

## Part B - Health Facility Briefing and Planning

### 545 PALLIATIVE CARE UNIT

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#### INTRODUCTION

##### Description

- 545 .2.00 Palliative Care as defined by Palliative Care Australia should be understood to encompass a philosophy of care, a program, and a collection of services. Hospice is often used to refer to the concept of care for people living with an incurable illness, whether at home or in an Inpatient Unit. The words 'hospice' and 'palliative care' are often used interchangeably.
- 545 .3.00 A Palliative Care Unit shall be provided in facilities that are designed to deliver care in accordance with the principles of palliative care. Separate entrances to these facilities will be provided wherever possible. Environment is important, with an emphasis on ambience, accessibility, and availability predominantly of single rooms.

#### PLANNING

##### Functional Areas

- 545 .4.00 The Palliative Care Unit may include the following Functional Areas:
- Entry, Reception and Waiting areas
  - Patient accommodation areas including Lounge Rooms
  - Patient Activities areas including Day Areas and outdoor facilities
  - Support areas including Utility Rooms, Cleaner's Room, Disposal, Pantry, Store Rooms
  - Staff areas including Offices, Meeting Rooms, Staff Change and Toilets.
- 545 .5.00 ENTRANCE AREA
- The Entrance Area is the first point of contact for members of the community and should display clear direction informing people where to proceed. Design considerations for the Entrance should include:
- If the Palliative Care Unit is situated within or adjacent to another facility or hospital there needs to be 24 hour secure discreet access to the unit
  - Vehicle access to the Palliative Care Unit is required at all times
  - Entry facilities should be suitable for people with disabilities, such as limited mobility and poor vision
  - The entry can incorporate an airlock space and may have sensor or

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automatically opening doors to facilitate access.

### 545 .6.00 ENTRANCE CANOPY

If the Palliative Care Unit is stand-alone, an Entrance Canopy is required to provide dry access to the building.

Design considerations include:

- Ensuring the covered area is large enough to allow vehicles such as taxis, buses, cars, and emergency vehicles to manoeuvre beneath it, and is structured to facilitate free concurrent traffic flow for multiple vehicles
- The use of clear roofing material to maximise natural light inside the building

### 545 .7.00 FAMILY FACILITIES

A Multi-Purpose room is required for use as a Family Room or as Interview / Counselling room. It may be equipped to accommodate family members overnight, in which case an Ensuite may also be provided.

Design considerations include:

- Furniture should include sofa beds, tables and chairs
- Tea and coffee making facilities will be required, bench with sink, cupboards, drawers and Boiling Water unit
- The room should be lockable
- Telephone, power and data capabilities and television
- Sound isolation is required
- An external view is desirable.

### 545 .8.00 PALLIATIVE CARE DAY CARE FACILITY

A Palliative Care Day Care Facility may be required to provide a 'half-way house' between home care and inpatient services as an outpatient service. The space may be shared by inpatients and outpatients. Facilities that may be included are:

- Consultation
- Pain Management
- Medical treatments and minor procedures
- Physical care including bathing
- Dietary advice, pharmacy, occupation therapy assessment and intervention
- Counselling, social work, spiritual care, chaplaincy, volunteer support
- Physiotherapy gymnasium equipment and gentle exercise programs to improve mobility
- Diversional therapy providing crafts, television, video and other leisure activities
- Hairdressing and wig care, facials and manicure
- Complementary therapies, these may include massage, aromatherapy, relaxation techniques, meditation, music, etc
- Education sessions, computer and internet access
- A program of practical social recreational or health promotional activities that provides a therapeutic milieu where patients receive the necessary support, training and equipment to adapt to changes
- Respite on a regular basis and support that is practical and encompasses the emotional, spiritual and social aspects of care for carers.

### 545 .9.00 LIBRARY / RESOURCE AREA

A Library / Resource Area is required for staff and clients. Note: Larger facilities may have a specified room for this purpose, but a small unit can incorporate this facility into other areas, for example, the Multi-purpose Meeting Room or as part of a Waiting Area.

