

**BURNABY HOSPITAL
REDEVELOPMENT PROJECT – PHASE ONE**

**Appendix 3A - Clinical Specifications and
Functional Space Requirements**

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PART 1. PROJECT OVERVIEW

Burnaby Hospital Redevelopment Project – Phase 1

PART 1. PROJECT OVERVIEW

1.1 PROJECT BACKGROUND, VISION AND SCOPE

1.1.1 PROJECT BACKGROUND

- 1.1.1.1 The Burnaby Hospital (BH) forms part of the Fraser Health Acute Care Network. As one of the twelve acute care hospitals serving the Fraser Health, BH is a large community hospital outside the City of Vancouver that serves the communities of Burnaby and East Vancouver.
- 1.1.1.2 BH Redevelopment Project focuses on updating and modernizing the Existing Hospital campus to meet demand to 2035 and addressing the significant service delivery challenges imposed by the outdated design and aging building infrastructure. The hospital's original building (the West Wing) was built in 1952 and expanded in 1958; this building requires replacement to meet current seismic standards. Since the Nursing Tower (NT) opening in 1978, BH is now one of the busiest emergency rooms located within one of the fastest growing municipalities.
- 1.1.1.3 BH has optimized capacity to 95% and has reached the limit of effectiveness that can be achieved with minor renovations. The existing facilities at BH are urgently in need of significant upgrading to increase capacity and meet provincial accommodation, service and Infection Prevention and Control standards, and seismic improvement to ensure the site is meeting post disaster requirements.
- 1.1.1.4 BH was designed and built at a time when health care was provided differently. The paradigm has since shifted to a Person- and Family Centered Care model where family is welcome and all care providers come together to provide comprehensive care, as a team. Although modifications to the hospital have been made over time, standards and best practices have shifted beyond the capabilities of the current infrastructure.

1.1.2 PROJECT VISION

- 1.1.2.1 Transformation of care requires not only system-wide change of services but also an appropriate physical environment to enable the transformation to meet today's needs and to sustain them as future requirements evolve.
- 1.1.2.2 BH Redevelopment Project focuses on delivering the best Patient experience and health outcomes to provide timely access to values-based, culturally and spiritually sensitive care and services and to enhance multi-disciplinary Person and Family-Centred Care.
- 1.1.2.3 The project strives to be at the forefront of exceptional care by implementing leading system models and best evidence-based practices and by maximizing operational efficiency.

- 1.1.2.4 BH Redevelopment Project aims to design spaces that promote wellness for Patients and providers and create a work environment that protects and enhances the physical and emotional safety of Patients, families and providers.
- 1.1.2.5 BH Redevelopment Project integrates care, research and teaching to improve the experience for Patients, learners and care providers through responsible information sharing, to drive innovation through intentional initiatives and support to take front-line ideas to action and to accelerate the practical application of medical breakthroughs.
- 1.1.2.6 This project enables a learning organization to support a leading culture of Person- and Family Centered Care innovation and excellence, to pursue data-driven quality improvement and to create a vibrant environment that attracts and retains the best and brightest care providers and researchers.
- 1.1.2.7 BH Redevelopment Project leverages technology to improve quality and efficiency.
- 1.1.3 PROJECT SCOPE
 - 1.1.3.1 BH Redevelopment Project is comprised of two (2) following:
 - 1.1.3.1(1) Phase 1 consists of two (2) new build elements, and internal refurbishments to the Support Facilities Building and the NT. The implementation of Phase 1 will allow the West and North Wings, and the Cascade Building to be demolished to facilitate the Construction of Phase 2.
 - 1.1.3.1(2) Phase 2 consists of one new build element, and further internal refurbishments to allow for expansion of the Emergency Department (ED) on Level 3 of the Support Facilities Building into the space vacated by the existing Medical Imaging Department in Phase 2.
 - 1.1.3.2 BH Phase 1 Redevelopment Project is comprised of the following elements:
 - 1.1.3.2(1) Phase 1A will be a new 6 Storey Tower with a lower basement level which contains Main Entrance Lobby, Gift Shop, Retail Food Services, Outpatient Clinics, Hospital Administration, Burnaby Hospital Foundation, Maternal/Child Unit, 24 Medical Inpatient Unit, 30 bed Inpatient Psychiatry Unit, Short Stay Assessment and Treatment (SSAT) Unit Inpatient Psychiatry Outdoor, Morgue, Facilities Maintenance and Operations (FMO), Biomedical Engineering (BME) and Mechanical Plantroom.
 - 1.1.3.2(2) Phase 1B will be a new 5 Storey extension with a lower basement level to the existing Support Facilities Building which contains expansion of the existing ED, expansion of the existing Perioperative Services, Medical Device Reprocessing Department

(MDRD), some of Hospital Lecture areas, some of Site Support Services Administration Offices, some of Housekeeping and Waste Management areas, Parking and Mechanical Plantroom.

- 1.1.3.3 BH Phase 1 CM Scope internal refurbishment is comprised of the following elements:
- 1.1.3.3(1) Refurbishment of Levels 1, 2, 3 and 4 of the Support Facilities Building contains Pharmacy, Outpatient Rehabilitation Services, In Hospital Replenishment, Laundry/Linen, Patient Food Services, some Housekeeping and Waste Management areas, some ED areas and some Perioperative Services areas.
 - 1.1.3.3(2) Refurbishment of Levels 0 and 1 of the NT contains Allied Health/Clinical Support-Inpatient, some of Hospital Lecture areas, Hospital Administration, University of British Columbia (UBC) Faculty of Medicine Academic Teaching Facilities, Central Porter Services, Medical Inpatient Unit – NT and some of Site Support Services Administration Offices.

1.2 FUTURE FUNCTIONAL COMPONENTS

1.2.1 FUNCTIONAL COMPONENTS

- 1.2.1.1 Program requirements and space analysis for the Functional Components within the scope of BH Phase 1 Redevelopment Project will be reviewed according to the following list:
- 1.2.1.1(1) A. Outpatient Care
 - 1.2.1.1(2) B. Maternal/Child Unit
 - 1.2.1.1(3) C. Medical Inpatient Unit and M. Medical Inpatient Unit – NT Renovation
 - 1.2.1.1(4) D. Inpatient Psychiatry Unit
 - 1.2.1.1(5) E. Medical Device Reprocessing Department
 - 1.2.1.1(6) F. Clinical Support Services
 - 1.2.1.1(7) G. Emergency Department
 - 1.2.1.1(8) H. Perioperative Services
 - 1.2.1.1(9) I. Main Entrance and Public Services
 - 1.2.1.1(10) J. Education and Learning
 - 1.2.1.1(11) K. Operational Support

1.2.1.1(12) L. Management Administration

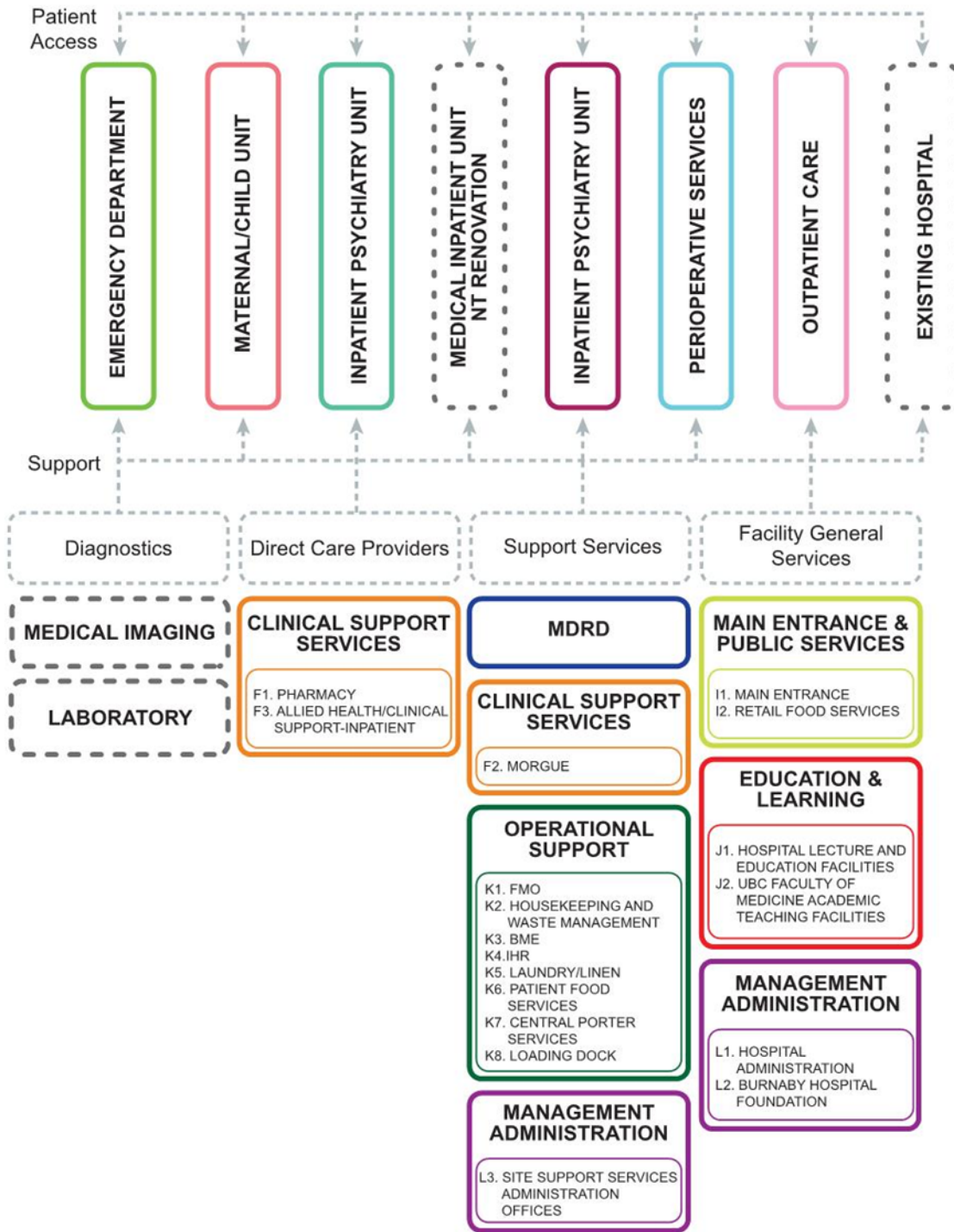
1.2.2 AREA SUMMARY AND DIAGRAM

1.2.2.1 BH Phase 1 Redevelopment Project Functional Components area summary table is shown below.

Component	Total NSM
A. OUTPATIENT CARE	968.7
B. MATERNAL/CHILD UNIT	1,101.7
C. MEDICAL INPATIENT UNIT	1,072.2
D. INPATIENT PSYCHIATRY UNIT	1,204.7
E. MEDICAL DEVICE REPROCESSING DEPARTMENT	857.3
F. CLINICAL SUPPORT SERVICES	796.8
G. EMERGENCY DEPARTMENT	832.7
H. PERIOPERATIVE SERVICES	1,397.8
I. MAIN ENTRANCE AND PUBLIC SERVICES	1,022.2
J. EDUCATION AND LEARNING	464.7
K. OPERATIONAL SUPPORT	2,639.6
L. MANAGEMENT ADMINISTRATION	574.6
M. MEDICAL INPATIENT UNIT – NT RENOVATION	563.1
GRAND TOTAL	13,496.1

1.2.2.2 The following diagram illustrates the various care and support Components which form the basis of this Appendix and how they interrelate. Each Functional Component is described in more detail in its associated Part 2 Functional Components.

Care and Support Components



1.3 DOCUMENT CONTENTS AND ORGANIZATION

1.3.1 DOCUMENT CONTENTS

- 1.3.1.1 This document contains Clinical Specifications and Functional Space Requirements for BH Phase 1 Redevelopment Project which includes the new development constructed on the BH site comprising Phase 1A and Phase 1B.
- 1.3.1.2 This document also contains Clinical Specifications and Functional Space Requirements for BH Phase 1 CM Scope internal refurbishment to the Support Facilities Building and the NT.
- 1.3.1.3 BH Phase 1 Redevelopment Project Design Principles and Objectives are described in Schedule 3 [Design and Construction Specifications].

1.3.2 PART 1 - PROJECT OVERVIEW

- 1.3.2.1 Appendix 3A Clinical Specifications and Functional Space Requirements, Part 1 Project Overview provides background of the existing BH, project vision and scope, information about the future functional Components and a general description of the document organization and contents.

1.3.3 PART 2 - FUNCTIONAL COMPONENTS

- 1.3.3.1 Appendix 3A Clinical Specifications and Functional Space Requirements, Part 2 Functional Components outlines the Service Overview, Functional Description, Operational Considerations, Design Criteria, External and Internal Relationships diagrams and Schedule of Accommodation for each of the respective Components. The information for each Functional Component is organized as follows:

1.3.3.1(1) Service Overview

- 1.3.3.1(1)(a) Service Overview provides a summary of the Component and planning parameters and assumptions.

1.3.3.1(2) Functional Description

- 1.3.3.1(2)(a) Functional Description outlines the Functional Component's key purpose(s) and major functional content. This includes Scope of Clinical, Educational and Research Activities. It also describes functions that are understood to occur in other Functional Components in BH or outside BH.

1.3.3.1(3) Operational Considerations

- 1.3.3.1(3)(a) Operational Considerations include Service Delivery Principles and Methods outlining Patient and Family

Management Processes and Flows, Care Provider Work Processes and Flows, Clinical and Logistical Support Processes and Flows, Information Management and Anticipated Trends in Service Delivery.

1.3.3.1(3)(b) Operational Considerations also include Workflow diagrams, Hours of Operation and peak time staffing Workloads specific to each Component.

1.3.3.1(3)(c) Workflow diagrams describe the journey of the Patient and providers through service areas of a Component.

1.3.3.1(4) Design Criteria

1.3.3.1(4)(a) Functional Platform Design Criteria cites key design, adjacencies, configuration and technology features pertaining to the Functional Component. This section outlines general design requirements for the Component as well as requirements related to each zone within the Component.

1.3.3.1(5) External Relationships

1.3.3.1(5)(a) External Relationships diagrams describe the Functional Components' external relationships with other Functional Components including any critical adjacencies by priority.

1.3.3.1(5)(b) In the context of External Relationships, three (3) terms will be used throughout this document:

- 1.3.3.1.5.(b).1 Direct Access;
- 1.3.3.1.5.(b).2 Close Access; and
- 1.3.3.1.5.(b).3 Convenient Access.

1.3.3.1(5)(c) Access will be provided through the following three (3) circulation types:

- 1.3.3.1.5.(c).1 Back of House Circulation;
- 1.3.3.1.5.(c).2 Restricted Circulation; and
- 1.3.3.1.5.(c).3 General Circulation.

1.3.3.1(6) Internal Relationships

1.3.3.1(6)(a) Internal Relationships diagrams indicate the basic criteria and concepts for the spatial organization and environmental design of the Component, including zones/blocks of spaces identified in the Schedule of Accommodation and circulation, flows and access points.

1.3.3.1(7) Schedule of Accommodation

- 1.3.3.1(7)(a) Schedule of Accommodation details the room-by-room requirements with the type, quantity, Net Square Metres (NSM) and remarks providing additional internal space features for each space.
- 1.3.3.1(7)(b) Rooms are organized into specific zones according to their Component and their general role in delivering services.
- 1.3.3.1(7)(c) Any spaces that will be accessed through another space appear as indented under that room or space in the Schedule of Accommodation.
- 1.3.3.1(7)(d) Schedule of Accommodation separates the scope of BH Phase 1 Redevelopment Project and BH Phase 1 CM Scope internal refurbishment by labeling and color coding these areas.
 - 1.3.3.1.7.(d).1 BH Phase 1 Redevelopment Project includes the Phase 1A and 1B buildings to be constructed on BH. The spaces under this scope of work are labelled as “DBF”.
 - 1.3.3.1.7.(d).2 BH Phase 1 CM Scope internal refurbishment includes work in the existing Support Facilities Building and the existing NT. The spaces under this scope of work are labelled as “CM”.
 - 1.3.3.1.7.(d).3 Schedule of Accommodation also includes existing spaces labelled as “E” for Components A, G and I. These spaces will not be included in the scope of work and are listed for information only.
- 1.3.3.1(7)(e) Project Co will be solely responsible to determine the appropriate grossing factors including Component and building grossing factors, for the design of BH Phase 1 Redevelopment Project to meet the functional and technical requirements of Schedule 3 [Design and Construction Specifications].

PART 2. FUNCTIONAL COMPONENTS

Burnaby Hospital Redevelopment Project – Phase 1

A. OUTPATIENT CARE

PART 2. FUNCTIONAL COMPONENTS

2.1 OUTPATIENT CARE

2.1.1 OUTPATIENT CLINICS

2.1.1.1 SERVICE OVERVIEW

2.1.1.1(1) This general clinic area will encompass three (3) pods of outpatient services:

2.1.1.1(1)(a) Maternity and Gestational Diabetes Clinic

- 2.1.1.1.1.(a).1 The target population for this clinic will be women living in Burnaby and East Vancouver.
- 2.1.1.1.1.(a).2 It will serve families during pregnancy and provide support shortly after delivery. It will also have access to all acute care site services, including specialist referrals, dietitians, lactation consultants and diabetes education specialists.
- 2.1.1.1.1.(a).3 It will provide assessment and management of pregnant women who are diabetic, or women with gestational diabetes.

2.1.1.1(1)(b) Multiple Sclerosis/Neurology/Neuro Diagnostics Clinic

- 2.1.1.1.1.(b).1 A multidisciplinary team including neurologists, neuro-ophthalmologists, psychiatrist, physical medicine and rehabilitation physician, Multiple Sclerosis (MS) certified registered nurses, and other members of the Allied Health service delivery team will provide care to Patients.
- 2.1.1.1.1.(b).2 Multiple Sclerosis (MS) Clinic
 - (b).2.1 The target population for the MS Clinic will be individuals residing in Fraser Health (FH) with a provisional or confirmed diagnosis of MS (more than 1.5 million population). This clinic will also accept Patients from beyond the boundaries of FH.
 - (b).2.2 It will be the only clinic that provides specialized tertiary care for Patients with MS in the region.
 - (b).2.3 The MS Clinic will provide holistic care and treatment for individuals with a provisional or confirmed diagnosis of MS.
 - (b).2.4 This clinic will also be involved in research and clinical trials to improve the future treatment and outcomes of those affected by MS.

- (b).2.5 The MS Clinic providers will continue to provide outreach visits and virtual nursing clinics to the satellite clinic in Abbotsford.
- 2.1.1.1.1.(b).3 Neurology and Neuro Diagnostics Clinic
 - (b).3.1 The target population for the Neurology and Neuro Diagnostics Clinic will be individuals referred for neuro diagnostic testing and/or neurological consultation by primary care providers, family practitioners or specialists. The catchment area will be that of FH including individuals referred for testing through BH ED or specialty clinics (e.g. Outpatient Rehabilitation Services, MS Clinic).
 - (b).3.2 The Neurology and Neuro Diagnostics Clinic will provide testing, monitoring, interpretation, and recording of diagnostic examinations of the neurological system.
 - (b).3.3 The clinic will also conduct urgent neurology consultations referred in from the ED physicians or from primary care providers.

2.1.1.1(1)(c) Diagnostic Cardiology Clinic

- 2.1.1.1.1.(c).1 The Diagnostic Cardiology Clinic will provide testing and assessment including electrocardiograms, Holter monitors, event monitors, stress testing (exercise and nuclear), pacemaker checks and programming, and urgent internal medicine and cardiologist physician consultations. While the majority of visits will be from outpatients, this Component will also provide inpatient services as required.

2.1.1.2 FUNCTIONAL DESCRIPTION

2.1.1.2(1) Scope of Services

2.1.1.2(1)(a) Scope of Clinical Activity

- 2.1.1.2.1.(a).1 The following specifies the minimum set of functions that will be accommodated within this Component:
 - (a).1.1 Maternity and Gestational Diabetes Clinic
 - (a).1.1.1 Scheduling of consults/clerical support;
 - (a).1.1.2 An inter-professional team comprised of obstetricians/nurses/social workers/unit clerks/dietitians and endocrinologists providing outpatient

- care to perform assessments, treatment, education and document care;
- (a).1.1.3 Facilitating Patient access to diagnostic and treatment services elsewhere in BH and off campus (e.g. stress tests, fetal heart monitoring);
- (a).1.1.4 Symptom management;
- (a).1.1.5 Administration of medication;
- (a).1.1.6 Inclusion of family support, consultation and counselling; and
- (a).1.1.7 Group classes.
- (a).1.2 Multiple Sclerosis/Neurology/Neuro Diagnostics Clinic
 - (a).1.2.1 Scheduling of consults/clerical support;
 - (a).1.2.2 An inter-professional team comprised of neurologists/nurses/allied health/unit clerks/research team/technologists/pharmacists providing outpatient care to perform assessments, treatment, education and document care;
 - (a).1.2.3 Development of individual care plans;
 - (a).1.2.4 Clinical trials;
 - (a).1.2.5 Diagnostic testing (e.g. EEGs, EMGs, cognitive testing, visual evoked potential testing, nerve ultrasound); and
 - (a).1.2.6 Telehealth.
- (a).1.3 Diagnostic Cardiology Clinic
 - (a).1.3.1 Cardiac diagnostic testing and assessment including:
 - (a).1.3.2 Stress testing, including tests with a nuclear medicine component;
 - (a).1.3.3 Implanted rhythm-management device review and care (pacemakers, implanted cardioverter defibrillators, and reveal monitors);
 - (a).1.3.4 Implantable cardioverter defibrillator interrogations will be conducted at point of service only;
 - (a).1.3.5 Electrocardiogram (ECG);
 - (a).1.3.6 Holter monitoring (equipment fitting and results analyses); and
 - (a).1.3.7 Outpatient assessment and consultation (chest pain, rapid access

internal medicine and pre-operative clinics).

2.1.1.2(1)(b) Scope of Educational Activity

2.1.1.2.1.(b).1 Maternity and Gestational Diabetes Clinic

- (b).1.1 Group classes for Patient and family education will be accommodated in the Meeting Room in the Maternal/Child Unit Component;
- (b).1.2 Clinical in-services will be accommodated within the Component; and
- (b).1.3 Formal lectures or continuing Staff education will be accommodated in BH Meeting Rooms. Computer training will be accommodated in the Computer Training Room located in the Hospital Lecture and Education Facilities Component.

2.1.1.2.1.(b).2 Multiple Sclerosis/Neurology/Neuro Diagnostics Clinic

- (b).2.1 Clinical in-services;
- (b).2.2 Clinical academic training for Staff, students and residents;
- (b).2.3 Formal Lectures or continuing Staff education will be accommodated in BH Meeting Rooms or off campus. Computer training will be accommodated in the Computer Training Room located in the Hospital Lecture and Education Facilities Component; and
- (b).2.4 Education of Patients and families by the inter-professional team within the care area.

2.1.1.2.1.(b).3 Diagnostic Cardiology Clinic

- (b).3.1 All teaching and supervision functions will be accommodated in the general work areas and will not require specialized or dedicated space in this Component.

2.1.1.2(1)(c) Scope of Research Activity

2.1.1.2.1.(c).1 Maternity and Gestational Diabetes Clinic

- (c).1.1 Staff and students working in the clinic, from time-to-time, will be engaged in research. The nature and extent of research functions will be accommodated in the general work areas and will not require specialized or dedicated facilities within the Component.

2.1.1.2.1.(c).2 Multiple Sclerosis/Neurology/Neuro Diagnostics Clinic

- (c).2.1 The clinic will be involved in research and clinical trials that will be accommodated within the Component footprint, e.g. Exam Rooms and Office-Multi (research workrooms).

2.1.1.2.1.(c).3 Diagnostic Cardiology Clinic

- (c).3.1 The nature and extent of research functions will be accommodated in the general work areas and will not require specialized or dedicated space in this Component.

2.1.1.2(2) Scope Exclusions

- 2.1.1.2(2)(a) The following list specifies functions that are understood to occur in other Functional Components in BH or outside BH:

2.1.1.2.2.(a).1 Maternity and Gestational Diabetes Clinic

- (a).1.1 Patients with high risk pregnancies; and
- (a).1.2 Stress tests and fetal monitoring will be performed in the Maternal/Child Unit Component.

2.1.1.2.2.(a).2 Multiple Sclerosis/Neurology/Neuro Diagnostics Clinic

- (a).2.1 Patients less than 14 years of age; and
- (a).2.2 Physiotherapy (PT), Occupational Therapy (OT) and Speech Language Pathology (SLP) Patients will be referred to the appropriate outpatient clinic.

2.1.1.2.2.(a).3 Diagnostic Cardiology Clinic

- (a).3.1 Cardioversions will be performed in the Intensive Care Unit (ICU); and
- (a).3.2 Echocardiography will be performed in Medical Imaging.

2.1.1.3 OPERATIONAL CONSIDERATIONS

2.1.1.3(1) Service Delivery Principles and Methods

2.1.1.3(1)(a) Patient and Family Management Processes and Flows

2.1.1.3.1.(a).1 Patient Flow

(a).1.1 Maternity and Gestational Diabetes Clinic

- (a).1.1.1 Patients will arrive to the clinic via BH Wayfinding.
- (a).1.1.2 Patients will be registered at the point of entry to the clinic.
- (a).1.1.3 Following registration, Patients will be directed to the Waiting Area of the

- Maternity and Gestational Diabetes Clinic.
- (a).1.1.4 Patients will be then escorted to an Exam Room for assessment, consultation or treatment.
 - (a).1.1.5 Patients going for treatments or procedures internally will be transferred by the Central Porter Services, with a nurse escort if required.
 - (a).1.1.6 Patients who require booking of further appointments will return to the Reception desk.
 - (a).1.1.7 Patients who require a higher level of care will be transferred to the ED or the Maternal/Child Unit Component dependent on needs of Patient.
- (a).1.2 Multiple Sclerosis/Neurology/Neuro Diagnostics Clinic
- (a).1.2.1 Patients will arrive to the clinic via BH Wayfinding.
 - (a).1.2.2 Patients will be registered at the point of entry to the clinic.
 - (a).1.2.3 Following registration, Patients will be directed to the Waiting Area of the Multiple Sclerosis/Neurology/Neuro Diagnostics Clinic.
 - (a).1.2.4 Patients going for treatments, procedures or therapy internally will be transferred by the Central Porter Services, with a nurse escort if required.
 - (a).1.2.5 Patients who require booking of further appointments will return to the Reception desk.
 - (a).1.2.6 Patients who require a higher level of care will be transferred to the ED.
- (a).1.3 Diagnostic Cardiology Clinic
- (a).1.3.1 Patients will arrive to the clinic via BH Wayfinding. Appropriate inpatients will be transported directly to an assessment, exam or testing space by Central Porter Services.
 - (a).1.3.2 Patients will be registered at the point of entry to the clinic.

- (a).1.3.3 Following registration, Patients will be directed to the designated Waiting Area.
- (a).1.3.4 If required, Patients will change into a hospital gown in the assessment space.
- (a).1.3.5 Patients will meet with a clinician for testing, assessment, consultation and/or follow-up.
- (a).1.3.6 Follow-up appointments will be booked at the Reception-Main desk. Outpatients will depart BH. Inpatients will be transported back to another unit/Component by Central Porter Services.

2.1.1.3.1.(a).2 Family Flow

- (a).2.1 Maternity and Gestational Diabetes Clinic
 - (a).2.1.1 Family will arrive to the clinic via BH Wayfinding.
 - (a).2.1.2 Family will accompany Patients throughout Patient journey with Patient permission or will be asked to wait in the Waiting Area.
 - (a).2.1.3 Family will accompany Patients for testing outside of this Component.
- (a).2.2 Multiple Sclerosis/Neurology/Neuro Diagnostics Clinic
 - (a).2.2.1 Family will arrive to the clinic via BH Wayfinding.
 - (a).2.2.2 Family will accompany Patients throughout Patient journey with Patient permission and participate in education or will be asked to wait in the Waiting Area.
- (a).2.3 Diagnostic Cardiology Clinic
 - (a).2.3.1 Family members will often accompany Patients during their visit to this Component. Family will be discouraged from accompanying Patients during testing and will be asked to wait in the Waiting Area.

2.1.1.3(1)(b) Care Provider Work Processes and Flows

- 2.1.1.3.1.(b).1 All clinics will have access to a shared Clean Supply Room, Utility Room-Soiled and Storage-Equipment. Access to these rooms will be restricted to Staff.

- 2.1.1.3.1.(b).2 Reception and Registration
 - (b).2.1 Clerks will arrive at the Reception-Main at front of the Outpatient Clinics.
 - (b).2.2 Clerks will check in and register the Patient for the designated clinic.
 - (b).2.3 Clerks will then direct Patients and families to their designated clinic Waiting Area.
- 2.1.1.3.1.(b).3 Maternity and Gestational Diabetes Clinic
 - (b).3.1 Reception clerk will welcome Patient, ensure any additional paperwork pertinent to that clinic is completed and ensure Staff is aware of Patient arrival.
 - (b).3.2 Reception clerk will also do booking, scheduling, appointments and calling Patients for reminder of appointment dates and times.
 - (b).3.3 Physicians, nurses and research Staff will manage flow in and out of Patient care areas.
 - (b).3.4 Physicians will document in the Exam Rooms.
 - (b).3.5 Nurses will document, paper or electronic, in the Office-2 Shared or Exam Rooms.
- 2.1.1.3.1.(b).4 Multiple Sclerosis/Neurology/Neuro Diagnostics Clinic
 - (b).4.1 Reception clerk will welcome Patient, ensure any additional paperwork pertinent to that clinic is completed and ensure Staff is aware of Patient arrival.
 - (b).4.2 Reception clerk will also do booking, scheduling, appointments and calling Patients for reminder of appointment dates and times.
 - (b).4.3 Physicians, nurses, technologists and research Staff will manage flow in and out of Patient care areas.
 - (b).4.4 All Staff will document, paper or electronic, in the offices or Exam Rooms.
 - (b).4.5 Technologists will complete the diagnostic tests ordered.
 - (b).4.6 Physicians will either follow up with Patients in the Exam Rooms or offices with results.
- 2.1.1.3.1.(b).5 Diagnostic Cardiology Clinic
 - (b).5.1 Reception clerk will welcome Patient, ensure any additional paperwork pertinent to that clinic is completed and ensure Staff is aware of Patient arrival.
 - (b).5.2 Reception clerk will also do booking, scheduling, appointments and calling Patients for reminder of appointment dates and times.

- (b).5.3 Staff will enter the Component and access all spaces as required to provide testing, assessment and consultation.
- (b).5.4 Added precautions will be required when performing nuclear stress testing to prevent radiation exposure (e.g. lead apron).
- (b).5.5 Technologists will travel to Patient care areas to provide point of service testing (e.g. ECG).
- (b).5.6 Physicians will provide consultation within this Component.

2.1.1.3(1)(c) Clinical and Logistical Support Processes and Flows

2.1.1.3.1.(c).1 Pharmacy Services

- (c).1.1 Medication orders will be sent to the Pharmacy via order by fax/order entry.
- (c).1.2 Medications will arrive via PTS or delivery.
- (c).1.3 Pharmacist involvement will be provided as requested.
- (c).1.4 Diagnostic Cardiology Clinic Staff will obtain medications that will be stored in a locked cabinet in the Office. Nuclear medicine Staff will provide medications required for nuclear stress testing (e.g. Persantine).

2.1.1.3.1.(c).2 Allied Health

- (c).2.1 Physiotherapist (PT), Occupational Therapist (OT), Speech Language Pathologist (SLP), Social Worker (SW) and dietitian services will be provided on a referral basis to conduct a wide variety of assessments and treatments to Patients.
- (c).2.2 Patients will be seen in the Outpatient Rehabilitation Services Component of BH.

2.1.1.3.1.(c).3 Laboratory/Cardiology Services

- (c).3.1 Requisitions and orders will be sent via computer order entry system.
- (c).3.2 Laboratory technologists and assistants will perform laboratory specimen collection in the Exam Rooms.
- (c).3.3 Cardiology ordered tests (e.g. ECGs) will be completed in Exam Rooms.

2.1.1.3.1.(c).4 Medical Imaging

- (c).4.1 Medical imaging will be completed in the Medical Imaging Component. Patients will be transferred by Central Porter Services with a nurse escort if required.

- (c).4.2 Medical Imaging Staff will attend all stress testing that will involve a nuclear medicine component.
- 2.1.1.3.1.(c).5 Respiratory Therapy
 - (c).5.1 Respiratory therapists will perform assessments and/or treatments on referral to Outpatient Respiratory services.
 - (c).5.2 Respirologists will provide services on referral.
- 2.1.1.3.1.(c).6 Consumable Supplies
 - (c).6.1 Consumable supplies will be provided by the In Hospital Replenishment (IHR) Component and maintained using a 2-bin system or a minimum inventory level that will trigger a re-ordering process.
 - (c).6.2 Some direct purchase ordering will be done by the Staff.
- 2.1.1.3.1.(c).7 Facilities Maintenance and Operations
 - (c).7.1 Requisition for the FMO will be entered in the computer, in the FMO work order entry module.
 - (c).7.2 On receipt of order entry, the FMO will follow up with completion of task either on unit or in the shop.
- 2.1.1.3.1.(c).8 Housekeeping and Waste Management
 - (c).8.1 Regular cleaning of Component spaces will be provided.
 - (c).8.2 A Housekeeping Room will be required within the Component.
 - (c).8.3 Waste products will be managed according to a system of segregation at point of origin and sequential consolidation throughout the clinics.
 - (c).8.4 Waste management will begin at the individual Patient contact locations with centralized collection and temporary holding in the Utility Room-Soiled.
 - (c).8.5 Segregation of wastes will accommodate the following categories:
 - (c).8.5.1 General garbage including clean recycling;
 - (c).8.5.2 Sharps;
 - (c).8.5.3 Infectious or contaminated wastes;
 - (c).8.5.4 Pharmaceuticals; and
 - (c).8.5.5 Confidential paper.
- 2.1.1.3.1.(c).9 Biomedical Engineering

- (c).9.1 Biomedical engineers will retrieve equipment and perform repairs and/or maintenance either on location or in the BME Component e.g. calibration of equipment.
- 2.1.1.3.1.(c).10 Laundry/Linen
 - (c).10.1 All clean linen to be used for Patient care will be stored close to point of use. Clean linen will be consolidated in the Laundry/Linen Component and then delivered to the unit.
 - (c).10.2 Laundry processing will occur off site. Soiled laundry will be collected at POC and taken to the Laundry/Linen Component for transfer to an off-site facility for processing.
- 2.1.1.3.1.(c).11 Patient Food Services
 - (c).11.1 Drinks and snacks will be direct ordered and delivered to the Patient Alcove-Nourishment as required. Meals will not be provided in this Component.
 - (c).11.2 There will be no request for nutritional services of food delivery for this Component.
 - (c).11.3 Filtered water dispenser will be provided.
- 2.1.1.3.1.(c).12 Security
 - (c).12.1 Regular “rounding” of security within the Component will be provided.
- 2.1.1.3(1)(d) Information Management
 - 2.1.1.3.1.(d).1 All Patient information will be maintained on the Electronic Medical Record (EMR).
 - 2.1.1.3.1.(d).2 Patient ECG information will be maintained on the electronic cardiology medical record (e.g. MUSE).
 - 2.1.1.3.1.(d).3 Some paper records will still be used. This Component will be able to accommodate minor paper use.
 - 2.1.1.3.1.(d).4 Staff within BH will request service for admitted Patients (e.g. point of service ECG) through electronic order entry.
 - 2.1.1.3.1.(d).5 It is anticipated that the move from paper based documentation to electronic documentation will be occurring in the near future and will be accessed through Offices, Exam Rooms and Workstation On Wheels (WOWs) throughout the Component.
 - 2.1.1.3.1.(d).6 Patient information will be available throughout the Component through wireless and/or wired computer terminals.

- 2.1.1.3.1.(d).7 Physician orders will be both paper/computer based and will be processed/managed via Staff computer terminals or wireless devices.
- 2.1.1.3.1.(d).8 Staffing systems and scheduling will be conducted electronically with automated call out systems for short notice leaves (e.g. sick calls).
- 2.1.1.3.1.(d).9 It is anticipated that electronic technology will be used to manage more aspects of each Patients care. Electronic checking of Patient information (wrist band bar code), for example, will be used to validate the match between Patient and a prescribed treatment, procedure or medication.
- 2.1.1.3.1.(d).10 The intent will be to enable clinicians and Staff to take advantage of the technologies and resultant optimal care environment with respect to communication, access to electronic health records, documentation, mobility, monitoring, tracking and best practice supported by technology. The space will accommodate the technology devices in medical equipment required to deliver care in the environment including mounting, storage, charging and space requirements of:
 - (d).10.1 Mobile and fixed computers;
 - (d).10.2 Mobile and fixed label printers;
 - (d).10.3 Mobile and fixed barcode scanners;
 - (d).10.4 Handheld computer devices;
 - (d).10.5 Glucometers with docking stations;
 - (d).10.6 Clinical dashboards;
 - (d).10.7 Device connectivity;
 - (d).10.8 Real time location system;
 - (d).10.9 Telehealth;
 - (d).10.10 Virtual Health; and
 - (d).10.11 Staff personal duress and fixed panic buttons.

2.1.1.3(1)(e) Anticipated Trends in Service Delivery

- 2.1.1.3.1.(e).1 The following lists trends that are expected to affect the nature and or functions accommodated within this Component. Effects of these trends will be reflected in the Component's design:

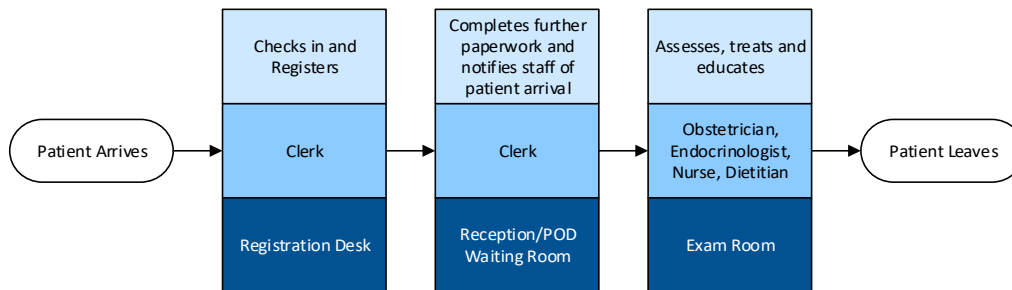
- (e).1.1 Maternity and Gestational Diabetes Clinic
 - (e).1.1.1 Increasing family centered care;
 - (e).1.1.2 Involvement of midwives; and
 - (e).1.1.3 Gestational diabetes will have an increase in self-management education with the focus on empowering Patients.

- (e).1.2 Multiple Sclerosis/Neurology/Neuro Diagnostics Clinic
 - (e).1.2.1 Advancement in pharmacology, new complex drugs and different modes of administration;
 - (e).1.2.2 Surge in development of treatments;
 - (e).1.2.3 Increase in research activity; and
 - (e).1.2.4 Advancing technology and capacity.
- (e).1.3 Diagnostic Cardiology Clinic
 - (e).1.3.1 Increasing service hours (e.g. 24/7 ECG testing);
 - (e).1.3.2 Increasing demand for cardiac pacemaker insertion related to population aging;
 - (e).1.3.3 Changes and advances in technology (e.g. wireless download of ECG information);
 - (e).1.3.4 New service offerings (e.g. stress echocardiography testing); and
 - (e).1.3.5 Trend towards increasing outpatient cardiology services (e.g. rapid access clinic).

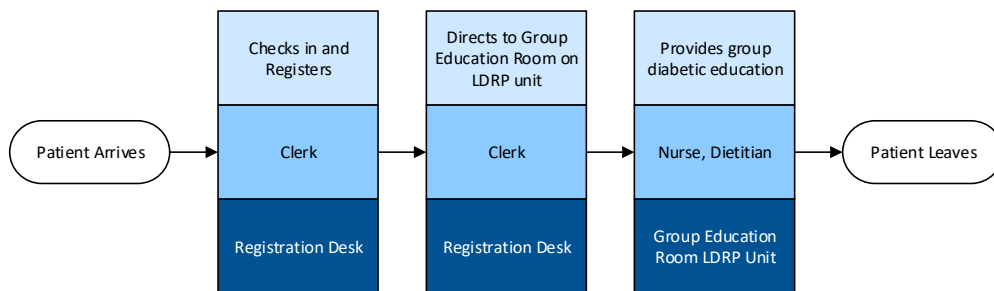
2.1.1.3(2) Workflows

2.1.1.3(2)(a) The Outpatient Clinics workflows are shown in the following workflow diagrams.

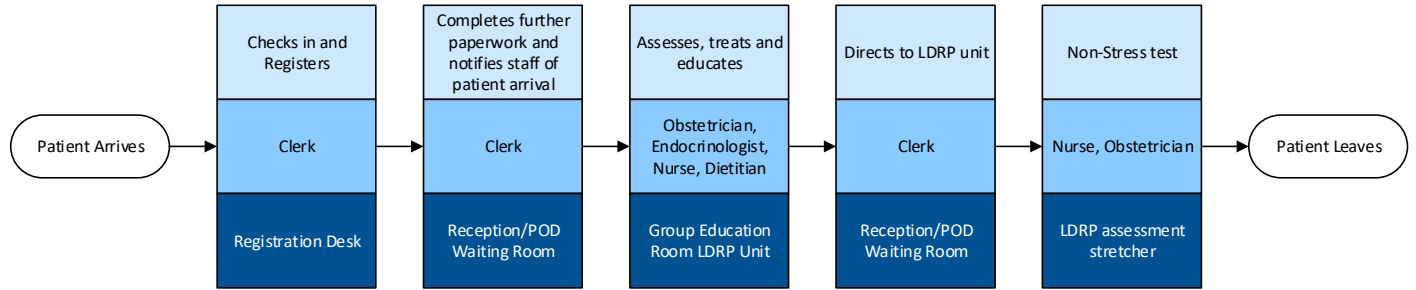
Maternity and Gestational Diabetes Clinic Flow



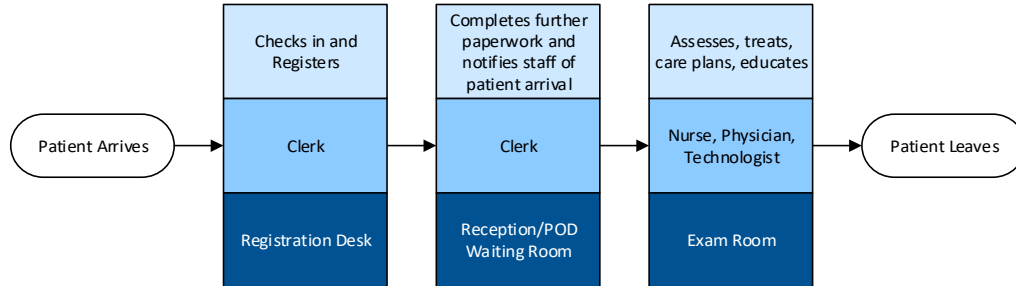
Gestational Diabetes Group Visit Flow



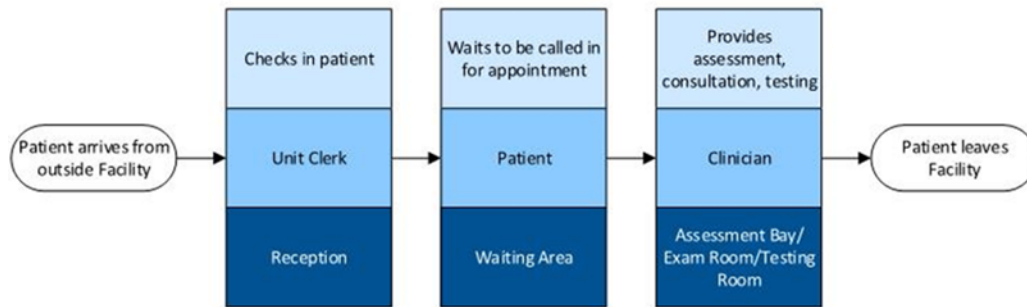
Maternity and Gestational Diabetes Non-Stress Test Flow



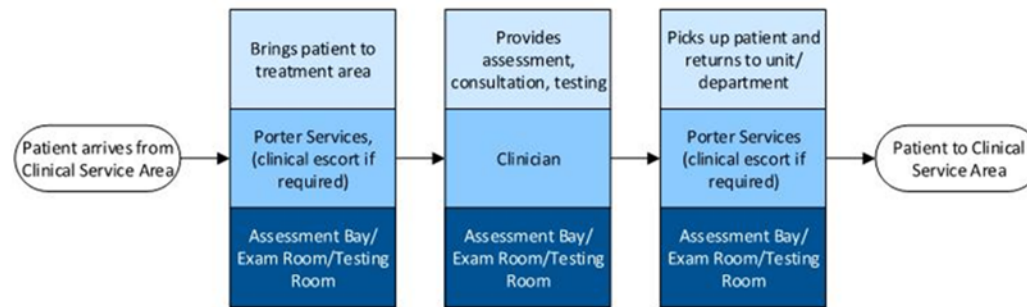
Multiple Sclerosis/Neurology/Neuro Diagnostics Clinic Flow



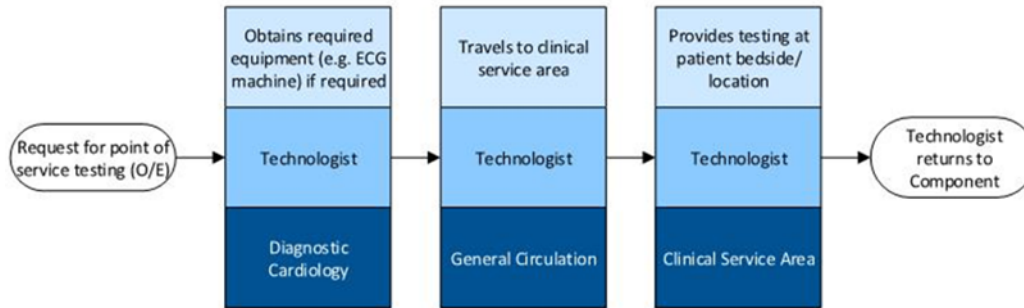
Diagnostic Cardiology Clinic Outpatient Flow



Diagnostic Cardiology Clinic Inpatient Flow



Diagnostic Cardiology Clinic Point of Service Testing Flow



2.1.1.3(3) Hours of Operation

2.1.1.3(3)(a) The Maternity Clinic will operate between 0800-1600 hours, Monday to Friday.

2.1.1.3(3)(b) The Gestational Diabetes will operate between 0800-1600 hours, Monday and Friday.

2.1.1.3(3)(c) The Multiple Sclerosis/Neurology/Neuro Diagnostics Clinic will operate between 0800-1600 hours, Monday to Friday.

2.1.1.3(3)(d) The Diagnostic Cardiology Clinic will operate:

2.1.1.3.3.(d).1 Between 0800-1830 hours, Monday to Friday for scheduled consults and testing.

2.1.1.3.3.(d).2 Between 0800-1600 hours, Saturday and Sunday for scheduled consults and testing as well as urgent testing and/or consults.

2.1.1.3.3.(d).3 Unscheduled Appointments: The Diagnostic Cardiology Clinic will provide 24/7 ECG service to BH.

2.1.1.3(4) Workloads

2.1.1.3(4)(a) The maximum estimated workload for this Component is shown in the following table.

OUTPATIENT CLINICS	PEAK SHIFT
Maternity and Gestational Diabetes Clinic	
Obstetrician	1
Nurse	3
Unit clerk/MOA	2
Dietitian	2
Endocrinologist	1
Allied Health	1
Sub Total	10

OUTPATIENT CLINICS	PEAK SHIFT
Multiple Sclerosis/Neurology/Neuro Diagnostics Clinic	
Neurologist	6
Nurse	2
Unit Clerk/MOA	2
Technologist	3
Research team members	3
Pharmacist	1
Residents	2
Allied Health	1
Other Specialists	1
Sub Total	21
Diagnostic Cardiology Clinic	
Physician	4
Manager	1
Technology/Clinic Supervisor	1
Cardiology Technologist	7
Pacemaker Technologist	1
Clerk	2
Sub Total	16
PEAK TOTAL	47

2.1.1.4 DESIGN CRITERIA

2.1.1.4(1) General Requirements

2.1.1.4(1)(a) Zones of activity within the Outpatient Clinics will include the following:

- 2.1.1.4.1.(a).1 Reception/Waiting;
- 2.1.1.4.1.(a).2 Clinical Shared Support;
- 2.1.1.4.1.(a).3 Hub 1: Maternity and Gestational Diabetes Clinic;
- 2.1.1.4.1.(a).4 Hub 2: MS/Neurology/Neuro Diagnostics Clinic;
 - (a).4.1 Hub 2a: MS Clinic and Neurology Clinic;
 - (a).4.2 Hub 2b: Neuro Diagnostics Clinic; and
- 2.1.1.4.1.(a).5 Hub 3: Diagnostic Cardiology Clinic.

2.1.1.4(1)(b) The Outpatient Clinics will have Convenient Access to the existing Outpatient Rehabilitation Services for Staff and Patient access.

2.1.1.4(1)(c) Close Access will be provided from the Main Entrance and Public Services by BH Wayfinding for Patients arriving as outpatients.

- 2.1.1.4(1)(d) The Outpatient Clinics will have Convenient Access to the Emergency Department, Nuclear Medicine and Patient Care areas for Staff and Patient access.
- 2.1.1.4(1)(e) The Outpatient Clinics design will facilitate the sharing of spaces and rooms across clinic modules for maximum flexibility.
- 2.1.1.4(1)(f) All Exam Rooms will be designed to a universal room design utilizing standard room sizes and configuration and to provide visual and acoustic privacy for Patients.
- 2.1.1.4(1)(g) Patient zone in the Exam Rooms will not be located between the door and the clinician during examinations to allow for ease of egress in critical situations.
- 2.1.1.4(1)(h) All Exam Rooms will be capable of supporting telehealth.
- 2.1.1.4(1)(i) Hand hygiene sinks will be strategically located with respect to workflows to facilitate hand hygiene best practice in all clinical areas as per Infection Prevention and Control protocols.
- 2.1.1.4(1)(j) The presence of mobility aids including canes, crutches, walkers, wheelchairs, stretchers and motorized chairs/scooters will be anticipated in all areas where Patient contact will occur.
- 2.1.1.4(1)(k) All Offices and workstations will be designed ergonomically with the use of modular furnishings and casework to provide maximum flexibility.
- 2.1.1.4(1)(l) Natural light and views will be maximized for Staff.
- 2.1.1.4(1)(m) The physical environment will facilitate team collaboration.
- 2.1.1.4(2) Reception/Waiting
 - 2.1.1.4(2)(a) The Outpatient Clinics entrance will include a fully enclosed Reception-Main with an open Business Centre and an adjacent Waiting Area.
 - 2.1.1.4(2)(b) Reception-Main and Waiting Area will be located immediately adjacent to the Outpatient Clinics Patient entrance and will function as central Reception for Patients while waiting for registration.
 - 2.1.1.4(2)(c) Reception-Main will provide Direct Access to all Hubs.

- 2.1.1.4(2)(d) Reception-Main desk will be positioned for Staff to observe the Waiting Area and to provide security control.
- 2.1.1.4(2)(e) Reception-Main desk will be separated from the Waiting Area by glass walls with three (3) transaction windows and include a PTS.
- 2.1.1.4(2)(f) Waiting Area will have an adjacent accessible Washroom-Patient with an infant change table.

2.1.1.4(3) Clinical Shared Support

- 2.1.1.4(3)(a) Clinical Shared Support areas will be utilized by all clinics.
- 2.1.1.4(3)(b) Exam Rooms will have dual egress and located and shared between Hub 1 and Hub 2A.
- 2.1.1.4(3)(c) A hand hygiene sink, a workstation and medical gases will be provided in every Exam Room.
- 2.1.1.4(3)(d) Clean Supply Room will be centrally located and shared between all clinics. This room will have Convenient Access to Patient care areas.
- 2.1.1.4(3)(e) Utility Room-Soiled will be centrally located and shared between all clinics. This room will have Convenient Access to Staff areas and Patient Transfer/Staff Service Elevators.
- 2.1.1.4(3)(f) Storage-Equipment will be shared between all clinics and located centrally for Staff access.
- 2.1.1.4(3)(g) Meeting Room will have Direct Access from outside the Component.
- 2.1.1.4(3)(h) Accessible Washroom-Staff will be distributed between different clinics in this Component.

2.1.1.4(4) Hub 1: Maternity and Gestational Diabetes Clinic

- 2.1.1.4(4)(a) Hub 1 will have Direct Access to Reception/Waiting zone through General Circulation and will be located adjacent to Hub 2.
- 2.1.1.4(4)(b) Hub 1 will include a Waiting Area adjacent to a Reception that has glass walls and two (2) transaction windows, an open Business Centre and an Alcove-Hand Hygiene Station.

- 2.1.1.4(4)(c) The Reception desk will be positioned for Staff to observe the Waiting Area and to provide security control for Hub 1.
 - 2.1.1.4(4)(d) Hub 1 will also include an Office-2 Shared adjacent to Exam Rooms.
 - 2.1.1.4(4)(e) Exam Rooms will have a hand hygiene sink, a workstation and medical gases.
 - 2.1.1.4(4)(f) An Alcove-Equipment for clean linen will be provided with Convenient Access to Exam Rooms.
 - 2.1.1.4(4)(g) Hub 1 will include an accessible Washroom-Patient with an infant change table with Convenient Access to Waiting Area and Exam Rooms.
- 2.1.1.4(5) Hub 2: MS/Neurology/Neuro Diagnostics Clinic
- 2.1.1.4(5)(a) Hub 2A and 2B will have Direct Access to Reception/Waiting zone through General Circulation and will be located adjacent to each other.
 - 2.1.1.4(5)(b) Hub 2A and 2B will include a Waiting Area adjacent to a Reception that has glass walls and two (2) transaction windows, an open Business Centre, an Alcove-Hand Hygiene Station as well as a Workroom-Telehealth.
 - 2.1.1.4(5)(c) The Reception desk will be positioned for Staff to observe the Waiting Area and to provide security control for Hub 2. Waiting Area will include a weigh scale alcove.
 - 2.1.1.4(5)(d) An Alcove-Equipment for clean linen will be provided with Convenient Access to Exam Rooms.
 - 2.1.1.4(5)(e) Hub 2 will include an accessible Washroom-Patient with a ceiling lift and Convenient Access to Waiting Area and Exam Rooms.
 - 2.1.1.4(5)(f) Hub 2A: MS Clinic and Neurology Clinic
 - 2.1.1.4.5.(f).1 Hub 2A will be located adjacent to Hub 2B with Direct Access to Hub 2 Reception and Waiting Area.
 - 2.1.1.4.5.(f).2 Hub 2A will include Exam Rooms with a hand hygiene sink, a workstation and medical gases. Ceiling lift will be provided in one (1) Exam Room.
 - 2.1.1.4.5.(f).3 It will also have a Multi-Purpose Room-Cognitive to support cognitive testing. This will be a quiet

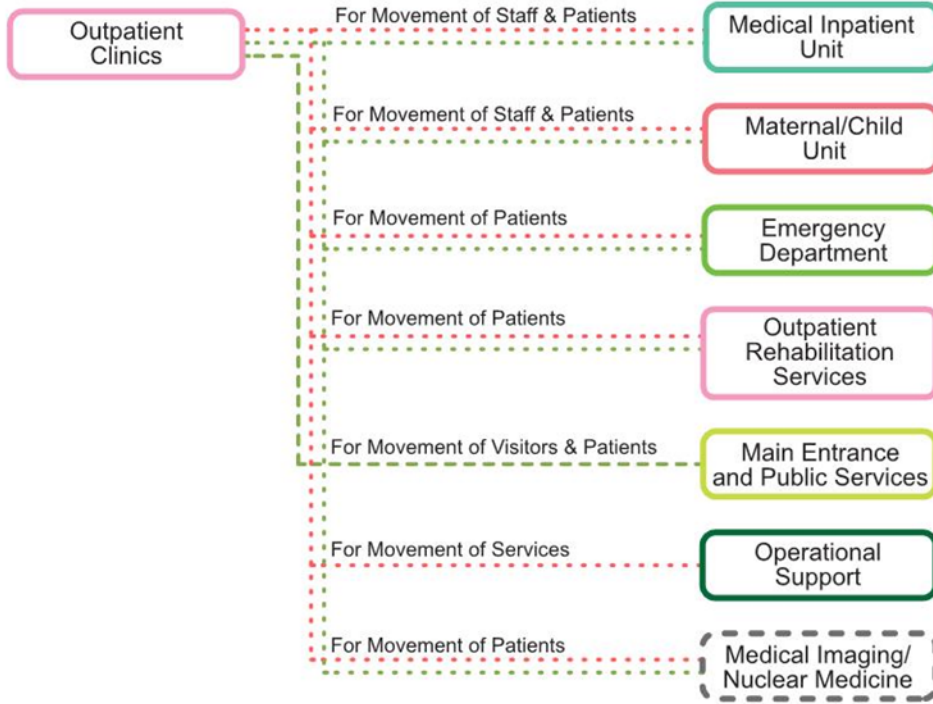
- room with space for the Patient to stand and view cognitive testing monitor on the wall.
- 2.1.1.4.5.(f).4 Hub 2A will contain different types of offices including private Office, Office-2 Shared and Office-Multi.
- 2.1.1.4.5.(f).5 One (1) Office-Multi will also include a refrigerator.
- 2.1.1.4(5)(g) Hub 2B: Neuro Diagnostics Clinic
- 2.1.1.4.5.(g).1 Hub 2B will be located adjacent to Hub 2A with Direct Access to Hub 2 Reception and Waiting Area.
- 2.1.1.4.5.(g).2 Hub 2B will include three (3) Exam Room-Neuro Diagnostics-Large for EEG/EMG testing with a hand hygiene sink, a foot sink, a workstation, cabinets and medical gases. Ceiling lift will be provided in one (1) Exam Room-Neuro Diagnostics-Large. These Exam Rooms will be sound and vibration proof with black out capability.
- 2.1.1.4.5.(g).3 HUB 2B will also have an Exam Room-Neuro Diagnostic.
- 2.1.1.4.5.(g).4 Hub 2B will contain different types of offices including private Office and Office-Multi as well as a Storage-Clean.
- 2.1.1.4.5.(g).5 The Offices and Office-Multi will be grouped together and located adjacent to each other.
- 2.1.1.4.5.(g).6 Storage-Clean will be located adjacent to Exam Room-Neuro Diagnostics.
- 2.1.1.4(6) Hub 3: Diagnostic CardiologyClinic
- 2.1.1.4(6)(a) Hub 3 will have Direct Access to Reception/Waiting zone through Restricted Circulation and will be located adjacent to Hub 2.
- 2.1.1.4(6)(b) The Diagnostic Cardiology Clinic treatment zone will include Exam Rooms, Assessment/Prep/Recovery Bays and Laboratory-Stress Testing Rooms.
- 2.1.1.4(6)(c) A hand hygiene sink, a workstation and medical gases will be provided in every Exam Room.
- 2.1.1.4(6)(d) Assessment/Prep/Recovery Bays will be located adjacent to Laboratory-Stress Testing Rooms.

- 2.1.1.4(6)(e) Assessment/Prep/Recovery Bays will be used for Patient waiting before and after testing in Laboratory-Stress Testing Rooms.
- 2.1.1.4(6)(f) Assessment/Prep/Recovery Bays will be open bays with privacy curtains, headwalls with oxygen, suction and cabinets.
- 2.1.1.4(6)(g) One (1) Alcove-Hand Hygiene Station will be located adjacent to and shared between all Assessment/Prep/Recovery Bays (not within the Bays).
- 2.1.1.4(6)(h) One (1) ceiling lift will cover all Assessment/Prep/Recovery Bays.
- 2.1.1.4(6)(i) Two (2) Alcove-Dictation used for Holter download and viewing will be adjacent to the Assessment/Prep/Recovery Bays.
- 2.1.1.4(6)(j) One (1) Laboratory-Stress Testing Room or Exam Room-Neuro Diagnostics in Hub 2B will be used as pacemaker room in Phase 1.
- 2.1.1.4(6)(k) Laboratory-Stress Testing Rooms will be lead lined rooms each including a workstation, stretcher, treadmill, privacy curtain, hand hygiene sink and medical gases.
- 2.1.1.4(6)(l) Two (2) Laboratory-Stress Testing Rooms will have a ceiling lift.
- 2.1.1.4(6)(m) Room Ceiling Height in Laboratory-Stress Testing Rooms will be minimum 3,050 mm above treadmills.
- 2.1.1.4(6)(n) One (1) Alcove-Viewing will be located at the entrance to two (2) Laboratory-Stress Testing Rooms and shared between two (2) rooms.
- 2.1.1.4(6)(o) Each Alcove-Viewing will have Line of Sight into two (2) Laboratory-Stress Testing Rooms through lead lined windows and include a workstation.
- 2.1.1.4(6)(p) An Alcove-Equipment for crash cart will be located adjacent to Laboratory-Stress Testing Rooms.
- 2.1.1.4(6)(q) Other Alcove-Equipment for blanket warmer, clean linen and storage and charging of ECG machines will be provided with Convenient Access to Patient care areas.

- 2.1.1.4(6)(r) Staff will complete indirect Patient care functions (e.g. documentation, administrative functions) at touchdown workstations located in Alcove-Dictation.
- 2.1.1.4(6)(s) Hub 3 will include a hot accessible Washroom-Patient with Convenient Access to Exam Rooms.
- 2.1.1.4(6)(t) This Hub will require access to a Clean Supply Room and a Utility Room-Soiled without traveling through General Circulation.

2.1.1.5 EXTERNAL RELATIONSHIPS

2.1.1.5(1) The following diagram indicates other Functional Components that have a functional relationship with this Component.

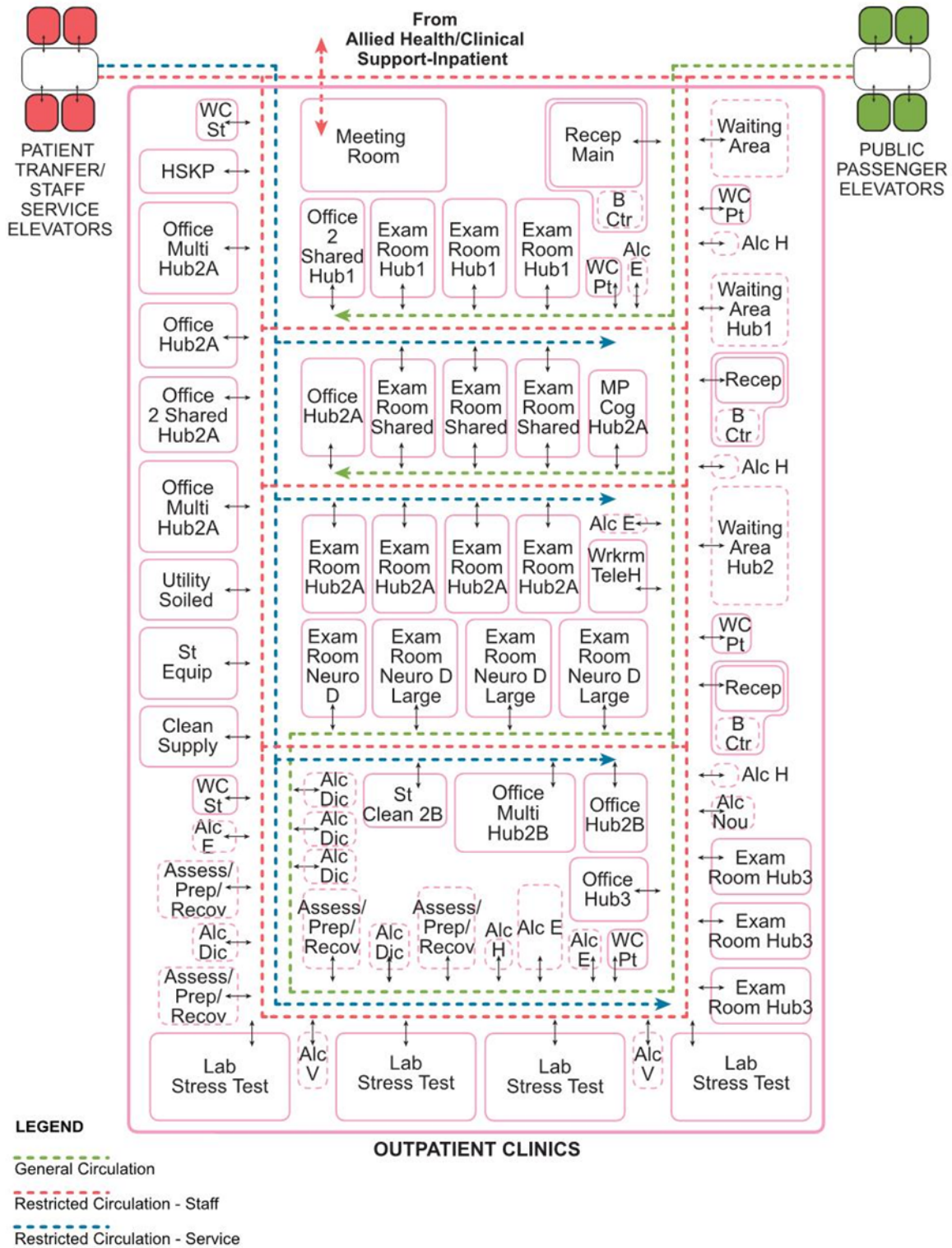


LEGEND

- Close Access by Restricted Circulation (dotted red line)
- Close Access by General Circulation (dotted green line)
- Convenient Access by Restricted Circulation (dotted red line)
- Convenient Access by General Circulation (dotted green line)

2.1.1.6 INTERNAL RELATIONSHIPS

2.1.1.6(1) The following diagram indicates internal functional relationships within this Component.



2.1.2 OUTPATIENT REHABILITATION SERVICES

2.1.2.1 SERVICE OVERVIEW

2.1.2.1(1) The Outpatient Rehabilitation Services area will encompass two (2) hubs of rehabilitation services:

2.1.2.1(1)(a) Cardiac Rehabilitation (Healthy Heart Program)

2.1.2.1.1.(a).1 The target population for the Cardiac Rehabilitation will be individuals from within and outside FH who have experienced a cardiovascular event or procedure.

2.1.2.1.1.(a).2 The Cardiac Rehabilitation will be a multidisciplinary effort that focuses on Patient education, individually tailored exercise training, modification of the risk factors and the overall well-being of cardiac Patients.

2.1.2.1(1)(b) General Outpatient Rehabilitation

2.1.2.1.1.(b).1 The target population for the General Outpatient Rehabilitation will be individuals from within and outside FH with conditions such as arthritis, stroke or progressive neurological diseases and musculoskeletal injuries. Individuals in the pre and post-operative phases of hip and knee arthroplasty and other surgical procedures will also be served in the rehabilitation area.

2.1.2.1.1.(b).2 The General Outpatient Rehabilitation will be a multidisciplinary effort that includes PT, OT, SLP and audiology. The multidisciplinary team focuses on helping individuals recover function and independence following injury, illness or surgery.

2.1.2.2 FUNCTIONAL DESCRIPTION

2.1.2.2(1) Scope of Services

2.1.2.2(1)(a) Scope of Clinical Activity

2.1.2.2.1.(a).1 The following specifies the minimum set of functions that will be accommodated within this Component:

(a).1.1 Cardiac Rehabilitation (Healthy Heart Program)

(a).1.1.1 Scheduling of appointments/clerical support;

- (a).1.1.2 An inter-professional team comprised of cardiologists, nurses, exercise specialists and dietitians;
- (a).1.1.3 Patient education;
- (a).1.1.4 Exercise training;
- (a).1.1.5 Assessments, consults and monitoring; and
- (a).1.1.6 Use of e-technology solutions e.g. Virtual Health.
- (a).1.2 General Outpatient Rehabilitation
 - (a).1.2.1 Scheduling of appointments/clerical support;
 - (a).1.2.2 Multidisciplinary approach with clerical support, PT, OT, rehabilitation assistants and SLP;
 - (a).1.2.3 Assessments, treatments, treatment plans and monitoring outcome measures;
 - (a).1.2.4 Patient education; and
 - (a).1.2.5 Use of e-technology solutions e.g. Virtual Health.

2.1.2.2(1)(b) Scope of Educational Activity

2.1.2.2.1.(b).1 Cardiac Rehabilitation (Healthy Heart Program) and General Outpatient Rehabilitation

- (b).1.1 Clinical in-services;
- (b).1.2 Clinical academic training for Staff and students;
- (b).1.3 Formal lectures or continuing Staff education will be accommodated in BH Meeting Rooms or off campus. Computer training will be accommodated in the Computer Training Room located in the Hospital Lecture and Education Facilities Component; and
- (b).1.4 Education of Patients and families by the inter-professional team.

2.1.2.2(1)(c) Scope of Research Activity

2.1.2.2.1.(c).1 Cardiac Rehabilitation (Healthy Heart Program) and General Outpatient Rehabilitation

- (c).1.1 Staff and students working in Outpatient Rehabilitation Services, from time-to-time, will be engaged in research. The nature and extent of research functions will be accommodated in the general work areas and will not require specialized or dedicated facilities within the Component.

2.1.2.2(2) Scope Exclusions

2.1.2.2(2)(a) The following list specifies functions that are understood to occur in other Functional Components in BH or outside BH:

2.1.2.2.2.(a).1 No known exclusions.

2.1.2.3 OPERATIONAL CONSIDERATIONS

2.1.2.3(1) Service Delivery Principles and Methods

2.1.2.3(1)(a) Patient and Family Management Processes and Flows

2.1.2.3.1.(a).1 Patient Flow

- (a).1.1 Patients will arrive to the Outpatient Rehabilitation Services via BH Wayfinding.
- (a).1.2 Patients will be registered at the point of entry to the clinic.
- (a).1.3 Following registration, Patients will be directed to the Reception area of Cardiac Rehabilitation, General Outpatient Rehabilitation or directly to designated care space.
- (a).1.4 Initial and follow-up assessments and consults will be completed in an Exam Room in Cardiac Rehabilitation or Treatment Area in General Outpatient Rehabilitation.
- (a).1.5 Cardiac Rehabilitation Patients will be directed to the Gym Area or Exercise Room to commence therapy.
- (a).1.6 Cardiac Rehabilitation Patients will receive dietitian education in an appropriate area (individual and group education).
- (a).1.7 Patients who require a higher level of care will be transferred to the ED.
- (a).1.8 Patients will return to the Reception desk if required to book additional appointments.

2.1.2.3.1.(a).2 Family Flow

- (a).2.1 Family will arrive to the Outpatient Rehabilitation Services via BH Wayfinding.
- (a).2.2 Family will attend consults or education if Patient permits.
- (a).2.3 Family will wait in the Waiting Area or Cafeteria during exercise session.

2.1.2.3(1)(b) Care Provider Work Processes and Flows

2.1.2.3.1.(b).1 The registration clerk will register the Patient on arrival to the Outpatient Rehabilitation Services.

- 2.1.2.3.1.(b).2 Reception clerk will welcome the Patient, ensure any additional paperwork pertinent to that clinic is completed and ensure Staff is aware of Patient arrival.
- 2.1.2.3.1.(b).3 Reception clerk for Outpatient Rehabilitation Services will do booking, scheduling, appointments and calling Patients for reminder of appointment dates and times.
- 2.1.2.3.1.(b).4 Cardiac Rehabilitation (Healthy Heart Program)
 - (b).4.1 Patients will receive exercise guidance and support by the exercise specialists and nurses. Some Patients will be cardiac monitored during exercise.
 - (b).4.2 The dietitian will provide individual and group education on site or via Virtual Health.
- 2.1.2.3.1.(b).5 General Outpatient Rehabilitation
 - (b).5.1 Patients will receive assessment, treatment and treatment plans by the designated multidisciplinary team member.
 - (b).5.2 A combination of on site and Virtual Health technology will be utilized.
- 2.1.2.3(1)(c) Clinical and Logistical Support Processes and Flows
 - 2.1.2.3.1.(c).1 Pharmacy Services
 - (c).1.1 Medication orders will be sent to the Pharmacy via order by fax/order entry.
 - (c).1.2 Medications will arrive via PTS or delivery.
 - (c).1.3 Pharmacist involvement will be provided as requested.
 - 2.1.2.3.1.(c).2 Medical Imaging
 - (c).2.1 Medical imaging will be completed in the Medical Imaging Component.
 - 2.1.2.3.1.(c).3 Consumable Supplies
 - (c).3.1 Consumable supplies will be provided by the IHR Component and maintained with a 2-bin system or minimum inventory level that will trigger a re-ordering process.
 - 2.1.2.3.1.(c).4 Facilities Maintenance and Operations
 - (c).4.1 Requisition for the FMO will be entered in the computer, in the FMO work order entry module.
 - (c).4.2 On receipt of order entry, the FMO will follow up with completion of task either on unit or in the shop.
 - 2.1.2.3.1.(c).5 Housekeeping and Waste Management

- (c).5.1 Housekeeping and Waste Management will provide routine and on demand cleaning of the Outpatient Rehabilitation Services.
- (c).5.2 Waste products will be managed according to a system of segregation at point of origin and sequential consolidation throughout the Component.
- (c).5.3 Segregation of wastes will accommodate the following categories:
 - (c).5.3.1 General garbage including clean recycling;
 - (c).5.3.2 Sharps;
 - (c).5.3.3 Infectious or contaminated wastes;
 - (c).5.3.4 Pharmaceuticals; and
 - (c).5.3.5 Confidential paper.
- (c).5.4 Waste containers will be monitored, removed and replaced by Housekeeping and Waste Management Staff.
- 2.1.2.3.1.(c).6 Biomedical Engineering
 - (c).6.1 Biomedical engineers will retrieve equipment and perform repairs and/or maintenance either on location or in the BME Component.
- 2.1.2.3.1.(c).7 Laundry/Linen
 - (c).7.1 Minimal Laundry/Linen service in this Component will be anticipated. Laundry/Linen will provide top-up of clean linen and removal of soiled linen.
- 2.1.2.3.1.(c).8 Patient Food Services
 - (c).8.1 There will be no request for nutritional services of food delivery for this Component.
- 2.1.2.3.1.(c).9 Security
 - (c).9.1 Regular "rounding" of security within the Component will be provided.
- 2.1.2.3(1)(d) Information Management
 - 2.1.2.3.1.(d).1 All Patient information will be maintained on the EMR.
 - 2.1.2.3.1.(d).2 It is anticipated that the move from paper-based documentation to electronic documentation will be occurring in the near future and will be accessed through Offices, Exam Rooms and WOWs throughout the Component.
 - 2.1.2.3.1.(d).3 Patient information will be available throughout the Component through wireless and/or wired computer terminals.

- 2.1.2.3.1.(d).4 Physician orders will be both paper/computer based and will be processed/managed via Staff computer terminals or wireless devices.
- 2.1.2.3.1.(d).5 Staffing systems and scheduling will be conducted electronically with automated call out systems for short notice leaves (e.g. sick calls).
- 2.1.2.3.1.(d).6 It is anticipated that electronic technology will be used to manage more aspects of each Patients care. Electronic checking of Patient information (wrist band bar code), for example, will be used to validate the match between the Patient and a prescribed treatment, procedure or medication.
- 2.1.2.3.1.(d).7 The intent will be to enable clinicians and Staff to take advantage of the technologies and resultant optimal care environment with respect to communication, access to electronic health records, documentation, mobility, monitoring, tracking and best practice supported by technology. The space will accommodate the technology devices in medical equipment required to deliver care in the environment including mounting, storage, charging and space requirements of:
 - (d).7.1 Mobile and fixed computers;
 - (d).7.2 Mobile and fixed label printers;
 - (d).7.3 Mobile and fixed barcode scanners;
 - (d).7.4 Handheld computer devices;
 - (d).7.5 Glucometers with docking stations;
 - (d).7.6 Clinical dashboards;
 - (d).7.7 Device connectivity;
 - (d).7.8 Real time location system;
 - (d).7.9 Telehealth;
 - (d).7.10 Virtual Health; and
 - (d).7.11 Staff personal duress and fixed panic buttons.

2.1.2.3(1)(e) Anticipated Trends in Service Delivery

- 2.1.2.3.1.(e).1 The following lists trends that are expected to affect the nature and or functions accommodated within this Component. Effects of these trends will be reflected in the Component's design:
 - (e).1.1 Increasing service hours (e.g. 24/7 ECG testing);
 - (e).1.1.1 Increase in alternate approaches for monitoring and surveillance (e.g. Virtual Health);

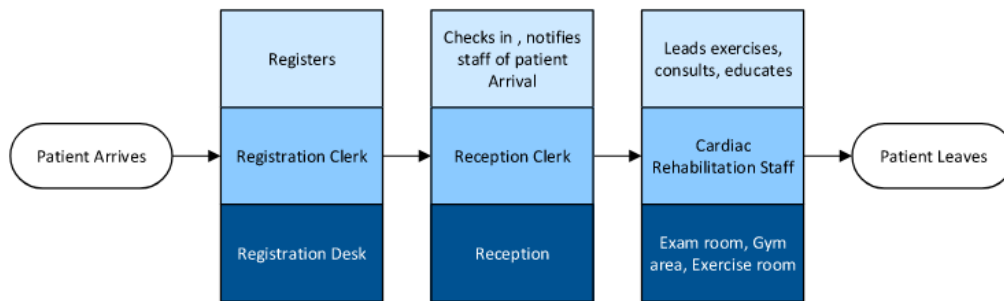
- (e).1.1.2 Development of international guidelines including health education and psychological counselling;
- (e).1.1.3 Increase proportion of referrals converted to participation; and
- (e).1.1.4 Increase use of Virtual Health.
- (e).1.2 Outpatient General Rehabilitation - PT
 - (e).1.2.1 Shift in participation of users in the healthcare system from passive (Patients) to active consumers/customers;
 - (e).1.2.2 Emphasis on quality of care and outcomes;
 - (e).1.2.3 Increased involvement of support personnel such as rehabilitation assistants;
 - (e).1.2.4 Patient involvement in care options and care planning; and
 - (e).1.2.5 Use of Virtual Health technology.
- (e).1.3 Outpatient General Rehabilitation - OT
 - (e).1.3.1 Increased emphasis on disease prevention and healthy lifestyles; also shift to ambulatory care;
 - (e).1.3.2 Higher rates of client/Patient survival and recovery following work-related and other injuries;
 - (e).1.3.3 A general public that is more informed about health concerns and factors that affect health;
 - (e).1.3.4 Professionals in the field involved in hand writing programs, play therapy, functional capacity evaluation, injury prevention, wheelchair prescription, caregiver education, stress management, hand therapy, work-to-work programs, and case management;
 - (e).1.3.5 Use of Virtual Health technology;
 - (e).1.3.6 OT role in primary care coordination;
 - (e).1.3.7 Collaboration with engineers in assistive technology; and
 - (e).1.3.8 Utilization of sonograms in OT.
- (e).1.4 Outpatient General Rehabilitation - SLP
 - (e).1.4.1 New models of service delivery in-line with evidence-based treatment protocols;

- (e).1.4.2 The concept of continuum of care for chronic disorders;
- (e).1.4.3 Engagement of Patients in self-management; and
- (e).1.4.4 Innovations in technology (e.g. electronic therapy resources and devices).

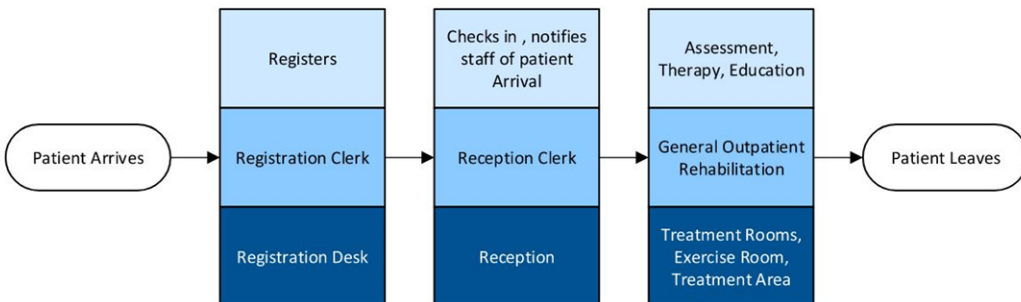
2.1.2.3(2) Workflows

2.1.2.3(2)(a) The Outpatient Rehabilitation Services workflows are shown in the following workflow diagrams.

Cardiac Rehabilitation Flow



General Outpatient Rehabilitation Flow



2.1.2.3(3) Hours of Operation

2.1.2.3(3)(a) The Cardiac Rehabilitation will operate between 0700-1500 hours, Monday to Friday.

2.1.2.3(3)(b) The General Outpatient Rehabilitation will operate between 0800-1700, Monday to Friday.

2.1.2.3(4) Workloads

2.1.2.3(4)(a) The maximum estimated workload for this Component is shown in the following table.

OUTPATIENT REHABILITATION SERVICES	PEAK SHIFT
Outpatient Rehabilitation Services	
Registration Clerk	1
Reception Clerk	1
Sub Total	2
Cardiac Rehabilitation (Healthy Heart Program)	
Cardiologist	1
Nurse	1
Exercise specialist	3
Dietitian	1
Unit Clerk	1
Sub Total	7
General Outpatient Rehabilitation	
Clinical Practice Leader	1
Physiotherapist	3
Occupational Therapist	2
Rehabilitation Assistant	2
Speech Language Pathologist	1
Sub Total	9
PEAK TOTAL	18

2.1.2.4 DESIGN CRITERIA

2.1.2.4(1) General Requirements

- 2.1.2.4(1)(a) Zones of activity within the Outpatient Rehabilitation Services will include the following:
- 2.1.2.4.1.(a).1 Cardiac Rehabilitation (Healthy Heart Program); and
 - 2.1.2.4.1.(a).2 General Outpatient Rehabilitation.
- 2.1.2.4(1)(b) This Component will be located at Level 1 of the Support Facilities Building (existing Optimization Clinic) and will include modifications and renovations to existing rooms to meet design requirements in this section.
- 2.1.2.4(1)(c) The Cardiac Rehabilitation and General Outpatient Rehabilitation will have Close Access to the existing Reception desk for Patient access.
- 2.1.2.4(1)(d) The Outpatient Rehabilitation Services will have Close Access to the Main Entrance and Public Services by BH Wayfinding for Patients arriving as outpatients.

- 2.1.2.4(1)(e) The design will facilitate sharing of spaces and rooms across clinic modules for maximum flexibility.
- 2.1.2.4(1)(f) Hand hygiene sinks will be strategically located with respect to workflows to facilitate hand hygiene best practice in all clinical areas as per Infection Prevention and Control protocols.
- 2.1.2.4(1)(g) The presence of mobility aids including canes, crutches, walkers, wheelchairs, stretchers and motorized chairs/scooters will be anticipated in all areas where Patient contact will occur.
- 2.1.2.4(1)(h) All Offices and workstations will be designed ergonomically with the use of modular furnishings and casework to provide maximum flexibility.
- 2.1.2.4(1)(i) Natural light and views will be maximized for Staff.
- 2.1.2.4(1)(j) The physical environment will facilitate team collaboration.
- 2.1.2.4(1)(k) Registration/Waiting
 - 2.1.2.4.1.(k).1 The Patients will enter the Component via the Outpatient Rehabilitation Services where they will be registered.
 - 2.1.2.4.1.(k).2 The Cardiac Rehabilitation and General Outpatient Rehabilitation will share a Reception desk and a Business Centre. Patients will check in and either be directed to the existing public washroom to change or directly to the designated treatment space.
- 2.1.2.4(2) Cardiac Rehabilitation (Healthy Heart Program)
 - 2.1.2.4(2)(a) The Cardiac Rehabilitation design will facilitate sharing of an existing Exam Room for maximum flexibility.
 - 2.1.2.4(2)(b) An Exercise Room with space for twelve (12) people to stretch and perform floor exercises and a Gym Area with space for exercise equipment and Patient lockers will be included in the Cardiac Rehabilitation area. The Exercise Room will be shared with the General Outpatient Rehabilitation for group education and floor exercises.
 - 2.1.2.4(2)(c) The Exercise Room and Gym Area will have acoustical wall finishes to contain the noise within the room. Both rooms will include a hand hygiene sink and a water bottle filler.

2.1.2.4(2)(d) The Cardiac Rehabilitation will include a private Office and an Office-Multi with four (4) workstations and a telemetry monitoring station.

2.1.2.4(3) General Outpatient Rehabilitation

2.1.2.4(3)(a) The General Outpatient Rehabilitation will include five (5) open Treatment Area bays with privacy curtains for Patient assessment and therapy.

2.1.2.4(3)(b) This area will include an open Exercise Room for Patients to utilize equipment/light weights. It will also be utilized for group education/therapy.

2.1.2.4(3)(c) The OT Treatment Area will be designed to provide access to Occupational Therapy for Patients. The area will support two (2) touchdown workstations.

2.1.2.4(3)(d) The existing SLP Room will be utilized for assessments, testing and therapy. The existing workstation will remain in the room.

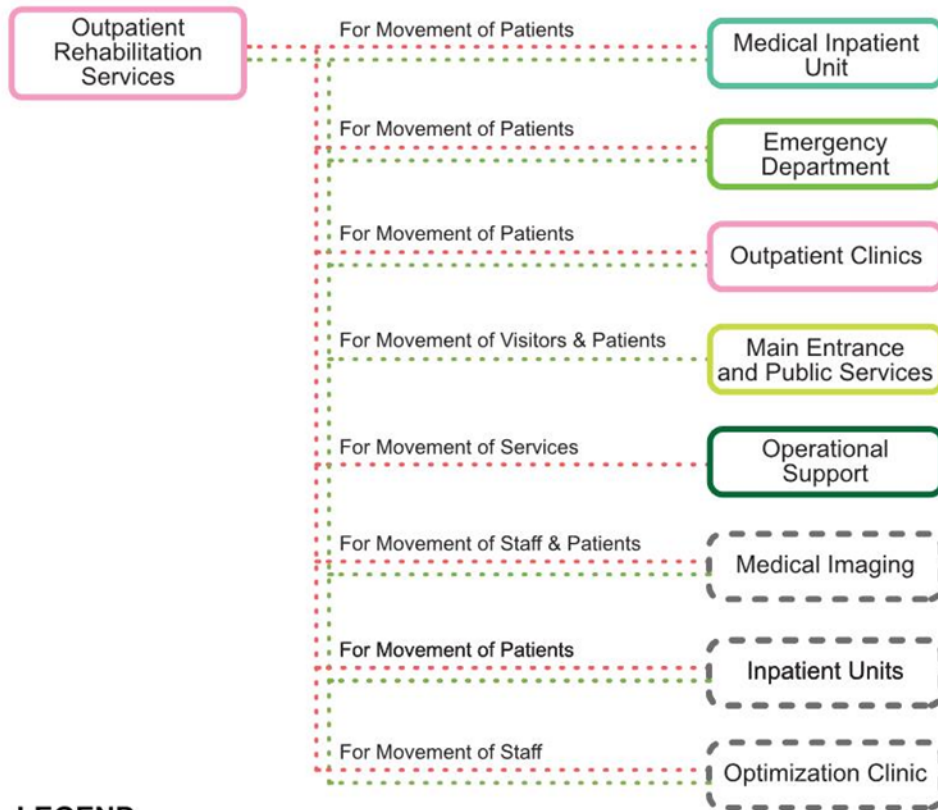
2.1.2.4(3)(e) The General Outpatient Rehabilitation will include a Storage-Clean for a variety of supplies and equipment required for Patient therapy. This room will have Close Access to both Cardiac Rehabilitation and General Outpatient Rehabilitation.

