

7.0 Admissions Unit

7.1 Introduction

7.1.1 Description

The purpose of the Admissions Unit is the admission of patients, interview of patients as required and completion of the necessary documentation.

The Admissions Unit will perform the following functions:

- Patient pre-registration prior to admission
- Patient admissions
- Patient discharge planning
- Handling of patient transfers from other facilities
- Demand management
- Management of medical records for admission purposes
- Collection of financial information for the Finance section.

These optional services may be considered:

- Making appointments for patient admission
- Cashier (alternatively, a centralized Cashier for the entire facility may be located near the Admission Unit)
- Allocation of beds (or there may be a dedicated Bed Manager located elsewhere).

Other clinical functions required during the assessment phase which may be located in a separate Pre-admission Clinic include:

- Collection of patient information (e.g. clinical condition and medical history)
- Processing of all relevant paperwork relating to admissions
- Providing referrals for diagnostic consultations (e.g. X-Ray, blood test, ECG)
- Providing referrals to anesthetist, allied health professionals where necessary
- Providing education to patients regarding the anticipated clinical pathway.

The range of facilities provided for Admissions will vary depending on the size of the proposed facility and the range of services prescribed in the Operational Policy. Admissions functions may also be accommodated in the Main Reception area.

7.2 Planning

7.2.1 Operational Models

There are two types of admission to a healthcare facility:

- Planned patients who have made pre-bookings at the facility
- Unplanned patients who usually require immediate care at the Emergency Unit.

Planned admissions can be either multi-day inpatients or day-only patients. Unplanned admissions (after-hours emergency care) are commonly handled by the Emergency Unit directly.

Currently, the provision of a Pre-admissions Clinic is becoming common in many healthcare facilities. This can streamline the admission process for all pre-booked admissions where clinical pre-assessment is required. This shall be designed as an outpatient service.

7.2.2 Planning Models

The Admission Unit may be a stand-alone Unit or co-located with the Main Reception area near the Hospital entrance.

Where Pre-admission Clinics are provided, they shall be located in the Unit where the procedure will occur. An alternate option is to collocate this unit with other outpatient services.

There shall always be close access to public amenities and waiting areas.

Admissions Unit

The size of the Admissions Unit can vary greatly depending on its location, the size of the facility, and operational policies. It is possible to combine counters, offices, cubicles and workstations in an open-plan environment to interact with clients. However, privacy (acoustic and visual) is the major concern to be considered when designing the Unit.

The front counter area (reception area) shall have an area behind to organize and complete paperwork. This area will require easy access to printer, fax (if applicable), photocopier, record storage and stationery storage. Workstations and offices for staff shall be located in close proximity but separated from the front counter. Private and enclosed interview rooms shall be provided to conduct confidential interviews with clients. Space within interview rooms shall be adequate to accommodate patients with different levels of mobility.

Pre-Admission Clinic

Pre-admission Clinics, where provided, will vary in size and configuration. They can range from a small clinic with a few consulting and interview rooms to a much larger clinic to perform examinations of patients by clinical staff. In all occasions, they shall have access to other diagnostic testing units. Access to Allied Health service will be required in bigger facilities. A reception area for initial patient consultation and separate waiting areas (for male and female) must be provided.

7.2.3 *Functional Areas*

Functional areas in Admissions Units may include:

Public Areas

- Patient waiting areas (separate for male and female)
- Public Amenities (may be located in adjoining areas)
- Admissions Areas
- Admissions counter
- Cashier (may be located elsewhere)
- Interview rooms and cubicles for patient admissions and interviews; interview areas shall allow for private discussions
- Staff and support areas (offices and amenities).

Functional areas in Pre-admissions Clinics may include:

Entry Areas

- Patient waiting areas (separate for male and female)
- Public Amenities (may be located in adjoining areas); may be shared with adjacent areas if convenient
- Pre-Admissions Clinic
- Reception
- Interview Rooms for private patient interviews;
- Consult rooms for patient assessment and examination; these rooms will be used by Anesthetists, Nurse Specialists and Allied Health professionals. Quantity is dependent on the size of the clinic. If ECGs are to be performed in the Consult rooms, space will be required for storage of equipment
- Treatment Room
- Change cubicle, for Treatment Room, depending on the pre-admission assessments undertaken
- Staff and support areas including Utilities, Store Rooms, Offices and amenities.

Patient Waiting Areas

Separate waiting areas for males and females shall be provided and sized accordingly to the expected number of patients on a daily basis. There shall be sufficient space for wheelchairs, prams, trolleys etc. A separate waiting for families including a play space for children may also be appropriate. Facilities to display reading materials, information pamphlets, and entertainment system (TV, speakers for music) shall be provided.

