

DOH Health Facility Guidelines 2019

Part B – Health Facility Briefing & Design
360 Outpatients Unit



Executive Summary

This Functional Planning Unit (FPU) covers the requirements of a typical Outpatients Unit, also known as Ambulatory Care Unit where patients receive care but do not stay overnight.

The Outpatients Unit is applicable to a wide range of facilities including (but not limited to) Polyclinics, Specialist Clinics, Primary Health Centres, General Clinics, School Clinics, Dental Clinics, Rehabilitation Centres and Traditional, Complementary and Alternative Medicine Centres (TCAM) which include Ayurveda, Chiropractic, Hijama, Homeopathy, Hotel Clinics, Naturopathy, Osteopathy, Therapeutic Massage, Traditional Chinese Medicine (TCM) and Unani Medicine.

A number of Operational and Planning Models are applicable to the Outpatients Unit in a variety of settings including Single Corridor and Double Corridor Models. Consultation spaces may be provided as combined Consult/Examination Rooms or separate Consult and Examination Rooms. The advantages and disadvantages of each are discussed.

The Functional Zones and Functional Relationship Diagrams indicate the ideal External Relationships with other units and services. The size of Outpatients Unit may vary dependent on the service plan that considers the population served, and the demand for services. Design Considerations address a range of important issues including acoustics, privacy, safety and security and Building Services Requirements.

The Schedules of Accommodation are provided using references to Standard Components (typical room templates) and quantities for typical Units with 3, 8, 12 and 18 Consult Rooms suitable for all Role Delineation Levels (RDLs).

Further reading material is suggested at the end of this FPU but none are mandatory.

Users who wish to propose minor deviations from these guidelines should use the Non-Compliance Report (Appendix 4 in Part A) to briefly describe and record their reasoning based on models of care and unique circumstances.

The details of this FPU follow overleaf.

Table of Contents

Executive Summary.....	2
Table of Contents.....	3
360. Outpatients Unit	4
1 Introduction	4
2 Functional & Planning Considerations.....	5
2.1 Operational Models.....	5
3 Unit Planning Models	8
3.2 Functional Zones.....	10
4 Functional Relationships	11
4.1 External Relationships.....	11
4.2 Internal Relationships	12
4.3 Functional Relationships Diagram.....	12
5 Design Considerations	15
5.1 General.....	15
5.2 Environmental Considerations	15
5.3 Accessibility	16
5.4 Size of the Unit.....	16
5.5 Safety and Security.....	16
5.6 Finishes.....	16
5.7 Curtains / Blinds.....	17
5.8 Building Services Requirements.....	17
5.9 Infection Control	18
6 Standard Components of the Unit	19
6.1 Non-Standard Rooms.....	19
7 Schedule of Accommodation	21
7.1 Outpatients Unit.....	21
8 Further Reading.....	26

1. Outpatients Unit

1.1 Introduction

The Outpatients Unit, also known as Ambulatory Care Unit, refers to health care provided in hospital-based outpatients or stand-alone clinics, physician offices, ambulatory surgical centres and many other specialised settings where patients receive care but do not remain overnight.

The Outpatients Unit may perform the following functions in a wide range of clinical specialties:

- Consultation with medical specialists, examination and investigations
- Treatment on a same day basis
- Minor procedures
- Follow up review consultation and ongoing case management
- Patient screening prior to surgery – perioperative services
- Health education or counselling sessions for patients and families
- Referral of patients to other units or disciplines for ongoing care and treatment
- Referral for admission to a hospital for inpatient services
- Hyperbaric Oxygen therapy (HBOT) that may be delivered from a Hospital, Day Surgery or specialist Outpatient facilities

It should be noted Home Healthcare (administrative and support hub) may be provided from an Outpatient Unit, a Hospital, Health Centres or Rehabilitation Unit.

Outpatients care facilities include (but are not limited to):

- Polyclinics
- Specialist Clinics
- Primary Health Centre
- General Clinics
- Hotel Clinics
- School Clinics
- Dental Clinics
- Traditional, Complementary and Alternative Medicine Centres (TCAM) which include Ayurveda, Chiropractic, Hijama, Homeopathy, Naturopathy, Osteopathy, Therapeutic Massage, Traditional Chinese Medicine (TCM) and Unani Medicine.
- Rehabilitation Centres

The following specialist services provided on an outpatient or same day basis are addressed in the relevant FPU in these Guidelines:

- Health Centre
- Dental (refer to Dental Surgery Unit)
- Day Surgery (refer to Day Surgery/ Procedure Unit)
- Oncology/ Day Chemotherapy (refer to Oncology Unit – Medical (Chemotherapy))
- Mental Health Services (refer to Mental Health Unit - Outpatients)
- Radiotherapy (refer to Radiation Oncology/ Cancer Care Centre)

- Rehabilitation, Physiotherapy, Occupational Therapy (refer to Rehabilitation/ Allied Health)
- Renal Dialysis (refer to Renal Dialysis Unit)
- Urgent Care Centres, Acute Assessment Units, Medical Assessment Units (refer to Emergency Unit)

An Outpatient Clinic as described here may be located within a hotel and may be located within a hotel and will be referred to as a Hotel Clinic, School Clinic, Company Clinic. For School Clinic requirements refer to DOH Health Regulation Sector, School Clinic Regulation. Similarly, for Hyperbaric Oxygen Therapy, refer DOH Health Regulation Sector, Hyperbaric Oxygen Therapy Standards, 2016.

The elements described in this FPU apply to Outpatients Units located within a larger facility, located within a commercial development or stand-alone units.

1.2 Functional & Planning Considerations

1.2.1 Operational Models

Patient services are generally provided during normal business hours; weekdays from 08.00am to 5.00pm; however, there is no restriction to providing 24-hour service. However, patient care requirements and flexible work schedules may require hours of operation to be extended to evenings and weekends to meet demand and operational policies. Availability of support, cleaning and maintenance services should be considered during the planning phase.

Flexible Operational Models can be built into an existing unit using modular spaces and designs. Each module should include Reception, Waiting, Consult/Examination and Treatment Rooms supported by patient and staff facilities, Support Areas and Clerical Offices.

