	1	160.0	160.0	Allowance for large equipment (e.g., orthopedic bed, C-arms and mini C-arms, ice machine) - Organized as a combination of decentralized alcove(s) and room(s)
36	Sterile Core	1	560.0	560.0	Case cart marshalling area – sterile supply storage including sterile orthopedic equipment, 2 blood banking refrigerators, crash cart, emergency carts – provide minimum 2 convenient access points from restricted corridor located to minimize staff travel distances (such as at diagonal corners).
37	Alcove, Pneumatic Tube Station	1	1.9	1.9	Incl. Millwork.
38	Workstation, MDR staff	2	4.6	9.2	
39	Medication Room	2	9.5	19.0	Millwork, standing-height counter, wall-mounted computer workstation, hand hygiene sink, small-size refrigerator mounted on pedestal to bring to ergonomic height, monitored by BMS, 3-piece automated medication dispensing cabinet, recessed narcotic cabinet and wall mounted storage (adjustable wire shelving), space for future drug disposal system, glass walled for visibility where possible - Automatic opener.
40	Washroom, Staff	2	4.6	9.2	1 sink, 1 toilet, accessible

Ref. No	Space	Space Program			Remarks
		units	nsm/unit	nsm	
40.1	Alcove, Emergency Shower	1	2.5	2.5	Located near (within 6m) of the formalin decanting in the Frozen Section Room. Includes an eyewash. Provide floor drain.
	Subtotal, Operating Rooms and Support Area (Restricted Zone)			1856.6	
	<u>Post Anesthetic Recovery Room (PARR) Area</u>				
	<u>Main Recovery Room</u>				
41	Care Team Station	1	23.0	23.0	Serves as floor/unit reception - with up to 5 workstations - Includes Unit Clerk; central monitoring, video intercom, and remote door release of the visitor entrance into PARR
42	Alcove, Pneumatic Tube Station	1	1.9	1.9	Incl. Millwork. Requires acoustical separation from Care Team Station and unit clerk workstations
43	Office, Private, Unit Manager	1	10.0	10.0	Incl. workstation, files storage
44	Office, Shared, PCC/CNE	1	12.0	12.0	Incl. 2 workstations, files storage
45	Photocopy Room	1	7.0	7.0	Accommodates business equipment, supplies, and large confidential shredding bin; Millwork shall be designed for easy access to forms, paper, toner and other supplies
46	Workstation, Touchdown	1	4.6	4.6	Enclosed workstation for sound privacy, computer, power, data; use for dictation, etc.
47	Alcove, Carts	2	1.9	3.8	Incl. crash and difficult airway carts; data port and electrical outlets required
48	Stretcher Bays, Recovery	22	9.5	209.0	Privacy curtains around 3 sides - column with medical gases, etc. one between two bays, power and data
49	Alcove, Nourishment	1	5.0	5.0	Millwork counter with double sink, upper storage cabinets above the counter, full-size refrigerator (lockable) and microwave oven - Small kitchen appliances, Individual ice dispenser with filtered water - Lower cabinets with pull out wire drawers/bins

Ref. No	Space	Space Program			Remarks
		units	nsm/unit	nsm	
50	Alcove, Portable/Wheeled Equipment	2	2.0	4.0	Incl. one alcove must be sized to accommodate linen exchange cart
51	Alcove, Clean Supplies	3	1.4	4.2	
52	Storage, Equipment	1	20.0	20.0	Serviced with multiple 115 VAC and data outlets
53	Medication Room	1	16.0	16.0	Millwork, standing-height counter, computer workstations, 3 glucometers, hand hygiene sink, small-size refrigerator mounted on pedestal to bring to ergonomic height, monitored by BMS, 3-piece automated medication dispensing cabinets plus future tower, recessed narcotic cabinet and wall mounted storage (adjustable wire shelving), glass walled for visibility where possible - Automatic opener - Controlled access to this room, access from patient corridor and clean utility room. Space for future drug disposal system.
54	Utility Room, Clean	1	15.0	15.0	Wall-mounted wire bin storage system for top up (adjustable wire shelving) – Accommodation for wire cart with adjustable shelves. Accessible from staff/patient corridor.
55	Utility Room, Soiled	1	12.0	12.0	Hand hygiene sink at entry - Stainless steel counter with marine edge and utility sink, upper cabinets - Lower cabinets with wire bin pull out shelves except below utility sink - fluid waste disposal system - Access to Personal Protective Equipment for unit based decontamination and cleaning - Enclosed patient waste disposal unit, Controlled access to this room with automatic door opener
56	Washroom, Patient	1	4.6	4.6	1 sink, 1 toilet, accessible
57	Washroom, Staff	1	4.6	4.6	1 sink, 1 toilet, accessible
	Subtotal, Main Recovery Area			356.7	
	<u>Higher Acuity Recovery Area</u>				

Ref. No	Space	Space Program			Remarks
		units	nsm/unit	nsm	
58	Care Team Station, Higher Acuity	1	15.0	15.0	Incl. 2 computer workstations; central monitoring, video intercom, and remote door release of the main entrance into PARR
59	Photocopy Room	1	7.0	7.0	Accommodates business equipment, supplies, and large confidential shredding bin; Millwork shall be designed for easy access to forms, paper, toner and other supplies
60	Stretcher Bays, Recovery	4	9.5	38.0	Privacy curtains around 3 sides - column with medical gases, etc. one between two bays
61	Washroom, Patient	1	5.6	5.6	1 toilet, 1 sink, 1 shower - accessible (for High Acuity positions)
62	Recovery Room, Private, Airborne Isolation	1	12.0	12.0	Private room with hand hygiene sink, glass breakaway door with frosted glass bottom panel and integral blinds in top panel - Negative pressurization relative to surrounding spaces - easily access from Restricted Zone
63	Washroom, Patient	1	4.6	4.6	1 toilet, 1 sink, accessible
64	Anteroom	1	5.0	5.0	Entry alcove for gowning - Hand hygiene sink
65	Recovery Room, Private	1	12.0	12.0	Private room with hand hygiene sink, glass breakaway door with frosted glass bottom panel and integral blinds in top panel
66	Washroom, Patient	1	4.6	4.6	1 toilet, 1 sink - accessible
67	Satellite Medication Room	1	9.5	9.5	Millwork, standing-height counter, wall-mounted computer workstation, hand hygiene sink, small-size refrigerator mounted on pedestal to bring to ergonomic height, monitored by BMS, 3-piece automated medication dispensing cabinet, recessed narcotic cabinet and wall mounted storage (adjustable wire shelving), space for future drug disposal system, glass walled for visibility where possible - Automatic opener - Controlled access to this room, access from satellite Care Team Station.
68	Utility Room, Soiled	1	7.0	7.0	incl. utility sink, hand hygiene sink, small macerator