2.1.2.4(3)(f) It will also include four (4) Workstation-Touchdown with Line of Sight to the Treatment Area.

2.1.2.4(3)(g) There will be one (1) existing private Office for the clinical practice leader in this area.

2.1.2.5 EXTERNAL RELATIONSHIPS

2.1.2.5(1) The following diagram indicates other Functional Components that have a functional relationship with this Component.

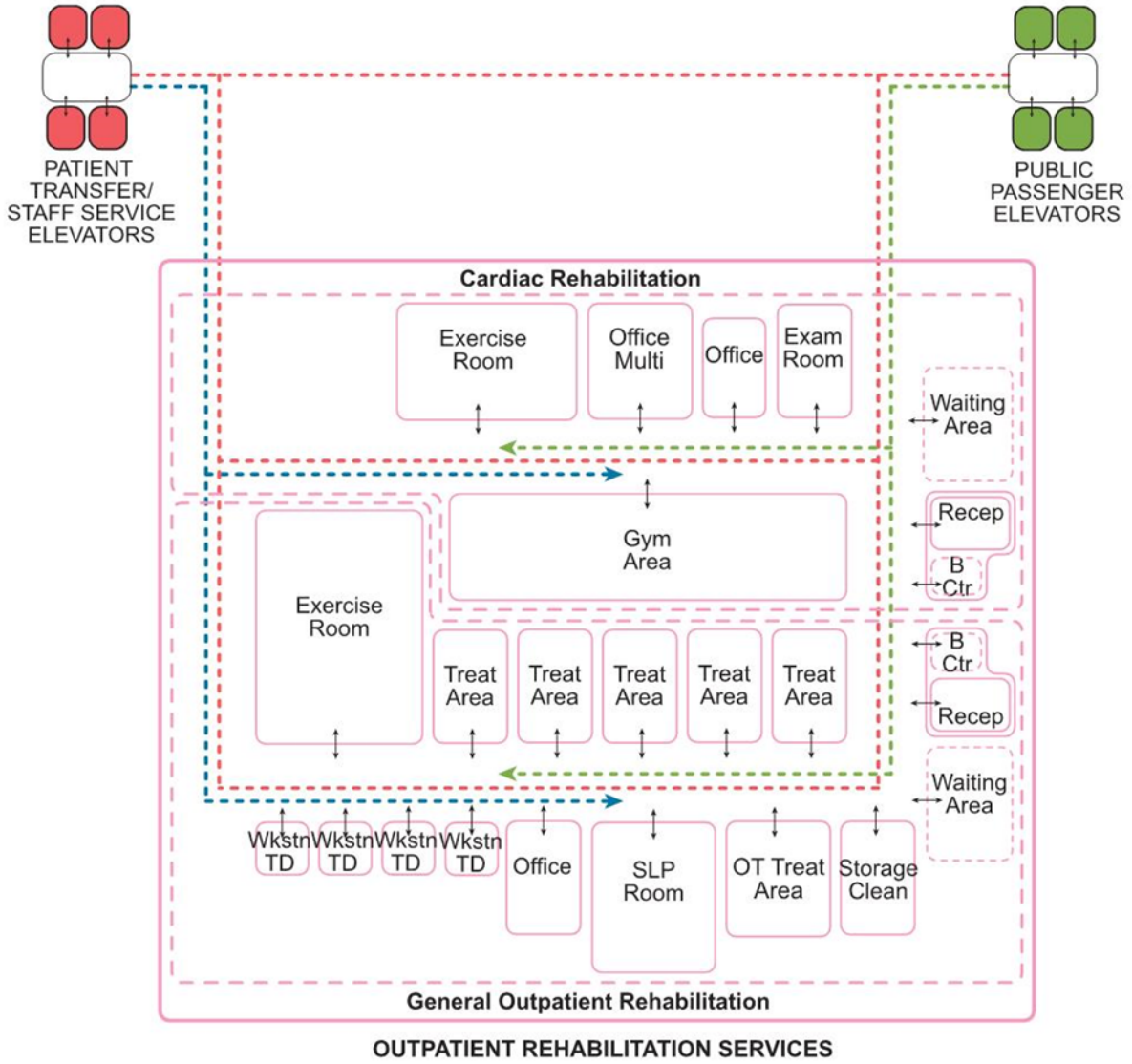


LEGEND

- Close Access by Restricted Circulation
- Close Access by General Circulation
- Convenient Access by Restricted Circulation
- Convenient Access by General Circulation

2.1.2.6 INTERNAL RELATIONSHIPS

2.1.2.6(1) The following diagram indicates internal functional relationships within this Component.



LEGEND

- General Circulation - Public
- Restricted Circulation - Staff
- Restricted Circulation - Service

2.1.3 SCHEDULE OF ACCOMMODATION

2.1.3.1 The following table lists the number of spaces, Net Areas and space contents as minimum requirements.

Summary of Outpatient Care

A1. OUTPATIENT CLINICS	
A1.1 - RECEPTION/WAITING	33.1
A1.2 - CLINICAL SHARED SUPPORT	105.7
A1.3 - HUB 1: MATERNITY AND GESTATIONAL DIABETES CLINIC	75.1
A1.4 - HUB 2: MS/NEUROLOGY/NEURO DIAGNOSTICS CLINIC	41.1
A1.5 - HUB 2A: MS CLINIC AND NEUROLOGY CLINIC	121.0
A1.6 - HUB 2B: NEURO DIAGNOSTICS CLINIC	96.5
A2.1 - HUB 3: DIAGNOSTIC CARDIOLOGY CLINIC	198.2
A2. OUTPATIENT REHABILITATION SERVICES	
A1.7 - CARDIAC REHABILITATION	117.8
A2.4 - GENERAL OUTPATIENT REHABILITATION	180.2
OUTPATIENT CARE PROGRAMMED SPACE NSM:	968.7

Ref. No.	Room Type	Area Requirements			DBF/ CM	Remarks
		nsm/unit	units	nsm		
A1. OUTPATIENT CLINICS						
A1.1 – RECEPTION/WAITING						
A1.1.1	Reception-Main	13.0	1	13.0	DBF	Incl. 3 workstations, fully enclosed.
A1.1.2	Business Centre	3.5	1	3.5	DBF	
A1.1.3	Waiting Area	12.0	1	12.0	DBF	To accommodate 8 people
A1.1.4	Washroom-Patient	4.6	1	4.6	DBF	2-piece, accessible for Persons with Disabilities.
TOTAL NSM: RECEPTION/WAITING				33.1		
A1.2 - CLINICAL SHARED SUPPORT						
A1.2.1	Exam Room	12.0	3	36.0	DBF	Incl. 1 workstation, dual egress.
A1.2.2	Clean Supply Room	8.0	1	8.0	DBF	
A1.2.3	Utility Room-Soiled	10.0	1	10.0	DBF	Incl. biohazardous containers, waste management containers.
A1.2.4	Housekeeping Room	7.5	1	7.5	DBF	
A1.2.5	Storage-Equipment	8.0	1	8.0	DBF	
A1.2.6	Meeting Room	24.0	1	24.0	DBF	To accommodate 12 people.
A1.2.7	Alcove-Hand Hygiene Station	1.0	3	3.0	DBF	One Alcove-Hand Hygiene Station to be located in each Hub.
A1.2.8	Washroom-Staff	4.6	2	9.2	DBF	2-piece, accessible for Persons with Disabilities.
TOTAL NSM: CLINICAL SHARED SUPPORT				105.7		
A1.3 - HUB 1: MATERNITY AND GESTATIONAL DIABETES CLINIC						
A1.3.1	Reception	7.0	1	7.0	DBF	Incl. 2 workstations, fully enclosed.
A1.3.2	Business Centre	3.5	1	3.5	DBF	

Ref. No.	Room Type	Area Requirements			DBF/ CM	Remarks
		nsm/unit	units	nsm		
A1.3.3	Waiting Area	10.0	1	10.0	DBF	To accommodate 5 people.
A1.3.4	Exam Room	12.0	3	36.0	DBF	Incl. 1 workstation.
A1.3.5	Office-2 Shared	12.0	1	12.0	DBF	Incl. 2 workstations.
A1.3.6	Alcove-Equipment	2.0	1	2.0	DBF	Alcove for clean linen.
A1.3.7	Washroom-Patient	4.6	1	4.6	DBF	2-piece, accessible for Persons with Disabilities.
TOTAL NSM: HUB 1: MATERNITY AND GESTATIONAL DIABETES CLINIC				75.1		
A1.4 - HUB 2: MS/NEUROLOGY/NEURO DIAGNOSTICS CLINIC						
A1.4.1	Reception	7.0	1	7.0	DBF	Incl. 2 workstations, fully enclosed.
A1.4.2	Business Centre	3.5	1	3.5	DBF	
A1.4.3	Waiting Area	18.0	1	18.0	DBF	To accommodate 8 people. Incl. weigh scale alcove.
A1.4.4	Workroom-Telehealth	6.0	1	6.0	DBF	Incl. 1 workstation.
A1.4.5	Alcove-Equipment	2.0	1	2.0	DBF	Alcove for clean linen.
A1.4.6	Washroom-Patient	4.6	1	4.6	DBF	2-piece, accessible for Persons with Disabilities.
TOTAL NSM: HUB 2: MS/NEUROLOGY/NEURO DIAGNOSTICS CLINIC				41.1		
A1.5 - HUB 2A: MS CLINIC AND NEUROLOGY CLINIC						
A1.5.1	Exam Room	12.0	4	48.0	DBF	Incl. 1 workstation.
A1.5.2	Multi-Purpose Room-Cognitive	8.0	1	8.0	DBF	Incl. 1 workstation.
A1.5.3	Office	9.0	2	18.0	DBF	Private office.
A1.5.4	Office-2 Shared	11.0	1	11.0	DBF	Incl. 2 workstations.
A1.5.5	Office-Multi	18.0	2	36.0	DBF	Incl. 4 workstations.
TOTAL NSM: HUB 2A: MS CLINIC AND NEUROLOGY CLINIC				121.0		
A1.6 - HUB 2B: NEURO DIAGNOSTICS CLINIC						
A1.6.1	Exam Room-Neuro Diagnostics-Large	16.5	3	49.5	DBF	Incl. 1 workstation.
A1.6.2	Exam Room-Neuro Diagnostics	12.0	1	12.0	DBF	Incl. 1 workstation. To be shared with Diagnostic Cardiology Clinic for pacemaker room as required.
A1.6.3	Office	9.0	1	9.0	DBF	Private office.
A1.6.4	Office-Multi	18.0	1	18.0	DBF	Incl. 4 workstations.
A1.6.5	Storage-Clean	8.0	1	8.0	DBF	Incl. equipment, EMG machines, blanket warmer.
TOTAL NSM: HUB 2A: NEURO DIAGNOSTICS CLINIC				96.5		
A2.1 - HUB 3: DIAGNOSTIC CARDIOLOGY CLINIC						
A2.1.1	Removed	0.0	0	0.0		
A2.1.2	Removed	0.0	0	0.0		
A2.2.1	Assessment/Prep/Recovery Bay	7.5	4	30.0	DBF	Open bay for stretcher holding. Incl. 2 workstations between 4 Bays.
A2.2.2	Alcove-Hand Hygiene Station	1.0	1	1.0	DBF	To be located with Convenient Access to all Assessment/Prep/Recovery Bays.
A2.2.3	Exam Room	12.0	3	36.0	DBF	Incl. 1 workstation.

Ref. No.	Room Type	Area Requirements			DBF/ CM	Remarks
		nsm/unit	units	nsm		
A2.2.4	Laboratory-Stress Testing Room	220	4	88.0	DBF	Incl. 1 workstation.
A2.2.5	Alcove-Viewing	2.8	2	5.6	DBF	Incl. 1 workstation, lead lined window.
A2.2.6	Alcove-Equipment	1.0	2	2.0	DBF	Alcove for crash cart, blanket warmer.
A2.2.7	Removed	0.0	0	0.0		
A2.2.8	Alcove-Equipment	6.0	1	6.0	DBF	Alcove for charging/network for ECG machines.
A2.2.9	Alcove-Nourishment	2.0	1	2.0	DBF	Alcove for nourishment station.
A2.2.10	Washroom-Patient	4.6	1	4.6	DBF	Hot washroom. 2-piece, accessible for Persons with Disabilities.
A2.3.1	Office	9.0	1	9.0	DBF	Private office.
A2.3.2	Alcove-Dictation	2.8	5	14.0	DBF	Incl. 5 touchdown workstations (2 for Holter download/viewing).
A2.3.3	Removed	0.0	0	0.0		
A2.3.4	Removed	0.0	0	0.0		
TOTAL NSM: HUB 3: DIAGNOSTIC CARDIOLOGY CLINIC				198.2		
TOTAL NSM: OUTPATIENTS CLINIC				670.7		

A2. OUTPATIENT REHABILITATION SERVICES						
A1.7 - CARDIAC REHABILITATION						
A1.7.1	Reception	7.0	1	7.0	CM	Incl. 2 workstations, cabinets, counter. To be shared with General Outpatient Rehabilitation.
A1.7.2	Waiting Area	15.0	1	0.0	E	To accommodate 8 people. Incl. 2 change cubicles. To be shared with Optimization Clinic.
A1.7.3	Exam Room	11.0	1	0.0	E	Incl. 1 workstation.
A1.7.4	Exercise Room	24.0	1	24.0	CM	Incl. acoustical wall finish, mirror, 2 change cubicles.
A1.7.5	Gym Area	58.0	1	58.0	CM	Incl. acoustical wall finish, exercise equipment, 12 half lockers.
A1.7.6	Office-Multi	16.3	1	16.3	CM	Incl. 4 workstations with telemetry monitoring station.
A1.7.7	Removed	0.0	0	0.0		
A1.7.8	Removed	0.0	0	0.0		
A1.7.9	Business Centre	3.5	1	3.5	CM	To be shared with General Outpatient Rehabilitation.
A1.7.10	Office	9.0	1	9.0	CM	Private office.
TOTAL NSM: CARDIAC REHABILITATION				117.8		
A2.4 - GENERAL OUTPATIENT REHABILITATION						
A2.4.1	Reception	7.0	1	0.0	E	To be shared with Cardiac Rehabilitation.
A2.4.2	Business Centre	3.5	1	0.0	E	To be shared with Cardiac Rehabilitation.
A2.4.3	Waiting Area	15.0	1	0.0	E	To be shared with Optimization Clinic.
A2.4.4	Treatment Area	11.0	5	55.0	CM	
A2.4.5	Exercise Room	50.0	1	50.0	CM	

Ref. No.	Room Type	Area Requirements			DBF/ CM	Remarks
		nsm/unit	units	nsm		
A2.4.6	OT Treatment Area	16.3	1	16.3	CM	Incl. 1 treatment bay and 2 workstations.
A2.4.7	SLP Room	23.6	1	23.6	CM	Combined testing room and SLP/CPL office.
A2.4.8	Office	11.7	1	11.7	CM	Private office.
A2.4.9	Workstation-Touchdown	3.2	4	12.8	CM	Incl. touchdown workstation.
A2.4.10	Storage-Clean	10.8	1	10.8	CM	
TOTAL NSM: GENERAL OUTPATIENT REHABILITATION				180.2		
TOTAL NSM: OUTPATIENT REHABILITATION SERVICES				298.0		
TOTAL NSM: OUTPATIENT CARE				968.7		

B. MATERNAL/CHILD UNIT

2.2 MATERNAL/CHILD UNIT

2.2.1 SERVICE OVERVIEW

- 2.2.1.1 The Maternal/Child Unit Component will provide maternity and Neonatal Intensive Care (NICU) services including: obstetrical assessment and triage services, ante partum inpatient care and outpatient services, intrapartum care during labour and delivery, and post partum care. The target population will be women living in Burnaby and East Vancouver with low-risk pregnancies, thirty-two (32) weeks gestation or greater, requiring obstetrical service.
- 2.2.1.2 Care will primarily be provided using a Labour, Delivery, Recovery and Post partum (LDRP) model where mothers and infants remain in the same private Patient Room throughout their Patient journey. In some instances (e.g. C-section), women will deliver in another space before receiving post partum care in this Component under a rooming-in model of care.
- 2.2.1.3 The NICU will provide Level 2a neonatal care including assessment and care for infants thirty-two (32) weeks and 1,500 grams or greater with moderate risks. It will also accept infants requiring 2a level care and/or treatment from other facilities.
- 2.2.1.4 Scheduled and unscheduled non-stress tests (inpatient and outpatient) for pregnant woman will be accommodated in this Component.

2.2.2 FUNCTIONAL DESCRIPTION

2.2.2.1 Scope of Services

2.2.2.1(1) Scope of Clinical Activity

2.2.2.1(1)(a) The following specifies the minimum set of functions that will be accommodated within this Component:

- 2.2.2.1.1.(a).1 Assessment and triage of all pregnant women who present to BH;
- 2.2.2.1.1.(a).2 Delivering babies naturally using an LDRP model of care, supported by either physicians or midwives;
- 2.2.2.1.1.(a).3 Caring for some infants in a Level 2a NICU setting;
- 2.2.2.1.1.(a).4 Infant resuscitation, stabilization, monitoring and transfer to higher level of care if required;
- 2.2.2.1.1.(a).5 Scheduled non-stress tests conducted on pregnant women greater than twenty-four (24) weeks pregnant referred by a physician, specialist or midwife;

- 2.2.2.1.1.(a).6 Inpatient ante partum care and/or treatment for women with a variety of pregnancy-related conditions; and
- 2.2.2.1.1.(a).7 Group education for Patients (e.g. breast feeding classes).

2.2.2.1(2) Scope of Educational Activity

- 2.2.2.1(2)(a) Staff and physician training, in-services, huddles, and Patient education will be accommodated within this Component. A Meeting Room will be required to accommodate group education classes for Patients. This Component will also support the educational activities of the Maternity and Gestational Diabetes Clinic located in Outpatient Clinics Component.

2.2.2.1(3) Scope of Research Activity

- 2.2.2.1(3)(a) The Maternal/Child Unit will be involved, from time-to-time in research activity. The nature and extent of research functions will be accommodated in the general work areas and will not require specialized or dedicated facilities within this Component.

2.2.2.2 Scope Exclusions

- 2.2.2.2(1) The following list specifies functions that are understood to occur in other Functional Components in BH or outside BH:
 - 2.2.2.2(1)(a) Women with high-risk pregnancies will be referred to other facilities for delivery, post partum and/or neonatal care; and
 - 2.2.2.2(1)(b) C-section OR will remain in the Perioperative Services Component.

2.2.3 OPERATIONAL CONSIDERATIONS

2.2.3.1 Service Delivery Principles and Methods

2.2.3.1(1) Patient and Family Management Processes and Flows

2.2.3.1(1)(a) Patient Flow

- 2.2.3.1.1.(a).1 Obstetric general practitioners, midwives, or obstetricians will refer Patients to the Maternal/Child Unit. Patients will arrive to Care Station for registration via BH Wayfinding. After 1600 hours, Patients will register in the ED registration area.

- 2.2.3.1.1.(a).2 Pregnant women may self-refer to the ED before being referred to the Maternal/Child Unit. These Patients will register in the ED registration area.
- 2.2.3.1.1.(a).3 Patients arriving for scheduled non-stress tests register in main registration and are directed to the Maternal/Child Unit.
- 2.2.3.1.1.(a).4 Patients will be escorted by Central Porter Services or directed to the Maternal/Child Unit.
- 2.2.3.1.1.(a).5 Patients will present to the Maternal/Child Unit and will move to the Triage Bays for triage.
- 2.2.3.1.1.(a).6 Depending on the assessment outcome, the Patient will:
 - (a).6.1 Be admitted and move to a Patient Room-LDRP for active labour;
 - (a).6.2 Be admitted and move to a Patient Room-Ante/Post Partum for observation;
 - (a).6.3 Be sent home; or
 - (a).6.4 Be transferred to another facility for a higher level of care.
- 2.2.3.1.1.(a).7 Patients requiring a C-section will be transferred with LDRP Staff to the OR. Following C-section, Patients will move to the Maternal/Child Unit Component for post partum care. In some instances, Patients will stay in PCU in the Perioperative Services Component before moving to the Maternal/Child Unit Component.
- 2.2.3.1.1.(a).8 In most cases, Patients will labour, deliver and recover post partum in the same room.

2.2.3.1(1)(b) Family Flow

- 2.2.3.1.1.(b).1 Family members will be able to access Treatment areas of the Component to be with the mother, at her discretion.
- 2.2.3.1.1.(b).2 Family will be present in any Patient Room-LDRP, Patient Room-Ante/Post Partum, Patient Room-NICU, or publicly accessible areas, unless the mother requests they leave or necessary for medical treatment.
- 2.2.3.1.1.(b).3 If C-section will be required, family will also be present in the Operating Room (OR) and recovery areas of the Perioperative Services Component unless the mother requests they leave or necessary for medical treatment.

2.2.3.1(2) Care Provider Work Processes and Flows

- 2.2.3.1(2)(a) Providers will commence shift by accessing the Change Room-Staff to prepare for their day.
 - 2.2.3.1(2)(b) Providers will meet at Care Station to get their assignments.
 - 2.2.3.1(2)(c) Providers will have access to the entirety of the unit. Patient care functions, including assessment, monitoring, treatment, delivery and post partum care will primarily take place in Patient Room-LDRP, Patient Room-LDRP-AIR, Patient Room-Ante/Post Partum, Patient Room-Ante/Post Partum-Shared, Patient Room-NICU or Patient Room-NICU-AIR.
 - 2.2.3.1(2)(d) Providers will have access to On Call Rooms within the Component to support on call functions.
 - 2.2.3.1(2)(e) Providers will complete paper based/electronic documentation at Care Stations or WOWs.
 - 2.2.3.1(2)(f) Providers will accompany C-section Patients to the OR and provide support for family, mother and infant. They will assist in the post-operative Recovery Bay (if required) before accompanying the mother and infant to the Maternal/Child Unit Component for post partum recovery when appropriate.
 - 2.2.3.1(2)(g) When shift is complete, providers will return to the Change Room-Staff to change and shower if necessary before leaving BH.
 - 2.2.3.1(2)(h) Staff from this Component will respond to Code Pink calls throughout BH.
- 2.2.3.1(3) Clinical and Logistical Support Processes and Flows
- 2.2.3.1(3)(a) Pharmacy Services
 - 2.2.3.1.3.(a).1 Automation will be used in the inventory management and dispensing of Patient medications.
 - 2.2.3.1.3.(a).2 Medication orders will be sent to the Pharmacy via order by fax/order entry.
 - 2.2.3.1.3.(a).3 Automated Dispensing Cabinets (ADCs) will be restocked by the Pharmacy.
 - 2.2.3.1.3.(a).4 Nurses will access medication for administration from ADCs.

- 2.2.3.1.3.(a).5 The Medication Room will be centralized and easily accessible by Staff, with secure electronic access and glazed doors for visibility.
 - 2.2.3.1.3.(a).6 Medication Rooms will contain a computer for medication review/education.
 - 2.2.3.1.3.(a).7 STAT medications will arrive via PTS.
- 2.2.3.1(3)(b) Allied Health
- 2.2.3.1.3.(b).1 Allied Health services will be provided on a referral basis to conduct assessments and treatments to Patients. This will be performed in the Patient Room. Allied Health Staff will require Workstation-Touchdown for documentation.
- 2.2.3.1(3)(c) Laboratory/Cardiology Services
- 2.2.3.1.3.(c).1 Requisitions and orders will be sent via computer order entry system.
 - 2.2.3.1.3.(c).2 Laboratory technologists and assistants will perform laboratory specimen collection on the unit in Patient Rooms.
 - 2.2.3.1.3.(c).3 Nurse collected specimen will be transported via PTS and Central Porter Services.
 - 2.2.3.1.3.(c).4 Cardiology ordered tests (e.g. ECG) will be completed in Patient Rooms.
- 2.2.3.1(3)(d) Medical Imaging
- 2.2.3.1.3.(d).1 Most medical imaging will be completed in the Medical Imaging Component. Patients will be transferred by Central Porter Services with a nurse escort as required.
 - 2.2.3.1.3.(d).2 Occasionally bedside ultrasound or portable chest x-rays will be required and completed in Patient Rooms by medical imaging equipment and personnel.
- 2.2.3.1(3)(e) Respiratory Therapy
- 2.2.3.1.3.(e).1 Respiratory therapists will perform assessment and/or treatments in Patient Rooms. Staff will require Workstation-Touchdown for documentation.
- 2.2.3.1(3)(f) Consumable Supplies
- 2.2.3.1.3.(f).1 Consumable supplies will be provided by the IHR Component and maintained using a 2-bin system or a minimum inventory level that will trigger a re-ordering process.

- 2.2.3.1.3.(f).2 Some direct purchase ordering will be done by the Staff.
- 2.2.3.1(3)(g) Facilities Maintenance and Operations
- 2.2.3.1.3.(g).1 Requisition for the FMO will be entered in the computer, in the FMO order entry module.
- 2.2.3.1.3.(g).2 On receipt of requisition, the FMO will follow up with completion of task either on unit or in the shop.
- 2.2.3.1(3)(h) Housekeeping and Waste Management
- 2.2.3.1.3.(h).1 Regular cleaning of Patient Rooms and other spaces will be provided.
- 2.2.3.1.3.(h).2 Discharge cleaning on Patient discharge will be performed.
- 2.2.3.1.3.(h).3 Housekeeping Room will be required per twenty four (24) bed unit.
- 2.2.3.1.3.(h).4 Waste products will be managed according to a system of segregation at point of origin and sequential consolidation throughout this Component.
- 2.2.3.1.3.(h).5 Segregation of wastes will accommodate the following categories:
- (h).5.1 General garbage including clean recycling;
 - (h).5.2 Sharps;
 - (h).5.3 Infectious or contaminated wastes;
 - (h).5.4 Pharmaceuticals; and
 - (h).5.5 Confidential paper.
- 2.2.3.1(3)(i) Biomedical Engineering
- 2.2.3.1.3.(i).1 Biomedical engineers will retrieve equipment and perform repairs and/or maintenance either on location or in the BME Component.
- 2.2.3.1(3)(j) Laundry/Linen
- 2.2.3.1.3.(j).1 All clean linen to be used for Patient care will be stored close to point of use. Clean linen will be consolidated in the Laundry/Linen Component and then delivered to the unit.
- 2.2.3.1.3.(j).2 Laundry processing will occur off site. Soiled laundry will be collected at POC and taken to the Laundry/Linen Component for transfer to an off-site facility for processing.
- 2.2.3.1(3)(k) Patient Food Services
- 2.2.3.1.3.(k).1 The Patient Food services will include a Patient focused meal service approach. Patients will be

- provided with the ability to make selections prior to service. A spoken menu model will be implemented. This will allow Patient Food Services Staff to take meal preference orders from Patients on an electronic tablet prior to meal service; this information will be then transmitted wirelessly to the Patient Food Services Component or Servery for fulfillment.
- 2.2.3.1.3.(k).2 Bulk, chilled food will be delivered to the unit Servery. The Patient Food Service workers will plate and reheat the meal, assemble the meal tray in the unit Servery, and deliver it to the Patient.
- 2.2.3.1.3.(k).3 Once dining is complete, soiled meal trays will be removed by the Patient Food Services Staff and returned to the original cart, which will be then transported back to the Patient Food Services Dishwashing area. Here, trays will be removed from carts and items will be sorted (compostable, garbage, recycling, carts and wares). Carts and wares will be washed and stacked for re-use.
- 2.2.3.1.3.(k).4 Clinical Nutrition Staff use administrative areas within the Patient Food Services Component and attend Patients at the bedside on a referral or follow up basis.
- 2.2.3.1(3)(l) Security
- 2.2.3.1.3.(l).1 Regular “rounding” of security within the Component will be provided.
- 2.2.3.1.3.(l).2 Access to this Component will be secured at all times. Authorized Staff will have access 24/7.
- 2.2.3.1.3.(l).3 The NICU will be a separate secured area within this Component. Access to the NICU will be secured at all times. Authorized Staff will have access 24/7.
- 2.2.3.1.3.(l).4 Staff will grant access to authorized visitors using a 2-way communication/intercom system located outside the entrance to the Component. Staff at Care Stations for LDRP and NICU will be able to view who is requesting access and authorize entry. Visitors will be able to request access to either the LDRP or NICU (e.g. two communication/intercom systems).
- 2.2.3.1.3.(l).5 CCTV cameras will be required at the entrance to this Component.

2.2.3.1(4) Information Management

- 2.2.3.1(4)(a) All Patient information will be maintained on the EMR.
- 2.2.3.1(4)(b) It is anticipated that the move from paper based documentation to electronic documentation will be occurring in the near future and will be accessed through both Care Stations and WOWs throughout the unit.
- 2.2.3.1(4)(c) Patient information will be available throughout the unit through wireless and/or wired through computer terminals and Care Stations.
- 2.2.3.1(4)(d) Staff will be able to communicate with each other throughout the NICU space (e.g. hands-free communication).
- 2.2.3.1(4)(e) Physician orders will be both paper/computer based and will be processed/managed via Staff computer terminals or wireless devices.
- 2.2.3.1(4)(f) Staffing systems/scheduling will be conducted electronically with automated call out systems for short notice leaves (e.g. sick calls).
- 2.2.3.1(4)(g) It is anticipated that electronic technology will be used to manage more aspects of each Patients care. Electronic checking of Patient information (wrist band bar code), for example, will be used to validate the match between Patient and a prescribed treatment, procedure, medication, or donor milk for infants.
- 2.2.3.1(4)(h) The intent will be to enable clinicians and Staff to take advantage of the technologies and resultant optimal care environment with respect to communication, access to electronic health records, documentation, mobility, monitoring, tracking and best practice supported by technology. The space will accommodate the technology devices in medical equipment required to deliver care in the environment including mounting, storage, charging and space requirements of:
 - 2.2.3.1.4.(h).1 Integrated Medication carts;
 - 2.2.3.1.4.(h).2 Medication dispense carts;
 - 2.2.3.1.4.(h).3 Mobile and fixed computers;
 - 2.2.3.1.4.(h).4 Mobile and fixed label printers;
 - 2.2.3.1.4.(h).5 Mobile and fixed barcode scanners;
 - 2.2.3.1.4.(h).6 Handheld computer devices;
 - 2.2.3.1.4.(h).7 Neonatal Hemodynamic Monitoring;

- 2.2.3.1.4.(h).8 Fetal Monitoring;
- 2.2.3.1.4.(h).9 Ultrasound;
- 2.2.3.1.4.(h).10 Glucometers with docking stations;
- 2.2.3.1.4.(h).11 Tracking monitors;
- 2.2.3.1.4.(h).12 Clinical dashboards;
- 2.2.3.1.4.(h).13 Integrated IV pumps;
- 2.2.3.1.4.(h).14 Device connectivity;
- 2.2.3.1.4.(h).15 Virtual health; and
- 2.2.3.1.4.(h).16 Staff personal duress and fixed panic buttons.

2.2.3.1(5) Anticipated Trends in Service Delivery

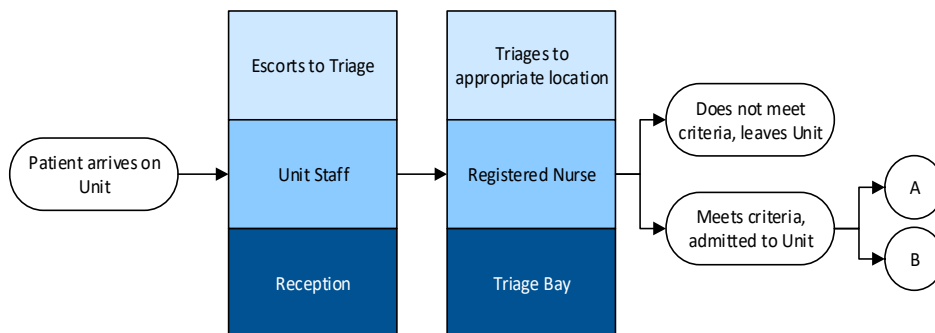
2.2.3.1(5)(a) The following lists trends that are expected to affect the nature and or functions accommodated within this Component. Effects of these trends will be reflected in the Component’s design:

- 2.2.3.1.5.(a).1 Increased involvement of midwives;
- 2.2.3.1.5.(a).2 Increased number of multiple births;
- 2.2.3.1.5.(a).3 Advances in reproductive technology and increased number of mothers of advanced maternal age;
- 2.2.3.1.5.(a).4 The number of bariatric Patients admitted to the Facility is predicted to increase; and
- 2.2.3.1.5.(a).5 Infection Prevention and Control will remain a high priority in all areas of BH.

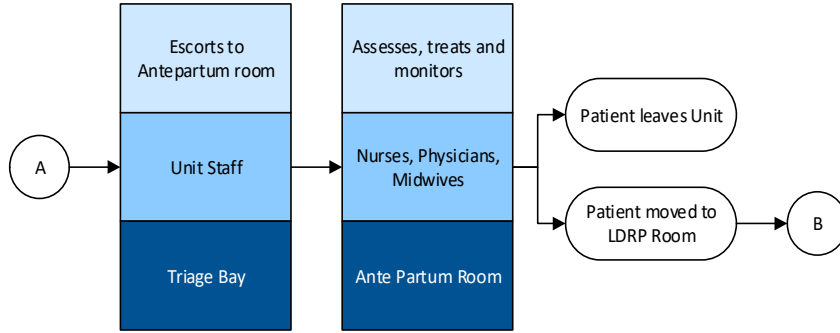
2.2.3.2 Workflows

2.2.3.2(1) The Maternal/Child Unit workflows are shown in the following workflow diagrams.

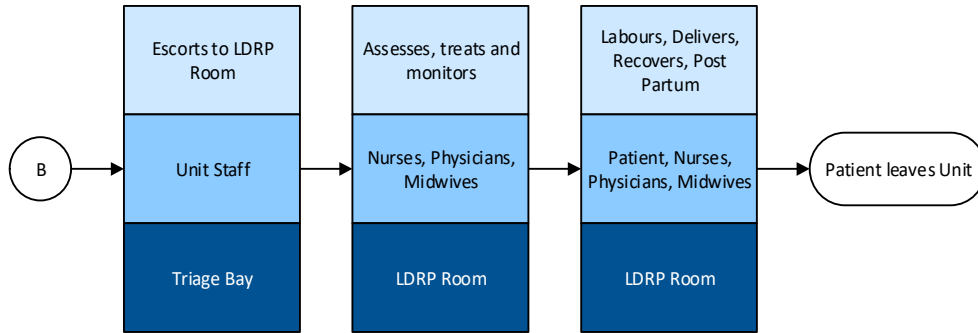
Patient Triage Flow



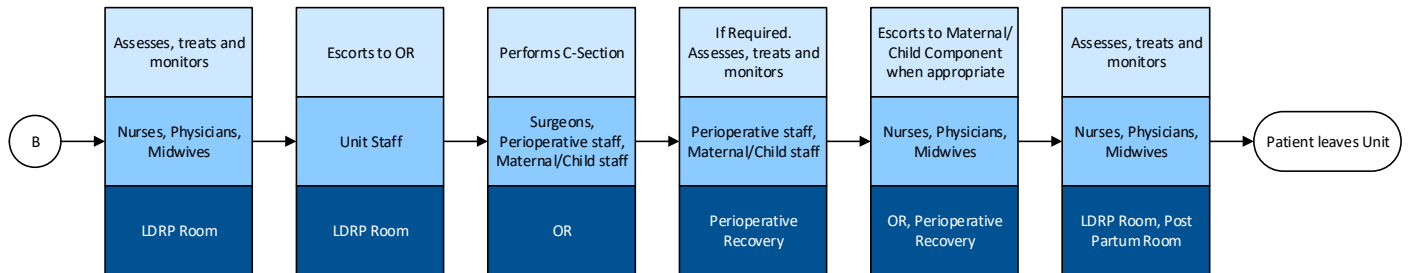
Patient Admitted for Observation Flow



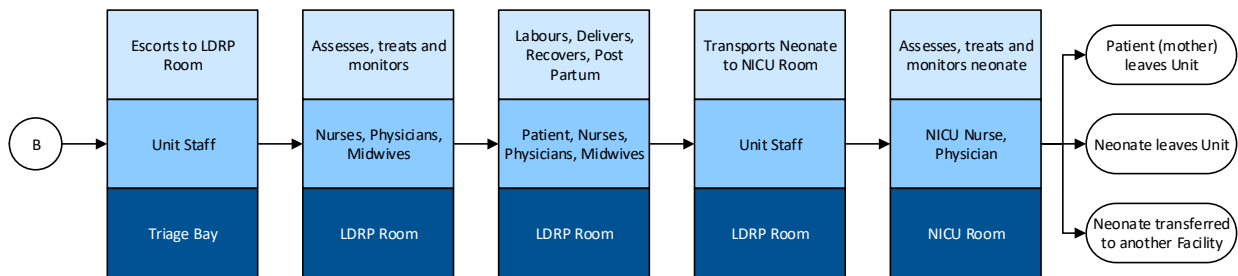
Patient Admitted to LDRP Room Flow



Patient Admitted to LDRP Room (requires C-Section) Flow



Neonate Requiring NICU Care Flow



2.2.3.3 Hours of Operation

2.2.3.3(1) The Maternal/Child Unit Component will operate 24/7.

2.2.3.4 Workloads

2.2.3.4(1) The maximum estimated workload for this Component is shown in the following table.

MATERNAL/CHILD UNIT	PEAK SHIFT
Manager	1
Patient Care Coordinator	1
Nurses	10
Clinical Nurse Educator	2
Allied Health	4
Nursing Students	8
Nursing Instructor	1
Physician student	1
Unit Clerk	2
Physicians	4
Dietitian	1
Midwife	2
PEAK TOTAL	37

2.2.4 DESIGN CRITERIA

2.2.4.1 General Requirements

2.2.4.1(1) Zones of activity within the Maternal/Child Unit will include the following:

2.2.4.1(1)(a) Waiting;

2.2.4.1(1)(b) Maternal/Child-Treatment;

2.2.4.1(1)(c) NICU-Treatment;

2.2.4.1(1)(d) Support; and

2.2.4.1(1)(e) Staff Support.

2.2.4.1(2) Maternal/Child Unit will have Direct Access to the Perioperative Services by means of Restricted Circulation.

2.2.4.1(3) Maternal/Child Unit will have Close Access to the ED and Main Entrance and Public Services for Patients arriving during the day via the Main Entrance and after hours via the ED entrance.

2.2.4.1(4) Maternal/Child Unit will require Convenient Access to the Outpatient Clinics, Clinical Support Services, Operational Support, MDRD and existing Medical Imaging and Laboratory.

- 2.2.4.1(5) The Maternal/Child Unit will be a secure locked unit providing a safe and secure environment. There will be the capacity to lock down the unit at times of heightened security risk.
- 2.2.4.1(6) Patient/Public entrance to the Component and/or areas that divide the zones of activity, will have access control with communication/video intercom systems for visitors to communicate with Staff in NICU-Treatment and in Maternal/Child-Treatment separately. Staff will have the ability to allow remote entry (e.g. unlock doors remotely).
- 2.2.4.1(7) Staff will enter the Component using access control. Access to NICU-Treatment will be through Maternal/Child-Treatment area and will have additional access control.
- 2.2.4.1(8) The Maternal/Child Unit will require the technology and security features necessary to ensure Patient and Staff safety without those features detracting from a welcoming environment.
- 2.2.4.1(9) This Component will have two (2) entrances. Patient/Public entrance will be used for Patients, families and visitors and will have Close Access to Public Passenger Elevators. Staff/Support entrance will be used for Staff, supply delivery and waste removal and will have Close Access to Patient Transfer/Staff Service Elevators.
- 2.2.4.1(10) The Maternal/Child Unit will have ten (10) LDRP Patient Rooms, seven (7) Ante/Post Partum Patient Rooms and a separate NICU-Treatment area with six (6) NICU Patient Rooms.
- 2.2.4.1(11) Patient Rooms will be arranged along the exterior wall of the unit with all frequently used support rooms including Care Station, Medication Room, Utility Room-Soiled, Clean Supply Room and Storage-Equipment easily accessible by the Staff.
- 2.2.4.1(12) Interdisciplinary team interactions will be enhanced with team space centralized on the unit. Adjacency between Care Station, Dictation Room, Business Centre and Office-Multi will allow all key members of the interdisciplinary care team to work collaboratively.
- 2.2.4.1(13) The Maternal/Child Unit layout will be as compact as possible to minimize Staff travel distance and maximize nurse-Patient Line of Sight by locating frequently utilized Staff work areas and support spaces close to the Patient Rooms.
- 2.2.4.1(14) Cross-Corridor connections at regular intervals will be provided for Staff access to all zones.

- 2.2.4.1(15) Hand hygiene sinks will be strategically located with respect to workflows to facilitate hand hygiene best practice in all clinical areas as per Infection Prevention and Control protocols.
 - 2.2.4.1(16) All alcoves will have power and data for future flexibility. Alcove-Equipment will be deep enough to accommodate exchange linen carts, supply carts and equipment so that corridors remain clear.
 - 2.2.4.1(17) All Offices and workstations will be designed ergonomically with the use of modular furnishings and casework to provide maximum flexibility.
 - 2.2.4.1(18) Staff delivering supplies, medications, linens and food will use Patient Transfer/Staff Service Elevators.
 - 2.2.4.1(19) Natural light and views will be maximized for Patients and Staff while ensuring privacy for Patients and families.
 - 2.2.4.1(20) The physical environment will facilitate team collaboration.
- 2.2.4.2 Waiting
- 2.2.4.2(1) A Lounge-Family and a Consult Room will be located adjacent to Patient/Public entrance to the Component with Convenient Access to Public Passenger Elevators.
 - 2.2.4.2(2) Lounge-Family will be visible to Patients entering the unit and will create a first impression of welcome, comfort and healing.
 - 2.2.4.2(3) An Alcove-Hand Hygiene Station will be located adjacent to Lounge-Family. Lounge-Family will also include a nourishment station and seating.
 - 2.2.4.2(4) Washroom-Public will have Convenient Access to Patient/Public entrance.
- 2.2.4.3 Maternal/Child-Treatment
- 2.2.4.3(1) Staff at the Care Station will control access and direct Patients and visitors to the unit through a communication/video intercom system. Patient/Public entrance to the unit will be controlled and monitored through video surveillance system from Care Station.
 - 2.2.4.3(2) Care Station will provide a space for Staff and Patient interaction and will have Direct Access to a PTS and an open Business Centre.
 - 2.2.4.3(3) Care Station will have Line of Sight to Patient Rooms.
 - 2.2.4.3(4) Care Station will have infrastructure for central monitoring capability and electronic Patient information tracking boards, positioned with

Line of Sight for Staff to view from inside their work area but not visible to public and Patients. These boards will serve to communicate Patient's clinical information for workflow management on unit.

- 2.2.4.3(5) Care Station will include a hand hygiene sink. This hand hygiene sink will not be placed within the Care Station. It will be located outside the Care Station in an alcove within 6 m distance from it.
- 2.2.4.3(6) Triage Bays and Assessment Room will have Convenient Access to Component Patient/Public entrance and will be used for assessment and triage of Patients. These areas will require adequate space for equipment (lights, exam tables, chairs and delivery cart). There will also be the need to be able to move Patients out quickly in case of an emergency or impending delivery.
- 2.2.4.3(7) Workstation-Touchdown will be located adjacent to Assessment Room. Washroom-Patient will be located adjacent to Assessment Room and Triage Bays.
- 2.2.4.3(8) The Maternal/Child-Treatment area will include nine (9) Patient Room-LDRP, one (1) Patient Room-LDRP-AIR, six (6) Patient Room-Ante/Post Partum and one (1) Patient Room-Ante/Post Partum-Shared.
- 2.2.4.3(9) All Patient Rooms will have fully accessible, inboard Ensuite/Tub-LDRP, Ensuite-LDRP, Ensuite-AIR or Ensuite-Ante/Post with dual sided access to the toilet for Staff to assist the Patient. Ensuite/Tub-LDRP will have 3-sided tub access.
- 2.2.4.3(10) Patient Rooms will be designed with privacy in mind and will not contain windows for viewing into the Patient Room from the corridor and the labouring woman will not be viewable from the corridor or from the door.
- 2.2.4.3(11) Patient Rooms will be designed to create a calming environment.
- 2.2.4.3(12) All Patient Rooms will have a window to provide access to exterior views, preferably to views of predominantly landscape versus buildings. Patient Rooms will have the ability to control and adjust the amount of natural light that enters the Patient Room, including the ability to block out natural light during the day so mothers and parents can sleep when baby sleeps.
- 2.2.4.3(13) All Patient Rooms will include a hand hygiene sink inside the room and Personal Protective Equipment (PPE) dispensers in the corridor adjacent to each Patient Room entrance. One (1) Patient Room-LDRP will have a ceiling lift extended to its dedicated Ensuite/Tub-

LDRP. One (1) Patient Room-Ante/Post Partum will have a ceiling lift extended to its dedicated Ensuite-Ante/Post.

- 2.2.4.3(14) Patient Room-LDRP-AIR will be provided with negative pressure ventilation to accommodate Patients with airborne infectious diseases. This Patient Room will have a ceiling lift extended to its dedicated Ensuite-AIR and will require an enclosed Anteroom-AIR containing PPE storage and a hand hygiene sink.
- 2.2.4.3(15) Patient Room-LDRP-AIR will be located at the entrance of the Component and have Convenient Access to the Patient Transfer/Staff Service Elevators to limit travel distance and spread of infection. The path of travel to transfer a Patient to a Patient Room-LDRP-AIR will not pass the Public Passenger Elevators area. When not in use for isolation, this Patient Room will be accessible directly from the corridor.
- 2.2.4.3(16) Patient Rooms will have three (3) zones; Staff zone, Patient zone and family zone.
 - 2.2.4.3(16)(a) The Staff zone will include hand hygiene sink, glove box holder and a workstation that does not interfere with Patient care functions. Glove box holder will not be installed within 1000 mm of the hand hygiene sink.
 - 2.2.4.3(16)(b) The Patient zone will have space for a bed, bassinette, equipment, furnishings, Staff and visitors. Each Patient zone will have two (2) modular banks of medical gases, nurse call and emergency electrical outlets. Patient bed areas will have access to Direct Natural Light and views. Some Patient Rooms will be equipped with ceiling lifts. All Ensuites will be designed to enable caregiver support.
 - 2.2.4.3(16)(c) The family zone will be located in a manner that will foster face-to-face dialogue between the Patient and their family members, while the Patient is lying in their bed. The family zone will include seating/sleeping/work area that does not interfere with Patient care activities. There will be ample seating in this zone and it will include a couch that converts to a bed for Patient's partner to encourage family togetherness.
- 2.2.4.3(17) Patient Rooms will have Patient controlled ambient lighting and temperature control. Task Lighting will also be required so Staff may perform tasks and chart while Patients enjoy a darkened environment.

- 2.2.4.3(18) There will be a magnetic whiteboard in the Patient Room for Staff, family and Patient to communicate the goals of care, nurse in charge, doctor in charge and other pertinent information as required.
- 2.2.4.3(19) Patient Rooms will be fully equipped with monitoring equipment for the maternal Patient and the unborn infant that can be programmed to communicate with Care Station. When in use, monitors will be positioned at where they provide maximum viewing in both sitting and standing positions for Staff anywhere in the room.
- 2.2.4.3(20) In Patient Rooms, technology will be hidden away as much as possible when not in use, but easily accessible for urgent access, using Millwork adjacent to the head of bed and infant headwall. Code pink and blue buttons will be located in all Patient Rooms. There will be a dedicated refrigerator in every Patient Room.
- 2.2.4.3(21) Patient Rooms will be sound attenuated to prevent sound transmission. Rooms will be constructed with a high level of sound isolation.
- 2.2.4.3(22) The Maternal/Child-Treatment area will group the Patient Room-LDRP and Patient Room-LDRP-AIR together along with support spaces required for the operations of those rooms.
- 2.2.4.3(23) Patient Room-LDRP and Patient Room-LDRP-AIR will be designed to allow adequate room for the family, adequate room for performing emergency obstetrical procedures (e.g. forceps and adequate rooms for infant resuscitation) and adequate room for neonatal resuscitation designed in such a way to respect privacy of the woman.
- 2.2.4.3(24) The flexible design of Patient Room-LDRP and Patient Room-LDRP-AIR will be capable of supporting all levels of intervention, excluding C-sections. The mother and baby will stay within these rooms without having to transfer rooms.
- 2.2.4.3(25) There will be ample storage in Patient Room-LDRP and Patient Room-LDRP-AIR including room for the infant resuscitation machine, bassinette and delivery care. This essential equipment will be stored in cabinets contained within each Patient Room to limit the movement in and out of the Patient Room for the clinical team. Delivery and nursing supply carts will be stored and concealed inside the Patient Rooms.
- 2.2.4.3(26) Patient Room-Ante/Post Partum and Patient Room-Ante/Post Partum-Shared will also be grouped together with required support

spaces. Two (2) Patient Room-Ante/Post Partum will be located adjacent to Patient Room-NICU.

- 2.2.4.3(27) Meeting Room will be located at Front of House area and have one (1) door access to Restricted Circulation inside the Component as well as one (1) door access to General Circulation outside the Component. This will enable the use of the Meeting Room for group classes to both inpatients and outpatients. Access control will be installed on doors of the Meeting Room.
- 2.2.4.3(28) Headwalls with medical gases and ceiling lift will be required in the Meeting Room for Staff training.
- 2.2.4.3(29) Dictation Room will be located adjacent to Care Station in a quiet area.
- 2.2.4.3(30) Alcove-Equipment will be located adjacent to Patient Rooms.

2.2.4.4 NICU-Treatment

- 2.2.4.4(1) The environmental design of the NICU will meet the clinical requirements of premature and vulnerable babies regarding temperature and air quality, dimmable lighting and acoustical control and sound dampening while emphasizing Person- and Family-Centred Care.
- 2.2.4.4(2) The NICU-Treatment area will be an enclosed and secure locked unit within the Maternal/Child Unit.
- 2.2.4.4(3) There will be access control and monitoring of the NICU-Treatment area entrance from NICU Care Station.
- 2.2.4.4(4) An Alcove-Hand Hygiene Station will be located at the NICU-Treatment area entrance for Staff, families and visitors to wash their hands prior to entering the unit.
- 2.2.4.4(5) Care Station will provide a space for Staff and family interaction. It will be located centrally with Line of Sight to Patient Rooms and NICU-Treatment area entrance.
- 2.2.4.4(6) Care Station will have infrastructure for central monitoring capability and electronic Patient information tracking boards, positioned with Line of Sight for Staff to view from inside their work area but not visible to public and Patients. These boards will serve to communicate Patient's clinical information for workflow management on unit.

- 2.2.4.4(7) Care Station hand hygiene sink will not be placed within the Care Station. It will be located outside the Care Station in an alcove within 6 m distance from it.
- 2.2.4.4(8) The NICU-Treatment area will include five (5) private Patient Room-NICU, one (1) Patient Room-NICU-AIR and one (1) Resuscitation Room.
- 2.2.4.4(9) All Patient Room-NICU and Patient Room-NICU-AIR will include a sleeping area for rooming in parents, and a breastfeeding chair. To maintain flexibility, there will be no built-in Furniture.
- 2.2.4.4(10) Each Patient Room-NICU and Patient Room-NICU-AIR will have glass breakaway doors with integral blinds.
- 2.2.4.4(11) Each Patient Room-NICU will also include a hand hygiene sink inside the room and PPE dispensers in the corridor adjacent to each Patient Room entrance.
- 2.2.4.4(12) Patient Room-NICU-AIR will be provided with negative pressure ventilation to accommodate Patients with airborne infectious diseases. This Patient Room will require an enclosed Anteroom-AIR containing PPE storage and a hand hygiene sink.
- 2.2.4.4(13) Patient Room-NICU-AIR will be located at the entrance of the NICU and have Convenient Access to the Patient Transfer/Staff Service Elevators to limit travel distance and spread of infection. The path of travel to transfer a Patient to a Patient Room-NICU-AIR will not pass the Public Passenger Elevators area. When not in use for isolation, this Patient Room will be accessible directly from the corridor.
- 2.2.4.4(14) Two (2) Patient Room-NICU will have dual headwalls to accommodate twins or two (2) unrelated infants. These Patient Rooms will include a bedside physiological monitor that can be used on two (2) Patients simultaneously, mounted on the wall and positioned at where it provides maximum viewing in both sitting and standing positions for Staff anywhere in the room.
- 2.2.4.4(15) Each Patient Room-NICU will have a dedicated refrigerator.
- 2.2.4.4(16) Circadian lighting will be installed in each Patient Room-NICU and Patient Room-NICU-AIR.
- 2.2.4.4(17) Patient Room-NICU and Patient Room-NICU-AIR will have the ability to control and adjust the amount of natural light that enters the room, including the ability to block out natural light during the day, so mothers and parents can sleep when baby sleeps.

- 2.2.4.4(18) A Washroom/Shower will be located adjacent to Patient Rooms for family use.
 - 2.2.4.4(19) Resuscitation Room will have Close Access to all Patient Room-LDRP, Patient Room-LDRP-AIR, Patient Room-NICU and Patient Room-NICU-AIR to allow for immediate care to the infant.
 - 2.2.4.4(20) Medication Room/Feeding Prep Room in NICU will be used for milk preparation for infants.
 - 2.2.4.4(21) Alcove-Equipment will be secure with a sliding door for storing phlebotomy carts.
- 2.2.4.5 Support
- 2.2.4.5(1) Medication Room will be located centrally with Convenient Access to Care Stations and adjacent to Clean Supply Room. Medication Room doors will have glazing for visibility.
 - 2.2.4.5(2) Servery will be located adjacent to Back of House Circulation.
 - 2.2.4.5(3) Alcove-Equipment for crash cart will be located centrally within the Maternal/Child-Treatment and NICU-Treatment areas.
 - 2.2.4.5(4) Alcove-Hand Hygiene Stations will be evenly distributed between Patient Rooms and located along corridors.
 - 2.2.4.5(5) Alcove-Nourishment, Storage-Equipment and Housekeeping Room will be centrally located with Convenient Access to Patient Rooms to optimize flow and promote best Infection Prevention and Control protocols.
 - 2.2.4.5(6) Clean Supply Room and Utility Room-Soiled will be located adjacent to the entrance of NICU-Treatment area and be shared between Maternal/Child-Treatment and NICU-Treatment areas to minimize travel distance for NICU Staff.
- 2.2.4.6 Staff Support
- 2.2.4.6(1) The Maternal/Child Unit will contain different types of offices including private Office, Office-3 Shared and Office-Multi.
 - 2.2.4.6(2) Office-Multi will be an enclosed room with glass walls located adjacent to Care Station with Convenient Access to Medication Room. This room will be an acoustically private space where nurses, physicians, allied health practitioners and students can privately discuss or document a Patient's condition or personal information. The glass wall will separate Office-Multi from Staff work areas while providing a visual connection between these areas.

- 2.2.4.6(3) On Call Rooms will be private bedrooms with lockable doors to optimize opportunities for rest for physicians and will be provided with the following:
- 2.2.4.6.3.(a).1 One (1) bed;
 - 2.2.4.6.3.(a).2 A light over the bed or a bedside lamp. Lighting will be controlled from the bed;
 - 2.2.4.6.3.(a).3 Telephone in room, voice and data capabilities; connected to hospital dictation system;
 - 2.2.4.6.3.(a).4 Alarm clock backed up by battery;
 - 2.2.4.6.3.(a).5 Touchdown workstation with lamp;
 - 2.2.4.6.3.(a).6 Locally controlled HVAC control for each room;
 - 2.2.4.6.3.(a).7 Black out capability; and
 - 2.2.4.6.3.(a).8 Dead bolt on inside with “available/occupied” indicator from the outside that is connected to the deadbolt.
- 2.2.4.6(4) On Call Rooms will be located away from Care Station and in an area with lower noise and traffic. Two (2) out of four (4) On Call Rooms will be located outside of but adjacent to the Component to allow other BH Staff to use these rooms.
- 2.2.4.6(5) On Call Rooms will not have any dedicated Washrooms therefore Close Access to a Washroom-Staff will be required.
- 2.2.4.6(6) Acoustic separation between On Call Rooms and adjacent spaces will be required.
- 2.2.4.6(7) Lounge-Staff will have access to Direct Natural Light and include a workstation, kitchenette and seating for Staff meals and rest.
- 2.2.4.6(8) Change Room-Staff will be located adjacent to Lounge-Staff and one (1) Washroom-Staff and include a change cubicle, a shower stall and Staff lockers.
- 2.2.4.6(9) One (1) Washroom-Staff will be centralized within the Component and placed with Convenient Access to Staff work areas.

2.2.5 EXTERNAL RELATIONSHIPS

2.2.5.1 The following diagram indicates other Functional Components that have a functional relationship with this Component.



LEGEND

Direct Access by Restricted Circulation

Close Access by Restricted Circulation

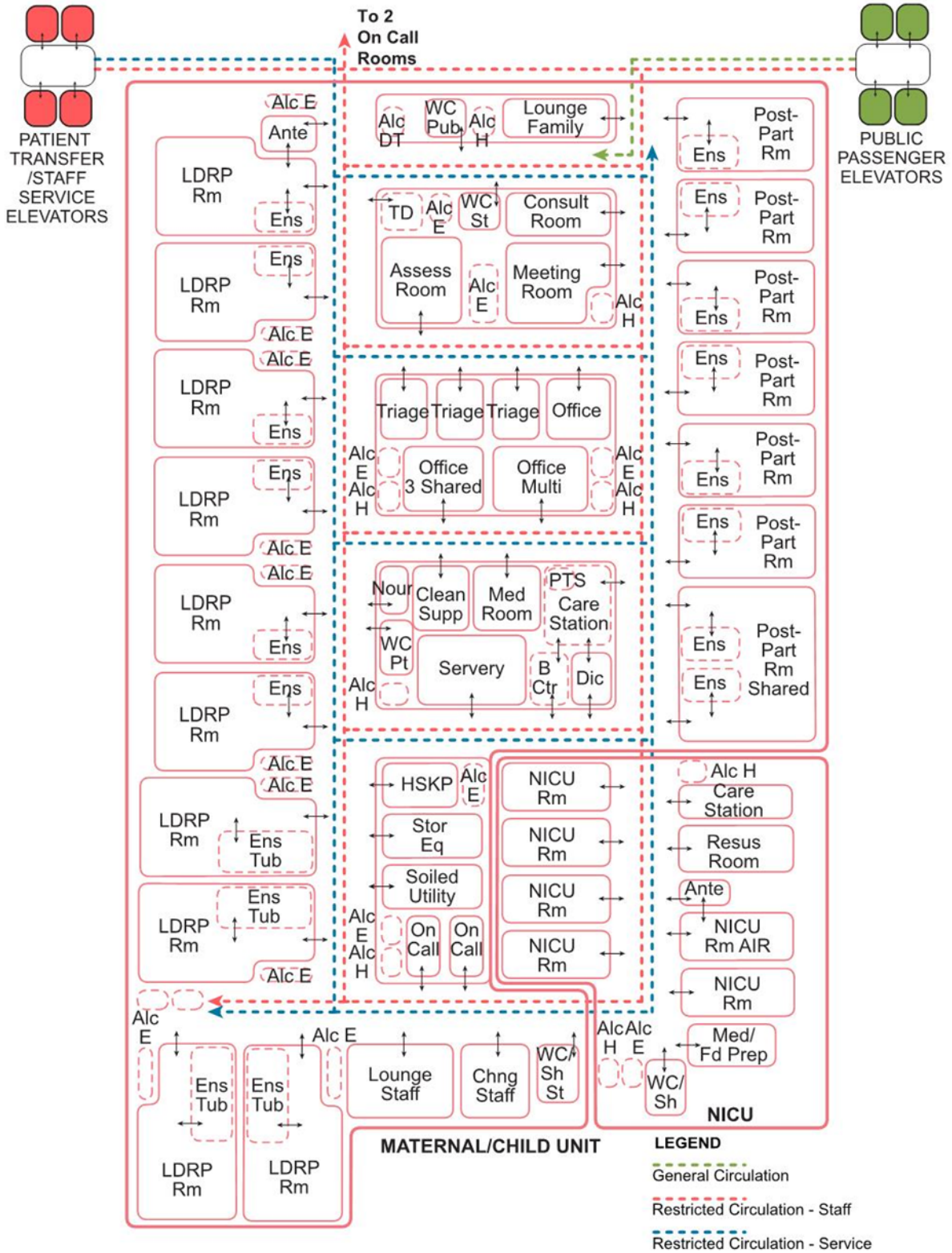
Close Access by General Circulation

Convenient Access by Restricted Circulation

Convenient Access by General Circulation

2.2.6 INTERNAL RELATIONSHIPS

2.2.6.1 The following diagram indicates internal functional relationships within this Component.



2.2.7 SCHEDULE OF ACCOMMODATION

2.2.7.1 The following table lists the number of spaces, Net Areas and space contents as minimum requirements.

Summary of Maternal/Child Unit

B1. MATERNAL/CHILD UNIT	
B1.1 – WAITING	24.6
B1.2 – MATERNAL/CHILD-TREATMENT	722.3
B1.3 – NICU-TREATMENT	145.6
B1.4 – SUPPORT	102.0
B1.5 – STAFF SUPPORT	107.2
MATERNAL/CHILD UNIT PROGRAMMED SPACE NSM:	1,101.7

Ref. No.	Room Type	Area Requirements			DBF/ CM	Remarks
		nsm/unit	units	nsm		
B1. MATERNAL/CHILD UNIT						
B1.1 – WAITING						
B1.1.1	Lounge-Family	10.0	1	10.0	DBF	Incl. nourishment station.
B1.1.2	Alcove-Hand Hygiene Station	1.0	1	1.0	DBF	
B1.1.3	Consult Room	9.0	1	9.0	DBF	Incl. 1 workstation.
B1.1.4	Washroom-Public	4.6	1	4.6	DBF	2-piece, accessible for Persons with Disabilities.
TOTAL NSM: WAITING				24.6		
B1.2 – MATERNAL/CHILD-TREATMENT						
B1.2.1	Care Station	15.0	1	15.0	DBF	Incl. 4 workstations, dual egress.
B1.2.2	Pneumatic Tube Station	0.5	1	0.5	DBF	
B1.2.3	Business Centre	4.0	1	4.0	DBF	
B1.2.4	Triage Bay	7.5	3	22.5	DBF	3-walled bay. Incl. one workstation for three Triage Bays.
B1.2.5	Assessment Room	15.0	1	15.0	DBF	For stress testing, assessment.
B1.2.6	Workstation-Touchdown	2.8	1	2.8	DBF	Assessment Workstation.
B1.2.7	Patient Room-LDRP	32.0	9	288.0	DBF	Incl. adult and baby headwall, 1 WOW/workstation.
B1.2.8	Ensuite/Tub-LDRP	9.0	4	36.0	DBF	4-piece, 3-sided tub access, shower, accessible for Persons with Disabilities.
B1.2.9	Ensuite-LDRP	5.6	5	28.0	DBF	3-piece, shower, accessible for Persons with Disabilities.
B1.2.10	Patient Room-LDRP-AIR	32.0	1	32.0	DBF	Negative pressure Airborne Isolation Room (AIR). Incl. adult and baby headwall, 1 WOW/workstation.
B1.2.11	Ensuite-AIR	5.6	1	5.6	DBF	3-piece, shower, accessible for Persons with Disabilities.
B1.2.12	Anteroom-AIR	7.5	1	7.5	DBF	Incl. PPE storage.
B1.2.13	Patient Room-Ante/Post Partum	21.4	6	128.4	DBF	Incl. adult and baby headwall, 1 WOW/workstation.

Ref. No.	Room Type	Area Requirements			DBF/ CM	Remarks
		nsm/unit	units	nsm		
B1.2.14	Ensuite-Ante/Post	5.6	6	33.6	DBF	3-piece, shower, accessible for Persons with Disabilities.
B1.2.15	Patient Room-Ante/Post Partum-Shared	42.0	1	42.0	DBF	Incl. adult and baby headwalls, 2 WOW/workstations.
B1.2.16	Ensuite-Ante/Post	5.6	2	11.2	DBF	3-piece, shower, accessible for Persons with Disabilities.
B1.2.17	Meeting Room	20.0	1	20.0	DBF	To accommodate 10 people. Incl. 1 workstation, dual egress.
B1.2.18	Dictation Room	5.6	1	5.6	DBF	Incl. 2 dictation workstations.
B1.2.19	Alcove-Equipment	1.5	10	15.0	DBF	For LDRP equipment storage.
B1.2.20	Alcove-Equipment	5.0	1	5.0	DBF	For assessment equipment.
B1.2.21	Washroom-Patient	4.6	1	4.6	DBF	2-piece, accessible for Persons with Disabilities.
TOTAL NSM: MATERNAL/CHILD-TREATMENT				722.3		
B1.3 – NICU-TREATMENT						
B1.3.1	Care Station	12.0	1	12.0	DBF	Incl. 3 workstations, dual egress.
B1.3.2	Patient Room-NICU	16.0	5	80.0	DBF	Incl. 1 WOW/workstation. Dual headwall in two Patient Room-NICU.
B1.3.3	Patient Room-NICU-AIR	16.0	1	16.0	DBF	Negative pressure Airborne Isolation Room (AIR). Incl. 1 WOW/workstation.
B1.3.4	Anteroom-AIR	5.0	1	5.0	DBF	Incl. PPE storage.
B1.3.5	Washroom/Shower	5.6	1	5.6	DBF	3-piece, shower, accessible for Persons with Disabilities.
B1.3.6	Resuscitation Room	13.0	1	13.0	DBF	
B1.3.7	Medication Room/Feeding Prep Room	10.0	1	10.0	DBF	Incl. ADC, workstation.
B1.3.8	Alcove-Equipment	4.0	1	4.0	DBF	Enclosed alcove for phlebotomy cart.
TOTAL NSM: NICU-TREATMENT				145.6		
B1.4 – SUPPORT						
B1.4.1	Medication Room	12.0	1	12.0	DBF	Incl. ADC, workstation.
B1.4.2	Servery	24.0	1	24.0	DBF	On-Unit Food Assembly Room.
B1.4.3	Alcove-Equipment	0.5	1	0.5	DBF	Enclosed alcove for dirty trays.
B1.4.4	Alcove-Equipment	1.0	3	3.0	DBF	Alcove for crash cart.
B1.4.5	Alcove-Equipment	2.0	2	4.0	DBF	One alcove for clean linen, one alcove for blanket warmer.
B1.4.6	Alcove-Hand Hygiene Station	1.0	7	7.0	DBF	To be distributed. One to be shared between Triage Bays, one located at NICU-Treatment area entrance, one located in NICU-Treatment area.
B1.4.7	Alcove-Nourishment	4.0	1	4.0	DBF	Alcove for nourishment station.
B1.4.8	Clean Supply Room	14.0	1	14.0	DBF	To be accessible from NICU and Maternity.
B1.4.9	Utility Room-Soiled	12.0	1	12.0	DBF	Incl. biohazardous containers, waste management containers. To be accessible from NICU and Maternity.
B1.4.10	Storage-Equipment	14.0	1	14.0	DBF	
B1.4.11	Housekeeping Room	7.5	1	7.5	DBF	
TOTAL NSM: SUPPORT				102.0		

Ref. No.	Room Type	Area Requirements			DBF/ CM	Remarks
		nsm/unit	units	nsm		
B1.5 – STAFF SUPPORT						
B1.5.1	Office	9.0	1	9.0	DBF	Private office.
B1.5.2	Office-3 Shared	15.0	1	15.0	DBF	Incl. 3 workstations.
B1.5.3	Office-Multi	18.0	1	18.0	DBF	Incl. 4 touchdown workstations.
B1.5.4	On Call Room	7.0	4	28.0	DBF	Incl. touchdown workstation.
B1.5.5	Lounge-Staff	16.0	1	16.0	DBF	Incl. touchdown workstation, kitchenette.
B1.5.6	Change Room-Staff	11.0	1	11.0	DBF	Incl. 1 change cubicle.
B1.5.7	Washroom-Staff	4.6	1	4.6	DBF	2-piece, accessible for Persons with Disabilities.
B1.5.8	Washroom/Shower-Staff	5.6	1	5.6	DBF	3-piece, shower, accessible for Persons with Disabilities.
TOTAL NSM: STAFF SUPPORT				107.2		
TOTAL NSM: MATERNAL/CHILD UNIT				1,101.7		

C. MEDICAL INPATIENT UNIT

2.3 MEDICAL INPATIENT UNIT

2.3.1 SERVICE OVERVIEW

- 2.3.1.1 The Medical Inpatient Unit Component will provide inpatient care to adults (17 years of age or older) presenting with a variety of acute medical conditions. The majority of Patients will be residents of BH catchment area. This Component will also accept Carbapenemase-producing Organism (CPO) Patients from across the FH region as needed.

2.3.2 FUNCTIONAL DESCRIPTION

2.3.2.1 Scope of Services

2.3.2.1(1) Scope of Clinical Activity

- 2.3.2.1(1)(a) The focus of the Medical Inpatient Units will be treatment of acute episodic illness or acute exacerbation or complications of chronic disease for Patients seventeen (17) years or older.

- 2.3.2.1(1)(b) The following specifies the minimum set of functions that will be accommodated within this Component:

- 2.3.2.1.1.(b).1 An inter-professional team comprised of hospitalists, consultants, specialists, nursing, pharmacists, SW, respiratory therapists and allied health providers providing bedside consultation and continuous inpatient medical care;
- 2.3.2.1.1.(b).2 Assessing, examining, treatment, monitoring and documentation of care for all Patients. Clinical pathways will be used for common medical conditions to guide treatment and expected length of stay;
- 2.3.2.1.1.(b).3 Protecting and restoring functional abilities, symptom management, and providing spiritual care;
- 2.3.2.1.1.(b).4 Facilitating Patient access to diagnostic and treatment services elsewhere in BH and off campus;
- 2.3.2.1.1.(b).5 Providing assistance to Patient's personal needs (feeding and hygiene);
- 2.3.2.1.1.(b).6 Medication reconciliation and administering medication;
- 2.3.2.1.1.(b).7 Maintaining isolation techniques, supporting control of infection;
- 2.3.2.1.1.(b).8 Multidisciplinary team rounds and case conference with a documented plan of care;

- 2.3.2.1.1.(b).9 Providing Patient and family education;
- 2.3.2.1.1.(b).10 Family and visitor support, consultation and counselling;
- 2.3.2.1.1.(b).11 Discharge planning including follow up and continuing care in the community;
- 2.3.2.1.1.(b).12 Providing appropriate design and support to meet the specific needs of the elderly as well as those with dementia; and
- 2.3.2.1.1.(b).13 Ability to care for the bariatric Patient.

2.3.2.1(2) Scope of Educational Activity

2.3.2.1(2)(a) This Component will provide opportunities for the education of numerous individuals e.g. medical Staff, nurses, allied health Staff:

- 2.3.2.1.2.(a).1 Daily safety huddles on the Component;
- 2.3.2.1.2.(a).2 Clinical In-services on the Component;
- 2.3.2.1.2.(a).3 Clinical academic training for Staff, students and residents in Meeting Rooms and designated education space in BH;
- 2.3.2.1.2.(a).4 Formal lectures or continuing education will be accommodated in BH Meeting Rooms. Computer training will be accommodated in the Computer Training Room located in the Hospital Lecture and Education Facilities Component; and
- 2.3.2.1.2.(a).5 Education of Patients and families by the inter-professional team in Patient Rooms.

2.3.2.1(3) Scope of Research Activity

2.3.2.1(3)(a) The Medical Inpatient Units will be expected to be engaged in research activity. The nature and extent of research functions will be accommodated in the general work areas and will not require specialized or dedicated facilities within this Component.

2.3.2.2 Scope Exclusions

2.3.2.2(1) The following list specifies functions that are understood to occur in other Functional Components in BH or outside BH:

- 2.3.2.2(1)(a) Patients requiring specialized care, including:
 - 2.3.2.2.1.(a).1 ICU/higher level of care/Telemetry care;
 - 2.3.2.2.1.(a).2 Maternity/newborn/pediatric care;
 - 2.3.2.2.1.(a).3 Long term care;
 - 2.3.2.2.1.(a).4 Mental health care;
 - 2.3.2.2.1.(a).5 Post-operative surgical care; and

2.3.2.2.1.(a).6 Hemodialysis.

2.3.3 OPERATIONAL CONSIDERATIONS

2.3.3.1 Service Delivery Principles and Methods

2.3.3.1(1) Patient and Family Management Processes and Flows

2.3.3.1(1)(a) Patient Flow

2.3.3.1.1.(a).1 Patients will be admitted to the Medical Inpatient Unit by pre-arrangement through Patient access and community transitions, from the ED, transferred from other units within BH, transferred from other facilities, or from the community (e.g. Internal Medicine). All Patients will be pre-registered through the registration department and will go directly to an inpatient bed on arrival to the Component.

2.3.3.1.1.(a).2 Patients will arrive by stretcher, wheelchair or walking.

2.3.3.1.1.(a).3 Patients will be transported by Central Porter Services when transferred between Components within BH, with a nurse escort if required.

2.3.3.1.1.(a).4 Patients going for treatments or procedures within BH will be transported by Central Porter Services, with a nurse escort if required.

2.3.3.1.1.(a).5 Patients transferred outside BH will be transported by a transfer service (e.g. British Columbia Ambulance Service (BCAS), HandyDART, SNT) with a nurse escort if required.

2.3.3.1(1)(b) Family Flow

2.3.3.1.1.(b).1 Family will arrive to the Medical Inpatient Unit via BH Wayfinding. All Patient Rooms will have a family zone. Families will have access to a lounge to visit with the Patient or meet with Staff members (e.g. SW).

2.3.3.1.1.(b).2 The unit clerk will have Line of Sight from Care Stations to all new visitors arriving to assist with Patient location on arrival to the Component.

2.3.3.1.1.(b).3 Families and visitors will participate in aspects of care and/or education if Patient permits.

2.3.3.1.1.(b).4 Family and visitors will accompany Patients for some testing or procedures.

2.3.3.1(2) Care Provider Work Processes and Flows

- 2.3.3.1(2)(a) All nursing Staff will meet at the start of shift in Care Stations for shift report and Patient assignments.
 - 2.3.3.1(2)(b) Admission assessments will be conducted by nursing on admission to unit.
 - 2.3.3.1(2)(c) Staff assessments, treatments and observation will be in Patient Rooms.
 - 2.3.3.1(2)(d) The most responsible physician and consultants assess Patients within Patient Room and documentation and dictation will occur in Care Stations, Workstation-Touchdown, Alcove-Dictation and WOWs.
 - 2.3.3.1(2)(e) Multidisciplinary rounds and case conferences determining the plan of care with the care team will occur at bedsides, in Care Stations or Office-Multi. Discharge planning will begin on admission.
 - 2.3.3.1(2)(f) Providers will have access to the entirety of the Component.
 - 2.3.3.1(2)(g) Providers will treat Patients primarily within Patient Room and Rehab Room.
 - 2.3.3.1(2)(h) Paper/electronic communication will be performed both at the Care Stations where they can monitor Patients, as well as in the workstations, Workstation-Touchdown and WOWs.
- 2.3.3.1(3) Clinical and Logistical Support Processes and Flows
- 2.3.3.1(3)(a) Pharmacy Services
 - 2.3.3.1.3.(a).1 Automation will be used in the inventory management and dispensing of Patient medications.
 - 2.3.3.1.3.(a).2 Medication orders will be sent to the Pharmacy via order by fax/order entry
 - 2.3.3.1.3.(a).3 ADCs will be restocked by the Pharmacy.
 - 2.3.3.1.3.(a).4 Nurses will access medication for administration from ADCs.
 - 2.3.3.1.3.(a).5 Staff will require that the Medication Rooms will be centralized and easily accessible by Staff, secured by secure electronic access with glazed doors for visibility.
 - 2.3.3.1.3.(a).6 Staff will access medication information via a workstation in the Medication Room.
 - 2.3.3.1.3.(a).7 STAT medications will arrive via PTS.

2.3.3.1(3)(b) Allied Health/Home Health

- 2.3.3.1.3.(b).1 PT, OT, SLP, home care liaisons, and SW will be provided on a referral basis to conduct a wide variety of assessments and treatments to Patients. They will also participate in care plan and discharge planning. This will be performed at the bedside, Rehab Room and Care Stations. Staff will require Workstation-Touchdown or WOWs for documentation.

2.3.3.1(3)(c) Laboratory/Cardiology Services

- 2.3.3.1.3.(c).1 Requisitions and orders will be sent via computer order entry system.
- 2.3.3.1.3.(c).2 Laboratory technologists and assistants will perform laboratory specimen collection on the unit in Patient Rooms.
- 2.3.3.1.3.(c).3 Nurse collected specimens will be transported via pneumatic tube system and porters.
- 2.3.3.1.3.(c).4 Cardiology ordered tests e.g. ECGs will be completed in Patient Rooms.

2.3.3.1(3)(d) Medical Imaging

- 2.3.3.1.3.(d).1 Most medical imaging will be completed in the Medical Imaging Component. Patients will be transferred by Central Porter Services with a nurse escort as required.
- 2.3.3.1.3.(d).2 Occasionally bedside ultrasound or portable chest x-rays will be required and completed in Patient Rooms by medical imaging equipment and medical imaging Staff or physicians.

2.3.3.1(3)(e) Respiratory Therapy

- 2.3.3.1.3.(e).1 Respiratory therapists will perform assessment and/or treatments in Patient Rooms and in the Component e.g. home O2 assessment while ambulating. Staff will require touchdown workstations for documentation.

2.3.3.1(3)(f) Consumable Supplies

- 2.3.3.1.3.(f).1 Consumable supplies will be provided by the IHR Component and maintained using a 2-bin system or a minimum inventory level that will trigger a re-ordering process.
- 2.3.3.1.3.(f).2 Some direct purchase ordering will be done by the Staff.

2.3.3.1(3)(g) Facilities Maintenance and Operations

- 2.3.3.1.3.(g).1 Requisitions for the FMO will be entered in the computer using the FMO order entry module.
 - 2.3.3.1.3.(g).2 On receipt of requisition the FMO will follow up with completion of task on the Medical Inpatient Unit or in the shop.
- 2.3.3.1(3)(h) Housekeeping and Waste Management
- 2.3.3.1.3.(h).1 Regular cleaning of Patient Rooms and other spaces will be provided.
 - 2.3.3.1.3.(h).2 Discharge cleaning when Patient permanently leaves the room will be performed.
 - 2.3.3.1.3.(h).3 A Housekeeping Room will be required per twenty four (24) bed Medical Inpatient Unit.
 - 2.3.3.1.3.(h).4 Waste products will be managed according to a system of segregation at point of origin and sequential consolidation throughout the Component. Waste management begins at the individual Patient contact locations with centralized collection and temporary holding stations.
 - 2.3.3.1.3.(h).5 Segregation of wastes will accommodate the following categories:
 - (h).5.1 General garbage including clean recycling;
 - (h).5.2 Sharps;
 - (h).5.3 Infectious or contaminated wastes;
 - (h).5.4 Pharmaceuticals; and
 - (h).5.5 Confidential paper.
- 2.3.3.1(3)(i) Biomedical Engineering
- 2.3.3.1.3.(i).1 Biomedical engineers will retrieve equipment and perform repairs and/or maintenance either on location or in the BME Component.
- 2.3.3.1(3)(j) Laundry/Linen
- 2.3.3.1.3.(j).1 All clean linen to be used for Patient care will be stored close to point of use. Clean linen is consolidated in the Laundry/Linen Component and then delivered to the Medical Inpatient Unit.
 - 2.3.3.1.3.(j).2 Laundry processing will occur off site. Soiled laundry will be collected at POC and taken to the Laundry/Linen Component for transfer to an off-site facility for processing.
- 2.3.3.1(3)(k) Patient Food Services
- 2.3.3.1.3.(k).1 The Patient Food services will include a Patient focused meal service approach. Patients will be provided with the ability to make selections prior

to service. A spoken menu model will be implemented. This will allow the Patient Food Service Staff to take meal preference orders from Patients on an electronic tablet prior to meal service. This information will then be transmitted wirelessly to the Patient Food Services Component or Servery for fulfillment.

2.3.3.1.3.(k).2 Bulk, chilled food will be delivered to the Medical Inpatient Unit Servery. The Patient Food Service Staff will plate and reheat the meal, assemble the meal tray in the Servery, and deliver it to the Patient.

2.3.3.1.3.(k).3 Once dining is complete, soiled meal trays will be removed by the Patient Food Services Staff and returned to the original cart, which will be transported back to the Patient Food Services Dishwasher room. Here, trays will be removed from carts and items will be sorted (compostable, garbage, recycling, carts and wares). Carts and wares will be washed and stacked for re-use.

2.3.3.1.3.(k).4 The Clinical Nutrition Staff/dietitians will use administrative areas within the Patient Food Services Component and attend Patients at the bedside on a referral or follow up basis.

2.3.3.1(3)(l) Security

2.3.3.1.3.(l).1 Regular "rounding" of security within the Component will be provided.

2.3.3.1.3.(l).2 Response to Code White and other security incidents will be provided.

2.3.3.1(4) Information Management

2.3.3.1(4)(a) All Patient information will be maintained on the EMR and will be accessed through Care Stations, Office-Multi and WOWs throughout the Component.

2.3.3.1(4)(b) It is anticipated that the move from paper based documentation to electronic documentation will occur in the near future.

2.3.3.1(4)(c) Patient information will be available throughout the Component through wireless and/or wired through computer terminals.

- 2.3.3.1(4)(d) Physician orders will be both paper/computer based and will be processed/managed via Staff computer terminals or wireless devices.
- 2.3.3.1(4)(e) Staffing systems/scheduling will be conducted electronically with automated call out systems for short notice leaves (e.g. sick calls).
- 2.3.3.1(4)(f) It is anticipated that electronic technology will be used to manage more aspects of each Patients care. Electronic checking of Patient information (wrist band bar code), for example, will be used to validate the match between Patient and a prescribed treatment, procedure or medication.
- 2.3.3.1(4)(g) The intent will be to enable clinicians and Staff to take advantage of the technologies and resultant optimal care environment with respect to communication, access to electronic health records, documentation, mobility, monitoring, tracking and best practice supported by technology. The space will accommodate the technology devices in medical equipment required to deliver care in the environment including mounting, storage, charging and space requirements of:
- 2.3.3.1.4.(g).1 Integrated Medication carts;
 - 2.3.3.1.4.(g).2 Medication dispense carts;
 - 2.3.3.1.4.(g).3 Mobile and fixed computers;
 - 2.3.3.1.4.(g).4 Mobile and fixed label printers;
 - 2.3.3.1.4.(g).5 Mobile and fixed barcode scanners;
 - 2.3.3.1.4.(g).6 Handheld computer devices;
 - 2.3.3.1.4.(g).7 Glucometers with docking stations;
 - 2.3.3.1.4.(g).8 Tracking monitors;
 - 2.3.3.1.4.(g).9 Clinical dashboards;
 - 2.3.3.1.4.(g).10 Integrated IV pumps;
 - 2.3.3.1.4.(g).11 Device connectivity;
 - 2.3.3.1.4.(g).12 Real time location system;
 - 2.3.3.1.4.(g).13 Wander Guard;
 - 2.3.3.1.4.(g).14 Virtual health; and
 - 2.3.3.1.4.(g).15 Staff personal duress and fixed panic buttons.

2.3.3.1(5) Anticipated Trends in Service Delivery

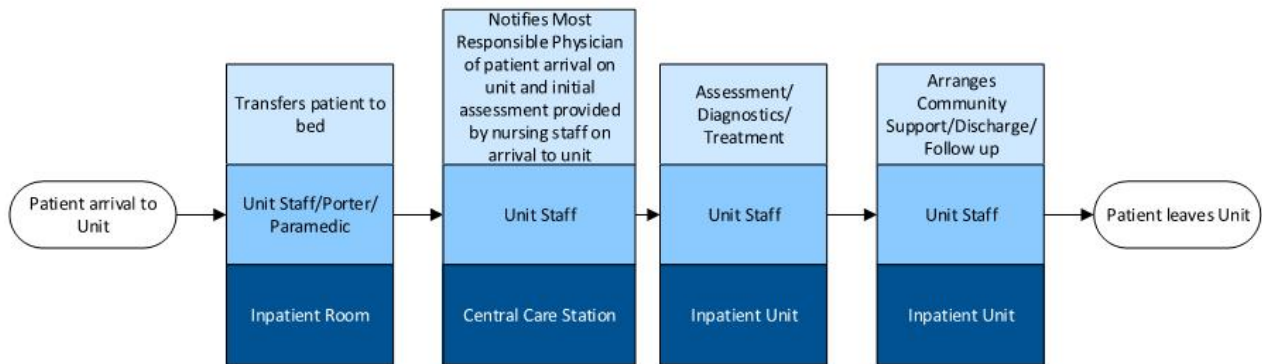
- 2.3.3.1(5)(a) The following lists trends that are expected to affect the nature and or functions accommodated within this Component. Effects of these trends will be reflected in the Component's design:

- 2.3.3.1.5.(a).1 Increased acuity of Patients and increased complexity due to the effects of an aging population. The volume of complex geriatric cases will increase as will the length of stay for geriatric inpatients. Interdisciplinary teams including physicians, specialist nurses and specialized allied Staff, will provide geriatric medicine inpatient services;
- 2.3.3.1.5.(a).2 Technology advancements and integration., increased need for storage of advanced equipment as technology changes;
- 2.3.3.1.5.(a).3 Infection Prevention and Control and isolation remaining a high priority;
- 2.3.3.1.5.(a).4 Number of bariatric Patients will be expected to increase;
- 2.3.3.1.5.(a).5 The trend to adopt evidence-based clinical pathways will continue, with standards becoming available in many more types of cases; and
- 2.3.3.1.5.(a).6 The Patient Food Services will become more responsive to each Patient’s needs.

