

8.0 Ambulatory Care (Outpatients) Unit

8.1 Introduction

8.1.1 Description

Ambulatory Care refers to health care services for outpatients provided on a same-day basis.

The following services may be accommodated in the Ambulatory Care Unit:

- Outpatients clinics; multi-disciplinary and specialist consultation and treatment clinics for medical and surgical sub-specialties
- Day-only Surgery
- Day-only Medical services (e.g. Oncology and Hematology, Renal Dialysis)
- Dental
- General Practitioner Clinics
- Maternal and Child Health services
- Medical Imaging Services (e.g. Ultrasound, CT)
- Mental Health services
- Ophthalmology, including Eye Care Center
- Pathology collection
- Pharmacy
- Radiotherapy
- Rehabilitation Therapy/Allied Health services.

It is possible to provide the above health care services in independent Community Health Centers collocated or away from the main hospital. The Ambulatory Care Unit will often include other retail/commercial services and other government/non-government agencies.

8.2 Planning

8.2.1 Operational Models

Operational policies for each health care facility may affect the planning of an Ambulatory Care Unit. These may include:

- The normal operating hours of the facility
- Medical Records Management
- The selection of Ambulatory Care services provided within the facility
- Sharing support facilities between various FPU's.

8.2.2 Planning Models

There are various options for locating an Ambulatory Care Unit including:

- A stand-alone facility in a community location
- A unit integrated within a commercial development (e.g. shopping malls)
- A unit as part of a larger hospital facility.
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- The configuration of an Ambulatory Care Unit is dependent on the following factors:
 - The location of the Unit (e.g. stand-alone or integrated within a larger facility)
 - The population which the unit will serve
 - The types of service mix
 - The level of staffing required for the Unit.

8.2.3 *Functional Areas*

Core Unit

The Ambulatory Care Unit may consist of a large number of sub-units. It may range in structure from a small stand-alone unit to a large multi-disciplinary facility.

The Core Unit described in this Guideline would be appropriate for a small multi-disciplinary unit or the primary core of a larger unit as required by adding other peripheral units to suit the service plan of the subject facility.

Unit Functional Zones

The Core Unit consists of the three following key functional areas:

- Reception/Admission area
- Patient areas including waiting and treatment
- Staff areas.

Additional units may also be added to form part of the following FPU:

- Dental Unit
- Interventional Cardiology
- Medical Imaging Services (e.g. general radiology, ultrasound and CT)
- Occupational Health
- Ophthalmology
- Operating Unit
- Pathology collection and urgent testing service
- Pharmacy
- Renal Dialysis Unit.

8.2.4 *Functional Relationships*

External

The Ambulatory Care Unit may have working relationships with many other Units depending on the location of the Unit – either a free-standing facility or part of a larger facility.

The proximity of the following areas shall be considered when designing:

- Car Park/Drop-off Zone
- Day Procedures/Surgery
- Emergency
- Main Entry
- Medical Imaging
- Outpatients
- Pharmacy
- Pathology
- Transit Lounge.

Considering the above, the Ambulatory Care Unit is commonly located on the ground level within a multi-story hospital.

Internal

The internal planning of the Ambulatory Care Unit shall be planned by considering the functional areas mentioned above.

Some of the critical relationships to be considered are as below:

- Flexibility in accommodating various types of use throughout different hours in the day
- Sections of the Unit can be secured when not in use
- Reception and Admission Area – this area must allow patients to move conveniently to and from the treatment areas and accommodate high volume of patients, support staff, care-takers and mobility aids
- Patient Treatment and Waiting Area – must promote efficiency from the staff perspective and a pleasant environment for all patient types from regular patients with chronic conditions to those who may only visit a few times
- Staff Area – staff must be able to move easily to and from the Treatment Area and the Reception/Admission Area; a quiet area with privacy for staff where they can work without interruptions from patients and their accompanying relatives is recommended.

It is crucial for the three functional areas to work effectively together to allow for an efficient, safe and pleasant environment in a smaller unit, or to create the core of a larger, more complex unit.

8.3 Design

8.3.1 *General*

Design needs to accommodate all types of patients using the Unit, many of whom may be acutely ill. Provision shall be made for wheelchairs, mobility aids, families with children and prams within the Unit.

8.3.2 *Environmental Considerations*

Natural Light

Where possible, the use of natural light shall be maximized within the Unit. Sufficient level of natural lighting can provide a sense of well-being for both staff and patients and is more likely to lead to better service outcomes.

Provision of a pleasant outlook and access to natural light can reduce discomfort and stress for patients.

Privacy

Staff observation of patients and patient privacy must be well-balanced within the Unit.