Patient Interview Cubicle Rooms

Configuration and design of Interview Rooms shall provide a high level of visibility from outside without compromising privacy. The rooms will require acoustic privacy, for confidential discussion between staff and patients.

Cashier

A Cashier may be incorporated within the Admission Unit if required by the operational policy. If provided, the following factors shall be considered carefully during planning stage:

- Accessibility during normal business hours and after-hours
- Safety provisions for Staff
- Secured storage where money is handled.

7.2.4 Functional Relationships

External

The Admissions Unit shall ideally be located adjacent to the Main Reception area with close access to public amenities and waiting areas.

The Pre-admissions Clinic, where provided, may be located in the Ambulatory Care Unit or other units where procedures will be performed such as Day Surgery Unit, Perioperative Unit etc. Pre-admissions will require readily available access to Diagnostic Units including Pathology, Medical Imaging and Pharmacy.

Internal

Decentralized admission areas and pre-admission areas shall be configured to be clear and prominent for easy wayfinding by patients and visitors.

If the Cashier is to be located with an Admissions Unit, access to security is recommended.

The Pre-admission clinic reception area must be designed in an efficient way to permit easy circulation to and from consultation areas for patients. Staff areas shall be sized accordingly and provide sufficient level of both visual and acoustic privacy.

7.3 Design

7.3.1 General

Admissions Unit and Pre-admission Clinic shall be located with easy access to a vehicle drop-off zone. The Admissions Unit and Pre-admission Clinic shall be designed to accommodate all types of patients including elderly, wheelchair-bound, patients using mobility aids, and children.

7.3.2 Environmental Considerations

Natural Light

Natural light is recommended in the Admissions Unit but not essential. Presence of natural light can promote a pleasant environment for patients, visitors and staff.

Privacy

Careful consideration of privacy and patient comfort is required to reduce discomfort and stress for patients.

Provision of private interview rooms to conduct confidential discussions between patients and staff shall be considered. Location of the Unit within the Facility and workstations within the Unit shall be placed away from public corridors and thoroughfares to ensure privacy.

Acoustics

In area where confidential patient information is shared, acoustic privacy must be maximized. If Admissions Unit is collocated at the Main Reception, the interior design of these areas shall include measures to control ambient noise.

In the Admissions area, provision of an augmented hearing loop for patients and visitors with hearing impairment may be considered.

7.3.3 *Space Standards and Components*

The Admissions Unit shall be appropriately sized to give a sense of space and avoid congestion. This is especially important in the waiting areas.

Ergonomics

Design and dimensions of counters and workstations shall ensure privacy and security for patients, visitors and staff. Counter heights should be made identical for both patients/visitors and staff to enhance communication and minimize aggressive behavior.

Seating in waiting areas shall be provided at a range of heights to cater for the different mobility levels of patients.

Refer also to Part C of these Guidelines.

7.3.4 *Safety and Security*

A sympathetic, pleasant, and friendly environment can be created with the appropriate type of security measures included in a facility. A risk assessment relating to security aspects shall be carried out in consultation with staff during the design stage. The following factors shall be taken into consideration:

- Demographic population
- Capacity, location and type of the facility
- Availability of security staff
- Responsive timing of the security unit
- Expected impact of incidents and their severity.

The following security issues shall be addressed when designing the Admission Unit:

- Counters shall be designed in such a way to enable unobstructed vision to waiting areas
- Duress alarm and access to egress points must be provided at reception counters
- Waiting areas shall have no visibility to the staff and/or cashier area behind the counter
- Controlled after-hours access to prevent unauthorized entry and theft
- Provision of CCTV to monitor movement and behavior within the Unit
- Provide training to staff on procedures to follow during an armed hold-up.

If a Cashier is provided within the Admissions Unit, the following shall also be considered:

- Security glazing shall be provided at the Cashier's counter; an after-hours chute may be required
- A fire proof safe shall be located within the Cashier area and sufficient in size to hold adequate cash; it shall be concealed visually from patients, visitors and others.

If the Admissions Unit is located on the perimeter of the building, all external doors must be locked (preferably electronically) after-hours and alarms installed which are linked to the Security Unit.

For the Pre-admission Clinic, the following security issues shall be integrated in the design:

- Duress alarms and emergency egress point shall be provided as required
- Design shall permit entry and exit points from the Unit to have controlled access
- Secured control for after-hours access
- Restricted access from the waiting area to the rest of the Unit for patients and visitors
- Design shall maximize observation of waiting area for staff.

7.3.5 *Finishes*

Selection of materials in the Unit shall ensure durability particularly for heavy pedestrian utilization.