2.3.3.2 Workflows

2.3.3.2(1) The Medical Inpatient Unit workflows are shown in the following workflow diagram.

Patient Flow



2.3.3.3 Hours of Operation

2.3.3.3(1) The Medical Inpatient Unit will be staffed 24/7.

2.3.3.4 Workloads

2.3.3.4(1) The maximum estimated workload for this Component is shown in the following table.

MEDICAL INPATIENT UNIT	PEAK SHIFT
Manager	1
Patient Care Coordinator	1
Nurses	6
Clinical Nurse Educator	1
Hospitalists	2
Consultants	4
Health Care aide	1
Unit Clerk	1
Pharmacist	1
Rehab Assistant	1
SW	1
Dietitian	1
PT	1
OT	1
SLP	1
Respiratory Therapist	1
Home Health	1
Learners	6
Support service	6
PEAK TOTAL	38

2.3.4 DESIGN CRITERIA

2.3.4.1 General Requirements

2.3.4.1(1) Two Components will be included in this section:

2.3.4.1(1)(a) Medical Inpatient Unit; and

2.3.4.1(1)(b) Medical Inpatient Unit – NT Renovation.

2.3.4.1(2) The Medical Inpatient Unit will have Close Access to Main Entrance Lobby for Patient and visitor access.

2.3.4.1(3) It will also have Close Access to the ED for Patients access and to the ICU/Telemetry for Patients who require higher level of care.

2.3.4.1(4) The Medical Inpatient Unit will have Convenient Access to Perioperative Services, Diagnostic Cardiology, Clinical Support Services, Operational Support, MDRD, existing Medical Imaging, existing Endoscopy and existing Laboratory Components.

2.3.4.1(5) Access control will allow the Components to be locked down during chosen hours of the day. At each Component entrance, there will be

a communication/video intercom system for Staff to communicate with visitors and allow remote entry.

- 2.3.4.1(6) This Component will be serviced with a Patient wandering system to prevent unauthorized egress of Patients and allow for a lock down if required.
- 2.3.4.1(7) Patient Rooms will have three (3) zones; Staff zone, Patient zone and family zone.
 - 2.3.4.1(7)(a) The Staff zone will include hand hygiene sink, glove box holder and a workstation that does not interfere with Patient care functions. Glove box holder will not be installed within 1000 mm of the hand hygiene sink.
 - 2.3.4.1(7)(b) The Patient zone will have space for a bed, equipment, furnishings, Staff and visitors. Each Patient zone will have a modular bank of medical gases, nurse call and emergency electrical outlets. Patient bed areas will have access to Direct Natural Light and views. Patient Rooms will be designed to minimize the risk of falls and will be equipped with ceiling lifts that will transfer Patients directly on to the Ensuite washroom/showers. Ensuite washroom/showers will be designed to enable caregiver support.
 - 2.3.4.1(7)(c) The family zone will be located in a manner that will foster face-to-face dialogue between the Patient and their family members, while the Patient is lying in their bed. The family zone will include seating/sleeping/work area that does not interfere with Patient care activities.
- 2.3.4.1(8) Patient Rooms will have Patient controlled ambient lighting and temperature control. Task Lighting will also be required so Staff may perform tasks and chart while Patients enjoy a darkened environment.
- 2.3.4.1(9) There will be a magnetic whiteboard in the Patient Room for Staff, family and Patient to communicate the goals of care, nurse in charge, doctor in charge and other pertinent information as required.
- 2.3.4.1(10) Patient Room-Bariatric, Patient Room-Bariatric/AIR and Patient Room-NT-Bariatric doors will accommodate the movement of a bariatric bed in and out of the Patient Room. These rooms will be capable of accommodating special equipment such as bariatric beds and stretchers and seating for family members, required by bariatric Patients.

- 2.3.4.1(11) Staff will be able to make visual checks on Patients in Patient Rooms through glazing in the door with integral blind from Restricted Circulation.
- 2.3.4.1(12) The Component will be designed to meet elder friendly environment principles which meet the guideline “Code Plus Physical Design Components for an Elder Friendly Hospital”, latest edition.
- 2.3.4.1(13) Hand hygiene sinks will be strategically located with respect to workflows to facilitate hand hygiene best practice in all clinical areas as per Infection Prevention and Control protocols.
- 2.3.4.1(14) The presence of mobility aids including canes, crutches, walkers, wheelchairs, stretchers and motorized chairs/scooters will be anticipated in all areas where Patient contact will occur. Doorways and circulation spaces will be sufficiently wide to accommodate mobility aids.
- 2.3.4.1(15) All alcoves will have power and data for future flexibility. Alcove-Equipment will be deep enough to accommodate exchange linen carts, supply carts and equipment so that corridors remain clear.
- 2.3.4.1(16) All Offices and workstations will be designed ergonomically with the use of modular furnishings and casework to provide maximum flexibility.
- 2.3.4.1(17) Staff delivering supplies, medications, linens and food will use Patient Transfer/Staff Service Elevators and Back of House Circulation.
- 2.3.4.1(18) Natural light and views will be maximized for Patients and Staff.
- 2.3.4.1(19) The physical environment will facilitate team collaboration.
- 2.3.4.1(20) Outbreak Control Zone
 - 2.3.4.1(20)(a) In case of an airborne infection pandemic or outbreak, one (1) Outbreak Control Zone either containing a twelve (12) bed zone on the Medical Inpatient Unit or both twelve (12) bed zones (all the twenty four (24) bed Medical Inpatient Unit) will have negative pressurization capability to isolate from the surrounding areas. Each twelve (12) bed zone will have a separate entrance.
 - 2.3.4.1(20)(b) If the Outbreak Control Zone consists of a twelve (12) bed zone on the Medical Inpatient Unit, it will include the following:
 - 2.3.4.1.20.(b).1 Twelve (12) Patient Rooms including one (1) Patient Room-AIR, one (1) Patient Room-

- Bariatric and one (1) Patient Room-Bariatric-AIR;
- 2.3.4.1.20.(b).2 Direct Access to support spaces inside the Zone, including one (1) Care Station, one (1) Workstation-Touchdown, one (1) Washroom-Public, one (1) Washroom-Staff, two (2) Alcove- Dictation, one (1) Medication Room, one (1) Storage-Equipment, one (1) Storage-Clean, one (1) Clean Supply Rooms, one (1) Utility Room- Soiled, one (1) Alcove-Nourishment, three (3) Alcove-Hand Hygiene Station and Alcove- Equipment for dirty trays, clean linen and equipment storage/staging as required;
- 2.3.4.1.20.(b).3 It will not have the Medical Inpatient Unit shared support services and Staff support areas located within the Outbreak Control Zone in order to support full operations of the entire Medical Inpatient Unit;
- 2.3.4.1.20.(b).4 The building system will enable the Outbreak Control Zone to be capable of creating negative pressure within, relative to adjacent areas;
- 2.3.4.1.20.(b).5 It will contain space that will be converted into an anteroom (e.g. double set of powered doors) adjacent to each entrance to the Outbreak Control Zone and will be equipped with a hand hygiene sink and space for PPE storage. The anteroom will be large enough to accommodate a stretcher when both sets of doors are closed; and
- 2.3.4.1.20.(b).6 Both sets of power doors will have automatic opening with access control. Access control will be located on the entry side of the first set of doors and on the exit side of the second set of doors far enough away from the doors to allow them to open before a stretcher is present. Under normal operations, the doors may remain open.
- 2.3.4.1(20)(c) If the Outbreak Control Zone consists of both twelve (12) bed zones (all the twenty four (24) bed Medical Inpatient Unit), it will include the following:
- 2.3.4.1.20.(c).1 All spaces in the Medical Inpatient Unit including twenty four (24) Patient Rooms, other treatment areas, shared support services and Staff support areas in order to support full operations of the unit;

- 2.3.4.1.20.(c).2 The building system will enable the Outbreak Control Zone to be capable of creating negative pressure within, relative to adjacent areas;
- 2.3.4.1.20.(c).3 Space that will be converted into an anteroom (e.g. double set of powered doors) adjacent to each entrance to the Outbreak Control Zone and will be equipped with a hand hygiene sink and space for PPE storage. The anteroom will be large enough to accommodate a stretcher when both sets of doors are closed; and
- 2.3.4.1.20.(c).4 Both sets of power doors will have automatic opening with access control. Access control will be located on the entry side of the first set of doors and on the exit side of the second set of doors far enough away from the doors to allow them to open before a stretcher is present. Under normal operations, the doors may remain open.

2.3.4.2 Medical Inpatient Unit

- 2.3.4.2(1) Zones of activity within the Medical Inpatient Unit will include the following:
 - 2.3.4.2(1)(a) Reception;
 - 2.3.4.2(1)(b) Treatment;
 - 2.3.4.2(1)(c) Support; and
 - 2.3.4.2(1)(d) Staff Support.
- 2.3.4.2(2) The Medical Inpatient Unit will have two (2) entrances. Patient/Public entrance will be used for Patients, families and visitors and will have Close Access to Public Passenger Elevators. Staff/Support entrance will be used for Staff, supply delivery and waste removal and will have Close Access to Patient Transfer/Staff Service Elevators.
- 2.3.4.2(3) This Component will have twenty-four (24) Patient Rooms and the design will allow all twenty-four (24) Patient Rooms to function as one unit.
- 2.3.4.2(4) Within the twenty four (24) bed unit, Patient Rooms will be divided into two (2) twelve (12) bed zones arranged in rows along the exterior wall of the Unit with all frequently used support rooms including Care Stations, Medication Rooms, Utility Room-Soiled,

Clean Supply Room and Storage rooms easily accessible by the Staff.

- 2.3.4.2(5) Interdisciplinary team interactions will be enhanced with team space centralized on the unit. Adjacency between Care Stations, Workstation-Touchdown, Reception, Business Centre and Office-Multi will allow all key members of the interdisciplinary care team to work collaboratively.
- 2.3.4.2(6) The Medical Inpatient Unit layout will be as compact as possible to minimize Staff travel distance and maximize nurse-Patient Line of Sight by locating frequently utilized Staff work areas and support spaces close to the Patient Rooms.
- 2.3.4.2(7) The Medical Inpatient Unit will be designed as a race track to encourage Patient mobility within the Unit and to ensure that there are no dead ends where Patients or Staff will be trapped.
- 2.3.4.2(8) Cross-Corridor connections at regular intervals will be provided for Staff to access each twelve (12) bed zone.
- 2.3.4.2(9) Reception
 - 2.3.4.2(9)(a) Reception will be located immediately adjacent to the Care Station with Line of Sight to Patient/Public entrance of the Component and will have Convenient Access to Public Passenger Elevators.
 - 2.3.4.2(9)(b) Reception will be visible to Patients entering the Unit and will create a first impression of welcome, comfort and healing.
 - 2.3.4.2(9)(c) It will also have Direct Access to Care Stations and an enclosed Business Centre and include a PTS.
 - 2.3.4.2(9)(d) Washroom-Public will be distributed within the Component. One (1) Washroom-Public will have Convenient Access to Patient/Public entrance.
- 2.3.4.2(10) Treatment
 - 2.3.4.2(10)(a) Care Stations will be centrally located and maximize visibility between Staff and Patients Rooms and Patient/Public entrance.
 - 2.3.4.2(10)(b) Care Stations will provide a space for team collaboration.
 - 2.3.4.2(10)(c) Each Care Station will have infrastructure for central monitoring capability and electronic Patient information

tracking boards, positioned with Line of Sight for Staff to view from inside their work area but not visible to public and Patients. These boards will serve to communicate Patient's clinical information for workflow management on unit.

- 2.3.4.2(10)(d) Hand hygiene sink will not be placed within the Care Station. It will be located outside Care Station in an alcove within 6 m distance from it.
- 2.3.4.2(10)(e) Workstation-Touchdown will be enclosed workstations with glass walls located adjacent to Care Stations. The glass wall will provide a visual connection between these areas.
- 2.3.4.2(10)(f) The Medical Inpatient Unit will include eighteen (18) Patient Rooms, two (2) Patient Room-AIR, two (2) Patient Room-Bariatric and two (2) Patient Room-Bariatric/AIR. All Patient Rooms will have fully accessible, inboard Ensuite washroom/showers with dual sided access to the toilet for Staff to assist the Patient.
- 2.3.4.2(10)(g) All Patient Rooms will have a window to provide access to exterior views, preferably to views of predominantly landscape versus buildings.
- 2.3.4.2(10)(h) All Patient Rooms will include a hand hygiene sink and ceiling lift inside the room and PPE dispensers in the corridor adjacent to each Patient Room entrance.
- 2.3.4.2(10)(i) Patient Room-Bariatric and Patient Room-Bariatric/AIR door will accommodate the movement of a bariatric stretcher in and out of the Patient Room. These Patient Rooms will be capable of accommodating special equipment such as bariatric beds and stretchers and seating for family members, required by bariatric Patients.
- 2.3.4.2(10)(j) Patient Room-AIR and Patient Room-Bariatric/AIR will be provided with negative pressure ventilation to accommodate Patients with airborne infectious diseases. Each Patient Room-AIR and Patient Room-Bariatric/AIR will require an enclosed Anteroom-AIR containing PPE storage and a hand hygiene sink.
- 2.3.4.2(10)(k) Patient Room-AIR and Patient Room-Bariatric/AIR will have Convenient Access to the Patient Transfer/Staff Service Elevators. The path of travel to transfer a Patient

to a Patient Room-AIR and Patient Room-Bariatric/AIR will not pass the Public Passenger Elevators area. When not in use for isolation, these Patient Rooms will be accessible directly from the corridor.

- 2.3.4.2(10)(l) Rehab Room will be located to Front of House area in the Component for use by Allied Health and will have a dedicated Storage-Equipment to store frequently used rehabilitation equipment. In the event of a pandemic or outbreak scenario, the Rehab Room may be repurposed for use as part of the Outbreak Control Zone (e.g. Outbreak Control Zone anteroom) as determined in consultation with the Authority as per Schedule 2 (User Consultation and Design Review).
- 2.3.4.2(10)(m) A Lounge-Patient with maximized Borrowed Light and Line of Sight from Staff areas will be provided for Patients and families. In the event of a pandemic or outbreak scenario, the Lounge-Patient may be repurposed for use in pandemic or outbreak operations (e.g. it will be included in the Outbreak Control Zone) as determined in consultation with the Authority as per Schedule 2 (User Consultation and Design Review).
- 2.3.4.2(10)(n) Meeting Room will be located at Front of House area and have Convenient Access to the Medical Inpatient Unit Patient/Public entrance. In the event of a pandemic or outbreak scenario, the Meeting Room may be repurposed for use in pandemic or outbreak operations (e.g. it will be included in the Outbreak Control Zone) as determined in consultation with the Authority as per Schedule 2 (User Consultation and Design Review).
- 2.3.4.2(10)(o) Alcove-Dictation will be located in a quiet area.
- 2.3.4.2(11) Support
 - 2.3.4.2(11)(a) Two (2) Medication Rooms with dual egress. Medication Room doors will have glazing for visibility.
 - 2.3.4.2(11)(b) Servery will be centrally located and adjacent to Back of House Circulation. The Servery will continue to provide Patient Food Services to all Patients in this Component even in a pandemic or outbreak scenario.
 - 2.3.4.2(11)(c) Alcove-Hand Hygiene Stations will be evenly distributed between Patient Rooms and located along corridors.

2.3.4.2(11)(d) Alcove-Nourishment, Clean Supply Room, Storage-Clean and Utility Room-Soiled will be distributed within the Component to service each Treatment zone.

2.3.4.2(11)(e) Storage-Soiled will have Close Access to Patient Transfer/Staff Service Elevators and Storage-Equipment will be located centrally with Convenient Access to Patient Rooms to optimize flow and promote best Infection Prevention and Control protocols.

2.3.4.2(11)(f) Housekeeping Room will be located at the Back of House area in the Unit.

2.3.4.2(12) Staff Support

2.3.4.2(12)(a) The Medical Inpatient Unit will contain different types of offices including private Office, Office-2 Shared and Office-Multi.

2.3.4.2(12)(b) Office-Multi will be an enclosed room with glass walls located adjacent to Care Stations. This room will be an acoustically private space where nurses, physicians, allied health practitioners and students can privately discuss or document a Patient's condition or personal information. The glass wall will separate Office-Multi from Staff work areas while providing a connection between these areas.

2.3.4.2(12)(c) Lounge-Staff will maximize access to Natural Light and include a workstation, kitchenette and seating for Staff meals and rest.

2.3.4.2(12)(d) Change Room-Staff will be located adjacent to Lounge-Staff and Washroom/Shower-Staff and include change cubicles and Staff lockers.

2.3.4.2(12)(e) Washroom-Staff will be distributed within the Component and placed with Convenient Access to Staff work areas.

2.3.4.3 Medical Inpatient Unit – NT Renovation

2.3.4.3(1) Zones of activity within the Medical Inpatient Unit – NT Renovation will include the following:

2.3.4.3(1)(a) Medical Inpatient Unit – NT 1C

2.3.4.3.1.(a).1 Treatment; and

2.3.4.3.1.(a).2 Support.

2.3.4.3(1)(b) Medical Inpatient Unit – NT 1D

- 2.3.4.3.1.(b).1 Treatment;
 - 2.3.4.3.1.(b).2 Support; and
 - 2.3.4.3.1.(b).3 Staff Support.
- 2.3.4.3(2) This Component is located at Level 1 of NT and will include modifications and renovations to existing rooms to meet design requirements in this section.
- 2.3.4.3(3) Medical Inpatient Unit – NT 1C
- 2.3.4.3(3)(a) Medical Inpatient Unit – NT 1C will contain different types of Patient Rooms including private Patient Room-NT, Patient Room-NT-Bariatric and Patient Room-NT-Shared. All Patient Rooms will have Ensuite washroom/showers.
 - 2.3.4.3(3)(b) The renovation work in this sub-Component will also include a Lounge-Patient and a Workstation in Treatment zone, Rehab Room, Alcove-Equipment for clean linen, blanket warmer and crash carts, Utility Room-Soiled, Storage-Clean and Storage-Equipment in Support Zone.
- 2.3.4.3(4) Medical Inpatient Unit – NT 1D
- 2.3.4.3(4)(a) Medical Inpatient Unit – NT 1D will contain different types of Patient Rooms including private Patient Room-NT, Patient Room-NT-Bariatric and Patient Room-NT-Shared. All Patient Rooms will have Ensuite washroom/showers.
 - 2.3.4.3(4)(b) The renovation work in this sub-Component will also include Clean Supply Room and Utility Room-Soiled in Support zone, and Lounge-Staff in Staff Support zone.
 - 2.3.4.3(4)(c) Lounge-Staff will include a workstation, kitchenette and seating for Staff meals and rest.

2.3.5 EXTERNAL RELATIONSHIPS

2.3.5.1 The following diagram indicates other Functional Components that have a functional relationship with this Component.



LEGEND

Close Access by Restricted Circulation

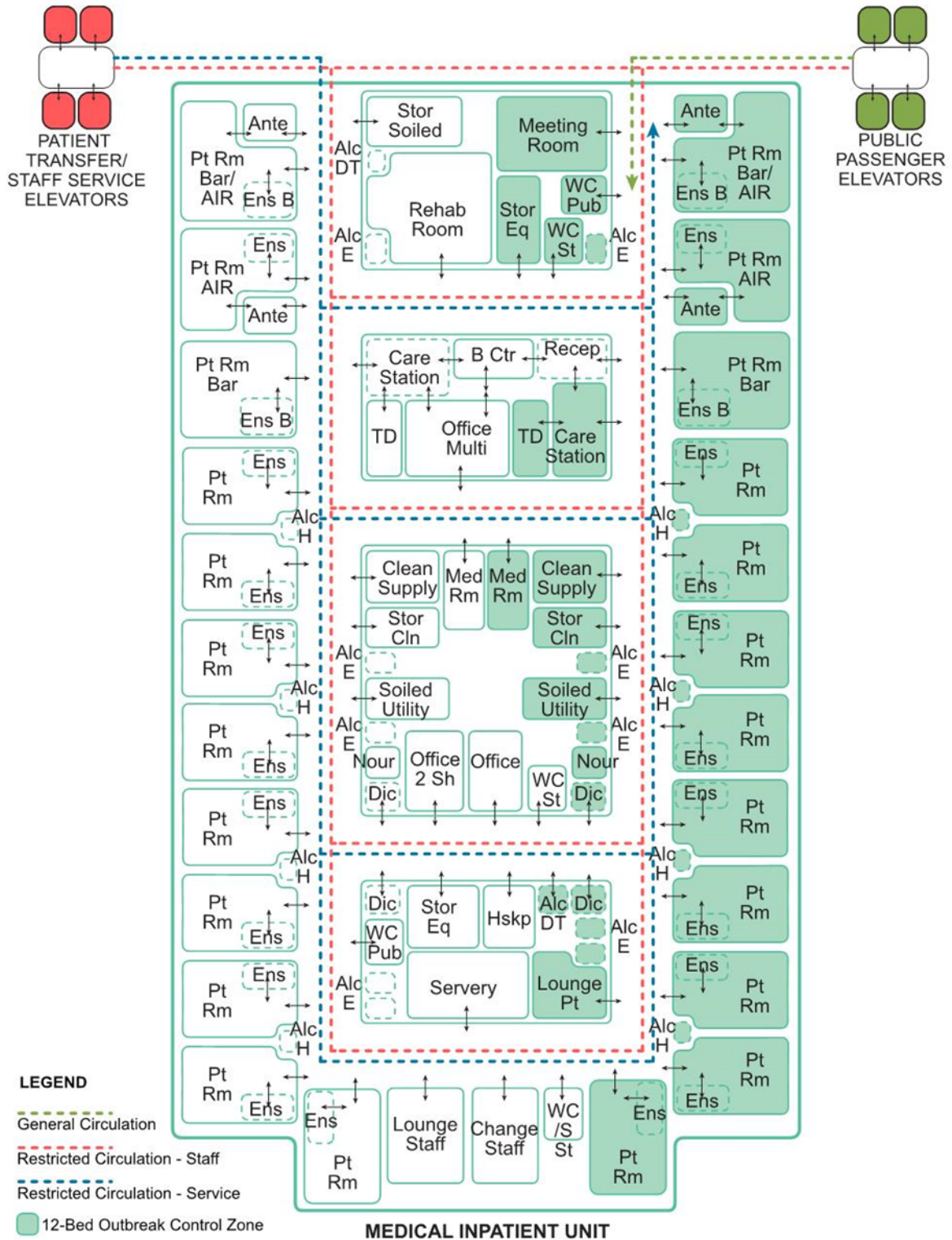
Close Access by General Circulation

Convenient Access by Restricted Circulation

Convenient Access by General Circulation

2.3.6 INTERNAL RELATIONSHIPS

2.3.6.1 The following diagram indicates internal functional relationships within this Component.



2.3.7 SCHEDULE OF ACCOMMODATION

2.3.7.1 The following table lists the number of spaces, Net Areas and space contents as minimum requirements in Phase 1.

Summary of Medical Inpatient Unit

C1. MEDICAL INPATIENT UNIT	
C1.1 - RECEPTION	20.3
C1.2 - TREATMENT	791.6
C1.3 - SUPPORT	167.5
C1.4 - STAFF SUPPORT	92.8
MEDICAL INPATIENT UNIT PROGRAMMED SPACE NSM:	1,072.2

Ref. No.	Room Type	Area Requirements			DBF /CM	Remarks
		nsm/unit	units	nsm		
C1. MEDICAL INPATIENT UNIT						
C1.1 - RECEPTION						
C1.1.1	Reception	4.6	1	4.6	DBF	Incl. 1 workstation.
C1.1.2	Pneumatic Tube Station	0.5	1	0.5	DBF	
C1.1.3	Business Centre	6.0	1	6.0	DBF	
C1.1.4	Washroom-Public	4.6	2	9.2	DBF	2-piece, accessible for Persons with Disabilities.
TOTAL NSM: RECEPTION				20.3		
C1.2 - TREATMENT						
C1.2.1	Care Station	12.0	2	24.0	DBF	Incl. 3 workstations, dual egress.
C1.2.2	Workstation-Touchdown	5.6	2	11.2	DBF	Incl. touchdown workstation.
C1.2.3	Patient Room	20.5	18	369.0	DBF	Incl. 1 WOW/workstation.
C1.2.4	Ensuite	5.6	18	100.8	DBF	3-piece, shower, accessible for Persons with Disabilities.
C1.2.5	Patient Room-Bariatric	28.0	2	56.0	DBF	Incl. 1 WOW/workstation, bariatric.
C1.2.6	Ensuite-Bariatric	6.6	2	13.2	DBF	3-piece, shower, bariatric, accessible for Persons with Disabilities.
C1.2.7	Patient Room-Bariatric/AIR	28.0	2	56.0	DBF	Negative pressure Airborne Isolation Room (AIR). Incl. 1 WOW/workstation, bariatric.
C1.2.8	Ensuite-Bariatric/AIR	7.0	2	14.0	DBF	3-piece, shower, bariatric, accessible for Persons with Disabilities.
C1.2.9	Anteroom-AIR	5.0	2	10.0	DBF	Incl. PPE storage.
C1.2.10	Patient Room- AIR	20.5	2	41.0	DBF	Negative pressure Airborne Isolation Room (AIR). Incl. 1 WOW/workstation.
C1.2.11	Ensuite-AIR	5.6	2	11.2	DBF	3-piece, shower, accessible for Persons with Disabilities.
C1.2.12	Anteroom-AIR	5.0	2	10.0	DBF	Incl. PPE storage.
C1.2.13	Rehab Room	30.0	1	30.0	DBF	Incl. 1 workstation.

Ref. No.	Room Type	Area Requirements			DBF /CM	Remarks
		nsm/unit	units	nsm		
C1.2.14	Lounge-Patient	14.0	1	14.0	DBF	Incl. seating for 8 people, nourishment station.
C1.2.15	Meeting Room	20.0	1	20.0	DBF	To accommodate 10 people. Incl. 1 workstation.
C1.2.16	Alcove-Dictation	2.8	4	11.2	DBF	Alcove for WOW/workstation.
TOTAL NSM: TREATMENT				791.6		
C1.3 - SUPPORT						
C1.3.1	Medication Room	8.0	2	16.0	DBF	Incl. ADC, workstation.
C1.3.2	Servery	24.0	1	24.0	DBF	On-Unit Food Assembly Room.
C1.3.3	Alcove-Equipment	0.5	2	1.0	DBF	Enclosed storage for dirty trays.
C1.3.4	Alcove-Equipment	2.0	8	16.0	DBF	2 alcoves for clean linen, 6 alcoves for portable/wheeled equipment.
C1.3.5	Alcove-Equipment	2.0	2	4.0	DBF	1 alcove for blanket warmer, 1 alcove for WOW charging station.
C1.3.6	Alcove-Hand Hygiene Station	1.0	6	6.0	DBF	To be distributed.
C1.3.7	Alcove-Nourishment	2.5	2	5.0	DBF	Alcove for nourishment station.
C1.3.8	Storage-Equipment	10.0	1	10.0	DBF	For PT/OT equipment.
C1.3.9	Storage-Equipment	12.0	1	12.0	DBF	For equipment storage.
C1.3.10	Storage-Clean	6.0	2	12.0	DBF	For clean equipment storage, to be distributed.
C1.3.11	Storage-Soiled	10.0	1	10.0	DBF	
C1.3.12	Clean Supply Room	12.0	2	24.0	DBF	
C1.3.13	Utility Room-Soiled	10.0	2	20.0	DBF	Incl. biohazardous containers, waste management containers, to be distributed.
C1.3.14	Housekeeping Room	7.5	1	7.5	DBF	
TOTAL NSM: SUPPORT				167.5		
C1.4 - STAFF SUPPORT						
C1.4.1	Office	9.0	1	9.0	DBF	Private office.
C1.4.2	Office-2 Shared	12.0	1	12.0	DBF	Incl. 2 workstations.
C1.4.3	Office-Multi	26.0	1	26.0	DBF	Incl. 8 workstations.
C1.4.4	Lounge-Staff	18.0	1	18.0	DBF	Incl. 1 touchdown workstation, kitchenette.
C1.4.5	Change Room-Staff	13.0	1	13.0	DBF	Incl. 2 change cubicles.
C1.4.6	Washroom/Shower-Staff	5.6	1	5.6	DBF	3-piece, shower, accessible for Persons with Disabilities.
C1.4.7	Washroom-Staff	4.6	2	9.2	DBF	2-piece, accessible for Persons with Disabilities.
TOTAL NSM: STAFF SUPPORT				92.8		
TOTAL NSM: MEDICAL INPATIENT UNIT				1,072.2		

2.3.7.2 The following table lists the number of spaces, Net Areas and space contents as minimum requirements in the NT Renovation.

Summary of Medical Inpatient Unit - NT Renovation

M1. MEDICAL INPATIENT UNIT – NT 1C	
M1.1 - TREATMENT	245.2
M1.2 - SUPPORT	66.0
M2. MEDICAL INPATIENT UNIT – NT 1D	
M2.1 - TREATMENT	215.9
M2.2 - SUPPORT	18.0
M2.3 - STAFF SUPPORT	18.0
MEDICAL INPATIENT UNIT – NT RENOVATION PROGRAMMED SPACE NSM:	563.1

Ref. No.	Room Type	Area Requirements			DBF/ CM	Remarks
		nsm/unit	units	nsm		
M1. MEDICAL INPATIENT UNIT – NT 1C						
M1.1 - TREATMENT						
M1.1.1	Patient Room-NT	20.5	1	20.5	CM	Existing Room: 157, private room. Private room, incl. 1 WOW/workstation.
M1.1.2	Patient Room-NT	20.5	1	20.5	CM	Existing Room: 158, private room. Private room, incl. 1 WOW/workstation.
M1.1.3	Patient Room-NT	20.5	1	20.5	CM	Existing Room: 159, private room. Private room, incl. 1 WOW/workstation.
M1.1.4	Patient Room-NT-Bariatric	28.0	1	28.0	CM	Existing Room: 160, private room. Bariatric private room, incl 1 WOW/workstation, bariatric.
M1.1.5	Patient Room-NT-Shared	33.5	1	33.5	CM	Existing Room: 161, double room. Shared room, incl 1 WOW/workstation.
M1.1.6	Patient Room-NT-Shared	33.5	1	33.5	CM	Existing Room: 162, double room. Shared room, incl. 1 WOW/workstation.
M1.1.7	Patient Room-NT-Shared	32.6	1	32.6	CM	Existing Room: 163, double room. Shared room, incl. 1 WOW/workstation.
M1.1.8	Patient Room-NT-Shared	34.0	1	34.0	CM	Existing Room: 164, double room. Shared room, incl. 1 WOW/workstation.
M1.1.9	Lounge-Patient	17.5	1	17.5	CM	Existing Room: 112. Incl. seating for 10 people, nourishment station.
M1.1.10	Workstation	4.6	1	4.6	CM	Existing Room: 115. Incl. 1 touchdown workstation.
TOTAL NSM: TREATMENT				245.2		
M1.2 - SUPPORT						
M1.2.1	Alcove-Equipment	4.0	1	4.0	CM	Existing Room: 116. Alcove for clean linen and blanket warmer.
M1.2.2	Alcove-Equipment	2.0	1	2.0	CM	Existing Room: 177. Alcove for crash cart.

Ref. No.	Room Type	Area Requirements			DBF/ CM	Remarks
		nsm/unit	units	nsm		
M1.2.3	Rehab Room	30.0	1	30.0	CM	Existing Room: 109, 109A & 110. Incl. 1 workstation and a 10 nsm PT/OT equipment storage.
M1.2.4	Storage-Equipment	10.0	1	10.0	CM	Existing Room: 165.
M1.2.5	Storage-Clean	6.0	2	12.0	CM	New room added in existing room 108.
M1.2.6	Utility Room-Soiled	8.0	1	8.0	CM	Existing Room: 108. Incl. biohazardous containers, waste management containers.
TOTAL NSM: SUPPORT				66.0		
TOTAL NSM: MEDICAL INPATIENT UNIT – NT 1C				311.2		

M2. MEDICAL INPATIENT UNIT – NT 1D						
M2.1 - TREATMENT						
M2.1.1	Patient Room-NT	20.5	1	20.5	CM	Existing Room: 180, private room. Private room, incl. 1 WOW/workstation.
M2.1.2	Patient Room-NT	20.5	1	20.5	CM	Existing Room: 186, private room. Private room, incl. 1 WOW/workstation.
M2.1.3	Patient Room-NT	20.5	1	20.5	CM	Existing Room: 187, private room. Private room, incl. 1 WOW/workstation.
M2.1.4	Patient Room-NT-Bariatric	28.0	1	28.0	CM	Existing Room: 181, private room. Bariatric private room, incl. 1 WOW/workstation, bariatric.
M2.1.5	Patient Room-NT-Shared	29.7	1	29.7	CM	Existing Room: 182, double room. Shared room, incl. 1 WOW/workstation.
M2.1.6	Patient Room-NT-Shared	33.7	1	33.7	CM	Existing Room: 183, double room. Shared room, incl. 1 WOW/workstation.
M2.1.7	Patient Room-NT-Shared	33.6	1	33.6	CM	Existing Room: 184, double room. Shared room, incl. 1 WOW/workstation.
M2.1.8	Patient Room-NT-Shared	29.4	1	29.4	CM	Existing Room: 185, double room. Shared room, incl. 1 WOW/workstation.
TOTAL NSM: TREATMENT				215.9		
M2.2 - SUPPORT						
M2.2.1	Clean Supply Room	10.0	1	10.0	CM	Existing Room: 142.
M2.2.2	Utility Room-Soiled	8.0	1	8.0	CM	Existing Room: 144. Incl. biohazardous containers, waste management containers.
TOTAL NSM: SUPPORT				18.0		
M2.3 - STAFF SUPPORT						
M1.2.11	Lounge-Staff	18.0	1	18.0	CM	Existing Room: 138. Incl. 1 touchdown workstation, kitchenette.
TOTAL NSM: STAFF SUPPORT				18.0		
TOTAL NSM: MEDICAL INPATIENT UNIT – NT 1D				251.9		

Ref. No.	Room Type	Area Requirements			DBF/ CM	Remarks
		nsm/unit	units	nsm		
TOTAL NSM: MEDICAL INPATIENT UNIT – NT 1C & 1D RENOVATION				563.1		

D. INPATIENT PSYCHIATRY UNIT

2.4 INPATIENT PSYCHIATRY UNIT

2.4.1 SERVICE OVERVIEW

- 2.4.1.1 The Burnaby Mental Health and Substance Use (MHSU) service is part of a regional program that will provide an integrated continuum of acute and community services across FH. The goals of the program will include:
- 2.4.1.1(1) Person-centered services that will be sensitive to family and cultural diversity;
 - 2.4.1.1(2) Focus on quality and safety;
 - 2.4.1.1(3) Trauma informed care;
 - 2.4.1.1(4) Recovery oriented care;
 - 2.4.1.1(5) Integration of hospital, primary, specialist and community services;
 - 2.4.1.1(6) Integration of mental health and substance use services;
 - 2.4.1.1(7) Collaboration in working relationships; and
 - 2.4.1.1(8) Seamless care.
- 2.4.1.2 The Inpatient Psychiatry Unit Component will provide acute treatment and therapy for Patients who will not be candidates for outpatient or community-based care. A multi-disciplinary team will deliver a plan of care to support Patient transition to community-based services and/or support.
- 2.4.1.3 The Inpatient Psychiatry Unit Component will primarily serve adult Patients, nineteen (19) years of age and older, diagnosed with mental health and/or substance use conditions. However, the Inpatient Psychiatry Unit Component will admit some youth between fifteen (15) and eighteen (18) years of age. Patients will come primarily from Burnaby and the neighbouring communities of New Westminister or Vancouver. The majority of Patients will be admitted through the ED with most admitted involuntarily under the Mental Health Act.
- 2.4.1.4 The Inpatient Psychiatry Unit Component will include the thirty (30) bed Inpatient Psychiatry Unit and the Short Stay Assessment and Treatment (SSAT) Unit.
- 2.4.1.5 The SSAT Unit will provide short-term inpatient care (average length of stay of 3 days) and individual psychotherapy for Patients in crisis, at risk, or in severe distress. Patients will be assigned to an interdisciplinary team that will do initial assessments, establish treatment goals and discharge plans. Psychiatrists will be available as needed for consultation and follow-up.

2.4.2 FUNCTIONAL DESCRIPTION

2.4.2.1 Scope of Services

2.4.2.1(1) Scope of Clinical Activity

2.4.2.1(1)(a) The following specifies the minimum set of functions that will be accommodated within this Component:

- 2.4.2.1.1.(a).1 An inter-professional team comprised of psychiatrists, hospitalists, nurses, pharmacists, and allied health providers providing continuous inpatient psychiatric care. They will perform assessments, provide and document care on the units as required.
- 2.4.2.1.1.(a).2 Patients will be assessed at admission and a care plan will be developed with therapeutic goals. This plan will be reviewed and developed throughout the Patient stay.
- 2.4.2.1.1.(a).3 Most Patient consultations and interviews will take place in Consult Rooms in the Component.
- 2.4.2.1.1.(a).4 Patient physical exams will take place in Exam Room.
- 2.4.2.1.1.(a).5 Patients will be followed by a holistic model of assessing and monitoring each Patient's condition from a physical, functional and psychiatric perspective.
- 2.4.2.1.1.(a).6 Secure Room will be used only as assessed necessary for Patient in accordance with the Least Restraint Policy and Trauma Informed Care.
- 2.4.2.1.1.(a).7 Diagnosing, stabilizing and treating the acutely ill who suffer from mental disorders and preparing them to transition to a community setting.
- 2.4.2.1.1.(a).8 Consulting and therapy sessions for Patients and family members by the interdisciplinary health care team. It is desirable for all Patient consultations and interviews to take place outside of the Patient Room.
- 2.4.2.1.1.(a).9 Bariatric Patients will be accommodated in the Patient Room-MH-Bariatric.
- 2.4.2.1.1.(a).10 Medication administration and reconciliation.
- 2.4.2.1.1.(a).11 Providing group therapy.
- 2.4.2.1.1.(a).12 Facilitating access to diagnostic and Electroconvulsive Therapy (ECT) treatment located elsewhere in BH.
- 2.4.2.1.1.(a).13 Providing nutrition.
- 2.4.2.1.1.(a).14 Discharge planning.

2.4.2.1(2) Scope of Educational Activity

2.4.2.1(2)(a) Staff and physician training, in-services, huddles, and Patient and family education by the inter-professional team will be accommodated within this Component. Formal lectures or continuing education will be accommodated in BH Meeting Rooms. Computer training will be accommodated in the Computer Training Room located in the Hospital Lecture and Education Facilities Component.

2.4.2.1(3) Scope of Research Activity

2.4.2.1(3)(a) The Inpatient Psychiatry Unit Component is expected to be engaged in research activity. The nature and extent of research functions will be accommodated in the general work areas and will not require specialized or dedicated facilities within this Component.

2.4.2.2 Scope Exclusions

2.4.2.2(1) The following list specifies functions that are understood to occur in other Functional Components in BH or outside BH:

2.4.2.2(1)(a) Dementia care will not take place in this Component. This will be accommodated in the Medical Inpatient Unit with consultation services provided by Inpatient Psychiatry Unit Staff as required;

2.4.2.2(1)(b) BH will not have a high acuity psychiatric unit. This Patient population will be transferred to Surrey Memorial Hospital, Royal Columbian Hospital or Abbotsford Regional;

2.4.2.2(1)(c) Patient population will be nineteen (19) years and older, with exception made for Patients fifteen (15) years old and over with consultation. Pediatrics will be accommodated at another facility; and

2.4.2.2(1)(d) ECT will not be supported in the Component. It will remain in the Perioperative Services or existing Ambulatory Care Clinic in the NT.

2.4.3 OPERATIONAL CONSIDERATIONS

2.4.3.1 Service Delivery Principles and Methods

2.4.3.1(1) Patient and Family Management Processes and Flows

2.4.3.1(1)(a) Patient Flow

- 2.4.3.1.1.(a).1 Patients will be admitted to the Inpatient Psychiatry Unit Component primarily from the ED Component. They will also be admitted through pre-arrangement, through Patient access and community transitions (in collaboration with Inpatient Psychiatry Unit Staff), transferred from other units within BH, from other facilities, from the community or the SSAT Unit.
- 2.4.3.1.1.(a).2 All Patients will be pre-registered through the registration department and will go directly to a Patient Room-MH in the Inpatient Psychiatry Unit Treatment Area or to a Treatment Bay in the SSAT Unit on arrival to the Component.
- 2.4.3.1.1.(a).3 Patients will arrive by stretcher, wheelchair or walking.
- 2.4.3.1.1.(a).4 Patients will be transferred via the Central Porter Services and accompanied by security, nurse, or both if required.
- 2.4.3.1.1.(a).5 Patients going for treatments or procedures within BH will be transferred by the Central Porter Service, with a nurse and/or security escort if required.
- 2.4.3.1.1.(a).6 Patients will have unescorted access to a secure, designated Outdoor Patio Area-MH if Direct Access on same floor level of Component is provided. The Inpatient Psychiatry Unit Staff will have the ability to monitor this space (e.g. viewable from Care Station-MH, CCTV camera). Patient access to this space will be limited if deemed unsafe.
- 2.4.3.1.1.(a).7 Patients transferred outside BH will be transferred by a transfer service (e.g. BCAS) with a nurse escort if required.
- 2.4.3.1.1.(a).8 Patients will have access to different spaces in the Inpatient Psychiatry Unit including Group Therapy Room-Large, Exercise Room, Multi-Sensory Room, Dining/Lounge-Patient, and Lounge-Patient. Patient access to these spaces will be limited if deemed unsafe.
- 2.4.3.1(1)(b) Family Flow
- 2.4.3.1.1.(b).1 Family members will be welcome on the Inpatient Psychiatry Unit and SSAT Unit according to the Fraser Health Family Visitors policy. Families will enter through the Vestibule and Waiting Area-Inside and will visit with the

Patient in any public space (e.g. Patient Room, Treatment Bay, Dining/Lounge-Patient). Family will not be able to access Staff-only areas.

2.4.3.1.1.(b).2 Access to the Inpatient Psychiatry Unit and SSAT Unit will be secure. Staff will grant family access to the Component to ensure Patient safety is maintained and prevent elopement.

2.4.3.1(2) Care Provider Work Processes and Flows

2.4.3.1(2)(a) Inpatient Psychiatry Unit

2.4.3.1.2.(a).1 All nursing Staff and physicians will meet at the start of shift in Care Station-MH for shift report and Patient assignments.

2.4.3.1.2.(a).2 Providers will have access to the entirety of the Component.

2.4.3.1.2.(a).3 Providers will primarily utilize Consult Rooms, Exam Room or Group Therapy Room-Large for Patient care.

2.4.3.1.2.(a).4 Patient Rooms will occasionally be used for treatment. The goal is to minimize treatment within Patient Rooms, as these will be considered Patient's private space during their stay in the Component.

2.4.3.1.2.(a).5 Paper/electronic communication will be performed both at Care Station-MH and using WOWs. Staff will be able to view and monitor Patients from the Care Station-MH.

2.4.3.1.2.(a).6 Nursing Staff will accompany Patients for treatments off unit.

2.4.3.1.2.(a).7 Staff and physicians will access a centrally located Medication Room.

2.4.3.1.2.(a).8 Staff and physicians will access two (2) centrally located Office-Multi for documentation and administrative functions.

2.4.3.1(2)(b) SSAT Unit

2.4.3.1.2.(b).1 All nursing Staff and physicians will meet at the start of shift in Care Station-SSAT for shift report and Patient assignments.

2.4.3.1.2.(b).2 Providers will have access to the entirety of the Component.

2.4.3.1.2.(b).3 Patient care will be provided within Treatment Bays or Consult Room.

2.4.3.1.2.(b).4 Paper/electronic communication will be performed both at Care Station-SSAT and using

- WOWs. Staff will be able to view and monitor Patients from the Care Station-SSAT.
- 2.4.3.1.2.(b).5 Nursing Staff will accompany Patients for treatments off unit.
- 2.4.3.1.2.(b).6 Staff and physicians will access a centrally located Alcove-Medication.
- 2.4.3.1(3) Clinical and Logistical Support Processes and Flows
- 2.4.3.1(3)(a) Pharmacy Services
- 2.4.3.1.3.(a).1 Automation will be used in the inventory management and dispensing of Patient medications.
- 2.4.3.1.3.(a).2 Medication orders will be sent to the Pharmacy via order by fax/order entry.
- 2.4.3.1.3.(a).3 ADCs will be restocked by the Pharmacy.
- 2.4.3.1.3.(a).4 Nurses will access medication for administration from ADCs.
- 2.4.3.1.3.(a).5 The Medication Room in the Inpatient Psychiatry Unit will be centralized and easily accessible by Staff, secured by secure electronic access with glazed doors for visibility.
- 2.4.3.1.3.(a).6 The Alcove-Medication in the SSAT Unit will be centralized and easily accessible by Staff.
- 2.4.3.1.3.(a).7 Medication Room and Alcove-Medication will contain a computer for medication review and education.
- 2.4.3.1.3.(a).8 STAT medications will arrive via PTS.
- 2.4.3.1(3)(b) Allied Health
- 2.4.3.1.3.(b).1 Allied Health services will be provided on a referral basis. Providers will conduct a wide variety of assessments and treatments with Patients in the Consult Rooms. Occasionally, Allied Health services will be provided in Patient Rooms and Treatment Bays.
- 2.4.3.1(3)(c) Laboratory/Cardiology Services
- 2.4.3.1.3.(c).1 Requisitions and orders will be sent via computer order entry system.
- 2.4.3.1.3.(c).2 Laboratory technologists and assistants will perform laboratory specimen collection in Patient Rooms on the Inpatient Psychiatry Unit and Treatment Bays on the SSAT Unit.
- 2.4.3.1.3.(c).3 Nurse collected specimen will be transported via PTS and Central Porter Services.

- 2.4.3.1.3.(c).4 Cardiology ordered tests (e.g. ECGs) will be completed in the Exam Room on the Inpatient Psychiatry Unit and Treatment Bays on the SSAT Unit, if possible.
- 2.4.3.1(3)(d) Medical Imaging
- 2.4.3.1.3.(d).1 Most medical imaging will be completed in the Medical Imaging Component. Patients will be transferred by Central Porter Services with a nurse escort.
- 2.4.3.1(3)(e) Consumable Supplies
- 2.4.3.1.3.(e).1 Consumable supplies will be provided by the IHR Component and maintained using a 2-bin system or a minimum inventory level that will trigger a re-ordering process.
- 2.4.3.1.3.(e).2 Some direct purchase ordering will be done by the Component Staff.
- 2.4.3.1(3)(f) Housekeeping and Waste Management
- 2.4.3.1.3.(f).1 Regular cleaning of Patient Rooms, Treatment Bays and other spaces will be provided.
- 2.4.3.1.3.(f).2 Discharge cleaning will be performed on Patient discharge.
- 2.4.3.1.3.(f).3 Housekeeping Room will be required for the Inpatient Psychiatry Unit and the SSAT Unit.
- 2.4.3.1.3.(f).4 Waste products will be managed according to a system of segregation at point of origin and sequential consolidation throughout the Component.
- 2.4.3.1.3.(f).5 Segregation of wastes will accommodate the following categories:
- (f).5.1 General garbage including clean recycling;
 - (f).5.2 Sharps;
 - (f).5.3 Infectious or contaminated wastes;
 - (f).5.4 Pharmaceuticals; and
 - (f).5.5 Confidential paper.
- 2.4.3.1(3)(g) Biomedical Engineering
- 2.4.3.1.3.(g).1 Biomedical engineers will retrieve equipment and perform repairs and/or maintenance on location or in the BME Component.
- 2.4.3.1(3)(h) Laundry/Linen
- 2.4.3.1.3.(h).1 All clean linen used for Patient care will be stored close to point of use. Clean linen will be consolidated in the Laundry/Linen Component,

- and then delivered to the Inpatient Psychiatry Unit and the SSAT Unit.
- 2.4.3.1.3.(h).2 Laundry processing will occur offsite. Soiled laundry will be collected at POC and taken to the Laundry/Linen Component for transfer to an offsite facility for processing.
- 2.4.3.1(3)(i) Patient Food Services
- 2.4.3.1.3.(i).1 The Patient Food services will include a Patient focused meal service approach. Patients will be provided with the ability to make selections prior to service. A spoken menu model will be implemented. This will allow Patient Food Services Staff to take meal preference orders from Patients on an electronic tablet prior to meal service; this information will be then transmitted wirelessly to the Patient Food Services Component or Servery for fulfillment.
- 2.4.3.1.3.(i).2 Bulk, chilled food will be delivered to the unit Servery. Patient Food Services Staff will plate and reheat the meal, assemble the meal tray in the Servery, and deliver it to the Patient in the Dining/Lounge-Patient and/or the Patient will pick up tray and bring it to the Dining/Lounge-Patient.
- 2.4.3.1.3.(i).3 Once dining is complete, soiled meal trays will be removed by the Patient Food Services Staff and returned to the original cart, which will then be transported back to the Patient Food Services Dishwashing area. Here, trays will be removed from carts and items will be sorted (compostable, garbage, recycling, carts and wares). Carts and wares will be washed and stacked for re-use.
- 2.4.3.1.3.(i).4 Clinical Nutrition Staff will use administrative areas within the Patient Food Services and attend Patients in the Component on a referral or follow up basis.
- 2.4.3.1(3)(j) Security
- 2.4.3.1.3.(j).1 Regular “rounding” of security within the Component will be provided.
- 2.4.3.1.3.(j).2 Response to Code White and other security incidents will be provided.
- 2.4.3.1.3.(j).3 Access to the Inpatient Psychiatry Unit and the SSAT Unit will be secured at all times. Authorized Staff will have access 24/7.

- 2.4.3.1.3.(j).4 Staff will grant access to authorized visitors using a 2-way communication/video intercom system located outside the entrance to the Component. Staff at Care Station-MH and Care Station-SSAT will be able to view who is requesting access and authorize entry.

2.4.3.1(4) Information Management

- 2.4.3.1(4)(a) All Patient information will be maintained on the EMR.
- 2.4.3.1(4)(b) It is anticipated that the move from paper based documentation to electronic documentation will be occurring in the near future and will be accessed through Care Station-MH and Care Station-SSAT computer terminals.
- 2.4.3.1(4)(c) Patient information will be available throughout the unit through wireless and/or wired through computer terminals, Care Station-MH and Care Station-SSAT.
- 2.4.3.1(4)(d) Physician orders will be both paper/computer based and will be processed/managed via Staff computer terminals or wireless devices.
- 2.4.3.1(4)(e) Staffing systems/scheduling will be conducted electronically with automated call out systems for short notice leaves (e.g. sick calls).
- 2.4.3.1(4)(f) It is anticipated that electronic technology will be used to manage more aspects of each Patient's care. Electronic checking of Patient information (wristband bar code), for example, will be used to validate the match between Patient and a prescribed treatment, procedure or medication.
- 2.4.3.1(4)(g) The intent will be to enable clinicians and Staff to take advantage of the technologies and resultant optimal care environment with respect to communication, access to electronic health records, documentation, mobility, monitoring, tracking and best practice supported by technology. The space will accommodate the technology devices in medical equipment required to deliver care in the environment including mounting, storage, charging and space requirements of:
- 2.4.3.1.4.(g).1 Integrated Medication carts;
 - 2.4.3.1.4.(g).2 Medication dispense carts;
 - 2.4.3.1.4.(g).3 Mobile and fixed label printers;

- 2.4.3.1.4.(g).4 Mobile and fixed barcode scanners;
- 2.4.3.1.4.(g).5 Handheld computer devices;
- 2.4.3.1.4.(g).6 Glucometers with docking stations;
- 2.4.3.1.4.(g).7 Tracking monitors;
- 2.4.3.1.4.(g).8 Clinical dashboards;
- 2.4.3.1.4.(g).9 Device connectivity;
- 2.4.3.1.4.(g).10 Virtual health; and
- 2.4.3.1.4.(g).11 Staff personal duress and fixed panic buttons.

2.4.3.1(5) Anticipated Trends in Service Delivery

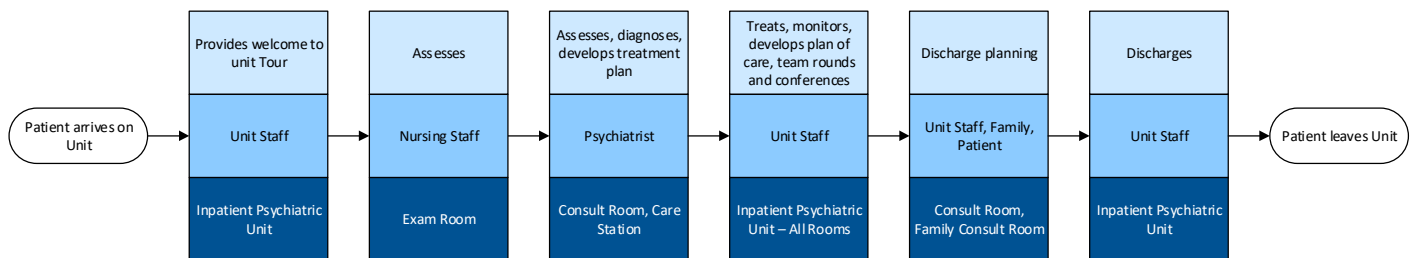
2.4.3.1(5)(a) The following lists trends that are expected to affect the nature and or functions accommodated within this Component. Effects of these trends will be reflected in the Component’s design:

- 2.4.3.1.5.(a).1 Increasing numbers of Patients with addictions and mental disorders (concurrent disorders);
- 2.4.3.1.5.(a).2 Increasing Patient acuity and complexity and related behavioural challenges;
- 2.4.3.1.5.(a).3 Increasing numbers of bariatric Patients admitted to BH;
- 2.4.3.1.5.(a).4 Increasing recognition of the benefits of Trauma Informed Care;
- 2.4.3.1.5.(a).5 Increasing recognition of the benefits of recovery oriented care; and
- 2.4.3.1.5.(a).6 Increasing volume of complex older adult Patients and requirements to provide elder friendly care. Older adults requiring specialized MHSU care will be transferred to another facility.

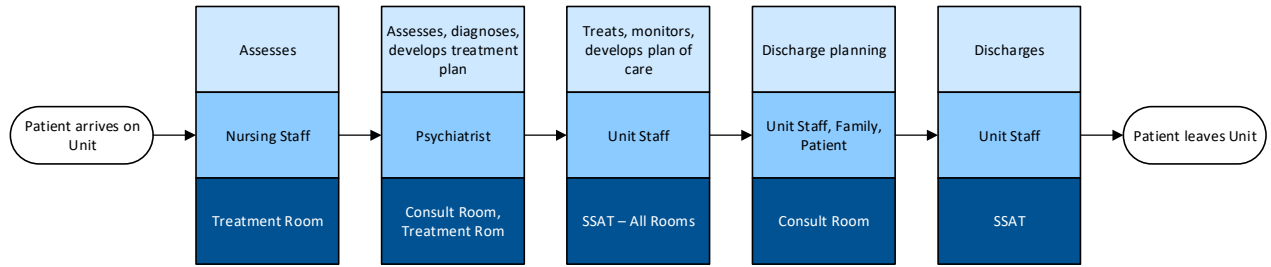
2.4.3.2 Workflows

2.4.3.2(1) The Inpatient Psychiatry Unit Component workflows are shown in the following workflow diagrams.

Inpatient Psychiatry Unit Patient Flow



SSAT Unit Patient Flow



2.4.3.3 Hours of Operation

2.4.3.3(1) The Inpatient Psychiatry Unit Component will be staffed 24/7.

2.4.3.4 Workloads

2.4.3.4(1) The maximum estimated workload for this Component is shown in the following table.

INPATIENT PSYCHIATRY UNIT AND SSAT UNIT	PEAK SHIFT
Manager	1
Psychiatrist	7
Consultants	2
Patient Care Coordinator	2
Unit Clerk	2
Nurses	9
Health Care Workers	2
Occupational Therapists	1
Social Worker	3
Pharmacist	1
Activity Worker	1
Students and Learners	15
PEAK TOTAL	46

2.4.4 DESIGN CRITERIA

2.4.4.1 General Requirements

2.4.4.1(1) Zones of activity within the Inpatient Psychiatry Unit Component will include the following:

- 2.4.4.1(1)(a) Waiting;
- 2.4.4.1(1)(b) Treatment;
- 2.4.4.1(1)(c) Support;

- 2.4.4.1(1)(d) Staff Support;
 - 2.4.4.1(1)(e) SSAT Unit; and
 - 2.4.4.1(1)(f) Inpatient Psychiatry Outdoor.
- 2.4.4.1(2) The Inpatient Psychiatry Unit Component will have Close Access to Main Entrance Lobby for Patient and visitor access.
- 2.4.4.1(3) Two (2) separate entrances to the Inpatient Psychiatry Unit will be required:
- 2.4.4.1(3)(a) One (1) entrance for Patient/Public with a Vestibule; and
 - 2.4.4.1(3)(b) One (1) entrance for Staff/Support.
- 2.4.4.1(4) It will also have Close Access to the ED for pick up and drop off of Patients and items and to the Perioperative Services for Patients who require ECT treatments.
- 2.4.4.1(5) The Inpatient Psychiatry Unit Component will have Convenient Access to the Clinical Support Services, Operational Support, existing Medical Imaging and existing Laboratory Components.
- 2.4.4.1(6) Patient and Staff safety will be a guiding principle and priority in space planning for mental health facilities. It will be essential that the Component design, maintenance, and built environment is based on mitigating all potential risks and reducing harm to Patients, Staff and visitors (e.g. use of anti-barricade and anti-ligature doors and fixtures).
- 2.4.4.1(7) The Inpatient Psychiatry Unit will be a secure locked Unit providing a safe and secure environment with its own Outdoor Patio Area-MH. The Unit will promote situational awareness and visibility. Design of the Unit will minimize blind corners.
- 2.4.4.1(8) The Component will be designed to meet elder friendly environment principles which meet the guideline “Code Plus Physical Design Components for an Elder Friendly Hospital”, latest edition.
- 2.4.4.1(9) The Treatment area in this Component will have thirty (30) Patient Rooms arranged into two (2) zones in rows along the exterior wall of the Unit. Each fifteen (15) bed zone of Patient Rooms will have Direct Access to the Component Waiting zone and entrance to the Component.
- 2.4.4.1(10) The SSAT Unit with five (5) Treatment Bays will be located at the front of this Component with direct adjacency to the Inpatient Psychiatry Unit.

- 2.4.4.1(11) The design of the Component will allow the thirty (30) Patient Rooms to function as one unit. Patient Rooms will be arranged with all frequently used support rooms including Care Station-MH, Medication Room, Utility Room-Soiled and Clean Supply Room easily accessible by the Staff.
- 2.4.4.1(12) The SSAT Unit will share some support services with the thirty (30) bed Inpatient Psychiatry Unit including Storage-Patients' Property Utility Room-Soiled, Servery and Housekeeping Room.
- 2.4.4.1(13) Patients in the Inpatient Psychiatry Unit Component will desire varying degrees of socialization/isolation depending upon the status of their mental health. While Patient Rooms and Treatment Bays will function as areas of personal refuge; dining, activity and group rooms will provide opportunities for socialization.
- 2.4.4.1(14) The socialization space in the Inpatient Psychiatry Unit will include access to rooms such as Lounge-Patient, Dining/Lounge-Patient and Exercise Room. Staff work areas will have Line of Sight to these rooms.
- 2.4.4.1(15) The treatment space in the Inpatient Psychiatry Unit will include access to rooms such as Consult Rooms, Exam Room and Assessment Room-OT used for family and Patient consultation and for Patient assessment and treatment. Staff work areas will have Line of Sight to these rooms.
- 2.4.4.1(16) The treatment space in the SSAT Unit will include a Consult Room and five (5) Treatment Bays. Staff work areas will have Line of Sight to these rooms.
- 2.4.4.1(17) The therapy space in the Inpatient Psychiatry Unit will include access to shared rooms such as Group Therapy Room-Large, Exercise Room and Multi-Sensory Room used for therapy, Patient and family education, interaction with the learners, among other functions. Staff work areas will have Line of Sight to these rooms.
- 2.4.4.1(18) The Inpatient Psychiatry Unit layout will be as compact as possible to minimize Staff travel distance and maximize nurse-Patient Line of Sight by locating frequently utilized Staff work areas and support spaces close to the Patient Rooms.
- 2.4.4.1(19) Staff delivering supplies, medications, linens and food will use Patient Transfer/Staff Service Elevators and Back of House Circulation.
- 2.4.4.1(20) The Inpatient Psychiatry Unit and the SSAT Unit will be designed as a race track to ensure that there are no dead ends where Patients

or Staff will be trapped, nor blind spots or Alcoves where Patients or Staff will not be visible either by Line of Sight or by video surveillance.

- 2.4.4.1(21) Cross-Corridor connections at regular intervals will be provided for Staff to access each fifteen (15) bed zone.
- 2.4.4.1(22) Interdisciplinary team interactions will be enhanced with team space centralized on the unit. Adjacency between Care Station-MH and Office-Multi will allow all key members of the interdisciplinary care team to work collaboratively.
- 2.4.4.1(23) Hand hygiene sinks will be strategically located with respect to workflows to facilitate hand hygiene best practice in all clinical areas as per Infection Prevention and Control protocols.
- 2.4.4.1(24) The presence of mobility aids including canes, crutches, walkers, wheelchairs, stretchers and motorized chairs/scooters will be anticipated in all areas where Patient contact will occur.
- 2.4.4.1(25) Natural light and views will be maximized for Patients and Staff.
- 2.4.4.1(26) The physical environment will facilitate team collaboration.

2.4.4.2 Waiting

- 2.4.4.2(1) The Patient/Public entrance to the Inpatient Psychiatry Unit will have a secure Vestibule with double sets of powered doors and two (2) Waiting Areas. Staff at Care Station-MH will control access to the Unit through a communication/video intercom system.
- 2.4.4.2(2) The Vestibule and Waiting Areas will be designed to convey welcome, normalization, comfort and hope. The Vestibule will be equipped with a hand hygiene station. The vestibule will be large enough to accommodate a stretcher when both sets of doors are closed.
- 2.4.4.2(3) Waiting Area-Outside will function as a space where families and visitors will wait for entry onto the Unit. It will be located outside the Component with Direct Access to the Vestibule with secure electronic access for entry to the Unit. This area will include lockers for personal items, so that families and visitors may leave their belongings prior to entering the Unit.
- 2.4.4.2(4) Waiting Area-Inside will be located Inside the Component with Direct Access from the Vestibule. It will provide space for Staff to have a conversation with families and visitors prior to entering the Unit.

- 2.4.4.2(5) The Vestibule will have Line of Sight from Care Station-MH which will be achieved with use of communication/video intercom system as determined in consultation with the Authority as per Schedule 2 (User Consultation and Design Review).
- 2.4.4.2(6) Washroom-Public will be distributed within the Component. One (1) Washroom-Public will be located outside the Unit adjacent to Waiting Area-Outside.
- 2.4.4.3 Treatment
- 2.4.4.3(1) Care Station-MH will be centrally located with Line of Sight to the Unit public entrance and will create a first impression of welcome, comfort and healing.
- 2.4.4.3(2) Care Station-MH will provide a space for Staff and Patient interaction and will be fully enclosed with secure, Tamper Resistant glass walls and transaction windows.
- 2.4.4.3(3) Visibility between Patients and Staff at Care Station-MH will be maximized either by Line of Sight or by video surveillance.
- 2.4.4.3(4) Each Care Station-MH will have infrastructure for central monitoring capability and electronic Patient information tracking boards, positioned with Line of Sight for Staff to view from inside their work area but not visible to public and Patients. These boards will serve to communicate Patient's clinical information for workflow management on unit.
- 2.4.4.3(5) One (1) Care Station-MH will include a Pneumatic Tube Station.
- 2.4.4.3(6) One (1) Care Station-MH will include a small Business Centre.
- 2.4.4.3(7) The Inpatient Psychiatry Unit will include twenty eight (28) Patient Room-MH and two (2) Patient Room-MH-Bariatric. All Patient Rooms will have fully accessible, nested (alternating inboard and outboard) Ensuite washroom/showers with dual sided access to the toilet for Staff to assist the Patient. Patient Rooms will be non-clinical in nature and designed to enhance Patient physical safety without compromising Staff safety.
- 2.4.4.3(8) Patient Room-MH-Bariatric door will accommodate the movement of a bariatric stretcher in and out of the Patient Room. This room will be capable of accommodating special equipment such as bariatric beds and stretchers and seating for family members, required by bariatric Patients.
- 2.4.4.3(9) This room will also have a ceiling mounted recessed single track ceiling lift with lockable motor mechanism. The ceiling lift will be a

monorail type positioned over the Patient bed and will extend from Patient Room-MH-Bariatric into Ensuite-MH-Bariatric for dual Patient assist over the toilet. Patient lift will be centred over the Patient bed and toilet. When not in use, Patient lift motor will be stored in an enclosed lockable unit within Patient Bedroom. Location of the unit will be determined during the design process in consultation with the Authority as per Schedule 2 (User Consultation and Design Review).

- 2.4.4.3(10) Staff will be able to make visual checks on Patients in Patient Rooms through glazing in the door with integral blind from Restricted Circulation.
- 2.4.4.3(11) Patient Rooms will have Ligature Resistant design features and Ensuite washroom/showers will be Ligature Resistant and Anti-Barricade. A water shut off control for each Ensuite washroom/shower will be located at the Care Station-MH.
- 2.4.4.3(12) Each Patient Room will include a Patient space with area for a bed, furnishings and visitors. Patient bed area will have access to Direct Natural Light and views. Ensuite washroom/showers will be designed to enable caregiver support.
- 2.4.4.3(13) The Inpatient Psychiatry Unit will include two (2) Secure Rooms. Secure Rooms will be located adjacent to each other with Convenient Access to Patient Transfer/Staff Service Elevators and away from Public Passenger Elevators. Line of Sight from Care Station-MH to the Secure Rooms will be provided. Secure Rooms will have access to Direct Natural Light.
- 2.4.4.3(14) The path of travel to transfer a Patient to a Secure Room will be discreet for the Patient; it will not pass Waiting Areas, Patient Rooms, Dining/Lounge-Patient, Group Therapy Room-Large, Exercise Room, Multi-Sensory Room and Lounge-Patient and will not be located adjacent to these areas.
- 2.4.4.3(15) Secure Rooms will share an Anteroom-Secure Room. The Anteroom-Secure Room will allow multiple Staff enter with a crash cart, stretcher and equipment and will include hand hygiene sink. Access from Restricted Circulation to Anteroom-Secure Room and from Anteroom-Secure Room to Secure Rooms will be straight with no turns.
- 2.4.4.3(16) Secure Rooms will also have access to a Washroom/Shower-Secure Room with Direct Access from Anteroom-Secure Room.

- 2.4.4.3(17) The Inpatient Psychiatry Unit will include two (2) Consult Room-Large and four (4) Consult Rooms. Staff will be able to use these rooms as dictation rooms.
 - 2.4.4.3(18) Consult Room-Large will be located at Unit public entrance with Convenient Access to Waiting Area-Inside and Line of Sight from Care Station-MH. These rooms will have dual egress and will be used for family consultation.
 - 2.4.4.3(19) Consult Rooms will be distributed within the Inpatient Psychiatry Unit and located adjacent to Exam Room and Assessment Room-OT. These rooms will have dual egress and will be used for Patient consultation.
 - 2.4.4.3(20) Assessment Room-OT will function as Activities of Daily Living (ADL) kitchen and bathroom for home assessment, demonstration, education, training and rehabilitation.
 - 2.4.4.3(21) Exercise Room and Multi-Sensory Room will maximize Borrowed Light.
 - 2.4.4.3(22) Meeting Room will be located adjacent to the Inpatient Psychiatry Unit entry with secure Direct Access from inside the Unit and Waiting Area-Outside.
 - 2.4.4.3(23) Dining/Lounge-Patient will be an open area with Line of Sight from Care Station-MH which may also be achieved using CCTV. It will be located adjacent to Servery.
 - 2.4.4.3(24) Lounge-Patient will be a quiet space with Convenient Access to Dining/Lounge-Patient.
 - 2.4.4.3(25) Shower/Tub Room will have ceiling mounted Patient lift rated for bariatric Patients. Shower/Tub Room will have a toilet, a sink and a tub positioned in the middle of the room to allow 3-sided access and enable Staff to assist with bathing Patients who have mobility issues. The tub will be a walk-in type. There will be a shelf and/or recessed wall for toiletries and clothes.
- 2.4.4.4 Support
- 2.4.4.4(1) The Staff/Support entrance to the Inpatient Psychiatry Unit will have a secure Vestibule with double set of powered doors to prevent Patient elopement.
 - 2.4.4.4(2) Medication Room will be located centrally with Direct Access to Care Station-MH. Medication Room doors will have glazing for visibility. Clean Supply Room will be adjacent to Medication Room.

- 2.4.4.4(3) Storage-Patients' Property will facilitate decontamination and storage of Patient belongings and will be located with Convenient Access to the Patient Transfer/Staff Service Elevators and the SSAT Unit.
 - 2.4.4.4(4) All Alcove-Equipment will have power and data for future flexibility and will be enclosed and secured to prevent tampering of supplies and equipment by Patients.
 - 2.4.4.4(5) Alcove-Equipment will be deep enough to accommodate exchange linen carts, supply carts and equipment so that corridors remain clear.
- 2.4.4.5 Staff Support
- 2.4.4.5(1) The Inpatient Psychiatry Unit will contain different types of offices including private Office and Office-Multi. All Offices will be designed ergonomically with the use of modular furnishings and casework to provide maximum flexibility.
 - 2.4.4.5(2) Office-Multi will be an enclosed room with glass walls located adjacent to Care Station-MH. This room will be an acoustically private space where nurses, physicians, allied health practitioners and students can privately discuss or document a Patient's condition or personal information. The glass wall will separate Office-Multi from Care Station-MH while providing a visual connection between these areas. Access control will be provided for Office-Multi door from the corridor.
 - 2.4.4.5(3) Lounge-Staff will have access to Direct Natural Light and include a workstation, kitchenette, change cubicle and Staff lockers.
 - 2.4.4.5(4) Washroom-Staff will be distributed within the Component and placed with Convenient Access to Staff work areas.
- 2.4.4.6 SSAT Unit
- 2.4.4.6(1) The Patient/Public entrance to the SSAT Unit will be through a set of secure powered doors. Staff at Care Station-SSAT will control access to the Unit through a communication/video intercom system.
 - 2.4.4.6(2) The SSAT Unit will have a Back of House Staff/Support entrance with Convenient Access to the Patient Transfer/Staff Service Elevators and Direct Access to the Inpatient Psychiatry Unit Back of House area.
 - 2.4.4.6(3) Care Station-SSAT will be centrally located with Line of Sight to the Unit public entrance and will create a first impression of welcome, comfort and healing.

- 2.4.4.6(4) Care Station-SSAT will provide a space for Staff and Patient interaction and will be fully enclosed with secure, Tamper Resistant glass walls and transaction windows.
- 2.4.4.6(5) Visibility between Patients and Staff at Care Station-SSAT will be maximized either by Line of Sight or by video surveillance.
- 2.4.4.6(6) Care Station-SSAT will have infrastructure for central monitoring capability and electronic Patient information tracking boards, positioned with Line of Sight for Staff to view from inside their work area but not visible to public and Patients. These boards will serve to communicate Patient's clinical information for workflow management on unit.
- 2.4.4.6(7) Care Station-SSAT will include a small Business Centre.
- 2.4.4.6(8) The SSAT Unit will include one (1) Consult Room located at Unit public entrance with Line of Sight from Care Station-SSAT. This room will have dual egress and will be used for Patient and family consultation.
- 2.4.4.6(9) The SSAT Unit will include five (5) Treatment Bays. All Treatment Bays will be 3-walled with privacy curtain at the end of the Bay and include a hand hygiene sink. These Bays will be designed to enhance Patient physical safety without compromising Staff safety.
- 2.4.4.6(10) All Treatment Bays will share a Washroom/Shower-Patient and a Washroom-Patient.
- 2.4.4.6(11) Treatment Bays and Consult Room will have Ligature Resistant design features and Washroom/Shower-Patient and Washroom-Patient will be Ligature Resistant and Anti-Barricade. A water shut off control for Washroom/Shower-Patient and Washroom-Patient will be located at the Care Station-SSAT.
- 2.4.4.6(12) The SSAT Unit will include an Alcove-Medication and an Alcove- Dictation located within the enclosed Care Station-SSAT.
- 2.4.4.6(13) All Alcove-Equipment will have power and data for future flexibility and will be enclosed and secured to prevent tampering of supplies and equipment by Patients.
- 2.4.4.6(14) Alcove-Equipment will be deep enough to accommodate exchange linen carts, supply carts and equipment so that corridors remain clear.
- 2.4.4.6(15) The SSAT Unit will share some support services with the thirty (30) bed Inpatient Psychiatry Unit including Storage-Patients' Property,

Utility Room-Soiled, Servery and Housekeeping Room. Convenient Access from the SSAT Unit to these rooms will be required.

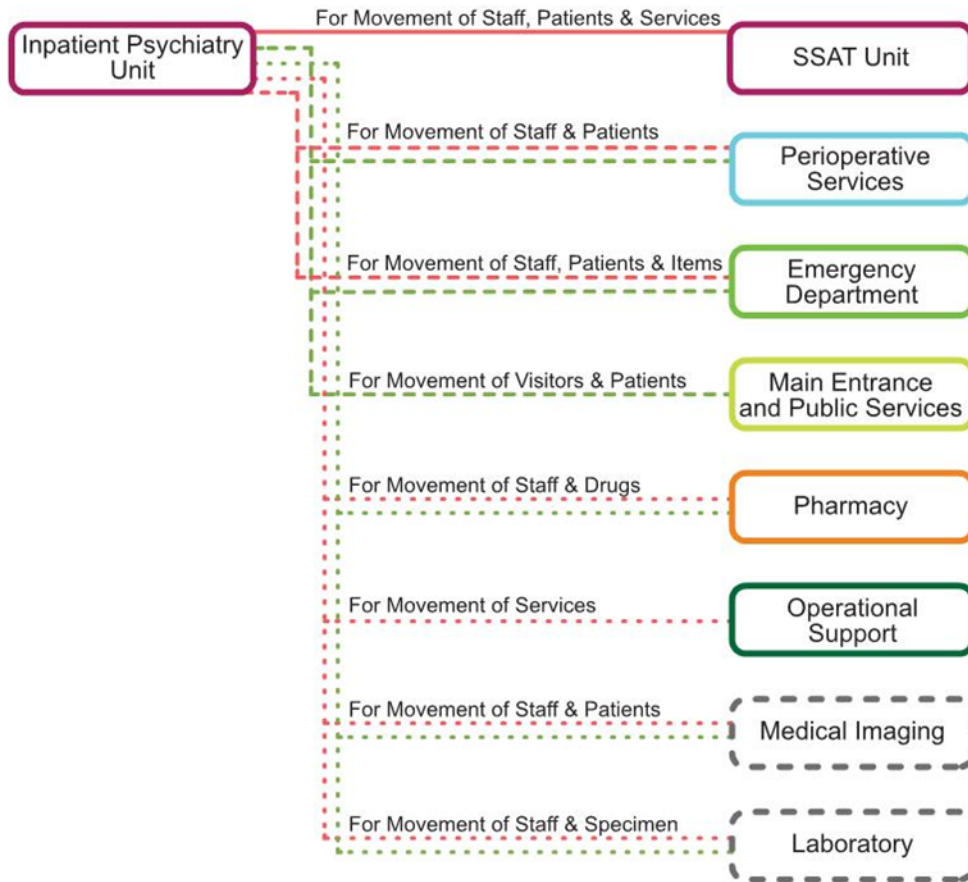
2.4.4.7 Inpatient Psychiatry Outdoor

- 2.4.4.7(1) The Inpatient Psychiatry Unit will be adjacent and have Direct Access to a dedicated secure Outdoor Patio Area-MH with seating, activity area and planters.
- 2.4.4.7(2) Patients and Staff will be able to access the Outdoor Patio Area-MH from within the secure Unit without leaving the Component.
- 2.4.4.7(3) The Outdoor Patio Area-MH will have Convenient Access to Dining/Lounge-Patient.
- 2.4.4.7(4) The Outdoor Patio Area-MH will provide a therapeutic function through design and programmed activities; as such, it will include features that create an environment that promotes physical and mental well-being.
- 2.4.4.7(5) The Outdoor Patio Area-MH will be sized according to Section 4.3.5 of Schedule 3 (Design and Development Specifications). Sizing of this area will be confirmed in consultation with the Authority as per Schedule 2 (User Consultation and Design Review).
- 2.4.4.7(6) This area will provide a well-defined and inviting entrance and exit and include areas that will be sheltered from inclement weather and provide shade.
- 2.4.4.7(7) It will also be wheelchair accessible and easy to navigate by people with limited cognitive, functional and physical abilities.
- 2.4.4.7(8) For safety and security, the Outdoor Patio Area-MH will be enclosed with perimeter security screen.
- 2.4.4.7(9) All areas will have Line of Sight for Staff without any corners and blind spots. Video monitoring of the Outdoor Patio Area-MH will also be provided. Staff Assist (nurse call) and Panic/Duress Button, hardwired, will be provided.
- 2.4.4.7(10) It will not have Line of Sight into Patient Rooms. Care Station-MH and/or Office-Multi will have Line of Sight to entrance of the Outdoor Patio Area-MH inside the Component.
- 2.4.4.7(11) Outdoor lighting will be designed in a manner to prevent shadows and to be activated immediately when entering the Outdoor Patio Area-MH. Furniture placement will prevent climbing on to enclosures.

- 2.4.4.7(12) Trees will be provided in the Outdoor Patio Area-MH. However, they will only be placed in locations where they cannot be used to facilitate elopement (e.g. they will not be placed next to the building walls or security screens).

2.4.5 EXTERNAL RELATIONSHIPS

2.4.5.1 The following diagram indicates other Functional Components that have a functional relationship with this Component.

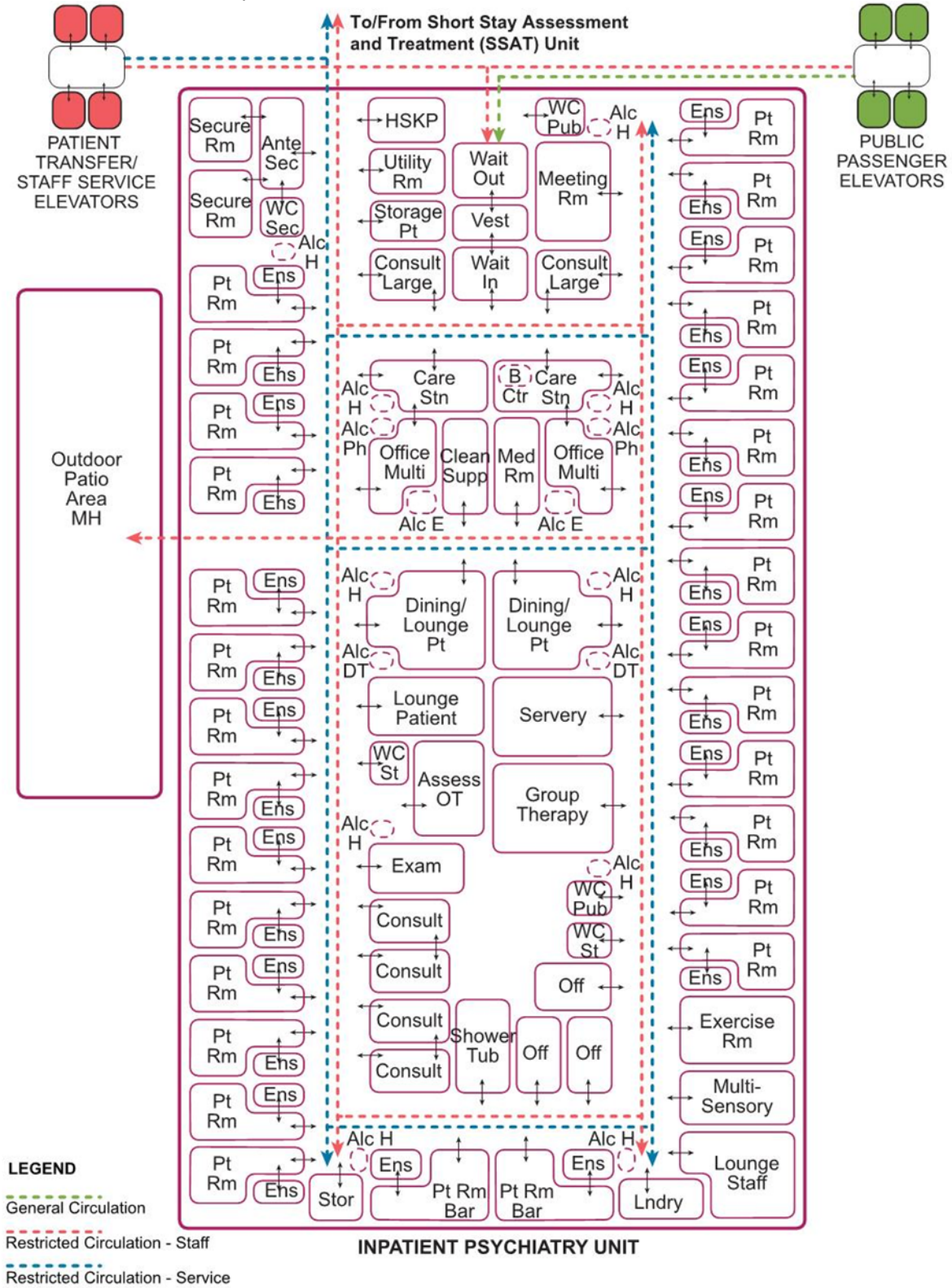


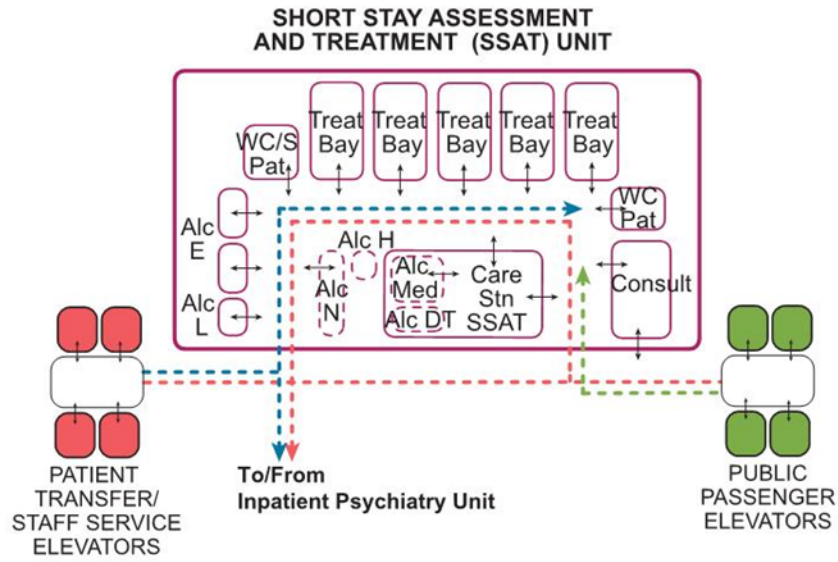
LEGEND

- Direct Access by Restricted Circulation
- Close Access by Restricted Circulation
- Close Access by General Circulation
- Convenient Access by Restricted Circulation
- Convenient Access by General Circulation

2.4.6 INTERNAL RELATIONSHIPS

2.4.6.1 The following diagrams indicate internal functional relationships within this Component.





LEGEND

- General Circulation
- Restricted Circulation - Staff
- Restricted Circulation - Service

2.4.7 SCHEDULE OF ACCOMMODATION

2.4.7.1 The following table lists the number of spaces, Net Areas and space contents as minimum requirements.

Summary of Inpatient Psychiatry Unit

D1. INPATIENT PSYCHIATRY UNIT	
D1.1 - WAITING	35.2
D1.2 - TREATMENT	894.9
D1.3 - SUPPORT	97.5
D1.4 - STAFF SUPPORT	88.6
D1.5 - SHORT STAY ASSESSMENT AND TREATMENT (SSAT) UNIT	88.5
INPATIENT PSYCHIATRY UNIT PROGRAMMED SPACE NSM:	1,204.7

Ref. No.	Room Type	Area Requirements			DBF /CM	Remarks
		nsm/unit	units	nsm		
D1. INPATIENT PSYCHIATRY UNIT						
D1.1 - WAITING						
D1.1.1	Waiting Area-Outside	10.0	1	10.0	DBF	To accommodate 6 people.
D1.1.2	Vestibule	6.0	1	6.0	DBF	
D1.1.3	Waiting Area-Inside	10.0	1	10.0	DBF	To accommodate 6 people.
D1.1.4	Washroom-Public	4.6	2	9.2	DBF	2-piece, accessible for Persons with Disabilities.
TOTAL NSM: RECEPTION				35.2		
D1.2 - TREATMENT						
D1.2.1	Care Station-MH	12.0	2	24.0	DBF	Incl. 4 workstations, fully enclosed, dual egress. A small Business Centre to be located in one Care Station-MH.
D1.2.2	Pneumatic Tube Station	0.5	1	0.5	DBF	To be combined with one Care Station-MH.
D1.2.3	Consult Room	9.0	4	36.0	DBF	Incl. workstation, dual egress.
D1.2.4	Consult Room-Large	11.0	2	22.0	DBF	Incl. workstation, dual egress.
D1.2.5	Patient Room-MH	12.0	28	336.0	DBF	
D1.2.6	Ensuite-MH	5.6	28	156.8	DBF	3-piece, shower, accessible for Persons with Disabilities.
D1.2.7	Patient Room-MH-Bariatric	15.0	2	30.0	DBF	Bariatric.
D1.2.8	Ensuite-MH-Bariatric	7.0	2	14.0	DBF	3-piece, shower, accessible for Persons with Disabilities, bariatric.
D1.2.9	Secure Room	13.0	2	26.0	DBF	Incl. toilet and sink.
D1.2.10	Anteroom-Secure Room	10.0	1	10.0	DBF	
D1.2.11	Washroom/Shower-Secure Room	4.6	1	4.6	DBF	3-piece, shower, accessible for Persons with Disabilities.
D1.2.12	Exam Room	12.0	1	12.0	DBF	Incl. 1 workstation, dual egress.
D1.2.13	Assessment Room-OT	15.0	1	15.0	DBF	Incl. ADL Kitchen and bathroom.
D1.2.14	Group Therapy Room-Large	28.0	1	28.0	DBF	To accommodate 14 people. Incl. 2 workstations.