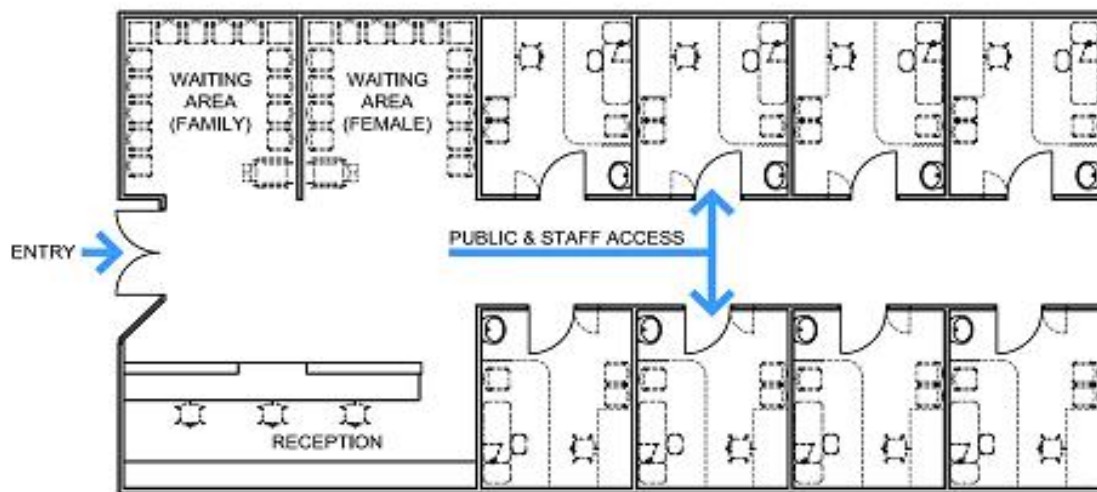
It is vital to clearly identify the main patient/public Entry and reinforce the entry sequence with the design of site circulation systems. Staff Entry and circulation should be separated from patient circulation where possible.

Consultation methods differ between medical practitioners depending on the situation. However, in all cases, the emphasis should be on achieving the optimal environment for a fully informed consultation.

Operational Models applicable to the Outpatients Unit include:

Single Corridor Access Model:

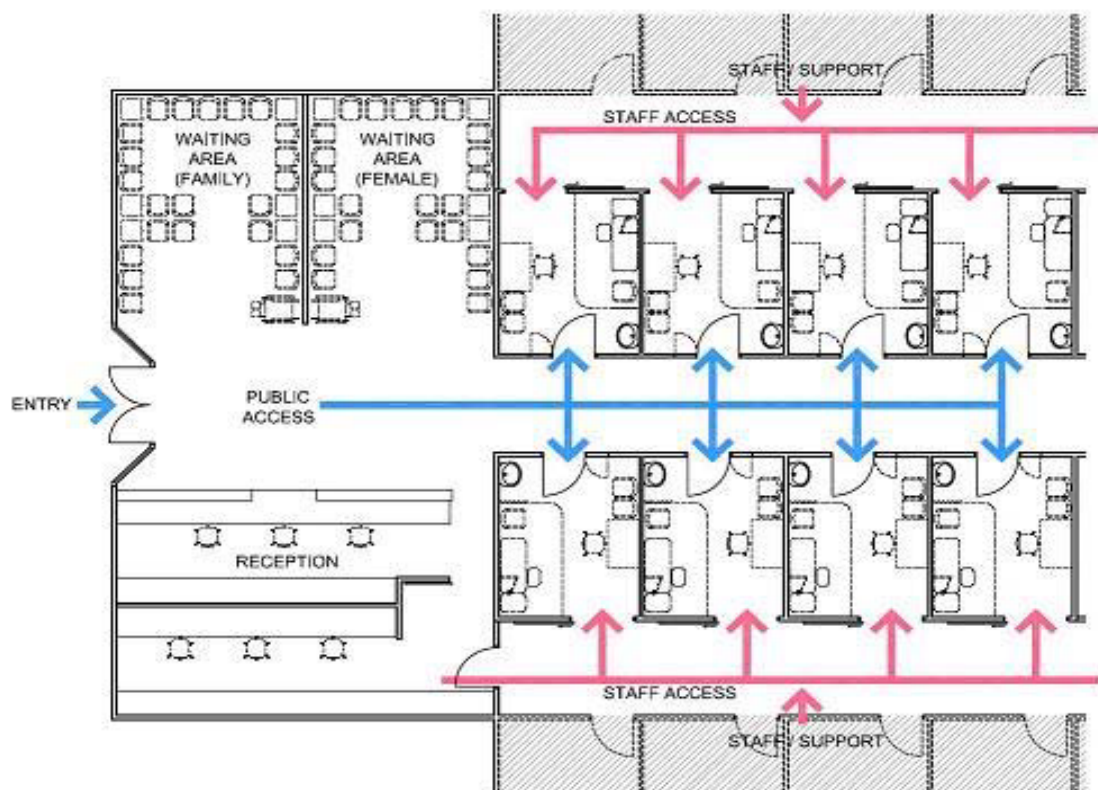
This examination/ treatment model permits multidisciplinary rooms with similar configurations accessed by a single entry-point.