Refer also to Part C of these Guidelines.

7.3.6 *Fixtures and Fittings*

If the Cashier is located within the Admissions Unit, then an appropriate barrier shall be provided to the Cashier's counter.

Depth of counters is recommended to be between 900mm to 1200mm and not exceeding 1400mm. The counter height shall be suitable for standing interactions at 850mm (+/- 20mm); high stools may be provided for staff. If a seated position is required, there shall be a section to be reduced to 720mm, with standard height chairs for staff and patients.

Refer also to Part C of these Guidelines.

7.3.7 *Building Service Requirements*

The following IT/Communications systems shall be provided within an Admission Unit or Pre-Admission Clinic:

- Voice and data points for telephones and computers/internet
- Data provision for electronic medical records and patient management systems as required (optional)
- Duress alarm system (in reception area, patient treatment areas, interview rooms etc.)
- Access to a PACS system (if applicable in the Pre-admission Clinic only).

Emergency call facility for staff and patient shall be installed in all clinical areas such as patient toilets and bathrooms.

Refer also to Part C of these Guidelines.

7.3.8 *Infection Control*

Precautions shall be taken while handling body fluids of patients during the pre-admission process as their infection status may be unknown. Personal Protective Equipment (PPE), sharps containers and clinical waste spill kits must be provided. Training in first-aid and injury management procedures must be provided to staff for body substance exposure and sharps injuries.

Hand washing facilities for staff must be readily available. Disposable paper towels must always be provided at hand washing facilities.

Refer also to Part D for further information.

In terms of Waste Management, common clinical waste management shall be provided within the Pre-admission Clinic. Provision of sharps containers shall be in compliance to the Hospital's Infection Control Policy.

7.4 Components of the Unit

7.4.1 *General*

The Admission Unit will contain a combination of Standard Components and Non-Standard Components. Provide Standard Components to comply with details in the Standard Components described in these Guidelines. Refer also to Standard Components Room Data Sheets and Room Layout Sheets.

7.4.2 *Non-Standard Components*

Interview Cubicle

Description and Function

An Interview Cubicle may be provided for private and confidential discussion with patients, as an open space, visually separated from adjacent spaces.

Location and Relationships

Interview cubicles may be provided as part of the Reception counter or in a separate area easily accessible to patients and staff.

Considerations

Privacy is a major consideration particularly acoustic privacy; partitions between cubicles should reduce sound transmission to adjacent spaces.

Access will be required for patients in wheelchairs.

7.5 Schedule of Accommodation

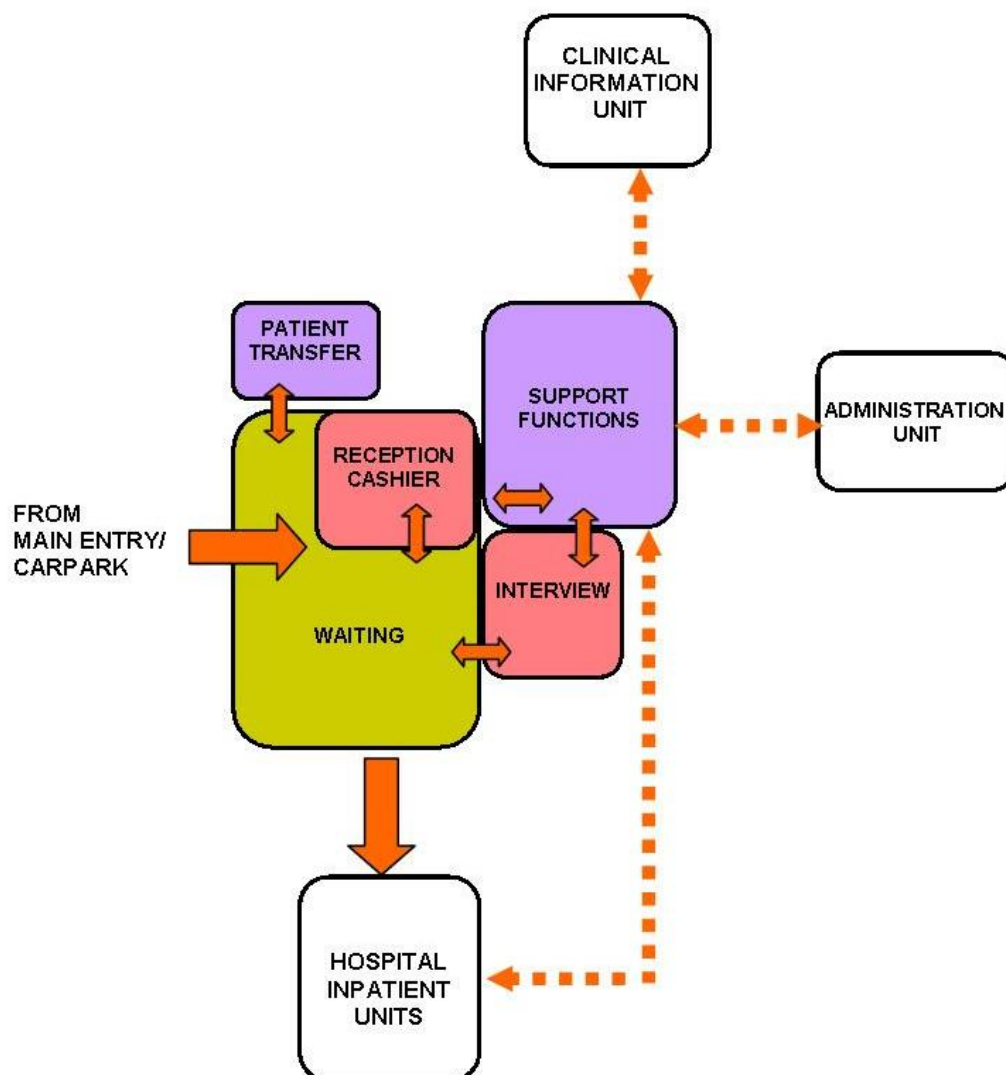
Typical Admissions Unit suitable for a tertiary level hospital