The following features shall be integrated to the design of the Unit:

- Doors and windows to be located appropriately to guarantee patient privacy and not compromise staff security or confidentiality of patient discussions and patient records.

Acoustics

The following functions require careful consideration of acoustic privacy:

- Noisy areas like Public Waiting shall be located further away from the treatment spaces and staff areas
- Interview areas with clients where confidential information will be discussed
- Discussion areas for staff where confidential patient information will be shared
- Consultation/treatment areas where disturbing noise is likely to happen shall be located in acoustically treated rooms.

8.3.3 *Space Standards and Components*

Accessibility – External

Patients who visit an Ambulatory Care Unit are usually acutely ill requiring treatments. Thus, there shall be a weatherproof vehicle drop-off zone with easy access for less-mobile patients and wheelchair bound patients.

Ergonomics

Various functions will be performed at each treatment space. Thus, care shall be taken to provide optimal ergonomic functionality by considering all the possible configurations at each treatment space.

Refer also to Part C of these Guidelines.

8.3.4 *Safety and Security*

Equipment, furniture, fittings and the facility itself shall be designed and constructed to prevent injuries to all users where possible.

A high standard of safety and security can be achieved by careful configuration of spaces and zones:

- Control access/egress to and from the Unit
- Optimize visual observation for staff
- Similar functions shall be collocated for easy staff management.

Access to public areas shall be considered with care so that the safety and security of staff areas within the Unit is not compromised.

Refer also to Part C of these Guidelines.

8.3.5 *Finishes*

Floor and ceiling finishes shall be selected to suit the function of the space and promote a pleasant environment for patients, visitors and staff.

The following factors shall be considered:

- Aesthetic appearance
- Acoustic properties
- Durability
- Ease of cleaning
- Infection control
- Movement of equipment.

Refer also to Part C and Part D of these Guidelines.

8.3.6 *Fixtures and Fittings*

Refer to Part C of these Guidelines and Standard Components of individual rooms for information related to fixtures and fittings.

8.3.7 *Building Service Requirements*

It is vital to provide reliable and effective IT/Communications service for efficient operation of the Unit. The following items relating to IT/Communications shall be addressed in the design of the Unit:

- Bar coding for supplies, X-Rays and records
- Data entry (e.g. scripts and investigative requests)
- Email
- Hand-held computers
- PACS
- Paging systems
- Paperless patient records
- Patient Administration System (PAS).

Nurse Call and Emergency Call facilities shall be provided in all patient areas (e.g. bed spaces, toilets and bathrooms) and clinical areas in order for patients and staff to request for urgent assistance. The individual call buttons shall alert to a central module situated at or adjacent to the Staff Station, Staff Room and Meeting Rooms within the Unit. The alert to staff members shall be done in a discreet manner at all times.

Provision of a Duress Alarm System is required for the safety of staff members who may at times face threats imposed by clients/visitors. Call buttons will be required at all reception/staff station areas and consultation/treatment areas where a staff may have to spend time with a client alone.

Refer also Part C of these Guidelines for further information.

Infection Control

Infectious patients and immune-suppressed patients may be sharing the same treatment space at the different times of the same day. Standard precautions must be taken for all patients.

Hand washing facilities for staff within the Unit must be readily available. Where a hand wash basin is provided, there shall also be liquid soap and disposable paper towels provided.

For further details refer to Part D of these Guidelines.

8.4 Components of the Unit

8.4.1 *General*

The Ambulatory Care 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.

8.4.2 *Non-Standard Components*

Entry Canopy

Description and Function

If a direct and separate entry is provided to the Unit at street level, an Entry Canopy shall be provided. The canopy shall be sized appropriately to permit full protection of vehicles including cars, ambulances, taxis, and mini-vans from weather.

Location and Relationships

The Entry Canopy shall be located next to the Lobby/Airlock, if one is provided.

Considerations

Apart from weather protection, the heights and the design of structural support of the canopy shall permit easy maneuvering of all vehicles entering this area.

