

Part A - Introduction and Instructions for Use

10 INTRODUCTION

General

- 10.1.00 This document and its various attachments represent the minimum Design Guidelines for Hospitals and Day Procedure Units (DGHDP). They may be referred to as 'the DGHDP' or 'these Guidelines' through the text.

For a quick start, please refer to the section under "How to Read"

- 10.2.00 These Guidelines do not represent the ideal or best standards. Neither do they cover management practices beyond the influence of design. The main aims of these guidelines is to:
- Establish the minimum acceptable standards for design and construction
 - Maintain public confidence in the standard of Health Care Facilities
 - Determine the basis for the approval and registration of private hospitals
 - Provide general guidance to designers seeking information on the special needs of typical Health Care Facilities
 - Promote the design of health facilities with due regard for safety, privacy and dignity of patients, staff and visitors
 - Eliminate design features that result in unacceptable practices
 - Update guidelines to meet current medical practices
 - Eliminate duplication between various standards.
- 10.3.00 These Guidelines were compiled by Health Projects International for the Victorian Department of Human Services (DHS) in 2002. Many existing guidelines and standards used in Australia and the United States of America have been evaluated in order to arrive at the requirements of these guidelines. These can be found in the credits list. Furthermore, these are forward looking guidelines, reasonably anticipating and allowing for emerging health care practices.
- 10.4.00 Although design has a major impact on the quality of health care, it is not the only influence. Management practices, staff quality and regulatory framework potentially have a greater impact. Consequently, compliance with these guidelines can influence but not guarantee good health care outcomes.
- 10.5.00 It should be noted that Private Nursing Homes are included in Classification IXA Institutional Health Care Building of the Victoria Building Regulations.
- Through amendments No. 3 and 4, which came into force on 1 July 1986, the following basic building matters are now covered by the Victoria Building Regulations:
- Structural Integrity
 - Basic Health and Amenity
 - Fire Safety and Fire Resistance.
- Only briefing and functional design matters are covered by these guidelines.
- 10.6.00 These Guidelines place emphasis on achieving Health Care Facilities that reflect current health care procedures in a desirable environment for patient care at a reasonable facility cost.
- 10.7.00 The model standards suggested in the Guidelines are performance and service oriented. Where prescriptive measurements are given, these have been carefully considered relative to generally recognised standards. These standards are self evident and do not require detailed specification.

Part A - Introduction and Instructions for Use

General

- 10.8.00 In many instances it may be desirable to exceed minimum requirements to achieve optimum standards. For example, doorways that are wider than the stated minimum patient bedroom door width will minimise damage to beds and door frames where frequent traffic may occur.

Administrative Provisions

- 10.9.00 Equivalent Alternatives

The primary objective of the Guidelines is to achieve a desired performance result or service. Prescriptive limitations, when given, such as exact minimum dimensions or quantities, describe a condition commonly recognised as a practical standard for normal operation.

Where specific measurements, capacities or other standards are described, equivalent alternative solutions may be deemed acceptable if it is demonstrated that the intent of the standards has been met.

It is important to note that these Guidelines are not designed to restrict innovation which might improve performance and/or outcomes.

- 10.10.00 Compliance and Accreditation

Compliance with these Guidelines does not imply that the facility will automatically qualify for accreditation by the Australian Council on Health Care Standards.

Accreditation is primarily concerned with hospital management and patient care practices, although the standard of facility is certainly a consideration.

For detailed information on accreditation requirements contact:
Australian Council on Health Care Standards
PO Box 95
Waterloo NSW 2017

Phone: (02) 9662 2311
Fax: (02) 9662 6370

for detailed information on accreditation requirements.

Glossary of Terms

- 10.11.00 the Act - An Act of Parliament

Acceptable standard - A standard acceptable to the Department of Human Services, Victoria.

Area, space - The Guideline requirement need not be fully enclosed but form part of a larger space; for example trolley park alcove off a corridor.

Building Code of Australia - Building Code of Australia (1996) and any subsequent amendments or updates.

Building Service Equipment - equipment items including heating, air-conditioning, ventilation, humidification, filtration, chillers, electrical power distribution, emergency power generation, energy / utility management systems, and other equipment with the primary function of a building service.

Compliance - To act or provide in accordance with the requirements or recommendation of these Guidelines or referenced standards or regulations.