Ref. No.	Room Type	Area Requirements			DBF /CM	Remarks
		nsm/unit	units	nsm		
D1.2.15	Exercise Room	20.0	1	20.0	DBF	Incl. exercise equipment, stretching area.
D1.2.16	Multi-Sensory Room	14.0	1	14.0	DBF	
D1.2.17	Meeting Room	26.0	1	26.0	DBF	To accommodate 13 people. Incl. 1 workstation.
D1.2.18	Dining/Lounge-Patient	37.0	2	74.0	DBF	Incl. seating for 15 people, nourishment station, 2 workstations.
D1.2.19	Lounge-Patient	20.0	1	20.0	DBF	Quiet lounge.
D1.2.20	Laundry Room	10.0	1	10.0	DBF	For Patient use. Incl. washers, dryers.
D1.2.21	Shower/Tub Room	16.0	1	16.0	DBF	Incl. 3-sided geriatric friendly walk-in tub.
TOTAL NSM: TREATMENT				894.9		
D1.3 - SUPPORT						
D1.3.1	Medication Room	12.0	1	12.0	DBF	Incl. ADC, workstation.
D1.3.2	Servery	24.0	1	24.0	DBF	On-Unit Food Assembly Room.
D1.3.3	Alcove-Equipment	2.0	2	4.0	DBF	Enclosed Alcove for clean linen.
D1.3.4	Alcove-Hand Hygiene Station	1.0	10	10.0	DBF	To be distributed, one to be located within 6m from Care Station-MH.
D1.3.5	Alcove-Phone	0.5	2	1.0	DBF	Alcove for phone with Line of Sight to Care Station-MH.
D1.3.6	Storage-Patients' Property	10.0	1	10.0	DBF	Incl. shelving, freezer for bed bugs.
D1.3.7	Storage	8.0	1	8.0	DBF	For equipment storage.
D1.3.8	Clean Supply Room	12.0	1	12.0	DBF	
D1.3.9	Utility Room-Soiled	8.0	1	8.0	DBF	Incl. biohazardous containers, waste management containers.
D1.3.10	Housekeeping Room	7.5	1	7.5	DBF	
D1.3.11	Alcove-Equipment	0.5	2	1.0	DBF	Enclosed storage for dirty trays.
TOTAL NSM: SUPPORT				97.5		
D1.4 - STAFF SUPPORT						
D1.4.1	Office	9.0	3	27.0	DBF	Private office.
D1.4.2	Office-Multi	16.2	2	32.4	DBF	Incl. 2 workstations.
D1.4.3	Lounge-Staff	20.0	1	20.0	DBF	Incl. 1 touchdown workstation, kitchenette, 1 change cubicle.
D1.4.4	Washroom-Staff	4.6	2	9.2	DBF	2-piece, accessible for Persons with Disabilities.
TOTAL NSM: STAFF SUPPORT				88.6		
D1.5 - SHORT STAY ASSESSMENT AND TREATMENT (SSAT) UNIT						
D1.5.1	Treatment Bay	9.0	5	45.0	DBF	
D1.5.2	Consult Room	9.0	1	9.0	DBF	Incl. workstation, dual egress.
D1.5.3	Washroom/Shower-Patient	5.6	1	5.6	DBF	3-piece, shower, accessible for Persons with Disabilities.
D1.5.4	Washroom-Patient	4.6	1	4.6	DBF	2-piece, accessible for Persons with Disabilities.
D1.5.5	Care Station-SSAT	9.5	1	9.5	DBF	Incl. 2 workstations, small Business Centre, fully enclosed, dual egress.
D1.5.6	Alcove-Dictation	2.8	1	2.8	DBF	Alcove for WOW/workstation.

Ref. No.	Room Type	Area Requirements			DBF /CM	Remarks
		nsm/unit	units	nsm		
D1.5.7	Alcove-Medication	4.0	1	4.0	DBF	Alcove for ADC.
D1.5.8	Alcove-Equipment	2.0	2	4.0	DBF	One enclosed alcove for clean linen, one enclosed alcove for clean supply cart.
D1.5.9	Alcove-Lockers	1.0	1	1.0	DBF	
D1.5.10	Alcove-Nourishment	2.0	1	2.0	DBF	Alcove for nourishment station.
D1.5.11	Alcove-Hand Hygiene Station	1.0	1	1.0	DBF	To be located within 6m from Care Station-SSAT.
TOTAL NSM: SSAT UNIT				88.5		
TOTAL NSM: INPATIENT PSYCHIATRY UNIT				1,204.7		

E. MEDICAL DEVICE REPROCESSING DEPARTMENT

2.5 MEDICAL DEVICE REPROCESSING DEPARTMENT

2.5.1 SERVICE OVERVIEW

- 2.5.1.1 The MDRD supports BH and select community services by cleaning and assembling supplies, trays, case carts, rigid scopes, equipment and packages for procedures. The MDRD will collect, decontaminate, inspect, assemble, and sterilize or high-level disinfect these items.
- 2.5.1.2 The Perioperative Services Component is a high volume user of the MDRD services. There will be Clean and Dirty MDRD Elevators that directly connect the Perioperative Services to the MDRD. Transfer of items between these locations will be coordinated by the MDRD Staff.
- 2.5.1.3 An existing satellite Medical Device Reprocessing (MDR) located in the existing Ambulatory Care Clinic in the NT will reprocess flexible scopes at point of use and store until required.

2.5.2 FUNCTIONAL DESCRIPTION

2.5.2.1 Scope of Services

2.5.2.1(1) Scope of Clinical Activity

2.5.2.1(1)(a) The following specifies the minimum set of functions that will be accommodated within this Component:

- 2.5.2.1.1.(a).1 Decontamination of case carts and trays used to transport sterile items;
- 2.5.2.1.1.(a).2 Decontamination of instruments and equipment used in procedures, including rigid scopes;
- 2.5.2.1.1.(a).3 Inspection of instruments and equipment for quality control, condition and re-use;
- 2.5.2.1.1.(a).4 Asset tracking of barcoded instruments at every step along the reprocessing workflow;
- 2.5.2.1.1.(a).5 Cart washing;
- 2.5.2.1.1.(a).6 Segregation and disposal of wastes;
- 2.5.2.1.1.(a).7 Reassembly and assembly and picking of equipment, instrument trays, packs and case carts;
- 2.5.2.1.1.(a).8 Sterilization of trays, packs, instruments and equipment;
- 2.5.2.1.1.(a).9 After hours reprocessing of flexible scopes for cystoscopy;
- 2.5.2.1.1.(a).10 Reprocessing of flexible scopes from Components other than endoscopy and cystoscopy (e.g. ED);

- 2.5.2.1.1.(a).11 Temporary holding of reprocessed items awaiting transport to point of use (e.g. Sterile Supply Core, Operating Room etc.);
- 2.5.2.1.1.(a).12 One-way flow of items, progressing from dirty to sterile. New consumable supplies will enter the MDRD via the Clean Assembly area; and
- 2.5.2.1.1.(a).13 Reprocessing of equipment and supplies for the community based home birthing unit.

2.5.2.1(2) Scope of Educational Activity

- 2.5.2.1(2)(a) Staff working in this Component will engage in instructional, training and informational sessions. All teaching and education functions will be accommodated within the Component, or within shared site educational space if additional room is required. Computer training will be accommodated in the Computer Training Room located in the Hospital Lecture and Education Facilities Component.

2.5.2.1(3) Scope of Research Activity

- 2.5.2.1(3)(a) Staff and students working within the MDRD Component will at times be engaged in quality initiatives or research as approved by the Authority. These will be accommodated within the general work areas.

2.5.2.2 Scope Exclusions

- 2.5.2.2(1) The following list specifies functions that are understood to occur in other Functional Components in BH or outside BH:
 - 2.5.2.2(1)(a) Scopes (flexible) used in gastrointestinal endoscopic procedures and cystoscopy will be mainly reprocessed and stored within the existing Satellite MDR located in the existing Ambulatory Care Clinic; and
 - 2.5.2.2(1)(b) Probes used during medical imaging procedures will be cleaned within the Medical Imaging Component footprint.

2.5.3 OPERATIONAL CONSIDERATIONS

2.5.3.1 Service Delivery Principles and Methods

2.5.3.1(1) Patient and Family Management Processes and Flows

- 2.5.3.1(1)(a) Not applicable. The MDRD will be a restricted area with no public access.

2.5.3.1(2) Provider, Instruments and Equipment Processes and Flows

2.5.3.1(2)(a) Decontamination

- 2.5.3.1.2.(a).1 Dirty instruments and equipment will enter the Decontamination zone through a dedicated Dirty MDRD Elevator from the Perioperative Services Component to Soiled Receiving/Unloading Area. Dirty instruments from ED, Medical Imaging, Maternal/Child Unit, Ambulatory Care Clinic and Community Outpatient Services will be delivered to Storage-Soiled Area through a separate door from a Restricted Circulation. Reprocessing of all items will begin in this area for case carts.
- 2.5.3.1.2.(a).2 Staff will enter the Decontamination zone through an Anteroom and after disassembly, will move instruments and equipment to washing stations in Washing Area. Items will be scanned using asset tracking system, inspected, disinfected and manually cleaned before being placed in automatic instrument washer disinfectors. Any damaged items will be removed from circulation and replaced.
- 2.5.3.1.2.(a).3 Case carts and trays will be cleaned through cart washers.

2.5.3.1(2)(b) Clean Assembly

- 2.5.3.1.2.(b).1 Once cleaned, instruments and equipment will enter the Clean Assembly zone on carts via a pass through Instrument Washer Area or through a manual Pass through window with air locks for delicate instruments.
- 2.5.3.1.2.(b).2 Staff will enter the Clean Assembly zone via an Anteroom from a Restricted Circulation to prevent direct entry to the Clean Assembly zone from the Decontamination zone. Staff will assemble reprocessed instruments and disposable items on packs and trays, prepare single items and construct peel packs for small items. Once assembled, items will be placed in Sterilizer Area-Low Temperature or Sterilizer Area-Steam. After sterilization, items will be cooled in Cart Cooling Area.
- 2.5.3.1.2.(b).3 Staff in this area will also maintain inventories of clean linen, liners and consumable supplies for use within the Component.

2.5.3.1(2)(c) Sterile Storage

- 2.5.3.1.2.(c).1 Items will be moved to the Sterile Storage zone through a sealed door after being cooled.
- 2.5.3.1.2.(c).2 Processed equipment will be stored in designated storage spaces, awaiting assembly in case carts according to surgical schedule.
- 2.5.3.1.2.(c).3 Staff will enter the Sterile Storage zone from the Clean Assembly zone only. Case cart assembly will be completed and held until distribution to the Perioperative Services Component or other areas of BH.
- 2.5.3.1.2.(c).4 Case Carts will be delivered to the Perioperative Services Component through a dedicated Clean MDRD Elevator located in the Sterile Storage zone.

2.5.3.1(3) Clinical and Logistical Support Processes and Flows

2.5.3.1(3)(a) Consumable Supplies

- 2.5.3.1.3.(a).1 Consumable supplies and direct purchase items will be provided by the IHR Component and Perioperative Services, respectively, and will be maintained using a minimum inventory level system that will trigger a re-ordering process.
- 2.5.3.1.3.(a).2 Some direct purchase ordering will be done by the MDRD Staff.

2.5.3.1(3)(b) Facilities Maintenance and Operations

- 2.5.3.1.3.(b).1 The FMO Staff will provide preventative maintenance and urgent maintenance requests for the MDRD equipment (unless under service contract).

2.5.3.1(3)(c) Housekeeping and Waste Management

- 2.5.3.1.3.(c).1 Housekeeping and Waste Management will provide regular and on demand cleaning using two (2) sets of dedicated equipment that will be stored within the MDRD footprint; one for the Decontamination zone and another for Clean Assembly and Sterile Storage zones.
- 2.5.3.1.3.(c).2 Waste products will be managed according to a system of segregation at point of origin and sequential consolidation throughout the Component.
- 2.5.3.1.3.(c).3 Segregation of wastes will accommodate the following categories:
 - (c).3.1 General garbage including clean recycling;
 - (c).3.2 Sharps;

(c).3.3 Infectious or contaminated wastes; and

(c).3.4 Confidential paper.

2.5.3.1.3.(c).4 Waste containers will be monitored, removed and replaced by Housekeeping and Waste Management Staff.

2.5.3.1(3)(d) Laundry/Linen

2.5.3.1.3.(d).1 Staff gowns and MDRD linen will be processed off site after being consolidated for pick up by Laundry/Linen services. Clean and/or sterilized linen will be delivered to the MDRD.

2.5.3.1(4) Information Management

2.5.3.1(4)(a) Information management system infrastructure for surgical instrument asset tracking system will be implemented (e.g. Alex Gold).

2.5.3.1(4)(b) This asset tracking system will track barcoded instruments at each stage of reprocessing in Decontamination, Clean Assembly, and Sterile Storage zones. Instruments will be tracked in Decontamination zone when they first enter the MDRD. During assembly, instruments will be tracked to the sets in which they are incorporated. Sets will be tracked to case carts in Sterile Storage zone, which allows tracking of these to the Patient.

2.5.3.1(5) Anticipated Trends in Service Delivery

2.5.3.1(5)(a) The following lists trends that are expected to affect the nature and or functions accommodated within this Component. Effects of these trends will be reflected in the Component's design:

2.5.3.1.5.(a).1 Infection Prevention and Control Standards will likely continue to evolve in all areas of BH, requiring an enhanced approach and standards to meet these needs;

2.5.3.1.5.(a).2 New technologies will increase the complexity of reprocessing;

2.5.3.1.5.(a).3 Advances in technology and procedures will increase the volumes of minimally invasive procedures;

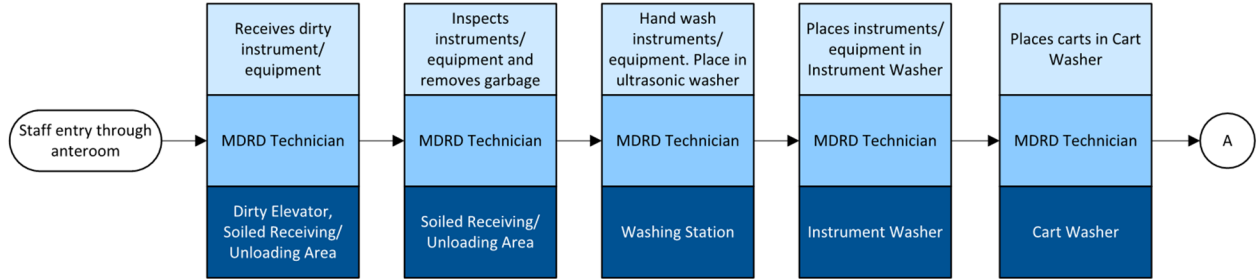
2.5.3.1.5.(a).4 New services and standards will impact service volumes (e.g. Tee probes); and

2.5.3.1.5.(a).5 Ministry of Health requirements, Canadian Standards Association (CSA) standards and Accreditation driving operational changes.

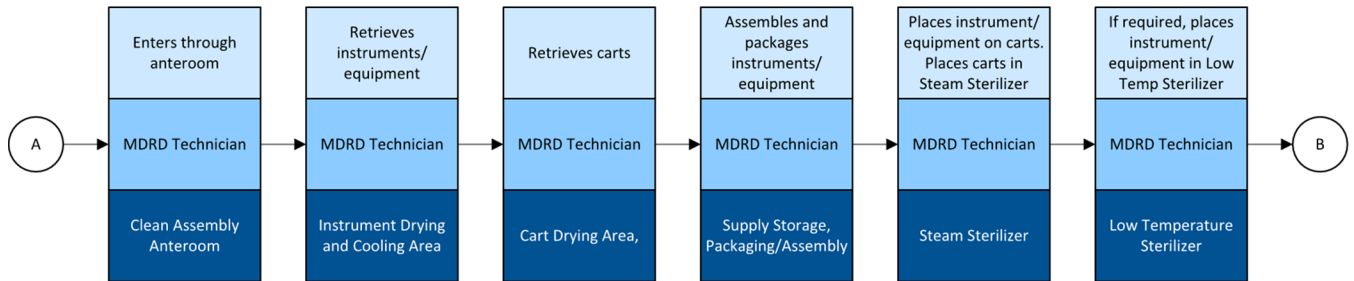
2.5.3.2 Workflows

2.5.3.2(1) The MDRD Workflows are shown in the following workflow diagrams.

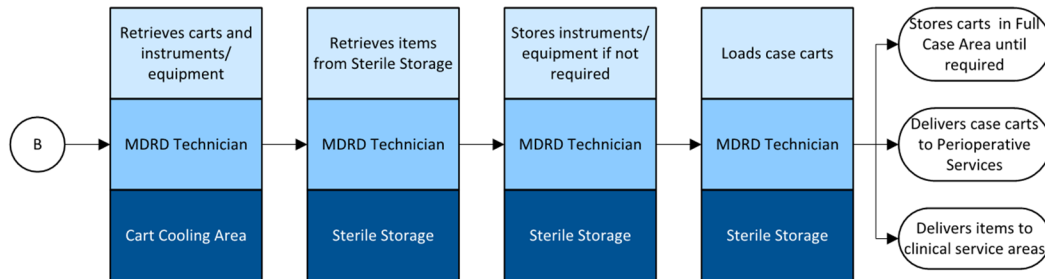
Decontamination Flow



Clean Assembly Flow



Distribution and Storage Flow



2.5.3.3 Hours of Operation

2.5.3.3(1) The MDRD Component will run 24/7 on three shifts per day. Most activities will be performed between 0700-2300 hours, with picking of items performed during the evening shift.

2.5.3.3(2) The MDRD Staff will require 24/7 access to the existing satellite MDR located in the existing Ambulatory Care Clinic to clean flexible scopes outside of Ambulatory Care Clinic operating hours.

2.5.3.4 Workloads

2.5.3.4(1) The maximum estimated workload for this Component is shown in the following table.

MDRD	PEAK SHIFT
Manager	1
Supervisor	1
Technician/Clerk	1
MDRD Technician	17
PEAK TOTAL	20

2.5.4 DESIGN CRITERIA

2.5.4.1 General Requirements

2.5.4.1(1) Zones of Activity within the MDRD will include the following:

- 2.5.4.1(1)(a) Decontamination;
- 2.5.4.1(1)(b) Clean Assembly;
- 2.5.4.1(1)(c) Sterile Storage; and
- 2.5.4.1(1)(d) Support.

2.5.4.1(2) Access to this Component will be secured at all times, with electronic security technology providing control (e.g. access card, motion activated door opener).

2.5.4.1(3) The MDRD will provide services to the Perioperative Services with Direct Access through dedicated Clean and Dirty MDRD Elevators.

2.5.4.1(4) ED, Medical Imaging, Ambulatory Care Clinic and Community Outpatient Services will be high volume users of the MDRD services and require Close Access to this Component. Access from these Components will be separate from the Perioperative Services access.

2.5.4.1(5) All Inpatient Units including Medical Inpatient Unit, Maternal/Child Unit and Critical Care Unit will require Convenient Access through a corridor to the MDRD.

2.5.4.1(6) The MDRD will provide a one-way dirty to clean process and Sterile supplies will not cross paths with dirty materials or the public. Design of this Component will enforce the one-way flow through the MDRD.

2.5.4.1(7) Physical zones will be established to achieve separation of flows for clean and dirty materials. The layout will physically separate the Decontamination zone, Clean Assembly zone including sterilization area, and Sterile Storage zone.

- 2.5.4.1(8) Design will optimize ergonomics to reduce incidence of repetitive stress injury and musculoskeletal malalignment.
- 2.5.4.1(9) Vision panels will be provided in doors that are frequently used. All Offices with intra-department windows will have a blind solution that facilitates cleaning as per CSA standards.
- 2.5.4.1(10) Staff will enter the Decontamination and Clean Assembly zones each through an Anteroom that will include a hand hygiene sink, a donning/doffing zone, PPE storage and a mirror.
- 2.5.4.1(11) Anteroom design will provide space for carts to park while Staff are donning or doffing and will include any required turning radius.
- 2.5.4.1(12) Staff delivering soiled instruments from BH (excluding the Perioperative Services) will leave the carts in the Storage-Soiled Area. PPE storage will be located adjacent to the doors into the Storage-Soiled Area.
- 2.5.4.1(13) MDRD will require specialized ventilation and plumbing. Medical air and water will be required at all clean workstations to dry and inspect medical devices.
- 2.5.4.1(14) Computer terminals will be located at all workstations and at Cart Washer Area within all MDRD areas to allow for tracking of barcoded instruments as per surgical instrument asset tracking system requirements (e.g. Alex Gold).
- 2.5.4.1(15) A communication/video intercom system will be provided between the following areas:
 - 2.5.4.1(15)(a) Decontamination zone and assembly worktables;
 - 2.5.4.1(15)(b) Decontamination zone and Sterile Storage; and
 - 2.5.4.1(15)(c) Assembly worktables, Sterile Storage and ORs.
- 2.5.4.1(16) Design will include designated spaces for carts and devices at different stages and circulation space.
- 2.5.4.1(17) Minimum 1000 mm clearance around all equipment will be provided for maintenance purposes.
- 2.5.4.1(18) The following subjects have been identified as criteria in planning the nature and configuration of space:
 - 2.5.4.1(18)(a) Access and Security

- 2.5.4.1.18.(a).1 Access control at all perimeter doors to the Component will be provided and doors will be closed at all times.
 - 2.5.4.1.18.(a).2 Line of Sight to all entry doors to the Component from general work areas will be provided. A communication/intercom system from outside to inside of the MDRD will be provided. Perimeter doors will have access control, motion activated door opener and a small vision panel to allow for identification.
 - 2.5.4.1.18.(a).3 Alarm systems and/or duress alarm system will be provided for Staff safety and security as per Division 28 of Schedule 3 [Design and Construction Specifications].
- 2.5.4.1(18)(b) Temperature/Humidity/Ventilation Controls
- 2.5.4.1.18.(b).1 Heating, ventilation and air-conditioning (HVAC) systems will comply with applicable CSA standards for Health Care facilities (CSA Z317.2) to address properly attired MDRD Staff comfort and maintain integrity of sterile devices and supplies.
 - 2.5.4.1.18.(b).2 Humidity loads in reprocessing areas will be extremely high. Ceiling, walls, and work surfaces in this area will be impervious to moisture and comply with applicable CSA standards for Health Care facilities.
 - 2.5.4.1.18.(b).3 Air exchange in the Decontamination zone will control humidity to 40-60% to address the continuous use of cart washers which produce significant humidity.
- 2.5.4.1(18)(c) Noise Control
- 2.5.4.1.18.(c).1 Special sound attenuation measures as per Appendix 3C Acoustic and Noise Control Measures, will be provided to contain the noise generated by equipment. This will include sound absorbent floor, wall and ceiling finishes to avoid noise pollution in all other areas of the Component.
 - 2.5.4.1.18.(c).2 The use of acoustic walls around equipment in the Decontamination and Clean Assembly zones will reduce the ambient noise from these areas.
- 2.5.4.1(18)(d) Lighting

- 2.5.4.1.18.(d).1 Glare-free full-spectrum lighting that minimizes shadows will be provided for technical work areas.
 - 2.5.4.1.18.(d).2 Sufficient lighting at workstations will allow easier inspection of instruments to determine suitability of reuse.
 - 2.5.4.1.18.(d).3 In the Decontamination and Clean Assembly zones, magnification inspection including additional Task Lighting will be installed at each workstation.
 - 2.5.4.1.18.(d).4 There will be a visual indicator for when the Perioperative Services is calling the MDRD for a fast-tracked item. This alert will be communicated within the MDRD.
 - 2.5.4.1.18.(d).5 The interior design will ensure simple unobtrusive colour schemes that minimize interference.
 - 2.5.4.1.18.(d).6 Provision of Borrowed Light or Direct Natural Light in Offices, and Staff amenity areas will be desired.
- 2.5.4.1(18)(e) Occupational Health and Safety
- 2.5.4.1.18.(e).1 Height adjustable sink bays and assembly worktables will be used to minimize physical stress or accidents and maximize the comfort of the MDRD Staff.
 - 2.5.4.1.18.(e).2 The MDRD will have level, even and non-slip floors to minimize Staff injuries.
 - 2.5.4.1.18.(e).3 Floor finishes will compensate for long periods of standing, typical in the MDRD environment.
 - 2.5.4.1.18.(e).4 Functional space will be provided to allow for the movement of carts between tasks.
 - 2.5.4.1.18.(e).5 Counters, carts, and loading devices will be at the same height for easy horizontal movement of materials.
- 2.5.4.1(18)(f) Infection Prevention and Control
- 2.5.4.1.18.(f).1 Decontamination zone, Clean Assembly zone including sterilization, and Sterile Storage zones will be separated by full height walls and doors with motion activated door openers.
 - 2.5.4.1.18.(f).2 Furnishings and finishes will be impervious and smooth and able to withstand repeated hospital grade cleaning and disinfection (e.g. stainless steel).

- 2.5.4.1.18.(f).3 Ceiling will be resistant to moisture/steam without fissures and open joints. Recessed fixtures will be provided (e.g. sprinklers).
- 2.5.4.1.18.(f).4 Flooring will be non-textured, impervious, monolithic flooring with integral covered base that can withstand wet conditions.
- 2.5.4.1.18.(f).5 Solid walls will have a hard, smooth finish for cleaning and repair.
- 2.5.4.1.18.(f).6 Airflow will be from the cleanest (Sterile Storage zone) to the dirtiest (Decontamination zone).
- 2.5.4.1.18.(f).7 All areas used for decontamination, preparation and packaging, sterilization and storage of medical instruments will be designed and built to minimize bioburden and particulate contamination.
- 2.5.4.1.18.(f).8 Multi-Person contact, high-touch work surfaces will be minimized through the use of automated equipment and related design features, such as hands-free water faucets, and motion activated door openers.
- 2.5.4.1.18.(f).9 Design considerations will allow easy access to equipment in Decontamination, Clean Assembly and Sterile Storage zones to minimize the effects of maintenance activities.

2.5.4.2 Decontamination

- 2.5.4.2(1) Staff will enter and exit the Decontamination zone via a dedicated Anteroom for donning and doffing.
- 2.5.4.2(2) The Decontamination zone will be located adjacent to the Clean Assembly zone with no Direct Access for Staff between two zones. Work in this zone will flow in one direction from Soiled Receiving/Unloading Area to Washing Area towards Instrument Washer Area and Cart Washer Area.
- 2.5.4.2(3) Dirty instruments and carts from the Perioperative Services will enter Soiled Receiving/Unloading Area through a dedicated Dirty MDRD Elevator.
- 2.5.4.2(4) Dirty instruments and carts from other areas of BH (ED, Medical Imaging, Maternal/Child Unit, Ambulatory Care Clinic, Community Outpatient Services, etc.) will enter Storage-Soiled Area through a separate door from a Restricted Circulation.
- 2.5.4.2(5) Soiled Receiving/Unloading Area will be an open space to hold incoming carts prior to unloading them in Washing Area and will also include workstations.

- 2.5.4.2(6) Washing Area will provide six (6) height adjustable stainless steel triple sink bays as per Schedule 3 [Design and Construction Specifications]. One (1) ultrasonic washer will be provided per each triple sink bay and will be located at the end of the bay.
- 2.5.4.2(7) A circulating space of minimum 1525 mm clear distance between sink bays will be provided to allow Staff to work back to back and for passage of instrument racks and manifolds. Space will be provided on dirty end of sink bays for a cart to unload and on clean side of sink bays for a transport cart to load.
- 2.5.4.2(8) Stainless steel sink bays will be standardized with three basins, integrated counter, storage shelving, detergent dispenser, Reverse Osmosis (RO) water, medical vacuum, Task Lighting, computer, power and data as per Schedule 3 [Design and Construction Specifications].
- 2.5.4.2(9) All decontamination technology will interface with the regional standard for instrument tracking system and with adequate workstations to support all instrument tracking activities in accordance to surgical instrument asset tracking systems requirements (e.g. Alex Gold).
- 2.5.4.2(10) Instrument Washer Area will include four (4) instrument washers, a conveyor that loads and unloads the rack and floor space for holding of instrument washer racks and loading of machines.
- 2.5.4.2(11) Instrument Washer Area will also include a return conveyor with a pass through window that will allow racks to be returned to Decontamination Zone after unloading.
- 2.5.4.2(12) Instrument washers will have stainless steel enclosures and will be fully enclosed on both Decontamination and Clean Assembly sides. There will be a service area with a stainless steel access panel and lighting between instrument washers to allow access for mechanical servicing.
- 2.5.4.2(13) The Decontamination zone will include two (2) cart washers with adjacent storage space to hold dirty carts. Cart washers will be pit mounted on level flooring and located to facilitate process flow of work from sink bays in Washing Area.
- 2.5.4.2(14) Cart washers will have stainless steel enclosures and will be fully enclosed on both Decontamination and Clean Assembly sides. There will be a service area with a full size stainless steel access door and lighting between cart washers to allow access for mechanical servicing.

- 2.5.4.2(15) The Decontamination zone will have a Cart Return Vestibule from the Clean Assembly zone for return of carts. Cart Return Vestibule will have a door interlock system that prevents both doors being opened simultaneously to maintain pressure differential between two (2) zones. Door width will accommodate carts to enter.
 - 2.5.4.2(16) A Pass through window will be located between the Decontamination and Clean Assembly zones adjacent to Washing Area. This Pass through window will be used to pass clean delicate instruments to Clean Assembly from Decontamination.
 - 2.5.4.2(17) Pass through window will activate with a touchless sensor and close automatically from both sides. Both sides of Pass through window will include a stainless steel shelf 915 mm long. Window opening will be large enough for items 760 mm wide to pass through.
 - 2.5.4.2(18) Detergent Room will be used to store and dispense chemicals that will be pumped to instrument washers and cart washers. This room will be located adjacent to Instrument Washer Area and Cart Washer Area. Staff will have Direct Access to this room from a Restricted Circulation without having to enter the Decontamination zone.
 - 2.5.4.2(19) Detergent Room will have a pre-mixed chemical supplies system and piping to instrument washers and cart washers.
 - 2.5.4.2(20) An Alcove-Emergency Shower/Eye Wash will be located adjacent to Detergent Room and will be easily accessible by Staff.
 - 2.5.4.2(21) A hand hygiene sink will be located within the Decontamination zone.
 - 2.5.4.2(22) A dedicated Housekeeping Room will be required for this area.
 - 2.5.4.2(23) A Storage-Soiled Area will be used for receiving dirty instruments from different Components in BH. This will be an enclosed room adjacent to Soiled Receiving/Unloading Area. Access control door will allow for entry into this area from the corridor.
 - 2.5.4.2(24) A Soiled Hold Room will be provided in this zone and be used for holding waste from MDRD.
- 2.5.4.3 Clean Assembly
- 2.5.4.3(1) Staff will enter and exit the Clean Assembly zone via a dedicated Anteroom for donning and doffing.

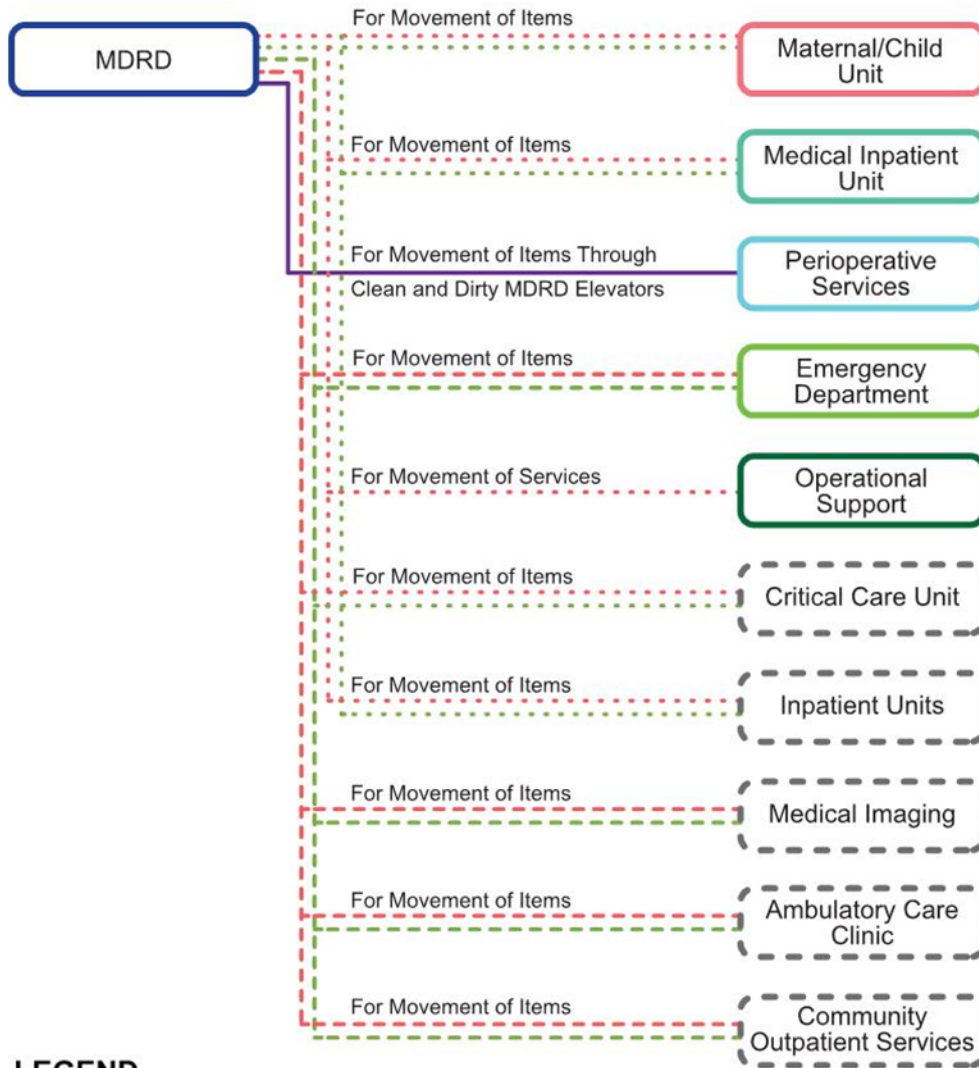
- 2.5.4.3(2) The Clean Assembly zone will be located between the Decontamination and Sterile Storage zones. Work in this zone will flow in one direction from Instrument Washer Area towards Sterilizers.
- 2.5.4.3(3) Cart Drying Room will be an enclosed room in Clean Assembly adjacent to the clean side of Cart Washer Area.
- 2.5.4.3(4) Cart Drying Room will include space to accommodate ten (10) carts, a floor drain, medical and instrument air.
- 2.5.4.3(5) The Clean Assembly zone will also contain Instruments Drying/Cooling Area.
- 2.5.4.3(6) In Cabinet Dryer Area, three (3) cabinet dryers for thermally disinfected items will be located adjacent to Sterilizer Area-Low Temperature in a low traffic area.
- 2.5.4.3(7) In Packaging/Assembly Area, ten (10) height adjustable assembly worktables with storage will be provided and designed in consultation with the Authority as per Schedule 2 (User Consultation and Design Review). Work spaces will have Task Lighting, computer, medical air, medical vacuum, power and data and will provide adequate circulation space of minimum 1525 mm clear distance for Staff to move equipment carts easily around tables.
- 2.5.4.3(8) The Clean Assembly zone will be equipped with three (3) floor loading, pass through Steam Sterilizers with capacity for two (2) racks. Steam Sterilizers will have stainless steel enclosures. There will be a service area with a full size stainless steel access door and lighting between Steam Sterilizers to allow access for mechanical servicing.
- 2.5.4.3(9) It will also include two (2) low temperature sterilizers to allow for sterilization of critical devices that cannot tolerate steam.
- 2.5.4.3(10) Space will be provided in front of sterilizers to allow Staff to stage and load sterilizer carts.
- 2.5.4.3(11) Design will provide space adjacent to the unload side of Sterilizer Area-Low Temperature for transportation carts. Physical separation will be required between unload side of Sterilizer Area-Low Temperature from the Storage Sterile zone.
- 2.5.4.3(12) The Clean Assembly zone will have a Vestibule-Steam Sterilizer to capture and exhaust steam from all three (3) steam sterilizers on the unload side. Design will prevent opening directly into Sterile Storage zone or steam entering into Sterile Storage zone.

- 2.5.4.3(13) The Vestibule-Steam Sterilizer will include a Cart Cooling Area to accommodate eight (8) carts unloaded from steam sterilizers and stored to allow for air drying. This area will not have direct airflow to prevent condensation.
 - 2.5.4.3(14) A wall mounted Flash Sterilizer will also be provided.
 - 2.5.4.3(15) Workstations will be located adjacent to sterilizers to support all QC and QA instrument tracking activities during this process.
 - 2.5.4.3(16) Staff will be able to view the Perioperative Services electronic tracking boards from work areas.
 - 2.5.4.3(17) An Office-2 Shared will be located inside the Clean Assembly zone to have direct visual oversight to the Clean Assembly area and Convenient Access to the Sterile Storage zone.
 - 2.5.4.3(18) A hand hygiene sink will be located within the Clean Assembly zone.
 - 2.5.4.3(19) The Clean Assembly zone will also require a dedicated Housekeeping Room for cleaning the Clean Assembly and Sterile Storage.
- 2.5.4.4 Sterile Storage
- 2.5.4.4(1) The Sterile Storage zone will be located adjacent to the Clean Assembly zone. Doors with motion activated door opener will be provided between two (2) zones.
 - 2.5.4.4(2) Storage-Sterile will store sterile instruments and other sterile medical devices on moveable wire shelving and will require adequate space between storage shelving to allow multiple Staff with a cart to work in this area. Minimum 1525 mm clear distance will be provided between storage shelving for half of the rows and minimum 1150 mm clear distance will be provided for the remainder of the rows. This area will not have high density shelving.
 - 2.5.4.4(3) Storage-Sterile will include worktables and WOWs to manage direct workflow and communication with the Perioperative Services. Staff will also be able to view tracking boards from work areas.
 - 2.5.4.4(4) A secondary Storage-Sterile will be provided in the Perioperative Services.
 - 2.5.4.4(5) Empty Case Cart Hold Area will hold up to eighty (80) clean case carts before the cases are picked. This space will be adjacent to Storage-Sterile.

- 2.5.4.4(6) A dedicated Clean MDRD Elevator to the Perioperative Services will be located adjacent to the Sterile Storage zone in an area that can be temporarily isolated for purpose of elevator repairs.
 - 2.5.4.4(7) Clean Elevator Loading Area will be adjacent to the Clean MDRD Elevator for temporary storage of carts prior to loading.
 - 2.5.4.4(8) Storage-Clean will be used for dispatch storage and include moveable wire shelving and a workstation. IHR and other Staff will have Direct Access to this room from a Restricted Circulation to be able to pick up sterile supplies and drop off supplies without having to enter the Sterile Storage zone
 - 2.5.4.4(9) Storage-Clean will have two (2) doors. One (1) door will provide access to this room from the corridor and the second door will provide access to this room from Storage-Sterile. Both doors will have control access and be able to accommodate movement of large carts.
- 2.5.4.5 Support
- 2.5.4.5(1) The MDRD Support area will be located outside the MDRD footprint with Convenient Access to Decontamination and Clean Assembly Anterooms.
 - 2.5.4.5(2) The MDRD Support area will include a private Office, an Office-2 Shared and an Alcove-Equipment for uniforms.
 - 2.5.4.5(3) The Support area will also include a Lounge-Staff, a Change Room-Staff and two (2) Washroom-Staff-Small outside the MDRD footprint.
 - 2.5.4.5(4) Lounge-Staff will include seating, a workstation and kitchenette.
 - 2.5.4.5(5) Change Room-Staff will include a change cubicle, bench shower stall and Staff lockers.

2.5.5 EXTERNAL RELATIONSHIPS

2.5.5.1 The following diagram indicates other Functional Components that have a functional relationship with this Component.



LEGEND

Direct Access by Back of House Circulation

Close Access by Restricted Circulation

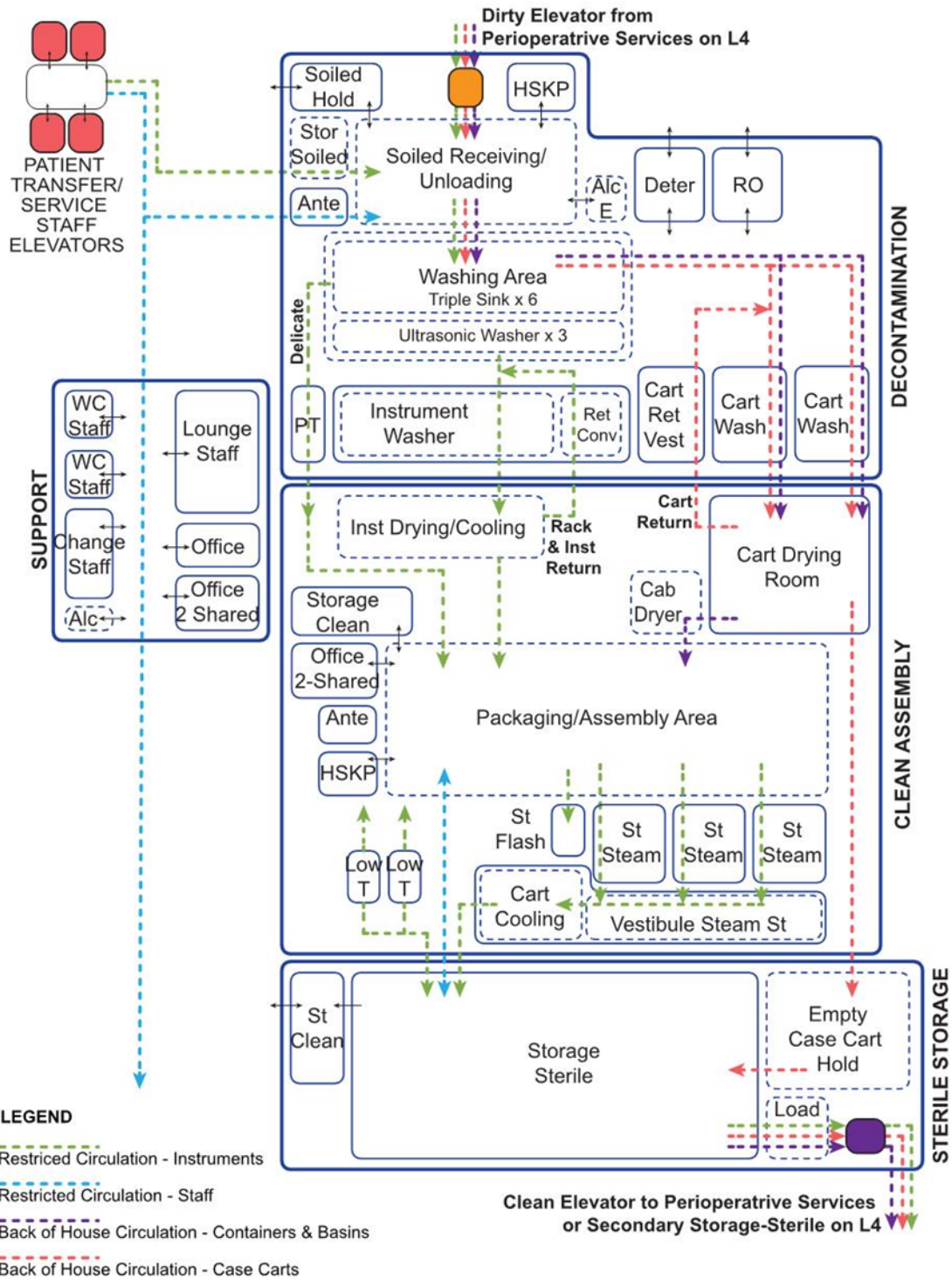
Close Access by General Circulation

Convenient Access by Restricted Circulation

Convenient Access by General Circulation

2.5.6 INTERNAL RELATIONSHIPS

2.5.6.1 The following diagram indicates internal functional relationships within this Component.



2.5.7 SCHEDULE OF ACCOMMODATION

2.5.7.1 The following table lists the number of spaces, Net Areas and space contents as minimum requirements.

Summary of Medical Device Reprocessing Department

E1. MDRD	
E1.1 - DECONTAMINATION	219.0
E1.2 - CLEAN ASSEMBLY	265.6
E1.3 - STERILE STORAGE	302.0
E1.4 - SUPPORT	70.7
MEDICAL DEVICE REPROCESSING DEPARTMENT PROGRAMMED SPACE NSM:	857.3

Ref. No.	Room Type	Area Requirements			DBF/ CM	Remarks
		nsm/unit	units	nsm		
E1. MEDICAL DEVICE REPROCESSING DEPARTMENT						
E1.1 - DECONTAMINATION						
E1.1.1	Anteroom	5.0	1	5.0	DBF	Incl. PPE storage for gowning.
E1.1.2	Soiled Receiving/Unloading Area	38.5	1	38.5	DBF	Incl. 2 workstations, 16 carts.
E1.1.3	Washing Area	12.0	6	72.0	DBF	Incl. 6 height adjustable decontamination sink assemblies (including scopes), ultrasonic washers.
E1.1.4	Instrument Washer Area	22.0	1	22.0	DBF	Incl. 4 instrument washers with return conveyor for instrument washing/sanitizing, pass through window.
E1.1.5	Cart Washer Area	14.0	2	28.0	DBF	Incl. cart washer.
E1.1.6	Cart Return Vestibule	7.5	1	7.5	DBF	
E1.1.7	Pass through	1.0	1	1.0	DBF	Pass through window for clean delicates.
E1.1.8	Detergent Room	10.0	1	10.0	DBF	Incl. detergent dispensing system.
E1.1.9	RO System Room	10.0	1	10.0	DBF	Incl. Reverse Osmosis water system.
E1.1.10	Alcove-Emergency Shower/Eye Wash	1.5	1	1.5	DBF	
E1.1.11	Housekeeping Room	11.5	1	11.5	DBF	
E1.1.12	Storage-Soiled Area	6.0	1	6.0	DBF	For receiving dirty instruments.
E1.1.13	Soiled Hold Room	6.0	1	6.0	DBF	For holding waste from MDRD.
TOTAL NSM: DECONTAMINATION				219.0		
E1.2 - CLEAN ASSEMBLY						
E1.2.1	Anteroom	5.0	1	5.0	DBF	Incl. PPE storage for gowning.
E1.2.2	Cart Drying Room	19.5	1	19.5	DBF	To accommodate 10 carts.
E1.2.3	Cabinet Dryer Area	2.0	3	6.0	DBF	Incl. cabinet dryers.
E1.2.4	Instruments Drying/Cooling Area	15.0	1	15.0	DBF	Incl. header carts.
E1.2.5	Packaging/Assembly Area	10.0	10	100.0	DBF	Incl. 10 height adjustable assembly worktables.

Ref. No.	Room Type	Area Requirements			DBF/ CM	Remarks
		nsm/unit	units	nsm		
E1.2.6	Storage-Clean	15.0	1	15.0	DBF	Enclosed room for reprocessing supplies.
E1.2.7	Sterilizer Area-Steam	12.0	3	36.0	DBF	Incl. pass through steam sterilizer.
E1.2.8	Vestibule-Steam Sterilizer	18.0	1	18.0	DBF	Exit vestibule to capture steam from all 3 steam sterilizers.
E1.2.9	Sterilizer Area-Low Temperature	5.0	2	10.0	DBF	Incl. low temperature chemical sterilizers.
E1.2.10	Sterilizer Area-Flash	6.0	1	6.0	DBF	Incl. flash sterilizer (wall mounted system).
E1.2.11	Cart Cooling Area	15.6	1	15.6	DBF	To accommodate 8 carts.
E1.2.12	Office- 2 Shared	12.0	1	12.0	DBF	Incl. 2 workstations.
E1.2.13	Housekeeping Room	7.5	1	7.5	DBF	Contains 2 separate sets of housekeeping supplies.
TOTAL NSM: CLEAN ASSEMBLY				265.6		
E1.3 - STERILE STORAGE						
E1.3.1	Storage-Sterile	230.0	1	230.0	DBF	Incl. shelving, 2 height adjustable worktables.
E1.3.2	Empty Case Cart Hold Area	56.0	1	56.0	DBF	To be located on L2 in MDR. Incl. 80 carts.
E1.3.3	Clean Elevator Loading Area	8.0	1	8.0	DBF	
E1.3.4	Storage-Clean	8.0	1	8.0	DBF	For dispatch storage. Incl. 1 workstation.
TOTAL NSM: STERILE STORAGE				302.0		
E1.4 - SUPPORT						
E1.4.1	Office	9.0	1	9.0	DBF	Private office.
E1.4.2	Office-2 Shared	12.0	1	12.0	DBF	Incl. 2 workstations.
E1.4.3	Alcove-Equipment	2.0	1	2.0	DBF	Alcove for uniform dispensing.
E1.4.4	Lounge-Staff	22.0	1	22.0	DBF	Incl. 1 touchdown workstation, kitchenette.
E1.4.5	Change Room-Staff	18.7	1	18.7	DBF	Incl. 1 change cubicle, 1 shower stall.
E1.4.6	Washroom-Staff-Small	3.5	2	7.0	DBF	2-piece, non-accessible washroom.
TOTAL NSM: SUPPORT				70.7		
TOTAL NSM: MEDICAL DEVICE REPROCESSING DEPARTMENT				857.3		

F. CLINICAL SUPPORT SERVICES

2.6 CLINICAL SUPPORT SERVICES

2.6.1 PHARMACY

2.6.1.1 SERVICE OVERVIEW

2.6.1.1(1) The Pharmacy reviews Patients' pharmacotherapy, verifies medication orders, prepares and distributes medications and narcotics, controls inventories, and purchases pharmaceuticals. The service provides drug distribution and clinical pharmacy services to inpatients and outpatients, and has a role in teaching pharmacists, technicians, and other health professional students.

2.6.1.2 FUNCTIONAL DESCRIPTION

2.6.1.2(1) Scope of Services

2.6.1.2(1)(a) Scope of Clinical Activity

2.6.1.2.1.(a).1 The following specifies the minimum set of functions that will be accommodated within this Component:

- (a).1.1 Dispensing and distributing medications throughout BH, including narcotics;
- (a).1.2 Reviewing Patients' pharmacotherapy for safety and efficacy;
- (a).1.3 Identifying, preventing and resolving drug-related issues;
- (a).1.4 Ordering, receiving, and managing medications and narcotics;
- (a).1.5 Preparing of specialized products including admixtures and sterilized preparations for:
 - (a).1.5.1 Cytotoxic and hazardous medications;
 - (a).1.5.2 Injectable and intravenous (IV) medications;
 - (a).1.5.3 Total Parenteral Nutrition (TPN);
 - (a).1.5.4 Strip-packaging using a cold seal or packaging machine for select inpatient units. The Pharmacy Drug Distribution Centre in Langley (LPDDC) will perform high volume strip packaging;
 - (a).1.5.5 Clinical drug trial medications and documentation; and
 - (a).1.5.6 Biological injection (e.g. Prolastin).
- (a).1.6 Storing and holding for discarded medications and narcotics for disposal;
- (a).1.7 Controlling ingress/egress for pharmaceutical receiving and removal of cardboard recycling;

- (a).1.8 Receiving of Patient medications, for quarantine and labeling. Every Patient medication will have a barcode scan to reconcile it with that Patient; and
- (a).1.9 Consulting with Staff on medication safety and administration.
- 2.6.1.2.1.(a).2 Drug Distribution
 - (a).2.1 Drug distribution will include order verification and dispensing of medications to all Patient care areas. Prescribing will use Computerized Prescriber Order Entry (CPOE) in Meditech for inpatients and in PharmaNet for outpatients.
 - (a).2.1.1 Outpatient medications dispensing will be limited to selected oncology Patient protocols.
 - (a).2.2 Distribution to care areas will be via ADCs which will be replenished by the Pharmacy personnel.
 - (a).2.3 Active drugs for replenishing carts and unit doses will be prepared and stored in the Dispensary Area of the Pharmacy.
 - (a).2.4 After hours dispensing of medications will be from the night medication cabinet or ADC in the ICU only (not within the Pharmacy).
 - (a).2.5 Dispensing of medications will follow the Patient-specific stream or the ward stock stream, both using unit dose packaging. Patient specific stream will be dispensed from the Pharmacy and supplied to Patient care areas. Ward stock will be contained in the ADC (e.g. Omnicell).
- 2.6.1.2.1.(a).3 Clinical Pharmacy
 - (a).3.1 Clinical pharmacists will support Patient care through identification, resolution and prevention of drug related problems at point of service. Services will include monitoring drug therapy to optimize therapeutic outcomes and minimize side effects and contraindications. Advanced practice will be provided for more complex areas. Clinical pharmacists will require the ability to do order verification in clinical service areas (dual screen WOW or workstation).

2.6.1.2(1)(b) Scope of Educational Activity

2.6.1.2.1.(b).1 All teaching will be accommodated within the Component area for new Staff training and orientation, and for education of existing Staff if required. Training of pharmacy students and technicians will also occur within this Component.

2.6.1.2(1)(c) Scope of Research Activity

2.6.1.2.1.(c).1 Staff and students working within the Pharmacy Component will at times be engaged in quality initiatives or research as approved by the Authority. These will be accommodated within the general work areas.

2.6.1.2.1.(c).2 If research activity includes dispensing or preparing medications for clinical trials, the Pharmacy will provide dedicated secure storage of these medications.

2.6.1.2(2) Scope Exclusions

2.6.1.2(2)(a) The following list specifies functions that are understood to occur in other Functional Components in BH or outside BH:

2.6.1.2.2.(a).1 Consultation with Patients for all clinical service areas will occur at point of service, not in the Pharmacy Component;

2.6.1.2.2.(a).2 Maintenance of unit stock levels will be done outside this Component, within individual departments; and

2.6.1.2.2.(a).3 Provision of medications for the Home IV program.

2.6.1.3 OPERATIONAL CONSIDERATIONS

2.6.1.3(1) Service Delivery Principles and Methods

2.6.1.3(1)(a) Patient and Family Management Processes and Flows

2.6.1.3.1.(a).1 Patient Flow

(a).1.1 Prescribing will primarily occur in the Patient Rooms on the inpatient units or Consult Rooms and Exam Rooms in outpatient areas.

(a).1.2 The Pharmacy will be a restricted area with no public access. Patients will not have access to this Component.

2.6.1.3.1.(a).2 Family Flow

(a).2.1 Family and visitors will not have access to this Component.

2.6.1.3(1)(b) Care Provider Work Processes and Flows

- 2.6.1.3.1.(b).1 Medications will arrive at this Component from the Loading Dock or the IHR Component. The Pharmacy Staff will bring these medications to the Distribution/Storage and Preparation zones of the Pharmacy. Medications will not be stored within the Administration or Support Space zones.
- 2.6.1.3.1.(b).2 Care providers (non-Pharmacy Staff) will not access the Pharmacy and will mainly interact with clinical pharmacists in the area of service or via order entry or telephone. At times, providers will access this Component to visit the Pharmacy Staff using the non-Pharmacy Staff Vestibule.
- 2.6.1.3.1.(b).3 Orders from clinical service areas will be received through CPOE. The Pharmacy Staff will verify, fill and record each request. This information will also be available to the clinical pharmacist at any workstation in the clinical service areas.
- 2.6.1.3.1.(b).4 Staff will enter Sterile Compounding Rooms through Anterooms for gowning. Medications for chemotherapy, TPN or other specialized IV infusions will be prepared by the Pharmacy Staff in Sterile Compounding Rooms.
- 2.6.1.3.1.(b).5 PTS will be used in the transport of some medications from the Pharmacy to clinical service areas (e.g. STAT medications).
- 2.6.1.3.1.(b).6 Staff from clinical service areas will access Vestibule and transaction window to pick up urgent medication orders.
- 2.6.1.3.1.(b).7 Clinical pharmacists will provide Patient assessments and counselling primarily in Patient Rooms on the inpatient units or Consult Rooms and Exam Rooms in outpatient areas.

2.6.1.3(1)(c) Clinical and Logistical Support Processes and Flows

- 2.6.1.3.1.(c).1 Consumable Supplies
 - (c).1.1 Consumable supplies will be kept close to point of use, for each area. Items will be maintained with a minimum inventory level that will trigger a re-ordering process.
 - (c).1.2 The IHR Staff will bring supplies to the Distribution/Storage area.
- 2.6.1.3.1.(c).2 Pharmaceutical Supplies

- (c).2.1 Pharmaceuticals will be delivered directly to the Shipping/Receiving Area of the Pharmacy via Back of House Circulation.
- (c).2.2 Automated Unit Dose (AUD) strips will arrive pre-packed from the central warehouse for most clinical service areas, but some AUD packing will be done at BH.
- (c).2.3 The Pharmacy Staff will use secure replenishment carts to regularly restock the ADCs.
- (c).2.4 An automated night cabinet will be located outside of the Pharmacy (in the ICU) to be accessed by authorized Staff when the Pharmacy is closed.
- 2.6.1.3.1.(c).3 Facilities Maintenance and Operations
 - (c).3.1 The FMO Staff will provide preventative maintenance and urgent maintenance requests for the Pharmacy.
- 2.6.1.3.1.(c).4 Housekeeping and Waste Management
 - (c).4.1 Cleaning will be provided by Housekeeping and Waste Management services to the area within the Pharmacy and Sterile Compounding Area.
 - (c).4.2 Waste products and recycling will be separated to appropriate containments at point of use and stored until pick up by Housekeeping and Waste Management Staff.
 - (c).4.3 Wastes from the Pharmacy will be segregated into general garbage, sharps, biohazardous wastes, cytotoxic and chemotherapy agents, narcotics (unusable), medications, confidential paper, clean paper/cardboard, clean metal, and clean recycled plastics.
 - (c).4.4 Unused medications from Patient areas will be returned to the Pharmacy where they will be discarded or returned to inventory. Pharmaceutical waste products will be kept in Storage-Bio-Waste room in the Housekeeping and Waste Management Component for pick up for off-site disposal.
- 2.6.1.3.1.(c).5 Laundry/Linen
 - (c).5.1 Gowns worn in the Sterile Compounding Area will be placed in hampers and placed outside the Component for pick up by Laundry/Linen services.
- 2.6.1.3.1.(c).6 Central Porter Services

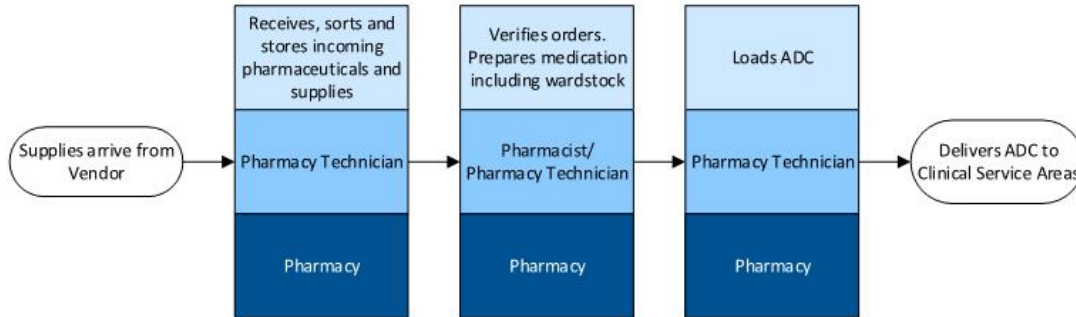
- (c).6.1 The Pharmacy Staff will request Central Porter Services to transport urgent medications required outside of routine deliveries in the ADCs.
- 2.6.1.3.1.(c).7 Security
 - (c).7.1 Access to the Pharmacy will be controlled and restricted at all times, with unrestricted access control permitted only to the Pharmacy Staff.
 - (c).7.2 All areas will be under video surveillance and recording, especially important for unused narcotics storage in Storage-Secure/Narcotics (which will be removed for off-site destruction).
 - (c).7.3 Refrigerators and freezers will be monitored and alarmed and will link to the FMO with an alert to start a maintenance response.
- 2.6.1.3(1)(d) Information Management
 - 2.6.1.3.1.(d).1 All orders for pharmaceutical products will be submitted and processed electronically via CPOE and verified by a pharmacist via an automated process.
 - 2.6.1.3.1.(d).2 Even though an eventual transition to “paper-lite” system is assumed, medication prescriptions and medication administration records will continue as paper hard copies.
 - 2.6.1.3.1.(d).3 The Pharmacy Staff will enter purchasing orders, dispensing records, and other information electronically and will access previous medication records through electronic records.
- 2.6.1.3(1)(e) Anticipated Trends in Service Delivery
 - 2.6.1.3.1.(e).1 The following lists trends that are expected to affect the nature and or functions accommodated within this Component. Effects of these trends will be reflected in the Component’s design:
 - (e).1.1 An increasing use of automation and technology in ordering and dispensing medications will continue;
 - (e).1.2 Use of pharmacy technicians and clinical pharmacists is expected to increase;
 - (e).1.3 Use of telehealth is expected to increase;
 - (e).1.4 An increasing number of work processes will be performed remotely (e.g. order verification);

- (e).1.5 Potential addition of satellite pharmacies (e.g. oncology); and
- (e).1.6 New service offerings (e.g. primary care clinic liaison).

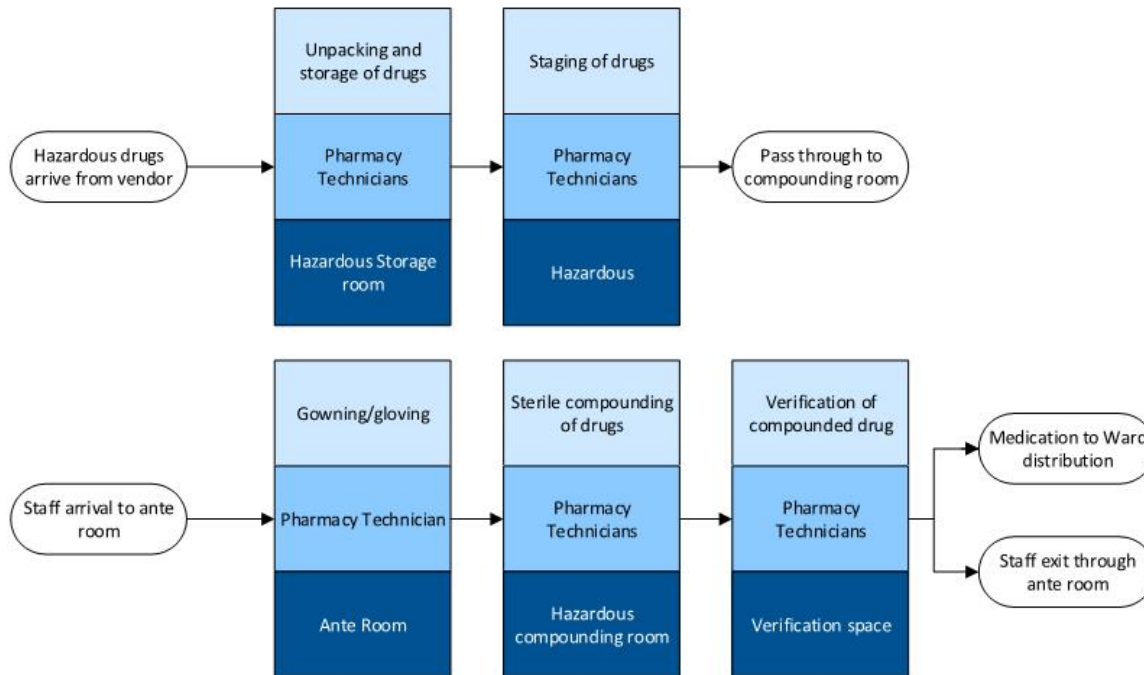
2.6.1.3(2) Workflows

2.6.1.3(2)(a) The Pharmacy workflows are shown in the following workflow diagrams.

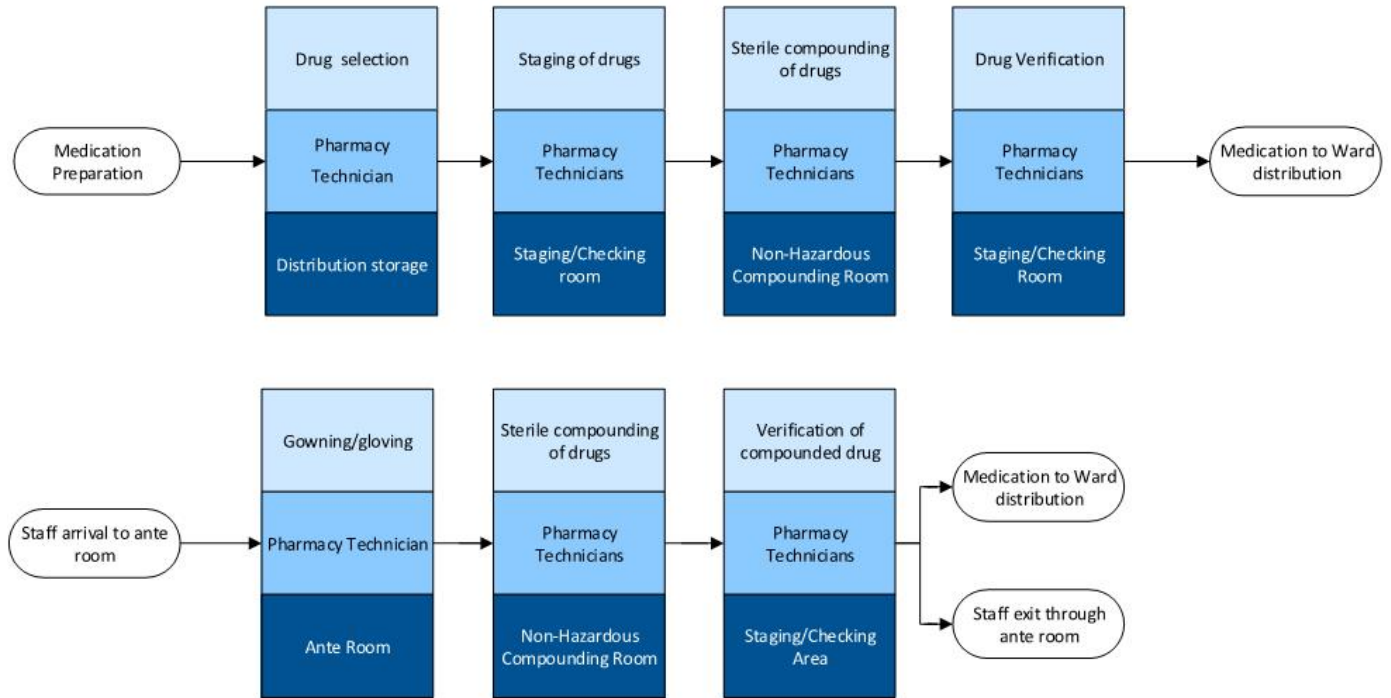
Drug Distribution Flow



Sterile Hazardous Compounding Flow



Sterile Non-Hazardous Compounding Flow



2.6.1.3(3) Hours of Operation

2.6.1.3(3)(a) The Pharmacy will be staffed and operated between 0700-2100 hours, Monday to Friday and between 0700-1800 hours, Saturday and Sunday.

2.6.1.3(3)(b) Outside of regular hours, required pharmacy services will be accessed through the FH centralized after hours service located off-site. A night cupboard will be located outside of the Pharmacy within the ICU.

2.6.1.3(4) Workloads

2.6.1.3(4)(a) The maximum estimated workload for this Component is shown in the following table.

PHARMACY	PEAK SHIFT
Coordinator, Drug Distribution Services	1
Coordinator, Clinical Pharmacy Services	1
Pharmacist, Drug Distribution	5
Pharmacist, Clinical Pharmacy	10
Clinical Pharmacy Specialist	5
Pharmacy Technician, Drug Distribution	18
Pharmacy Technician, Clinical Pharmacy	2
Supervisor, Technician	1

PHARMACY	PEAK SHIFT
Administrative Assistant	1
Porter	1
Regional Manager	2
Regional Director	1
Pharmacy Students	10
PEAK TOTAL	58

2.6.1.4 DESIGN CRITERIA

2.6.1.4(1) General Requirements

2.6.1.4(1)(a) Zones of Activity within the Pharmacy will include the following:

- 2.6.1.4.1.(a).1 Distribution/Storage;
- 2.6.1.4.1.(a).2 Preparation;
- 2.6.1.4.1.(a).3 Administration; and
- 2.6.1.4.1.(a).4 Staff Support Space.

2.6.1.4(1)(b) Access to this Component will be secured at all times, with electronic security technology providing control (e.g. access card with pin pad).

2.6.1.4(1)(c) The Pharmacy will have Close Access to the Loading Dock for receipt of pharmaceuticals and to the IHR through Back of House Circulation.

2.6.1.4(1)(d) The Pharmacy will have Convenient Access to ED, Medical Inpatient Unit, Maternal-Child Unit, Inpatient Psychiatry Unit, Perioperative Services, Outpatient Care, Ambulatory Care Clinic, Community Outpatient Services, inpatient units and critical care unit in the NT for drug distribution.

2.6.1.4(1)(e) An open floor design will be used for the layout of the Component to allow for reconfiguration to accommodate changes in operations and equipment.

2.6.1.4(1)(f) Design will include designated spaces for skids and carts in different areas and circulation space to maneuver carts.

2.6.1.4(1)(g) All offices and workstations will be designed ergonomically with the use of modular furnishings and casework to provide maximum flexibility.

- 2.6.1.4(1)(h) Hand hygiene sinks will be easily accessible throughout the Pharmacy and located at workstations where medications are prepared.
- 2.6.1.4(1)(i) Refrigerators and freezers will be centrally monitored by FMO and alarmed.
- 2.6.1.4(1)(j) The Pharmacy design will conform to the regulations of the professional and government authorities having jurisdiction and Canadian Society of Hospital Pharmacists and National Association of Pharmacy Regulatory Authorities (NAPRA) Guidelines.
- 2.6.1.4(1)(k) The following subjects have been identified as criteria in planning the nature and configuration of space:
 - 2.6.1.4.1.(k).1 Access and Security
 - (k).1.1 Access control at all perimeter doors to the Component will be provided and doors will be closed at all times.
 - (k).1.2 Line of Sight to all entry doors to the Component from general work areas will be provided. A communication/video intercom system from outside to inside of the Pharmacy will be provided.
 - (k).1.3 Alarm systems and/or duress alarm system will be provided for Staff safety and security and direct communication with IPS. This will include mobile duress alarm for Staff transporting pharmaceuticals throughout BH.
 - (k).1.4 Security cameras will be required at corridors from the Loading Dock to the Pharmacy, the Pharmacy entrances and inside the Pharmacy with Line of Sight covering the Pharmacy area in consultation with the Authority.
 - 2.6.1.4.1.(k).2 Temperature/Humidity/Ventilation Controls
 - (k).2.1 Equipment in this Component will generate heat and odours in Compounding Rooms. These areas will have independent temperature and air quality controls. Number of air exchanges, temperature and air quality will meet NAPRA standards.
 - (k).2.2 To maintain the integrity of medications during storage, controlled temperature and humidity within approved product specifications will be required.
 - 2.6.1.4.1.(k).3 Noise Control

- (k).3.1 Special sound attenuation measures as per Appendix 3C Acoustic and Noise Control Measures, will be provided to contain the noise generated by equipment.
- 2.6.1.4.1.(k).4 Lighting
 - (k).4.1 There will be a variety of lighting options in the Pharmacy, each suited to the functions accommodated in a specific space.
 - (k).4.2 Provision of Borrowed Light or Direct Natural Light in general work areas and Staff amenity areas will be desired.
 - (k).4.3 Exposure to natural light will not compromise the Component's security or operations.
- 2.6.1.4.1.(k).5 Infection Prevention and Control
 - (k).5.1 All Furniture will have non-porous, smooth surfaces that will allow easy cleaning for decontamination and counteract medication spills.
 - (k).5.2 Activities that generate airborne particle contaminants will be remotely located to minimize any potential cross-contamination.
- 2.6.1.4(2) Distribution/Storage
 - 2.6.1.4(2)(a) The Distribution/Storage zone will have Direct Access to Back of House Circulation.
 - 2.6.1.4(2)(b) The Distribution/Storage zone will include Shipping/Receiving Area, Storage-Bulk Drug/Supplies, Storage-Secure/Narcotics, Cart Storage/Tray Prep Area, Prepackage Unit Dose Area and Patient Medication Holding Area.
 - 2.6.1.4(2)(c) Shipping/Receiving Area
 - 2.6.1.4.2.(c).1 Shipping/Receiving Area will be an open area adjacent to Storage-Bulk Drug/Supplies with secure Direct Access to the Back of House Circulation for shipping and receiving.
 - 2.6.1.4.2.(c).2 A communication/video intercom system outside the door in the Back of House Circulation will be provided for delivery Staff to communicate with Shipping/Receiving Area Staff.
 - 2.6.1.4.2.(c).3 Shipping/Receiving Area will include workstations, work counter, storage cabinets and a recycling zone for breaking out bulk pharmaceuticals.

2.6.1.4(2)(d) Storage-Bulk Drug/Supplies

- 2.6.1.4.2.(d).1 Storage-Bulk Drug/Supplies will be an open area adjacent to the following in order of priority: Shipping/Receiving Area, Storage-Hazardous, Storage-Secure/Narcotics, Dispensary Area, Cart Storage/Tray Prep Area and Prepackage Unit Dose Area.
- 2.6.1.4.2.(d).2 Storage-Bulk Drug/Supplies will have Convenient Access to Dispensary Area.
- 2.6.1.4.2.(d).3 It will include modular shelving for drugs and non-drug inventory, refrigerators and freezers.
- 2.6.1.4.2.(d).4 Staff will use carts to stock shelves with drugs and remove inventory. Carts will be parked at the end of the modular shelving to allow for Staff maneuverability around the shelving.
- 2.6.1.4.2.(d).5 Multiple Staff with carts will be able to maneuver between shelving, move unimpeded without hitting shelving and other equipment or impeding Staff flow.

2.6.1.4(2)(e) Storage-Secure/Narcotics

- 2.6.1.4.2.(e).1 Storage-Secure/Narcotics will be an enclosed secure room adjacent to Storage-Bulk Drug/Supplies and Prepackage Unit Dose Area with Convenient Access to Dispensary Area.
- 2.6.1.4.2.(e).2 It will not be located on an outside wall.
- 2.6.1.4.2.(e).3 Storage-Secure/Narcotics will meet provincial and federal requirements for the storage of narcotics. Narcotics and controlled drugs will be stored in ADC within Storage-Secure/Narcotics.
- 2.6.1.4.2.(e).4 Basic requirements for this room include the following:
 - (e).4.1 Secure floor to ceiling non-penetrable walls;
 - (e).4.2 Secure, non-accessible ceiling;
 - (e).4.3 Secure, lockable door;
 - (e).4.4 Access control;
 - (e).4.5 Integrated alarm system;
 - (e).4.6 Back-up mechanical locking under power failure; and
 - (e).4.7 Video Surveillance and recording.
- 2.6.1.4.2.(e).5 Storage-Secure/Narcotics will include workstations, work counter, Controlled Substance Managers (CSM), ADC, refrigerator and printers.

2.6.1.4(2)(f) Cart Storage/Tray Prep Area

- 2.6.1.4.2.(f).1 Cart Storage/Tray Prep Area will be an open area adjacent to Storage-Bulk Drug/Supplies.
- 2.6.1.4.2.(f).2 Cart Storage/Tray Prep Area will not be located adjacent to Order Entry Area or Dispensary Area to minimize noise and separate workflows.
- 2.6.1.4.2.(f).3 It will include tray prep workstations and space for ADC cart storage.

- 2.6.1.4(2)(g) Prepackage Unit Dose Area
 - 2.6.1.4.2.(g).1 Prepackage Unit Dose Area will be an open area adjacent to Storage-Bulk Drug/Supplies and Storage-Secure/Narcotics with Convenient Access to Dispensary Area.
 - 2.6.1.4.2.(g).2 Prepackage Unit Dose Area will be used for unit dose prepackaging labelling and barcoding.
 - 2.6.1.4.2.(g).3 This area will include a workstation with storage, prepackaging machines, labelling, barcoding equipment and Radio Frequency Identification (RFID) machine.

- 2.6.1.4(2)(h) Patient Medication Holding Area
 - 2.6.1.4.2.(h).1 Patient Medication Holding Area will be an open area adjacent to the Preparation zone.
 - 2.6.1.4.2.(h).2 This area will be used as a holding zone for Patient medications.

- 2.6.1.4(3) Preparation
 - 2.6.1.4(3)(a) The Preparation zone will be organized into two (2) separate areas. These areas will be required to be adjacent.
 - 2.6.1.4(3)(b) One area will include Vestibule, Order Entry, Dispensary Area with a Pneumatic Tube Station and Compounding Area-Non-Sterile.
 - 2.6.1.4(3)(c) The other area will be the Sterile Compounding Area and will include Alcove-Emergency Shower/Eye Wash, Staging/Checking Area-Non Hazardous, Anteroom-Non Hazardous, Compounding Room-Non Hazardous-Sterile, Storage-Hazardous, Staging/Checking Area-Hazardous, Anteroom-Hazardous, Compounding Room-Hazardous-Sterile and Change Room-Staff.
 - 2.6.1.4(3)(d) Vestibule
 - 2.6.1.4.3.(d).1 A Vestibule, within the Preparation zone, will be an enclosed room with Direct Access from General Circulation.

- 2.6.1.4.3.(d).2 Line of Sight from Order Entry Area and Dispensary Area to this room will be required. A communication/video intercom system inside Vestibule will be provided to communicate with Pharmacy Staff at Dispensary Area.
- 2.6.1.4.3.(d).3 Vestibule will be used as waiting space for Patients and non-Pharmacy Staff. The presence of mobility aids including canes, crutches, walkers, wheelchairs and motorized chairs/scooters will be anticipated in this room.
- 2.6.1.4.3.(d).4 A counter and transaction window between the Pharmacy and Vestibule will be used for receiving medications and private consultations with Pharmacy Staff.
- 2.6.1.4.3.(d).5 Transaction window will be 600 x 600 mm and security measures for opening and locking it will be confirmed in consultation with the Authority as per Schedule 2 (User Consultation and Design Review).

2.6.1.4(3)(e) Order Entry Area

- 2.6.1.4.3.(e).1 Order Entry Area will be an open work area adjacent to Dispensary Area. Staff will be processing orders at computer workstations and reviewing references online as well as hard copies in this area.
- 2.6.1.4.3.(e).2 Order Entry Area will include touchdown workstations, multifunctional printer (MFP), backup fax machine and storage shelving for references.
- 2.6.1.4.3.(e).3 Acoustic considerations will be provided in this area to function as a quiet work area where Staff can maintain concentration on order processing.

2.6.1.4(3)(f) Dispensary Area

- 2.6.1.4.3.(f).1 Dispensary Area will be an open area adjacent to Vestibule, Order Entry Area and Compounding Area-Non-Sterile.
- 2.6.1.4.3.(f).2 This area will have Direct Access to a Pneumatic Tube Station and a Business Centre. It will also have Convenient Access to Storage-Secure/Narcotics.
- 2.6.1.4.3.(f).3 Pharmacy Staff will retrieve medication from Storage areas and fill and check medication orders in this area.
- 2.6.1.4.3.(f).4 Dispensary Area will include a rectangular dispensing counter in the middle of the space

- surrounded on three sides by supply storage shelving, refrigerators and freezers to accommodate an efficient workflow. The counter will be accessible on all sides. A hand hygiene sink will also be provided adjacent to Pneumatic Tube Station.
- 2.6.1.4.3.(f).5 Acoustic considerations will be provided in this area to function as a quiet work area to reduce medication errors.
- 2.6.1.4.3.(f).6 A communication/video intercom system will be provided in Dispensary Area to communicate with Sterile Compounding Area.
- 2.6.1.4(3)(g) Compounding Area-Non-Sterile
- 2.6.1.4.3.(g).1 Compounding Area-Non-Sterile will be an open area adjacent to Dispensary Area.
- 2.6.1.4.3.(g).2 It will also have Convenient Access to Storage areas and Prepackage Unit Dose Area.
- 2.6.1.4.3.(g).3 Compounding Area-Non-Sterile will include a workstation, chemical-resistant work counter for weighing ingredients and non-sterile compounding, utility sink for cleaning and washing equipment and storage cabinets.
- 2.6.1.4.3.(g).4 It will also include a PPE storage, and a hand hygiene sink.
- 2.6.1.4(3)(h) Sterile Compounding Area
- 2.6.1.4.3.(h).1 Sterile Compounding Area will be organized into two (2) separate zones, Sterile Non Hazardous Compounding Area and Sterile Hazardous Compounding Area. These zones will be adjacent to but independent of each other. To minimize risk of cross contamination, processes associated with hazardous compounding will be separated from processes associated with non hazardous compounding. This will require separate rooms and flows in each zone.
- 2.6.1.4.3.(h).2 All rooms in Sterile Compounding Area will meet National Guidelines for Handling Hazardous Substances by the Canadian Centre for Occupational Health and Safety (CCOHS) and National Association of Pharmacy Regulatory Authorities (NAPRA) standards.
- 2.6.1.4.3.(h).3 The ceiling and wall surfaces in this area will be easily washed and disinfected. All work surfaces and cabinets will be chemically resistant.

- 2.6.1.4.3.(h).4 An Alcove-Emergency Shower/Eye Wash with a plumbed Emergency Shower/Eye Wash station (tempered with thermostatic mixing valves to prevent eye scalding) and floor drain will be installed in this area. All other areas in the Pharmacy will also have access to this Alcove.
- 2.6.1.4.3.(h).5 Sterile Non Hazardous Compounding Area will comprise of the following three (3) spaces:
- (h).5.1 Staging/Checking Area-Non Hazardous
 - (h).5.1.1 Staging/Checking Area-Non Hazardous will be an open area adjacent to Anteroom-Non Hazardous and Compounding Room-Non Hazardous-Sterile.
 - (h).5.1.2 This area will be used for staging, organizing and preparing products prior to moving them into Anteroom-Non Hazardous via a pass through cabinet and checking products after moving them back via the same pass through cabinet.
 - (h).5.1.3 Staging/Checking Area-Non Hazardous will have Direct Access to the Pharmacy Area.
 - (h).5.1.4 This area will include a workstation, counter, cabinets, shelving and a pass through cabinet to and from Anteroom-Non Hazardous.
 - (h).5.1.5 Pass through cabinet will be NAPRA compliant and sealed with a door interlock system that prevents both doors being opened simultaneously.
 - (h).5.1.6 Space will be provided in this area for utility/storage carts.
 - (h).5.1.7 A communication/video intercom system from this space to Compounding Room-Non Hazardous-Sterile and Dispensary Area will be provided.
 - (h).5.1.8 Line of Sight from this area to Compounding Room-Non Hazardous-Sterile will be provided through a window for safety.
 - (h).5.2 Anteroom-Non Hazardous

- (h).5.2.1 Staff will enter the Anteroom-Non Hazardous to access the Compounding Room-Non Hazardous-Sterile.
- (h).5.2.2 This room will have Direct Access to Compounding Room-Non Hazardous-Sterile and the Pharmacy Area with a door interlock system that prevents both doors being opened simultaneously. Doors will have motion activated door openers.
- (h).5.2.3 Space will be provided in this room for utility/storage carts.
- (h).5.2.4 This room will include a scrub sink, plumbed eye wash station and PPE storage. The flooring will include a demarcation line to separate dirty and clean.
- (h).5.2.5 This room will have two (2) pass through cabinets; one (1) to Staging/Checking Area-Non Hazardous and one (1) to Compounding Room-Non Hazardous-Sterile. The two (2) pass through cabinets will be NAPRA compliant and sealed with a door interlock system that prevents both doors being opened simultaneously.
- (h).5.2.6 A communication/video intercom system from this room to Compounding Room-Non Hazardous-Sterile and Dispensary Area will be provided.
- (h).5.2.7 Line of Sight from this room to Compounding Room-Non Hazardous-Sterile will be provided for safety.
- (h).5.2.8 The air pressure for this room will be positive relative to the Pharmacy Area.
- (h).5.3 Compounding Room-Non Hazardous-Sterile
 - (h).5.3.1 Compounding Room-Non Hazardous-Sterile will be adjacent to Anteroom-Non Hazardous and Staging/Checking Area-Non Hazardous with Direct Access to Anteroom-Non Hazardous.
 - (h).5.3.2 Staff will enter this room through Anteroom-Non Hazardous to compound sterile non hazardous products in laminar flow hoods. Products move into and exit this room

- from Anteroom-Non Hazardous via a pass through cabinet.
- (h).5.3.3 Compounding Room-Non Hazardous-Sterile will include laminar flow hoods, carts and a pass through cabinet.
 - (h).5.3.4 Space will be provided for utility/supply carts and other equipment that will be used in the area.
 - (h).5.3.5 A communication/video intercom system from this room to Anteroom-Non Hazardous, Staging/Checking Area-Non Hazardous and Dispensary Area will be provided.
 - (h).5.3.6 The air pressure for this room will be positive relative to Anteroom-Non Hazardous and Staging/Checking Area-Non Hazardous.
 - (h).5.3.7 Windows to the exterior of the building will not be permitted.
- 2.6.1.4.3.(h).6 Sterile Hazardous Compounding Area will comprise of the following four (4) spaces:
- (h).6.1 Storage-Hazardous
 - (h).6.1.1 Storage-Hazardous will be an enclosed room adjacent to Staging/Checking Area-Hazardous, Anteroom-Hazardous and Compounding Room-Hazardous-Sterile.
 - (h).6.1.2 This room will be used for unpacking and storing hazardous drugs and waste.
 - (h).6.1.3 This room will include a workstation, counter, cabinets, shelving and refrigerators.
 - (h).6.1.4 Space will be provided in this room for utility/storage carts.
 - (h).6.1.5 The air pressure for this room will be negative relative to the Pharmacy Area.
 - (h).6.2 Staging/Checking Area-Hazardous
 - (h).6.2.1 Staging/Checking Area-Hazardous will be an open area adjacent to Storage-Hazardous, Anteroom-Hazardous and Compounding Room-Hazardous-Sterile.
 - (h).6.2.2 This area will be used for staging, organizing and preparing products prior to moving them into Anteroom-

- Hazardous via a pass through cabinet and checking products after moving them back via the same pass through cabinet.
- (h).6.2.3 Staging/Checking Area-Hazardous will have Direct Access to Storage-Hazardous and the Pharmacy Area.
 - (h).6.2.4 This area will include a workstation, counter, cabinets and a pass through cabinet to and from Anteroom-Hazardous.
 - (h).6.2.5 The Pass through cabinet will be NAPRA compliant and sealed with a door interlock system that prevents both doors being opened simultaneously.
 - (h).6.2.6 Space will be provided in this area for utility/storage carts.
 - (h).6.2.7 A communication/video intercom system from this space to Compounding Room-Hazardous-Sterile and Dispensary Area will be provided.
 - (h).6.2.8 Line of sight from this area to Compounding Room-Hazardous-Sterile will be provided through a window for safety.
- (h).6.3 Anteroom-Hazardous
- (h).6.3.1 Staff will enter Anteroom-Hazardous to access the Compounding Room-Hazardous-Sterile.
 - (h).6.3.2 This room will have Direct Access to Compounding Room-Hazardous-Sterile and the Pharmacy area with a door interlock system that prevents both doors being opened simultaneously. Doors will have motion activated door openers.
 - (h).6.3.3 Space will be provided in this room for utility/storage carts.
 - (h).6.3.4 This room will include a scrub sink, plumbed eye wash station and PPE storage. The flooring will include a demarcation line to separate dirty and clean.
 - (h).6.3.5 This room will have two (2) pass through cabinets; one (1) to

- Staging/Checking Area-Hazardous and one (1) to Compounding Room-Hazardous. The two (2) pass through cabinets will be NAPRA compliant and sealed with a door interlock system that prevents both doors being opened simultaneously
- (h).6.3.6 A communication/video intercom system from this room to Compounding Room-Hazardous-Sterile and Dispensary Area will be provided.
 - (h).6.3.7 Line of Sight from this room to Compounding Room-Hazardous-Sterile will be provided for safety.
 - (h).6.3.8 The air pressure for this room will be negative relative to the Pharmacy Area.
- (h).6.4 Compounding Room-Hazardous-Sterile
- (h).6.4.1 Compounding Room-Hazardous-Sterile will be adjacent to Anteroom-Hazardous, Storage-Hazardous and Staging/Checking Area-Hazardous with Direct Access to Anteroom-Hazardous.
 - (h).6.4.2 Staff will enter this room through Anteroom-Hazardous to compound sterile hazardous products in biological safety cabinets. Products move into and exit this room from Anteroom-Hazardous via a pass through cabinet.
 - (h).6.4.3 Compounding Room-Hazardous-Sterile will include biological safety cabinets and a pass through cabinet.
 - (h).6.4.4 Space will be provided for utility/supply carts and other equipment that will be used in the area.
 - (h).6.4.5 A communication/video intercom system from this room to Anteroom-Hazardous, Staging/Checking Area-Hazardous, Dispensary Area and the existing Oncology Unit will be provided.
 - (h).6.4.6 The air pressure for this room will be negative relative to Anteroom-Hazardous and Staging/Checking Area-Hazardous.
 - (h).6.4.7 Windows to the exterior of the building will not be permitted.