8.5 Schedule of Accommodation

Typical Outpatient Unit module with 8 Consult Rooms for Multidisciplinary use

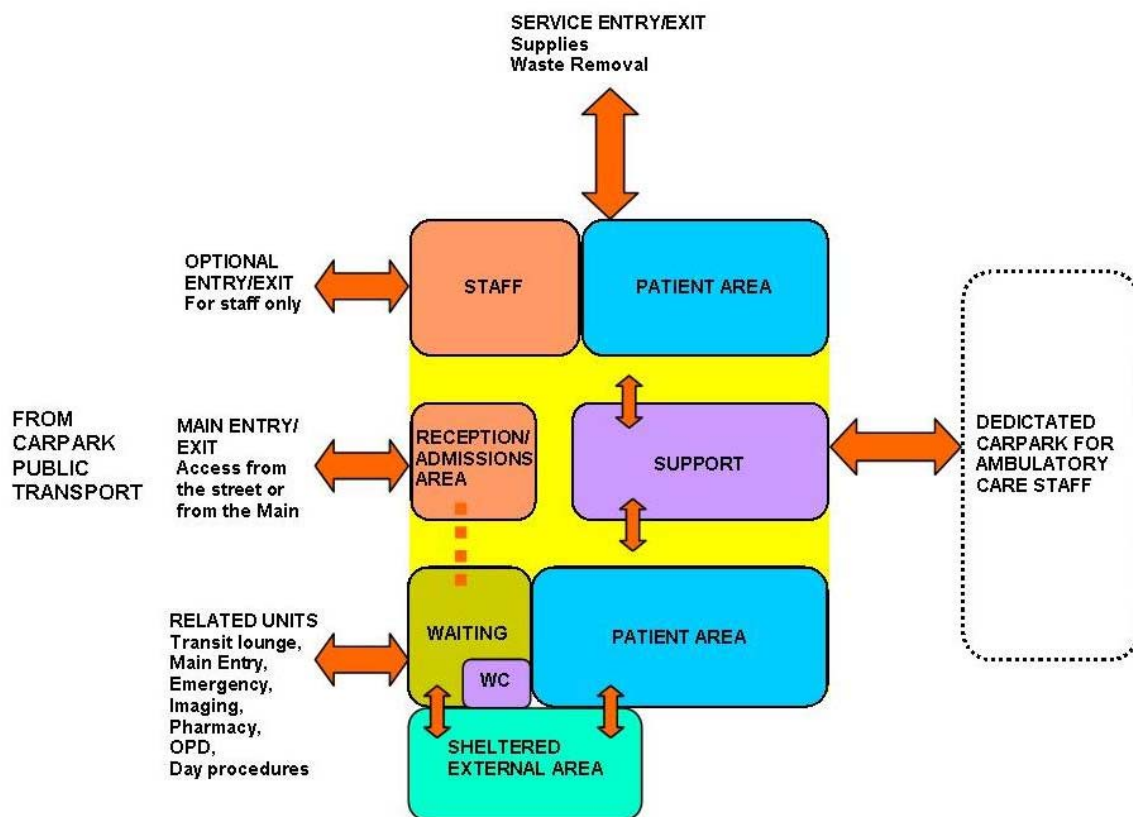
Repeat Modules as required.

ROOM/SPACE	Standard Component							RDL 5/6 Qty x m ²	Remarks
Entry/Reception									
Reception	RECL-15-SJ							1 x 15.0	
Waiting – Male/Female	WAIT-10-SJ							2 x 15.0	
Waiting – Family	WAIT-20-SJ							1 x 20.0	
Office – Single Person	OFF-S9-SJ							1 x 9.0	Nurse Manager
Store – Files	STFS-10-SJ							1 x 10.0	
Consult/Treatment Area									
Consult Room	CONS-SJ							8 x 12.0	
Treatment Room	TRMT-SJ							1 x 14.0	
Toilet – Accessible, Patient	WCAC-SJ							1 x 6.0	
Support Areas									
Bay – Linen	BLIN-SJ							1 x 2.0	
Clean Utility	CLUR-12-SJ							1 x 12.0	
Clean-Up Room	CLUP-7-SJ							1 x 7.0	
Dirty Utility – Sub	DTUR-S-SJ							1 x 2.0	
Store – General	STGN-12-SJ Similar							1 x 15.0	
Staff Areas									
Staff Room	SRM-15-SJ							1 x 15.0	
Toilet – Staff	WCST-SJ							1 x 3.0	
Net Department Total								256.0	
Circulation %								32	
Grand Total								337.9	

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.

8.6 Functional Relationship Diagram



8.7 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; 155 Ambulatory Care Unit Rev 4' 2012. Retrieved from website: http://www.healthdesign.com.au/ahfg/Full_Index/ausfhg_abcdf_index_4_.pdf 2014
- Department of Health (UK). 'Health Building Note 12; Out-patients Departments' 2004. Retrieved from website: <http://www.wales.nhs.uk/sites3/Documents/254/HBN%2012%202004ed.pdf> 2014
- The Chartis Group (US). 'Ambulatory Care of the Future; Optimizing Health, Service and Cost by Transforming the Care Delivery Model' 2011. Retrieved from website: http://www.chartis.com/files/pdfs/Ambulatory_Care_of_the_Future.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.