Ref. No	Space	Space Program			Remarks
		units	nsm/unit	nsm	
69	Alcove, Portable/Wheeled Equipment	2	2.0	4.0	Incl. one alcove must be sized to accommodate linen exchange cart
70	Alcove, Clean Supplies	2	1.4	2.8	
71	Washroom, Staff	1	4.6	4.6	
	Subtotal, Higher Acuity Recovery Area			131.7	
	Subtotal, Post Anesthetic Recovery Room (PARR) Area			488.4	
	<u>Staff Amenity and Administration Area</u>				
72	Office, Shared, Resource Nurse	1	22.5	22.5	Incl. 4 workstations, files storage
73	Office, Private, Anaesthesiologist	1	10.0	10.0	Incl. workstation, files storage - Meeting with 1-2 people
74	Office, Private, Nurse Educator	1	10.0	10.0	Incl. workstation, files storage - Meeting with 1-2 people
75	Office, Private Unit Manager	1	10.0	10.0	Incl. workstation, files storage - Meeting with 1-2 people
76	Office, Private, Purchasing Coordinator	1	14.0	14.0	Incl. workstation, files storage - Meeting with 1-2 people
77	Office, Shared, Error Reporting Clerks	1	13.8	13.8	Incl. 3 workstations
78	Open Office Area, Booking Clerks	1	50.0	50.0	Incl. 8 workstations
79	Staff Lounge/Break Room	1	58.0	58.0	Kitchenette/pantry with seating area for 30, combination of dining table and chairs and soft seating, TV, workstation – Convenient Access to the male and female locker/change rooms.
80	Physician Lounge/Break Room	1	38.0	38.0	Kitchenette/pantry with seating area for 20, combination of dining table and chairs and soft seating, TV, workstation – Convenient Access to the male and female locker/change rooms.
81	Education/Conference Room	1	45.0	45.0	Seating for up to 30 people – Conference table, cart emergency equipment/supplies – Serviced for tele/video conferencing, workstation. To be used as EOC in cases of emergency. Bookable meeting room for site.

Ref. No	Space	Space Program			Remarks
		units	nsm/unit	nsm	
82	Locker/Change Room, Male	1	78.0	78.0	Capacity for up to 130 full-width/half height (2 rows high) lockers - U-shaped configuration with bench - boot and coat racks; Design must not allow sight lines into locker room from outside corridor
83	Washroom, Male	1	18.6	18.6	4 sinks, 4 toilets (1 accessible) 4 urinals
84	Shower Cubicle	2	2.8	5.6	Includes change area
85	Locker/Change Room, Female	1	100.0	100.0	Capacity for up to 180 full-width/half height (2 rows high) lockers - U-shaped configuration with bench - boot and coat racks; Design must not allow sight lines into locker room from outside corridor
86	Washroom, Female	1	19.2	19.2	4 sinks, 6 toilets (1 accessible)
87	Shower Cubicle	2	2.8	5.6	Includes change area
88	On-Call Room	3	9.0	27.0	1 standard bed with side tables - Lockable
89	Washroom, Staff	3	5.6	16.8	1 toilet, 1 sink, 1 shower, accessible
	Subtotal, Staff Amenity and Administration Area			542.1	
	<u>Daycare Surgery</u>				
90	Waiting Area	1	28.0	28.0	Incl. seating for 12
91	Receptions Desk	1	9.0	9.0	1 computer workstation, telephone – Glassed partition for reception function located in close proximity to the waiting room.
92	Workstation, Volunteer	1	4.6	4.6	
93	Washroom, Patient/Visitor	1	4.6	4.6	1 sink, 1 toilet, accessible
94	Alcove, Wheelchair/Stretcher Holding	1	37.5	37.5	Incl. 10-15 stretchers and wheelchairs, hand hygiene sink, linens, linen hamper, shelving with cleaning products. Area used for stretcher cleaning.
	Subtotal, Daycare Surgery			83.7	
	Total nsm, Surgical Services			3230.7	

2.10 F. MAIN LOBBY AND GENERAL SUPPORT FACILITIES

2.10.1 Functional Description

2.10.1.1 This Functional Component description includes facilities developed for purposes of supporting all functions occurring in the New Facility.

2.10.1.2 Facilities located in this Functional Component will include:

2.10.1.2(1) Main Lobby and public support facilities including toilets, telephones and information

2.10.1.2(1)(a) Workstations for Reception Desk, Registration Cubicles, and Cashier Wicket.

2.10.1.2(1)(b) Workstation for Protection Services and Volunteer staff.

2.10.1.2(1)(c) Retail space (e.g., Coffee Shop, Auxiliary Gift shop).

2.10.1.2(1)(d) Foundation Offices.

2.10.1.2(2) General Support Facilities

2.10.1.2(2)(a) Material Management warehouse space including Housekeeping bulk and machine storage.

2.10.1.2(2)(b) Facilities Management Operations spaces.

2.10.1.2(2)(c) MDR Cart Marshalling, Sterile and Soiled Areas and a sterile supply Receiving and Breakdown Area.

2.10.1.2(2)(d) Respiratory Therapy Services Equipment Storage.

2.10.2 Operational Description

2.10.2.1 Minimum Hours of Operation

2.10.2.1(1) The Main Lobby will be generally staffed and operational from 7am to 10pm. Afterhours, security personal will monitor the lobby area and entrance from the Protection Services kiosk.

2.10.2.1(2) Remote Registration and Switchboard will be in operational 24 hours per day, 7 days per week

2.10.2.1(3) General Support Facilities will be staffed and operational during day time hours; however, MDR areas are staffed 24/7.

2.10.2.2 Clinical and Non-Clinical Support Processes and Flows

- 2.10.2.2(1) Pharmacy Services – not applicable
- 2.10.2.2(2) Diagnostic Imaging Services – not applicable
- 2.10.2.2(3) Laboratory Services – not applicable
- 2.10.2.2(4) Physiotherapy and Occupational Therapy – not applicable
- 2.10.2.2(5) Respiratory Therapy – not applicable
- 2.10.2.2(6) Speech-Language Pathology – not applicable
- 2.10.2.2(7) Social Work – not applicable
- 2.10.2.2(8) Dietitian Services – not applicable
- 2.10.2.2(9) Biomedical Engineering Services – not applicable
- 2.10.2.2(10) Material Management Services
 - 2.10.2.2(10)(a) Consumable Supply inventories will be warehoused and staged prior to distribution throughout the New Facility.
- 2.10.2.2(11) Equipment – no additional considerations
- 2.10.2.2(12) Waste Management - no additional considerations
- 2.10.2.2(13) Laundry and Linen Services – no additional considerations
- 2.10.2.2(14) Housekeeping Services – no additional considerations
- 2.10.2.2(15) Retail Food Services
 - 2.10.2.2(15)(a) Food retail service will be developed as part of the lobby facilities. The nature and extent of services include a coffee shop serving beverages and prepared goods.
- 2.10.2.2(16) Volunteer Services
 - 2.10.2.2(16)(a) Volunteers will be available to provide assistance to people needing directions, room locations to visitors and may at times escort people to their destination.
- 2.10.2.2(17) Information Management – No additional considerations

2.10.2.2(18) Security Services

- 2.10.2.2(18)(a) A Protection Services kiosk will be included in the New Facility's lobby area. This workstation will be staffed at times, and will provide staff with a work area should they be required to attend to incidents in the New Facility or afterhours. Volunteer services will utilize the kiosk during the day.