2.6.1.4(4) Administration

- 2.6.1.4(4)(a) The Administration zone will be located at the periphery of the Component with Convenient Access and Line of Sight to general work areas in the Pharmacy.
 - 2.6.1.4(4)(b) The Administration zone will contain different types of offices including private Office, Office-2 Shared and Office-Multi.
 - 2.6.1.4(4)(c) Office-Multi will be centrally located in the Component.
 - 2.6.1.4(4)(d) One (1) open Business Centre will be shared and located with Convenient Access to all Offices and one (1) open Business Centre will be located adjacent to Dispensary Area.
 - 2.6.1.4(4)(e) Meeting Room will be shared with the Housekeeping and Waste Management, Patient Food Services, IHR and Laundry/Linen Components. This room will be located outside the Component with no Direct Access to the Pharmacy.
- 2.6.1.4(5) Support
- 2.6.1.4(5)(a) The Support zone will include a Housekeeping Room, Lounge-Staff and Washroom-Staff.
 - 2.6.1.4(5)(b) Housekeeping Closet will have Convenient Access to the Sterile Compounding Area.
 - 2.6.1.4(5)(c) Lounge-Staff will be located within the Pharmacy therefore Staff will not be required to leave the secure area of the Pharmacy to access this room. It will have Convenient Access to a Staff entrance to the Component. It will include a workstation, kitchenette and Staff lockers.
 - 2.6.1.4(5)(d) Washroom-Staff will be located adjacent to Lounge-Staff but will not open directly into Lounge-Staff and general work areas. Staff will not exit the secure areas of the Pharmacy to access Washroom-Staff.
 - 2.6.1.4(5)(e) Change Room-Staff will include change cubicles and will be located adjacent to the Sterile Compounding Area.

2.6.1.5 EXTERNAL RELATIONSHIPS

2.6.1.5(1) The following diagram indicates other Functional Components that have a functional relationship with this Component.



LEGEND

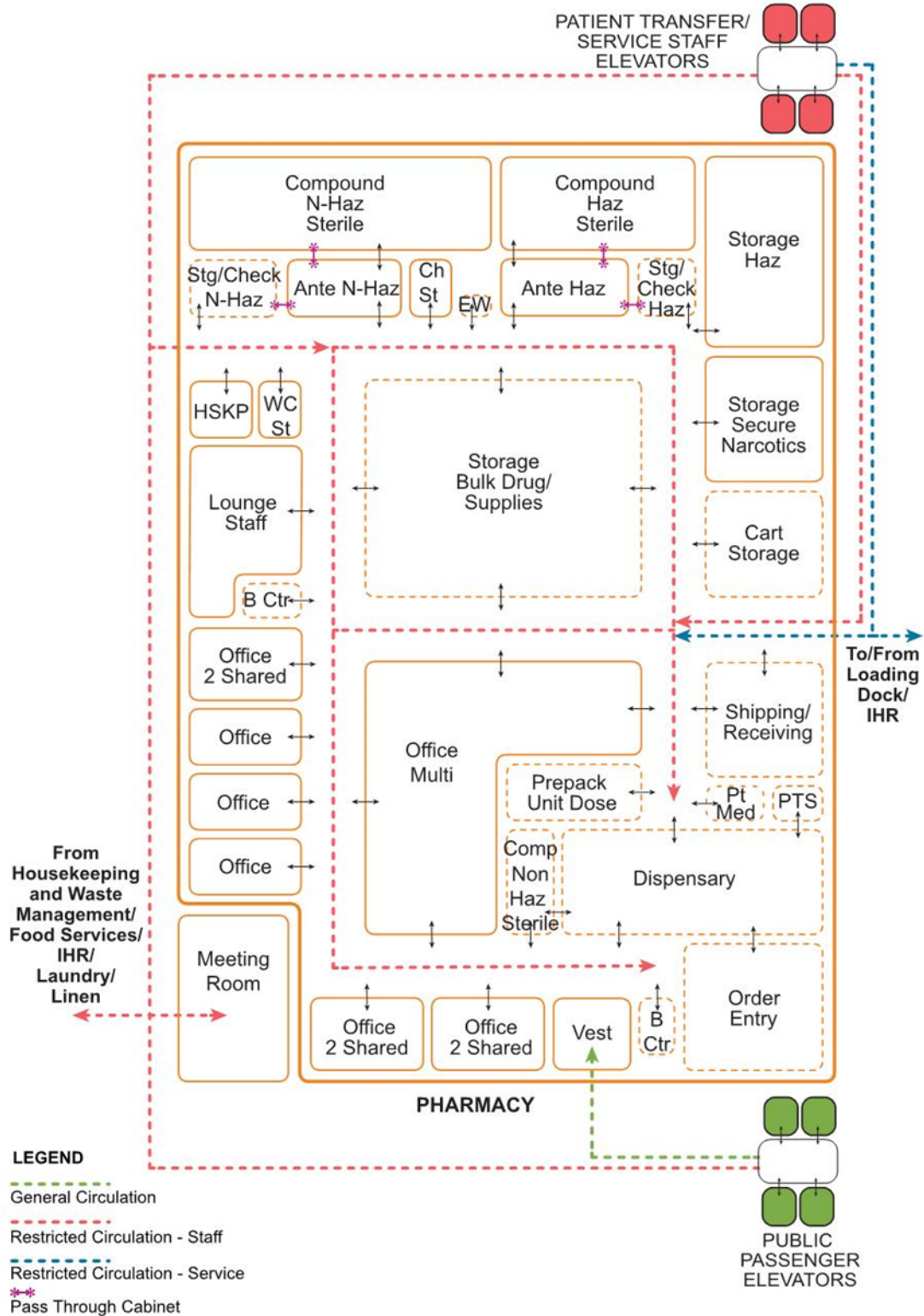
Close Access by Back of House Circulation

Convenient Access by Restricted Circulation

Convenient Access by General Circulation

2.6.1.6 INTERNAL RELATIONSHIPS

2.6.1.6(1) The following diagram indicates internal functional relationships within this Component.



2.6.2 MORGUE

2.6.2.1 SERVICE OVERVIEW

- 2.6.2.1(1) The primary purpose of the Morgue is to receive and temporarily store deceased Patients awaiting transfer to community services (e.g. funeral homes). On occasion, this will include deceased Patients from other sites within the region (e.g. if another site is over capacity). Bodies from the community will also be accepted for storage through BC Ambulance Services or BC Coroner's Services.
- 2.6.2.1(2) The Morgue will include a Waiting Area for family and friends to attend to and grieve with deceased Patients. A Body ID Room will accommodate identification of bodies when required (e.g. dead-on-arrival Patients admitted directly to the Morgue).

2.6.2.2 FUNCTIONAL DESCRIPTION

2.6.2.2(1) Scope of Services

2.6.2.2(1)(a) Scope of Clinical Activity

2.6.2.2.1.(a).1 The following specifies the minimum set of functions that will be accommodated within this Component:

- (a).1.1 Receiving and temporary cold storage of decedents;
- (a).1.2 Family and provider viewing and/or identification of the body;
- (a).1.3 Receiving community providers who will transfer bodies out of BH to local funeral homes; and
- (a).1.4 Clinical and administrative functions (e.g. documentation of incoming or outgoing bodies, report preparation).

2.6.2.2(1)(b) Scope of Educational Activity

2.6.2.2.1.(b).1 Teaching around safe handling and Morgue procedures will be accommodated within the general work area and will not require specialized or dedicated facilities in this Component.

2.6.2.2(1)(c) Scope of Research Activity

2.6.2.2.1.(c).1 Required research activity will be accommodated within the general work area and will not require specialized or dedicated facilities in this Component.

2.6.2.2(2) Scope Exclusions

2.6.2.2(2)(a) The following list specifies functions that are understood to occur in other Functional Components in BH or outside BH:

- 2.6.2.2.2.(a).1 Post mortem examinations will not be conducted on site. If this service is required, decedents will be transferred to a site that provides this service;
- 2.6.2.2.2.(a).2 Preparing decedents for burial or cremation will occur in the community;
- 2.6.2.2.2.(a).3 Collection and storage of anatomical specimens will not be accommodated in this Component (currently conducted in Laboratory); and
- 2.6.2.2.2.(a).4 Storage of body parts will not be accommodated in this Component.

2.6.2.3 OPERATIONAL CONSIDERATIONS

2.6.2.3(1) Service Delivery Principles and Methods

2.6.2.3(1)(a) Decedent Management Processes and Flows

- 2.6.2.3.1.(a).1 Decedents will arrive from various locations in BH (e.g. ED, Medical Inpatient Unit, Perioperative Services) or from the community. Cases arriving dead-on-arrival will be transported via the ED or directly to the Morgue.
- 2.6.2.3.1.(a).2 Decedents will leave BH through a separate and discrete exit. The path of travel from the Morgue will be through the Back of House Circulation, avoiding public areas and public elevators. Exterior access will allow for transfer to and from community provider vehicles.
- 2.6.2.3.1.(a).3 All decedent transport within BH will be conducted using covered transport carts. Transport of bariatric decedents will be accommodated within BH.

2.6.2.3(1)(b) Family Management Processes and Flows

- 2.6.2.3.1.(b).1 Access to the Morgue will be secured at all times. Security or clinical Staff will escort and provide access to family members and visitors.

2.6.2.3(1)(c) Care Provider Work Processes and Flows

- 2.6.2.3.1.(c).1 Authorized Staff will have access to the Morgue 24/7. Access control will be required to increase security and add ability to track entry.
- 2.6.2.3.1.(c).2 The Morgue will have no dedicated Staff:

- (c).2.1 Decedents will be moved throughout BH by Central Porter Services. Porters will retrieve transport stretcher and tray from the Morgue and bring to requesting Patient care area. The decedents will be transferred to the stretcher, covered, and transported to the Morgue. Porters will transfer the decedents and tray to the racking system in Walk-In Cooler using a scissor lift. Stretchers, equipment and trays will be wiped down in a designated area in Multi-Purpose Room following use.
 - (c).2.2 Decedents will be brought to BH from the community by external providers (e.g. BCAS), who will check in at registration and be escorted by BH Staff to the Morgue. External providers will transport decedents from a discrete exterior entrance to the Morgue through the Back of House Circulation. They will sign in and document incoming bodies in Multi-Purpose Room. Decedents will be transferred to the racking system in Walk-In Cooler using a scissor lift.
 - (c).2.3 Decedents will be removed from BH by Community Providers, who will be escorted by Security, Central Porter Services or an FH designate. Community Providers will sign in and document outgoing bodies in Multi-Purpose Room. Decedents will be transported from the Morgue to a discrete exterior exit, where they will be loaded into a Community Provider vehicle. Path of travel will be direct and through the Back of House Circulation.
 - (c).2.4 Other duties (e.g. census) will be performed by existing site clinical and administrative Staff.
- 2.6.2.3(1)(d) Clinical and Logistical Support Processes and Flows
- 2.6.2.3.1.(d).1 Equipment and Instruments
 - (d).1.1 Equipment will consist primarily of stretchers and lifts for the movement of decedents. Stretchers will include coverings for discrete transportation of decedents. All necessary equipment will be cleaned and stored in the Morgue footprint.
 - 2.6.2.3.1.(d).2 Consumable Supplies
 - (d).2.1 This Component will have minimal supply needs such as PPE and equipment wipes.

Consumable supplies will be kept in a storage cabinet in Multi-Purpose Room and will be maintained by direct purchase by the Patient Access and Community Transitions (PACT) team.

- 2.6.2.3.1.(d).3 Housekeeping and Waste Management
- (d).3.1 Housekeeping and Waste Management will provide routine and demand cleaning of this Component.
 - (d).3.2 Waste products will be managed according to a system of segregation at point of origin and sequential consolidation throughout the Component.
 - (d).3.3 Segregation of wastes will accommodate the following categories:
 - (d).3.3.1 General garbage including clean recycling;
 - (d).3.3.2 Infectious or contaminated wastes; and
 - (d).3.3.3 Confidential paper.
 - (d).3.4 Waste containers will be monitored, removed and replaced by Housekeeping and Waste Management Staff.
- 2.6.2.3.1.(d).4 Laundry/Linen
- (d).4.1 Two (2) soiled linen hampers will be kept in Multi-Purpose Room (e.g. slings brought down with decedent). Housekeeping and Waste Management will remove soiled linen as required.
 - (d).4.2 A minimal amount of clean linen will be kept within Multi-Purpose Room in a storage cabinet and will be maintained by the PACT team.

2.6.2.3(1)(e) Information Management

- 2.6.2.3.1.(e).1 Access to information and documentation (incoming or outgoing body reports) will occur at the workstation in Multi-Purpose Room.

2.6.2.3(1)(f) Anticipated Trends in Service Delivery

- 2.6.2.3.1.(f).1 The following lists trends that are expected to affect the nature and or functions accommodated within this Component. Effects of these trends will be reflected in the Component's design:
 - (f).1.1 More grieving for deceased Patients will occur in Patient care areas. On some occasions,

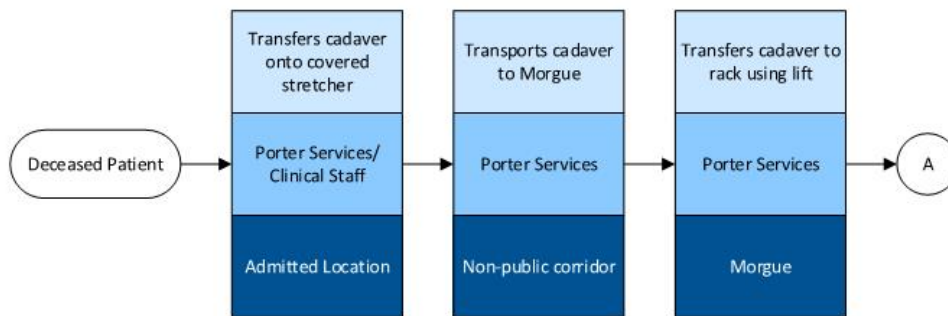
these decedents will leave BH directly without first accessing the Morgue;

- (f).1.2 Increasing need for bariatric decedent transport and storage space; and
- (f).1.3 It is anticipated the electronic technology and wrist band bar code will be used to check Patient information, to correctly identify Patients.

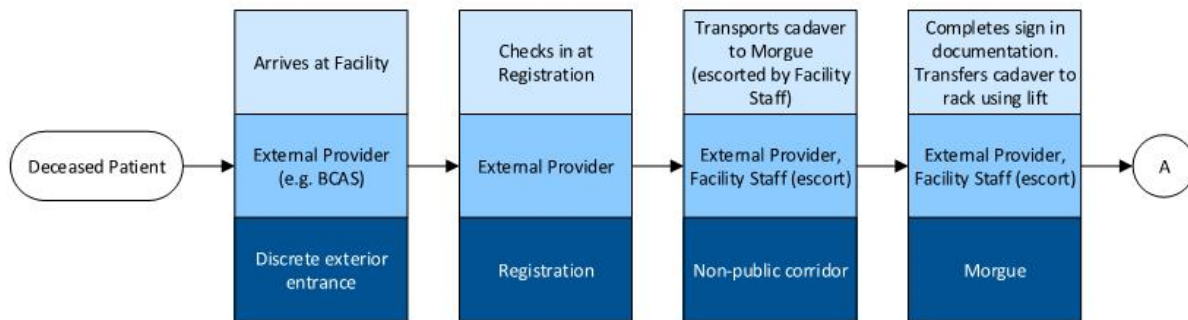
2.6.2.3(2) Workflows

2.6.2.3(2)(a) The Morgue workflows are shown in the following workflow diagrams.

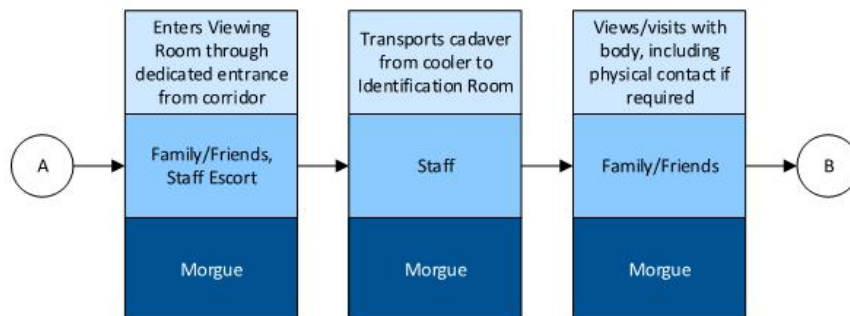
Transfer within BH Flow



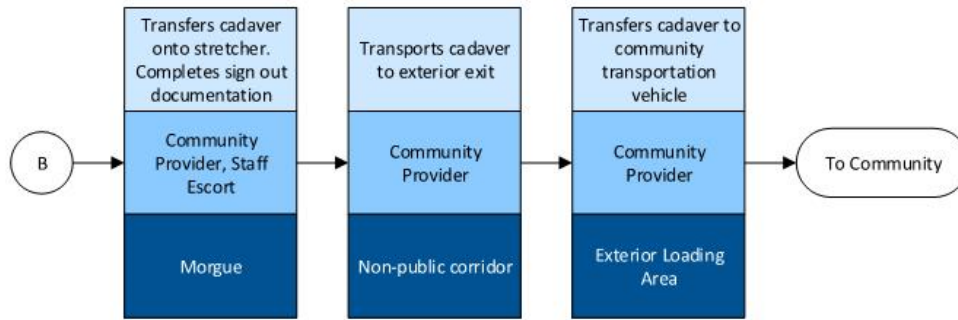
Transfer from Community Flow



Viewing/Identification Flow (if required)



Transfer to Community Flow



2.6.2.3(3) Hours of Operation

2.6.2.3(3)(a) The Morgue will be accessible to authorized Staff, Community Providers, and escorted visitors 24/7.

2.6.2.3(4) Workloads

2.6.2.3(4)(a) The Morgue will have no dedicated Staff.

2.6.2.4 DESIGN CRITERIA

2.6.2.4(1) General Requirements

2.6.2.4(1)(a) Access to this Component will be secured at all times, with electronic security technology providing control (e.g. access card).

2.6.2.4(1)(b) The Morgue will provide Direct Access for private and dignified transfer to a sally port through Back of House Circulation.

2.6.2.4(1)(c) The Back of House Circulation between the Morgue and the exterior exit or a sally port will be level with maximum distance of 50 m. If the access corridor is not level, a ramp with maximum 2% slope or a mechanical lift at exterior exit will be provided.

2.6.2.4(1)(d) Discrete Convenient Access will be achieved for stretcher transfer from different Components via Restricted Circulation.

2.6.2.4(1)(e) The Morgue will not be located adjacent to Patient Transfer/Staff Service Elevators or Public Passenger Elevators to avoid transfer of odors from the Morgue.

2.6.2.4(1)(f) Families and visitors will be escorted by Security or Staff from Main Entrance and Public Services to the Morgue via Restricted Circulation.

- 2.6.2.4(1)(g) The Morgue will have Close Access to a Housekeeping Room on the same building level.
- 2.6.2.4(1)(h) Internal layout will allow scissor lift circulation within and between Multi-Purpose Room, Walk-In Cooler and Body ID Room.
- 2.6.2.4(1)(i) The Morgue will have level, even and non-slip floors to prevent Staff injuries.
- 2.6.2.4(1)(j) The Morgue will be divided into four (4) main rooms:
 - 2.6.2.4.1.(j).1 Multi-Purpose Room;
 - 2.6.2.4.1.(j).2 Walk-In Cooler;
 - 2.6.2.4.1.(j).3 Body ID Room; and
 - 2.6.2.4.1.(j).4 Waiting Area.
- 2.6.2.4(2) Multi-Purpose Room
 - 2.6.2.4(2)(a) Access control between the Back of House Circulation and Multi-Purpose Room will be provided.
 - 2.6.2.4(2)(b) Multi-Purpose Room will have Direct Access to Walk-In Cooler and Body ID Room.
 - 2.6.2.4(2)(c) All doors to Multi-Purpose Room will accommodate a bariatric stretcher/body rack.
 - 2.6.2.4(2)(d) Doors from Multi-Purpose Room to Walk-In Cooler and Body ID Room will accommodate a scissor lift.
 - 2.6.2.4(2)(e) Multi-Purpose Room will include a Staff workstation, scissor lift parking and holding area for stretchers and body trays.
 - 2.6.2.4(2)(f) A communication/video intercom system from the Back of House Circulation and exterior exit to workstation in Multi-Purpose Room will be provided.
 - 2.6.2.4(2)(g) Multi-Purpose Room will include a hand hygiene sink with adjacent PPE storage. It will also include clean storage cabinets and a wipe down bay with a utility sink and floor drain.
 - 2.6.2.4(2)(h) Multi-Purpose Room will have a bariatric XY-gantry ceiling lift.
 - 2.6.2.4(2)(i) Hermetic containment supply storage and dispensing system for infectious disease body storage will be located in Multi-Purpose Room.

2.6.2.4(3) Walk-In Cooler

- 2.6.2.4(3)(a) Walk-In Cooler will have Direct Access to Multi-Purpose Room.
- 2.6.2.4(3)(b) Walk-In Cooler capacity for thirty seven (37) bodies will include:
 - 2.6.2.4.3.(b).1 Thirty two (32) regular body trays (8 x stacked 4 bodies high); and
 - 2.6.2.4.3.(b).2 Five (5) bariatric body trays (1 x stacked 3 bodies high and 2 bariatric stretchers/body trays).
- 2.6.2.4(3)(c) Walk-In Cooler will also include a scissor lift parking.
- 2.6.2.4(3)(d) Walk-In Cooler will be designed with efficient use of space around racking system. It will also include a floor drain.
- 2.6.2.4(3)(e) Walk-In Cooler will have a bariatric XY-gantry ceiling lift.

2.6.2.4(4) Body ID Room

- 2.6.2.4(4)(a) Body ID Room will have Direct Access to Multi-Purpose Room and Waiting Area.
- 2.6.2.4(4)(b) Access control will be provided between Body ID Room and Waiting Area (lockable only from Body ID Room).
- 2.6.2.4(4)(c) A viewing window (length of wall) between Body ID Room and Waiting Area will provide Line of Sight to full length of stretcher/body tray within Body ID Room. Integral blinds for this window will be controlled by Staff in Body ID Room.
- 2.6.2.4(4)(d) Confidential conversations from Body ID Room will not be heard in Waiting Area.

2.6.2.4(5) Waiting Area

- 2.6.2.4(5)(a) Waiting Area will be located adjacent to Body ID Room with Direct Access from the Back of House Circulation.
- 2.6.2.4(5)(b) Access control between the Back of House Circulation and Waiting Area will be provided.
- 2.6.2.4(5)(c) Waiting Area will include limited seating for families and visitors.

- 2.6.2.4(5)(d) This room will accommodate smudging ceremony and will have the appropriate exhaust to adequately ventilate the area.

2.6.2.5 EXTERNAL RELATIONSHIPS

2.6.2.5(1) The following diagram indicates other Functional Components that have a functional relationship with this Component.



LEGEND

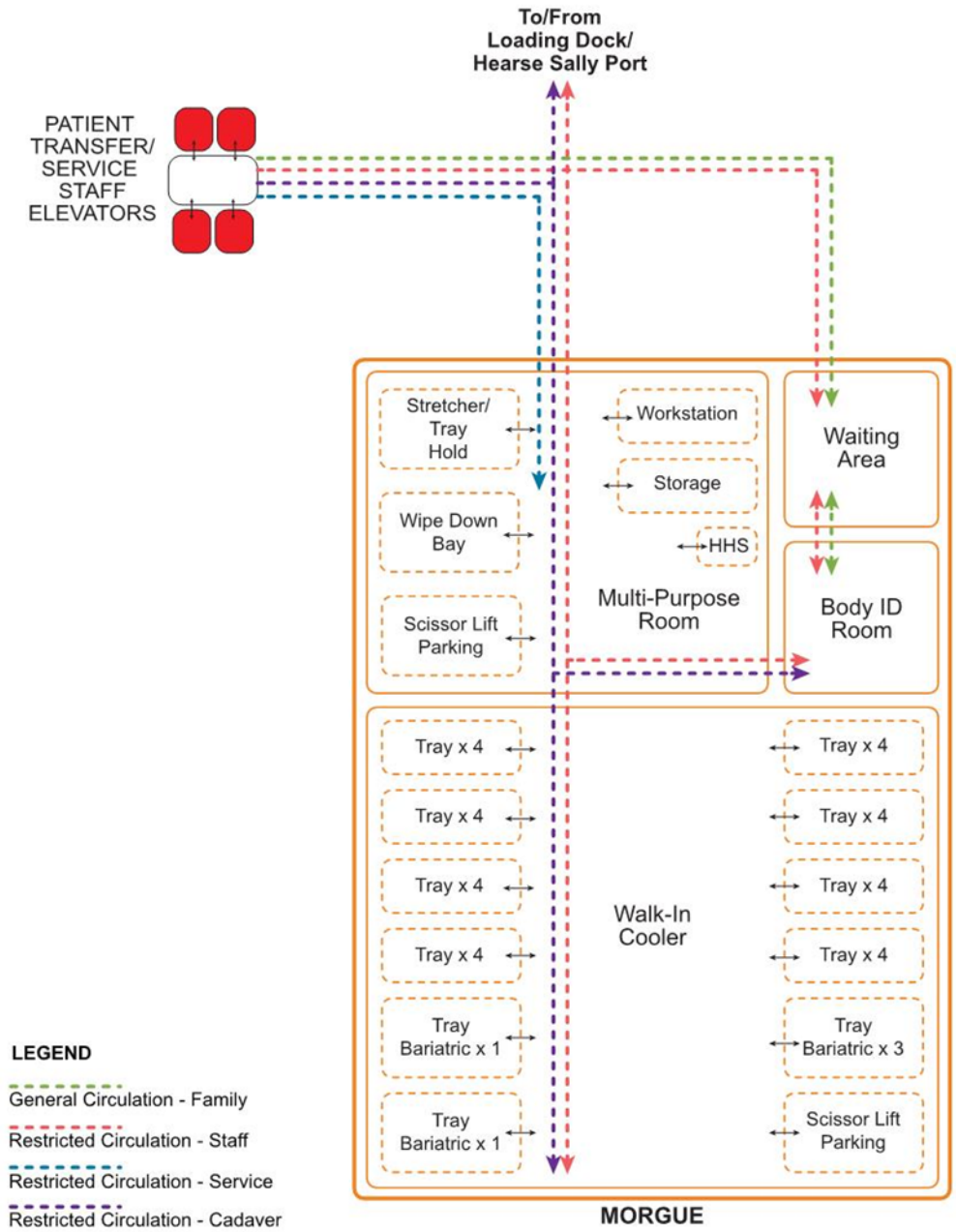
Direct Access by Back of House Circulation

Convenient Access by Back of House Circulation

Convenient Access by Restricted Circulation

2.6.2.6 INTERNAL RELATIONSHIPS

2.6.2.6(1) The following diagram indicates internal functional relationships within this Component.



2.6.3 ALLIED HEALTH/CLINICAL SUPPORT-INPATIENT

2.6.3.1 SERVICE OVERVIEW

- 2.6.3.1(1) The Allied Health Staff, Home Health Liaisons (HHL) and Geriatric Emergency Nurse Clinicians (GENC) work closely with the multidisciplinary health care team to ensure best outcomes for all Patients, physically, psychologically and socially. The Allied Health Staff, HHLs and GENCs collaborate with community partners to facilitate discharge from BH.
- 2.6.3.1(2) The Allied Health/Clinical Support-Inpatient will include the following inpatient disciplines.
- 2.6.3.1(2)(a) Physiotherapists (PT) prevent, assess and treat injury pain and disease and/or disorders that have impact on Patients' movement, function and health status;
 - 2.6.3.1(2)(b) Occupational Therapists (OT) promote health and well-being by enabling engagement in the occupations that give meaning or purpose to life. Occupation refers to everything that people do during the course of everyday life, including self-care, productivity and leisure. OTs address functional issues that result from changes to the individual or their environment;
 - 2.6.3.1(2)(c) Speech Language Pathologists (SLP) provide assessments and interventions for adults with acquired swallowing and/or communication disorders; and
 - 2.6.3.1(2)(d) Social Workers (SW) assess, treat and evaluate individual's interpersonal and societal issues. SW assist Patients and their families achieve individual and collective well-being. They aim to support Patients in identifying and developing the skills and abilities needed to resolve problems. SWs are concerned with individual and personal problems but also with broader community and social issues impacting people's health including poverty, unemployment, housing, and social or domestic violence.
- 2.6.3.1(3) HHLs work with clinical service areas' multidisciplinary teams to support safe Patient discharge by arranging services in the home, clinics, or community settings setting up services to support Patients in the home or community.
- 2.6.3.1(4) GENCs assess and identify care needs for Patients who are seventy-five (75) years of age or older, provide Patient and family

education, provide information regarding health services and community resources.

- 2.6.3.1(5) Target population will mainly be adults older than seventeen (17) years of age.

2.6.3.2 FUNCTIONAL DESCRIPTION

2.6.3.2(1) Scope of Services

2.6.3.2(1)(a) Scope of Clinical Activity

2.6.3.2.1.(a).1 The following specifies the minimum set of functions that will be accommodated within this Component:

- (a).1.1 Phone consultation and support;
- (a).1.2 Administration functions (e.g. bus tickets, Staff scheduling);
- (a).1.3 Electronic and paper based documentation;
- (a).1.4 Collaboration with other team members; and
- (a).1.5 Assessing, treating, supporting, and consulting will occur in clinical service areas throughout BH.

2.6.3.2(1)(b) Scope of Educational Activity

2.6.3.2.1.(b).1 Educational activities in this Component will include:

- (b).1.1 Patient education will occur on the unit or by phone in the Office;
- (b).1.2 Staff training; and
- (b).1.3 Staff in-services/huddles.

2.6.3.2.1.(b).2 All teaching and education functions will be accommodated within the Component, on location throughout BH, or within shared site educational space if additional room is required.

2.6.3.2(1)(c) Scope of Research Activity

2.6.3.2.1.(c).1 The teams will be involved, from time-to-time in research activity. The nature and extent of research functions will be accommodated in the general work areas and will not require specialized or dedicated facilities within this Component.

2.6.3.2(2) Scope Exclusions

2.6.3.2(2)(a) The following list specifies functions that are understood to occur in other Functional Components in BH or outside BH:

- 2.6.3.2.2.(a).1 All disciplines will assess and treat Patients in clinical service areas; and
- 2.6.3.2.2.(a).2 Outpatient services will not be provided in this Component.

2.6.3.3 OPERATIONAL CONSIDERATIONS

2.6.3.3(1) Service Delivery Principles and Methods

2.6.3.3(1)(a) Patient and Family Management Processes and Flows

2.6.3.3.1.(a).1 Patient Flow

- (a).1.1 Patients will not have access to this Component.
- (a).1.2 Patients will be assessed and receive treatment in BH Clinical Spaces in clinical service areas.

2.6.3.3.1.(a).2 Family Flow

- (a).2.1 Families will not have access to this Component.
- (a).2.2 Families will be included in Patient treatment and discussions as Patient permits in clinical service areas.

2.6.3.3(1)(b) Care Provider Work Processes and Flows

2.6.3.3.1.(b).1 Providers will commence their shift by meeting collaboratively in their Office area or Meeting Room where they will determine workloads for their daily assignments.

2.6.3.3.1.(b).2 Staff will move throughout BH to provide unit based rounds, assessment, education and information to Patient, family and clinical Staff at POC.

2.6.3.3.1.(b).3 Providers will complete paper based and electronic documentation at Care Stations or within their Offices.

2.6.3.3.1.(b).4 Staff will perform assessments, provide care, support, counselling and therapy in the Patient Rooms, Multi-Purpose Rooms and Consult Rooms at POC.

2.6.3.3.1.(b).5 Offices will be used by Staff for further investigation, documentation and phone liaising with community supports and ensuring a safe discharge with follow up resources as required.

2.6.3.3(1)(c) Clinical and Logistical Support Processes and Flows

2.6.3.3.1.(c).1 Equipment

- (c).1.1 Storage for wheelchairs and equipment will be in the existing Equipment Depot located on Level 0 in the NT or on unit Storage rooms.
- (c).1.2 Some equipment will be delivered to the Component prior to transfer to the existing Equipment Depot.
- (c).1.3 FEES machines will be stored within SLP CPL Office in this Component.
- 2.6.3.3.1.(c).2 Housekeeping and Waste Management
 - (c).2.1 Regular cleaning of Offices will be provided.
 - (c).2.2 Waste products will be managed according to a system of segregation at point of origin.
 - (c).2.3 Segregation of wastes will accommodate the following categories:
 - (c).2.3.1 General garbage including clean recycling; and
 - (c).2.3.2 Confidential paper.
- 2.6.3.3.1.(c).3 Security
 - (c).3.1 Regular “rounding” of security within the Component will be provided.
- 2.6.3.3(1)(d) Information Management
 - 2.6.3.3.1.(d).1 Patient information will be maintained on the EMR. Some paper based information will be kept in a secure file.
 - 2.6.3.3.1.(d).2 It is anticipated that the move from paper based documentation to electronic documentation will be occurring in the near future and will be accessed through both Care Station and within Offices and touchdown workstations.
 - 2.6.3.3.1.(d).3 Staffing systems and scheduling will be conducted electronically with automated call out systems for short notice leaves (e.g. sick calls).
 - 2.6.3.3.1.(d).4 The intent will be to enable clinicians and Staff to take advantage of the technologies and resultant optimal care environment with respect to communication, access to electronic health records, documentation, mobility, monitoring, tracking and best practice supported by technology. The space will accommodate the technology devices in medical equipment required to deliver care in the environment including mounting, storage, charging and space requirements of:
 - (d).4.1 Mobile and fixed computers;
 - (d).4.2 Handheld computer devices;
 - (d).4.3 Clinical dashboards;

- (d).4.4 Device connectivity; and
- (d).4.5 Secure electronic access, Staff only.

2.6.3.3(1)(e) Anticipated Trends in Service Delivery

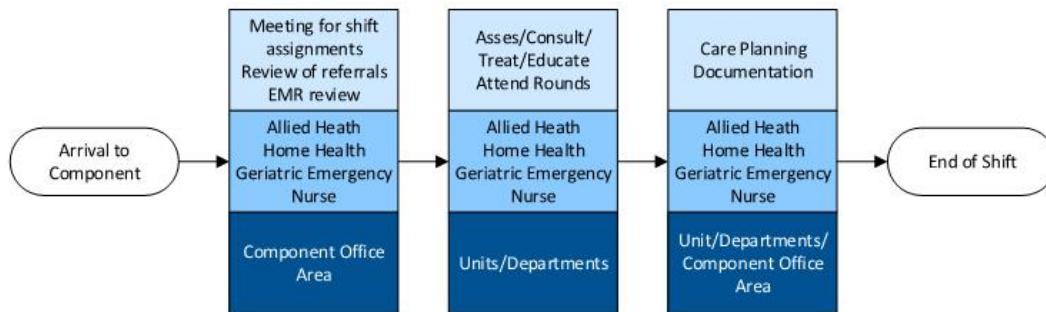
2.6.3.3.1.(e).1 The following lists trends that are expected to affect the nature and or functions accommodated within this Component. Effects of these trends will be reflected in the Component's design:

- (e).1.1 Shift in participation of users in the health care system from passive (Patients) to active (consumers/customers) and increased Patient involvement in care options and care planning;
- (e).1.2 Increased emphasis on disease prevention, healthy lifestyles, and a shift towards ambulatory and primary care services;
- (e).1.3 Higher rates of Patient survival and recovery requirements following work-related and other injuries; and
- (e).1.4 Increasingly complex care planning related to: an aging population, shorter hospital stays, increases in vulnerable sub-groups (e.g. older women, individuals living near poverty) and changes in health care technologies.

2.6.3.3(2) Workflows

2.6.3.3(2)(a) The Allied Health/Clinical Support-Inpatient workflows are shown in the following workflow diagram.

Allied Health/Home Health Liaison/Geriatic Emergency Nurse Flow



2.6.3.3(3) Hours of Operation

2.6.3.3(3)(a) PT will operate between 0730-1845 hours, 7 days a week.

- 2.6.3.3(3)(b) OT will operate f between 0800-1845 hours, 7 days a week.
- 2.6.3.3(3)(c) SLP will operate between 0730-1530 hours, Monday to Saturday.
- 2.6.3.3(3)(d) SW will operate between 0800 -1819 hours, 7 days a week.
- 2.6.3.3(3)(e) HHL will operate between 0800-1600 hours, 7 days a week.
- 2.6.3.3(3)(f) GENC will operate between 0800-1600 hours, 7 days a week.

2.6.3.3(4) Workloads

- 2.6.3.3(4)(a) The maximum estimated workload for this Component is shown in the following table.

ALLIED HEALTH/CLINICAL SUPPORT-INPATIENT	PEAK SHIFT
Manager	1
CPL: PT, OT, SLP, SW	4
PT	11
OT	8
SLP	4
SW	8
Home Health (QRP's)	7
GENC	1
Rehabilitation Assistants	6
PEAK TOTAL	50

2.6.3.4 DESIGN CRITERIA

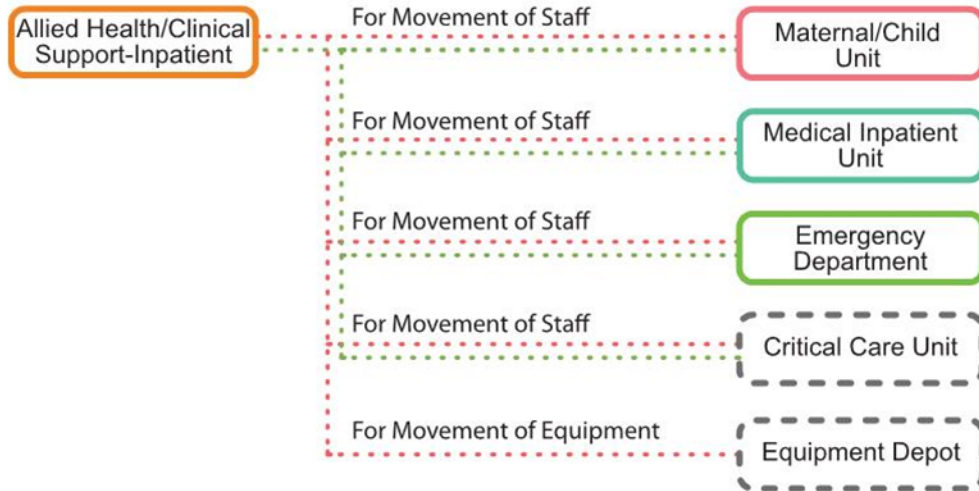
2.6.3.4(1) General Requirements

- 2.6.3.4(1)(a) The Allied Health/Clinical Support-Inpatient will have Convenient Access to all BH inpatient units including the Medical Inpatient Unit, ED, existing Critical Care Unit in the NT, existing Equipment Depot and Maternal/Child Unit Components in the order of priority.
- 2.6.3.4(1)(b) The Allied Health/Clinical Support-Inpatient will contain different types of offices including private Office and Office-Multi.
- 2.6.3.4(1)(c) Private Offices will be used for the manager and practice leads for PT, OT, SLP and SW.

- 2.6.3.4(1)(d) One (1) Office-Multi will be designated for each of the four (4) Allied Health Professional teams: PT, OT/SLP, SW and Home Health (HH)/GENC. All offices and workstations will be designed ergonomically with the use of modular furnishings and casework to provide maximum flexibility.
- 2.6.3.4(1)(e) Private and confidential discussions will be conducted in SW and HH/GENC Offices. Special sound attenuation measures as per Appendix 3C Acoustic and Noise Control Measures, will be provided in these areas.
- 2.6.3.4(1)(f) Meeting Room will be used for break out space and private/confidential meetings and will have Convenient Access to all Offices.
- 2.6.3.4(1)(g) Telephone room will be used for private/confidential teleconferencing.
- 2.6.3.4(1)(h) Business Centre/Mail Room will be an enclosed room shared and located with Convenient Access to all Staff work areas.
- 2.6.3.4(1)(i) Two (2) separate Storage rooms will be provided. The large Storage will be used for OT/SLP clinical equipment and located with Convenient Access to OT touchdown workstations. The small Storage will be used for SW/GENC educational resources and located with Convenient Access to SW touchdown workstations.
- 2.6.3.4(1)(j) Two (2) Washroom-Staff will be used as Allied Health washroom and change room. Washroom-Staff will be located with Convenient Access to Staff work areas.
- 2.6.3.4(1)(k) Natural light will be maximized for Staff.
- 2.6.3.4(1)(l) The physical environment will facilitate team collaboration.

2.6.3.5 EXTERNAL RELATIONSHIPS

2.6.3.5(1) The following diagram indicates other Functional Components that have a functional relationship with this Component.



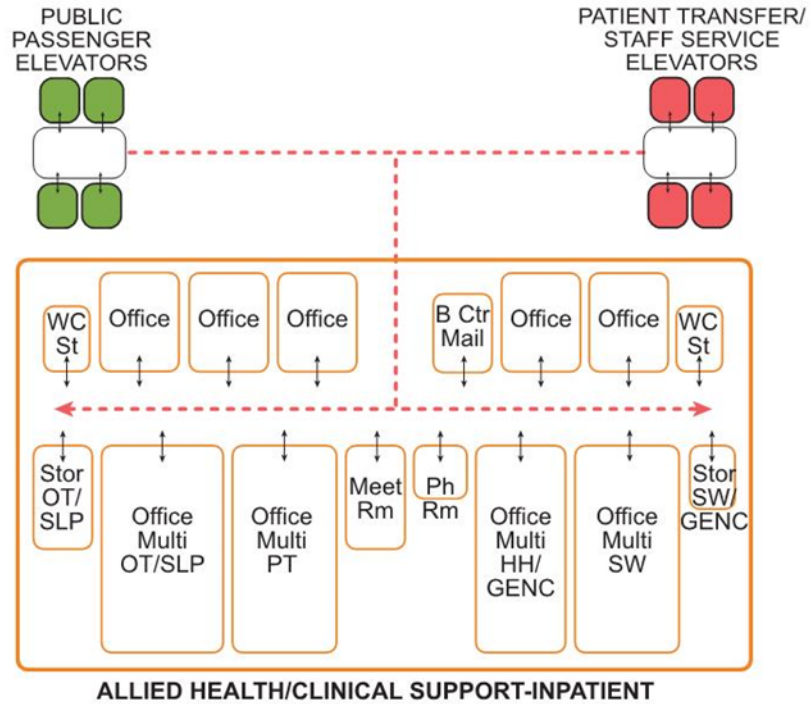
LEGEND

Convenient Access by Restricted Circulation

Convenient Access by General Circulation

2.6.3.6 INTERNAL RELATIONSHIPS

2.6.3.6(1) The following diagram indicates internal functional relationships within this Component.



LEGEND

- General Circulation
- Restricted Circulation - Staff
- Restricted Circulation - Service

2.6.4 SCHEDULE OF ACCOMMODATION

2.6.4.1 The following table lists the number of spaces, Net Areas and space contents as minimum requirements.

Summary of Clinical Support Services

F1. PHARMACY	
F1.1 - DISTRIBUTION/STORAGE	144.5
F1.2 - PREPARATION	182.4
F1.3 - ADMINISTRATION	152.4
F1.4 - SUPPORT	34.7
F2. MORGUE	98.0
F3. ALLIED HEALTH/CLINICAL SUPPORT-INPATIENT	184.8
CLINICAL SUPPORT SERVICES PROGRAMMED SPACE NSM:	796.8

Ref. No.	Room Type	Area Requirements			DBF/ CM	Remarks
		nsm/unit	units	nsm		
F1. PHARMACY						
F1.1 - DISTRIBUTION/STORAGE						
F1.1.1	Shipping/Receiving Area	16.0	1	16.0	CM	Incl. 2 workstations, recycling zone.
F1.1.2	Storage-Bulk Drug/Supplies	75.0	1	75.0	CM	Incl. modular shelving.
F1.1.3	Storage-Secure/Narcotics	19.5	1	19.5	CM	Incl. ADC, CSM, 2 workstations.
F1.1.4	Cart Storage/Tray Prep Area	24.0	1	24.0	CM	Incl. 3 tray prep workstations, ADC cart storage.
F1.1.5	Prepackage Unit Dose Area	8.0	1	8.0	CM	Incl. 1 workstation, prepackaging machines.
F1.1.6	Patient Medication Holding Area	2.0	1	2.0	CM	Holding zone for Patient medications.
TOTAL NSM: DISTRIBUTION/STORAGE				144.5		
F1.2 - PREPARATION						
F1.2.1	Vestibule	8.0	1	8.0	CM	Secure entry to the Pharmacy with waiting space, counter and 1 transaction window.
F1.2.2	Order Entry Area	28.8	1	28.8	CM	Incl. 8 touchdown workstations, storage shelving.
F1.2.3	Dispensary Area	36.0	1	36.0	CM	Incl. dispensing counter, supply storage.
F1.2.4	Pneumatic Tube Station	0.5	1	0.5	CM	
F1.2.5	Compounding Area-Non-Sterile	4.6	1	4.6	CM	Incl. 1 workstation, PPE storage.
F1.2.6	Alcove-Emergency Shower/Eye Wash	1.5	1	1.5	CM	
F1.2.7	Staging/Checking Area-Non Hazardous	7.5	1	7.5	CM	Incl. 1 workstation, shelving, 1 pass through cabinet into Anteroom-Non Hazardous, window with Line of Sight into Compounding Room-Non Hazardous-Sterile.
F1.2.8	Anteroom-Non Hazardous	8.0	1	8.0	CM	Incl. plumbed eye wash station, PPE storage, 1 pass through cabinet into

Ref. No.	Room Type	Area Requirements			DBF/ CM	Remarks
		nsm/unit	units	nsm		
						Compounding Room-Non Hazardous-Sterile.
F1.2.9	Compounding Room-Non Hazardous-Sterile	32.0	1	32.0	CM	Incl. 3 laminar flow hoods.
F1.2.10	Storage-Hazardous	20.0	1	20.0	CM	Incl. 1 workstation, shelving.
F1.2.11	Staging/Checking Area-Hazardous	7.5	1	7.5	CM	Incl. 1 workstation, 1 pass through cabinet into Anteroom-Hazardous, window with Line of Sight into Compounding Room-Hazardous-Sterile.
F1.2.12	Anteroom-Hazardous	8.0	1	8.0	CM	Incl. plumbed eye wash station, PPE storage, 1 pass through cabinet into Compounding Room-Hazardous-Sterile.
F1.2.13	Compounding Room-Hazardous-Sterile	20.0	1	20.0	CM	Incl. 2 biological safety cabinets.
TOTAL NSM: PREPARATION				182.4		
F1.3 - ADMINISTRATION						
F1.3.1	Business Centre	3.5	2	7.0	CM	
F1.3.2	Office	9.0	3	27.0	CM	Private office.
F1.3.3	Office-2 Shared	12.0	3	36.0	CM	Incl. 2 workstations.
F1.3.4	Office-Multi	52.4	1	52.4	CM	Incl. 17 touchdown workstations, ED tracker monitor.
F1.3.5	Meeting Room	30.0	1	30.0	CM	To accommodate 15 people.
TOTAL NSM: ADMINISTRATION				152.4		
F1.4 - SUPPORT						
F1.4.1	Housekeeping Room	7.5	1	7.5	CM	
F1.4.2	Lounge-Staff	18.0	1	18.0	CM	Incl. 1 touchdown workstation, kitchenette.
F1.4.3	Washroom-Staff	4.6	1	4.6	CM	2-piece, accessible for Persons with Disabilities.
F1.4.4	Change Room-Staff	4.6	1	4.6	CM	Incl. 2 change cubicles.
TOTAL NSM: SUPPORT				34.7		
TOTAL NSM: PHARMACY				514.0		

F2. MORGUE						
F2.1 - MORGUE						
F2.1.1	Multi-Purpose Room	24.0	1	24.0	DBF	Incl. 1 workstation, one scissor lift parking and hold for stretcher/tray, PPE storage, bio containment supplies, wipe down bay.
F2.1.2	Walk-In Cooler	54.0	1	54.0	DBF	32 regular bodies, 5 bariatric bodies. Incl. one scissor lift parking.
F2.1.3	Body ID Room	10.0	1	10.0	DBF	Incl. window and door to Waiting Area.
F2.1.4	Waiting Area	10.0	1	10.0	DBF	Incl. window and door to Body ID Room.
TOTAL NSM: MORGUE				98.0		

Ref. No.	Room Type	Area Requirements			DBF/ CM	Remarks
		nsm/unit	units	nsm		
F3. ALLIED HEALTH/CLINICAL SUPPORT-INPATIENT						
F3.1 - ALLIED HEALTH/CLINICAL SUPPORT-INPATIENT						
F3.1.1	Office	9.0	5	45.0	CM	Private office.
F3.1.2	Office-Multi-PT	24.6	1	24.6	CM	Incl. 8 touchdown workstations, small refrigerator.
F3.1.3	Office-Multi-OT/SLP	30.8	1	30.8	CM	Incl. 10 touchdown workstations, small refrigerator.
F3.1.4	Office-Multi-SW	24.6	1	24.6	CM	Incl. 8 touchdown workstations, small refrigerator.
F3.1.5	Office-Multi-HH/GENC	21.6	1	21.6	CM	Incl. 7 touchdown workstations, small refrigerator.
F3.1.6	Meeting Room	8.0	1	8.0	CM	To accommodate 4 people.
F3.1.7	Telephone Room	3.0	1	3.0	CM	
F3.1.8	Business Centre/Mail Room	6.0	1	6.0	CM	
F3.1.9	Storage-OT/SLP	8.0	1	8.0	CM	
F3.1.10	Storage-SW/GENC	4.0	1	4.0	CM	
F3.1.11	Washroom-Staff	4.6	2	9.2	CM	2-piece, accessible for Persons with Disabilities.
TOTAL NSM: ALLIED HEALTH/CLINICAL SUPPORT-INPATIENT				184.8		
TOTAL NSM: CLINICAL SUPPORT SERVICES				796.8		

G. EMERGENCY DEPARTMENT

2.7 EMERGENCY DEPARTMENT

2.7.1 SERVICE OVERVIEW

- 2.7.1.1 The ED at BH will provide emergency care 24/7 to Patients of all ages from newborn to the elderly living in Burnaby (70%) and Vancouver (30%).
- 2.7.1.2 The ED at BH will provide care for ill or injured individuals requiring immediate, emergent, urgent and non-urgent assessment and treatment.
- 2.7.1.3 Patients presenting with neurosurgical, multiple trauma or vascular surgery conditions will be stabilized and then transferred to facilities specializing in the specific type of care.
- 2.7.1.4 Patients with myocardial infarction who require cardiac catheterization will be sent to an alternate site and returned to BH following treatment.
- 2.7.1.5 The ED will provide decontamination of people arriving with suspected or confirmed hazardous materials on their clothes or body.
- 2.7.1.6 The model of care for the ED will be based on FH's standardized care model. It will include the following zones of care:
 - 2.7.1.6(1) Triage (Patient Check In);
 - 2.7.1.6(2) Ambulance off load zone;
 - 2.7.1.6(3) Zone 1 (Trauma/Resuscitation/Acute);
 - 2.7.1.6(4) Zone 2 (Ambulatory Acute);
 - 2.7.1.6(5) Zone 3 (Minor Treatment); and
 - 2.7.1.6(6) Zone 5 (Mental Health Substance Use).
- 2.7.1.7 There will be no designated pediatric zone in the ED but there will be designated pediatric spaces in both Zone 1 (with a Broselow pediatric emergency cart) and Zone 2.
- 2.7.1.8 The ED will have some scheduled Patients. These will be recurring Patients (Patients booked through the ED) returning for follow-up with an emergency physician (e.g. ultrasound, short-term intravenous therapy, casting follow up). They will be registered and seen in Zone 3 or Cast Clinic, bypassing Triage/Registration in the ED.
- 2.7.1.9 Registration of Patients after BH's daytime hours of operation will occur in this Component (completed by registration Staff that will be accommodated in the ED).

2.7.2 FUNCTIONAL DESCRIPTION

2.7.2.1 Scope of Services

2.7.2.1(1) Scope of Clinical Activity

2.7.2.1(1)(a) The following specifies the minimum set of functions that will be accommodated within this Component:

2.7.2.1.1.(a).1 Reception, triage and registration of all Patients arriving from both outside and from within BH requiring emergency or urgent medical attention or first aid.

2.7.2.1.1.(a).2 Isolation and physical separation of arrivals suspected or confirmed as presenting with an infections condition.

2.7.2.1.1.(a).3 Decontamination of people arriving with suspected or confirmed hazardous materials on clothes or body.

2.7.2.1.1.(a).4 Triage Patients according to Canadian Triage and Acuity Scale (CTAS) to the appropriate zone:

- (a).4.1 CTAS 1-Resuscitation conditions that are threats to life or limb, or at imminent risk of deterioration, and require immediate aggressive intervention. Require continuous nursing care;
- (a).4.2 CTAS 2-Emergent conditions that are a potential threat to life, limb or function, and require rapid medical intervention by physician or medical directive. Require reassessment every fifteen (15) minutes;
- (a).4.3 CTAS 3-Urgent conditions that could potentially progress to a serious problem and require emergency intervention. These conditions may be associated with significant discomfort or affected ability to function at work or in ADL. Require reassessment every thirty (30) minutes;
- (a).4.4 CTAS 4-Less-Urgent conditions that relate to Patient age, distress, or potential for deterioration that would benefit from intervention or reassurance within one (1) or two (2) hours. Require reassessment every sixty (60) minutes; and
- (a).4.5 CTAS 5-Non-urgent conditions that may be acute but non-urgent as well as conditions, which may be part of a chronic problem with or without evidence of deterioration. Require

- reassessment every a hundred and twenty (120) minutes.
- 2.7.2.1.1.(a).5 Short-term observation while receiving treatment and as required for clinical decision making and disposition decision.
 - 2.7.2.1.1.(a).6 Resuscitation of Patients including intubation and ventilation.
 - 2.7.2.1.1.(a).7 Obtaining tissue and fluid specimens for laboratory analysis.
 - 2.7.2.1.1.(a).8 Radiography of body parts and structures, both portable and in the existing Medical Imaging Component.
 - 2.7.2.1.1.(a).9 Conducting confidential interviews and consultations with Patients, their escorts or with both.
 - 2.7.2.1.1.(a).10 Patient education and counselling for self-care management and follow-up including medication management.
 - 2.7.2.1.1.(a).11 Discharge planning including linkages to community resources.
 - 2.7.2.1.1.(a).12 Stabilization and transfer of Patients to BH units.
 - 2.7.2.1.1.(a).13 Specialized procedures, e.g. conscious sedation, lumbar puncture and cardioversion.
 - 2.7.2.1.1.(a).14 The ED will be designed to respond to community outbreaks and pandemics by providing Airborne Isolation Rooms and Outbreak Control Zones to accommodate Patients presenting with communicable diseases.
 - 2.7.2.1.1.(a).15 The ED will play a role in disaster response within FH. The ED will be designed to have capacity in to response to a mass casualty or disaster, in collaboration with BH code orange response plan. Decontamination will occur in the Decontamination Room, and in decontamination showers in the parking lot if necessary. Triage and screening, depending on the disaster, may occur externally in the ambulance covered area.

2.7.2.1(2) Scope of Educational Activity

- 2.7.2.1(2)(a) Clinical teaching and supervision functions will be accommodated in general work areas. Education rooms including a separate simulation lab will be on site to be utilized in a shared manner to include:
 - 2.7.2.1.2.(a).1 Daily safety huddles will be done in Central Care Station;

- 2.7.2.1.2.(a).2 In-service education on a regular basis, safety huddle and education rooms;
- 2.7.2.1.2.(a).3 Numerous opportunities for education for students. Medical students, residents, paramedic students, nursing students, clerical students, SW students, allied health students and pharmacy students and residents;
- 2.7.2.1.2.(a).4 Simulation exercises weekly and monthly; and
- 2.7.2.1.2.(a).5 Clinical discussion in the Component.

2.7.2.1(3) Scope of Research Activity

- 2.7.2.1(3)(a) The ED is expected to be engaged in research activity. The nature and extent of research functions will be accommodated in the general work areas and will not require specialized or dedicated facilities within this Component.

2.7.2.2 Service Exclusions

- 2.7.2.2(1) The following list specifies functions that are understood to occur outside BH. These Patients will be treated, stabilized and transferred to alternate sites:

- 2.7.2.2(1)(a) Patients requiring the services of a designated trauma centre beyond initial stabilization for transport.

2.7.3 OPERATIONAL CONSIDERATIONS

2.7.3.1 Service Delivery Principles and Methods

2.7.3.1(1) Patient and Family Management Processes and Flows

2.7.3.1(1)(a) Patient Flow

- 2.7.3.1.1.(a).1 Patients will arrive by ambulance or as walk-ins, the latter may be alone or escorted. The Vestibule-Ambulance Entrance will be a separate entrance from Public Entrance that will be accessed by electronic swipe and code access only.
- 2.7.3.1.1.(a).2 The Decontamination Room will have an external and internal entrance, with electronic swipe and code access only. Patients arriving with advance notification will be escorted directly in by paramedics or a nurse escort. Patients will be escorted to Decontamination Room following triage.

- 2.7.3.1.1.(a).3 Upon arrival, ED Patients will go to the Triage/Registration area where the triage nurse will assess them. Assessment of the Patient's condition will establish the nature of the urgency and extent of required treatment.
- 2.7.3.1.1.(a).4 Following triage, Patients will register at the ED registration desk or at the bedside if acutely ill and unable to go to the ED Triage/Registration desk.
- 2.7.3.1.1.(a).5 Patients will be directed to the appropriate designated Waiting Area, intake area or back to the triage nurse, by the registration clerk as designated previously by triage.
- 2.7.3.1.1.(a).6 During days and evenings there will be volunteers in the Waiting Area-Main who will provide Wayfinding for Patients and will assist in a variety of activities under the direction of the triage nurse.
- 2.7.3.1.1.(a).7 BCAS paramedics will have a separate triage desk for check in of Patients arriving by ambulance.
- 2.7.3.1.1.(a).8 Patients who meet the defined criteria for Zone 3 by the triage RN will be quickly received by Triage/Registration and after registration, go to Zone 3 for triage disposition.
- 2.7.3.1.1.(a).9 Patients CTAS 2 and 3 that require a stretcher will be assigned to an acute stretcher bay in Zone 1 for medical assessment and treatment.
- 2.7.3.1.1.(a).10 Patients that are ambulatory, CTAS 2 and 3 with stable vital signs will be designated Zone 2.
- 2.7.3.1.1.(a).11 Patients that are medically stable, ambulatory with Mental Health Substance Use issues will be escorted to Zone 5.
- 2.7.3.1.1.(a).12 Patients waiting to be triaged will wait in an area where they can be easily observed by the triage nurse.
- 2.7.3.1.1.(a).13 The ED will have an ambulance offload zone for Patients to ensure the Ministry mandate of BCAS offload can be met when there are no treatment spaces available.
- 2.7.3.1.1.(a).14 Patients will register at the ED registration desk or at the bedside if acutely ill and unable to go to the ED Triage/Registration desk. The ED registration will be adjacent to triage.

- 2.7.3.1.1.(a).15 The walk-in entrance for Patients will be adjacent to the parking lot with a drop off parking area directly outside the entrance.
- 2.7.3.1.1.(a).16 After normal daytime hours, the ED will accommodate entrances for emergency, maternity Patients and all other BH visitors. The public entrance to BH will be controlled by Security Staff.
- 2.7.3.1.1.(a).17 The ED will follow the FH model of care "All Patients move forward" with defined spaces for intake, assessment and output. Patients will be directed to the correct intake space for designated Zone.
- 2.7.3.1.1.(a).18 Intake space, known as early treatment space, will act as an internal waiting room for each care zone prior to physician assessment.
- 2.7.3.1.1.(a).19 Patient assessment, treatment and procedures as required will occur within the designated space of the zone assigned.
- 2.7.3.1.1.(a).20 Patients will be dispositioned as per physician's order.

2.7.3.1(1)(b) Family Flow

- 2.7.3.1.1.(b).1 Family will be escorted in with the Patient to the intake area as space permits or to the bedside when appropriate.
- 2.7.3.1.1.(b).2 Family will accompany Patients for some diagnostic testing.
- 2.7.3.1.1.(b).3 Family members will also participate in aspects of care or education as Patient permits.

2.7.3.1(2) Care Provider Work Processes and Flows

- 2.7.3.1(2)(a) All ED nursing and porter aide Staff will arrive on shift in Lounge-Staff and Change Room-Staff and proceed to Zone 1 to Central Care Station for staffing assignment and safety huddle.
- 2.7.3.1(2)(b) Triage Assignment
 - 2.7.3.1.2.(b).1 Team environment three (3) nurses;
 - 2.7.3.1.2.(b).2 Patient will arrive and provide care card, date of birth and stated complaint;
 - 2.7.3.1.2.(b).3 The triage nurse will swipe the card to place the Patient electronically on the tracker;
 - 2.7.3.1.2.(b).4 Assessment of chief complaint, past medical history, current meds and vital signs will be

- obtained. This will all be entered in the computer for electronic documentation;
- 2.7.3.1.2.(b).5 Nurse initiated orders will be entered in the computer if time permits. Diagnostic tests will be ordered including x-ray, urine and blood work;
- 2.7.3.1.2.(b).6 If cardiac symptoms are present, ECG will be ordered and performed in treatment bed within triage;
- 2.7.3.1.2.(b).7 If required, Patient will be provided urine sample cup and instructions, which they will return to the triage nurse. The triage nurse will do Point of Care Testing (POCT) of the sample and/or send the sample to the lab via PTS;
- 2.7.3.1.2.(b).8 Patient will be assigned a CTAS score by the triage nurse and directed to Waiting Area-Main to be called for registration;
- 2.7.3.1.2.(b).9 If Patient is deemed Zone 3 appropriate, assessment will be shortened, and no vital signs will be obtained. Patients will be directed to registration and then to Zone 3 Waiting Area for unit clerk to receive and welcome them. A RN will complete the triage and assign acuity;
- 2.7.3.1.2.(b).10 If triaged to Zone 5, Staff in Zone 5 will be notified by dedicated portable device. Staff from Zone 5 will come to the triage area to escort Patients to the zone;
- 2.7.3.1.2.(b).11 If Patient does not have a care card, the triage nurse will direct the Patient to registration prior to triage;
- 2.7.3.1.2.(b).12 If triaged to Zone 1, triage Staff will escort Patients to stretcher unless escorted by paramedic or Royal Canadian Mounted Police (RCMP); and
- 2.7.3.1.2.(b).13 If triaged to Zone 2, registration Staff will place chart in basket and Zone 2 Staff will bring Patients into the area.
- 2.7.3.1(2)(c) Zone 1 Assignment
- 2.7.3.1.2.(c).1 Resuscitation assignment 1:1 resources will be initially provided by float nurses or from other assignments/zones until Patient is stabilized;
- 2.7.3.1.2.(c).2 Patient to nurse ratio of 3:1, partnered assignments (6:2), who will provide each other's break relief. There will also be a float nurse that will assist with break relief dependent on acuity of Patients. Staffing for this zone will include an emergency physician, unit clerk and porter aide;

- 2.7.3.1.2.(c).3 Prior to or post ED registration Zone 1 Patients will be escorted to stretcher (ambulatory or wheelchair), directed by BCAS paramedic to assigned stretcher or escorted by RCMP to designated space. Intake space will be utilized if no stretcher space is available (e.g. ambulance offload zone);
- 2.7.3.1.2.(c).4 Following arrival in Zone 1 intake area, Staff will complete nursing assessment, and process and follow up Nurse Initiated Orders (NIOs). Transitional assessment space will be utilized if required;
- 2.7.3.1.2.(c).5 CTAS 1 and 2 Patients will be announced on ED paging system by unit clerk or nurse with central paging system which will be linked to the call bell system; clinical support Staff will be aware of Patient location (unit clerk, lab, cardiology);
- 2.7.3.1.2.(c).6 Documentation will be completed at Central Care Station or WOWs;
- 2.7.3.1.2.(c).7 Following assessment, physician will write orders and Staff will commence treatment;
- 2.7.3.1.2.(c).8 Patient care and interventions will include:
 - (c).8.1 Cardiac monitoring with central monitors for each set of six (6) rooms;
 - (c).8.2 Ability to visualize rooms for frequent observation;
 - (c).8.3 Medication administration;
 - (c).8.4 Specialized interventions;
 - (c).8.5 Higher level of care;
 - (c).8.6 Life saving measures;
 - (c).8.7 Stretcher for care; and
 - (c).8.8 All stretcher bays have hemodynamic physiological monitoring capabilities.
- 2.7.3.1.2.(c).9 Written orders will be taken to the unit clerk at Central Care Station for processing;
- 2.7.3.1.2.(c).10 Collaborative team assessments, discussion, planning and discharge planning will be performed with entire team e.g. Allied Health, GENC, physicians;
- 2.7.3.1.2.(c).11 Discharge or transfer to inpatient units will be facilitated by the ED Staff for timely disposition for less than four (4) hours; and
- 2.7.3.1.2.(c).12 Depart pack including discharge instructions will be printed, reviewed and provided to Patients as required.

2.7.3.1(2)(d) Zone 2 Assignment

- 2.7.3.1.2.(d).1 Team environment four (4) nurses, emergency physician, unit clerk and porter aide;
 - 2.7.3.1.2.(d).2 Post ED registration, Patients will be directed to intake area of Zone 2 by triage team;
 - 2.7.3.1.2.(d).3 Patient will be escorted by Staff to a Zone 2 space;
 - 2.7.3.1.2.(d).4 Following arrival in Zone 2, Staff will complete nursing assessment, and process and follow up NIOs. Transitional assessment space will be utilized if required;
 - 2.7.3.1.2.(d).5 Documentation will be completed at Care Station or WOW;
 - 2.7.3.1.2.(d).6 Written orders will be taken to the unit clerk at Care Station for processing;
 - 2.7.3.1.2.(d).7 Following assessment, physician will write orders and Staff will commence treatment;
 - 2.7.3.1.2.(d).8 Patient care and interventions will include:
 - (d).8.1 Local cardiac monitoring for procedural;
 - (d).8.2 Sedation and gases/equipment;
 - (d).8.3 Timely observation;
 - (d).8.4 Medication administration; and
 - (d).8.5 Specialized interventions (e.g. ENT/EYE/GYNE).
 - 2.7.3.1.2.(d).9 Collaborative team assessments, clinical discussion, planning and discharge planning will be performed with entire team e.g. Allied Health, GENC and physicians;
 - 2.7.3.1.2.(d).10 Discharge or transfer to inpatient units will be facilitated by ED Staff for timely disposition for less than 4 hours; and
 - 2.7.3.1.2.(d).11 Depart Pack including discharge instructions will be printed, reviewed and provided to Patients as required.
- 2.7.3.1(2)(e) Zone 3 Assignment
- 2.7.3.1.2.(e).1 Team environment three (3) nurses, emergency physician and a unit clerk;
 - 2.7.3.1.2.(e).2 Following arrival in Zone 3 intake area, Staff will complete nursing assessment, and process and follow-up NIOs. Transitional assessment space will be utilized if required;
 - 2.7.3.1.2.(e).3 Treatment will be commenced;
 - 2.7.3.1.2.(e).4 Registration will be completed at POC desk in Zone 3 by unit clerk for recurring Patients;
 - 2.7.3.1.2.(e).5 Patient care and interventions will include:
 - (e).5.1 Observations or interventions by Zone 3 Staff;
 - (e).5.2 Medication administration;

- (e).5.3 Cast application; and
- (e).5.4 Wound Care.
- 2.7.3.1.2.(e).6 Depart Pack including discharge instructions will be printed, reviewed and provided to Patients as required.
- 2.7.3.1(2)(f) Zone 5 Assignment
 - 2.7.3.1.2.(f).1 Team environment emergency registered nurse, registered psychiatric nurse, psychiatric liaison nurse, emergency physician and unit clerk;
 - 2.7.3.1.2.(f).2 Nurse will escort Patient from triage to appropriate area;
 - 2.7.3.1.2.(f).3 Following arrival in Zone 5 intake area, Staff will complete nursing assessment, and process and follow up NIOs. Transitional assessment space will be utilized if required;
 - 2.7.3.1.2.(f).4 Treatment and observation will be commenced;
 - 2.7.3.1.2.(f).5 Patient care and interventions will include:
 - (f).5.1 Following assessment, discharged back to community supports with instruction and follow-up arrangements by Staff;
 - (f).5.2 Medication administration; and
 - (f).5.3 Frequent observation and documentation (Reception).
 - 2.7.3.1.2.(f).6 Collaborative team environment will be provided in assessments, clinical discussion, care planning and discharge planning.
- 2.7.3.1(2)(g) All Zones
 - 2.7.3.1.2.(g).1 POCT for glucose monitoring will be done at the bedside. There will be one (1) glucometer at every Care Station and one (1) per six (6) stretchers in Zone 1, one (1) in Trauma/Resuscitation Suite, and one (1) in all other zones that will be connected to a computer.
 - 2.7.3.1.2.(g).2 POCT for urinalysis and pregnancy tests will be performed in the Utility Room-Soiled or in the LAB/ECG Room.
 - 2.7.3.1.2.(g).3 With fluctuating acuity and Patient needs, assignments will vary. In addition, for break relief and other times when coverage of a colleague's assignment is required, one nurse will need to visualize six (6) Patients continuously in Zone 1.
- 2.7.3.1(3) Clinical and Logistical Support Processes and Flows

- 2.7.3.1(3)(a) Geriatric Emergency Nurse
- 2.7.3.1.3.(a).1 Geriatric Emergency Nurse will assess and identify care needs for Patients who are 75 years of age or older, provide Patient and family education and provide information regarding health services and community resources.
- 2.7.3.1(3)(b) Addiction Services
- 2.7.3.1.3.(b).1 Substance use liaison nurse will assess, consults and provide counselling for Patients with substance use issues. They will also provide referrals to community resources.
- 2.7.3.1(3)(c) Translation Services
- 2.7.3.1.3.(c).1 Specialized phone interpretation services will be available 24/7.
- 2.7.3.1(3)(d) Volunteer Services
- 2.7.3.1.3.(d).1 Volunteers will provide support to Patients and family as appropriate.
- 2.7.3.1(3)(e) Pharmacy Services
- 2.7.3.1.3.(e).1 Automation will be used in the inventory management and dispensing of Patient medications.
- 2.7.3.1.3.(e).2 Medication orders will be sent to the Pharmacy via order by fax/order entry.
- 2.7.3.1.3.(e).3 ADCs will be restocked by the Pharmacy.
- 2.7.3.1.3.(e).4 Nurses will access medication for administration from ADCs.
- 2.7.3.1.3.(e).5 Medication Rooms will be centralized and easily accessible by Staff, secured by swipe access only, with glazed doors for visibility.
- 2.7.3.1.3.(e).6 Medication Rooms will contain a computer for medication review/education.
- 2.7.3.1.3.(e).7 STAT medications will arrive via PTS.
- 2.7.3.1(3)(f) Allied Health
- 2.7.3.1.3.(f).1 OT, PT, SLP and SW services will be provided on a referral basis to conduct a wide variety of assessments and treatments to Patients presenting in the ED. These will be conducted in the treatment space. The Staff will require touchdown workstations to document.
- 2.7.3.1(3)(g) Home Health
- 2.7.3.1.3.(g).1 Support safe Patient discharge will be provided by arranging services in the home, clinics, or

community settings and by setting up services to support Patients in the home or community.

2.7.3.1(3)(h) Laboratory Services

- 2.7.3.1.3.(h).1 Laboratory specimen collection and some testing will be performed by laboratory technologists and assistants dedicated to the ED.
- 2.7.3.1.3.(h).2 There will be a LAB/ECG room that will accommodate three (3) touchdown computer workstations, phone, printer, label printer, two (2) ECG machines, urinalysis testing equipment counter space for specimen handling/preparation, storage for supplies, soiled sink and hand washing sink.
- 2.7.3.1.3.(h).3 Nurse collected specimens will be transported via PTS and porters.

2.7.3.1(3)(i) Medical Imaging

- 2.7.3.1.3.(i).1 Medical imaging requirements will be met within the existing Medical Imaging Component.

2.7.3.1(3)(j) Diagnostic Cardiology

- 2.7.3.1.3.(j).1 There will be an ECG stretcher in triage to allow completion of testing/diagnostics if done prior to Patient accessing a treatment space.
- 2.7.3.1.3.(j).2 Cardiology will house 1-2 ECG machines in the ED in the LAB/ECG Room.
- 2.7.3.1.3.(j).3 There will be a dedicated data port, in each zone and at triage for the ECG machine to download/upload Patient data and the ECG tracing to the Patient information system.

2.7.3.1(3)(k) Respiratory Therapy

- 2.7.3.1.3.(k).1 Respiratory therapists will perform assessment and/or treatments in Patient care spaces. Staff will require touchdown workstations for documentation.

2.7.3.1(3)(l) Consumable Supplies

- 2.7.3.1.3.(l).1 Consumable supplies will be provided by the IHR Component and maintained using a 2-bin system or a minimum inventory level that will trigger a re-ordering process.
- 2.7.3.1.3.(l).2 There will also be numerous special orders that require direct purchase ordering and delivery.

2.7.3.1(3)(m) Facilities Maintenance and Operations

- 2.7.3.1.3.(m).1 Requisition for the FMO will be entered in the computer, in the FMO order entry module.
- 2.7.3.1.3.(m).2 On receipt of requisition the FMO will follow up with completion of task either on unit or in the shop.

- 2.7.3.1(3)(n) Biomedical Engineering
 - 2.7.3.1.3.(n).1 Biomedical engineers will retrieve equipment that require maintenance or repair and bring to their prospective workshops.

- 2.7.3.1(3)(o) Housekeeping and Waste Management
 - 2.7.3.1.3.(o).1 Housekeeping and Waste Management will be provided for all zones of activity for terminal cleaning of treatment spaces on Patient discharge.
 - 2.7.3.1.3.(o).2 Housekeeping Rooms will be accommodated in all zones if possible.
 - 2.7.3.1.3.(o).3 Waste products will be managed according to a system of segregation at point of origin and sequential consolidation throughout the ED. Waste management will begin at the individual Patient contact locations with centralized collection and temporary holding stations.
 - 2.7.3.1.3.(o).4 Segregation of wastes will accommodate the following categories:
 - (o).4.1 General Garbage including clean recycling;
 - (o).4.2 Sharps;
 - (o).4.3 Infectious or contaminated wastes;
 - (o).4.4 Pharmaceuticals;
 - (o).4.5 Confidential paper; and
 - (o).4.6 Recyclables.

- 2.7.3.1(3)(p) Laundry/Linen
 - 2.7.3.1.3.(p).1 All clean linen to be used for Patient care will be stored close to point of use. Clean linen will be consolidated at a central location, and then delivered to the ED.
 - 2.7.3.1.3.(p).2 Laundry processing will occur off site. Soiled laundry will be collected at POC, taken to a central location for off-site transfer to a facility for processing.

- 2.7.3.1(3)(q) Patient Food Services
 - 2.7.3.1.3.(q).1 Nourishment Stations for the ED Patients will be located in each zone. Nourishment Stations will be stocked and maintained with beverages and

light snacks by the Patient Food Services Staff. Nourishment Stations will be capable of being closed during an outbreak or contamination event.

2.7.3.1.3.(q).2 Meal trays will be ordered electronically, communicated electronically to the Patient Food Services, prepared by the Patient Food Services and then delivered to the ED by the Patient Food Services Staff.

2.7.3.1(3)(r) Security

2.7.3.1.3.(r).1 Security will provide primary entrance presence in the Component, monitoring the entrance to the Component. They will respond to all issues related to Patient, visitor and Staff security.

2.7.3.1(4) Information Management

2.7.3.1(4)(a) Triage will utilize an electronic assessment triage tool.

2.7.3.1(4)(b) Emergency Department Management (EDM) is a computer based MEDITECH module that will organize and display Patient information electronically. An electronic whiteboard system will supply real-time information concerning the location of Patients, the number of Patients and their length of stay.

2.7.3.1(4)(c) Patient information systems are currently paper based with anticipation that it will be electronic in the near future and will be accessed from both Care Stations and WOWs distributed throughout each zone. Ability to revert to paper based documentation in the event of an electronic information management system failure will be available.

2.7.3.1(4)(d) Emergency registration will be within the Component footprint. Registration will be done electronically printing a paper chart following completion which follows the Patient on their journey.

2.7.3.1(4)(e) Charting will occur at the bedside, Care Stations or WOWs.

2.7.3.1(4)(f) Patient information will be available throughout zones through wireless and/or wired through computer terminals and Care Stations.

- 2.7.3.1(4)(g) Physician orders will be paper/computer based and will be processed/managed via Staff computer terminals or wireless devices.
- 2.7.3.1(4)(h) It is anticipated that electronic technology will be used to manage more aspects of each Patients care. Electronic checking of Patient information (wristband bar code), for example, will be used to validate the match between Patient and a prescribed treatment, procedure or medication.
- 2.7.3.1(4)(i) Staffing systems/scheduling will be conducted electronically with automated call out systems for short notice leaves (e.g. sick calls).
- 2.7.3.1(4)(j) The intent is to enable clinicians and Staff to take advantage of the technologies and resultant optimal care environment with respect to communication, access to electronic health records, documentation, mobility, monitoring, efficiency, Patient safety, tracking and best practice supported by technology. The space will accommodate the technology devices and medical equipment required to deliver care in the environment including mounting, storage, charging and space requirements of:
 - 2.7.3.1.4.(j).1 Integrated Medication carts;
 - 2.7.3.1.4.(j).2 Medication dispense carts;
 - 2.7.3.1.4.(j).3 Mobile and fixed computers;
 - 2.7.3.1.4.(j).4 Mobile and fixed label printers;
 - 2.7.3.1.4.(j).5 Mobile and fixed barcode scanners;
 - 2.7.3.1.4.(j).6 Handheld computer devices;
 - 2.7.3.1.4.(j).7 Glucometers with docking stations;
 - 2.7.3.1.4.(j).8 Tracking monitors;
 - 2.7.3.1.4.(j).9 Clinical dashboards;
 - 2.7.3.1.4.(j).10 Integrated IV pumps;
 - 2.7.3.1.4.(j).11 Device connectivity;
 - 2.7.3.1.4.(j).12 Real time location system;
 - 2.7.3.1.4.(j).13 Integrated physiological monitoring system- bedside and desk;
 - 2.7.3.1.4.(j).14 Virtual health; and
 - 2.7.3.1.4.(j).15 Staff personal duress and fixed panic buttons.

2.7.3.1(5) Anticipated Trends in Service Delivery

- 2.7.3.1(5)(a) The following lists trends that are expected to affect the nature and or functions accommodated within this

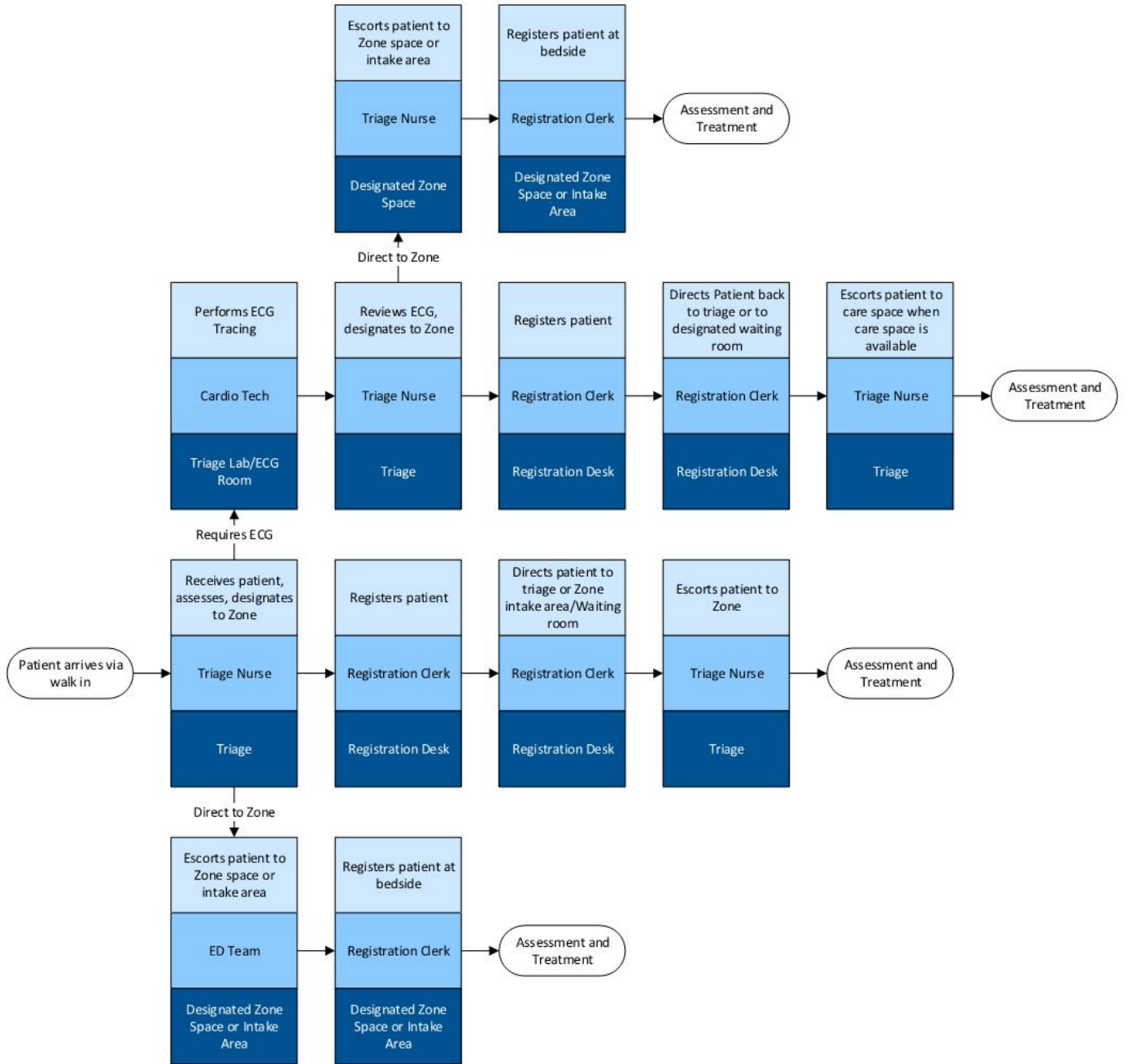
Component. Effects of these trends will be reflected in the Component's design:

- 2.7.3.1.5.(a).1 Increased acuity of Patients and increased complexity due to the increasing older population;
- 2.7.3.1.5.(a).2 Technology advancements and integration and increased need for storage of advanced equipment as technology changes;
- 2.7.3.1.5.(a).3 Increased need for isolation and decontamination;
- 2.7.3.1.5.(a).4 Security for Patients, visitors and Staff will continue to be a priority issue as the risk for workplace violence persists;
- 2.7.3.1.5.(a).5 Potential of CTAS 5 (non-urgent) being designated as deferrable to primary health care facilities;
- 2.7.3.1.5.(a).6 Number of bariatric Patients will be expected to increase; and
- 2.7.3.1.5.(a).7 Technology advancement with electronic field communication from BC Ambulance Service to the ED.