Above: Single Corridor Access Model

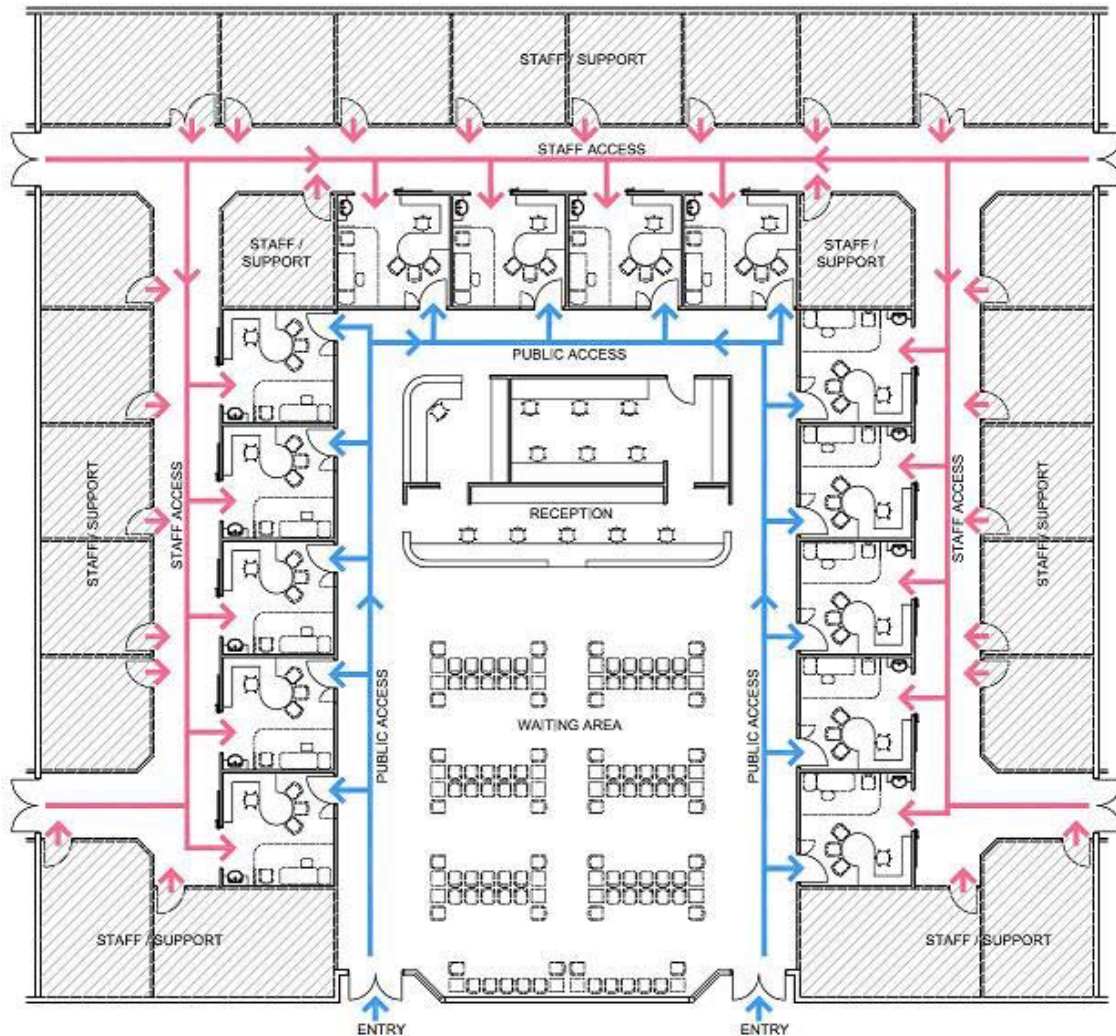
Double Corridor Access Model

Where space permits, the Double Corridor Access Model enables staff support and service areas to remain discreetly separate from public access. Common Reception and Waiting Areas enhance efficient staffing and resourcing while the Consult/ Examination Rooms can be used by either multi-disciplinary teams or specialist providers.



Above: Double Corridor Access model with waiting area at the entry

In this model, Waiting Areas can be located centrally and confidentiality. Consideration of these benefits may be off-set, where appropriate, by convenient patient access and fast turn-over for each room module.



Above: Double Corridor Access model with centralized waiting area

Multidisciplinary Consult Rooms

The adoption of Modular Consult Rooms enables efficient use by multidisciplinary practitioners on a sessional basis. As service needs and workload projections vary, staffing efficiencies and patient convenience can be maintained while duplications are prevented.

Single Specialty Consult Rooms

Where a range of highly specialised equipment is required during each consultation, rooms can be configured to accommodate these special requirements. Each medical specialty can be assigned their group of medical suites with associated Waiting and Reception Areas, patient facilities and Support Areas.

Examples of specialities this models suits includes: ENT/ Ophthalmology, Endoscopy Specialties, Cancer Centre (Chemotherapy, Radiotherapy and Consulting) and Specialist Medical Suites.



Above: Typical Specialist Medical Suites of varying sizes

1.3 Unit Planning Models

The service plan of an individual facility determines the planning needs of the Outpatients Unit.

Influencing factors include:

- Patient attendance numbers
- Numbers of specialities
- Medical, Allied Health and Support Staffing number
- Anticipated usage of medical suites and potential to share rooms between specialities
- Population profiles which drive speciality service delivery
- Planning Models applicable to the Outpatient Unit include:
 - A discreet Unit within a hospital facility or located within a hospital campus, sharing the support services of the hospital facility
 - An integrated Unit such as a private medical practise within a commercial development such as a shopping centre, an office building, a hotel or school
 - A stand-alone Unit not connected with a hospital or commercial facility

Outpatients Units are commonly located at the entrance of large and small health facilities with an efficient connection to the Main Entry of the facility.

Key considerations during planning include the provision of:

- Convenient ground floor access to outpatient entry with set-down points for ambulances, patient support vehicles and private cars. Flexibility is allowed to use the same consultation room for multiple compatible specialties
- Effective wayfinding boards and enquiry points at entrances
- Patient refreshment, pharmaceutical and toilet facilities
- Waiting Areas to accommodate patients, carers, children and the disabled
- Patient flow patterns to enable clinical pre-assessment, pathology, radiology services etc. prior to medical consultation
- Storage facilities for patient belongings
- Clustering procedure rooms to service consultation rooms
- Furniture, fittings, equipment, services and hydraulics to meet specific clinical requirements

An important consideration during planning of the Outpatients Unit is the determination of the model of Consult/ Examination rooms. This can have a major impact on space provision for the Unit.

Combined Consult/ Examination Rooms

Consult and examination takes place within a single room. The room has a desk and chairs in the Consultation Zone and a screened Examination Area with a couch. The layout of the room should ensure patient privacy particularly in the Examination Area. The room is suitable for multifunction use; specialist equipment is brought into the room as needed and stored when not in use.

The benefits of this type of room are:

- Flexible use – can be used for consultation or examination or both
- Compact rooms result in a space saving floor plan

Separate Consult and Examination Rooms

Consult and Examination Rooms are provided as individual rooms with separate access to each, allowing a patient to be examined separately to the consult function. Examination rooms are to have only one door. This type of arrangement is appropriate for both multi-functional and specialist use of the rooms.

Benefits of this type of room:

- Allows increased throughput of patients by enabling a patient to be examined or to be changing in the examination room while another patient is occupying the Consult Room
- Separate Examination Rooms can be converted in future to full Consult/ Examination Rooms when additional clinic capacity is needed
- Convenient for patient consultation with multiple clinical specialists; the patient remains in place and clinicians visit the patient

Examination Rooms may be sized to accommodate the examination couch and hand basin only which is space efficient and reduces the overall departmental area.

Specialist Consult/ Exam Rooms

Specialist Consult/ Exam Rooms are designed to accommodate a particular discipline with specialty equipment that remains in the room e.g. ENT, Ophthalmology and Podiatry Rooms.

Benefits:

- Avoids excessive handling of expensive or sensitive equipment
- Specialist equipment available and ready to use instantly without setting up

1.3.1 Functional Zones

The Outpatients Unit consists of the following key Functional Zones:

- Entry Area including:
 - Reception/ Patient registration
 - Waiting Areas including provision for families
 - Interview Room/s for patient and family discussions
 - Public Amenities such as Toilets, Play Area, Parenting Rooms
- Consult Areas with:
 - Consult and Examination Rooms, (combined or separate)
 - Interview and Meeting Rooms for patient discussions, team meetings
 - Vital Signs Room
 - Blood Collection facilities
 - Support Areas including utilities, store rooms, patient toilets
- Treatment Areas (optional depending on the speciality and operational model- the number depends on the services provided; some specialities or operations may not require any treatment room) if provided may include:
 - Procedure and Treatment Rooms
 - Plaster Room/s
 - Patient Bed Bays for recovery following procedures
 - Support Areas incorporating utilities
- Staff and Support areas such as:
 - Offices
 - Staff Room
 - Staff Toilets and Lockers

Entry Area

If a direct and separate entry is provided to the Unit at street level, an entry canopy shall be provided for patient drop-off and pick-up. The canopy shall be designed and sized appropriately to permit easy manoeuvring and weather protection of vehicles including cars, ambulances, taxis, and mini-vans. The entry canopy shall be located next to the Lobby/ Airlock if one is provided.