ROOM/SPACE	Standard Component							RDL 5/6 Qty x m ²	Remarks
Public Areas									
Waiting – Male/Female	WAIT-10-SJ							2 x 10	
Waiting – Family	WAIT-30-SJ Similar							1 x 50	
Toilet – Accessible	WCAC-SJ							2 x 6	Optional, May be located nearby
Toilet – Public (M/F)	WCPU-3-SJ							2 x 3	Optional, May be located nearby
Parenting Room	PAR-SJ							1 x 6	Optional, May be located nearby
Admissions									
Admissions Counter	RECL-15-SJ Sim							1 x 20	Space for four staff
Cashier	CASH-SJ							1 x 9	Optional
Cubicle – Interview								2 x 6	For private discussions
Interview Room – Family	INTF-SJ							2 x 12	Optional, May provide cubicles
Staff and Support Areas									
Office – Supervisor								1 x 12	
Office – Billing	OFF-S9-SJ							1 x 9	
Office – Cashier	OFF-S9-SJ							1 x 10	Optional; With area for cash safe
Office – Workstations	OFF-WS-SJ							1 x 30	Clerical staff; Number as per service needs
Bay – Wheelchair Park	BWC-SJ							1 x 4	Locate in Entrance Area
Store – Files	STFS-10-SJ							1 x 10	
Store – Photocopy/Stationery	STPS-8-SJ							1 x 8	
Property Bay – Staff	PROP-3-SJ							1 x 3	
Toilet – Staff	WCST-SJ							1 x 3	May be shared with adjacent unit
Total Net Department								248	
Circulation %								20	
Total								297.6	

Notes:

- Areas noted in Schedules of Accommodation take precedence over all other areas noted in the FPU
- Rooms indicated in the schedule reflect the typical arrangement according to the Role Delineation
- Exact requirements for room quantities and sizes will reflect Key Planning Units identified in the 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
- Office areas are to be provided according to the Unit role delineation and staffing establishment; Executives and Managers may be responsible for more than one area but should have only one office assigned within the campus
- Staff and support rooms may be shared between Functional Planning Units dependent on location and accessibility to each unit and may provide scope to reduce duplication of facilities.

7.6 Functional Relationship Diagram



7.7 Further Reading

- Australasian Health Infrastructure Alliance (Aus.). 'Australasian Health Facility Guidelines'. Retrieved from website: www.healthfacilityguidelines.co.au 2014
- Australasian Health Facility Guidelines (Aus.). 'Part B – Health Facility Briefing and Planning 430 Front Of House Unit Revision 4' 2010. Retrieved from website: http://www.healthdesign.com.au/ahfg/Full_Index/aushfg_b_430front_of_house_4_591-614.pdf 2014
- Department of Health (DH) (UK). 'Health Briefing Note 51 Accommodation at the Main Entrance of a District General Hospital' 1991. Retrieved from website: <http://www.wales.nhs.uk/sites3/Documents/254/HBN%2051.pdf> 2014
- The Facility Guidelines Institute (US). 'Guidelines for Design and Construction of Health Care Facilities' 2010 Edition. Retrieved from website: www.fgiguideines.org 2014.