Part A - Introduction and Instructions for Use

Day Procedure Centre (DPC) - A facility primarily composed of a Day Procedure Unit with additional support facilities. This may be stand-alone or attached to a hospital or medical centre.

Disabled facilities - Facilities that are designed for use by the disabled, to AS 1428 series.

Egress - A safe means of escape in the event of an emergency.

Ensuite - A room fitted out with a shower, a toilet and a basin/mirror combination. An Ensuite associated with a bedroom should have a door which opens directly off the bedroom. There are other types of Ensuities such as Shared Ensuities. Variations are fully and semi-assisted types.

Facility - The physical aspects of the development; for example the buildings.

Fixed Equipment - items that are permanently fixed to the building or permanently connected to a service distribution system that is designed and installed for the specific use of the equipment.

Fully assisted facilities - Facilities for toileting, showering and bathing that are designed for the patient to be assisted by two staff members.

Guidelines - A collection of requirements and recommendations, some mandatory, some non-mandatory, which describe a minimum level of facility provision.

Inpatient Unit - The module by which a hospital is developed to ensure cost efficient nurse coverage for patient safety and service for example one inpatient unit = 32 acute patient bedrooms = One ward.

Interpretation - The meaning of something as understood by the Department of Human Services, Victoria.

LDR - Labour, Delivery, Recovery room within a Birthing Unit.

LDRP - Labour, Delivery, Recovery, Post Partum room within a Birthing Unit.

Life Cycle Cost Analysis - A technique of economic evaluation that sums the costs of initial investments, replacements, operations, and maintenance and repair of an investment decision over a given study period.

Minimum - The least level of provision that is considered necessary for a given function. Anything below minimum is considered unsatisfactory.

Mobile Equipment - mobile equipment items (medical or non-medical) that require electrical or mechanical connections or floor space but are portable, such as wheeled items, moveable office furnishings and monitoring equipment.

Office or Room - The function is to be fully enclosed to create its own space for example Birthing Room, Operating Room. This is in contrast to the definition of 'Workstation or 'Space/Bay' where the function is within a larger area which contains other items or users.

Optimum - The preferred level of provision, not necessarily the best, but higher than the minimum level.

PACU - Post Anaesthesia Care Unit within a Day Procedure Unit or Operating Unit.

Partially assisted facilities - Facilities for toileting, showering and bathing that are designed for the patient to be assisted by one staff member.

Part A - Introduction and Instructions for Use

Patient Care Area - Area as defined in the Building Code of Australia part of Health Care Facilities normally used for the treatment, care, accommodation, recreation, dining and holding of patients, including a ward and treatment area.

Private Hospital - A registered premises where persons are provided with health services of a prescribed kind or kinds and for which a charge is made and includes a privately-operated hospital but does not include -

- a public hospital or denominational hospital
- a day procedure centre
- a residential care service

Radiographer (Medical Imaging Technologist) - A person eligible for membership with the Australian Institute of Radiography who is permitted by the Radiological Council to operate major x-ray equipment under the direction and supervision of a licensed Radiologist.

Shall - Implies that the requirement referred to is mandatory.

Should - The item being discussed requires attention and a suitable solution such as the one provided. However the example given is not mandatory. In short "Should" is not as strong as "Shall".

Standards - The Standards of the Standards Association of Australia or parts of these Guidelines depending on the context.

Treatment Area - Area as defined in the Building Code of Australia (BCA) - an area within a Patient Care Area such as an Operating Suite or Unit and rooms used for recovery, minor procedures, resuscitation, intensive care and coronary care from which a patient may not be readily moved.

X-ray Operator - A person who has received approval by the Radiological Council to perform a range of X-ray examinations, limited to chests and extremities, using low powered mobile X-ray equipment.

Maintenance

10.12.00 Refer to Section E5 of the Building Code of Australia - Maintenance.

In designing and detailing a Hospital or Day Procedure Unit, the recurrent costs involved in maintaining the building stock should be an important consideration. The aim being to prevent the building from deteriorating to the point where the facility no longer complies with these Guidelines. Hospital proprietors are encouraged to consider establishing an asset management program to ensure that building stock is maintained to an appropriate standard. The architect and engineers should optimise the impact of maintenance on the life cycle costs of the facility, with obvious due consideration to the proprietor's capital commitment. Selection of building material, finish, fitments, plant etc., and maintenance access are all important considerations.