Entry Areas should allow for separate drop off by cars and ambulances and community vehicles and patients arriving by public transport or walking.

Reception/ Waiting Area

The Reception is the receiving hub of the Outpatients Unit for patients and arrivals and should be well signposted, prominent and have a good view of the entire waiting area. The Reception also serves as the main access control point for the unit to ensure security of the Unit and may include patient registration, a patient queuing system and cashier facilities where appropriate. The Reception/ Waiting Area of the Outpatients Unit may be shared by Consulting and Treatment Zones and should be located to provide convenient access to both areas while allowing access to Public and Disabled Amenities for patients and visitors.

The net corridor width must not be used for waiting or sub-waiting, and unobserved sub-waiting areas in this unit are not preferred.

Waiting Areas should be located at the Entry to the Outpatients Unit and may also be decentralised, close to Consult and Treatment Rooms. Separate Waiting Areas are required for Males and Females. Waiting Areas should accommodate a wide range of occupants including children, those less mobile or in wheelchairs. Waiting Areas in Outpatients Unit shall be provided with a minimum of 2 seats per

Consult Room. Provisions should be made for prams and play areas for children. Waiting Areas shall be provided with drinking water and require convenient access to Public Amenities without accessing Treatment or Staff Work Areas.

Consult and Treatment/ Procedure Areas

Consult/ Examination rooms may be provided as combined Consult/ Examination Rooms or separate rooms depending on the operational policy of the facility and the clinical specialties to be incorporated. Consult and Treatment Areas should promote efficiency while providing a pleasant environment for all patient types. Consult/ Examination Rooms may be used for Allied Health treatment and Traditional, Complementary and Alternative Medicine Centres (TCAM) therapies.

Treatment and Procedure Rooms are used for minor treatments and procedures under local anaesthetic that do not require admission to the Day Surgery/ Procedures Unit.

Vital Signs Room/s are used for measurement and recording of patient height, weight and vital signs prior to consultation.

Patient Bed Bays are provided as required for patient recovery following procedures attended within the Unit. The Bed Bays require staff Handwashing Basins (refer to Part D - Infection Prevention and Control for quantity), a Staff Station and Support Areas including Clean and Dirty Utilities. Bed Bays may also be utilised for trolley or wheelchair patients awaiting transport if there is no transit lounge.

Support Areas

Support Areas for the Outpatients Unit include:

- Bays for linen, resuscitation trolley and mobile equipment including wheelchairs
- Cleaners Room
- Clean Utility with provision for drug storage
- Dirty Utility including facilities for urine testing and waste holding
- Store Rooms for general consumables, sterile stock and equipment; this may include specialty equipment held in storage until needed in the Consult or Treatment Rooms, and bulky items such as crutches, walkers and lifting equipment

Staff Areas

Offices and Workstations are required for the Unit Manager and administrative staff, to undertake administrative functions, or to facilitate educational and research activities.

Staff require access to the following:

- Meeting room/s for education and tutorial sessions as well as meetings
- Staff Room with beverage and food storage facilities
- Toilets and Lockers

Staff Areas may be shared with an adjacent unit if located conveniently.

1.4 Functional Relationships

A Functional Relationship can be defined as the correlation between various areas of activity which work together closely to promote the delivery of services that are efficient in terms of management, cost and human resources.

1.4.1 External Relationships

The Outpatients Unit, whether free-standing or part of a larger facility have close working relationships with many other units and services.

The planning and design of the Unit should locate the following with convenient access:

- Drop off Zone
- Carpark
- Main Entry and Public Amenities

If the Outpatients Unit is located within a hospital or on a hospital campus the Unit should be located with ready access to the following Units:

- Admissions Unit (satellite, stand alone or central) for patient referrals
- Clinical Information Unit for delivery/ return of clinical records unless digital records are used
- Day Surgery/ Procedure Unit
- Emergency Unit, for patient referrals
- Medical Imaging for diagnostic procedures
- Pharmacy for patient medications
- Laboratory Unit Specimen Collection, for diagnostic studies
- Rehabilitation Unit/ Allied Health for patient follow-up
- Transit Lounge for patients awaiting transport

1.4.2 Internal Relationships

The internal planning of the Outpatients Unit should be planned by considering the Units Functional Zones.

Some of the critical relationships to be considered include:

- Flexibility in accommodating various types of use throughout different hours in the day
- Reception Area should allow patients to move conveniently to and from the Consult and Treatment Areas and accommodate high volume of patients, support staff, care-takers and mobility aids
- Interview Rooms for support services such as social worker, cashier etc. to be conveniently located
- Sub Waiting Areas may be located close to Treatment Areas for patient and staff accessibility
- Staff must be able to move easily to and from Treatment Areas, Reception/ Registration and Waiting Areas; discreet and private Work Areas away from patients is recommended; Staff Areas may have restricted access to patients

It is important for the Functional Zones to work effectively together to allow for an efficient, safe and pleasant environment.

1.4.3 Functional Relationships Diagram

The relationships between the various components within an Outpatients Unit are best described by Functional Relationships Diagrams.

The optimum External Relationships include:

- Patient access from a circulation corridor with a relationship to the Main Entrance and Car Park
- Separate entry and access for staff via a Service Corridor
- Access for services such as Supply, Housekeeping via a Service Corridor.