### 545 .10.00 OUTDOOR AREAS

Outdoor Areas, such as gardens, courtyards and terraces should be provided to give a pleasant domestic setting for the building. The outdoor areas such as courtyards, gardens or terraces should be adjacent to all of the Bed-Based Areas.

Design considerations should include the following:

- Adequate provision for sitting or walking
- Pathways that are clear, simple, non-slip and designed to lead somewhere
- Pathways must be wide enough and with a surface that allows for easy access by wheelchairs and beds
- Pathways should not end at a wall or fence
- A BBQ Area, with bottled or piped gas, may be considered for the outdoor facility
- A water sprinkling system is advisable for all Outdoor Areas that have gardens and pot plants.

### 545 .11.00 PATIENT / LIVING AREAS

Patient / Living areas of the Palliative Care Unit will incorporate bedrooms, ensuites, bathrooms, toilets, lounge areas, dining and recreational areas.

545 .12.00 Bedrooms may include two bed rooms but the majority of rooms should be single rooms.

### 545 .13.00 RECEPTION / WAITING AREA

The Reception Area is the main arrival and exit point of the Unit and will also function as a Waiting Area. Design considerations for the Reception / Waiting Area should include the following:

- The area needs to impart a welcoming feel and be spacious enough to allow for ample comfortable seating
- The Reception desk or counter should be designed to allow maximum communication with visitors, particularly those in wheelchairs
- Access to a public phone is required
- Access to Public Toilets is required

### 545 .14.00 SERVICE ENTRY / LOADING BAY/ CANOPY

The service entry is required to allow deliveries to the facility without having to pass through the main entrance of the building. It may also need to provide ambulance service access and egress in emergency circumstances.

Design considerations include:

- An area large enough to allow vehicles including ambulances to turn and manoeuvre
- A large enough space with sufficient blank wall length to allow for temporary storage of items such as linen or food trolleys, items of furniture or items of equipment for repair
- Access for picking up soiled linen from inside the building only through the service entry. Large institutions may have separate zones for the various utilities and deliveries
- Adequate infection control
- A loading bay located away from the client entry point to facilitate access for delivery staff and for staff who regularly load therapy equipment and mobility aids into vehicles.

### Functional Relationships

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- 545 .15.00 The Palliative Care Unit should be located in a position that is convenient to all potential users, including patients, family members, support people or team people. The site should allow easy movement around it for all users. This includes ensuring that there is level ground in client areas. A ground level site is preferable with easy access to outside areas.

## COMPONENTS OF THE UNIT

### Introduction

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- 545 .16.00 The Palliative Care Unit will consist of a combination of Standard Components and Non-Standard Components.

Standard Components must comply with details in Standard Components described in these Guidelines. Refer also to Standard Components Room Data Sheets.

### Standard Components

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- 545 .17.00 Provide the Standard Components as identified in the Schedule of Accommodation.

### Non-Standard Components

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- 545 .18.00 Provide the Non-Standard Components as identified in this section and in the Schedule of Accommodation, according to the Operational Policy and Service demand.

- 545 .19.00 MULTI-PURPOSE ACTIVITIES AREA

#### DESCRIPTION AND FUNCTION

A Multi-purpose Activities Area or room is required for inpatient and outpatient activities during the day; it may also function as a craft room.

The Multipurpose Activity Room should be sized according to the number of people to be accommodated and the range of activities.

- 545 .20.00 LOCATION AND RELATIONSHIPS

The Multi-purpose Activities Area should be located with ready access to inpatient areas and day patient areas. If used for outpatient day activities, it should be located close to dining facilities.

- 545 .21.00 CONSIDERATIONS

Design considerations for a Multi-Purpose Activities Area include:

- Space for tables and physical activities
- A quiet area for people who need a break in activities
- Chairs should be suitable for tables and for relaxation
- Fittings should include a whiteboard, a pinboard and projection screen or wall suitable for projection
- Direct access to outdoor areas is desirable
- Tea and coffee making facilities within close proximity
- Toilets located in close proximity
- Provision for television, video and computer facilities.