2.10.2.2(19) Patient Registration

- 2.10.2.2(19)(a) Patient registration functions located in the Main Lobby will accommodate the Hospital's central Patient Registration Department, remote registration and self-serve registration kiosks.

2.10.3 Functional Component Design Requirements

2.10.3.1 External Relationships

- 2.10.3.1(1) The following is a summary of other Functional Components in the Hospital that have a functional relation with the Main Entrance, Lobby and General Support Facilities. The relationships are listed in order of descending priority.

- 2.10.3.1(1)(a) Direct Access to a vehicle passenger drop off area, including Medi-Van and HandyDART, will allow efficient access to reception and lobby facilities for patients, their escorts and visitors. Provide discreet access to the Patient/Service Elevators through Back of House circulation for patients who are transferred in Medi-Van or HandyDART.

- 2.10.3.1(1)(b) Convenient Access by General Circulation to the New Facility and existing Hospital to enable efficient movement of carts and equipment.

2.10.3.2 Key Environmental Requirements

- 2.10.3.2(1) The following subjects have been identified as specific criteria for the layout and design of this Functional Component.

- 2.10.3.2(2) Zones of Activity within the Main Lobby Area

- 2.10.3.2(2)(a) Main Entrance Lobby Area

- 2.10.3.2(2)(b) Registration Area

2.10.3.2(2)(c) Foundation Office

2.10.3.2(3) Zones of Activity within General Support Facilities

2.10.3.2(3)(a) Material Management and Housekeeping spaces

2.10.3.2(3)(b) Facilities Maintenance Operations

2.10.3.2(3)(c) MDR Cart Marshalling, Sterile and Soiled Areas

2.10.3.2(3)(d) Respiratory Therapy Services Storage

2.10.3.3 General Physical Organization- Main Lobby

2.10.3.3(1) The New Facility will have its own focal point for patient/visitor arrivals and then transits to other areas within the New Facility or other the Hospital facilities. The Main Entrance and Lobby Area will function as an orientation space where people will receive directions to their destinations, either by means of signage, digital wayfinding kiosks or Information personnel. Wayfinding to various services in the lobby including to the public/passenger elevators should be clear and easily understood.

2.10.3.3(2) Digital wayfinding kiosks shall be located centrally located in the lobby for maximum visibility.

2.10.3.3(3) Protection Services/Volunteers kiosk should be clearly visible to patients and visitors entering the main lobby.

2.10.3.3(4) Upon entry visitors and public should have immediate access to a hand hygiene station with hand cleanser, face masks and infection protection and control signage.

2.10.3.3(5) The New Facility's Main Entrance shall be the after-hours entrance for the Hospital and as such will be monitored by Security Staff from the Protection Services/Volunteers Kiosk.

2.10.3.3(6) Any point of access/egress normally accessible to the public, and that may be locked or restricted during certain times (e.g., evenings and weekends) must be equipped with an intercom system that connects directly with a switchboard that will be staffed and in operation 24 hours-a-day, 7 days-a-week.

2.10.3.3(7) Staff/equipment/supplies circulation will be kept separate from patient/visitor circulation.

2.10.3.3(8) The registration area shall have 3 registration cubicles grouped together and easy access from the main lobby. The cubicles require acoustical separation from the main lobby and between

cubicles. Directly behind the cubicles should be label markers and printers for clerks to easily access. All other functions in the registration area shall be considered Back of House. There shall be two access/egress points in the registration area for staff safety.

- 2.10.3.3(9) Existing and any future monitoring currently done by switchboard for service/equipment campus wide shall be relocated with switchboard to the New Facility.
- 2.10.3.3(10) The Foundation Office will be a separate area with a prominent entrance off the lobby. Donor displays shall be accommodated in the main lobby.
- 2.10.3.3(11) Gift shop shall have full glazing for maximum visibility into shop. Sun shading shall be provided if in direct sunlight to protect freezer/coolers.
- 2.10.3.3(12) Community Spiritual Health office shall be located off a public corridor.
- 2.10.3.3(13) Switchboard requires a transaction window opening onto the lobby or public circulation to facilitate patient payment transactions occurring after hours and on weekends when the cashier is not available.