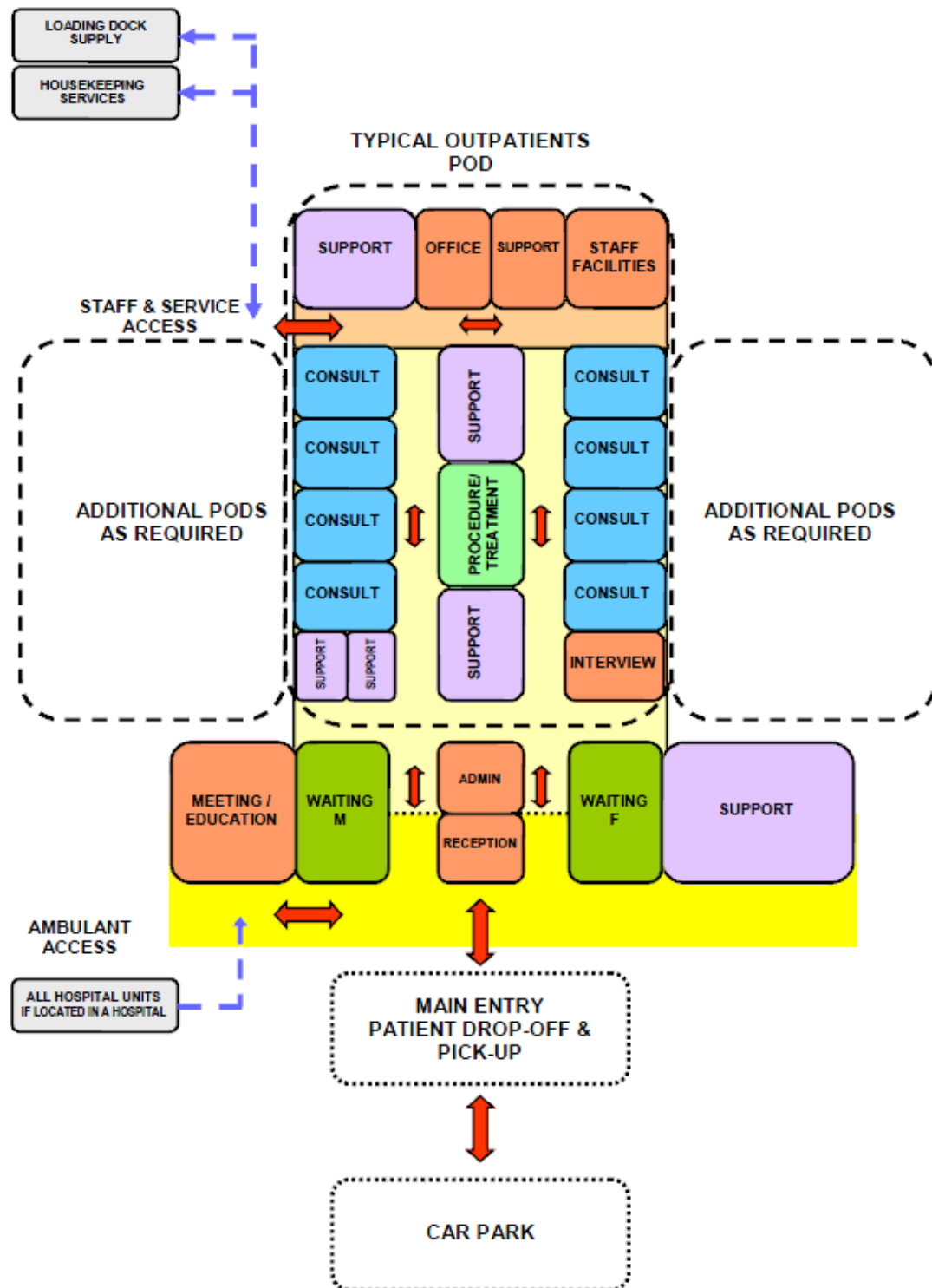
Internal Relationships should include the following:

- Reception at the entrance with access to an Interview Area
- Waiting Areas located near to the Unit Entry with access to circulation corridors; Sub-Waiting

Areas may also be provided close to Consult and Treatment Areas for patient and staff convenience

- Access for patients to Consult and Treatment Rooms directly from Waiting Areas with Reception/ Administration acting as a control centre
- Support Areas located in Consult/ Treatment and Staff Areas close to the activity centres for staff convenience

The optimum Functional Relationships of a typical Outpatients Unit are demonstrated in the diagram below.



LEGEND

 Patient Areas	 Procedural Areas	 Public Areas & Amenities	 Direct Relationship
 Support Areas	 Circulation	 Public Corridors	 Indirect Relationship
 Staff Areas	 Staff/Service Corridor	 Controlled Access	 Path of Travel

1.5 Design Considerations

1.5.1 General

Waiting Areas, Patient Consult and Treatment Areas shall be designed to cater for a wide range of patients visiting the Unit, including elderly, parents with children, patients with limited mobility and bariatric patients. Waiting Areas in Outpatients Units shall be provided with a minimum of 2 seats per Consult Room.

Where a paediatrics service is provided, a separate controlled area should be available for paediatric patients.

The design should give patients and visitors the impression of an organised and efficient Unit.

Additionally, carparking space allowance should be considered in the planning process to align with relevant Municipality standards and requirements.

1.5.2 Environmental Considerations

Acoustics

The Outpatients Unit should be designed to minimise the ambient noise level within the unit and transmission of sound between consult/treatment areas, staff areas and public areas. The transfer of sound between clinical spaces should be minimised to reduce the potential of staff error from disruptions and miscommunication and to increase patient safety and privacy.

Acoustic treatment is required to the following:

- Consult/ Examination Rooms
- Interview and Meeting Rooms
- Treatment Areas
- Staff Rooms

Solutions to be considered include:

- Location of the Unit
- Selection of sound absorbing materials and finishes
- Use of sound isolating construction
- Planning to separate quiet areas from noisy areas
- Review of operational management and patient/client flows. This may include separate areas for patients with special needs and paediatrics

Refer to Part G – Acoustics of these Guidelines for more information.

Natural Light

It is preferable that the use of natural light should throughout the Unit is maximised, although this is not mandatory. Windows are an important aspect of sensory orientation and psychological well-being of patients and staff in order to reduce discomfort and stress. Windows are particularly desirable in Waiting Areas and Staff Lounges. If windows cannot be provided, alternatives such as skylights may be considered. In each of the models provided, the majority of the consultation rooms is to utilised the lighting provided by natural light.

Privacy

The design of the Outpatients Unit needs to consider patient privacy and confidentiality incorporating the following:

- Discreet discussion spaces and non-public access to medical records

- An adequate number of rooms for discreet discussions and treatments to occur whenever required
- Privacy screening to all Examination Bays and Patient Bed Bays with sufficient space within each Treatment Space to permit curtains to be easily drawn whenever required
- The location of doors to avoid patient exposure in Consult and Treatment Rooms

1.5.3 Accessibility

There should be a weatherproof vehicle drop-off zone with easy access for less-mobile patients and wheelchair bound patients.

Design should provide ease of access for wheelchair bound patients in all Patient Areas including Consult Rooms and Waiting Areas in accordance with the People of Determination Code. Waiting Areas should include spaces for wheelchairs (with power outlets for charging electric mobility equipment) and suitable seating for patients with disabilities or mobility aids. The Unit requires provision for bariatric patients.

1.5.4 Size of the Unit

The size of the Unit is determined by a Clinical Services Plan taking into consideration:

- The size of the population served by the Unit and demographic trends
- The number of clinical practitioners available
- The average length of consultation or treatment
- The number of referrals and transfers from other local regions or hospitals
- The number of other Outpatients Units in the vicinity

Schedules of Accommodation have been provided for a hospital-based Unit with 3, 6, 12 and 18 Consult Rooms.