For additional room considerations refer to Standard Component - Meeting Room - Medium/ Large.

### Non-Standard Components

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#### 545 .22.00 QUIET SITTING ROOM

##### DESCRIPTION AND FUNCTION

A Quiet Sitting room is required for quiet relaxation. This area may be used as a palliative care family room where families can relax during the day; it may also be used to provide overnight accommodation for relatives.

#### 545 .23.00 LOCATION AND RELATIONSHIPS

The Quiet Sitting Room should be located with ready access to inpatient accommodation areas, day patient areas, patient and public amenities.

#### 545 .24.00 CONSIDERATIONS

Design considerations for a Quiet/ Sitting Room include:

- Comfortable seating for up to six persons with domestic style furniture
- Nurse call, emergency call and indicator lights are required
- A direct access to external spaces is desirable
- Full height windows are recommended.

For additional room considerations refer to Standard Components - Meeting Room - Small.

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## APPENDICES

### Palliative Care Generic Schedule of Accommodation

545 .25.00 Schedule of Accommodation for a Bed Palliative Care Unit in a hospital at Levels 3 and 4

Note: Level 3 includes patient areas only as a part of an integrated Inpatient Unit sharing all support services:

ROOM / SPACE	Standard Component		Level 3 Qty x m2	Level 4 Qty x m2			Remarks
			6 Beds	10 beds			
1 BED ROOM - SPECIAL	yes		6 x 18	10 x 18			Rooms may also include refreshment facilities and families
BAY - HANDWASHING	yes		2 x 1	3 x 1			In addition to handbasins in Bedrooms
BAY - MOBILE EQUIPMENT	yes			1 x 4			
BAY - LINEN	yes			1 x 2			
CLEAN UTILITY	yes			1 x 12			
DIRTY UTILITY	yes			1 x 10			
ENSUITE - SPECIAL	yes		6 x 7	10 x 7			
INTERVIEW ROOM	yes			1 x 12			May also be used for family overnight stays
LOUNGE - PATIENT	yes		1 x 15	1 x 15			
MEETING ROOM - SMALL	yes		1 x 12	1 x 12			Quiet Sitting Room; Access to an Outdoor area is desirable
OFFICE - SINGLE PERSON 9 M2	yes			1 x 9			Unit Manager
OFFICE - 3 PERSON SHARED	yes			1 x 16 optional			Dependent on staffing establishment
PANTRY	yes		1 x 8	1 x 8			
STAFF STATION	yes			1 x 14			May be shared with an adjoining HPU
STORE - EQUIPMENT	see remarks			1 x 10			Refer to Standard Component-Store-Equipment; size according to quantity
TOILET - DISABLED	yes			1 x 5			
CIRCULATION %			35	35			

#### 545 .26.00 SHARED AREAS

ROOM / SPACE	Standard Component		Level 3 Qty x m2	Level 4 Qty x m2			Remarks
BAY - FLOWERS	yes			1 x 2			

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BATHROOM	yes		1 x 10	1 x 10			
CLEANER'S ROOM	yes			1 x 4			
DISPOSAL ROOM	yes			1 x 8			
MEETING ROOM - MEDIUM	yes			1 x 20			
MULTIPURPOSE ACTIVITIES ROOM				1 x 30			For inpatients and day patients
RECEPTION	yes			1 x 10			Co-located with Waiting
TOILET - STAFF	yes			1 x 2			

### References and Further Reading

- 545 .27.00 - American Institute of Architects, Guidelines for Design & Construction of Hospital & Healthcare Facilities, 1997.
- Department of Human Services, Victoria; Aged, Community & Mental Health Division, Hospice Unit Generic Brief, 1999.

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### FUNCTIONAL RELATIONSHIPS DIAGRAM - PALLIATIVE CARE UNIT