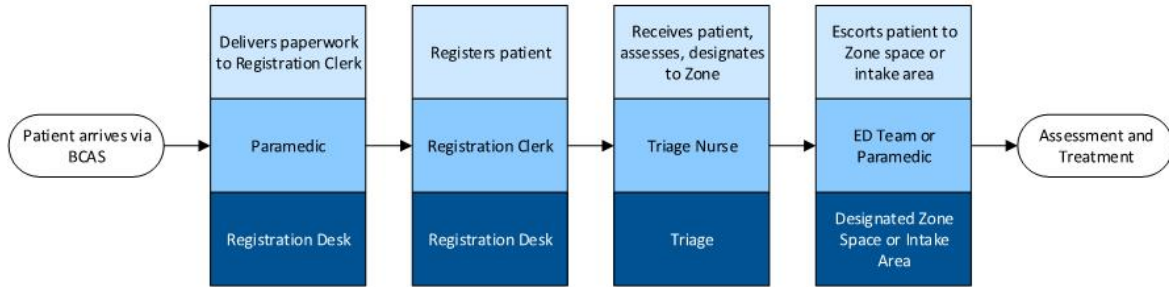
2.7.3.2 Workflows

- 2.7.3.2(1) The Emergency Department workflows are shown in the following workflow diagrams.

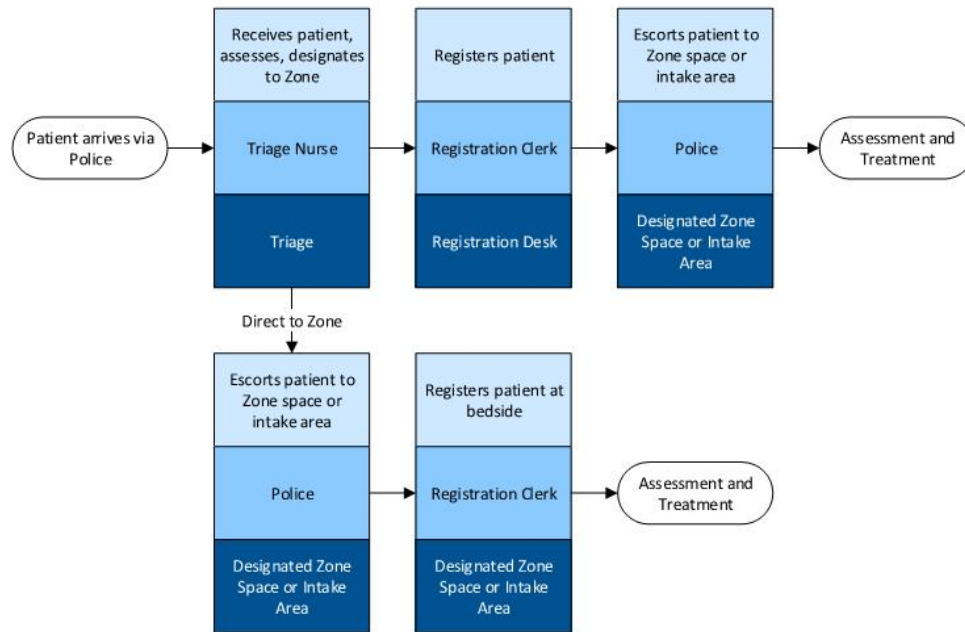
Arrival Flow (Walk-In)



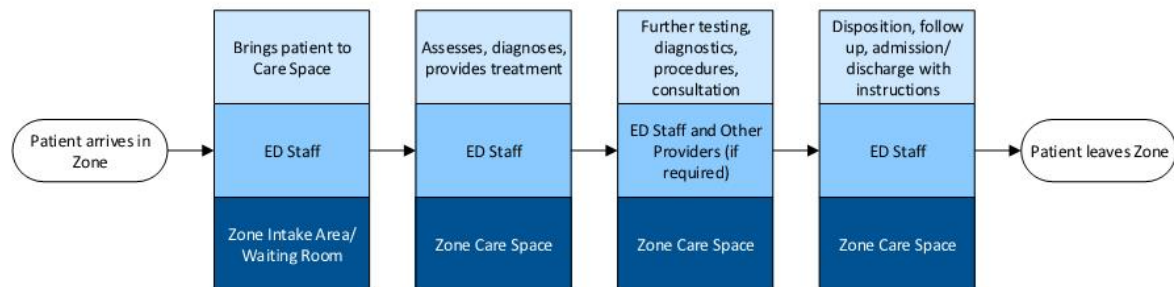
Arrival Flow (BCAS)



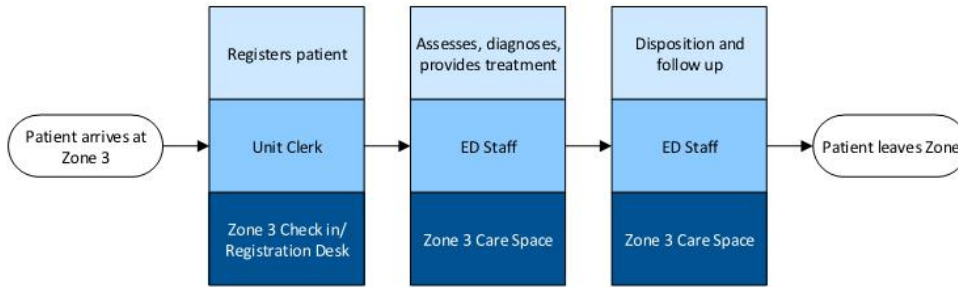
Arrival Flow (Police)



Assessment and Treatment Flow



Assessment and Treatment Flow (Scheduled Visit)



2.7.3.3 Hours of Operation

2.7.3.3(1) The ED will be open 24 hours a day, 7 days a week.

2.7.3.4 Workloads

2.7.3.4(1) The maximum estimated workload for this Component is shown in the following table.

EMERGENCY DEPARTMENT	PEAK SHIFT
Triage	
Nurse	4
Emergency Physician	1
Paramedic	4
Registration	3
Sub Total	12
Zone 1	
Nurse	11
Patient Care Coordinator	1
Emergency Physician	2
Unit Clerk	1
Geriatric Emergency Nurse	1
Sub Total	16
Zone 2	
Nurse	4
Patient Care Coordinator	1
Emergency Physician	2
Unit Clerk	1
Sub Total	8
Zone 3	
Nurse	3
Emergency Physician	1

EMERGENCY DEPARTMENT	PEAK SHIFT
Unit Clerk	1
Sub Total	5
Zone 5	
Nurse	3
Emergency Physician	1
Unit Clerk	1
Psychiatrist	2
Sub Total	7
All Zones: Other Staff/Providers	
Consultant/Hospitalist	8
Manager	1
Allied Health (OT, PT, SLP)	3
SW	1
Pharmacist	1
Educator	1
Cardiology Tech	1
Lab Tech	1
Porter Aide	2
Respiratory Therapist	1
Dietitian	1
Learner	14
Sub Total	35
PEAK TOTAL	83

2.7.4 DESIGN CRITERIA

2.7.4.1 General Requirements

2.7.4.1(1) Zones of activity within the Emergency Department will include the following:

- 2.7.4.1(1)(a) Patient Check In-EMS/Police;
- 2.7.4.1(1)(b) Patient Check In;
- 2.7.4.1(1)(c) Zone 1: Trauma/Resuscitation/Acute;
- 2.7.4.1(1)(d) Zone 2: Ambulatory;
- 2.7.4.1(1)(e) Zone 3: Minor Treatment;
- 2.7.4.1(1)(f) Zone 5: Mental Health and Substance Use; and

2.7.4.1(1)(g) Administration.

- 2.7.4.1(2) The ED will have Direct Access from the existing Ambulance Bay/Parking through the existing Patient Check In-EMS/Police Area for direct and quick transfer of Patients.
- 2.7.4.1(3) The ED will also have Direct Access to the existing Medical Imaging through Restricted Circulation for immediate transfer of critically ill Patients and to facilitate access for high volume of ED Patients requiring Medical Imaging Services.
- 2.7.4.1(4) The ED will require Close Access to the Perioperative Services for Patients requiring surgical intervention, to the existing Critical Care Unit for transfer of critically ill Patients and to all inpatient units for Staff and Patient movement.
- 2.7.4.1(5) The key principle in the layout of the ED spaces will be to provide the flexibility to operate the Component effectively during times of low, average and peak workloads. This will include the ability to function with varying levels of staffing. For example, during the low periods not all treatment spaces will be used, and reduced staffing will need the ability to cover the Component and use the space efficiently. One means of achieving this flexibility will be to organize the general treatment areas so that the number in use can expand and collapse efficiently without having to relocate Patients from room to room.
- 2.7.4.1(6) Another key principle in the layout of the ED will be visibility. Staff will require Line of Sight to key areas such as the Trauma/Resuscitation Suite entrance, treatment areas, Patient monitors and Secure Room. Staff will need to be able to see each other in circulation spaces. Line of Sight and Convenient Access within and between zones will be required with consideration given to minimizing walking distance. Quick access for all Staff to all zones is required.
- 2.7.4.1(7) Clear delineation between BH Main Entrance, Ambulance Entrance and the dedicated ED Public Entrance will be required to avoid confusion. Existing ED Public Entrance and Ambulance Entrance (including Ambulance Bay/Parking) currently accommodate separation of walking Patients from ambulance Patients and will not be included in the scope of work for this project.
- 2.7.4.1(8) There will be BH signage and Wayfinding for vehicles (public and emergency personnel) and pedestrians approaching the ED.

- 2.7.4.1(9) Space will be available at Public Entrance to facilitate pre-screening Patient triage in the event of a pandemic or local outbreak of contagious diseases.
- 2.7.4.1(10) Each zone within the ED will have restricted access in the event of a pandemic, local outbreak of contagious diseases or security lockdown as per Lower Mainland Integrated Protection Agency Emergency Department Restricted Access Policy for BH.
- 2.7.4.1(11) Guidelines for the design of the ED will address the following:
 - 2.7.4.1(11)(a) The ED layout will create a one-way flow for Patients entering and exiting the Component.
 - 2.7.4.1(11)(b) Zones 1, 2, 3 and 5 will be for emergency Patients with varying levels of acuity.
 - 2.7.4.1(11)(c) Unless Patient acuity changes or care necessitates a move, Patients will not move between zones.
- 2.7.4.1(12) Hand hygiene sinks will be strategically located at triage, within each Treatment Room and Exam Room, a minimum of one (1) Alcove-Hand Hygiene Sink per three (3) Treatment Bays and within 6 m distance to the Care Stations in each zone.
- 2.7.4.1(13) A degree of separation will be required between Patients who are immunocompromised and regular Patients, e.g. zoned waiting areas.
- 2.7.4.1(14) Equipment located in the ED will be stored strategically in Alcove-Equipment and equipment rooms throughout the Component.
- 2.7.4.1(15) Security and safety of Patients and Staff in the ED will be paramount. The area will be planned for access to all areas within the Component to be controlled and/or restricted and monitored by Staff at Triage/Registration, Security Room and all Care Stations. Staff in any area of the ED will have access to a safe space at all times.
- 2.7.4.1(16) Each Zone in ED will have the capability to be locked down at appropriate and strategic locations to control and mitigate security issues or threats and will include the use of security systems and/or wireless applications to secure the premises. During times of elevated risk, Staff will enter with access control.
- 2.7.4.1(17) There will be one Housekeeping Room for all zones in Zone 1.
- 2.7.4.1(18) Washroom-Patient will be adjacent to the treatment spaces.

- 2.7.4.1(19) Staff delivering supplies, medications and linens will use Patient Transfer/Staff Service Elevators and Restricted Circulation.
- 2.7.4.1(20) All alcoves will have power and data for future flexibility. Alcove-Equipment will be deep enough to accommodate exchange linen carts, supply carts and equipment so that corridors remain clear.
- 2.7.4.1(21) All Offices and workstations will be designed ergonomically with the use of modular furnishings and casework to provide maximum flexibility.
- 2.7.4.1(22) Washroom-Staff will be placed with Close Access to Staff work areas.
- 2.7.4.1(23) Natural light and views will be maximized for Patients and Staff.
- 2.7.4.1(24) The physical environment will facilitate team collaboration.
- 2.7.4.1(25) Care Station
 - 2.7.4.1(25)(a) The Care Stations will serve as the 'hub' of the Component and therefore require Line of Sight to the Patient Treatment Rooms, Treatment Bays, Interview Rooms and corridors within the Component.
 - 2.7.4.1(25)(b) Inter-professional care teams will utilize the Care Stations equipped with touchdown workstations, Picture Archiving and Communication System (PACS), central physiological monitoring and communication systems.
 - 2.7.4.1(25)(c) The Care Stations will be central and visible to all Patient treatment areas to facilitate nursing, physician, clerical and Allied Health interactions. Additionally, the clinicians working in the four (4) Zones will require a communication system that facilitates interactions across all four (4) Zones.
 - 2.7.4.1(25)(d) Staff support spaces will be adjacent to the Care Stations.
 - 2.7.4.1(25)(e) Medication Room will be located adjacent and central to the Care Station and Patient treatment areas in the ED Zones to optimize flow and promote best Infection Prevention and Control protocols.
 - 2.7.4.1(25)(f) Clean Supply Room and Utility Room-Soiled will be distributed throughout the unit, allowing close and easy access for Staff.

2.7.4.1(26) Treatment Bay/Room

- 2.7.4.1(26)(a) Treatment Bays will be private with three (3) walls and a privacy curtain at the entrance.
- 2.7.4.1(26)(b) Treatment Rooms will have breakaway, sliding glass doors at the entrance to the room and a privacy curtain.
- 2.7.4.1(26)(c) Each Treatment Bay/Room will have a stretcher/Stretcher chair or recliner, nurse call and mobile supply carts (primarily on the right side of the Patient where most treatment occurs), adequate lighting to perform physical examinations and/or suturing, a hand hygiene sink, family/visitor chair(s) on the left side of the Patient and space to bring in a procedure cart or mobile equipment such as an ECG machine.
- 2.7.4.1(26)(d) Each Treatment Room will be fully serviced with medical gases, power, suction and physiological monitoring.
- 2.7.4.1(26)(e) Each Treatment Room, Exam Room, Consult Room and procedure room will have complete visual and acoustic privacy. Privacy and control of sound transmission between rooms is required.

2.7.4.1(27) Medication Room

- 2.7.4.1(27)(a) A Medication Room will be available in each Zone in the ED.
- 2.7.4.1(27)(b) Medication Rooms will serve as “safe” areas for Staff at times of an aggressive or unsafe situation and will have access control.
- 2.7.4.1(27)(c) Medication Rooms will be distraction free areas and will be located adjacent to the Care Stations.
- 2.7.4.1(27)(d) Access will be controlled and visible from the Care Station. Medication Room doors require glazing for visibility.
- 2.7.4.1(27)(e) Emergency alarms and overhead emergency announcements will be heard in the Medication Rooms.
- 2.7.4.1(27)(f) Medication Rooms must be large enough to accommodate Pharmacy Staff to stock and supply medications from the Pharmacy Component.

2.7.4.1(28) Outbreak Control Zone

2.7.4.1(28)(a) In case of an airborne infection pandemic or outbreak, designated Outbreak Control Zones within the ED will have negative pressurization capability to isolate one (1) or multiple zones from the surrounding areas. This Outbreak Control Zone will include the following:

- 2.7.4.1.28.(a).1 Support spaces including Medication Room, Clean Supply Room, Utility Room-Soiled and Storage-Equipment;
- 2.7.4.1.28.(a).2 The building system will enable each Outbreak Control Zone to be capable of creating negative pressure within, relative to adjacent areas;
- 2.7.4.1.28.(a).3 Space that will be converted into an anteroom (e.g. double set of powered doors) adjacent to each entrance to all Outbreak Control Zones and will be equipped with a hand hygiene sink and space for PPE storage. The anteroom will be large enough to accommodate a stretcher when both sets of doors are closed; and
- 2.7.4.1.28.(a).4 Both sets of power doors will have automatic opening with access control. Access control will be located on the entry side of the first set of doors and on the exit side of the second set of doors far enough away from the doors to allow them to open before a stretcher is present. Under normal operations, the doors will remain open.

2.7.4.1(28)(b) Each Outbreak Control Zone will not have the ED shared support services and Staff support areas located within it in order to support full operations of the entire ED.

2.7.4.2 Patient Check In – EMS/Police

- 2.7.4.2(1) This will be an existing area that will include an Alcove-Stretcher/Wheelchair, Workstation-Ambulance/Police, Decontamination Room, Stretcher Holding Zone and Workstation-Stretcher Holding.
- 2.7.4.2(2) The existing Vestibule-Ambulance Entrance provides access into the ED from the ambulance bay.
- 2.7.4.2(3) Ambulance cases will have Close Access to Trauma/Resuscitation Suite. All visits through the Vestibule-Ambulance Entrance will be separated and not visible to walk in Patients. Walk in and ambulance Patients will not cross paths.

2.7.4.3 Patient Check In

- 2.7.4.3(1) This will be an existing area that will include renovation to the Volunteer Kiosk.
 - 2.7.4.3(2) The Public Entrance and Triage/Registration function is intended to act as the first point of contact for Persons arriving at the ED.
 - 2.7.4.3(3) The existing Waiting Area-Main will accommodate twenty-five (25) people and include a Patient entertainment/education system and public Wi-Fi access.
 - 2.7.4.3(4) The existing Waiting Area-Main will facilitate separation of Patients presenting with possible transmissible infectious illness through either segregation of spaces or provide possibility of designated/reserved space that is physically or spatially separated from other Patients.
 - 2.7.4.3(5) The existing Waiting Area-Main will have Line of Sight from Triage/Registration and Security Room.
 - 2.7.4.3(6) Two (2) existing Washroom-Patient will be located adjacent to the existing Waiting Area-Main to serve both public and Patients who are waiting.
 - 2.7.4.3(7) Admission to the treatment areas from the existing Triage/Registration and Waiting Area-Main will be controlled through automatic doors operated by the triage Staff and/or security.
 - 2.7.4.3(8) The existing Security Room will remain located adjacent to the existing Waiting Area-Main and Public Entrance for screening and visibility purposes.
 - 2.7.4.3(9) The existing Security Room will have Line of Sight to the existing Waiting Area-Main, Triage/Registration and Washroom-Patient and will contribute to the controlled entry to the Component.
 - 2.7.4.3(10) Volunteers will have a Volunteer Kiosk to assist arriving Patients and visitors.
 - 2.7.4.3(11) There will be doors and anterooms at Zones 1 and 2 entrances to maintain zones of separation for symptomatic and asymptomatic cases related to a pandemic or outbreak and to provide Staff donning and doffing areas for PPE.
- 2.7.4.4 Zone 1: Trauma/Resuscitation/Acute
- 2.7.4.4(1) Access that is as direct as possible from the Vestibule-Ambulance Entrance to Trauma/Resuscitation Suite will be the key factor in determining their location. The route will facilitate the quick

movement of a Patient in critical condition on a stretcher surrounded by a medical team. The route will avoid passing through any public spaces or areas where Patients are grouped or waiting and minimize corners and maneuvering to enter the rooms.

- 2.7.4.4(2) The Trauma/Resuscitation Suite will have visual connections and quick and Direct Access for Staff from other areas of the Component during a 'Code Call' to provide back-up support to the clinical team.
- 2.7.4.4(3) Close Access between Trauma/Resuscitation Suite and the existing Medical Imaging is required.
- 2.7.4.4(4) The Trauma/Resuscitation Suite will include two (2) adjacent Trauma/Resuscitation bays with a full-length privacy curtain in between. The privacy curtain will allow flow of Staff between bays while enabling separation of bays when clinical circumstances require.
- 2.7.4.4(5) The Trauma/Resuscitation Suite will be provided with positive pressure ventilation to accommodate critically ill Patients with airborne infectious diseases or trauma Patients. Each Trauma/Resuscitation bay will have a door opening into a large negative pressure air-lock Anteroom-AIR. There will be a full-length privacy curtain on the inside of Trauma/Resuscitation bays door opening into the Anteroom-AIR to provide Patient privacy.
- 2.7.4.4(6) Each Anteroom-AIR will contain PPE storage and a hand hygiene sink. There will be a pass-through window from the Anteroom-AIR to the adjacent Trauma/Resuscitation bay with an intercom system. The Anteroom-AIR will be designed as an air-lock for stretchers and be negatively pressurized relative to the Trauma/Resuscitation Suite so that air flows from the Trauma/Resuscitation Suite into the Anteroom-AIR and negatively pressurized relative to the corridor so that air flows into the Anteroom-AIR from the corridor and not out into the corridor. The Anteroom-AIR shape and proportions will allow Patient movement from the Anteroom-AIR into the Trauma/Resuscitation Suite with both doors closed.
- 2.7.4.4(7) The Trauma/Resuscitation bays will be configured to accommodate the following:
 - 2.7.4.4(7)(a) A hand hygiene sink at the entry;
 - 2.7.4.4(7)(b) Medical gases, suction and monitoring;
 - 2.7.4.4(7)(c) Ceiling-mounted equipment booms to allow unencumbered access to the stretcher bed;

- 2.7.4.4(7)(d) Ceiling mounted bariatric lifts;
 - 2.7.4.4(7)(e) Procedure/examination lights;
 - 2.7.4.4(7)(f) PC workstations and PACS viewing stations;
 - 2.7.4.4(7)(g) A medication preparation and supply area with a hand hygiene sink; and
 - 2.7.4.4(7)(h) Space for closed mobile storage cabinets for supplies.
- 2.7.4.4(8) The Consult Room-Family will be provided for family members of critically ill or deceased Patients and have Convenient Access to the Trauma/Resuscitation Suite. The function of the Consult Room-Family will be to provide a temporary refuge for distressed family and friends.
- 2.7.4.4(9) Zone 1 will include a total of twenty three (23) Treatment Rooms capable of supporting complex emergency care. All Treatment Rooms will be equipped with hand hygiene sinks, supplies, nurse call, ceiling lifts and glass breakaway doors.
- 2.7.4.4(10) One of the Treatment Rooms will be a Treatment Room-AIR with negative pressure ventilation to accommodate Patients with airborne infectious diseases. This room will require an enclosed Anteroom-AIR containing PPE storage and a hand hygiene sink and a dedicated ensuite Washroom-AIR.
- 2.7.4.4(11) The Care Stations will be centrally located to allow Line of Sight to Treatment Rooms with walking pass through, allowing quick/easy/fast access throughout Component. This will be designed as a center oval space with:
- 2.7.4.4(11)(a) A Central Care Station and an open Business Centre adjacent to the Trauma/Resuscitation Suite at the front of the Care Station Hub; and
 - 2.7.4.4(11)(b) Four (4) Care Stations.
- 2.7.4.4(12) All Care Stations will be designed as a, sit down internally and stand up desks externally allowing charting on both sides of the desk.
- 2.7.4.4(13) Each Care Station will allow for three (3) Staff.
- 2.7.4.4(14) The external desk will be elevated and with enough depth to accommodate storage of equipment such as ECG machine and mobile storage/procedure carts.

- 2.7.4.4(15) The Pneumatic Tube Station will be within the Care Station.
 - 2.7.4.4(16) The central core, surrounded by Care Stations will be utilized for inter-professional collaboration/ discussion/handovers, brief in-services and safety huddles
 - 2.7.4.4(17) Utility Room-Soiled will allow easy accessibility for all Staff.
- 2.7.4.5 Zone 2: Ambulatory
- 2.7.4.5(1) Zone 2 will be an existing area to be renovated with Direct Access from Patient Check In.
 - 2.7.4.5(2) The existing Care Station, a Medication Room and a Utility Room-Soiled will remain in existing location.
 - 2.7.4.5(3) The Pneumatic Tube Station will remain in existing location.
 - 2.7.4.5(4) Zone 2 will include six (6) Discharge Bay-Chair, eleven (11) Treatment Bays including two (2) for stretchers, three (3) for exam tables and six (6) for recliners. All Treatment Bays and Discharge Bays will allow privacy with three (3) walls and a privacy curtain at the entrance.
 - 2.7.4.5(5) It will also include one (1) existing Treatment Room-Gyne and one (1) existing Treatment Room-EYE/ENT capable of supporting complex emergency care.
 - 2.7.4.5(6) The existing Treatment Room-Gyne will be equipped with hand hygiene sink, utility sink with counter specimen handling and preparation, built in supply cabinets, headwall with oxygen, air, suction and electrical power, nurse call, ceiling lift and glass breakaway doors with privacy curtain.
 - 2.7.4.5(7) The existing Treatment Room-ENT/EYE will be equipped with hand hygiene sink, hair washing sink (for eye irrigation), utility sink with counter for specimen handling and preparation, built in supply cabinets, headwall with oxygen, air, suction and electrical power, nurse call, ceiling lift and glass breakaway doors with privacy curtain.
 - 2.7.4.5(8) There will be an existing Treatment Room-AIR with negative pressure ventilation in Zone 2 to accommodate Patients with airborne infectious diseases. This room includes an existing enclosed Anteroom-AIR containing PPE storage and a hand hygiene sink and an existing dedicated Washroom-AIR.
 - 2.7.4.5(9) There will be a Lab/ECG workroom that will accommodate three (3) touchdown computer workstations, phone, printer, label printer, two

(2) ECG machines, urinalysis testing equipment counter space for specimen handling/preparation, storage for supplies, soiled sink and hand washing sink. The PTS will be in close proximity in its existing location.

2.7.4.5(10) Current spaces that have ceiling lifts will remain.

2.7.4.5(11) The existing Crib Room will remain in Zone 2 to be utilized for pediatric Patients.

2.7.4.6 Zone 3: Minor Treatment

2.7.4.6(1) Zone 3 is an existing area. There will be no renovations required in this area.

2.7.4.7 Zone 5: Mental Health and Substance Use

2.7.4.7(1) Close Access to Zone 5 from Vestibule-Ambulance Entrance/Patient Check In. The entry will be through a Vestibule that will have access to the De-escalation Room, Anteroom-Secure Room for Secure Room and a door to the unit.

2.7.4.7(2) Zone 5 will include one (1) Common Area, three (3) Interview Rooms, one (1) Exam Room, one (1) De-escalation Room and one (1) Secure Room.

2.7.4.7(3) At the entrance of Zone 5, a communication/video intercom system to communicate with Staff at Reception/Care Station will be required.

2.7.4.7(4) The Interview Rooms and Exam Rooms will have dual egress.

2.7.4.7(5) Direct Access for Staff during a Code White, including security Staff, will be provided.

2.7.4.7(6) Secure Room will hold Patients with more challenging behaviours while maintaining Patient and Staff safety. This room will be designed in compliance with the Provincial Secure Rooms and Seclusion Standards and Guidelines (Schedule 1).

2.7.4.7(7) Secure Room will require a window to the outside and will be accessed through a dedicated Anteroom-Secure Room.

2.7.4.7(8) Secure Room will include a communication/intercom system and a clinical observation camera.

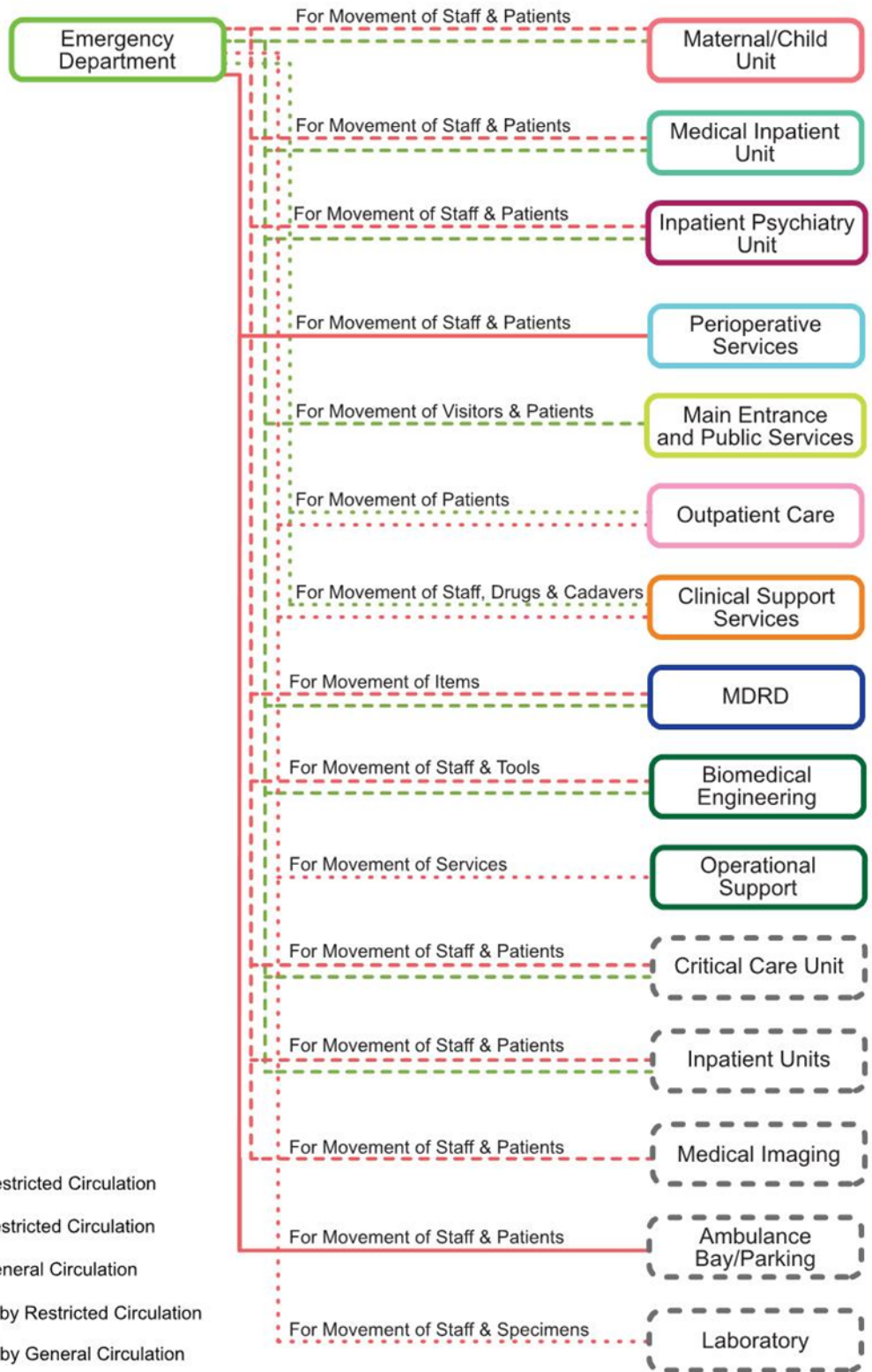
2.7.4.7(9) A Washroom/Shower-Patient will be located adjacent to the Common Area with non-barricade doors.

2.7.4.7(10) Exam Room will include space for two (2) Staff and dual egress.

- 2.7.4.7(11) One De-escalation Room for Patients coming in with RCMP will be included with dual egress, a security camera and Nurse Call system (Code White). Visibility into this room will be provided via a sidelight window or glazing in the door to permit views into the room from the Vestibule.
 - 2.7.4.7(12) The De-escalation Room will have dual egress.
 - 2.7.4.7(13) There will be a secure Staff area with access control including a Reception/Care Station, a Medication Room, two (2) Alcove-Dictation and a Meeting Room.
 - 2.7.4.7(14) Reception/Care Station will be the first point of contact in this Zone with glass walls, three (3) transaction windows and dual egress. It will have Line of Sight to the Vestibule, Common Area, Anteroom-Secure Room and entry into Interview Rooms and De-escalation Room.
 - 2.7.4.7(15) All support service rooms will be Staff access only.
 - 2.7.4.7(16) All Interview Rooms will have dual egress with non-barricade doors and ability to be secured when necessary for Patient safety.
 - 2.7.4.7(17) All Patient treatment areas in Zone 5 will have self-harm precautions designed as per requirements in Schedule 3 [Design and Construction Specifications].
 - 2.7.4.7(18) CCTV will be provided throughout Zone 5 including all Patient treatment areas as per Division 28 of Schedule 3 [Design and Construction Specifications].
 - 2.7.4.7(19) A dedicated portable communication device will be required to communicate to triage/physician/PCC/unit clerks throughout all zones.
- 2.7.4.8 Administration
- 2.7.4.8(1) Administration area will include two (2) private Office and one (1) Office-2 Shared.
 - 2.7.4.8(2) Staff will have Convenient Access to Staff amenities such as Lounge, Change Room and Lockers in existing area adjacent to the ED.

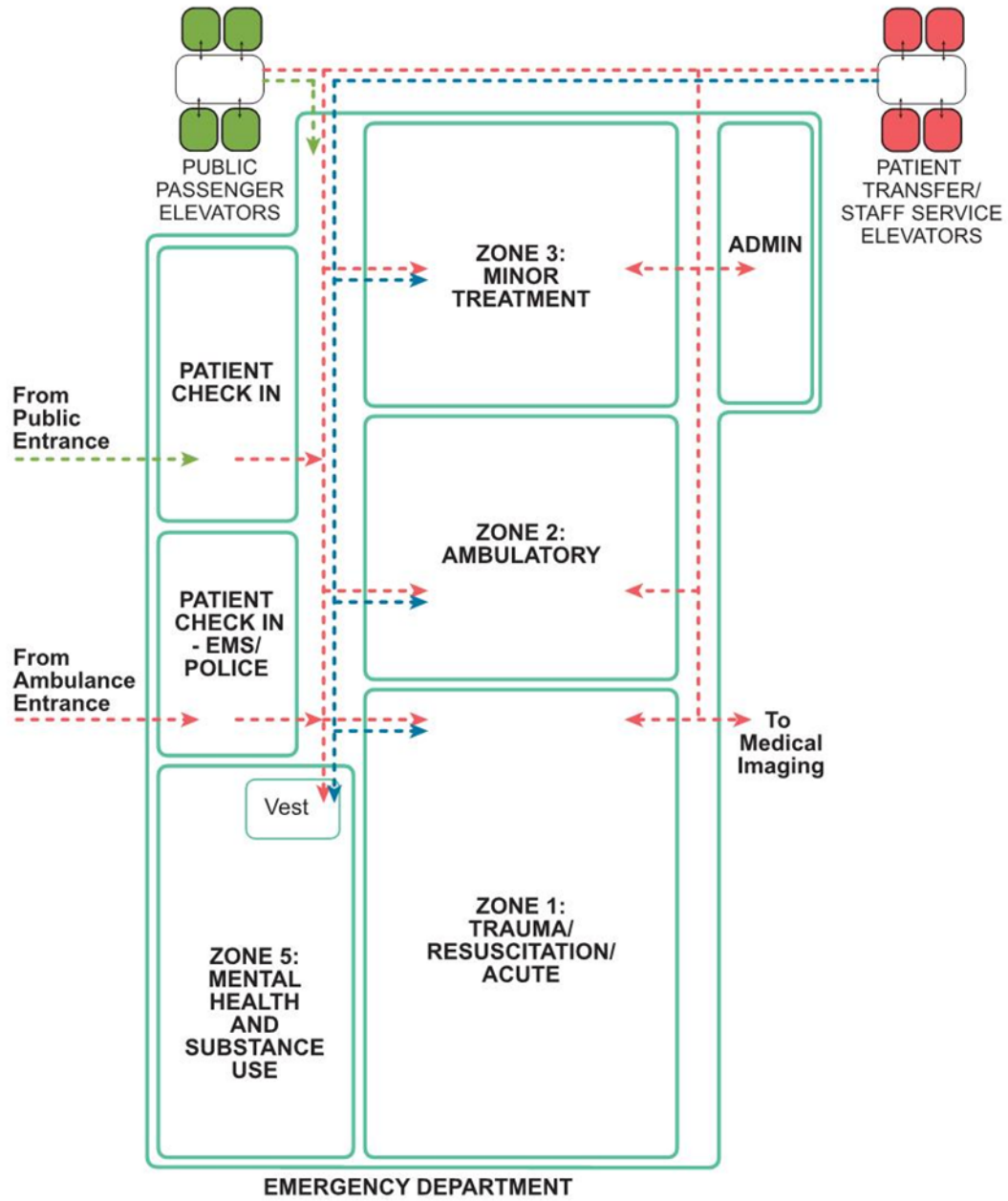
2.7.5 EXTERNAL RELATIONSHIPS

2.7.5.1 The following diagram indicates other Functional Components that have a functional relationship with this Component.



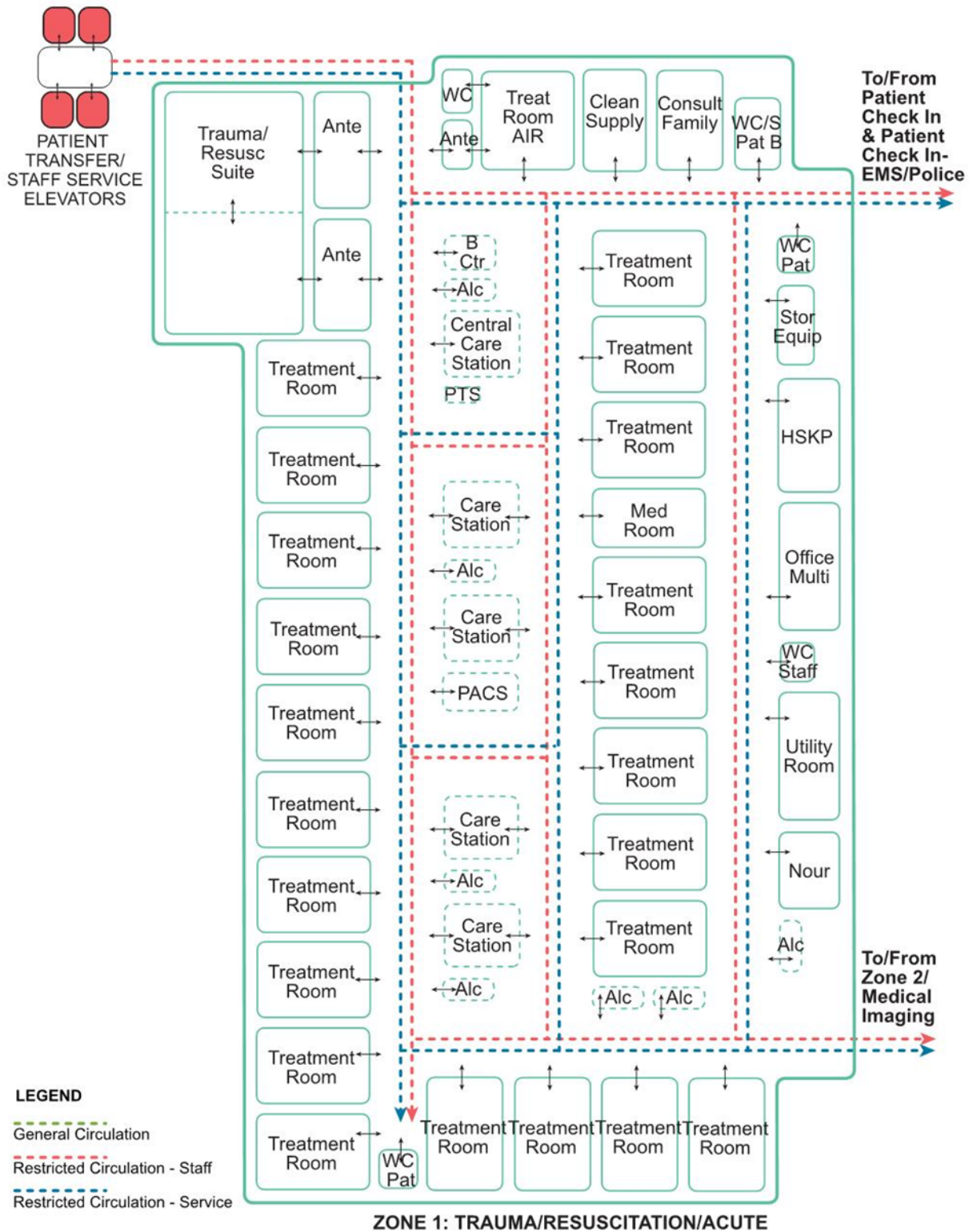
2.7.6 INTERNAL RELATIONSHIPS

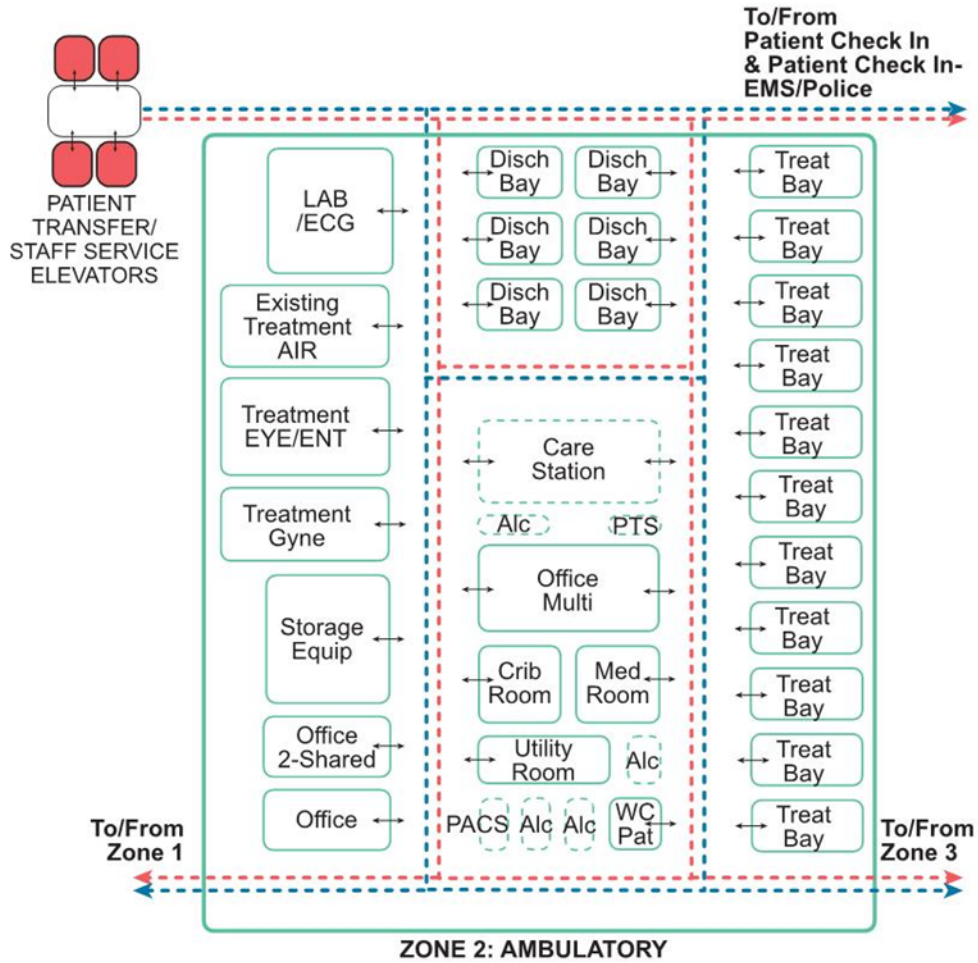
2.7.6.1 The following diagrams indicate internal functional relationships within this Component.



LEGEND

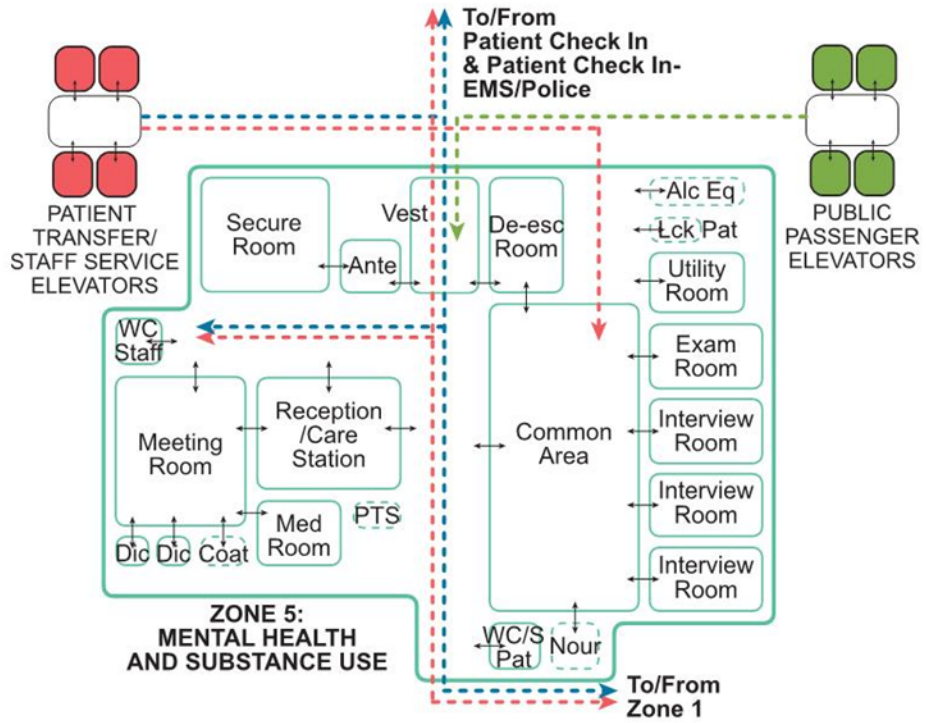
- General Circulation
- Restricted Circulation - Staff
- Restricted Circulation - Service





LEGEND

- General Circulation
- Restricted Circulation - Staff
- Restricted Circulation - Service



2.7.7 SCHEDULE OF ACCOMMODATION

2.7.7.1 The following table lists the number of spaces, Net Areas and space contents as minimum requirements.

Summary of Emergency Department

G1. EMERGENCY DEPARTMENT	
G1.1 - PATIENT CHECK IN-EMS/POLICE	0.0
G1.2 - PATIENT CHECK IN	3.0
G1.3 - ZONE 1: TRAUMA/RESUSCITATION/ACUTE	514.1
G1.4 - ZONE 2: AMBULATORY	132.5
G1.5 - ZONE 3: MINOR TREATMENT	0.0
G1.6 - ZONE 5: MENTAL HEALTH AND SUBSTANCE USE	162.1
G1.7 - ADMINISTRATION	21.0
G1.8 -STAFF SUPPORT	0.0
EMERGENCY DEPARTMENT PROGRAMMED SPACE NSM:	832.7

Ref. No.	Room Type	Area Requirements			DBF/ CM	Remarks
		nsm/unit	units	nsm		
G1. EMERGENCY DEPARTMENT						
G1.1 - PATIENT CHECK IN-EMS/POLICE						
G1.1.1	Alcove-Stretcher/Wheelchair	2.0	2	0.0	E	Covered area outside for Staxi Wheelchairs.
G1.1.2	Workstation-Ambulance/Police	2.8	2	0.0	E	EMS/Police/triage check in space. Located adjacent to Triage/Registration.
G1.1.3	Vestibule-Ambulance Entrance	10.8	1	0.0	E	Existing Room: C006.
G1.1.4	Decontamination Room	20.6	1	0.0	E	Existing Room: 380, 396 & 397.
G1.1.5	Stretcher Holding Zone	5.5	6	0.0	E	Existing Room: 375B.
G1.1.6	Workstation-Stretcher Holding	3.0	1	0.0	E	Existing Room: 375B.
TOTAL NSM: PATIENT CHECK IN-EMS/POLICE				0.0		
G1.2 - PATIENT CHECK IN						
G1.2.1	Waiting Area-Main	75.0	1	0.0	E	
G1.2.2	Volunteer Kiosk	3.0	1	3.0	CM	Located adjacent to Waiting Area-Main.
G1.2.3	Public Entrance	12.8	1	0.0	E	Existing Room: C005 & 374C. To hold (4) Staxi chairs.
G1.2.4	Security Room	6.5	1	0.0	E	Existing Room: 354.
G1.2.5	Triage/Registration	41.1	1	0.0	E	Existing Room: 376 & 377. Incl. 5 workstations.
G1.2.6	Washroom-Patient	5.0	2	0.0	E	Existing Room: 374A & 374B. 2-piece, accessible for Persons with Disabilities. Existing Public Washrooms near entrance.
TOTAL NSM: PATIENT CHECK IN				3.0		
G1.3 - ZONE 1: TRAUMA/RESUSCITATION/ACUTE						

Ref. No.	Room Type	Area Requirements			DBF/ CM	Remarks
		nsm/unit	units	nsm		
G1.3.1	Trauma/Resuscitation Suite	56.0	1	56.0	DBF	Incl. 2 adjacent Trauma/Resuscitation bays (28 nsm each) with privacy curtain in between and 1 workstation in each bay.
G1.3.2	Consult Room-Family	10.0	1	10.0	CM	To be shared with Zone 2.
G1.3.3	Care Station	7.5	4	30.0	DBF	Incl. 3 touchdown workstations, central cardiac monitor.
G1.3.4	Central Care Station	7.0	1	7.0	DBF	Incl. 2 touchdown workstations.
G1.3.5	Business Centre	3.0	1	3.0	DBF	Located adjacent to Central Care Station.
G1.3.6	Pneumatic Tube Station	0.5	1	0.5	DBF	Located adjacent to Central Care Station and Business Centre.
G1.3.7	Treatment Room	11.5	22	253.0	DBF	Incl. 1 workstation.
G1.3.8	Treatment Room-AIR	13.0	1	13.0	DBF	Incl. 1 workstation.
G1.3.9	Anteroom-AIR	5.0	1	5.0	DBF	Incl. PPE storage.
G1.3.10	Washroom-AIR	4.6	1	4.6	DBF	2-piece, accessible for Persons with Disabilities.
G1.3.11	Medication Room	12.0	1	12.0	DBF	Incl. ADC, workstation.
G1.3.12	Nourishment Station	7.0	1	7.0	DBF	For Patient trayline service. To be shared with Zone 5 if adjacent.
G1.3.13	Clean Supply Room	12.0	1	12.0	DBF	
G1.3.14	Utility Room-Soiled	12.0	1	12.0	DBF	Incl. biohazardous containers, waste management containers. To be shared with Zone 5 if adjacent.
G1.3.15	Housekeeping Room	11.0	1	11.0	CM	To support all ED Zones.
G1.3.16	Alcove-Equipment	2.0	6	12.0	DBF	4 alcoves for Clean linen. 1 alcove per POD of 6 bays.
G1.3.17	Alcove-Equipment	1.5	1	1.5	DBF	Alcove for crash Cart.
G1.3.18	Workstation-PACS	6.0	1	6.0	DBF	Incl. 2 workstations.
G1.3.19	Office-Multi	11.2	1	11.2	DBF	Incl. 4 touchdown workstations.
G1.3.20	Washroom-Patient	4.6	2	9.2	DBF	2-piece, accessible for Persons with Disabilities.
G1.3.21	Washroom/Shower-Patient-Bariatric	6.6	1	6.6	DBF	3-piece, shower, accessible for Persons with Disabilities, bariatric.
G1.3.22	Washroom-Staff-Small	3.5	1	3.5	DBF	2-piece, non-accessible washroom.
G1.3.23	Storage-Equipment	8.0	1	8.0	DBF	
G1.3.24	Anteroom-AIR	10.0	2	20.0	DBF	Incl. PPE storage, cabinets, counter. To be located adjacent to Trauma/Resuscitation Suite.
TOTAL NSM: ZONE 1: TRAUMA/RESUSCITATION/ACUTE				514.1		
G1.4 - ZONE 2: AMBULATORY						
G1.4.1	Care Station	15.0	1	0.0	E	Incl. workstations, 2 dictation booths.
G1.4.2	Pneumatic Tube Station	0.5	1	0.0	E	Located adjacent to Care Station.
G1.4.3	Removed	0.0	0	0.0		
G1.4.4	Discharge Bay-Chair	6.0	6	36.0	CM	Incl. chairs, pony walls (pandemic).
G1.4.5	Treatment Bay	7.5	11	82.5	CM	Incl. 3 exam tables, 6 recliners, 2 stretchers.
G1.4.6	Treatment Room-Gyne	12.0	1	0.0	E	Incl. 1 workstation.

Ref. No.	Room Type	Area Requirements			DBF/ CM	Remarks
		nsm/unit	units	nsm		
G1.4.7	Treatment Room-EYE / ENT	17.5	1	0.0	E	Incl. 1 workstation.
G1.4.8	Treatment Room-AIR	14.9	1	0.0	E	Incl. 1 existing Treatment Room-AIR at 10.3 nsm, 1 existing Anteroom-AIR at 2.3 nsm and 1 existing Washroom-AIR at 2.3 nsm.
G1.4.9	LAB/ECG Room	14.0	1	14.0	CM	Incl. lab storage space, 3 touchdown workstations, ECG machine, label maker.
G1.4.10	Medication Room	8.0	1	0.0	E	Incl. ADC, workstation.
G1.4.11	Office-Multi	15.0	1	0.0	E	Incl. 5 touchdown workstations.
G1.4.12	Crib Room	7.5	1	0.0	E	Incl. with crib for Pediatrics.
G1.4.13	Utility Room-Soiled	8.0	1	0.0	E	Incl. biohazardous containers, waste management containers. To be distributed.
G1.4.14	Workstation-PACS	2.0	1	0.0	E	Incl. 1 workstation.
G1.4.15	Alcove-Equipment	2.0	3	0.0	E	1 alcove for clean linen, 1 alcove for clean supply carts, 1 alcove for equipment. 1 alcove per 5 Treatment Bays.
G1.4.16	Alcove-Equipment	1.5	1	0.0	E	Alcove for Crash Cart.
G1.4.17	Storage-Equipment	15.0	1	0.0	E	
G1.4.18	Washroom-Patient	4.6	1	0.0	E	2-piece, accessible for Persons with Disabilities.
TOTAL NSM: ZONE 2: AMBULATORY				132.5		
G1.5 - ZONE 3: MINOR TREATMENT						
G1.5.1	Waiting Area	22.5	1	0.0	E	To accommodate 15 people.
G1.5.2	Reception/Registration	3.5	2	0.0	E	Incl. 2 workstations, fully enclosed.
G1.5.3	Exam Room	10.0	1	0.0	E	Incl. 1 workstation, exam table.
G1.5.4	Care Station	15.0	1	0.0	E	Incl. 4 workstations.
G1.5.5	Treatment Room	12.0	1	0.0	E	Incl. 1 workstation.
G1.5.6	Treatment Room-EYE	12.0	1	0.0	E	Incl. 1 workstation, Eye Stretcher Chair.
G1.5.7	Treatment Bay-Stretcher	7.5	3	0.0	E	Incl. 1 workstation.
G1.5.8	Treatment Space-Chair Area	18.0	1	0.0	E	To accommodate 12 Chairs.
G1.5.9	Treatment Bay-Chair-Small	5.0	5	0.0	E	Incl. stretcher, chairs.
G1.5.10	Medication Room	10.0	1	0.0	E	Incl. ADC, workstation.
G1.5.11	Nourishment Station	3.5	1	0.0	E	Alcove for nourishment station. To be shared with Zone 2.
G1.5.12	Alcove-Equipment	2.0	5	0.0	E	1 alcove for clean linen, 1 alcove for clean supply cart, 3 alcoves for equipment storage.
G1.5.13	Workstation-PACS	1.5	1	0.0	E	Incl. 1 workstation.
G1.5.14	Washroom-Patient	4.6	1	0.0	E	2-piece, accessible for Persons with Disabilities.
G1.5.15	Washroom-Staff-Small	3.5	1	0.0	E	2-piece, non-accessible washroom.
TOTAL NSM: ZONE 3: MINOR TREATMENT				0.0		
G1.6 - ZONE 5: MENTAL HEALTH AND SUBSTANCE USE						

Ref. No.	Room Type	Area Requirements			DBF/ CM	Remarks
		nsm/unit	units	nsm		
G1.6.1	Vestibule	8.0	1	8.0	DBF	
G1.6.2	Reception/Care Station	12.0	1	12.0	DBF	Includes 3 workstations, business centre, fully enclosed, dual egress.
G1.6.3	Pneumatic Tube Station	0.5	1	0.5	DBF	Located adjacent to Reception/Care Station.
G1.6.4	Exam Room	10.0	1	10.0	DBF	Incl. 1 workstation, dual egress.
G1.6.5	Common Area	30.0	1	30.0	DBF	Incl. 8 recliners, 4 chairs.
G1.6.6	Nourishment Station	3.0	1	3.0	DBF	Alcove for nourishment station.
G1.6.7	Interview Room	9.0	3	27.0	DBF	Dual egress.
G1.6.8	Secure Room	13.0	1	13.0	DBF	Incl. toilet and sink.
G1.6.9	Anteroom-Secure Room	5.5	1	5.5	DBF	
G1.6.10	De-escalation Room	10.0	1	10.0	DBF	Dual egress.
G1.6.11	Meeting Room	15.0	1	15.0	DBF	To accommodate 8 people.
G1.6.12	Alcove-Dictation	2.4	2	4.8	DBF	Access from Reception/Care Station.
G1.6.13	Medication Room	7.0	1	7.0	DBF	Incl. ADC, workstation.
G1.6.14	Alcove-Equipment	4.2	1	4.2	DBF	Alcove for clean linen.
G1.6.15	Lockers-Patient	2.0	1	2.0	DBF	
G1.6.16	Coat Closet	1.0	1	1.0	DBF	
G1.6.17	Washroom/Shower-Patient	5.6	1	5.6	DBF	3-piece, shower, accessible for Persons with Disabilities
G1.6.18	Washroom-Staff-Small	3.5	1	3.5	DBF	2-piece, non-accessible washroom.
TOTAL NSM: ZONE 5: MENTAL HEALTH AND SUBSTANCE USE				162.1		
G1.7 - ADMINISTRATION						
G1.7.1	Office	9.0	1	9.0	CM	Private office. To be located in Zone 2.
G1.7.2	Office-2 Shared	12.0	1	12.0	CM	Incl. 2 workstations. To be located in Zone 2.
G1.7.3	Office	7.0	1	0.0	E	Existing Room: 366.
G1.7.4	Workroom	13.0	1	0.0	E	Space is inside Zone 2 Care Station in existing area.
TOTAL NSM: ADMINISTRATION				21.0		
G1.8 - STAFF SUPPORT						
G1.8.1	Change Room-Staff	8.6	1	0.0	E	Existing Room: 332A.
G1.8.2	Washroom-Staff-Small	3.0	1	0.0	E	Existing Room: 332B.
G1.8.3	Lounge-Staff	22.7	1	0.0	E	Existing Room: 332.
G1.8.4	Change Room-Physician	8.0	1	0.0	E	Existing Room: 375A & 379.
G1.8.5	Soiled Hold Room	7.8	1	0.0	E	Existing Room: 376A.
TOTAL NSM: STAFF SUPPORT				0.0		
TOTAL NSM: EMERGENCY DEPARTMENT				832.7		

H. PERIOPERATIVE SERVICES

2.8 PERIOPERATIVE SERVICES

2.8.1 SERVICE OVERVIEW

- 2.8.1.1 The Perioperative Services Component will comprise Operating Rooms (ORs), and Preparation/Recovery area. Patients will access care in this Component as day Patients, same day admissions, inpatients or through the ED.
- 2.8.1.2 These services will accommodate invasive and minimally invasive procedures during which some Patients will require general anesthetic and sedation in ORs, and procedural/conscious sedation or local anesthesia in existing Procedure Rooms (PRs).
- 2.8.1.3 Following each procedure, Patients will be recovered according to the type of anesthesia or sedation received, before discharge or transfer to an inpatient area.

2.8.2 FUNCTIONAL DESCRIPTION

2.8.2.1 Scope of Services

2.8.2.1(1) Scope of Clinical Activity

2.8.2.1(1)(a) The following specifies the minimum set of functions that will be accommodated within this Component:

- 2.8.2.1.1.(a).1 Booking schedules for the next day will be coordinated with MDRD to prepare surgical packs and case carts.
- 2.8.2.1.1.(a).2 Identification and isolation of infectious Patients according to precautions.
- 2.8.2.1.1.(a).3 Preparing Patients for surgery in Preparation/Recovery area. This will include confirming Patient identity, scheduled procedure, destination (room booked), consulting, administering medication, shaving surgical areas, and completing pre-operative checklist.
- 2.8.2.1.1.(a).4 Administration of general anesthesia, sedation or regional anesthesia by anesthesiologist.
- 2.8.2.1.1.(a).5 The following surgical specialities will be performed in ORs and PRs:
 - (a).5.1 Dental/Maxillofacial;
 - (a).5.2 Obstetrics/Gynecology;
 - (a).5.3 Orthopedic Surgery;
 - (a).5.4 Otolaryngology;
 - (a).5.5 Plastic Surgery;
 - (a).5.6 General Surgery;
 - (a).5.7 Urology; and
 - (a).5.8 Ophthalmology.

- 2.8.2.1.1.(a).6 Continuous ventilation and monitoring of vital signs during surgical procedures by anesthesiologists and anesthesiologist assistants.
- 2.8.2.1.1.(a).7 Diagnostic imaging procedures and procurement of tissue/fluid samples during procedures, including frozen section tissue assays.
- 2.8.2.1.1.(a).8 Conducting ECT and cardioversion in Preparation/Recovery area.
- 2.8.2.1.1.(a).9 Coordinating and transferring clean and dirty equipment, case carts and supplies between MDRD.

2.8.2.1(2) Scope of Educational Activity

- 2.8.2.1(2)(a) Medical, nursing, and allied health students will receive practical skills training in student rotations, residency rotations and co-op programs. Teaching and supervision will be accommodated in the general work area and will not require specialized or dedicated facilities within this Component.

2.8.2.1(3) Scope of Research Activity

- 2.8.2.1(3)(a) Staff and students working within the Perioperative Services Component will at times be engaged in research as approved by BH. Research Activity will be accommodated in the general work area and will not require specialized or dedicated facilities within this Component.

2.8.2.2 Scope Exclusions

- 2.8.2.2(1) The following list specifies functions that are understood to occur in other Functional Components in BH or outside BH:

- 2.8.2.2(1)(a) Surgical specialties that will not be performed within this Component include cardiac surgery, neurosurgery, thoracic surgery, or trauma surgery. Patients requiring these types of surgeries will be transferred to a designated non-refusal higher level of care site (currently Royal Columbian Hospital). In rare cases, Patients will be unable to be transferred and specialized clinicians will travel to BH to perform these types of surgeries.
- 2.8.2.2(1)(b) Interventional modalities for chronic pain management will not be accommodated within this Component.

2.8.3 OPERATIONAL CONSIDERATIONS

2.8.3.1 Service Delivery Principles and Methods

2.8.3.1(1) Patient and Family Management Processes and Flows

2.8.3.1(1)(a) Patient Flow

- 2.8.3.1.1.(a).1 Patient will register at Reception in Preparation/Recovery area, be interviewed by the Registered Nurse (RN), and change into gown, booties and head covering prior to placing personal items in a locker.
- 2.8.3.1.1.(a).2 Patient will be weighed, then go to their designated preparation bay with either a stretcher or chair. An RN will administer any preoperative medication and shave the surgical area if required. Patient will be interviewed by the anesthesiologist and visited by the surgeon to have the surgical site marked.
- 2.8.3.1.1.(a).3 Patient will receive an analgesic block if ordered and will be taken by stretcher to the OR in the restricted zone.
- 2.8.3.1.1.(a).4 Many PR Patients will not require changing into a gown and will walk with an OR nurse into the semi-restricted zone to the PR.
- 2.8.3.1.1.(a).5 After procedure, Patient will be taken to the recovery area designated, by stretcher from OR or by walking or transport chair from PR.
- 2.8.3.1.1.(a).6 Once Patient meets the appropriate post anesthetic criteria, they will be transferred to either an inpatient surgical unit, ICU or will be picked up by a family member/support Person for escort home.
- 2.8.3.1.1.(a).7 Following a caesarean section, mothers and their babies will be moved directly to the Maternal/Child Unit Component for recovery once they meet the appropriate post anesthetic criteria.

2.8.3.1(1)(b) Family and Support Person Flow

- 2.8.3.1.1.(b).1 Families or support Person(s) will accompany the Patient to any part of the registration, check-in, and when permitted within Preparation/Recovery area. Once Patient is transported to the PR or OR, the family or support Person will be encouraged to return at a

designated time after completion of the procedure.

2.8.3.1.1.(b).2 Family or support persons will get a tracking code to follow the journey of the Patient through the Perioperative Services from OR to recovery via a monitor or on their own device.

2.8.3.1.1.(b).3 Patients having day surgery or procedure will be required to have a ride home following their procedures.

2.8.3.1(2) Care Provider Work Processes and Flows

2.8.3.1(2)(a) Operating Rooms

2.8.3.1.2.(a).1 Booking and registration

(a).1.1 Coordination of surgical services including booking OR, coordination of surgery with MDRD Component to prepare surgical packs and case carts.

(a).1.2 Clerk will receive and register Patients on surgical day.

2.8.3.1.2.(a).2 Pre-operative phase

(a).2.1 RN will conduct nursing assessment and complete pre-operative orders. Anesthesiologist will visit the Patient, perform pre-operative check, and insert nerve blocks or lines if required. Surgeon will visit the Patient and mark surgical site.

2.8.3.1.2.(a).3 Operative phase

(a).3.1 After transporting the Patient to the OR, the scrub nurse and circulating nurse will participate in the Surgical Safety Checklist with the surgeon and team. All Staff will participate in the surgical procedure according to their role. At completion of the surgery, Staff will transport the Patient to the recovery space.

2.8.3.1.2.(a).4 Post-anesthesia recovery phase

(a).4.1 Patients will be moved to the recovery area after procedure (for those receiving analgesia, sedation) for stage 1 recovery and care from an RN. Once meeting criteria, these Patients will move to the care of another RN in the stage 2 recovery. Some Patients will move directly to stage 2 recovery.

2.8.3.1(2)(b) Procedure Rooms

2.8.3.1.2.(b).1 Booking and Registration

- (b).1.1 Coordination of procedure with booking, surgeon's office and, if required, MDRD.
 - (b).1.2 Clerk will receive and register Patients on surgical day.
 - 2.8.3.1.2.(b).2 Pre-operative phase
 - (b).2.1 RN will conduct nursing assessment and complete pre-operative orders.
Anesthesiologist will visit the Patient, perform pre-operative check, and insert nerve blocks or lines if required. Surgeon will visit the Patient and mark surgical site.
 - 2.8.3.1.2.(b).3 Operative phase
 - (b).3.1 After transporting the Patient to the PR, the scrub nurse and circulating nurse will participate in the Surgical Safety Checklist with the surgeon and team. All Staff will participate in the surgical procedure according to their role. At completion of the procedure, Staff will transport the Patient to the recovery space or the Waiting Area.
 - 2.8.3.1.2.(b).4 Post-anesthesia recovery phase
 - (b).4.1 Patients will be moved to the recovery area after procedure (for those receiving analgesia, sedation) for stage 1 recovery and care from an RN. Once meeting criteria, these Patients will move to the care of another RN in the stage 2 recovery. Some Patients will move directly to stage 2 recovery or the PR Waiting Area.
- 2.8.3.1(3) Clinical and Logistical Support Processes and Flows
- 2.8.3.1(3)(a) Medical Device Reprocessing Department
 - 2.8.3.1.3.(a).1 The MDRD technicians will fill case carts according to surgical slate and deliver the completed carts to Sterile Supply Core using a dedicated Clean MDRD Elevator.
 - 2.8.3.1.3.(a).2 Once the case is completed, the RN will send the soiled case cart to the MDRD using a dedicated Dirty MDRD Elevator.
 - 2.8.3.1(3)(b) Pharmacy Services
 - 2.8.3.1.3.(b).1 The Pharmacy Staff will replenish Omnicells regularly and clinical pharmacist will be contacted by phone if consultation is required.
 - 2.8.3.1(3)(c) Allied Health

- 2.8.3.1.3.(c).1 The Allied Health Staff will require circulation space to mobilize Patients in the recovery area following surgical procedures (e.g. hip and knee replacements).
- 2.8.3.1(3)(d) Laboratory Services
- 2.8.3.1.3.(d).1 Pre-procedure laboratory test will be performed in advance of procedures and if necessary, Staff will obtain results in Preparation/Recovery area if required. Tissues will be placed within Workroom-Frozen Section Lab if required.
- 2.8.3.1(3)(e) Medical Imaging
- 2.8.3.1.3.(e).1 The Medical Imaging Staff will attend the OR, PR or Preparation/Recovery area if required for portable x-ray. The Diagnostic Cardiology Staff will also perform ECG if ordered pre- or postoperatively.
- 2.8.3.1(3)(f) Equipment and Instruments
- 2.8.3.1.3.(f).1 Equipment will be stored in designated storage spaces, including ventilators and anesthetic equipment.
- 2.8.3.1(3)(g) Consumable Supplies
- 2.8.3.1.3.(g).1 Consumable supplies for each area will be kept close to point of use. Items will be maintained with a minimum inventory level that will trigger a re-ordering process or a 2-bin system.
- 2.8.3.1.3.(g).2 Disposables will be commonly used in this Component, with a net effect of a reduced requirement in Clean Supply Room.
- 2.8.3.1.3.(g).3 A separate Storage-Implant will be used for orthopedic implants close to the main ORs where this speciality will be commonly performed.
- 2.8.3.1(3)(h) Housekeeping and Waste Management
- 2.8.3.1.3.(h).1 The Housekeeping and Waste Management will provide room turn-over and general cleaning in the Staff, Patient and family spaces.
- 2.8.3.1.3.(h).2 The Housekeeping and Waste Management will also provide routine cleaning and maintenance of ORs, PRs and Preparation/Recovery area between cases, and anesthesia equipment and ventilators.

2.8.3.1.3.(h).3 The Housekeeping and Waste Management will be notified electronically when cleaning is required.

2.8.3.1.3.(h).4 Waste products will be managed according to a system of segregation at point of origin and sequential consolidation throughout the Component. Waste management will begin at the individual Patient contact locations with centralized collection and temporary holding stations.

2.8.3.1.3.(h).5 Segregation of wastes will accommodate the following categories:

(h).5.1 General garbage including clean recycling;

(h).5.2 Sharps;

(h).5.3 Infectious or contaminated wastes;

(h).5.4 Pharmaceuticals; and

(h).5.5 Confidential paper.

2.8.3.1.3.(h).6 Waste containers will be monitored, removed and replaced by the Housekeeping and Waste Management Staff.

2.8.3.1(3)(i) Biomedical Engineering

2.8.3.1.3.(i).1 Biomedical engineers will retrieve equipment and perform repairs and/or maintenance either on location or in Workroom-Biomed within this Component. On some occasions, equipment will be transported to the BME Component for repair or maintenance.

2.8.3.1(3)(j) Security

2.8.3.1.3.(j).1 Regular "rounding" of security within the Component will be provided.

2.8.3.1(4) Information Management

2.8.3.1(4)(a) The OR booking process will start with an electronic request from a surgeon's office and placed on the waitlist according to priority and first in first out. Prior to scheduling the surgery, Patients will be booked for Preadmission Clinic if they meet criteria and the booking office will submit an equipment order requisition. The slate will be booked twenty one (21) days in advance of surgery.

2.8.3.1(4)(b) Patient information will be maintained on the EMR and will be accessed through both Care Station, touchdown workstations and WOWs throughout the Component.

- 2.8.3.1(4)(c) It is anticipated that the move from paper based documentation to electronic documentation will occur in the near future.
- 2.8.3.1(4)(d) Patient information will be available throughout the Component through wireless and/or wired through computer terminals.
- 2.8.3.1(4)(e) Physician orders will be both paper/computer based and will be processed/managed via Staff computer terminals or wireless devices.
- 2.8.3.1(4)(f) Surgical procedures will be supported by PACS and laboratory results, with access to these tools within each OR.
- 2.8.3.1(4)(g) Staff and physicians require the ability to communicate with each other throughout this Component including ORs, PRs, Workrooms and Lounge-Staff.
- 2.8.3.1(4)(h) Patient Locating and Bed Management Systems
 - 2.8.3.1.4.(h).1 Patients will be tracked through their journey within the Perioperative Services area via a locating system that displays real-time tracking. Patients will be tracked from pre-op, OR to recovery with the tracking device attached to either equipment or a wristband (real time locating system).
 - 2.8.3.1.4.(h).2 Family or support Person will be provided a unique tracking number to view the Patient's movement between these zones for viewing on their own device or on a public display television.
 - 2.8.3.1.4.(h).3 Staff and physicians will be able to view Patient movement and location on portable devices, WOWs, workstations or Staff-only display.
- 2.8.3.1(4)(i) Video Technology
 - 2.8.3.1.4.(i).1 ORs will be equipped with a minimum of three (3) flat screen video monitors for displaying Patient information, diagnostic images, real-time images of the procedure in progress and laboratory results.
 - 2.8.3.1.4.(i).2 A second bank of video monitors will be affixed to the boom system for use by the surgeon.
- 2.8.3.1(5) Anticipated Trends in Service Delivery

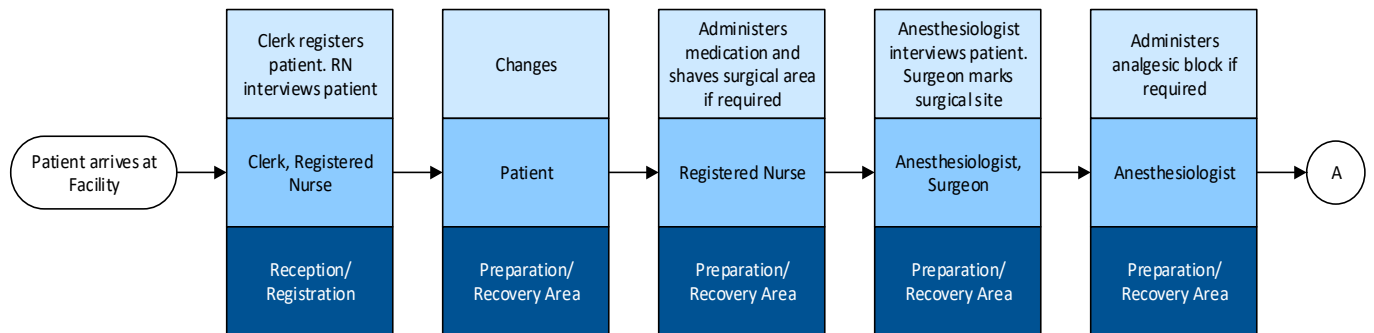
2.8.3.1(5)(a) The following lists trends that are expected to affect the nature and or functions accommodated within this Component. Effects of these trends will be reflected in the Component’s design:

- 2.8.3.1.5.(a).1 Advances in technology and procedures will increase the volumes of minimally invasive procedures;
- 2.8.3.1.5.(a).2 A shift from inpatient cases to ambulatory cases will continue. This will require new technology and equipment;
- 2.8.3.1.5.(a).3 Increases in volumes will be addressed through extended hours rather than adding space;
- 2.8.3.1.5.(a).4 Greater efficiencies in the ORs will impact regional anesthetics and require more prevalent use of block rooms; and
- 2.8.3.1.5.(a).5 In Phase 2, the future Cancer Centre will contribute to a greater use of PRs for biopsies or other cancer related procedures.

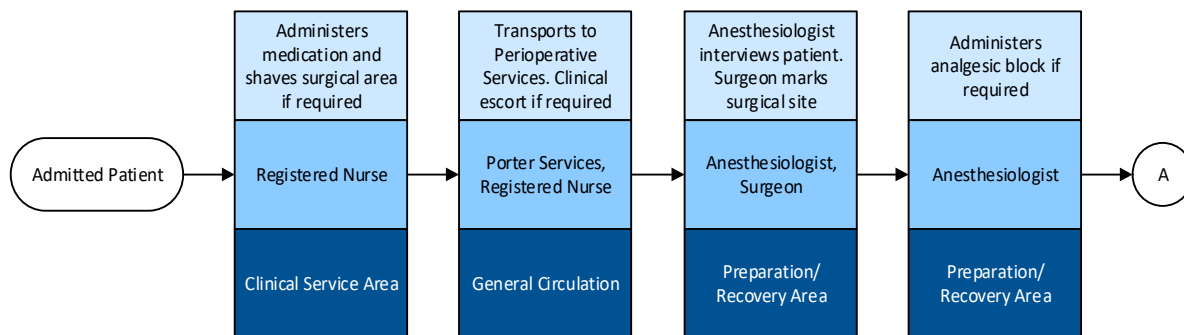
2.8.3.2 Workflows

2.8.3.2(1) The Perioperative Services workflows are shown in the following workflow diagrams.

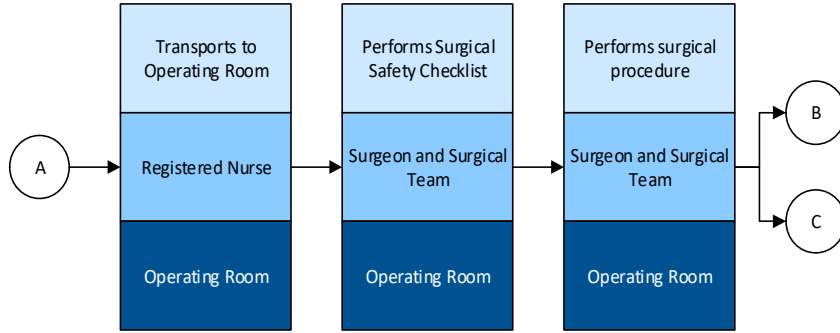
Outpatient Pre-Operative Flow



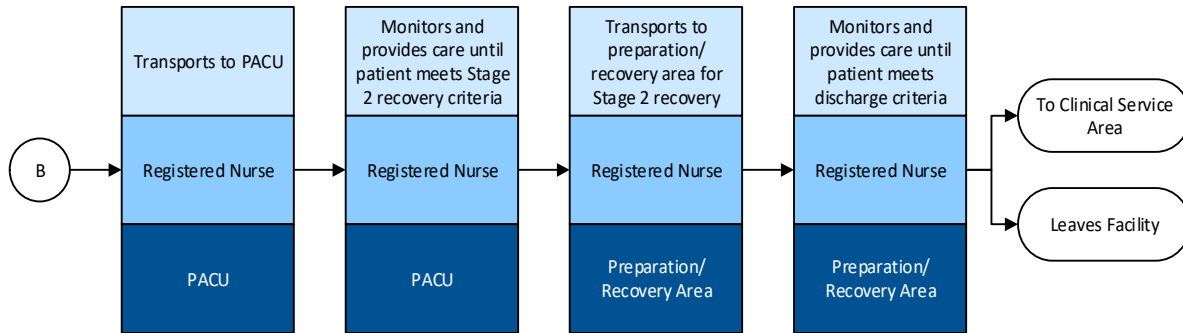
Inpatient Pre-Operative Flow



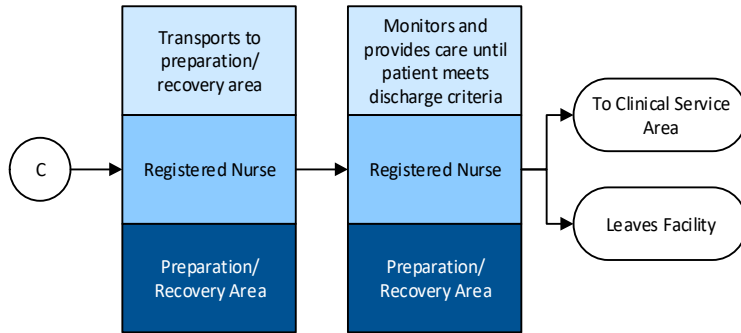
Operative Flow



Stage 1 Post-Anesthesia Recovery Flow

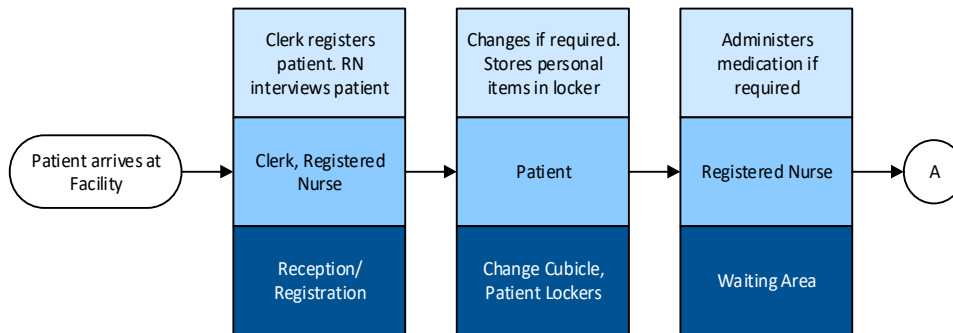


Stage 2 Recovery Flow

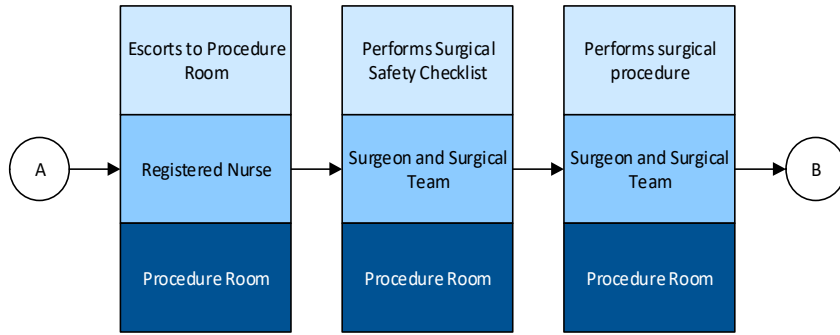


Procedure Room Flows:

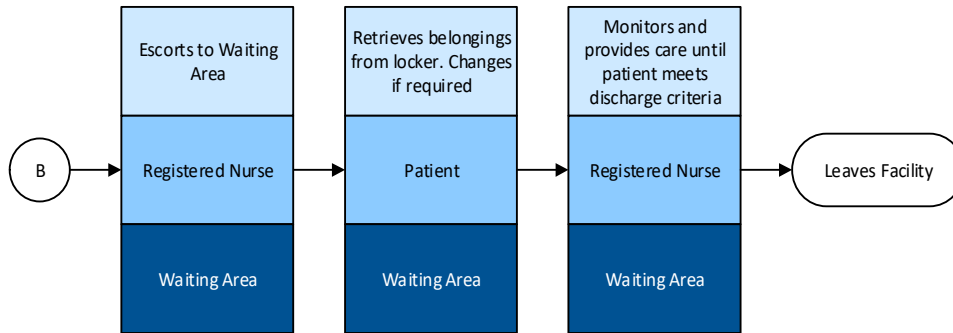
Pre-Procedure Flow



Procedure Flow



Procedure Recovery Flow



2.8.3.3 Hours of Operation

2.8.3.3(1) The Perioperative Services will operate Monday to Friday, between 0600-1800 hours or later (up to 2000 hours) for scheduled cases and will accommodate the preparation and recovery of unscheduled cases after hours and on weekends.

2.8.3.3(2) The ORs and PRs will operate Monday to Friday, between 0715-1715 hours or later (up to 2000 hours) for scheduled cases and will accommodate unscheduled cases after hours and on weekends.

2.8.3.4 Workloads

2.8.3.4(1) The maximum estimated workload for this Component is shown in the following table.

PERIOPERATIVE SERVICES	PEAK SHIFT
Preparation/Recovery	
Anesthesiologist	9
Surgeon	9
Manager	1
Patient Care Coordinator	1
Clinical Nurse Educator	1
Registered Nurse	18
Anesthesia Assistant	1

PERIOPERATIVE SERVICES	PEAK SHIFT
Reception/Registration Clerk	1
Unit Clerk	1
Sub Total	42
Operating Rooms	
Anesthesiologist	9
Surgeon	9
Surgical Assistant	9
Patient Care Coordinator	3
Clinical Nurse Educator	1
Registered Nurse	26
Licensed Practical Nurse	1
Unit Clerk	1
Program Support Clerk	1
Purchasing Clerk	2
Anesthesia Assistant	1
Equipment Technician (MDRD)	1
Housekeeper	5
Porter	3
Sub Total	72
Procedure Rooms	
Surgeon	5
Registered Nurse	10
Sub Total	15
PEAK TOTAL	129

2.8.4 DESIGN CRITERIA

2.8.4.1 General Requirements

2.8.4.1(1) Zones of activity within the Perioperative Services will include the following:

2.8.4.1(1)(a) Operating Rooms;

2.8.4.1(1)(b) Preparation/Recovery; and

2.8.4.1(1)(c) Staff Support.

2.8.4.1(2) The Perioperative Services will have Direct Access to the MDRD through dedicated Clean and Dirty MDRD Elevators.

- 2.8.4.1(3) It will also have Direct Access to the Maternal/Child Unit through Restricted Circulation for caesarean sections.
- 2.8.4.1(4) The Perioperative Services will require Close Access to the ED and existing Critical Care Unit for cases of emergency and to the Laboratory for quick access to blood bank.
- 2.8.4.1(5) It will also require Convenient Access to the Inpatient Psychiatry Unit for Patients who require ECT treatments, to Main Entrance Lobby for Patient and visitor access and to the BME for high volume medical device repair and maintenance.
- 2.8.4.1(6) Convenient Access from the Perioperative Services to the existing Medical Imaging to support interventional radiology, to On Call Rooms for physicians supporting off hour coverage and to the Medical Inpatient Unit and existing Inpatient Units to support inpatient procedures will be provided. On Call Rooms for physicians will have Direct Access to the unit.
- 2.8.4.1(7) Patient access point to the Perioperative Services will bring Patients past Reception and Waiting Areas to access the ORs, existing Procedure Rooms and Preparation/Recovery area. Patients leaving the ORs will have a separate route of egress to Preparation/Recovery area. Other corridors in this Component will be required for the movement of Staff, equipment, supplies and waste.
- 2.8.4.1(8) All visitors and Staff will report to or communicate with Reception to receive authorization and directions on traffic flow and Perioperative apparel. Reception desk will have Line of Sight to Waiting Areas where Patients are held prior to going into ORs, Procedure Rooms or Preparation/Recovery area. It will be an open area with four (4) workstations and dual egress.
- 2.8.4.1(9) All points of access and egress into this Component will be restricted and controlled at all times. At all entrances to this Component, there will be a hand hygiene sink.
- 2.8.4.1(10) The Perioperative Services will be planned with three zones of activity and protocol:
 - 2.8.4.1(10)(a) An unrestricted zone with unlimited access to all Staff where street clothes are permitted. This area will include Preparation/Recovery and Staff Support areas. Change Room-Staff will be adjacent to the main corridor. Administrative offices do not have to be adjacent with other areas in unrestricted zone.