1.5.5 Safety and Security

The Outpatients Unit shall provide a safe and secure environment for patients, staff and visitors, while remaining a non-threatening and supportive atmosphere.

Security issues are important due to the increasing prevalence of violence and theft in health care facilities. The facility, furniture, fittings and equipment must be designed and constructed in such a way that all users of the facility are not exposed to avoidable risks of injury.

The arrangement of spaces and zones shall offer a high standard of security through the grouping of like functions, control over access and egress from the Unit and the provision of optimum observation for staff. The perimeter of the Unit should be secured, and consideration given to electronic access. Access to Public Areas shall be carefully planned so that the safety and security of staff areas within the Unit are not compromised. Zones within the Unit may need to be lockable when not in use, preferably electronically. This can be achieved through the use of doors to circulation corridors and automated shutters to entrances when the Outpatient Service is not operational after hours and weekends.

Internally within the Outpatients Unit all offices require lockable doors and all Store Rooms for files, records and equipment should be lockable.

1.5.6 Finishes

Finishes including fabrics, floor, wall and ceiling finishes, should be inviting and non-Institutional as far as possible. The following additional factors should be considered in the selection of finishes:

- Ease of cleaning
- Infection control

- Acoustic properties
- Durability
- Fire safety
- Movement of equipment and impact resistance

In areas where clinical observation is critical such as Consultation and Treatment Rooms, lighting and colours selected must not impede the accurate assessment of skin tones. Walls shall be painted with lead free paint.

The floor finishes in all Consult and Treatment Areas should have a non-slip surface and be impermeable to water and body fluids. Carpet cannot be installed in Examination and Treatment Rooms.

Refer also to Part C – Access, Mobility, OH&S and Part D – Infection Prevention and Control of these Guidelines.

1.5.7 Curtains / Blinds

Window treatments should be durable and easy to clean. Consideration may be given to use of blinds, shutters, tinted glass, reflective glass, exterior overhangs or louvers to control the level of lighting. If blinds are to be used instead of curtains, the following applies:

- Vertical blinds and Holland blinds are preferred over Horizontal blinds as they do not provide numerous surfaces for collecting dust
- Horizontal blinds may be used within a double-glazed window assembly with a knob control on the internal side

Privacy bed screens must be washable, fireproof and cleanly maintained at all times. Disposable bed screens may also be considered.

1.5.8 Building Services Requirements

This section identifies unit specific services briefing requirements only and must be read in conjunction with Part E – Engineering Services for the detailed parameters and standards applicable.

Information and Communication Technology

Unit design should address the following Information Technology/ Communications issues:

- Electronic Health Records (EHR) which may form part of the Health Information System (HIS)
- Hand-held tablets and other smart devices
- Picture Archiving Communication System (PACS)
- Paging and personal telephones replacing some aspects of call systems
- Data entry including scripts and investigation requests
- Bar coding for supplies and records
- Data and communication outlets, servers and communication room requirements
- Optional availability of Wi-Fi for staff, patients and waiting visitors

Staff Call

Hospitals must provide an electronic call system next to each treatment space including Consult, Examination, Procedure, Treatment Rooms and Patient Areas (including toilets) to allow for patients to alert staff in a discreet manner at all times.

All calls are to be registered at the Staff Station and must be audible within the service areas of the Unit including Clean Utilities and Dirty Utilities. If calls are not answered the call system should

escalate the alert accordingly. The Staff Call system may also use mobile paging systems or SMS to notify staff of a call.

Heating Ventilation and Air-conditioning (HVAC)

The Unit should be air-conditioned with adjustable temperature and humidity in all Consult and Treatment Rooms for patient and staff comfort.

All HVAC requirements are to comply with services identified in Standard Components and Part E – Engineering Services.

Medical Gases

Medical gas is that which is intended for administration to a patient for treatment, diagnosis or resuscitation. Medical gases shall be installed and readily available in Consult, Treatment and Procedure Rooms and Patient Bays according to the quantities noted in the Standard Components Room Data Sheets and as required by the facility's Operational Policy.

Refer to Standard Components RDS and RLS, and Part E - Engineering Services in these Guidelines for Medical Gases technical requirements.

Pneumatic Tube Systems

The Outpatients Unit may include a Pneumatic Tube System, as determined by the facility Operational Policy. If provided the station should be located in close proximity to the Staff Station or under direct staff supervision.

Hydraulics

Warm water shall be supplied to all areas accessed by patients within the Unit. This requirement includes all staff handbasins and sinks located within patient accessible areas. Sinks in Staff Areas shall be provided with hot and cold water services.

For further information and details refer to Part E – Engineering Services in these Guidelines.

1.5.9 Infection Control

Infectious patients and immune-suppressed patients may be sharing the same treatment space at the different times of the same day. The design of all aspects for the Unit should take into consideration the need to ensure a high level of infection control in all aspects of clinical and non-clinical practice.

Hand Basins

Handwashing facilities shall be provided in Consult/Examination Rooms and located conveniently to patient Bed Bays. Handbasins suitable for scrubbing procedures shall be provided for each Procedure and Treatment Room, as specified by the Standard Components. Where a handbasin is provided, there shall also be liquid soap, disposable paper towels and waste bin provided.

Handwashing facilities shall not impact on minimum clear corridor widths. At least one Handwashing Bay is to be conveniently accessible to the Staff Station. Handbasins are to comply with Standard Components - Bay - Handwashing and Part D - Infection Prevention and Control in these Guidelines.

Antiseptic Hand Rubs

Antiseptic Hand Rubs should be located so they are readily available for use at points of care, at the end of patient examination couches and in high traffic areas.

The placement of Antiseptic Hand Rubs should be consistent and reliable throughout facilities. Antiseptic Hand Rubs are to comply with Part D - Infection Prevention and Control, in these Guidelines.

Antiseptic Hand Rubs, although very useful and welcome, cannot fully replace Hand Wash Bays. Both are required.

1.6 Standard Components of the Unit

Standard Components are typical rooms within a health facility, each represented by a Room Data Sheet (RDS) and a Room Layout Sheet (RLS).