2.10.3.4 General Physical Organization- General Support Services

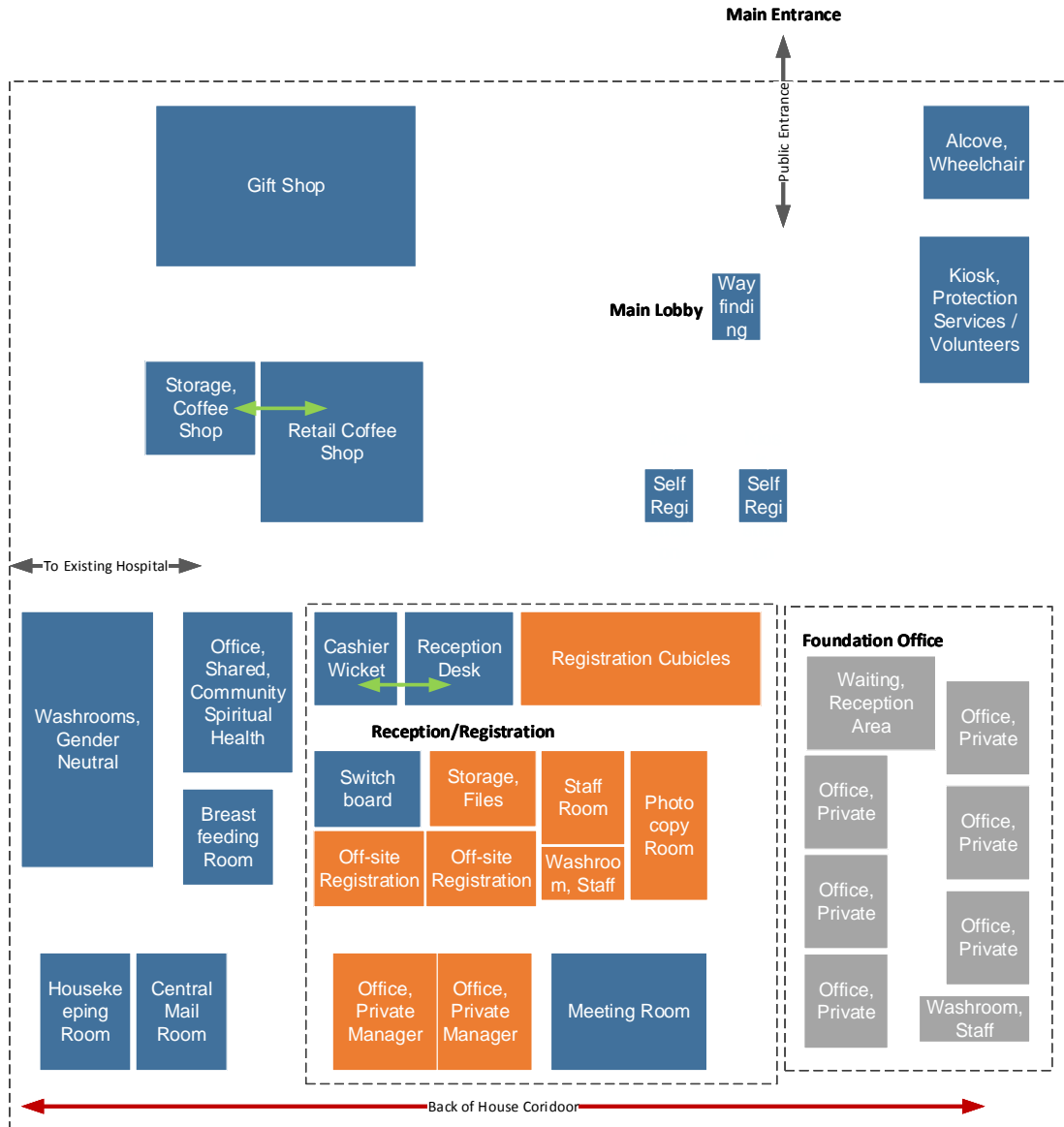
- 2.10.3.4(1) General Support Services Areas will be restricted to Hospital personnel. Circulation routes will allow Convenient Access to a staff/emergency/service elevator core by all functions accommodated at this level.
- 2.10.3.4(2) Material Management storage area including Housekeeping Bulk storage will be include shelving in secure caged areas.
- 2.10.3.4(3) Housekeeping Machine Room will be used to store, clean, and charge large floor cleaning machines. Housekeeping staff will retrieve waste material and soiled linen from the New Facility and move to either the loading dock or soiled linen holding in the Hospital.
- 2.10.3.4(4) Respiratory Therapy Services equipment storage will house infrequently used equipment. A workbench for equipment set and testing with access to medical gases. Shelving in a secure area is required.
- 2.10.3.4(5) The Authority has programmed an estimated Facilities Management Operations area for Project Co.'s use. Project Co

shall be responsible for all rooms and spaces required to comply with the terms of this Project Agreement, including sufficient rooms and spaces necessary for the operation and maintenance of the Building and for Project Co to perform the services in accordance with this Project Agreement.

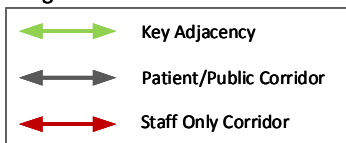
- 2.10.3.4(6) MDR Cart Marshalling Area, Sterile will be used for the storage of sterile supplies and sterile case cart marshalling. MDR Cart Marshalling Area, Soiled will be used for temporary storage of soiled case carts from the OR. MDR sterile supply area must have direct access to the clean MDR elevator linking to the Sterile Core in Surgical Services. The soiled case cart area will have direct access the soiled MDR elevator. Card Readers are required on all doors in MDR area.
- 2.10.3.4(7) All soiled case carts generated in the Operating rooms will be brought down via the soiled MDR Elevator and temporarily stored in the Soiled Marshalling Area. MDR staff will retrieve the soiled case carts and move them to the existing MDR for processing.
- 2.10.3.4(8) The MDR areas shall be located directly adjacent to the existing MDR space for future expansion.
- 2.10.3.4(9) “The MDR Receiving and Breakout room will be located off the main Back of House corridor leading to the loading dock. Sterile supplies/consumables will be taken to the Breakout room where they will be removed from cardboard boxes and either transferred directly to MDF Sterile Stores or via the clean MDR elevator, to the Sterile Core in Surgical Services Component.