- 2.8.4.1(10)(b) A semi-restricted zone including Sterile Supply Core, Sterile Storage, support services and corridors leading to restricted areas limited to authorized Staff. Staff will be required to wear appropriate surgical attire including hair covers.
 - 2.8.4.1(10)(c) A restricted zone where surgical attire and facemasks will be required, including ORs and any areas where sterile supplies will be opened.
 - 2.8.4.1(11) Air exchanges per hour will meet requirements for ORs, restricted zone, semi-restricted zone and Preparation/Recovery area.
 - 2.8.4.1(12) Circulation routes in the Perioperative Services will be configured to minimize travel distances and corners for Staff in the transport of Patients and supplies. Corridor widths will be wide enough to accommodate transport of a bariatric bed, medical equipment and a full care team.
 - 2.8.4.1(13) Staff delivering supplies, medications and linens will use Patient Transfer/Staff Service Elevators.
 - 2.8.4.1(14) There will be multiple display monitors for workflow management, such as Patient Status Boards or Patient Real-Time Location Boards in the Line of Sight for Staff to manage workflow. These boards will serve to communicate a Patient's clinical information or status for workflow management of the Component.
 - 2.8.4.1(15) All alcoves will have power and data for future flexibility. Alcove-Equipment will be deep enough to accommodate exchange linen carts, supply carts and equipment so that corridors remain clear.
 - 2.8.4.1(16) All Offices and workstations will be designed ergonomically with the use of modular furnishings and casework to provide maximum flexibility.
 - 2.8.4.1(17) Hand hygiene sinks will be strategically located with respect to workflows to facilitate hand hygiene best practice in all clinical areas as per Infection Prevention and Control protocols.
 - 2.8.4.1(18) Washroom-Staff will be placed with Convenient Access to Staff work areas.
 - 2.8.4.1(19) Natural light and views will be maximized for Patients and Staff.
 - 2.8.4.1(20) The physical environment will facilitate team collaboration.
- 2.8.4.2 Operating Rooms

- 2.8.4.2(1) The Operating Rooms area will be designed such as the ORs will be centrally located and will be surrounded by support services areas.
- 2.8.4.2(2) Circulation
- 2.8.4.2(2)(a) The circulation system will provide a corridor around the ORs and a Sterile Supply Core in the middle. Each OR will have two (2) doors with one (1) single large door in the back of the room leading to the Sterile Supply Core and one (1) double door for Patient and Staff access in the front of the room to the Patient circulation corridor.
 - 2.8.4.2(2)(b) A dedicated Dirty MDRD Elevator will connect the Restricted Circulation outside ORs to the MDRD for return of soiled case carts. The path from ORs to Dirty MDRD Elevator will not travel through Patient care areas. Soiled case carts will be located adjacent to Dirty MDRD Elevator prior to loading without blocking access to the Elevator and the corridor.
- 2.8.4.2(3) Sterile Supply Core
- 2.8.4.2(3)(a) Sterile Supply Core will be connected to the existing Sterile Core in this area and have a doorway as well as a Pass through cabinet sealed with a door interlock system into each OR. Access control from corridor to Sterile Supply Core will be provided.
 - 2.8.4.2(3)(b) Sterile Supply Core will have a direct vertical link to the MDRD via a dedicated Clean MDRD Elevator and will also be adjacent to the Sterile Storage.
 - 2.8.4.2(3)(c) Clearance around Clean MDRD Elevator within the Sterile Supply Core will be provided to facilitate elevator maintenance and repairs access and installation of Infection Prevention and Control barriers during maintenance/repairs.
 - 2.8.4.2(3)(d) It will include one (1) cell ADC for controlled substances, two (2) cells ADC for other medication, medication refrigerator/freezer, MDRD, Pharmacy and nursing workstations, crash cart and space for case carts. Sterile Storage will have shelving for storage.
 - 2.8.4.2(3)(e) Width of the Sterile Supply Core will be a minimum of three (3) m clear, without any structure (columns, walls) or door swings within the clear width.

2.8.4.2(3)(f) Separate Clean and Dirty MDRD Elevators between this Component and the MDRD will enable preservation of the Sterile Supply Core and transportation of contaminated items while providing the highest Infection Prevention and Control standards.

2.8.4.2(4) Operating Rooms (ORs)

2.8.4.2(4)(a) The OR area will include four (4) new ORs. All ORs will be of standard size and configuration, large enough to accommodate future technologies and demand over time including robotics, imaging equipment, and will be capable of accommodating higher acuity cases.

2.8.4.2(4)(b) One (1) existing OR will have Convenient Access from the Maternal/Child Unit Component and will be designated for caesarean sections.

2.8.4.2(4)(c) ORs will be located in a low traffic area and will have acoustic sound-proofing of rooms.

2.8.4.2(4)(d) Each OR will meet air exchange requirements of positive pressure for Infection Prevention and Control. Temperatures within each OR will have individual control with the ability of being adjusted rapidly to accommodate heat from surgical equipment, to protect Patients from cooling or overheating and to maintain a comfortable environment for Staff.

2.8.4.2(4)(e) ORs will have the following requirements:

2.8.4.2.4.(e).1 ORs will be divided in three zones: anaesthesia, circulating and sterile. Traffic will be minimized to the anaesthesia and sterile zones;

2.8.4.2.4.(e).2 Rooms used for laser procedures will be equipped with safety screens, in use signs at doorways and windows as well as special electrical power and plumbing provisions. Access will be restricted while in use;

2.8.4.2.4.(e).3 One (1) Alcove-Scrub Station shared between two (2) ORs at the entrance to ORs from Patient circulation corridor. Each Alcove-Scrub Station will contain a double, hands-free OR scrub sink with a minimum of three (3) taps per sink. Non-fixed shelving for supplies will be located above the scrub sink. A window with integral blinds controlled from inside the OR will be provided above the scrub sink. Each Alcove-Scrub Station will have backing to mount

- consumables such as, scrub brushes, scrub solutions, masks, gloves, nail cleaners, etc.;
- 2.8.4.2.4.(e).4 Alcove-Equipment with access to power at appropriate heights. Power outlets will be able to accommodate various types of equipment including C-arm and portable x-ray machines:
 - (e).4.1 An Alcove-Equipment for clean linen shared between two (2) ORs;
 - (e).4.2 An Alcove-Equipment for stretcher holding for each OR;
 - (e).4.3 An Alcove-Equipment for equipment storage including C-arm and portable x-ray machines for each OR;
- 2.8.4.2.4.(e).5 Integral blinds on windows and doors;
- 2.8.4.2.4.(e).6 Stainless steel cabinets and counter;
- 2.8.4.2.4.(e).7 Ceiling Lift;
- 2.8.4.2.4.(e).8 Lead lined;
- 2.8.4.2.4.(e).9 Square shape with columns not protruding more than 400mm inside the room; and
- 2.8.4.2.4.(e).10 Communication/intercom system to MDRD.

2.8.4.2(5) Staff Support and Services

- 2.8.4.2(5)(a) Workroom-Anesthesia will support the Anaesthesia Assistants (AA) working in the ORs and will accommodate activities such as cleaning, maintenance and storage of anaesthetic equipment, IV pumps and respiratory supplies.
- 2.8.4.2(5)(b) Workroom-Biomed will be used as workspace for repair and maintenance of OR equipment. This room will accommodate storage for large equipment, two (2) workstations with workbenches, stainless steel cabinets and counter, lead lining for servicing C-arms and medical gases including gas scavenging.
- 2.8.4.2(5)(c) Workroom-Frozen Section Lab/Specimen Collect room will be located on the semi-restricted zone corridor but with a pass-through window to the restricted zone corridor, so surgeons can confer with pathologists on their surgical cases. This room will accommodate frozen sections and will include a fume hood to safely decant formalin.
- 2.8.4.2(5)(d) Workroom-Frozen Section Lab/Specimen Collect will require a communication/intercom system to all ORs.

- 2.8.4.2(5)(e) Waste Holding will require two (2) doors, one (1) door opening into the restricted zone corridor and one (1) door into an unrestricted zone corridor.
- 2.8.4.2(5)(f) Utility Room-Soiled will be located adjacent to Dirty MDRD Elevator with Convenient Access to an exit door.
- 2.8.4.2(5)(g) Office-Multi will be located within the corridor around the ORs and will be equipped with computers, PACS, and telephones for dictation.

2.8.4.3 Preparation/Recovery

- 2.8.4.3(1) A Waiting Area-OR will be located at the entrance to Preparation/Recovery area. This space will accommodate twenty-five (25) people.
- 2.8.4.3(2) There will be separate entries for Patients and for Staff and/or supplies to this area.
- 2.8.4.3(3) The route between Preparation/Recovery area and ORs will be as short, direct and straight as possible for transporting Patients.
- 2.8.4.3(4) Beds in this area will serve as both pre-op and recovery areas for Patients. This means that Patients will receive their pre-op care in the same area in which they will recover from surgery.
- 2.8.4.3(5) The Preparation/Recovery area will have thirty-seven (37) Bays configured as follows:
 - 2.8.4.3(5)(a) Ten (10) Recovery Bay-Small will be existing Post-Anesthesia Care Unit (PACU) bays, two (2) of which will be renovated;
 - 2.8.4.3(5)(b) Five (5) renovated bays in existing Preparation/Recovery Area including three (3) Prep Recovery Bays and two (2) Prep Recovery Bay-Small;
 - 2.8.4.3(5)(c) Seventeen (17) Stretcher Bay-Pre-Op/Post-Op and one (1) Stretcher Room-Pre-Op/Post-Op-AIR; and
 - 2.8.4.3(5)(d) Four (4) Preparation/Recovery Bays will not be renovated in the existing area.
- 2.8.4.3(6) Recovery Bays will be separated with privacy curtains between each bay and at the end of the bay. These open bays will include ceiling lift. Each group of two (2) Recovery Bays will have Convenient Access to a shared hand hygiene sink alcove located within six (6) m from each servicing Recovery Bay.

- 2.8.4.3(7) Hand hygiene sinks will be located as per Infection Prevention and Control standards and in consultation with the Authority as per Schedule 2 (User Consultation and Design Review).
- 2.8.4.3(8) Stretcher Bay-Pre-Op/Post-Op will be 3-walled with a partially frosted sliding glass doors between adjacent Bays. These Bays will include ceiling lift and privacy curtain at the end of the Bay. One (1) Stretcher Bay-Pre-Op/Post-Op will be dedicated for caesarean section Patients. One (1) hand hygiene sink will be provided per two (2) Recovery Bays.
- 2.8.4.3(9) One (1) Stretcher Room-Pre-Op/Post-Op-AIR will be provided with negative pressure ventilation to accommodate Patients with airborne infectious diseases. This room will include a hand hygiene sink and ceiling lift.
- 2.8.4.3(10) An Anteroom-AIR into the Stretcher Room-Pre-Op/Post-Op-AIR will be provided and will contain PPE storage and a hand hygiene sink.
- 2.8.4.3(11) Stretcher Room-Pre-Op/Post-Op-AIR will have Close Access to the Patient Transfer/Staff Service Elevators. The path of travel to transfer a Patient to a Stretcher Room-Pre-Op/Post-Op-AIR will not pass the Public Passenger Elevators area. When not in use for isolation, this Stretcher Room will be directly accessible without entering the Anteroom-AIR.
- 2.8.4.3(12) The Stretcher Room-Pre-Op/Post-Op-AIR will be located close to the unit entrance to minimize travel distances within the unit and limit exposure risk to the rest of the unit.
- 2.8.4.3(13) Stretcher Bays and Rooms will have Patient controlled ambient lighting and temperature control. Task Lighting will also be required so Staff may perform tasks and chart while Patients enjoy a darkened environment. Bedside monitors will be positioned to provide maximum viewing in both sitting and standing positions for Staff.
- 2.8.4.3(14) The following support areas will be required in Preparation/Recovery area:
 - 2.8.4.3(14)(a) One (1) new centralized Care Station;
 - 2.8.4.3(14)(b) Care Station will have a hand hygiene sink located within 6 m from the station;
 - 2.8.4.3(14)(c) Pneumatic Tube Station will be located within the Care Station;

- 2.8.4.3(14)(d) An Alcove-Nourishment with Convenient Access to Care Station;
 - 2.8.4.3(14)(e) Multiple Alcove-Equipment centrally located for storage of clean linen, blanket warmer, crash cart, portable X-ray, commodes, slider boards and portable vital signs monitor;
 - 2.8.4.3(14)(f) Two (2) Medication Rooms will be located for maximized Line of Sight and reduced Staff travel distances across the Component (e.g. one on the east and one on the west of the Component);
 - 2.8.4.3(14)(g) There will be one (1) Utility Room-Soiled, one (1) Clean Supply Room to store clean supplies and one (1) Storage-Equipment. These rooms will be located with Convenient Access to Patient care areas to minimize Staff travel; and
 - 2.8.4.3(14)(h) Locker Room-Patient will accommodate lockers for Patients and include a centralized Washroom-Patient.
- 2.8.4.3(15) All Patients will be monitored from the Care Station. There will be Line of Sight between the direct care providers and Patients.
- 2.8.4.3(16) Each Care Station will have infrastructure for central monitoring capability and electronic Patient information tracking boards, positioned with Line of Sight for Staff to view from inside their work area but not visible to public and Patients. These boards will serve to communicate Patient's clinical information for workflow management on unit.
- 2.8.4.3(17) Care Station will be designed to allow charging for a number of handheld-devices and WOWs. It will have four (4) workstations including a MI viewing workstation and physiological monitoring station.
- 2.8.4.3(18) Preparation/Recovery will also include a Lounge-Staff, Change Room-Staff and Washroom-Staff-Small.
- 2.8.4.4 Staff Support
- 2.8.4.4(1) Staff Support areas will be distributed between new and renovation areas.
 - 2.8.4.4(2) The new area will include:
 - 2.8.4.4(2)(a) Different types of offices including private Office, Office-2 Shared and Office-Multi;

- 2.8.4.4(2)(b) On Call Rooms and a Lounge-Staff;
 - 2.8.4.4(2)(c) On Call Rooms will be private bedrooms with lockable doors to optimize opportunities for rest for physicians and will be provided with the following:
 - (c).1.1 One (1) bed;
 - (c).1.2 A light over the bed or a bedside lamp. Lighting will be controlled from the bed;
 - (c).1.3 Telephone in room, voice and data capabilities; connected to hospital dictation system;
 - (c).1.4 Alarm clock backed up by battery;
 - (c).1.5 Touchdown workstation with lamp;
 - (c).1.6 Locally controlled HVAC control for each room;
 - (c).1.7 Black out capability; and
 - (c).1.8 Dead bolt on inside with "available/occupied" indicator from the outside that is connected to the deadbolt.
 - 2.8.4.4.2.(c).2 On Call Rooms will be grouped together and will not have any dedicated Washrooms, therefore Close Access to a Washroom-Staff on the same floor will be required.
 - 2.8.4.4.2.(c).3 Acoustic separation between On Call Rooms and adjacent spaces will be required.
 - 2.8.4.4.2.(c).4 Lounge-Staff will be located adjacent to On Call Rooms and include workstations and a kitchenette. This room will be accessed from a semi-restricted zone corridor. A Washroom-Staff-Small will be located adjacent to Lounge-Staff.
- 2.8.4.4(3) The renovation area will include:
- 2.8.4.4(3)(a) A Waiting Area-PR located at the entrance of the Procedure Rooms to accommodate thirty-eight (38) people;
 - 2.8.4.4(3)(b) One (1) Alcove-Medication will be adjacent to Waiting Area-PR;
 - 2.8.4.4(3)(c) Change Room-Patient adjacent to Waiting Area-PR to be accessed from both the General Circulation outside the Component and a semi-restricted zone corridor within the Component; and
 - 2.8.4.4(3)(d) A Storage-Gas and Office-Multi.

2.8.5 EXTERNAL RELATIONSHIPS

2.8.5.1 The following diagram indicates other Functional Components that have a functional relationship with this Component.



LEGEND

Solid Purple Line Direct Access by Back of House Circulation

Solid Red Line Direct Access by Restricted Circulation

Dashed Red Line Close Access by Restricted Circulation

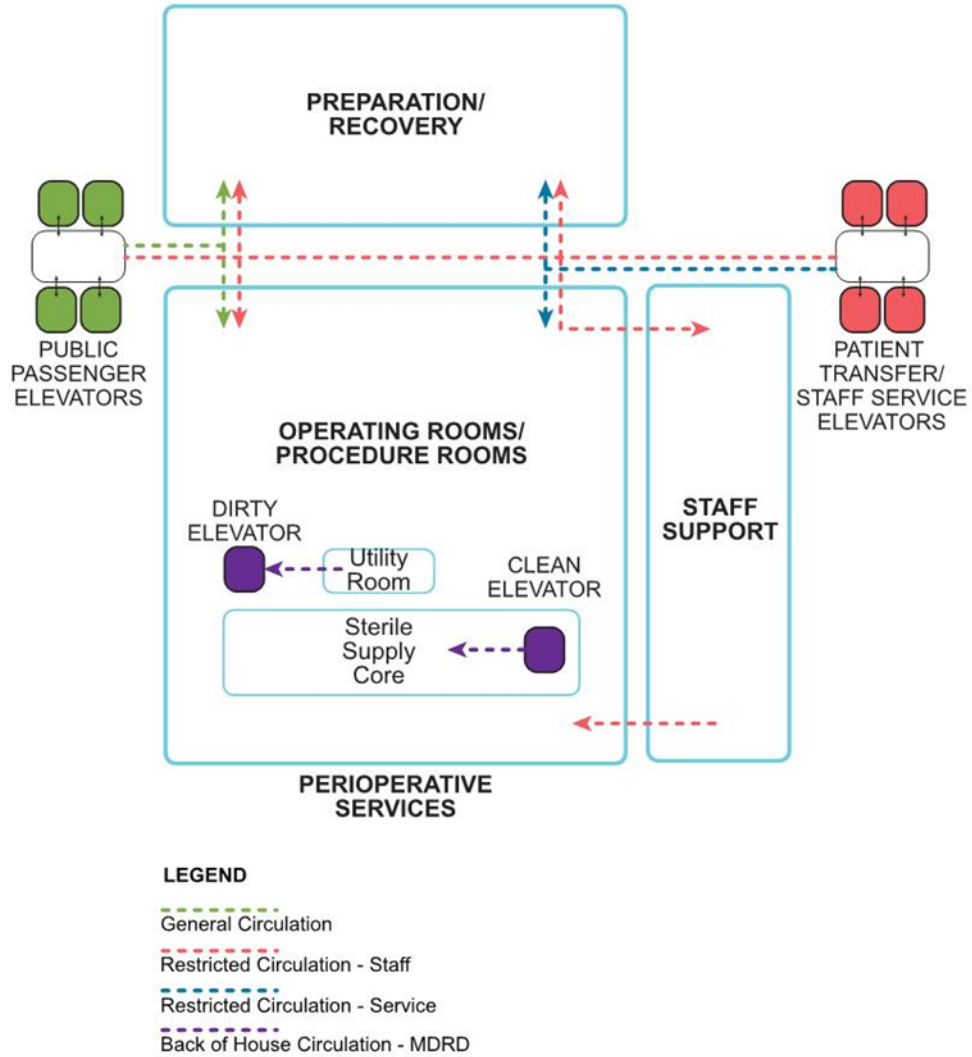
Dashed Green Line Close Access by General Circulation

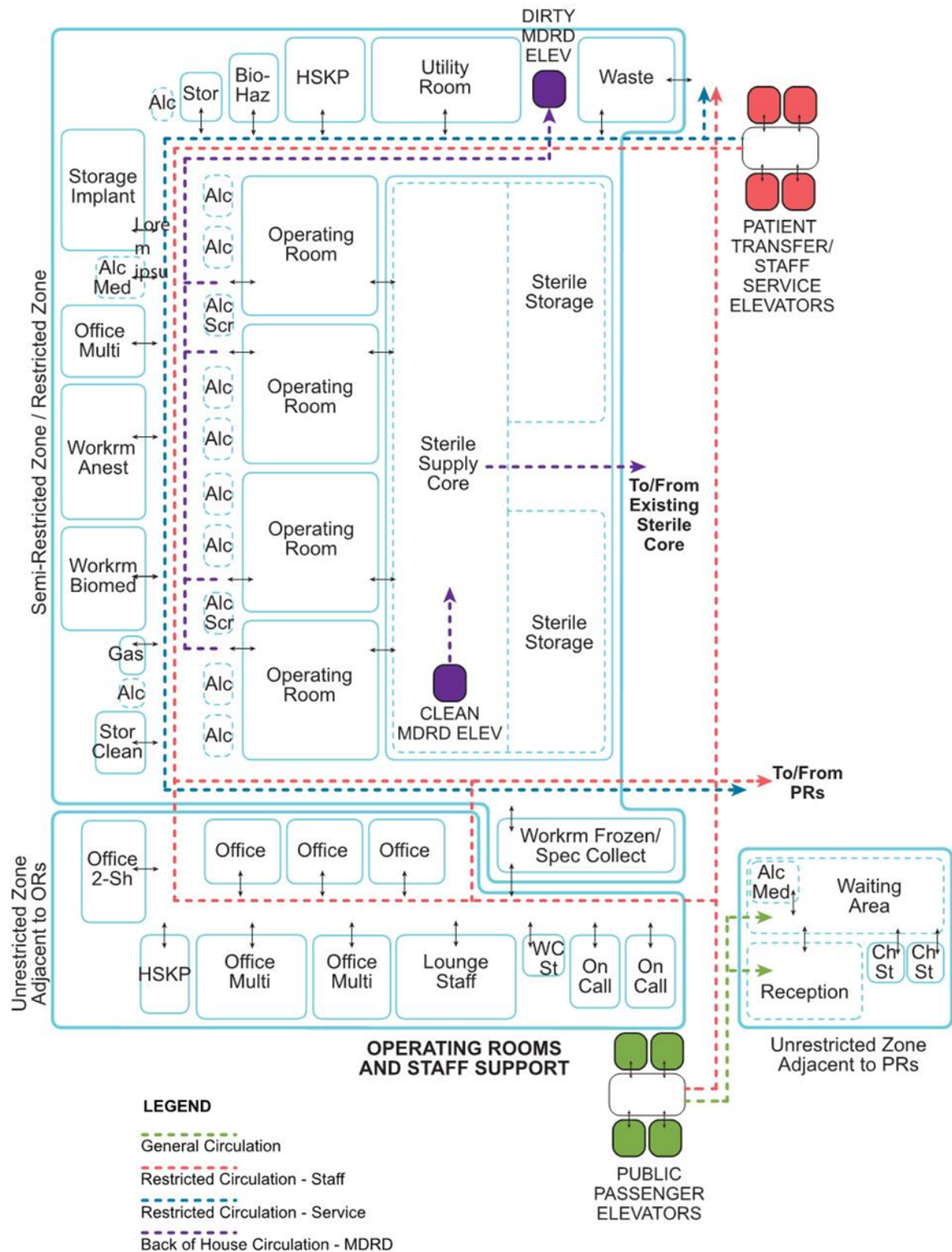
Dotted Red Line Convenient Access by Restricted Circulation

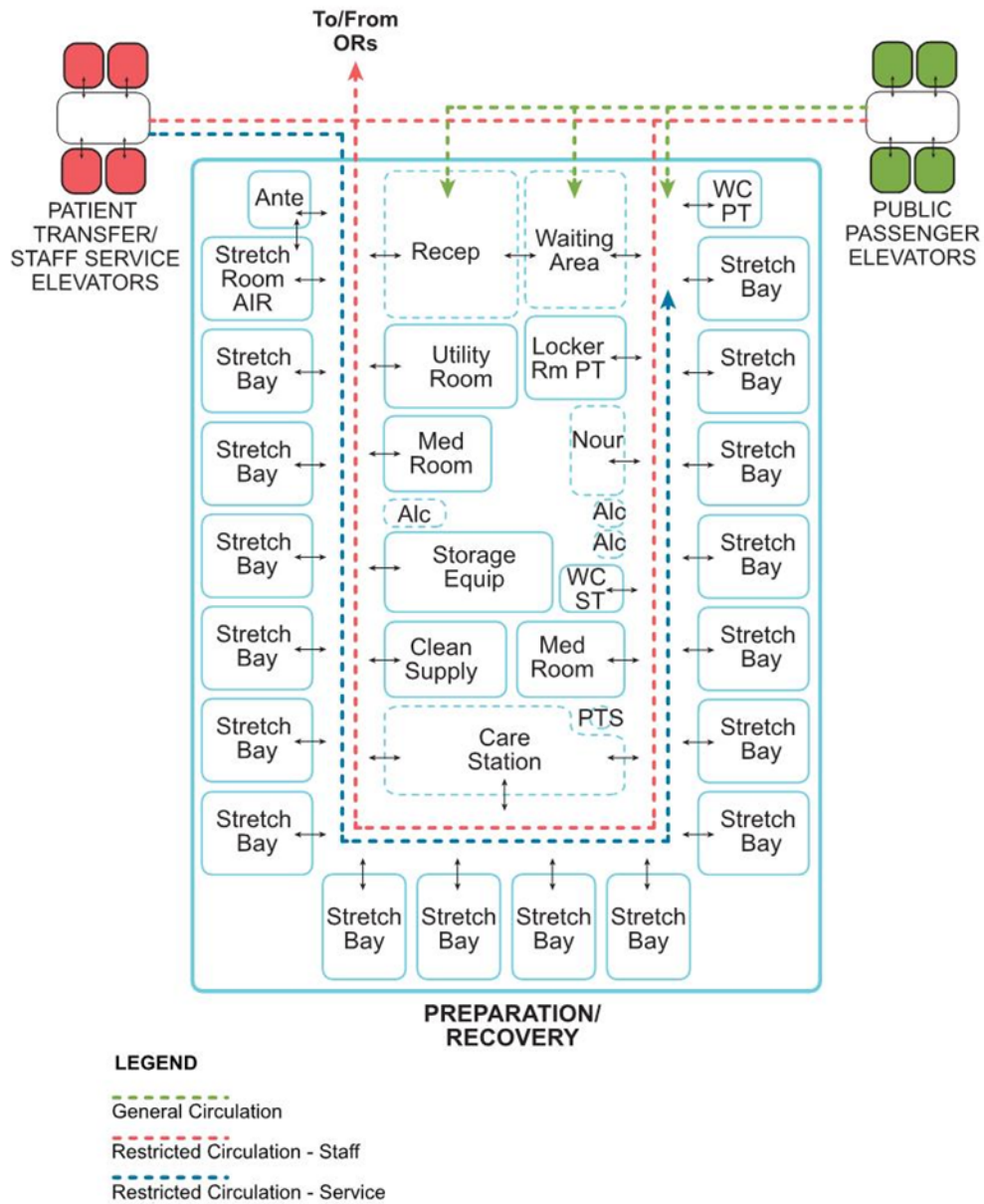
Dotted Green Line Convenient Access by General Circulation

2.8.6 INTERNAL RELATIONSHIPS

2.8.6.1 The following diagrams indicate internal functional relationships within this Component.







2.8.7 SCHEDULE OF ACCOMMODATION

2.8.7.1 The following table lists the number of spaces, Net Areas and space contents as minimum requirements.

Summary of Perioperative Services

H1. PERIOPERATIVE SERVICES	
H1.1 - OPERATING ROOMS	693.2
H1.2 - STAFF SUPPORT - DBF	169.0
H1.3 - STAFF SUPPORT - CM	94.1
H1.4 - PREPARATION/RECOVERY	441.5
PERIOPERATIVE SERVICES PROGRAMMED SPACE NSM:	1,397.8

Ref. No.	Room Type	Area Requirements			DBF/ CM	Remarks
		nsm/unit	units	nsm		
H1. PERIOPERATIVE SERVICES						
H1.1 - OPERATING ROOMS						
H1.1.1	Office-Multi	14.0	1	14.0	DBF/ CM	Incl. 5 workstations for dictation, PACS.
H1.1.2	Operating Room	60.0	4	240.0	DBF	Standard configuration, booms, lead lined.
H1.1.3	Alcove-Scrub Station	1.6	2	3.2	DBF	
H1.1.4	Alcove-Equipment	2.0	4	8.0	DBF	Alcove for stretchers.
H1.1.5	Alcove-Equipment	3.0	4	12.0	DBF	Alcoves for C-arms, mini C-arms, portable X-rays, fracture tables, warming devices, auxiliary lamps etc.
H1.1.6	Sterile Supply Core	123.5	1	123.5	DBF	Incl. 1 ADC, case carts, 2 MDRD workstations, 2 nursing workstations, crash cart, pass through cabinet into each OR.
H1.1.7	Sterile Storage	114.0	1	114.0	DBF/ CM	
H1.1.8	Alcove-Equipment	2.0	2	4.0	DBF	Alcove for clean linen.
H1.1.9	Workroom-Anesthesia	30.0	1	30.0	DBF	Incl. 2 workstations.
H1.1.10	Workroom-Biomed	18.0	1	18.0	CM	Incl. 2 workstations w/ workbench, testing equipment, lead lined.
H1.1.11	Workroom-Frozen Section Lab/Specimen Collect	17.0	1	17.0	CM	Incl. 1 cryostat, 2 workstations, grossing table. Fume hood for specimen collection area.
H1.1.12	Storage-Clean	8.0	1	8.0	DBF	Storage for direct purchasing.
H1.1.13	Waste Holding	21.9	1	21.9	CM	Incl. waste management containers.
H1.1.14	Storage-Bio-Hazard	6.0	1	6.0	DBF	Incl. biohazardous containers.
H1.1.15	Storage-Implant	29.5	1	29.5	DBF	
H1.1.16	Utility Room-Soiled	29.5	1	29.5	DBF	
H1.1.17	Housekeeping Room	14.6	1	14.6	DBF	
TOTAL NSM: OPERATING ROOMS				693.2		
H1.2 - STAFF SUPPORT - DBF						
H1.2.1	Office	9.0	3	27.0	DBF	Private office.

Ref. No.	Room Type	Area Requirements			DBF/ CM	Remarks
		nsm/unit	units	nsm		
H1.2.2	Office-2 Shared	12.0	1	12.0	DBF	Incl. 2 workstations.
H1.2.3	Office-Multi	9.0	1	9.0	DBF/ CM	Incl. 3 touchdown workstations.
H1.2.4	On Call Room	7.0	2	14.0	DBF	Incl. 1 touchdown workstation.
H1.2.5	Storage	6.0	1	6.0	DBF	For vendor product Staging/decanting.
H1.2.6	Housekeeping Room	7.5	1	7.5	DBF	
H1.2.7	Lounge-Staff	84.0	1	84.0	DBF	Incl. 2 touchdown workstations, kitchenette.
H1.2.8	Washroom-Staff-Small	3.5	1	3.5	DBF	2-piece, non-accessible washroom.
H1.2.9	Alcove-Medication	6.0	1	6.0	DBF	Alcove for ADC.
TOTAL NSM: STAFF SUPPORT - DBF				169.0		
H1.3 - STAFF SUPPORT - CM						
H1.3.1	Waiting Area-PR	52.0	1	52.0	CM	Existing room: 431. To accommodate 38 people.
H1.3.2	Alcove-Medication	6.0	1	6.0	CM	Existing room: 431. Alcove for medication refrigerator.
H1.3.3	Change Room- Patient	2.3	2	4.5	CM	Existing room: 431.
H1.3.4	Storage-Gas	4.0	1	4.0	CM	Existing room: 438.
H1.3.5	Office-Multi	27.6	1	27.6	CM	Incl. 6 workstations.
TOTAL NSM: STAFF SUPPORT - CM				94.1		
H1.4 - PREPARATION/RECOVERY						
H1.4.1	Reception	23.0	1	23.0	CM	Existing Rooms: 400 and 401. Incl. 4 workstations, dual egress.
H1.4.2	Waiting Area-OR	17.8	1	17.8	CM	Existing Room: 402. To accommodate 12 people. Incl. 2 change cubicles.
H1.4.3	Care Station	18.0	1	18.0	CM	Incl. 4 workstations, dual egress.
H1.4.4	Pneumatic Tube Station	0.5	1	0.5	CM	
H1.4.5	Recovery Bay	9.7	3	29.1	CM	Existing Room: 402. Open Bays with privacy curtains.
H1.4.6	Recovery Bay-Small	6.2	2	12.4	CM	Existing Room: 402. Open Bays with privacy curtains.
H1.4.7	Recovery Bay-Small	4.5	2	9.0	CM	Existing Room: 423. Open Bays with privacy curtains.
H1.4.8	Stretcher Bay-Pre-Op/Post-Op	11.0	17	187.0	CM	3-walled with sliding glass door and integral blinds between adjacent Bays.
H1.4.9	Stretcher Room-Pre-Op/Post-Op-AIR	11.0	1	11.0	CM	Negative pressure Airborne Isolation Room (AIR).
H1.4.10	Anteroom-AIR	4.5	1	4.5	CM	Incl. PPE storage.
H1.4.11	Medication Room	8.0	2	16.0	CM	Incl. ADC, workstation.
H1.4.12	Alcove-Nourishment	4.0	1	4.0	CM	Alcove for nourishment station.
H1.4.13	Alcove-Equipment	1.5	1	1.5	CM	Alcove for blanket warmer.
H1.4.14	Alcove-Equipment	2.0	1	2.0	CM	Alcove for clean linen.
H1.4.15	Alcove-Equipment	3.0	1	3.0	CM	Alcove for storage of crash cart, portable X-ray, commodes, slider boards, portable vital signs monitor.
H1.4.16	Locker Room-Patient	0.3	40	10.0	CM	

Ref. No.	Room Type	Area Requirements			DBF/ CM	Remarks
		nsm/unit	units	nsm		
H1.4.17	Clean Supply Room	10.0	1	10.0	CM	
H1.4.18	Storage-Equipment	20.0	1	20.0	CM	
H1.4.19	Utility Room-Soiled	16.0	1	16.0	CM	Incl. biohazardous containers, waste management containers, Sharps floor trolley, closed case cart/bin for occasional items requiring reprocessing.
H1.4.20	Washroom-Patient	4.6	2	9.2	CM	2-piece, accessible for Persons with Disabilities.
H1.4.21	Lounge-Staff	10.0	1	10.0	CM	Incl kitchenette.
H1.4.22	Change Room-Staff	6.0	2	12.0	CM	Incl change cubicles, half lockers.
H1.4.23	Washroom-Staff-Small	3.5	3	10.5	CM	2-piece, non-accessible washroom. 2 washrooms adjacent to or connected to Change Room-Staff.
H1.4.24	Alcove-Hand Hygiene Station	1.0	5	5.0	CM	Two alcoves for H1.4.5, one alcove for H1.4.6, two alcoves for H1.4.7.
TOTAL NSM: PREPARATION/RECOVERY				441.5		
TOTAL NSM: PERIOPERATIVE SERVICES				1,397.8		

I. MAIN ENTRANCE & PUBLIC SERVICES

2.9 MAIN ENTRANCE AND PUBLIC SERVICES

2.9.1 MAIN ENTRANCE

2.9.1.1 SERVICE OVERVIEW

- 2.9.1.1(1) The Main Entrance Component will address the non-clinical needs of all users of BH including Patients, visitors, Staff, physicians and volunteers. It will function as the central hub or ‘heart’ of BH and will be a welcoming, inviting space that reflects the culture and environment of the Burnaby community. This space will be easily accessible, Patient centered and elder and family friendly. These principles will also be represented in building exterior features and design.
- 2.9.1.1(2) This Component will serve as the primary entrance and exit to BH for visitors and many Patients, Staff, physicians and volunteers. It will be the main drop off and pick up point for non-emergency Patients arriving by private vehicle, HandyDART, Patient Transfer Network (PTN) or shuttle.
- 2.9.1.1(3) The services within this Component will focus on people’s needs for orientation, Wayfinding, dining and relaxing. They will also create opportunities for generating revenue to support operations.

2.9.1.2 FUNCTIONAL DESCRIPTION

2.9.1.2(1) Scope of Services

2.9.1.2(1)(a) Scope of Activity

- 2.9.1.2.1.(a).1 The following specifies the minimum set of functions that will be accommodated within this Component:
- (a).1.1 Orientation and Wayfinding for visitors and Staff regarding the full scope of services provided at BH and each service’s location. Refer to Burnaby Hospital Wayfinding Standards [Appendix 3I] for more information.
 - (a).1.2 Access to the Retail Food Services Component.
 - (a).1.3 Access to Gift Shop, associated storage and lottery kiosk for retail sales by the auxiliary.
 - (a).1.4 Accommodate a visible Security Station near the Main Entrance.
 - (a).1.5 Accommodate a visible Wayfinding Station near the Main Entrance. This will be staffed by volunteers and provide orientation and Wayfinding for Patients, visitors and Staff.

- (a).1.6 Accommodate large group gatherings as needed and include Lounge Patient/Waiting areas (regular and accessible).
- (a).1.7 Accommodation of, or Direct Access to:
 - (a).1.7.1 Phones for Patients, visitors and Staff use (taxi, Staff and Patient location). Public phones will be available for use at Wayfinding Station;
 - (a).1.7.2 Public washrooms including accessible washrooms;
 - (a).1.7.3 Hand hygiene sink and Infection Prevention and Control kiosk;
 - (a).1.7.4 Public access wireless internet;
 - (a).1.7.5 Wheelchair and Staxi transport chair corral (preferred location will be a covered area outside Main Entrance);
 - (a).1.7.6 Vending machines;
 - (a).1.7.7 Water bottle filler;
 - (a).1.7.8 ATM;
 - (a).1.7.9 Cell phone charging stations in Lounge Patient/Waiting areas;
 - (a).1.7.10 Automated parking pay machines;
 - (a).1.7.11 Computer touchdown workstations for Patients and public to access information, fill out forms and make payments; and
 - (a).1.7.12 Digital Wayfinding/Information Kiosks.
- (a).1.8 Visible displays of:
 - (a).1.8.1 Burnaby Hospital Foundation recognition;
 - (a).1.8.2 Contributions by the auxiliary and volunteers;
 - (a).1.8.3 Achievements and history of BH;
 - (a).1.8.4 Artwork that recognizes local community and cultural diversity; and
 - (a).1.8.5 Facility and community health and wellness information.
- (a).1.9 Access to the Main Entrance will be restricted for entry during after hours but will allow for egress at all times.

2.9.1.2(1)(b) Scope of Educational Activity

- 2.9.1.2.1.(b).1 This area will provide electronic information for visitors related to Wayfinding, health and wellness resources, or upcoming events at BH.

2.9.1.2(1)(c) Scope of Research Activity

2.9.1.2.1.(c).1 Not applicable.

2.9.1.2(2) Scope Exclusions

2.9.1.2(2)(a) The following list specifies functions that are understood to occur in other Functional Components in BH or outside BH:

2.9.1.2.2.(a).1 Cashier Services, Admitting/Registration, Spiritual Health, Staff Library and Health Record Request of Information Services will be existing Components. These services will not be included in this Component, but will have key adjacencies to it; and

2.9.1.2.2.(a).2 Patients on stretchers, e.g. arriving by PTN, will not be transported through the public areas of this Component. Stretchers entering or exiting BH will require a discrete, preferable non-public, path of travel to/from the exterior and clinical service areas.

2.9.1.3 OPERATIONAL CONSIDERATIONS

2.9.1.3(1) Service Delivery Principles and Methods

2.9.1.3(1)(a) Patient and Family Management Processes and Flows

2.9.1.3.1.(a).1 Patient Flow

(a).1.1 During hours of operation, outpatients or non-emergency Patients will reach the Main Entrance Lobby from Kincaid street via the walkway, parkade, or drop off areas located near the Main Entrance doors.

(a).1.2 Patients will flow through this Component to access clinical service areas or to exit BH.

(a).1.3 Patients will access public services in this Component as required.

(a).1.4 Patients requiring emergency will enter through the Emergency Public Entrance on the south side of BH. After hours, all Patients will enter through the Emergency Entrance.

2.9.1.3.1.(a).2 Family and Visitor Flow

(a).2.1 Family members and visitors will accompany Patients on their visit to BH.

(a).2.2 Family members and visitors will flow through this Component to access clinical service areas or to exit BH.

(a).2.3 Family members and visitors will access public services in the Component as required.

2.9.1.3(1)(b) Provider Work Processes and Flows

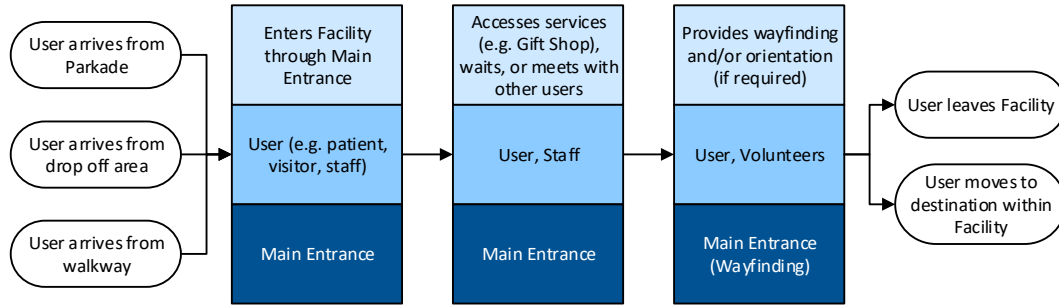
- 2.9.1.3.1.(b).1 Security will unlock the Main Entrance doors at 0600 hours and will lock these doors at 2000 hours daily.
- 2.9.1.3.1.(b).2 The Gift Shop will be opened and closed by auxiliary Staff according to their designated hours.
- 2.9.1.3.1.(b).3 Security Staff will unlock and lock the Security Station during its designated hours.
- 2.9.1.3.1.(b).4 Volunteers will provide Wayfinding directions to visitors and will escort them if needed to their requested destination. Volunteers will sign in at the existing Volunteer Services (located on Level 0 in the NT), pick up their green vests and go to the Wayfinding Station. When their shift is finished, they will return to the Volunteer Services to sign out.

2.9.1.3(1)(c) Clinical and Logistical Support Processes and Flows

- 2.9.1.3.1.(c).1 Equipment and Instruments
 - (c).1.1 Most equipment located in this Component (e.g. ATM, Vending machines) will be repaired and maintained by outside vendors.
- 2.9.1.3.1.(c).2 Consumable Supplies
 - (c).2.1 Consumable supplies will be kept close to point of use, in each of the Components (e.g. Gift Shop in Back of House Room). Items will be maintained with a minimum inventory level that will trigger a re-ordering process or through direct purchase and delivery.
 - (c).2.2 Vending machines will be stocked by an outside vendor.
- 2.9.1.3.1.(c).3 Housekeeping and Waste Management
 - (c).3.1 Housekeeping and Waste Management will provide routine and on demand cleaning of the Main Entrance Component.
 - (c).3.2 Design features, artwork and Furniture in this Component will be easily cleanable to maintain Infection Prevention and Control and cleanliness standards.
 - (c).3.3 Waste products will be managed according to a system of segregation at point of origin of service and sequential consolidation throughout this Component.
 - (c).3.4 Segregation of wastes will accommodate the following categories:

- (c).3.4.1 General garbage including clean recycling.
 - (c).3.5 Waste containers will be monitored, removed and replaced by Housekeeping and Waste Management Staff.
 - 2.9.1.3.1.(c).4 Security
 - (c).4.1 Regular “rounding” of security within the Component will be provided.
 - (c).4.2 Security will be responsible for locking and unlocking Main Entrance doors.
 - (c).4.3 Security will have a Security Station located within this Component.
- 2.9.1.3(1)(d) Information Management
 - 2.9.1.3.1.(d).1 Wayfinding and orientation information will be prominently visible upon entering BH. When entry to this space is open to the public, volunteers or Staff will be available to assist with locating services. Electronic Wayfinding and orientation will be available through Electronic Wayfinding Board, Wayfinding/Information Kiosks and on Patient/visitor mobile devices.
 - 2.9.1.3.1.(d).2 Patient location within BH will be available via an accessible phone in Main Entrance Lobby.
- 2.9.1.3(1)(e) Anticipated Trends in Service Delivery
 - 2.9.1.3.1.(e).1 The following lists trends that are expected to affect the nature and or functions accommodated within this Component. Effects of these trends will be reflected in the Component’s design:
 - (e).1.1 BH will continue to support the overall health of the community for both existing health problems and assume a greater role in promoting a healthy lifestyle and prevention.
- 2.9.1.3(2) Workflows
 - 2.9.1.3(2)(a) The Main Entrance workflows are shown in the following workflow diagram.

Main Entrance Flow



2.9.1.3(3) Hours of Operation

2.9.1.3(3)(a) The Main Entrance will be accessible between 0600-2000 hours, 7 days a week. Service hours will vary according to Component schedules and will be subject to change:

2.9.1.3.3.(a).1 Wayfinding Station will operate between 0800-2000 hours, 7 days a week.

2.9.1.3.3.(a).2 Gift Shop will operate between 0800-1630 hours, Monday to Friday.

2.9.1.3.3.(a).3 The Security Station will be staffed according to a varied schedule as needed.

2.9.1.3(3)(b) Selected areas will be accessible 24/7 (e.g. Lounge Patient/Waiting, vending machines).

2.9.1.3(3)(c) After Hours Access will be as follows:

2.9.1.3.3.(c).1 Entry to BH will occur through the ED during after hours access. Main Entrance will allow exiting at all times, including after hours.

2.9.1.3.3.(c).2 Routine patrols by the Security of all areas after hours will ensure retail and public spaces are secured.

2.9.1.3(4) Workloads

2.9.1.3(4)(a) The maximum capacity for this Component will be calculated as per applicable building code occupancy requirements.

2.9.1.4 DESIGN CRITERIA

2.9.1.4(1) General Requirements

2.9.1.4(1)(a) Zones of Activity within the Main Entrance will include the following:

2.9.1.4.1.(a).1 Main Entrance Lobby; and

2.9.1.4.1.(a).2 Gift Shop.

- 2.9.1.4(1)(b) BH Main Entrance and approach paths will be clearly identified.
 - 2.9.1.4(1)(c) The Main Entrance Component will have Direct Access to the vehicle drop off and pick up zone including HandyDART, PTN and nearby parkade for Patients, their escorts and visitors. The Main Entrance will have protection against inclement weather on the exterior.
 - 2.9.1.4(1)(d) There will be a dedicated Staxi transport chair storage outside and adjacent to Main Entrance for those requiring mobility assistance. Staxi transport chair storage area will be covered for weather protection.
 - 2.9.1.4(1)(e) Essential supporting functions including Main Entrance Lobby, Gift Shop and Retail Food Services will be arranged to simplify Patient and visitor access.
 - 2.9.1.4(1)(f) The Main Entrance will have Direct Access and Line of Sight to the Burnaby Hospital Foundation.
 - 2.9.1.4(1)(g) It will also have Direct Access through General Circulation to the Retail Food Services and existing Main Admitting to allow frequent use by Staff, Patients and visitors.
 - 2.9.1.4(1)(h) The Main Entrance will have Direct Access to outdoor areas on Level 1.
 - 2.9.1.4(1)(i) Close/Convenient Access through General or Restricted Circulation (both horizontal and vertical) will be provided for transition to any part of BH for visitors, Staff and Patients arriving from outside BH.
 - 2.9.1.4(1)(j) Clear and direct circulation paths will be required between the Main Entrance, the Existing Hospital and the Facility.
- 2.9.1.4(2) Main Entrance Lobby
- 2.9.1.4(2)(a) Public Passenger Elevators, stairways and Washrooms will be intuitively located in the Main Entrance Lobby without the need for detailed Wayfinding information.
 - 2.9.1.4(2)(b) The Main Entrance Lobby will function as an orientation space where people will receive directions to their destinations, either by means of signage, digital Wayfinding/Information Kiosks or volunteers. Wayfinding to various services in the Main Entrance Lobby will be

clear and easily understood (refer to Appendix 3, BH Wayfinding Standards).

2.9.1.4(2)(c) The Main Entrance Lobby will facilitate the following primary functions:

- 2.9.1.4.2.(c).1 Arrival and departure;
- 2.9.1.4.2.(c).2 Dropping off and picking up;
- 2.9.1.4.2.(c).3 Security, information, and internal communication;
- 2.9.1.4.2.(c).4 Wayfinding;
- 2.9.1.4.2.(c).5 Waiting;
- 2.9.1.4.2.(c).6 After hours access to seating areas; and
- 2.9.1.4.2.(c).7 After hours egress.

2.9.1.4(2)(d) The design of the Main Entrance Lobby will include the following:

- 2.9.1.4.2.(d).1 Small seating groups in designated Lounge Patient/Waiting areas with potential for wheelchair users to use these areas. Lounge Patient/Waiting seating areas will be maximized within the Main Entrance Lobby;
- 2.9.1.4.2.(d).2 Physical design attributes for users manoeuvring in mobility aids including canes, crutches, walkers, wheelchairs, stretchers and motorized chairs/scooters;
- 2.9.1.4.2.(d).3 Wayfinding/Information points for leaflets and multi-media;
- 2.9.1.4.2.(d).4 Security Station;
- 2.9.1.4.2.(d).5 Public Workstations;
- 2.9.1.4.2.(d).6 Hand hygiene station;
- 2.9.1.4.2.(d).7 Infection Prevention and Control kiosk;
- 2.9.1.4.2.(d).8 Water bottle filler;
- 2.9.1.4.2.(d).9 Taxi, Patient information and TTY (teletypewriter) phones;
- 2.9.1.4.2.(d).10 Automated Teller Machine (ATM);
- 2.9.1.4.2.(d).11 Two (2) automated parking pay machines, one (1) located inside the Facility adjacent to Vestibule-Entrance and one (1) located outside under the cover for weather protection;
- 2.9.1.4.2.(d).12 Alcove-Wheelchair and Alcove-Staxi transport chair;
- 2.9.1.4.2.(d).13 Washroom-Public;
- 2.9.1.4.2.(d).14 Vending Machines;
- 2.9.1.4.2.(d).15 Natural light and views to landscaped outdoor areas;
- 2.9.1.4.2.(d).16 Foundation Donor Wall; and
- 2.9.1.4.2.(d).17 Art Wall.

- 2.9.1.4(2)(e) The spatial layout of the Main Entrance Lobby will maximize flexibility for use.
- 2.9.1.4(2)(f) The overall design will provide a pleasant environment through the use of colour, attractive finishes and furnishings, lighting, effective ventilation and signage.
- 2.9.1.4(2)(g) The overall environment will be inviting and de-institutionalized, promoting a restorative and inviting community space representative of cultural diversity.
- 2.9.1.4(2)(h) Natural light and exterior views will be maximized throughout, creating a healthy environment in public and Patient areas.
- 2.9.1.4(2)(i) Physical design attributes will make accommodation for Persons with Disabilities including those using mobility aids.
- 2.9.1.4(2)(j) The Main Entrance Lobby will reflect a commitment to Person- and Family-Centred Care and a focus on Patient calming and well-being.
- 2.9.1.4(2)(k) This Component will experience high Patient volumes daily. There will be peak traffic periods, but constant activity throughout the day will be anticipated.
- 2.9.1.4(2)(l) Materials and goods movement through the Main Entrance Lobby will be avoided.
- 2.9.1.4(2)(m) Furnishings in the Main Entrance Lobby will be durable, weighted and easy to clean.
- 2.9.1.4(2)(n) A Vestibule-Entrance will be required at BH Main Entrance with two (2) sets of automatic sliding doors. Interior spaces adjacent to Vestibule-Entrance will be draft-free, by means of appropriate Vestibule design. The outside weather will not interfere or impact the interior temperature of the Main Entrance Lobby.
- 2.9.1.4(2)(o) Vestibule-Entrance doors will be Tamper Resistant and will not be able to be left open. Additional side doors that are push open will be available for after hours access/egress. Remote locking capability of Vestibule-Entrance doors from Security Station will be provided. Design of Vestibule-Entrance doors will be finalized in consultation with Integrated Protection Services (IPS) and the Authority as per Schedule 2 (User Consultation and Design Review).

- 2.9.1.4(2)(p) Upon entry, Patients, Staff and visitors will have immediate access to an Alcove-Hand Hygiene Station with hand cleanser, face masks and Infection Prevention and Control signage.
- 2.9.1.4(2)(q) An Infection Prevention and Control kiosk will be located in a prominent location in the Main Entrance Lobby with alcohol-based hand rub dispensers and signage to alert public, Patients and Staff to clean their hands.
- 2.9.1.4(2)(r) Lounge Patient/Waiting-Entry will be located adjacent to Vestibule-Entrance, include cell phone charging stations and require Direct Natural Light. This area will be strategically located for visibility between the vehicle outside and Person waiting inside the building.
- 2.9.1.4(2)(s) An Alcove-Wheelchair and an Alcove-Staxi Transport Chair will be located adjacent to Vestibule-Entrance and Lounge Patient/Waiting-Entry for users requiring mobility assistance.
- 2.9.1.4(2)(t) A Foundation Donor Wall and an Art Wall will be accommodated in Main Entrance Lobby.
- 2.9.1.4(2)(u) Foundation Donor Wall will be adjacent to Vestibule-Entrance and have a Line of Sight from the Lobby area and Main Entrance.
- 2.9.1.4(2)(v) Art Wall will be centralized in the Main Entrance Lobby and represent Burnaby community local and cultural art and indigenous art.
- 2.9.1.4(2)(w) There will be a Wayfinding Station in the Main Entrance Lobby for the volunteers to stand or sit and greet and assist Patients and visitors as they enter BH.
- 2.9.1.4(2)(x) Wayfinding Station will be located centrally with Line of Sight to Vestibule-Entrance and existing Main Admitting and include wheelchair accessible and stand up height counters. It will also include an Electronic Wayfinding Board.
- 2.9.1.4(2)(y) Wayfinding/Information Kiosks with digital kiosks and Workstation-Public with stand up touchdown workstations will be used by Patients and visitors and located centrally with Line of Sight from Entrance-Vestibule and Wayfinding Station.

- 2.9.1.4(2)(z) Alcove-Phone will be adjacent to Wayfinding Station for calling taxis or obtaining Patient location.
 - 2.9.1.4(2)(aa) Alcove-ATM will be adjacent to Wayfinding Station and Gift Shop.
 - 2.9.1.4(2)(bb) The Main Entrance Lobby will include renovation of existing spaces to accommodate Lounge Patient/Waiting-Way, Alcove-Vending Machine and Washroom-Public.
 - 2.9.1.4(2)(cc) It will also include two (2) new adjacent Washroom-Public.
 - 2.9.1.4(2)(dd) Lounge Patient/Waiting-Way will be centralized in the Main Entrance Lobby with Convenient Access and Line of Sight to Wayfinding. It will also include cell phone charging stations and have Convenient Access to Alcove-Water Dispensing.
 - 2.9.1.4(2)(ee) The Main Entrance Lobby security cameras will be located as per Division 27 and 28 of Schedule 3 [Design and Construction Specifications] and in consultation with IPS and the Authority as per Schedule 2 (User Consultation and Design Review).
 - 2.9.1.4(2)(ff) Security Station will be the existing information booth in the existing lobby and will monitor the Main Entrance Lobby. It will require Line of Sight to Vestibule-Entrance, Lobby Circulation and Public Passenger Elevators.
- 2.9.1.4(3) Gift Shop
- 2.9.1.4(3)(a) The Gift Shop will be operated by volunteers and have Direct Access to Main Entrance Lobby with Line of Sight from Vestibule-Entrance.
 - 2.9.1.4(3)(b) The Gift Shop will have full glazing and an open concept for maximum visibility into the shop.
 - 2.9.1.4(3)(c) The Gift Shop will be securable and lockable and have a counter with BC lottery machine, cash register, shelving, cabinets and flower refrigerator.
 - 2.9.1.4(3)(d) It will be provided with a panic duress button, CCTV cameras and a direct line for debit card and credit card use.
 - 2.9.1.4(3)(e) A Back of House Room will be located adjacent and with Direct Access to the Gift Shop.

- 2.9.1.4(3)(f) This Room will have shelving, touchdown workstations, cabinets, counter, utility sink and a safe box.
- 2.9.1.4(3)(g) Back of House Room will have Convenient Access to Patient Transfer/Staff Service Elevators.
- 2.9.1.4(3)(h) The Gift Shop CCTV cameras and panic duress button will be located as per Division 27 and 28 of Schedule 3 [Design and Construction Specifications] and in consultation with IPS and the Authority as per Schedule 2 (User Consultation and Design Review).

2.9.1.5 EXTERNAL RELATIONSHIPS

2.9.1.5(1) The following diagram indicates other Functional Components that have a functional relationship with this Component.



LEGEND

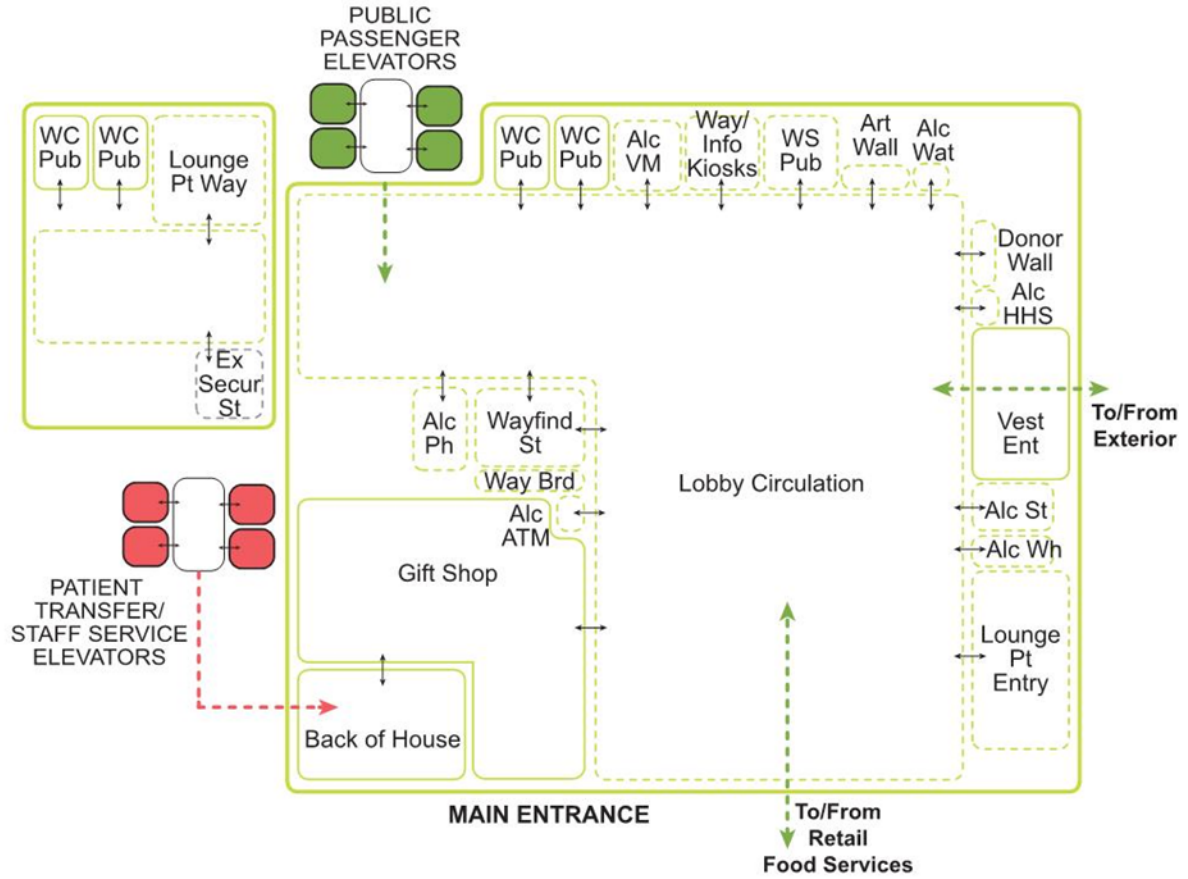
Direct Access by General Circulation

Close Access by General Circulation

Convenient Access by General Circulation

2.9.1.6 INTERNAL RELATIONSHIPS

2.9.1.6(1) The following diagram indicates internal functional relationships within this Component.



LEGEND
 - - - - - General Circulation - Public
 - - - - - Restricted Circulation - Staff

2.9.2 RETAIL FOOD SERVICES

2.9.2.1 SERVICE OVERVIEW

- 2.9.2.1(1) The Retail Food Services will consist of a Cafeteria and Retail Franchise Operation, known together as the Retail Food Services operations/venues.
- 2.9.2.1(2) The Retail Food Services will be considered within the redevelopment project and will be included in a high traffic area, easily accessible to visitors and Staff.
- 2.9.2.1(3) The Retail Food Services at BH will be fully independent contracted services, with no affiliation or relationship with the Patient Food Services. The Retail Food Services contractor will also be responsible for provision of catering and vending.
- 2.9.2.1(4) The Retail Food Services will include a dedicated Back of House complete with receiving, storage, preparation, ware washing and retail management Office.

2.9.2.2 FUNCTIONAL DESCRIPTION

2.9.2.2(1) Scope of Services

2.9.2.2(1)(a) Scope of Activity

2.9.2.2.1.(a).1 The following specifies the minimum set of functions that will be accommodated within this Component:

- (a).1.1 The Retail Food Services will primarily service Staff, inpatients, outpatients, volunteers and family members of those receiving care at BH. The community and general public will also access this service.
- (a).1.2 The Retail Food Services will provide pre-made and fast made-to-order meal and beverage options for patrons at BH. The service will include preparation and sale of these food items. It will incorporate increased flexibility of offerings from day to day, offering rotating chef menus and contractor driven proprietary brands and concepts.
- (a).1.3 A full-service Retail Franchise Operation will complement the Cafeteria. The Retail Franchise Operation will have separate queuing and cash.
- (a).1.4 The Cafeteria and Retail Franchise Operation will share a Back of House kitchen to

accommodate storage of product, preparation and dishwashing. The Back of House kitchen will also accommodate any catering required within BH.

- (a).1.5 The viability of this service will greatly be dependant on visibility and accessibility to visitors, the overall BH flow of people, and thus the location and placement will take this into account. Close Access to Main Entrance Lobby will be provided.
- (a).1.6 The Cafeteria and Retail Franchise Operation will share a common Seating Area.
- (a).1.7 A combination of reusable dishes and a compostable/recyclable service wares will be utilized.
- (a).1.8 Waste and recycling stations will be strategically positioned throughout the Seating Area for collection of waste. The design of stations will encourage separation of waste (recyclables, organics, landfill).
- (a).1.9 Vending machines will also be provided within the Seating Area.

2.9.2.2(1)(b) Scope of Educational Activity

- 2.9.2.2.1.(b).1 The Retail Food Services will include menu boards complete with product nutritional information. Such nutritional information will also be provided on pre-packaged items.
- 2.9.2.2.1.(b).2 Additional digital information boards and materials will be provided at each station and/or point of customer order to educate and inform customers of nutritional content and healthy education.

2.9.2.2(1)(c) Scope of Research Activity

- 2.9.2.2.1.(c).1 Not applicable.

2.9.2.2(2) Scope Exclusions

- 2.9.2.2(2)(a) The following list specifies functions that are understood to occur in other Functional Components in BH and/or provide support to the Retail Food Services:
 - 2.9.2.2.2.(a).1 Housekeeping and Waste Management will provide daily cleaning for the Seating Area of the Dining Area, which will not be leased to the contractor and waste removal. However, the contractor will be responsible for wiping Dining

Area tables and cleaning up spills in the area within service hours in accordance with the service agreement between BH and the Food Service Contractor.

- 2.9.2.2.2.(a).2 The Retail Food Services equipment will be maintained by the contractor. However, Staff will support any equipment tied to building infrastructure (e.g. hoods and/or refrigeration).

2.9.2.3 OPERATIONAL CONSIDERATIONS

2.9.2.3(1) Service Delivery Principles and Methods

2.9.2.3(1)(a) Patient and Family Management Processes and

2.9.2.3.1.(a).1 Patient Flow

- (a).1.1 Inpatients and outpatients will access the Retail Food Services without escort. They will use Front of House Circulation from their place of treatment and use all public-facing areas of the Component. Retail Food Services will be fully accessible to accommodate customers with wheelchairs.

2.9.2.3.1.(a).2 Family Flow

- (a).2.1 Retail Food Services will be fully accessible to all family members and visitors.

2.9.2.3(1)(b) Provider Work Processes and Flows

- 2.9.2.3.1.(b).1 The Retail Food Services Staff will enter this Component through a Staff entrance into the Back of House kitchen for the start of their designated job assignment.

- 2.9.2.3.1.(b).2 Access to the Back of House and Cafeteria will be secured at all times, accessible to the Retail Food Services Staff or other authorized Staff through secure electronic access.

- 2.9.2.3.1.(b).3 Cafeteria and Retail Franchise Operation will be accessible to Staff, Patients and visitors when in operation. These areas will be fully secured when not in operation.

- 2.9.2.3.1.(b).4 Seating Area and vending machines will be fully accessible to Staff, Patients and visitors 24/7.

- 2.9.2.3.1.(b).5 All external deliveries of food will come through the Loading Dock. Contractor Retail Food Services Staff will be fully responsible for the receipt of all in-coming perishable and non-perishable supplies from commercial purveyors and vendors, decasing of items and placing

- goods in appropriate refrigerated, frozen and dry storage rooms.
- 2.9.2.3.1.(b).6 Contractor Retail Food Services Staff will perform all food service functions including preparation, production, service and cash handling activities.
- 2.9.2.3.1.(b).7 Food preparation in the Retail Food Services including orders for catering, food preparation and production, and baking will be performed within the Back of House and Cafeteria areas.
- 2.9.2.3.1.(b).8 Production and service within the Cafeteria will be provided with an open concept approach, integrating preparation into the customer experience. Food items will be constructed and/or finished in front of the customer, ensuring freshness and providing a positive experience. In some cases, the customer will be able to self-serve (e.g. grab and go, proportioned salads and desserts, etc.). Customers will self-select their preferred station and be served first-come, first-served.
- 2.9.2.3.1.(b).9 Retail will be the finishing experience of the Retail Food Services, where the customer will select final items (usually beverages and/or snacks), perhaps will queue, and pay for their items.
- 2.9.2.3.1.(b).10 Contractor Staff will check in within the management Office in the Retail Food Services Back of House area.
- 2.9.2.3.1.(b).11 Visitors and suppliers will have access to the Retail Food Services management Office.
- 2.9.2.3.1.(b).12 Space for dining and for waste collection will be provided as part of BH service but will not be included in the contracted food services lease. The space will be open for all to use (customers, Staff, Patients, families, public), and include amenities such as vending machines and microwaves.
- 2.9.2.3.1.(b).13 Seating capacity for estimated 150 people will be provided within the Seating Area. A variety of seating options will be offered (e.g. long bar, groups of 2, 4 or more). This space will have exterior windows and be adjacent to an accessible outdoor space.

- 2.9.2.3.1.(b).14 Convenience Stations for dispensing napkins, utensils, and condiments, and for self-serve microwaves will be provided in the Seating Area.
- 2.9.2.3(1)(c) Clinical and Logistical Support Processes and Flows
 - 2.9.2.3.1.(c).1 Equipment and Instruments
 - (c).1.1 Equipment will be purchased, maintained and replaced by the Retail Food Services contractor or in accordance with the service agreement between BH and the Food Service Contractor.
 - (c).1.2 All food service storage, production, processing, display, service and ware washing equipment will be contained within the Retail Food Services: Back of House, Cafeteria and Retail Franchise Operation.
 - (c).1.3 Soiled tray carts will be positioned at the Waste Stations within the Seating Area for collection of soiled trays.
 - 2.9.2.3.1.(c).2 Consumable Supplies
 - (c).2.1 All perishable and non perishable supplies will be purchased and received by the contractor Retail Food Services Staff and stored within the Retail Food Services Component.
 - 2.9.2.3.1.(c).3 Laundry/Linen
 - (c).3.1 Soiled food service linens, cloths and mop heads will be contained within the Retail Food Services Component and arrangements for laundering will be made by the contractor.
 - 2.9.2.3.1.(c).4 Security
 - (c).4.1 Regular “rounding” of security within the Component will be provided.
 - (c).4.2 All refrigerators and freezers within the Retail Food Services will include temperature recorders and alarms networked to a computerized control system monitored by both the Retail Food Services contractor and FMO (during off hours).
- 2.9.2.3(1)(d) Information Management
 - 2.9.2.3.1.(d).1 The Retail Food Services contractor will provide necessary management information system to support the operation of the Retail Food Services. Technology will include management of mobile order stations, apps, self cash checkout station and interactive menu boards.

2.9.2.3.1.(d).2 Wireless access will be provided to support the Retail Food Services technologies and for walk-in refrigerators and freezer temperature monitoring systems.

2.9.2.3(1)(e) Anticipated Trends in Service Delivery

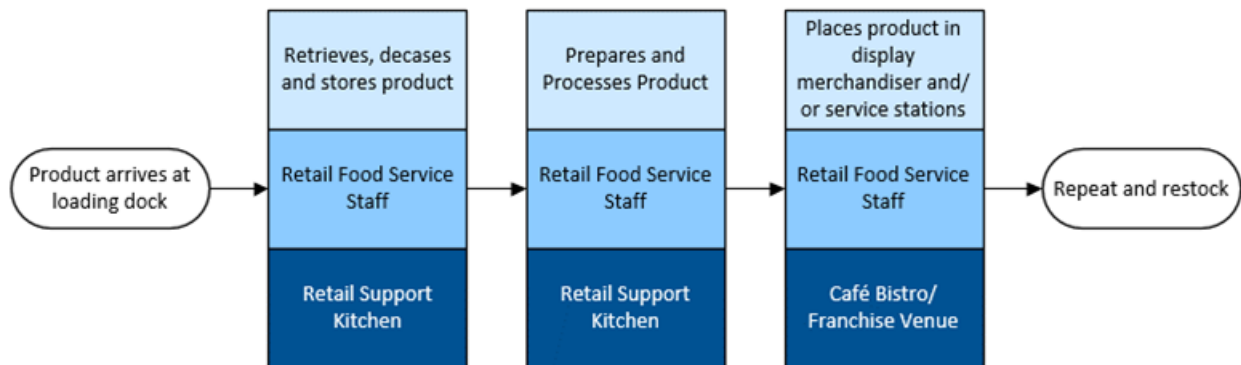
2.9.2.3.1.(e).1 The following lists trends that are expected to affect the nature and or functions accommodated within this Component. Effects of these trends will be reflected in the Component's design:

- (e).1.1 Use of mobile ordering, pre-order, pre-pay and Self-Service Stations;
- (e).1.2 Ability to change out concepts and brands including incorporation of pop up brands or concept;
- (e).1.3 Innovations and advances in food service production and cooking technologies;
- (e).1.4 Continue incorporation of lean technologies and processes; and
- (e).1.5 Potential to add additional waste streams.

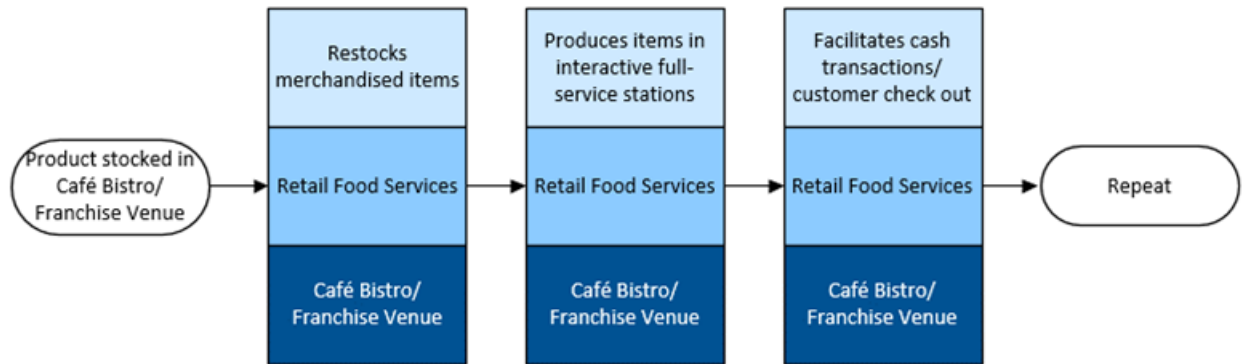
2.9.2.3(2) Workflows

2.9.2.3(2)(a) The Retail Food Services workflows are shown in the following workflow diagrams.

Receiving, processing and display Flow



Service and Customer Interaction Flow



2.9.2.3(3) Hours of Operation

- 2.9.2.3(3)(a) The Retail Food Services will operate according to the hours agreed to in the agreement between the contractor and BH. It is anticipated that hours will be between 0700-1900 (Cafeteria until 1600 hours, Retail Franchise Operation until 1900 hours).
- 2.9.2.3(3)(b) Past 1900 hours, any Staff, family members, or Patients needing food will access to BH's vending machines (managed by another contractor).
- 2.9.2.3(3)(c) The Retail Food Services hours of operations will adjust based on customer demand.

2.9.2.3(4) Workloads

- 2.9.2.3(4)(a) Service demand will be proportional to the overall number of Staff and visitors in BH. The seating capacity will be expanded to accommodate peak times, via new Furniture layouts.
- 2.9.2.3(4)(b) The future staffing model will depend on the business model that the Retail Food Services provider will prefer to utilize. However, for planning purposes the following approximations are made for this Component.

RETAIL FOOD SERVICES			
POSITION	FTE	# OF STAFF @ PEAK SHIFT	NOTES
Unit Manager	1.00	1	
Kitchen Manager	1.00	1	
Floor Manager	2.00	2	
Retail Food Worker	Varies	12	Assume 15% increase from current required to service full franchise and increased seating capacity.
PEAK TOTAL		16	

2.9.2.4 DESIGN CRITERIA

2.9.2.4(1) General Requirements

2.9.2.4(1)(a) Zones of Activity within the Retail Food Services will include the following:

- 2.9.2.4.1.(a).1 Back of House;
- 2.9.2.4.1.(a).2 Cafeteria;
- 2.9.2.4.1.(a).3 Retail Franchise Operation; and
- 2.9.2.4.1.(a).4 Dining Area.

2.9.2.4(1)(b) The Retail Food Services will have Direct Access through General Circulation to Main Entrance Lobby for visitor, Staff and Patient access.

2.9.2.4(1)(c) The Retail Food Services will have Close Access through Back of House Circulation to the Loading Dock for receiving food items and waste disposal.

2.9.2.4(1)(d) It will have Convenient Access to all other areas of BH for visitor, Staff and Patient access.

2.9.2.4(2) Back of House

2.9.2.4(2)(a) Functional areas will include a Dishwashing Room, a Prep Kitchen Area, Storage-Dry, Storage-Cold +2 to +6C, Storage-Cold -20C, a private Office for manager, a Change Room-Staff, a Housekeeping Closet and a Washroom-Staff.

2.9.2.4(2)(b) The Office will have access from Dining Area to be accessible to Staff and visitors.

2.9.2.4(2)(c) Storage-Dry, Storage-Cold +2 to +6C and Storage-Cold -20C will be located at the entrance to the Component.

2.9.2.4(2)(d) Storage-Dry, Storage-Cold +2 to +6C and Storage-Cold -20C will be enclosed and secure rooms.

2.9.2.4(2)(e) Storage-Cold +2 to +6C and Storage-Cold -20C will be constructed of pre-fabricated refrigeration panels complete with hinged door.

2.9.2.4(2)(f) Storage-Dry, Storage-Cold +2 to +6C and Storage-Cold -20C will be designed to maximize foot print with storage shelving to either side and circulation down the centre of the rooms.

2.9.2.4(2)(g) The Prep Kitchen Area will have Direct Access to Storage-Dry, Storage-Cold +2 to +6C and Storage-Cold -20C and will be adjacent to Cafeteria for movement of prepared product to the Component.

2.9.2.4(2)(h) The Dishwashing Room will be an enclosed room, adjacent to Prep Kitchen Area and will have Direct Access from Seating Area for the movement of waste.

2.9.2.4(2)(i) The Housekeeping Closet will have Convenient Access from Prep Kitchen Area and Dishwashing Room.

2.9.2.4(2)(j) The Change Room-Staff will be located at the entrance of the Back of House for the movement of Staff within the Component.

2.9.2.4(3) Cafeteria

- 2.9.2.4(3)(a) The Prep/Service Stations and Self-Serve Stations will be designed to allow customers to flow through the space and queue at individual Stations.
- 2.9.2.4(3)(b) The Prep/Service Stations will have access control from the Back of House zone for movement of products to individual Stations.
- 2.9.2.4(3)(c) Customers will access Cafeteria from the Dining Area.
- 2.9.2.4(3)(d) Customers will flow through the Cafeteria, will access Prep/Service Stations and Self Serve Stations to queue and for grab and go, will pay at the Cashier stations for products and then flow through to the Dining Area.
- 2.9.2.4(3)(e) The Cafeteria zone will only be accessible during operating hours and secured when not in operation.

2.9.2.4(4) Retail Franchise Operation

- 2.9.2.4(4)(a) The Retail Franchise Operation will include a back of counter area assessible by Staff and front of counter areas complete with product display, grab and go and customer queuing.
- 2.9.2.4(4)(b) The Retail Franchise Operation will have dedicated cashier stations.
- 2.9.2.4(4)(c) This area will only be accessible during operating hours and secured when not in operation.
- 2.9.2.4(4)(d) This Component will accommodate full-sized retail equipment and storage space for a retail franchise operation (e.g. Tim Hortons).

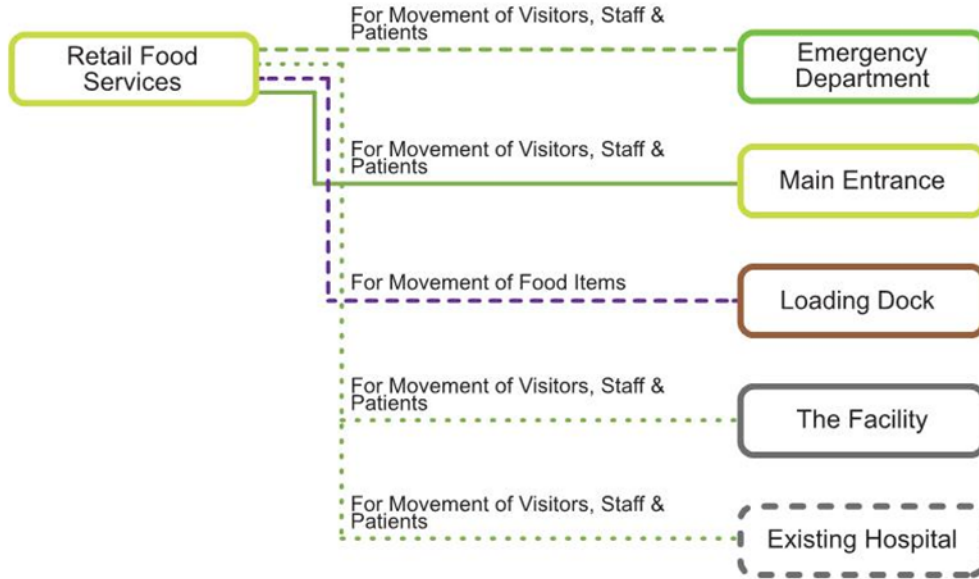
2.9.2.4(5) Dining Area

- 2.9.2.4(5)(a) Dining Area will be the linkage between the Main Entrance Lobby to Cafeteria and Retail Franchise Operation allowing customers to enter and flow through the space to access food service venues.
- 2.9.2.4(5)(b) Dining Area will be accessible 24/7.
- 2.9.2.4(5)(c) Dining Area will experience high Staff, visitor, volunteer, guest and Patient volumes during peak part of the day particularly during morning breakfast and lunch periods.

- 2.9.2.4(5)(d) The overall design will provide a pleasant environment through attractive finishes, lighting and furnishing.
- 2.9.2.4(5)(e) Dining Area will be enhanced with natural light.
- 2.9.2.4(5)(f) Dining Area will include different types and styles of seating including traditional tables and chairs, banquet seating and café style seating.
- 2.9.2.4(5)(g) Furniture will be flexible to allow for different seating configurations.
- 2.9.2.4(5)(h) Dining Area will include customer amenities such as charging stations and WIFI access.
- 2.9.2.4(5)(i) Dining Area will include Convenience Stations which will accommodate condiments, napkins, utensils, water hydration station, hand hygiene station and microwaves.
- 2.9.2.4(5)(j) Dining Area will also include Waste Stations strategically located throughout the area.
- 2.9.2.4(5)(k) Vending machines will be included within the Seating Area.

2.9.2.5 EXTERNAL RELATIONSHIPS

- 2.9.2.5(1) The following diagram indicates other Functional Components that have a functional relationship with this Component.

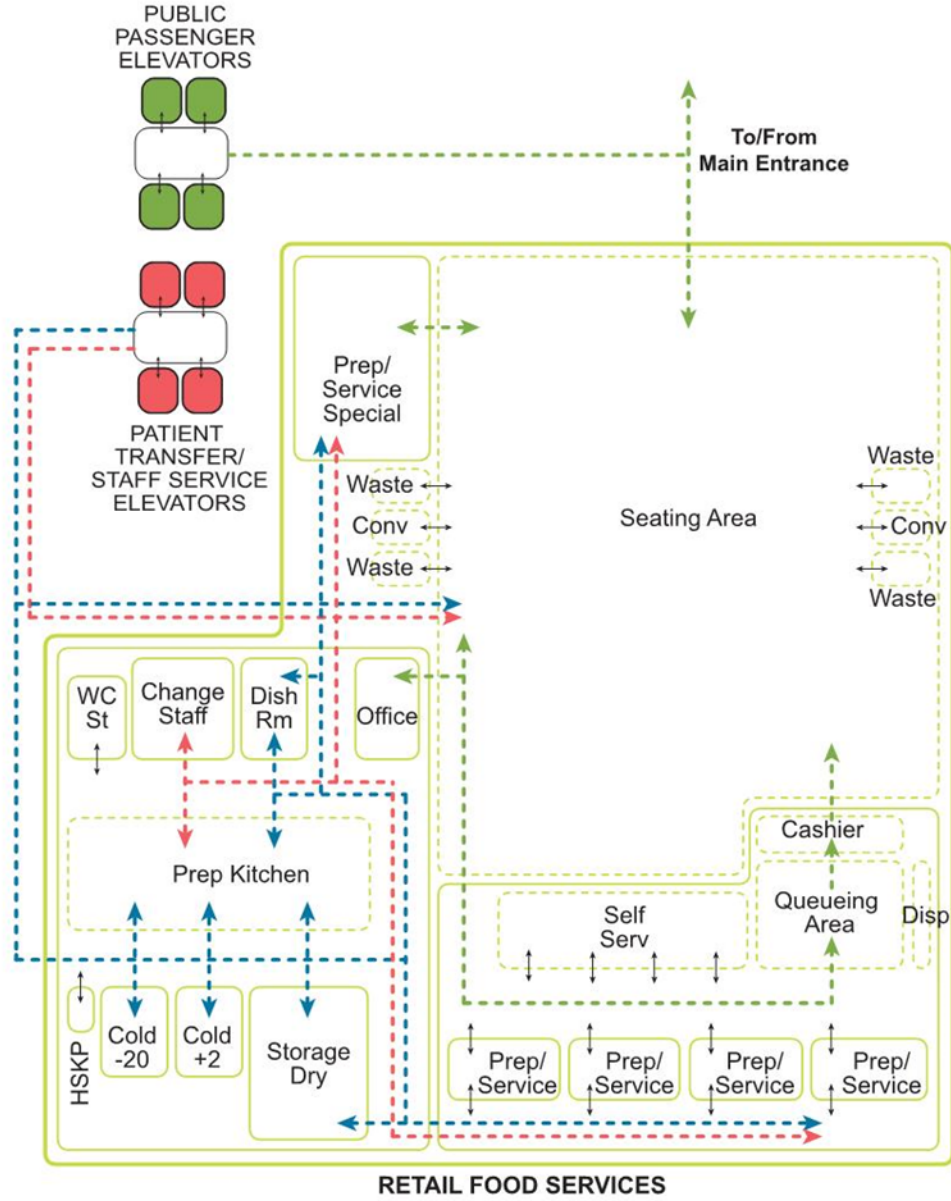


LEGEND

- Direct Access by General Circulation
- Close Access by Back of House Circulation
- Close Access by General Circulation
- Convenient Access by General Circulation

2.9.2.6 INTERNAL RELATIONSHIPS

2.9.2.6(1) The following diagram indicates internal functional relationships within this Component.



2.9.3 SCHEDULE OF ACCOMMODATION

2.9.3.1 The following table lists the number of spaces, Net Areas and space contents as minimum requirements.

Summary of Main Entrance and Public Services

I1. MAIN ENTRANCE	
I1.1 - MAIN ENTRANCE LOBBY	325.5
I1.2 - GIFT SHOP	85.0
I2. RETAIL FOOD SERVICES	
I2.1 BACK OF HOUSE	134.7
I2.2 CAFETERIA	92.0
I2.3 RETAIL FRANCHISE OPERATION	40.0
I2.4 DINING AREA	345.0
MAIN ENTRANCE AND PUBLIC SERVICES SPACE NSM:	1,022.2

Ref. No.	Room Type	Area Requirements			DBF/ CM	Remarks
		nsm/unit	units	nsm		
I1. MAIN ENTRANCE						
I1.1 - MAIN ENTRANCE LOBBY						
I1.1.1	Vestibule-Entrance	15.0	1	15.0	DBF	
I1.1.2	Alcove-Wheelchair	2.0	1	2.0	DBF	Alcove for wheelchair storage.
I1.1.3	Alcove-Staxi Transport Chair	1.0	4	4.0	DBF	Alcove for 6 Staxi transport chair storage.
I1.1.4	Lobby Circulation	220.0	1	220.0	DBF	Incl. Infection Prevention and Control kiosk, automated parking pay machines.
I1.1.5	Foundation Donor Wall	2.0	1	2.0	DBF	For BH Foundation donor recognition.
I1.1.6	Art Wall	2.0	1	2.0	DBF	Incl. Burnaby community local and cultural art, indigenous art.
I1.1.7	Lounge Patient/Waiting-Entry	1.5	12	18.0	DBF	To accommodate 12 people. Incl. cell phone charging stations.
I1.1.8	Wayfinding Station	11.0	1	11.0	DBF	Incl. wheelchair accessible and stand up counters, lockable cabinets.
I1.1.9	Electronic Wayfinding Board	1.5	1	1.5	DBF	To be located adjacent to Wayfinding Station.
I1.1.10	Wayfinding/Information Kiosks	1.5	4	6.0	DBF	Incl. 4 digital kiosks.
I1.1.	Workstation-Public	2.8	2	5.6	DBF	Incl. 2 touchdown workstations.
I1.1.12	Alcove-Phone	0.5	4	2.0	DBF	Alcove for 2 taxi phones, 2 Patient information phones.
I1.1.13	Alcove-ATM	1.0	1	1.0	DBF	Alcove for ATM.
I1.1.14	Alcove-Water Dispensing	1.0	1	1.0	DBF	Alcove for water bottle filler.
I1.1.15	Alcove-Hand Hygiene Station	1.0	1	1.0	DBF	Incl. hand hygiene sink.
I1.1.16	Washroom-Public	4.6	2	9.2	DBF	2-piece, accessible for Persons with Disabilities.
I1.1.17	Lounge Patient/Waiting-Way	1.5	8	12.0	CM	To accommodate 8 people. Incl. cell phone charging stations.