The Room Data Sheets are written descriptions representing the minimum briefing requirements of each room type, described under various categories:

- Room Primary Information; includes Briefed Area, Occupancy, Room Description and relationships, and special room requirements)
- Building Fabric and Finishes; identifies the fabric and finish required for the room ceiling, floor, walls, doors, and glazing requirements
- Furniture and Fittings; lists all the fittings and furniture typically located in the room; Furniture and Fittings are identified with a group number indicating who is responsible for providing the item according to a widely accepted description as follows:

Group	Description
1	Provided and installed by the builder
2	Provided by the Client and installed by the builder
3	Provided and installed by the Client

- Fixtures and Equipment; includes all the serviced equipment typically located in the room along with the services required such as power, data and hydraulics; Fixtures and Equipment are also identified with a group number as above indicating who is responsible for provision
- Building Services; indicates the requirement for communications, power, Heating, Ventilation and Air conditioning (HVAC), medical gases, nurse/ emergency call and lighting along with quantities and types where appropriate. Provision of all services items listed is mandatory

The Room Layout Sheets (RLS's) are indicative plan layouts and elevations illustrating an example of good design. The RLS indicated are deemed to satisfy these Guidelines. Alternative layouts and innovative planning shall be deemed to comply with these Guidelines provided that the following criteria are met:

- Compliance with the text of these Guidelines
- Minimum floor areas as shown in the schedule of accommodation
- Clearances and accessibility around various objects shown or implied
- Inclusion of all mandatory items identified in the RDS

The Outpatients Unit consists of Standard Components to comply with details described in these Guidelines. Refer also to Standard Components Room Data Sheets (RDS) and Room Layout Sheets (RLS) separately provided.

1.6.1 Non-Standard Rooms

Non-standard rooms are rooms are those which have not yet been standardised within these Guidelines. As such there are very few Non-standard Rooms. These are identified in the Schedules of Accommodation as NS and are separately covered below.

Vital Signs Room

The Vital Signs Room is a room for measurement and recording of patient vital signs including the following:

- Desk and chair for staff
- Chairs for patient and support person
- Handbasin with paper towel and soap dispensers
- Clinical measurement equipment:
 - Weighing scales
 - Stadiometer - height measurement device
 - Vital signs monitoring equipment; electronic

1.7 Schedule of Accommodation

The Schedule of Accommodation (SOA) provided below represents generic requirements for this Unit. It identifies the rooms required along with the room quantities and the recommended room areas. The sum of the room areas is shown as the Sub Total as the Net Area. The Total area is the Sub Total plus the circulation percentage. The circulation percentage represents the minimum recommended target area for corridors within the Unit in an efficient and appropriate design.

Within the SOA, room sizes are indicated for typical units and are organised into the functional zones. Not all rooms identified are mandatory therefore, optional rooms are indicated in the Remarks. These guidelines do not dictate the size of the facilities, therefore, the SOA provided represents a limited sample based on assumed unit sizes. The actual size of the facilities is determined by Service Planning or Feasibility Studies. Quantities of rooms need to be proportionally adjusted to suit the desired unit size and service needs.

The Schedule of Accommodation are developed for particular levels of services known as Role Delineation Level (RDL) and numbered from 1 to 6. Refer to the full Role Delineation Framework (Part A - Appendix 6) in these guidelines for a full description of RDL's.

The table below shows various Outpatients Units at typical sizes with 3, 8, 12 and 18 Consult Rooms, suitable for all Role Delineation Levels. They can be either located in a hospital or in a stand-alone facility. The large 18 room Unit includes both combined and separate Consult/ Examination Rooms. For stand-alone facilities, designers may add any other FPU's required such as Main Entrance Unit, Medical Imaging, Laboratory Unit, Supply, Housekeeping, etc. based on the business model.

Any proposed deviations from the mandatory requirements, justified by innovative and alternative operational models may be proposed and record in the Non-Compliance Report (refer to Part A - Appendix 4) with any departure from the Guidelines for consideration by the DOH for approval.

1.7.1 Outpatients Unit

ROOM/ SPACE	Standard Component Room Codes	RDL 1- 6 Qty x m ²			RDL 1 - 6 Qty x m ²			RDL 1 - 6 Qty x m ²			RDL 1 - 6 Qty x m ²			Remarks
		3 Rooms			8 Rooms			12 Rooms			18 Rooms			
Entry / Reception														
Reception/ Clerical	recl-10-d similar recl-15-d similar	1	x	10	1	x	10	1	x	15	1	x	20	May include space for self-registration of patients
Cashier	cash-5-d							1	x	5	1	x	5	For smaller facility, payment can be made at Reception
Waiting	wait-10-d wait-20-d similar	1	x	10	1	x	15	1	x	15	1	x	25	Divide into Male/ Female areas; Part may be provided as Sub Waiting near Consult rooms; Min. 2 seats per Consult

ROOM/ SPACE	Standard Component Room Codes	RDL 1- 6 Qty x m ²			RDL 1 - 6 Qty x m ²			RDL 1 - 6 Qty x m ²			RDL 1 - 6 Qty x m ²			Remarks
		3 Rooms			8 Rooms			12 Rooms			18 Rooms			
Waiting - Family	wait-10-d wait-20-d similar				1	x	10	1	x	15	1	x	25	Minimum 2 seats per Consult
Play Area	plap-10-d similar				1	x	8	1	x	10	1	x	10	
Bay - Wheelchair Park	bwc-d				1	x	4	1	x	4	1	x	4	May share with Main facility if located close
Interview Room - Family	intf-d							1	x	12	2	x	12	
Store - Files	stfs-10-d similar	1	x	8	1	x	8	1	x	10	1	x	10	For clinical records; optional if electronic records used
Toilet - Accessible	wcac-d	1	x	6	1	x	6	1	x	6	1	x	6	May share with Main facility if located close
Toilet - Public	wcpu-3-d				2	x	3	2	x	3	2	x	3	May share with Main facility if located close
Consult Areas		3 Rooms			8 Rooms			12 Rooms			18 Rooms			
Consult Room	cons-d	3	x	13	8	x	13	1 2	x	13	1 8	x	13	Combined Consult/ Examination Room. Consult /Office and Examination Area may be separated in to two rooms with an interconnected door.
Consult Room - ENT/ Ophthalmology	cons-ent-opt-d							1	x	14	1	x	14	Optional-Quantity depends on Clinical Services Plan
Interview Room - Family	intf-d				1	x	12	1	x	12	1	x	12	Also, for Allied Health use
Meeting Room - Small	meet-9-d				1	x	9	1	x	9	1	x	9	Optional; Interviews, private discussions, team meetings
Vital Signs Room	NS				1	x	8	2	x	8	2	x	8	
Bay - Handwashing, Type B	bhws-b-d	1	x	1	2	x	1	3	x	1	4	x	1	In corridors and staff work areas
Bay - Linen	blin-d	1	x	2	1	x	2	1	x	2	1	x	2	
Bay - Mobile Equipment	bmeq-4-d				1	x	4	2	x	4	2	x	4	For scales, lifting equipment
Bay - Resuscitation Trolley	bres-d	1	x	1.5	1	x	1.5	1	x	1.5	1	x	1.5	
Blood Collection Bay	bldc-5-d	1	x	1.5	1	x	5	1	x	5	2	x	5	Optional; may use a shared facility if located close
Clean-up Room	clup-7-d				1	x	7	1	x	7	1	x	7	Optional; may use Dirty Utility