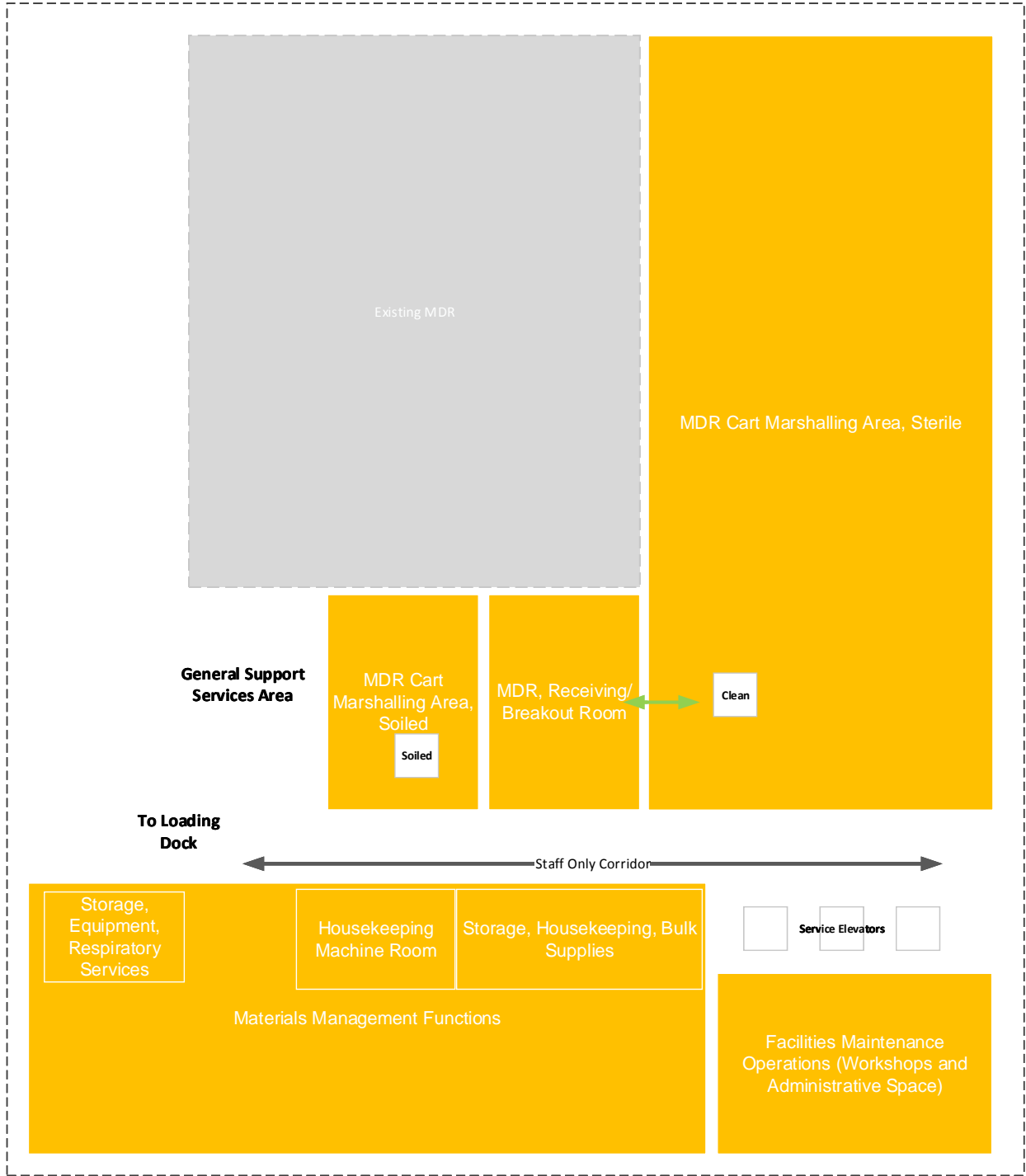
2.10.3.5 Functional Component Diagram

2.10.3.5(1) The spatial organization of this Component will be generally as shown in the diagram below. The diagram illustrates conceptual relationships, and shall not be treated as a floor plan. See legend for key internal adjacencies.

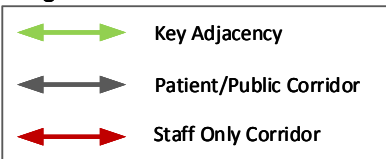


Legend:





Legend:



2.10.4 Schedule of Accommodation

2.10.4.1(1) Provide the following spaces, numbers of spaces, net areas, and space contents as minimum requirements. Note the indented spaces indicate the space is internally connect to the space listed above.

Ref. No	Space	Space Program			Remarks
		units	nsm/unit	nsm	
	F. Main Entrance, Lobby and General Support Facilities				
	<u>Main Entrance/Lobby Area</u>				
01	Entrance Vestibule	1	15.0	15.0	
02	Alcove, Wheelchair	1	8.2	8.2	Capacity for up to 12 Staxi wheelchairs
03	Alcove, ATM	1	1.9	1.9	
04	Alcove, Parking Pay Station	1	2.5	2.5	incl. two pay stations
05	Kiosk, Digital Wayfinding System	1	2.8	2.8	Incl. power, data; used for patient and visitor wayfinding information display; located in middle of main lobby for high visibility
06	Alcove, Vending Machines	1	1.4	1.4	
07	Kiosk, Protection Services/Volunteers	1	13.8	13.8	Shared Kiosk by Volunteers and Protection Services; Millwork combination standing height and accessible height counter with lockable drawers; Total of 3 workstations. Volunteer workstation with one computer, and Security workstation with one computer with 3 monitors, portable radio charging station; two points of egress
08	Reception Desk	1	14.0	14.0	Enclosed with glass with transaction windows, 2 workstations with computers, chair, telephones - Co- located with Registration cubicles.
09	Cashier Wicket	1	9.0	9.0	Collocated with Reception Desk, and divided with partition for acoustic privacy. Incl. 1 workstation, Millwork, cash drawer, small safe; enclosed with secure glass opening at counter for exchanges and communications with visitors.
10	Switchboard	1	15.0	15.0	Incl. 3 workstations, 2 transaction windows with blinds. Co-locate with Reception and Registration areas; equipment alarm

Ref. No	Space	Space Program			Remarks
		units	nsm/unit	nsm	
					monitoring for hospital centralized to switchboard, nurse call and code displayed only.
11	Kiosk, Self-Registration Kiosk	2	3.0	6.0	Locate near volunteers to provide assistance as needed
12	Lobby/Waiting Area, Patients/Family	1	90.0	90.0	Television viewing area - Seating for up to 45 - Allowance for patrons in wheelchairs - taxi phones; Foundation electronic display
13	Gift Shop	1	50.0	50.0	Enclosed with glazing, cashier station, display shelving, coolers, display racks, signage; duress buttons, change room with mirror. Direct Access to registration from gift shop to allow volunteers to use Registrations file storage room for cashing out at end of day.
14	Retail Coffee Shop	1	25.0	25.0	Existing equipment to be relocated. Incl. transaction counter and condiment stand for cream and sugar, drip coffee maker, espresso maker, microwave, crockpots, instant hot water, sink, counter, supply storage, refrigerator, refrigerated food display, hand hygiene sink.
15	Storage, Coffee Shop	1	15.0	15.0	Incl. shelving, fridge/freezer, workstation with computer and cash counter
16	Seating for Retail/Coffee Shop	1	42.9	42.9	Includes seating for 15 at bistro-style tables
17	Central Mail Room	1	8.0	8.0	Incl. cubbies for mail, recycling, layout table; accessible from only from staff corridor
18	Office, Shared, Community Spiritual Health	1	13.8	13.8	Incl. 3 workstations; bookcases, used for visiting community clergy; accessible from public corridor
19	Meeting Room	1	16.0	16.0	Locate outside department but near Foundation Office. Shared and bookable meeting room for site with no sole ownership.
20	Washroom, Patient/Visitor, gender neutral	7	4.6	32.2	1 toilet, 1 sink, accessible, one washroom to be equipped with baby change table.
21	Breast Feeding Room	1	7.5	7.5	Hand hygiene sink at entrance - Accessible by outpatients
22	Kiosks, Venders	2	7.5	15.0	Incl. power, locate in high traffic area

Ref. No	Space	Space Program			Remarks
		units	nsm/unit	nsm	
23	Housekeeping Room	1	12.0	12.0	Hand hygiene sink at entry - Wire cart with adjustable shelving and storage of supplies Floor (service) sink - Pre-mixed automatic system for dispensing chemical supplies - Accommodates housekeeping carts, ladders, floor cleaning machine, and cleaning supplies - Located in close proximity to service elevators - Controlled access to this room
24	Enclosed Atrium	1		190	Enclosed space including seating, activity area and plantings.
	Subtotal, Main Entrance/Lobby Area			607.0	
	<u>Registration Area</u>				
25	Registration Cubicles	3	7.0	21.0	Incl. transaction booth, glass fronted with gaps for communication; ability to slide papers under glass; two means of egress; computer workstations with drawers; label maker, telephone – Partitioned on 3 sides for privacy/confidentiality; acoustic separation from waiting area required.
26	Alcove, Pneumatic Tube Station	1	1.9	1.9	Incl. Millwork. Requires acoustically separation from registration workstations
27	Alcove, Label makers and Printers	1	1.9	1.9	Incl. power and data
28	Workroom, Enclosed, Off-site Registration	2	6.0	12.0	incl. 1 sit/stand workstations, computer, enclosed for acoustically privacy
29	Photocopy Room	1	7.0	7.0	Accommodates business equipment, supplies, and large confidential shredding bin; Millwork shall be designed for easy access to forms, paper, toner and other supplies; - locate close to registrations
30	Office, Private Manager	2	10.0	20.0	Incl. workstation, files storage - Meeting with 1-2 people
31	Storage, Files	1	10.0	10.0	Incl. three (3) drawer file cabinets, large safe, counter with cash counting machine and small table. Locate convenient to both the Gift Shop and Cashier for after-hours counting of cash.

Ref. No	Space	Space Program			Remarks
		units	nsm/unit	nsm	
32	Staff Room	1	10.0	10.0	Incl. small kitchenette, soft seating for 2-3
33	Washroom, Staff	1	4.6	4.6	1 sink, 1 toilet, accessible
	Subtotal, Registration Area			88.4	
	<u>Foundation Office</u>				
34	Waiting, Reception Area	1	15.0	15.0	Reception desk for 2 workstation and seating for 2-3 visitors, coat rack
35	Office, Private	5	10.0	50.0	Incl. desk, computer, chair, file storage; safe in one office
36	Office, Shared	1	12.0	12.0	Incl. 2 workstations, files storage - Meeting with 1-2 people
37	Alcove, Kitchenette	1	5.0	5.0	Incl. counter, sink, instant hot water, microwave, small fridge, coffee maker
38	Photocopy Room	1	10.0	10.0	Incl. storage, multifunction printer; additional long term storage will remain in Alumni Building
39	Washroom, Staff	1	4.6	4.6	1 sink, 1 toilet, accessible
	Subtotal, Foundation Office			96.6	
	<u>Building Support Services Area</u>				
40	Materials Management Functions	1	320.0	320.0	Incl. shelving, pallets; separate caged areas
41	Storage, Housekeeping bulk supplies	1	52.0	52.0	Incl. shelving, pallets; separate caged area within Materials Management
42	Housekeeping Machine Room	1	25.0	25.0	Incl. charging stations for auto scrubbers, etc. ventilated room, hose bid, floor drain
43	Facilities Maintenance Operations	1	100.0	100.0	Incl. workshops and administrative spaces
44	MDR Cart Marshalling Area, Sterile	1	425.0	425.0	Adjacent to clean elevator, incl. 4 workstations- height adjustable with computer, scanner and telephone at each, shared printer; positive pressure
45	Alcove, Pneumatic Tube Station	1	1.9	1.9	Incl. Millwork
46	MDR Receiving/Breakout Room	1	45.0	45.0	Incl. hand hygiene sink, wire carts, PPE on cart. For the unpackaging of MDR and OR sterile goods.

Ref. No	Space	Space Program			Remarks
		units	nsm/unit	nsm	
47	MDR Cart Marshalling Area, Soiled	1	35.0	35.0	Adjacent to soiled elevator, negative pressure, hand hygiene sink, hose bib, eye wash station, floor drain
48	Storage, Equipment, Respiratory Services	1	20.0	20.0	Incl. power and data, medical gases, table or bench for assembling and testing equipment
	Subtotal, Building Support Services Area			1023.9	
	Total nsm, Main Entrance, Lobby and General Support Facilities			1815,9	

2.11 G. RESPIRATORY THERAPY SERVICES

2.11.1 Functional Description

2.11.1.1 This Functional Component outlines the requirements for the Respiratory Therapy (RT) Services. Respiratory Therapy is responsible for oxygen therapy, pulmonary function assessments, and the proper and safe operation of mechanical ventilators and other equipment used in treating respiratory conditions and illnesses. RT is also involved in tracheotomy care, cardio-pulmonary resuscitations, and bronchoscopies. Respiratory Therapy services specific to the Component include the following:

- 2.11.1.1(1) Bronchoscopies
- 2.11.1.1(2) Pulmonary Function Testing
- 2.11.1.1(3) RT services administration for the Site
- 2.11.1.1(4) Base for staff therapists
- 2.11.1.1(5) Education of RT staff and RT students

2.11.1.2 Respiratory Therapy Services are provided to both inpatient and outpatients.

2.11.1.3 Respiratory equipment will be stored close to point of use in other Components or in dedicated respiratory therapy services storage room in Building Support Services Area Component.

2.11.2 Operational Description

2.11.2.1 Minimum Hours of Operation

- 2.11.2.1(1) For outpatient services, the Component will be generally staffed and operational from 8am to 8pm, Monday to Friday.
- 2.11.2.1(2) Acute Respiratory Therapists will access this unit 24 hours, 7 days a week.

2.11.2.2 Patient and Provider Processes and Flows

- 2.11.2.2(1) Outpatients will register with the registration clerks in the Main Lobby and then proceed to their appointment, they will check-in with reception and either taken directly to the clinical space where they will be seen by Respiratory Therapies or they may be required to wait in the waiting area.
- 2.11.2.2(2) If a patient is there for a bronchoscopy procedure, then they will be directed to the change room to change into a gown. Patients will then be prepped in one of the recovery bays and then moved into the Bronchoscopy room for their procedure. The patient will return

to one of the bays for 1 to 2-hour recovery time. Their clothes and personal belongings will remain with them in the recovery area until they dress and are discharged.

- 2.11.2.2(3) Inpatients will be transported to the Component using the staff/emergency/service elevators and corridors. After their procedures or testing and recovery patients will return escorted to their inpatient units. On the rare occasion, emergency patients will be brought over from emergency for procedures.

2.11.2.3 Patient Information Management

- 2.11.2.3(1) The Respiratory Therapy Services will accommodate both paper-based and electronic charting and records management.
- 2.11.2.3(2) Computer terminals and the provision for computers will be located in the Clinical Spaces, offices, and reception.
- 2.11.2.3(3) Staff will utilize a wireless communication system.

2.11.2.4 Clinical and Non-Clinical Support Processes and Flows

2.11.2.4(1) Pharmacy Services

- 2.11.2.4(1)(a) Drugs required for bronchoscopy procedures are retrieved by RT staff from the Main Pharmacy in the hospital and stored in the Bronchoscopy room in a small automated dispensing unit.

2.11.2.4(2) Diagnostic Imaging Services – not applicable

2.11.2.4(3) Laboratory Services

- 2.11.2.4(3)(a) Outpatients will have blood work drawn prior to their appointment in the outpatient laboratory at the Clinical Services Building. The exceptions are blood gases which will be drawn by RT staff and delivered immediately to the main laboratory for analysis if the department is located on Level 2 of the New Facility. Provide an efficient path of travel between Respiratory and the existing Laboratory for these blood gas deliveries. If Respiratory Therapy Services are not located on Level 2 of the New Facility, provide a 1.9sm Pneumatic Tube Station Alcove located near Reception.