ROOM/ SPACE	Standard Component Room Codes	RDL 1- 6 Qty x m ²			RDL 1 - 6 Qty x m ²			RDL 1 - 6 Qty x m ²			RDL 1 - 6 Qty x m ²			Remarks
		3 Rooms			8 Rooms			12 Rooms			18 Rooms			
Clean Utility	clur-8-d clur-12-d clum-14-d				1	x	8	1	x	12	1	x	14	
Dirty Utility	dtur-s-d dtur-12-d similar	1	x	8	1	x	8	1	x	10	1	x	12	
Staff Station	sstn-5-d sstn-14-d similar				1	x	5	1	x	10	1	x	14	May be provided as small sub stations to a group of rooms
Store - Equipment	steq-10-d steq-14-d							1	x	10	1	x	14	
Store - General	stgn-8-d similar stgn-14-d similar	1	x	9	1	x	12	1	x	10	1	x	14	
Toilet - Accessible	wcac-d				1	x	6	1	x	6	1	x	6	
Toilet - Patient	wcpt-d	1	x	4	1	x	4	2	x	4	2	x	4	
Treatment/ Procedure Areas														Optional - Dependent on Service Plan
Procedure Room	proc-20-d				1	x	20	2	x	20	3	x	20	No of rooms determined by service being delivered; may provide combination of Procedure & Treatment rooms
Treatment Room	trmt-d	1	x	14	1	x	14	1	x	14	1	x	14	Optional; number determined by service plan
Patient Bay - Holding/ Recovery	pbtr-h-10-d				2	x	10	4	x	10	6	x	10	2 Beds per Procedure room; Separate M/F, May also be Recliner Bays 5m2 each
Bay Handwashing	bhws-a-d				1	x	1	1	x	1	2	x	1	For Bed Bays, ratio 1: 4 bays, refer to Part D - Infection Prevention and Control
Bay - Linen	blin-d	1	x	2	1	x	2	1	x	2	1	x	2	
Bay - Resuscitation Trolley	bres-d	1	x	1.5	1	x	1.5	1	x	1.5	1	x	1.5	may be shared if located conveniently
Clean Utility	clur-8-d clur-12-d							1	x	8	1	x	12	Optional, may share with Consulting Area if located close
Dirty Utility	dtur-s-d dtur-12-d similar	Shared			Shared			1	x	8	1	x	10	Optional, may share with Consulting Area if located close

ROOM/ SPACE	Standard Component Room Codes	RDL 1- 6 Qty x m ²	RDL 1 - 6 Qty x m ²	RDL 1 - 6 Qty x m ²	RDL 1 - 6 Qty x m ²	Remarks
		3 Rooms	8 Rooms	12 Rooms	18 Rooms	
Plaster Room	plst-d			1 x 14	1 x 14	Optional, for fracture clinic or hand clinic
Staff Station	sstn-5-d sstn-14-d similar			1 x 5	1 x 10	
Staff Station/ Clean Utility	sscu-d	1 x 9	1 x 9			Suitable for small procedures areas
Toilet - Accessible, Patient	wcac-d	1 x 6	1 x 6	1 x 6	1 x 6	Optional, May be shared with the Consult Area if located close.
Staff and Support Areas						
Office - Single Person	off-s9-d	Shared	1 x 9	1 x 9	1 x 9	
Communications Room	comm-12-d similar	Shared	1 x *	1 x *	1 x *	*Size dependant on IT equipment; area is part of Engineering
Cleaners Room	clrm-6-d	Shared	1 x 6	1 x 6	1 x 6	May be shared with adjacent Unit
Disposal Room	disp-8-d similar	Shared	1 x 5	1 x 8	1 x 8	May combine with Dirty Utility
Property Bay - Staff	prop-3-d similar	Shared	1 x 2	2 x 2	2 x 2	May be shared with adjacent Unit
Staff Room	srm-15-d srm-25-d similar	Shared	1 x 15	1 x 20	1 x 25	Includes Beverage Bay; may be shared with adjacent Unit
Toilet - Staff, (M/F)	wcst-d	Shared	2 x 3	2 x 3	4 x 3	May be shared with adjacent Unit
Sub Total		132.5	390	590	790	
Circulation %		32	32	32	32	
Area Total		174.9	514.8	778.8	1042.8	

Please note the following:

- Areas noted in Schedules of Accommodation take precedence over all other areas noted in the Standard Components
- Rooms indicated in the schedule reflect the typical arrangement according to the sample consult room numbers
- All the areas shown in the SOA follow the No-Gap system described elsewhere in these Guidelines
- Exact requirements for room quantities and sizes shall reflect Key Planning Units (KPU) identified in the Clinical Service Plan and the Operational

Policies of the Unit

- Room sizes indicated should be viewed as a minimum requirement; variations are acceptable to reflect the needs of individual Unit
- Offices are to be provided according to the number of approved full-time positions within the unit.

1.8 Further Reading

In addition to Sections referenced in this FPU, i.e. Part C- Access, Mobility, OH&S, Part D - Infection Prevention and Control, and Part E - Engineering Services, Part G-Acoustics readers may find the following helpful:

- American Institute of Architects, John Barker AIA, MCARB, Ed Pocock AIA, & Charles Huber, Hobbs & Black Associates Inc. 'The Future of Ambulatory Care' refer to website: <http://www.aia.org/practicing/groups/kc/AIAB086508>
- Australasian Health Facility Guidelines, Australasian Health Infrastructure Alliance, HPU B.0155 Ambulatory Care Unit (2016) <https://healthfacilityguidelines.com.au/health-planning-units>
- DOH (Ministry of Health – UAE), Unified Healthcare Professional Qualification Requirements, 2017, website: <https://www.haad.ae/HAAD/LinkClick.aspx?fileticket=2K19lpB6jc%3d&tabid=927>
- Gov.UK Department of Health (DH) Out-patient care Health Building Note 12-01: Consulting, examination and treatment facilities (2008); refer to website: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/142892/HBN_12-01_SuppA_DSSA.pdf
- Gov.UK Department of Health (DH) Primary and community care Health Building Note 11-01: Facilities for primary and community care services (2009), refer to website: <https://www.england.nhs.uk/mids-east/wp-content/uploads/sites/7/2014/07/health-build-pc.pdf>
- International Health Facility Guideline (iHFG), Part B - Health Facility Briefing & Design, FPU 245 Outpatients Unit, refer to website: www.healthdesign.com.au/iHFG
- The Facilities Guidelines Institute (US), Guidelines for Design and Construction of Outpatient Facilities, 2018; refer to website: www.fgiguideelines.org