2.11.2.4(4) Physiotherapy and Occupational Therapy – not applicable

2.11.2.4(5) Speech-Language Pathology – not applicable

- 2.11.2.4(6) Social Work – not applicable
- 2.11.2.4(7) Dietitian Services – not applicable
- 2.11.2.4(8) Biomedical Engineering Services
 - 2.11.2.4(8)(a) Biomedical Engineering will provide repair and preventative maintenance services for RT equipment and scopes. Repairs and servicing will occur in the existing Biomedical Engineering facility.
- 2.11.2.4(9) Material Management Services – No additional considerations
- 2.11.2.4(10) Equipment
 - 2.11.2.4(10)(a) Storage of infrequently used RT equipment will occur in dedicated storage area in the Building Support Services Area Component. RT staff will set up and test equipment in that area. Other equipment would be store close to point of use.
- 2.11.2.5 Medical Device Reprocessing
 - 2.11.2.5(1) After use scopes will be reprocessed and stored in the MDR. Clean scopes will be delivered to Respiratory Therapy Services bronchoscopy suite and temporarily stored in The Clean Utility Room in a scopes cabinet until needed. Soiled scopes will be temporarily stored in the Soiled Utility Room until returned to MDR for processing.
- 2.11.2.6 Waste Management - no additional considerations
- 2.11.2.7 Laundry and Linen Services – No additional considerations
- 2.11.2.8 Housekeeping Services – No additional considerations
- 2.11.2.9 Retail Food Services – not applicable
- 2.11.2.10 Nurse Administration Hospital Porters
 - 2.11.2.10(1) Inpatients may be transported from inpatient units to this Component by portering staff.
- 2.11.2.11 Information Management – No additional considerations
- 2.11.2.12 Security Services – No additional considerations
- 2.11.2.13 Patient Registration – No additional considerations

2.11.3 Functional Component Design Requirements

2.11.3.1 External Relationships

2.11.3.1(1) The following is a summary of other Functional Components in the Hospital that have a functional relation with Respiratory Therapy Services. The relationships are listed in order of descending priority.

2.11.3.1(1)(a) Convenient Access by General Circulation from the Main Lobby and from the Clinical Services Building for the ease of wayfinding for outpatients and their families.

2.11.3.1(1)(b) Direct Access by Restricted Circulation to Main Laboratory via Back of House corridors for the delivery of blood gas specimens

2.11.3.1(1)(c) Convenient Access by General Circulation to the New Facility and existing Hospital to enable efficient movement of RT staff and equipment.

2.11.3.2 Key Environmental Requirements

2.11.3.2(1) The following subjects have been identified as specific criteria for the layout and design of this Functional Component.

2.11.3.2(2) Zones of Activities within this Component:

2.11.3.2(2)(a) Reception/Waiting Area

2.11.3.2(2)(b) Pulmonary Function Testing Area

2.11.3.2(2)(c) Bronchoscopy Suite

2.11.3.2(2)(d) Respiratory Therapy Staff Support Area

2.11.3.3 General Physical Organization

2.11.3.3(1) A small waiting and reception shall be provided off Front of House circulation with signage. This area will act as the front entrance to the Component. Outpatients will access the Component through this entrance.

2.11.3.3(2) Inpatients will be transported to this Component from the inpatient units and will enter the Component through a Back of House entrance.

2.11.3.3(3) Staff only areas shall be separated from visitor and patient areas.

2.11.3.3(4) Staff delivering supplies, medications, and equipment shall use the staff/emergency/service Elevators and Back of House circulation.

2.11.3.3(5) Doors into this Component shall be automatic and secure.

2.11.3.4 Specialty Room Configuration

2.11.3.4(1) The Pulmonary Function Testing Labs shall contain the following:

2.11.3.4(1)(a) Body Box with terminal

2.11.3.4(1)(b) Reclining patient chair

2.11.3.4(1)(c) Specialty gas tanks

2.11.3.4(1)(d) Other testing equipment

2.11.3.4(1)(e) Workstation for charting

2.11.3.4(1)(f) Storage cupboards with counter with utility sink and under counter fridge.

2.11.3.4(2) The Bronchoscopy Room shall contain the following:

2.11.3.4(2)(a) Stretcher

2.11.3.4(2)(b) Storage cabinets

2.11.3.4(2)(c) Small automated dispensing cabinet

2.11.3.4(2)(d) Negative pressure monitoring and alarm

2.11.3.4(3) Anteroom with scrub sink will be located directly adjacent to the Bronchoscopy room

2.11.3.4(4) The Education/Meeting Room shall have telehealth capability and include medical gases for training purposes.

2.11.3.4(5) One recovery bay will have walls on three sides with a curtain at the foot. The side walls should extend approximately $\frac{3}{4}$ of the length of the side of the bay with the curtain wrapping around to provide privacy. This wall configuration provides good visibility for nursing to monitor patients. A headwall with medical gases and monitor shall be provided. A hand hygiene sink will be provided to service the bay. Provide one Airborne Isolation room with negative pressure and anteroom that will be used to isolate a patient as required.

2.11.3.4(6) Provide a minimum 60m (or 30m with turnaround) clear continuous area or non-public corridor where walk tests can be performed.

Tests will be conducted along a quiet course within the department (or conveniently adjacent to the department) that has minimal traffic that could interrupt the test. Ensure the ambient temperature is comfortable for the patient to exercise.

2.11.3.5 Visual Monitoring and Security

2.11.3.5(1) Visitors who access the Component will check in with reception.

2.11.3.5(2) A receiving station for the nurse call system will be placed at the reception desk. Nurse call systems will be installed in all patient care rooms.

2.11.3.5(3) All rooms designated for "staff only" must be lockable

2.11.3.5(4) Doors with upper glazing panels will be provided for Pulmonary Function Labs and Education/Meeting room.

2.11.3.6 Flexibility

2.11.3.6(1) In the future, the two private offices may be converted to future Pulmonary Function Testing Lab. Need to provide appropriate HVAC, wall and ceiling finishes.

2.11.3.7 Sensory Environment

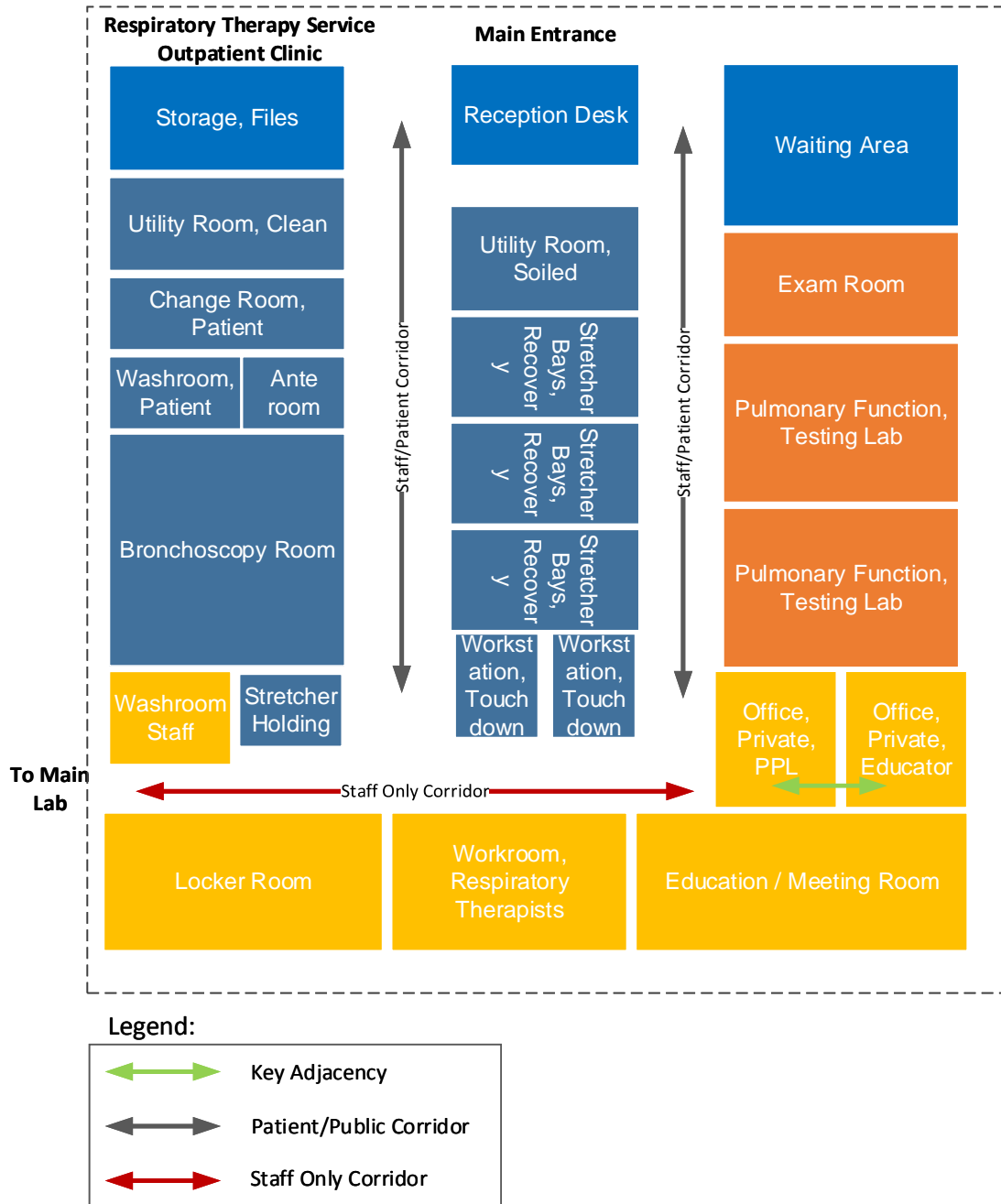
2.11.3.7(1) Interdisciplinary conversations should be private and not overheard by patients. Activities in the Component should not disturb patients undergoing testing, bronchoscopies or recovery from procedures.

2.11.3.8 Airborne Isolation

2.11.3.8(1) Appointments for patients who have known or suspect TB infections will be scheduled at the end of day so the rooms where they are seen will not be used for another patient until the next day.

2.11.4 Functional Component Diagram

2.11.4.1(1) The spatial organization of this Component will be generally as shown in the diagram below. The diagram illustrates conceptual relationships, and shall not be treated as a floor plan. See legend for key internal adjacencies.



2.11.5 Schedule of Accommodations

2.11.5.1 Provide the following spaces, numbers of spaces, net areas, and space contents as minimum requirements. Note the indented spaces indicate the space is internally connect to the space listed above.

Ref. No	Space	Space Program			Remarks
		units	nsm/unit	nsm	
G. Respiratory Therapy Services					
<u>Reception/Waiting Area</u>					
01	Waiting Area	1	8.0	8.0	Incl. seating for 4
02	Reception Desk	1	9.2	9.2	Incl. 2 workstations, photocopier, office supplies
03	Storage, Files	1	10.0	10.0	incl. high density shelving, mobile shelving
	Subtotal, Reception/Waiting Area			27.2	
<u>Pulmonary Function Testing Area</u>					
04	Pulmonary Function Testing Lab	2	20.0	40.0	Incl. workstation, body box, testing equipment, utility sink, lower storage cabinets, reclining patient chair, medical gases, large and small specialty gas tanks, negative pressure
05	Exam Room	1	12.0	12.0	Incl. workstation, medical gases, hand hygiene sink, table, reclining patient chair
	Subtotal, Pulmonary Function Testing Area			52.0	
<u>Bronchoscopy Suite</u>					
06	Bronchoscopy Room	1	30.0	30.0	Incl. small storage cupboard for resources and extra supplies, stretcher, medical gases, lockable medication cabinet, negative pressure
07	Anteroom	1	5.0	5.0	Incl. scrub sink
08	Stretcher Holding	1	2.5	2.5	
09	Stretcher Bays, Recovery	1	9.5	9.5	3 walls, curtain at foot of stretcher, medical gases on headwall, patient monitoring.
09.1	Recovery Room, Private, Airborne Isolation	1	12.0	12.0	Private room with hand hygiene sink, glass breakaway door with frosted glass bottom panel and integral blinds in top panel – Negative

Ref. No	Space	Space Program			Remarks
		units	nsm/unit	nsm	
					pressurization relative to surrounding spaces.
09.2	Anteroom	1	5.0	5.0	Entry alcove for gowning – Hand hygiene sink.
10	Change room, patients	1	4.5	4.5	
11	Washroom, patient	1	4.6	4.6	1 sink, 1 toilet, accessible
12	Utility Room, Clean	1	15.0	15.0	Incl. shelving for clean supplies, temporary scope holding in scope cabinet
13	Utility Room, Soiled	1	7.0	7.0	Incl. utility sink, counter, macerator
14	Workstation, Touchdown	2	4.6	9.2	Enclosed workstation for sound privacy, computer, power, data; use for dictation, etc.
	Subtotal, Bronchoscopy Suite			104.3	
	<u>Respiratory Therapy Staff Support Area</u>				
15	Education/Meeting Room	1	14.0	14.0	Incl. table, seating for 4-6, telehealth capability, medical gases, workstation with PACS. Bookable meeting room for site.
16	Office, Private, PPL	1	10.0	10.0	Incl. workstation, files storage - Meeting with 1-2 people
17	Office, Shared, Educator	1	12.0	12.0	Incl. 2 workstations, files storage - Meeting with 1-2 people
18	Workroom, Respiratory Therapists	1	14.0	14.0	Incl. 4-5 workstations for respiratory staff
19	Locker Room	1	15.0	15.0	Incl. 40 purse lockers, boot and coat racks
20	Washroom, Staff	1	4.6	4.6	1 sink, 1 toilet, accessible
21	Staff Room			0.0	Shared with Child & Adolescents MH Crisis Intervention Program
22	Equipment Room			0.0	See F. Main Entrance & General Support Facilities component
	Subtotal, Respiratory Staff Support Area			69.6	
	Total nsm, Respiratory Therapy Services			253.1	