Ref. No.	Room Type	Area Requirements			DBF/ CM	Remarks
		nsm/unit	units	nsm		
I1.1.18	Alcove-Vending Machine	1.0	3	3.0	CM	Incl. vending machine.
I1.1.19	Washroom-Public	4.6	2	9.2	CM	2-piece, accessible for Persons with Disabilities.
I1.1.20	Security Station	6.0	1	0.0	E	Existing information booth in the existing lobby. Not included in Main Entrance Lobby area calculation.
TOTAL NSM: MAIN ENTRANCE LOBBY				325.5		
I1.2 - GIFT SHOP						
I3.1.1	Gift Shop	67.0	1	67.0	DBF	Incl. secure and lockable space, counter with BC lottery machine, cash register, shelving.
I3.1.2	Back of House Room	18.0	1	18.0	DBF	Incl. 2 touchdown workstations.
TOTAL NSM: GIFT SHOP				85.0		
TOTAL NSM: MAIN ENTRANCE				410.5		

I2. RETAIL FOOD SERVICES						
I2.1 - BACK OF HOUSE						
I2.1.1	Dishwashing Room	10.0	1	10.0	DBF	
I2.1.2	Prep Kitchen Area	45.0	1	45.0	DBF	Incl. Rational oven, finishing area, 1 reach in refrigerator, 2 reach in freezers, dishwasher, triple sink, prep table, ice machine, shelving.
I2.1.3	Storage-Dry	30.0	1	30.0	DBF	
I2.1.4	Storage-Cold +2 to +6C	9.5	1	9.5	DBF	Refrigerator.
I2.1.5	Storage-Cold -20C	9.5	1	9.5	DBF	Freezer.
I2.1.6	Office	9.0	1	9.0	DBF	Private office.
I2.1.7	Change Room-Staff	14.1	1	14.1	DBF	Incl. 2 change cubicles.
I2.1.8	Housekeeping Closet	3.0	1	3.0	DBF	
I2.1.9	Washroom-Staff	4.6	1	4.6	DBF	2-piece, accessible for Persons with Disabilities.
TOTAL NSM: BACK OF HOUSE				134.7		
I2.2 - CAFETERIA						
I2.2.1	Prep/Service Station	8.0	4	32.0	DBF	For serving sandwiches, breakfast/lunch, 2 rotating.
I2.2.2	Self-Service Station	5.0	4	20.0	DBF	For serving soups, salad, beverage, etc.
I2.2.3	Queueing Area	30.0	1	30.0	DBF	
I2.2.4	Display	0.5	4	2.0	DBF	Incl. display for beverage, snacks, etc.
I2.2.5	Cashier	4.0	2	8.0	DBF	Incl. 2 walking cashier workstations.
TOTAL NSM: CAFETERIA				92.0		
I2.3 - RETAIL FRANCHISE OPERATION						
I2.3.1	Prep/Service Station-Special	40.0	1	40.0	DBF	For retail franchise operation (e.g. Tim Hortons).
TOTAL NSM: RETAIL FRANCHISE OPERATION				40.0		
I2.4 - DINING AREA						

Ref. No.	Room Type	Area Requirements			DBF/ CM	Remarks
		nsm/unit	units	nsm		
I2.4.1	Seating Area	336.0	1	336.0	DBF	Seating for 150 people. Incl. 2 vending machines.
I2.4.2	Waste Station	1.5	4	6.0	DBF	Self-sorting.
I2.4.3	Convenience Station	1.5	2	3.0	DBF	Incl. cabinets, counter for napkins, utensils, condiments, 2 microwaves.
TOTAL NSM: DINING AREA				345.0		
TOTAL NSM: RETAIL FOOD SERVICES				611.7		
TOTAL NSM: MAIN ENTRANCE AND PUBLIC SERVICES				1,022.2		

J. EDUCATION AND LEARNING

2.10 EDUCATION AND LEARNING

2.10.1 HOSPITAL LECTURE AND EDUCATION FACILITIES

2.10.1.1 SERVICE OVERVIEW

2.10.1.1(1) The Hospital Lecture and Education Facilities Component will accommodate group activities that vary in size for a variety of administrative, instructional and educational functions. This Component will include a Lecture Room, Computer Training Room, Boardroom, Meeting Room-Physician and Lounge-Physician.

2.10.1.1(2) This Component, excluding Lounge-Physician, will be centrally managed as a BH resource and will be open to users inside and outside of BH.

2.10.1.2 FUNCTIONAL DESCRIPTION

2.10.1.2(1) Scope of Services

2.10.1.2(1)(a) Scope of Activity

2.10.1.2.1(a).1 The following specifies the minimum set of functions that will be accommodated within this Component:

- (a).1.1 Conducting meetings, instructional sessions, lectures, presentations, demonstrations and workshops involving audiences of varying sizes.
- (a).1.2 The Lounge-Physician will also provide space for physicians to conduct research and study, review Patient records, collaborate with colleagues, dine and relax. Physician On Call Rooms will be associated with this Component but will not require to be adjacent.
- (a).1.3 The Computer Training Room will include workstations to facilitate online training and education.
- (a).1.4 The Boardroom will primarily accommodate meetings and will require videoconferencing and teleconferencing technologies.

2.10.1.2(1)(b) Scope of Educational Activity

- 2.10.1.2.1(b).1 Continuing education for professionals;
- 2.10.1.2.1(b).2 In-service education for Staff;
- 2.10.1.2.1(b).3 Orientation sessions for new Staff; and
- 2.10.1.2.1(b).4 Demonstrations on the use of new technology and equipment.

2.10.1.2(1)(c) Scope of Research Activity

- 2.10.1.2.1.(c).1 Functions accommodated in this Component will support research activities of investigators employed at BH and of visiting professionals. This support will include hosting presentations of research projects.

2.10.1.2(2) Scope Exclusions

- 2.10.1.2(2)(a) The following list specifies functions that are understood to occur in other Functional Components in BH or outside BH:

- 2.10.1.2.2.(a).1 Instructional, educational and assessment functions requiring dedicated or purpose built facilities, e.g. Rehab Room located in the Medical Inpatient Unit Component.

2.10.1.3 OPERATIONAL CONSIDERATIONS

2.10.1.3(1) Service Delivery Principles and Methods

2.10.1.3(1)(a) Patient and Family Management Processes and Flows

- 2.10.1.3.1.(a).1 Patient Flow
(a).1.1 Patients will not access this Component.
- 2.10.1.3.1.(a).2 Family Flow
(a).2.1 Family and visitors will attend meetings or workshops within some areas of this Component.

2.10.1.3(1)(b) Care Provider Work Processes and Flows

- 2.10.1.3.1.(b).1 Staff will access this Component to attend meetings, education and training.
- 2.10.1.3.1.(b).2 Physicians and escorted guests will access the Lounge-Physician and Meeting Room-Physician to attend meetings, education and training. They will perform administrative functions, research, study and relax between duties in other areas of BH.
- 2.10.1.3.1.(b).3 Physicians will require 24/7 access to On Call Rooms to rest while on call.

2.10.1.3(1)(c) Clinical and Logistical Support Processes and Flows

- 2.10.1.3.1.(c).1 Food Services
(c).1.1 Catering for events will be accommodated in the Component, including setting up of prepared foods, snacks and beverages for self-service.
- 2.10.1.3.1.(c).2 Housekeeping and Waste Management

- (c).2.1 The Housekeeping and Waste Management will provide routine and on demand cleaning services to all areas of the Component.
- (c).2.2 Waste products will be managed according to a system of segregation at point of origin and sequential consolidation throughout the Component.
- (c).2.3 Segregation of wastes will accommodate the following categories:
 - (c).2.3.1 General garbage including clean recycling; and
 - (c).2.3.2 Confidential paper.
- (c).2.4 Waste containers will be monitored, removed and replaced by the Housekeeping and Waste Management Staff.

2.10.1.3.1.(c).3 Security

- (c).3.1 Regular “rounding” of security within the Component will be provided.

2.10.1.3(1)(d) Information Management

- 2.10.1.3.1.(d).1 The Hospital Lecture and Education Facilities Component will require projectors/monitors to display presentations.
- 2.10.1.3.1.(d).2 Boardroom will accommodate videoconferencing and teleconferencing technology.

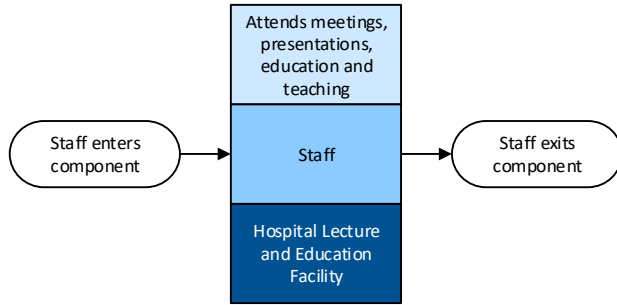
2.10.1.3(1)(e) Anticipated Trends in Service Delivery

- 2.10.1.3.1.(e).1 The following lists trends that are expected to affect the nature and or functions accommodated within this Component. Effects of these trends will be reflected in the Component’s design:
 - (e).1.1 Demands for quality meeting space will continue exceeding availability of suitable rooms, especially during peak utilization hours. The need for this Component to continue to operate under extended hours, including evenings and on weekends will be anticipated; and
 - (e).1.2 Demand for clinical skills and clinical simulation training facilities for student learners, clinicians and Staff will be growing at most teaching Facility sites.

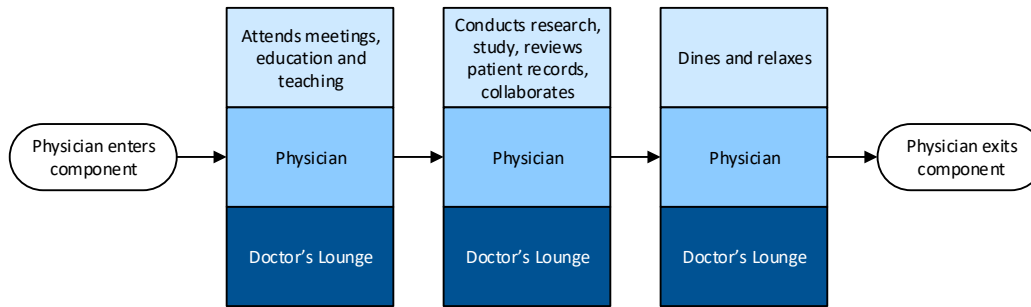
2.10.1.3(2) Workflows

2.10.1.3(2)(a) The Hospital Lecture and Education Facilities workflows are shown in the following workflow diagrams.

General Workflow



Lounge-Staff Flow



2.10.1.3(3) Hours of Operation

2.10.1.3(3)(a) The Hospital Lecture and Education Facilities will be booked through Hospital Administration Component and available as required. Security will provide access outside normal operating hours.

2.10.1.3(3)(b) The Lounge-Physician will be open to physicians and escorted guests 24/7.

2.10.1.3(3)(c) Physician On Call Rooms will be available to authorized Staff 24/7.

2.10.1.3(4) Workloads

2.10.1.3(4)(a) The maximum estimated workload for this Component is shown in the following table.

HOSPITAL LECTURE AND EDUCATION FACILITIES	PEAK SHIFT
Lecture Room	100
Computer Training Room	20
Boardroom	30
Meeting Room-Physician	13
Lounge-Physician	25

HOSPITAL LECTURE AND EDUCATION FACILITIES	PEAK SHIFT
PEAK TOTAL	188

2.10.1.4 DESIGN CRITERIA

2.10.1.4(1) General Requirements

2.10.1.4(1)(a) Zones of Activity within the Hospital Lecture and Education Facilities will include the following:

- 2.10.1.4.1.(a).1 Hospital Lecture; and
- 2.10.1.4.1.(a).2 Hospital Administration.

2.10.1.4(1)(b) The Hospital Lecture and Education Facilities will have Close Access through General Circulation to the Main Entrance and Public Services Component to allow frequent use by Staff and Patients arriving from outside BH.

2.10.1.4(1)(c) This Component will have Convenient Access to all Patient Care areas in BH to allow frequent use by Staff and Patients.

2.10.1.4(2) Hospital Lecture

2.10.1.4(2)(a) Hospital Lecture will include a Lecture Room, a Computer Training Room and a Boardroom. These rooms will be grouped together.

2.10.1.4(2)(b) Lecture Room will be shared by Staff and Patients from throughout BH. This room will accommodate one hundred (100) people and have Direct Access to General Circulation. There will be two (2) entries into this room, each with double doors.

2.10.1.4(2)(c) The design of this room will be flexible to accommodate different types of activities (e.g. lectures, training, BH/Foundation events) and will include movable seating and Furniture.

2.10.1.4(2)(d) Lecture Room will include a low stage at the front of the room, to maximize Line of Sight from presenters to/from audience members and from all participants to video cameras and projection screens. It will also include a lectern on the stage. This room will be designed as per Division 26 and 27 of Schedule 3 [Design and Construction Specifications].

- 2.10.1.4(2)(e) Computer Training Room in this Component will include twenty (20) workstations, cabinets, counter, black out capability and magnetic whiteboards.
 - 2.10.1.4(2)(f) Boardroom in this Component will be located with Close Access to the Hospital Administration and be used by BH Staff. This room will accommodate thirty (30) people.
 - 2.10.1.4(2)(g) Computer Training Room and Boardroom will be designed as per Division 26 and 27 of Schedule 3 [Design and Construction Specifications].
 - 2.10.1.4(2)(h) Two (2) multi-stall Washrooms (one Washroom-Female and one Washroom-Male) will be included and have Close Access to Lecture Room. The design of entrance to these Washrooms will block visibility from the corridor to inside the Washrooms.
- 2.10.1.4(3) Hospital Administration
- 2.10.1.4(3)(a) Hospital Administration will include On Call Rooms, a Meeting Room-Physician, a Lounge-Physician, a Storage-Equipment and two (2) Washroom/Shower-Staff.
 - 2.10.1.4(3)(b) On Call Rooms will be private bedrooms with lockable doors and will be provided with the following:
 - 2.10.1.4.3.(b).1 One (1) bed;
 - 2.10.1.4.3.(b).2 A light over the bed or a bedside lamp. Lighting will be controlled from the bed;
 - 2.10.1.4.3.(b).3 Telephone in room, voice and data capabilities; connected to hospital dictation system;
 - 2.10.1.4.3.(b).4 Alarm clock backed up by battery;
 - 2.10.1.4.3.(b).5 Touchdown workstation with lamp;
 - 2.10.1.4.3.(b).6 Locally controlled HVAC control for each room;
 - 2.10.1.4.3.(b).7 Black out capability; and
 - 2.10.1.4.3.(b).8 Dead bolt on inside with "available/occupied" indicator from the outside that is connected to the deadbolt.
 - 2.10.1.4(3)(c) On Call Rooms will be grouped together and will have Close Access to two (2) dedicated Washroom/Shower-Staff.
 - 2.10.1.4(3)(d) Acoustic separation between On Call Rooms and adjacent spaces will be required.
 - 2.10.1.4(3)(e) Lounge-Physician will be located adjacent to Meeting Room-Physician with a connecting door between these

two (2) rooms for use by physicians. Lounge-Physician will include seating, workstations and a kitchenette.

- 2.10.1.4(3)(f) Storage-Equipment will be used for crash cart storage and located with Convenient Access to all Patient care areas.

2.10.1.5 EXTERNAL RELATIONSHIPS

2.10.1.5(1) The following diagram indicates other Functional Components that have a functional relationship with this Component.



LEGEND

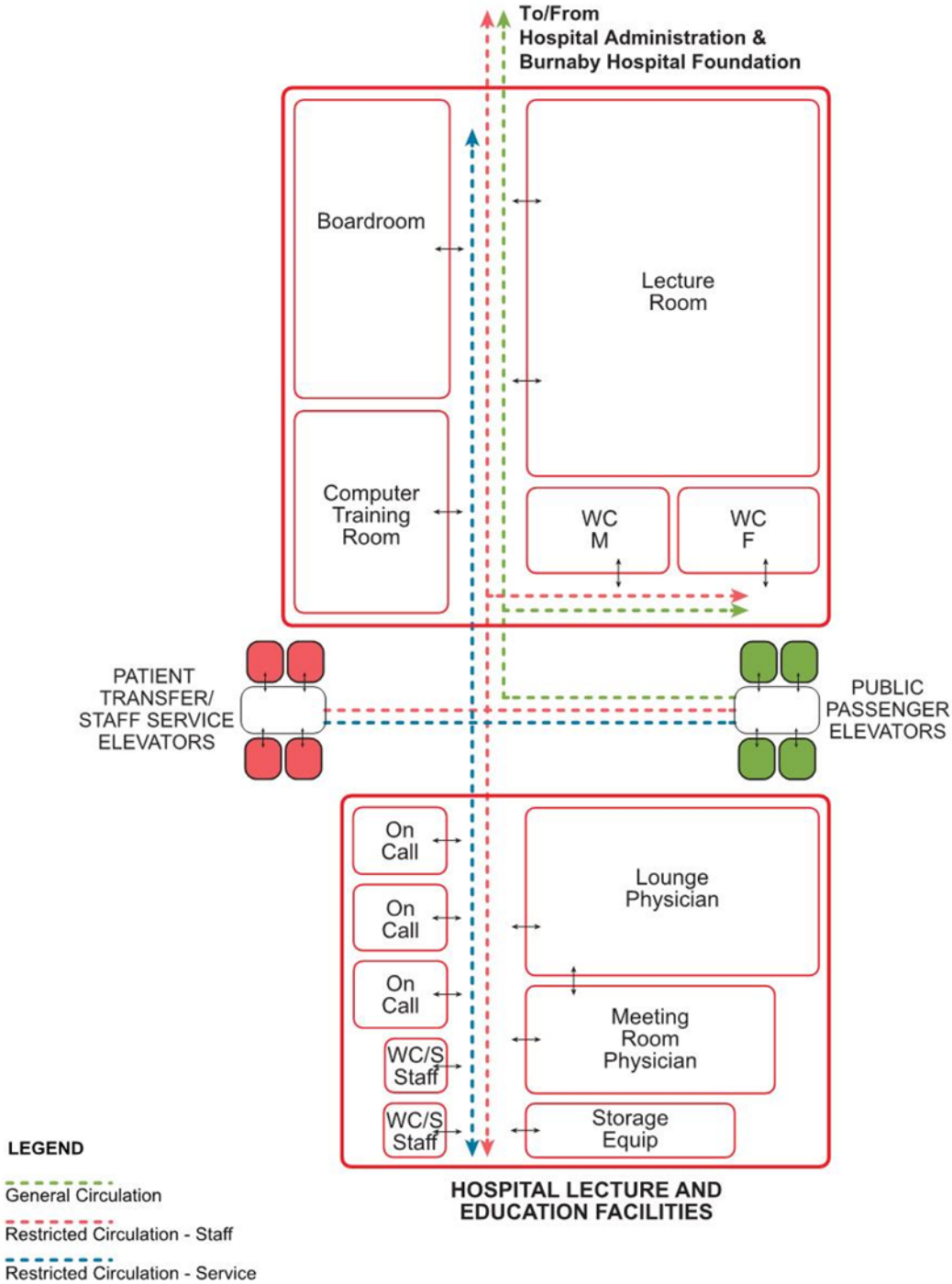
Close Access by General Circulation

Convenient Access by Restricted Circulation

Convenient Access by General Circulation

2.10.1.6 INTERNAL RELATIONSHIPS

2.10.1.6(1) The following diagram indicates internal functional relationships within this Component.



2.10.2 UBC FACULTY OF MEDICINE ACADEMIC TEACHING FACILITIES

2.10.2.1 SERVICE OVERVIEW

2.10.2.1(1) The UBC Faculty of Medicine Academic Teaching Facilities Component supports clinical education and research for UBC undergraduate medical learners and post-graduate resident trainees (Learners). This has been legislated in Section 45 of the Hospitals Act, wherein hospitals grant space for this purpose. Requirements are set out in the Academic Space Protocol, an agreement to which the UBC Faculty of Medicine (FoM), all Health Authorities and the Ministry of Health are signatories.

2.10.2.1(2) To meet Medical School accreditation requirements, all Academic Teaching Facilities will be designed and equipped in accordance with the UBC FoM document Specifications and Requirements for Clinical Education Facilities.

2.10.2.2 FUNCTIONAL DESCRIPTION

2.10.2.2(1) Scope of Services

2.10.2.2(1)(a) Scope of Activity

2.10.2.2.1.(a).1 The following specifies the minimum set of functions that will be accommodated within this Component:

- (a).1.1 Teaching, research and study. This will include centralized, decentralized and tele-health learning activities to support required elements of the medical education program, as well as nursing and other health profession programs;
- (a).1.2 Continuing education for clinical professionals;
- (a).1.3 Videoconferencing;
- (a).1.4 Small group discussion;
- (a).1.5 On Call Rooms for Learners to rest during on-call coverage; and
- (a).1.6 This Component will require the ability to expand in the future to accommodate clinical skills and simulation training facilities.

2.10.2.2(1)(b) Scope of Educational Activity

2.10.2.2.1.(b).1 The clinical placement model will be a fundamental component of the UBC FoM education programming. Academic teaching facilities will be required to support the Vancouver Fraser Medical Program and Royal

College components of the UBC Medical School, and related Family Practice and other post-graduate trainee programs.

2.10.2.2.1.(b).2 Learners will receive practical skills training through rounds and small group seminars, tutorials and discussions. All teaching and supervision functions will be accommodated within this Component or in BH's general work areas, e.g. inpatient units.

2.10.2.2(1)(c) Scope of Research Activity

2.10.2.2.1.(c).1 Staff working in this Component will, from time-to-time, be engaged in research. The nature and extent of research functions will be accommodated in the Component and will not require specialized or dedicated facilities in this Component.

2.10.2.2(2) Scope Exclusions

2.10.2.2(2)(a) The following list specifies functions that are understood to occur in other Functional Components in BH or outside BH:

2.10.2.2.2.(a).1 Clinical activities (e.g. Patient care) and collaborative teaching will be accommodated within clinical service areas, e.g. inpatient units, ED.

2.10.2.3 OPERATIONAL CONSIDERATIONS

2.10.2.3(1) Service Delivery Principles and Methods

2.10.2.3(1)(a) Patient and Family Management Processes and Flows

2.10.2.3.1.(a).1 Patient Flow

(a).1.1 Patients will not access this Component. Learners will interact with Patients in clinical service areas.

(a).1.2 In the future, Patients will require access to the Clinical Skills Room that may be co-located with this Component (this room is currently planned for Phase 2).

2.10.2.3.1.(a).2 Family Flow

(a).2.1 Family will not access this Component. Learners will interact with Patients in clinical service areas.

2.10.2.3(1)(b) Care Provider Work Processes and Flows

- 2.10.2.3.1.(b).1 Learners will attend lectures, seminars and discussions within this Component. They will move throughout BH to participate in collaborative teaching and provide Patient care.
- 2.10.2.3.1.(b).2 Learners will require 24/7 access to On Call Rooms to rest while on call.
- 2.10.2.3(1)(c) Clinical and Logistical Support Processes and Flows
 - 2.10.2.3.1.(c).1 Housekeeping and Waste Management
 - (c).1.1 The Housekeeping and Waste Management will provide routine and on demand cleaning services to all areas of this Component.
 - (c).1.2 On Call Rooms will be cleaned, and linens will be changed after each use before 1500 hours.
 - (c).1.3 Waste products will be managed according to a system of segregation at point of origin and sequential consolidation throughout the Component.
 - (c).1.4 Segregation of wastes will accommodate the following categories:
 - (c).1.4.1 General garbage including clean recycling; and
 - (c).1.4.2 Confidential paper.
 - (c).1.5 Waste containers will be monitored, removed and replaced by the Housekeeping and Waste Management Staff.
 - 2.10.2.3.1.(c).2 Security
 - (c).2.1 Regular “rounding” of security within the Component will be provided.
- 2.10.2.3(1)(d) Information Management
 - 2.10.2.3.1.(d).1 Learners will primarily access Patient information on Components through wireless and/or wired computer terminals and Care Stations.
 - 2.10.2.3.1.(d).2 To meet Medical School accreditation requirements, the UBC FoM will require ubiquitous wireless internet access at all sites of instruction including clinical education and training sites. This wireless internet access will require full BH coverage and will have sufficient bandwidth and coverage density for the entire clinical site and accommodate all potential educational users at a given site, all types of legitimate online resources including rich media,

- all commonly used devices, and multiple devices per user.
- 2.10.2.3.1.(d).3 Wireless service will allow access to commonly used educational content and will have industry standard uptime, be appropriately supported, and meet privacy and security requirements for medical education. The current solution for meeting these needs is known as "eduroam". Refer to <http://medit.med.ubc.ca/initiatives/eduroam/> for details.
- 2.10.2.3.1.(d).4 Medical Education Program administrators, faculty/physicians and students will need to be able to connect from BH to UBC servers, shared drives and applications through a wired network connection.
- 2.10.2.3.1.(d).5 All Patient information will be maintained on the EMR.
- 2.10.2.3.1.(d).6 It is anticipated that the move from paper based documentation to the EMR will be occurring in the near future and will be accessed through both the Care Stations and WOWs throughout clinical service areas.
- 2.10.2.3.1.(d).7 Videoconferencing will be an integral part of this Component and will be used for meetings, instructional sessions, lectures, presentations to remote sites, demonstrations, rounds, Academic Half-Days and Full Days, case studies and workshops involving audiences of varying sizes and locations. For accreditation purpose, the Medical School will require adequate space for classrooms facilities as well as small group teaching spaces and videoconferencing. Video Conference Rooms will be designed to comply with applicable UBC FoM Design Guidelines and Functional Requirements for Learning Space AV Systems and Associated Infrastructure.
- 2.10.2.3(1)(e) Anticipated Trends in Service Delivery
- 2.10.2.3.1.(e).1 The following lists trends that are expected to affect the nature and or functions accommodated within this Component. Effects of these trends will be reflected in the Component's design:
- (e).1.1 Increasing involvement by medical Learners in supporting Patient care requiring greater

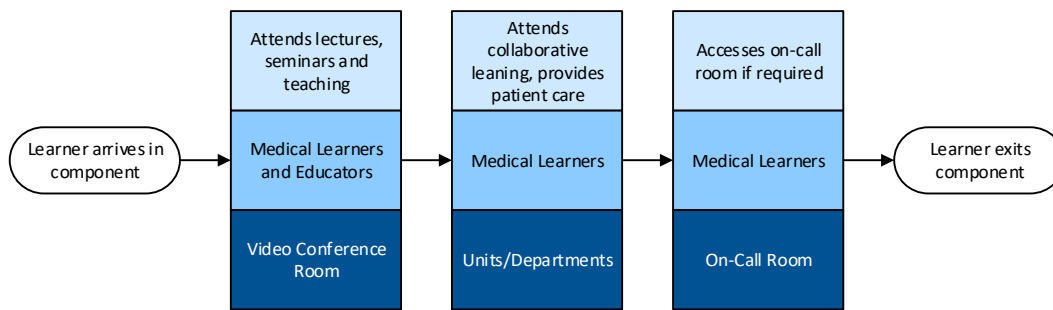
presence on-site and for prolonged periods. This will increase demand for On Call Rooms; and

- (e).1.2 Demand for clinical skills and clinical simulation training facilities for student Learners, clinicians and Staff will be growing at most teaching Facility sites.

2.10.2.3(2) Workflows

2.10.2.3(2)(a) The UBC Faculty of Medicine Academic Teaching Facilities workflows are shown in the following workflow diagram.

General Workflow



2.10.2.3(3) Hours of Operation

2.10.2.3(3)(a) Educators and Learners will require access control 24/7 for library and on call functions.

2.10.2.3(4) Workloads

2.10.2.3(4)(a) The maximum estimated workload for this Component is shown in the following table.

UBC FACULTY OF MEDICINE ACADEMIC TEACHING FACILITIES	PEAK SHIFT
Educators and Learners	22
PEAK TOTAL	22

2.10.2.4 DESIGN CRITERIA

2.10.2.4(1) General Requirements

2.10.2.4(1)(a) The UBC Faculty of Medicine Academic Teaching Facilities will be a video conferencing facility that will be designed and equipped in accordance to the design criteria provided in "Specifications and Requirements for UBC Clinical Education Facilities" and as per Division 26

and 27 of Schedule 3 [Design and Construction Specifications].

- 2.10.2.4(1)(b) The UBC Faculty of Medicine Academic Teaching Facilities will have Convenient Access through General Circulation to the Main Entrance and Public Services Component to allow frequent use by educators and Learners arriving from outside BH.
- 2.10.2.4(1)(c) This Component will have Convenient Access to all Patient Care areas in BH to allow frequent use by educators and Learners.
- 2.10.2.4(1)(d) The UBC Faculty of Medicine Academic Teaching Facilities will include a Video Conference Room, On Call Rooms and an adjacent Locker Room.
- 2.10.2.4(1)(e) Video Conference Room will be located with Convenient Access to Learner On Call Rooms.
- 2.10.2.4(1)(f) This room will have control access, acoustical wall treatment, black out capability, magnetic whiteboards, large monitors and VC equipment.
- 2.10.2.4(1)(g) On Call Rooms will be private bedrooms with lockable doors designed as per "Specifications and Requirements for UBC Clinical Education Facilities" to optimize opportunities for rest and study for Learners and will be provided with the following:
 - 2.10.2.4.1.(g).1 One (1) bed;
 - 2.10.2.4.1.(g).2 A light over the bed or a bedside lamp. Lighting will be controlled from the bed;
 - 2.10.2.4.1.(g).3 Telephone in room, voice and data capabilities; connected to hospital dictation system;
 - 2.10.2.4.1.(g).4 Alarm clock backed up by battery;
 - 2.10.2.4.1.(g).5 Touchdown workstation with lamp;
 - 2.10.2.4.1.(g).6 Locally controlled HVAC control for each room;
 - 2.10.2.4.1.(g).7 Black out capability; and
 - 2.10.2.4.1.(g).8 Dead bolt on inside with "available/occupied" indicator from the outside that is connected to the deadbolt.
- 2.10.2.4(1)(h) On Call Rooms will be grouped together and will not have any dedicated Washrooms therefore Close Access to a Washroom-Staff on the same floor will be required.
- 2.10.2.4(1)(i) On Call Rooms will have Convenient Access to the Medical Inpatient Unit.

- 2.10.2.4(1)(j) Locker Room will be an enclosed Room adjacent to On Call Rooms with coat hooks, half lockers and a mirror for use by Learners.

2.10.2.5 EXTERNAL RELATIONSHIPS

2.10.2.5(1) The following diagram indicates other Functional Components that have a functional relationship with this Component.

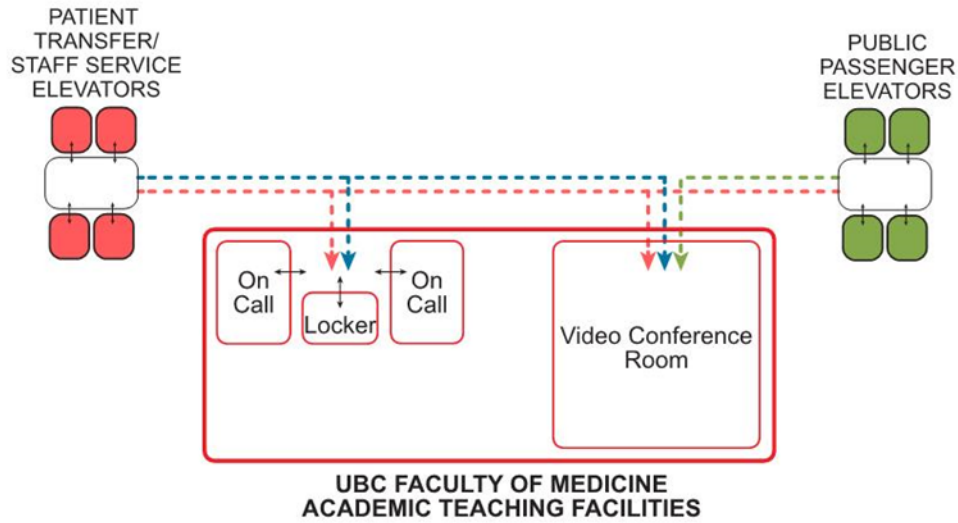


LEGEND

- Close Access by General Circulation (green dotted line)
- Convenient Access by Restricted Circulation (red dotted line)
- Convenient Access by General Circulation (green dotted line)

2.10.2.6 INTERNAL RELATIONSHIPS

2.10.2.6(1) The following diagram indicates internal functional relationships within this Component.



LEGEND

- General Circulation
- Restricted Circulation - Learners
- Restricted Circulation - Service

2.10.3 SCHEDULE OF ACCOMMODATION

2.10.3.1 The following table lists the number of spaces, Net Areas and space contents as minimum requirements.

Summary of Education and Learning

J1. HOSPITAL LECTURE AND EDUCATION FACILITIES	
J1.1 - HOSPITAL LECTURE	262.5
J1.2 - HOSPITAL ADMINISTRATION	140.2
J2.1 - UBC FACULTY OF MEDICINE ACADEMIC TEACHING FACILITIES	62.0
EDUCATION AND LEARNING PROGRAMMED SPACE NSM:	464.7

Ref. No.	Room Type	Area Requirements			DBF/ CM	Remarks
		nsm/unit	units	nsm		
J1. HOSPITAL LECTURE AND EDUCATION FACILITIES						
J1.1 - HOSPITAL LECTURE						
J1.1.1	Lecture Room	150.0	1	150.0	DBF	To accommodate 100 people. Incl. water bottle filler outside the room.
J1.1.2	Removed	0.0	0	0.0		
J1.1.3	Computer Training Room	37.5	1	37.5	DBF	Incl 20 workstations.
J1.1.4	Boardroom	49.0	1	49.0	CM	To accommodate 30 people.
J1.1.5	Washroom-Female	14.0	1	14.0	CM	Incl. 3 toilet stalls (one accessible for Persons with Disabilities), 3 sinks.
J1.1.6	Washroom-Male	12.0	1	12.0	CM	Incl. 1 toilet stall (accessible for Persons with Disabilities), 2 urinals, 2 sinks.
TOTAL NSM: HOSPITAL LECTURE				262.5		
J1.2 - HOSPITAL ADMINISTRATION						
J1.2.1	On Call Room	7.0	3	21.0	CM	Incl. 1 touchdown workstation.
J1.2.2	Lounge-Physician	68.0	1	68.0	CM	Incl. 6 workstations, kitchenette.
J1.2.3	Meeting Room-Physician	26.0	1	26.0	CM	To accommodate 13 people.
J1.2.4	Storage-Equipment	14.0	1	14.0	CM	For crash cart storage.
J1.2.5	Washroom/Shower-Staff	5.6	2	11.2	CM	3-piece, accessible for Persons with Disabilities.
TOTAL NSM: HOSPITAL ADMINISTRATION				140.2		
TOTAL NSM: HOSPITAL LECTURE AND EDUCATION FACILITIES				438.7		

J2. UBC FACULTY OF MEDICINE ACADEMIC TEACHING FACILITIES						
J2.1 - UBC FACULTY OF MEDICINE ACADEMIC TEACHING FACILITIES						
J2.1.1	On Call Room	7.0	2	14.0	CM	Incl. 1 touchdown workstation.
J2.1.2	Video Conference Room	44.0	1	44.0	CM	To accommodate 16 people for video conferencing or 22 people for regular use.
J2.1.3	Locker Room	0.4	10	4.0	CM	
TOTAL NSM: UBC FACULTY OF MEDICINE ACADEMIC TEACHING FACILITIES				62.0		

TOTAL NSM: EDUCATION AND LEARNING				464.7		
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K. OPERATIONAL SUPPORT

2.11 OPERATIONAL SUPPORT

2.11.1 FACILITIES MAINTENANCE AND OPERATIONS

2.11.1.1 SERVICE OVERVIEW

2.11.1.1(1) The FMO Component will provide routine maintenance, preventative maintenance and upkeep of BH. Services will include electrical, mechanical, utility systems, building structure and grounds maintenance. The FMO will also manage the on-site Energy Centre and Power Plant including boilers and chillers.

2.11.1.1(2) FMO will lead assigned Capital Construction projects primarily focused on infrastructure related disciplines.

2.11.1.2 FUNCTIONAL DESCRIPTION

2.11.1.2(1) Scope of Services

2.11.1.2(1)(a) Scope of Activity

2.11.1.2.1(a).1 The following specifies the minimum set of functions that will be accommodated within this Component:

- (a).1.1 Inspecting, repairing and performing preventative maintenance. Services will span many disciplines and systems including, but not limited to:
 - (a).1.1.1 Building Systems including electrical, mechanical, HVAC, plumbing, medical gases, vacuum systems, carpentry, fire safety systems and alarms, Emergency Power Systems;
 - (a).1.1.2 Building management system including automatic access control and monitoring of all Building Systems for the entire site;
 - (a).1.1.3 Utility systems including domestic water supply, sewer systems, power distribution, process steam, gas lines, fuel lines, and medical gases;
 - (a).1.1.4 Building structure including roofing, walls, windows, painting, flooring, ceilings and doors;
 - (a).1.1.5 Building exterior and grounds maintenance including outbuildings, roadways, sidewalks and landscaping. This will also include paving repairs, sealing, striping, exterior lighting and

- pressure washing, snow removal and de-icing and garbage removal outside of ten (10) m from main entrances;
 - (a).1.1.6 Building equipment including elevators, non-medical equipment (nurse call, PTS), Patient lifts, beds, stretchers, ceiling lifts, hydraulic ramps for the Loading Dock;
 - (a).1.1.7 MDRD equipment including steam sterilizers, low temperature sterilizers, flash sterilizer, instrument washers, cart washers, ultrasonic cleaners, automatic endoscopy reprocessing machines, tube dryers, dry block incubators and heat sealers; and
 - (a).1.1.8 Kitchen equipment including dishwashers, conveyors, grease traps, walk-in freezers and coolers.
 - (a).1.2 Supervision of in-house and contracted projects including Component renovations, parkade maintenance, grounds maintenance and snow removal.
 - (a).1.3 Contractor management including procuring, instructing, assisting and managing specialized contractors.
 - (a).1.4 Maintaining a complete set of current as-built drawings of BH including schematics of all structural, mechanical, electrical, HVAC and water systems.
 - (a).1.5 Maintaining inventories of spare/replacement parts and maintenance supplies for high demand items (e.g. lubricants, seals, casters).
 - (a).1.6 Storage of maintenance carts and tools.
 - (a).1.7 Responding to floods or unexpected emergencies caused by Building Systems or environmental events.

2.11.1.2(1)(b) Scope of Educational Activity

- 2.11.1.2.1.(b).1 Educational activities will consist of ongoing training, safe handling and procedures, and orientation for new Staff. All teaching and supervision functions will be accommodated in the general work areas and within the Meeting Room.

2.11.1.2(1)(c) Scope of Research Activity

- 2.11.1.2.1.(c).1 Not applicable.

2.11.1.2(2) Scope Exclusions

2.11.1.2(2)(a) The following list specifies functions that are understood to occur in other Functional Components in BH or outside BH:

- 2.11.1.2.2.(a).1 Installation/additions of new services or modifications of systems such as air conditioning, electrical, water, as a result of program changes, increased needs or requested by the Component (unless funded by the department or project);
- 2.11.1.2.2.(a).2 Repair and maintenance of equipment serviced by the BME;
- 2.11.1.2.2.(a).3 Painting or flooring replacement of offices where replacement is not caused by normal wear and tear (unless funded by the department or project);
- 2.11.1.2.2.(a).4 Wayfinding, signage or name changes;
- 2.11.1.2.2.(a).5 Replacement of kitchen equipment such as refrigerators, ice machines, MDRD and OR equipment such as sterilizers, cart washers, instrument washers (unless funded by the department or project);
- 2.11.1.2.2.(a).6 Maintenance of electronic Access Control Systems (ACS) portions identified to Intrusion Prevention System (IPS) through existing Memorandum of Understanding (MoU);
- 2.11.1.2.2.(a).7 Relocation and moving of supplies and Furniture;
- 2.11.1.2.2.(a).8 Special event setups; and
- 2.11.1.2.2.(a).9 Garbage removal and cleaning of areas within ten (10) m of main entrances (managed through site housekeeping).

2.11.1.3 OPERATIONAL DESCRIPTION

2.11.1.3(1) Service Delivery Principles and Methods

2.11.1.3(1)(a) Patient and Family Management Processes and Flows

2.11.1.3.1.(a).1 Patient Flow

(a).1.1 Not applicable. Patients will not access this Component.

2.11.1.3.1.(a).2 Family Flow

(a).2.1 Not applicable. Family and visitors will not access this Component.

2.11.1.3(1)(b) Provider Work Processes and Flows

- 2.11.1.3.1.(b).1 Staff will begin shift in the FMO Component, moving throughout BH to respond to service calls and pre-booked appointments. Repairs and/or scheduled maintenance will either be performed on location or in the FMO Component. BH Staff will initiate repairs by submitting an online requisition. In addition, Staff may also phone directly or visit the FMO Component in person to initiate repairs prior to submitting an online requisition.
 - 2.11.1.3.1.(b).2 Daily activities will include but will not be limited to servicing Patient beds, repairing fans, painting, cutting keys, welding structures, repairing wheelchairs and configuring plumbing systems.
 - 2.11.1.3.1.(b).3 Workstations within the FMO will support Staff in the assessment and repair of BH systems, facilities and equipment. Schematics, manuals and specifications will be available online or as hard copies stored in the Storage-Archive.
 - 2.11.1.3.1.(b).4 Minor non-funded services or instances where the work will require extensive planning/resources, e.g. renovation of an existing space, equipment installation, will be typically at the request of the user and will be submitted as a service request. This form will provide the user with the opportunity to request a cost estimate. In this case, work will not proceed until approval is confirmed by the manager of the requesting department.
- 2.11.1.3(1)(c) Clinical and Logistical Support Processes and Flows
- 2.11.1.3.1.(c).1 Equipment and Instruments
 - (c).1.1 Each Workroom (e.g. Workroom-Electrical, Workroom-Plumbing) will have specialized equipment used for repair and maintenance of Building Systems and equipment.
 - (c).1.2 Equipment will be large and stationary or small and mobile, depending on the trade. Mobile equipment will primarily be stored within the Component when not in use.
 - 2.11.1.3.1.(c).2 Consumable Supplies
 - (c).2.1 Most supplies will be direct-ordered by the FMO Staff, received through the Loading Dock and brought to the Component. Supplies will be stored in Workrooms,

- Storage-Central or in Storage-Bulk Building Materials.
- (c).2.2 Paper and office supplies will be provided by the IHR Component and maintained with a minimum inventory level that will trigger a re-ordering process.
- 2.11.1.3.1.(c).3 Housekeeping and Waste Management
- (c).3.1 The Housekeeping and Waste Management will provide routine cleaning of administrative and workshop areas.
- (c).3.2 Tool and equipment cleaning will be provided by FMO Staff as these items may be dangerous to untrained Staff.
- (c).3.3 Waste products will be managed according to a system of segregation at point of origin and sequential consolidation throughout the Component.
- (c).3.4 Segregation of wastes will accommodate the following categories:
- (c).3.4.1 General garbage including clean recycling;
- (c).3.4.2 Electrical components recycling e.g. ballasts, light bulbs, lamps, and wiring;
- (c).3.4.3 Metal recycling e.g. old equipment, steel frames and brackets;
- (c).3.4.4 Battery recycling program;
- (c).3.4.5 Sharps containers e.g. razor blades;
- (c).3.4.6 Glass e.g. white bucket; and
- (c).3.4.7 Confidential paper.
- (c).3.5 Waste containers will be monitored, removed and replaced by the Housekeeping and Waste Management Staff.
- 2.11.1.3.1.(c).4 Biomedical Engineering
- (c).4.1 FMO will share expertise with BME as appropriate.
- 2.11.1.3.1.(c).5 Security
- (c).5.1 Regular “rounding” of security within the Component will be provided.
- 2.11.1.3(1)(d) Information Management
- 2.11.1.3.1.(d).1 Systems maintenance schedules will be managed online through a Computerized Maintenance Management System (CMMS) and assigned to Staff via task assignment.
- 2.11.1.3.1.(d).2 Specification documents and building drawings will be kept online, with any hardcopies stored in the archive room.

2.11.1.3.1.(d).3 Staff communication will be through telephone, cell phone, walkie-talkie, email and team huddles.

2.11.1.3(1)(e) Anticipated Trends in Service Delivery

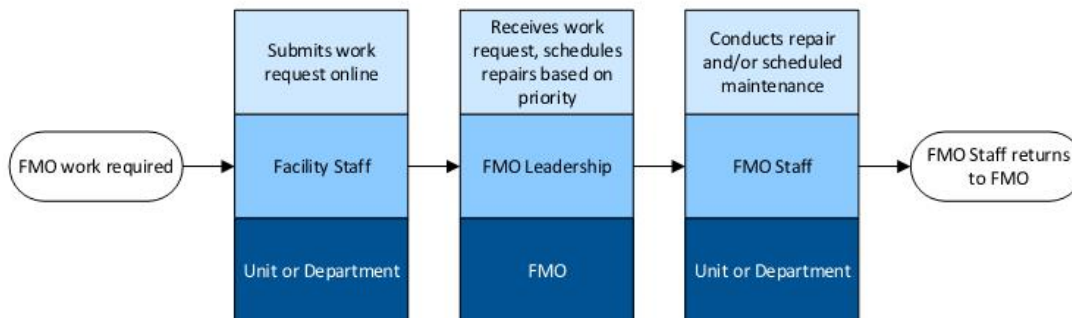
2.11.1.3.1.(e).1 The following lists trends that are expected to affect the nature and or functions accommodated within this Component. Effects of these trends will be reflected in the Component’s design:

- (e).1.1 Service demand will increasingly be driven by Ministry guidelines for system redundancy, Infection Prevention and Control, service level agreements and control, BC WorkSafe and technological guidelines;
- (e).1.2 Increasing reliance on specialized contractors as Building Systems increase in complexity;
- (e).1.3 Potential increase for outsourcing major carpentry, painting and metal fabrication. Costs for in-house services will exceed out-sourced; and
- (e).1.4 Increased operational cost due to expansion of Building Systems and possible distribution of boilers, chillers and electrical systems to more than one location.

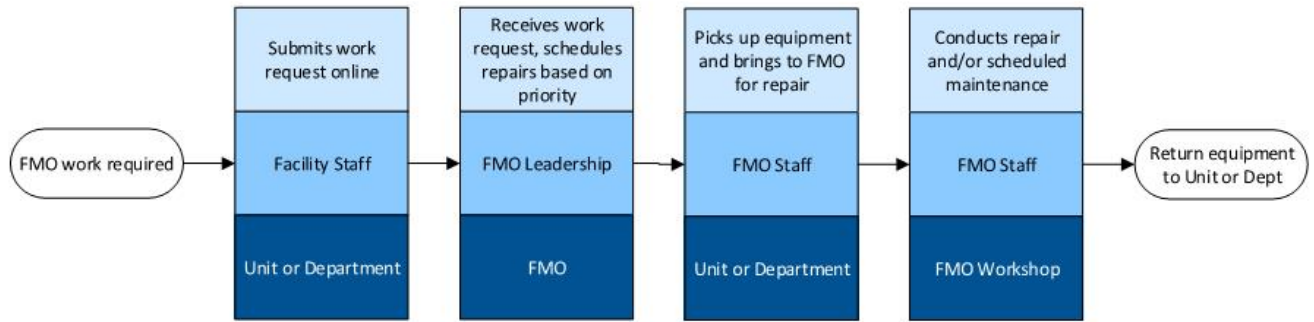
2.11.1.3(2) Workflows

2.11.1.3(2)(a) The Facilities Maintenance and Operations workflows are shown in the following workflow diagrams.

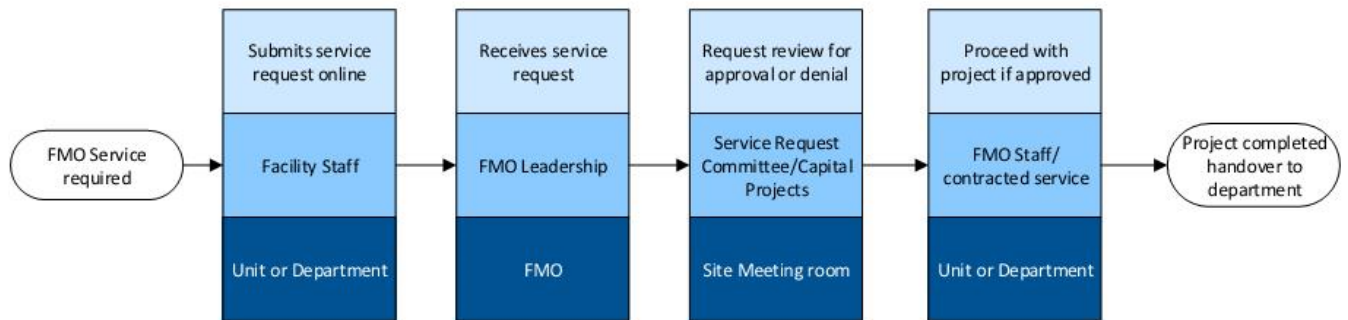
FMO Work Request Flow (Point of Service)



FMO Work Request Flow (In Component)



FMO Service Request Flow



2.11.1.3(3) Hours of Operation

2.11.1.3(3)(a) The FMO will provide maintenance between 0700-1500 hours, Monday to Friday, with on-call coverage after hours by electricians.

2.11.1.3(3)(b) The Power Plant operations will run 24/7. Power engineers site coverage will be provided 24/7.

2.11.1.3(4) Workloads

2.11.1.3(4)(a) The maximum estimated workload for this Component is shown in the following table.

FACILITIES MAINTENANCE AND OPERATIONS	PEAK SHIFT
Manager	1
Supervisor	1
Project Lead	1
Program Support Clerk	2
Carpenter	3
Head Electrician	1
Electrician	4
Plumber	2
Maintenance Worker	4

FACILITIES MAINTENANCE AND OPERATIONS	PEAK SHIFT
Painter	1
Chief Engineer	1
Power Engineers	5
PEAK TOTAL	25

2.11.1.4 DESIGN CRITERIA

2.11.1.4(1) General Requirements

2.11.1.4(1)(a) Zones of activity within the FMO will include the following:

- 2.11.1.4.1.(a).1 Administration;
- 2.11.1.4.1.(a).2 Staff Support;
- 2.11.1.4.1.(a).3 Workshop Zone;
- 2.11.1.4.1.(a).4 Engineers; and
- 2.11.1.4.1.(a).5 Storage.

2.11.1.4(1)(b) The FMO Component will have Close Access to the Loading Dock and IHR Marshalling Area for shipping and receiving of equipment and supplies.

2.11.1.4(1)(c) It will have Close Access to the Chiller Plant, Power Plant and Energy Centre for sharing resources, equipment and knowledge. It will also have Close Access to the BME for sharing tools and expertise as well as sharing the FMO Meeting Room and Lounge-Staff.

2.11.1.4(1)(d) The FMO Component will have Convenient Access to all Patient care areas in BH to minimize Staff and equipment travel distances.

2.11.1.4(1)(e) All Offices, workstations and workbenches will be designed ergonomically with the use of modular furnishings and casework to provide maximum flexibility.

2.11.1.4(1)(f) Natural light and views will be maximized for Staff.

2.11.1.4(1)(g) The physical environment will facilitate team collaboration.

2.11.1.4(2) Administration

2.11.1.4(2)(a) Reception/File Storage will be located at the entrance to the Component and used as a sign-in zone and receiving deliveries. It will include two (2) workstations, counter, cabinets, lockable key storage, safe box and purse lockers.

2.11.1.4(2)(b) An open Business Centre will be adjacent to Reception/File Storage and shared and located with Convenient Access to Staff work areas.

2.11.1.4(2)(c) Administration Zone will also include three (3) private Offices, an adjacent Meeting Room and a Storage-Archive. Meeting Room will be shared with BME Staff with Direct Access from outside the Component.

2.11.1.4(3) Staff Support

2.11.1.4(3)(a) Staff Support zone will include a Lounge-Staff and an adjacent Washroom-Staff-Small.

2.11.1.4(3)(b) Lounge-Staff will include a kitchenette and half lockers to be shared with BME Staff with Direct Access from outside the Component.

2.11.1.4(4) Workshop Zone

2.11.1.4(4)(a) Several dedicated engineering workrooms will be required and grouped in Workshop zone, including Workroom-Maintenance MW5, Workroom- Bed Repair and Wheelchair Repair Zone, Workroom-Metal/Welding, Workroom-Electrical, Workroom-Carpentry, Workroom-Locksmith, Workroom-Paint and Workroom-Plumbing.

2.11.1.4(4)(b) Fixed hoist and rolling gantries will be provided for the FMO to move large pieces of equipment within the bed Workshop zone. Appropriate ventilation and Utilities will be required to support each Workroom. Workshops requiring adequate ventilation will be located close to ventilation shafts (e.g. carpentry workshop, locksmith room, welding room, plumbing workshop).

2.11.1.4(4)(c) All Workrooms will be large areas with circulation around different work areas, workbenches and equipment.

2.11.1.4(4)(d) Workroom-Maintenance MW5 will accommodate five (5) workstations, cabinets, counter, industrial shelving and Staff lockers for boots & rain gear.

2.11.1.4(4)(e) Workroom-Bed Repair and Wheelchair Repair Zone will be used for repair of a minimum of eight (8) Patient beds at a time and located adjacent to Bed Hold Area.

2.11.1.4(4)(f) Workroom-Metal/Welding will have concrete flooring. It will include a welding booth and will be located close to a ventilation shaft for appropriate exhaust.

- 2.11.1.4(4)(g) Workroom-Electrical will have a ceiling lift track for testing Patient lift motors. Staff lockers for arc flash clothing can be located in this area.
 - 2.11.1.4(4)(h) Workroom-Carpentry will be used for repairs only and include Staff lockers.
 - 2.11.1.4(4)(i) Workroom-Locksmith will be used to make and repair keys and locks and include tool peg board, dust extractor and key cutter.
 - 2.11.1.4(4)(j) Workroom-Paint will include a flammable cabinet and spray booth and will be located close to a ventilation shaft for appropriate exhaust.
 - 2.11.1.4(4)(k) Workroom-Plumbing and Wash-Down Room will be located adjacent to each other with have Direct Access. Workroom-Plumbing will include a movable hood.
 - 2.11.1.4(4)(l) Rapid Response Ready Room, Workroom, Alcove-Emergency Shower/Eye Wash and Storage-Equipment will be centrally located in Workshop zone with Convenient Access from all Workrooms.
 - 2.11.1.4(4)(m) The Rapid Response Ready Room will have negative pressure.
 - 2.11.1.4(4)(n) A Washroom/Shower-Staff will be located in Workshop zone with Convenient Access to Staff work areas.
- 2.11.1.4(5) Engineers
- 2.11.1.4(5)(a) Engineers zone will be located adjacent to the Boiler Room and include Control Room, two (2) Workroom-Engineers and a private Office.
 - 2.11.1.4(5)(b) Control Room will have Line of Sight to the Boiler Room equipment and include two (2) workstations, control panel for boiler, chiller and PTS.
 - 2.11.1.4(5)(c) One (1) Workroom-Engineers will include a workbench and tools for repair.
 - 2.11.1.4(5)(d) The other Workroom-Engineers will include two (2) workstations, plant table, book case and kitchenette for Staff. This room will contain storage for MDRD plans and will be a general Staff use area.

2.11.1.4(5)(e) Two (2) Washroom/Shower-Staff will be located within the Engineers zone. At least one (1) Staff will be required to remain in Engineers zone and may not leave to access these rooms. These rooms will include Staff lockers and change area.

2.11.1.4(6) Storage

2.11.1.4(6)(a) Storage-Central and Storage-Bulk Building Materials will be located within new space, with Convenient Access to Patient Transfer/Staff Service Elevators and FMO Workshop Zone. Location and requirements of these rooms will be determined and confirmed during the design process in consultation with the Authority as per Appendix 2C (User Consultation and Review Procedure).

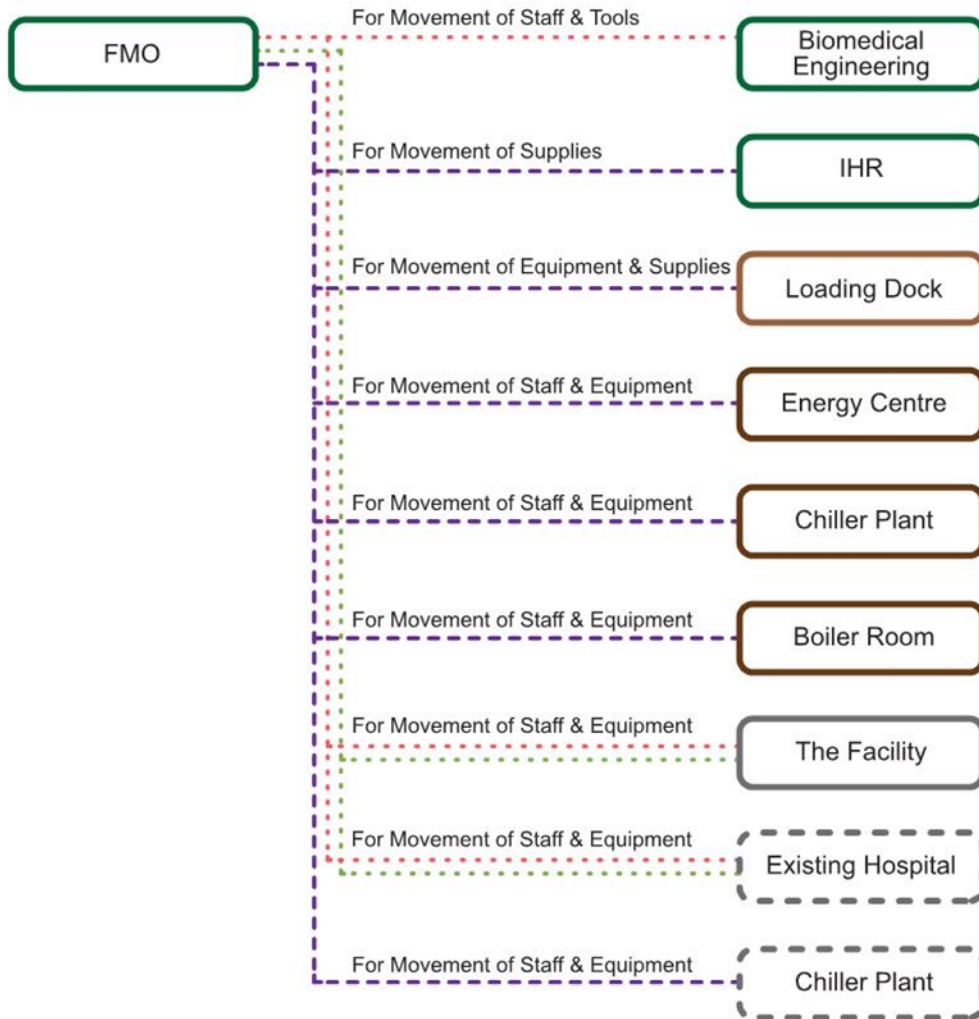
2.11.1.4(6)(b) Storage-Central and Storage-Bulk Building Materials will both have high density shelving.

2.11.1.4(6)(c) Storage-Central will include fastener supply bin shelving, consumable supply shelving and safety gear shelving.

2.11.1.4(6)(d) Storage-Bulk Building Materials will store containment cubes, building materials, specialized equipment, piping spools and cabling.

2.11.1.5 EXTERNAL RELATIONSHIPS

2.11.1.5(1) The following diagram indicates other Functional Components that have a functional relationship with this Component.

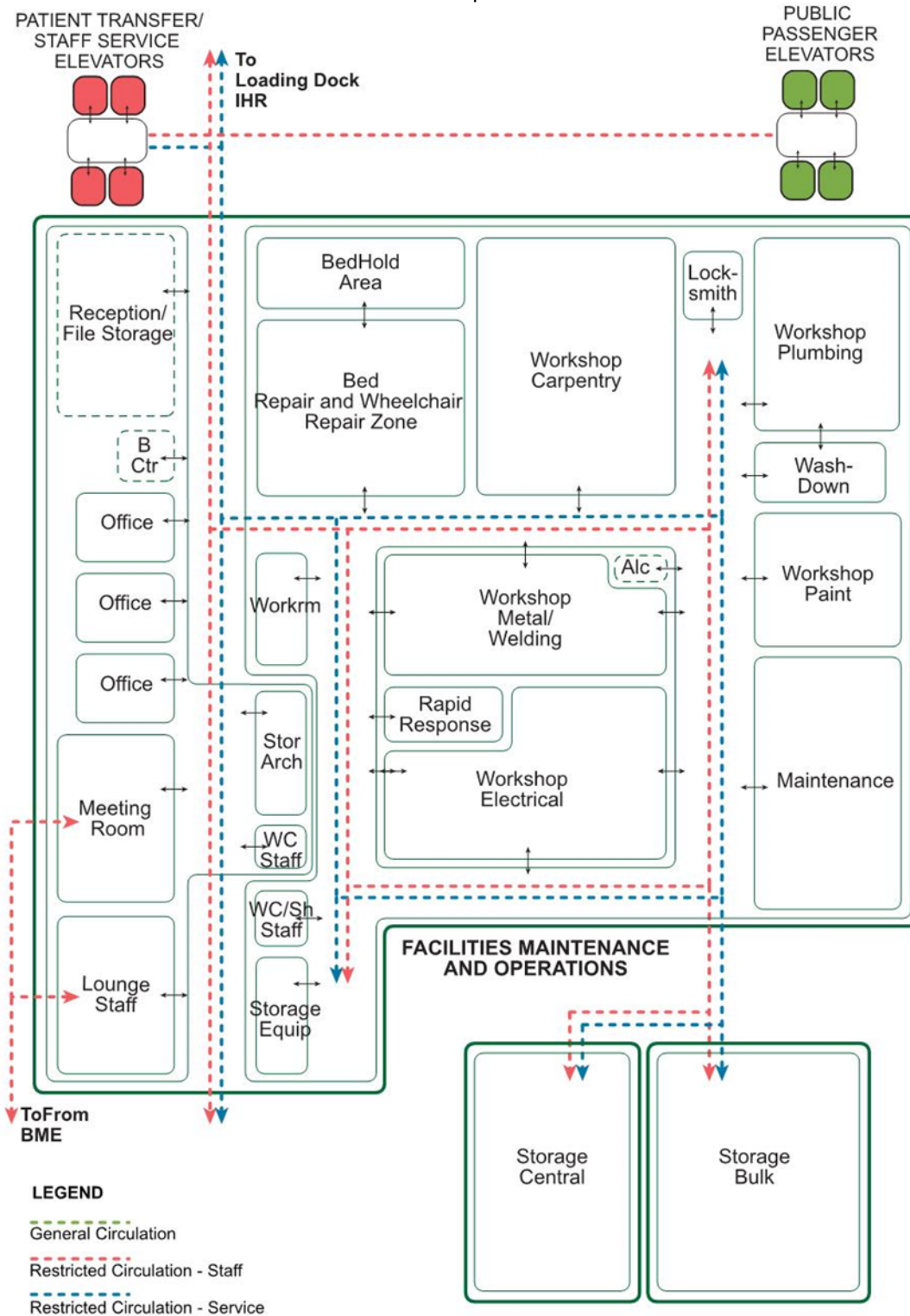


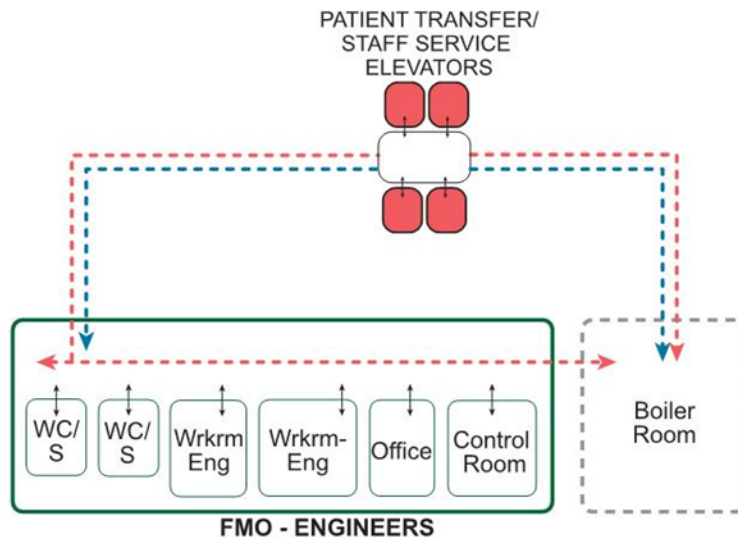
LEGEND

- Close Access by Back of House Circulation
- Convenient Access by Restricted Circulation
- Convenient Access by General Circulation

2.11.1.6 INTERNAL RELATIONSHIPS

2.11.1.6(1) The following diagrams indicate internal functional relationships within this Component.





LEGEND

- General Circulation
- Restricted Circulation - Staff
- Restricted Circulation - Service

2.11.2 HOUSEKEEPING AND WASTE MANAGEMENT

2.11.2.1 SERVICE OVERVIEW

- 2.11.2.1(1) Housekeeping and Waste Management will provide comprehensive 24/7 cleaning service of all interior clinical and support areas to maintain and manage a clean, safe and hygienic environment for Patients, Staff and visitors. Housekeeping and Waste Management Staff will follow Provincial Infection Control Network of BC (PICNet) best practices for environmental cleaning for Infection Prevention and Control.
- 2.11.2.1(2) Housekeeping and Waste Management services will include collection, safe handling and disposal of recycling, biomedical waste, pharmaceutical waste and garbage. Services will be provided to all interior areas and will include exterior collection of waste within ten (10) m of BH entrances.
- 2.11.2.1(3) Housekeeping and Waste Management services will be contracted services, provided as part of the Provincial Health Services Authority (PHSA) Business Initiatives and Support Services (BISS) portfolio. Although waste management is a separate BISS service, Housekeeping and Waste Management will be the main operational service provider involved in the collection and internal transport of waste on the site. For purposes of this document, waste management will be included as part of housekeeping except where a distinction is required.

2.11.2.2 FUNCTIONAL DESCRIPTION

2.11.2.2(1) Scope of Services

2.11.2.2(1)(a) Scope of Clinical Activity

2.11.2.2.1.(a).1 The following specifies the minimum set of functions that will be accommodated within this Component:

- (a).1.1 Cleaning of all interior building surfaces throughout BH according to service level agreement. The current contract includes three (3) primary levels of cleaning:
- (a).1.1.1 Basic Clean: Waste and linen collection and removal, dust and wet mop floor, cleaning of washroom, clean of all contact points.
- (a).1.1.2 Detailed Clean: Weekly, targeted clean. This includes all features of the basic clean, plus a more in-depth area clean, e.g. windows.

- (a).1.1.3 Discharge Clean: Cleaning of entire Patient care area including changing bed linens.
- (a).1.2 Services will be performed according to a predetermined schedule of daily basic cleans and periodic detailed cleans. Housekeepers will also perform enhanced cleaning as requested by Infection Prevention and Control during outbreaks and other infectious disease concerns, and demand cleaning including discharge cleans and response to spills;
- (a).1.3 Collecting soiled linen from POC and transporting to the nearest Utility Room- Soiled for removal by Laundry/Linen Staff. The Housekeeping and Waste Management Staff will only be responsible for changing bed linens during discharge cleans;
- (a).1.4 Checking and replenishing public Washrooms, sink and hand hygiene supplies (e.g. paper towel, toilet paper, hand sanitizer). Housekeepers will also respond to demand replenishment of these supplies;
- (a).1.5 Collecting, safe handling and transporting waste streams (e.g. garbage, recyclables, biomedical) to the appropriate disposal locations at or near the Loading Dock; and
- (a).1.6 In addition to cleaning and waste management, housekeeping service providers will be responsible for Furniture, equipment and non-urgent empty bed moves, pest control, meeting room set up, scheduled floor maintenance program, and the Lost and Found.

2.11.2.2(1)(b) Scope of Educational Activity

- 2.11.2.2.1.(b).1 Teaching around safe handling and procedures will be accommodated in the Housekeeping and Waste Management footprint and will not require specialized or dedicated facilities in this Component. Shared site educational space will be utilized if additional room is required.

2.11.2.2(1)(c) Scope of Research Activity

- 2.11.2.2.1.(c).1 Not applicable.

2.11.2.2(2) Scope Exclusions

2.11.2.2(2)(a) The following list specifies functions that are understood to occur in other Functional Components in BH or outside BH:

- 2.11.2.2.2.(a).1 Collection and removal of confidential waste will be handled through a separate contracted service (currently Shred-It);
- 2.11.2.2.2.(a).2 Housekeeping and Waste Management will not be responsible for changing Patient bed linens during stay. This will be the responsibility of care providers;
- 2.11.2.2.2.(a).3 Housekeeping and Waste Management will not be responsible for emptying human waste containers, e.g. commode. This will be the responsibility of care providers;
- 2.11.2.2.2.(a).4 Equipment e.g. IV pumps, in use by Patients will not be cleaned by the Housekeeping and Waste Management Staff;
- 2.11.2.2.2.(a).5 Cleaning and waste management of exterior areas greater than ten (10) m from BH entrances will be handled through a separate contracted service. This will include the parkade;
- 2.11.2.2.2.(a).6 FMO Staff will be responsible for tool and equipment cleaning in the FMO Component;
- 2.11.2.2.2.(a).7 The Housekeeping and Waste Management will not be responsible for cleaning boiler, Energy Centre and mechanical rooms;
- 2.11.2.2.2.(a).8 BME Staff will be responsible for tool and equipment cleaning in the BME Component; and
- 2.11.2.2.2.(a).9 Patient Food Services Staff will be responsible for cleaning counters, cook surfaces, equipment, and organic waste disposal in the Patient Food Services Component.

2.11.2.3 OPERATIONAL CONSIDERATIONS

2.11.2.3(1) Service Delivery Principles and Methods

2.11.2.3(1)(a) Patient and Family Management Processes and Flows

- 2.11.2.3.1.(a).1 Patient Flow
 - (a).1.1 Escorted Patients will access the Lost and Found service. Other areas of this Component will not be accessible to the public.
- 2.11.2.3.1.(a).2 Family Flow
 - (a).2.1 Escorted family members will access the Lost and Found service. Other areas of this

Component will not be accessible to the public.

2.11.2.3(1)(b) Provider Work Processes and Flows

- 2.11.2.3.1.(b).1 Access to the Housekeeping and Waste Management Component including the Lost and Found will be secured at all times. Authorized Staff will have access 24/7.
- 2.11.2.3.1.(b).2 Staff will begin their shift in the Housekeeping and Waste Management area, where they will change and check-in before moving to their assigned area. Housekeepers will retrieve and restock (if required) a housekeeping cart from the local Housekeeping Room or Housekeeping Closet.
- 2.11.2.3.1.(b).3 Housekeepers will perform cleaning per schedule. Between routine cleaning activities, housekeepers will perform demand cleaning as requested. Housekeepers will also perform periodic targeted cleans in partnership with Infection Prevention and Control to prevent spread of infection in high risk areas, e.g. preventative outbreak cleaning.
- 2.11.2.3.1.(b).4 Housekeepers will retrieve supplies from central storage locations on a scheduled or ad hoc basis to restock Housekeeping Rooms and Housekeeping Closets. Clean linen will be retrieved from the local area clean linen exchange cart. Housekeepers will retrieve shared equipment, e.g. burnisher, from the Housekeeping and Waste Management area for scheduled use in assigned areas.
- 2.11.2.3.1.(b).5 Housekeepers will collect waste, recycling, soiled laundry, and biomedical waste from point of use and transport to Soiled Holding Room. Daily or as required, housekeepers will collect waste from Soiled Holding Room, transport to the Loading Dock, and separate into appropriate disposal bin. Biomedical waste will be collected from Utility Room-Soiled or Soiled Holding Room and transported to Storage-Bio-Waste for pick up by outside service provider. Pharmaceutical waste will be collected from point of service and transported to Storage-Bio-Waste for pick up by outside service provider.
- 2.11.2.3.1.(b).6 The Housekeeping and Waste Management is responsible for the flow of Lost and Found items

within BH. Items found during cleaning will be brought by housekeepers to the Lost and Found for storage. The Housekeeping and Waste Management Staff will also collect items that have been turned in at central locations e.g. Wayfinding Station, Security Station, by Staff or visitors. If unclaimed, items will be held for three (3) months before disposal.

2.11.2.3.1.(b).7 Visitors who wish to retrieve items from the Lost and Found will approach BH Staff who will contact the Housekeeping and Waste Management Staff to arrange access. Visitors will be escorted to the Lost and Found, where the Housekeeping and Waste Management Staff will identify and locate lost items. Visitors will then be escorted out of the area.

2.11.2.3(1)(c) Clinical and Logistical Support Processes and Flows

2.11.2.3.1.(c).1 Equipment and Instruments

(c).1.1 Equipment will be provided by the supplier. The Housekeeping and Waste Management will be responsible for maintenance of their own equipment.

(c).1.2 Carts will be stored in Housekeeping Rooms and Housekeeping Closets on units and floors when not in use. Shared equipment will be stored in the Housekeeping and Waste Management Component.

(c).1.3 Some equipment will be dedicated to areas with higher environmental cleanliness and Infection Prevention and Control needs e.g. dedicated floor polisher for ORs, the Sterile Core and in the Pharmacy.

2.11.2.3.1.(c).2 Consumable Supplies

(c).2.1 Cleaning and hygiene supplies will be ordered as required. Supplies will be delivered to the Storage-Paper/Supply by the IHR services. Housekeepers will retrieve supplies from these locations to restock Housekeeping Rooms and Housekeeping Closets.

(c).2.2 Some supplies, e.g. garbage bags, cleaning chemicals and tools, will be purchased by contracted provider and delivered directly to the Component.

2.11.2.3.1.(c).3 Laundry/Linen

(c).3.1 Housekeeping and Waste Management will collect soiled laundry from point of use and

deliver to Soiled Holding Room on units/floors.

- (c).3.2 Soiled mop heads and microfiber cloths will be brought to the Housekeeping and Waste Management area, where they will be picked up by and taken to an offsite laundry service for reprocessing. This service will be arranged by the housekeeping supplier and will be separate from the Laundry/Linen services provided to the rest of BH.

2.11.2.3.1.(c).4 Security

- (c).4.1 Regular “rounding” of security within the Component will be provided.

2.11.2.3(1)(d) Information Management

- 2.11.2.3.1.(d).1 Housekeeping and Waste Management will use electronic, just-in-time notification of cleaning schedules, demand cleanings and related information.

2.11.2.3(1)(e) Anticipated Trends in Service Delivery

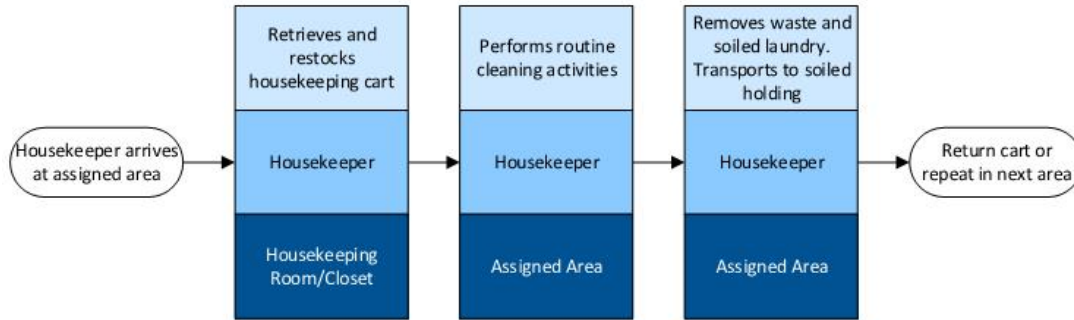
- 2.11.2.3.1.(e).1 The following lists trends that are expected to affect the nature and or functions accommodated within this Component. Effects of these trends will be reflected in the Component’s design:

- (e).1.1 Potential to share tow motor services with other Components including the Patient Food Services, IHR and Laundry/Linen;
- (e).1.2 Increasing Infection Prevention and Control standards, requirements and equipment;
- (e).1.3 Increasing environmental pollution control standards and requirements;
- (e).1.4 Potential to add additional waste streams; and
- (e).1.5 Changes to service level agreement and/or contracted supplier.

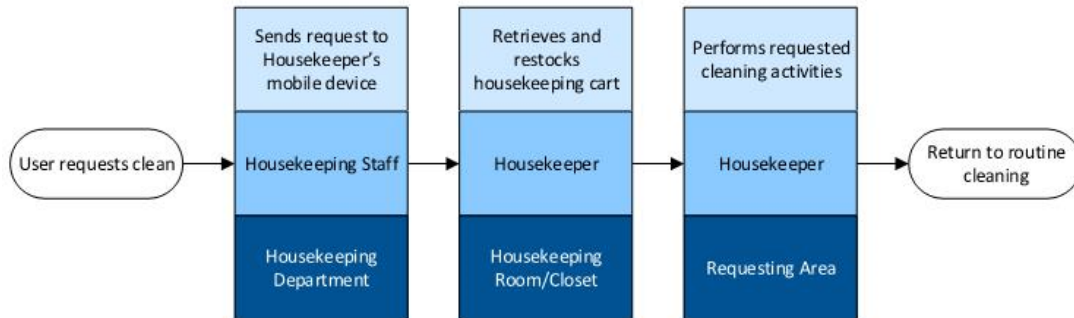
2.11.2.3(2) Workflows

- 2.11.2.3(2)(a) The Housekeeping and Waste Management workflows are shown in the following workflow diagrams.

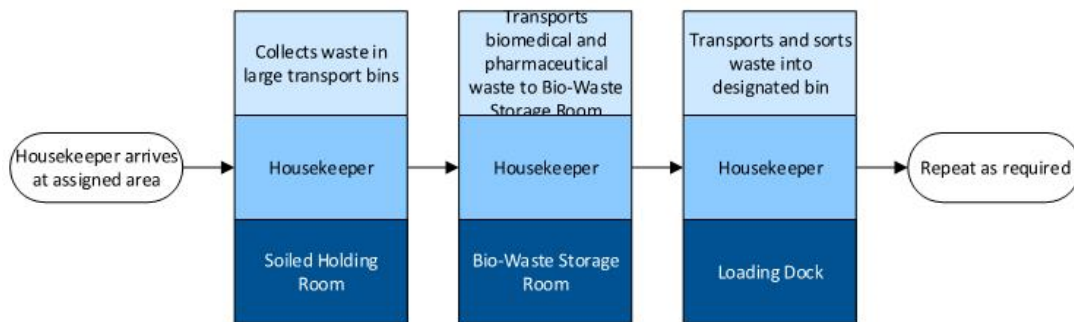
Routine Cleaning Flow



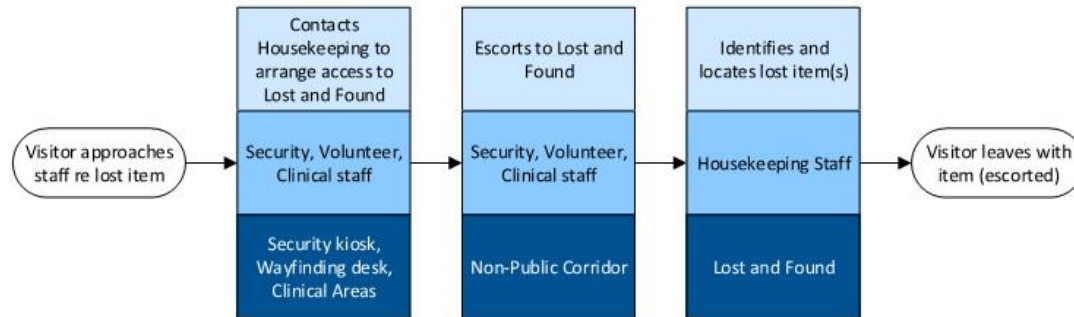
Demand Cleaning Flow



Waste Management Flow



Lost and Found Flow



2.11.2.3(3) Hours of Operation

2.11.2.3(3)(a) The Housekeeping and Waste Management services will be provided 24/7. Service levels will be reduced overnight and focus on Perioperative Services, ED and demand cleaning.

2.11.2.3(3)(b) The Lost and found services will be open to the public between 0800-1630 hours, weekdays.

2.11.2.3(4) Workloads

2.11.2.3(4)(a) The maximum estimated workload for this Component is shown in the following table.

2.11.2.3(4)(b) Staffing model will be dependent on total area, number of spaces, layout and use of space. The typical guideline is one housekeeper to approximately fifteen (15) inpatient beds in Medical Inpatient Unit. This will need to be reassessed based on the Facility design.

HOUSEKEEPING AND WASTE MANAGEMENT	PEAK SHIFT
Manager	1
Supervisor	1
Housekeepers	29
PEAK TOTAL	31

2.11.2.4 DESIGN CRITERIA

2.11.2.4(1) General Requirements

2.11.2.4(1)(a) The Housekeeping and Waste Management will have Close Access to the Loading Dock and waste compactor through Back of House Circulation for waste removal.

2.11.2.4(1)(b) This Component will have Convenient Access to all Patient care areas in BH for housekeeping and waste removal.

2.11.2.4(1)(c) The Housekeeping and Waste Management will have Convenient Access to the shared Meeting Room adjacent to the Pharmacy.

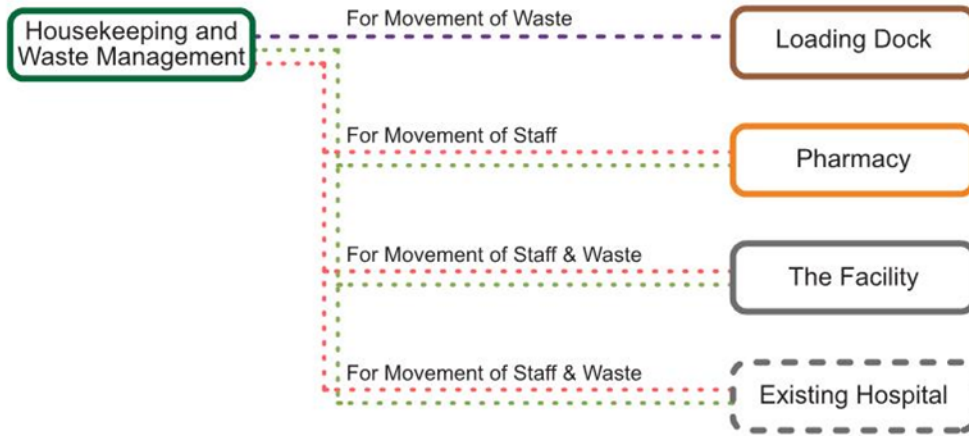
2.11.2.4(1)(d) The Reception Area will be located in an enclosed Front of House area adjacent to General Circulation used for Staff check in. It will also include a transaction window for Housekeeping and Waste Management Staff interaction with BH Staff and public to receive items for Lost and Found.

- 2.11.2.4(1)(e) The enclosed Front of House area in Housekeeping and Waste Management will also include an open Waiting/Team Huddle space contiguous with Office-2 Shared and located adjacent to a private Office.
- 2.11.2.4(1)(f) Lost and Found Room will be an enclosed room that will not be accessible from the main corridor. Access to this room will be through Reception Area. Items will be dropped off at Reception Area during office hours.
- 2.11.2.4(1)(g) Lost and Found Room will have sufficient shelving for storage of items.
- 2.11.2.4(1)(h) Storage-Paper/Supply will include shelving for storage of paper products (paper towel, toilet paper etc.) and cleaning supplies (chemicals, mops etc.). The door will accommodate movement of large pallets.
- 2.11.2.4(1)(i) Storage-Equipment will be an enclosed room for floor care equipment storage and charging. This room will be appropriately ventilated. Door to this room will accommodate movement of large equipment.
- 2.11.2.4(1)(j) Storage-Bio-Waste will be an enclosed secure room with Close Access to the Loading Dock from Back of House Circulation. The room will be clearly marked with signage and the door will accommodate movement of large pallets.
- 2.11.2.4(1)(k) Storage-Bio-Waste temperature will be at or below 4 °C if storing biomedical waste for more than 4 days.
- 2.11.2.4(1)(l) The Housekeeping and Waste Management will also include a Change Room-Staff and a Washroom-Staff-Small.
- 2.11.2.4(1)(m) Change Room-Staff include change cubicles, shower and Staff lockers.
- 2.11.2.4(1)(n) Washroom-Staff-Small will be placed with Convenient Access to Staff work areas.
- 2.11.2.4(1)(o) The Housekeeping and Waste Management will accommodate five (5) types of recycled waste holding in a caged space within the clean area of the Loading Dock.
- 2.11.2.4(1)(p) Housekeeping Rooms in different Components will accommodate the housekeeping cart along with other housekeeping supplies. These rooms will have a floor

drain, storage shelving, hand hygiene sink, utility floor sink and plumbed eye wash station. They will include the space to maneuver equipment (carts/ladders) as well as circulation space. Access to these rooms will be secured.

2.11.2.5 EXTERNAL RELATIONSHIPS

2.11.2.5(1) The following diagram indicates other Functional Components that have a functional relationship with this Component.

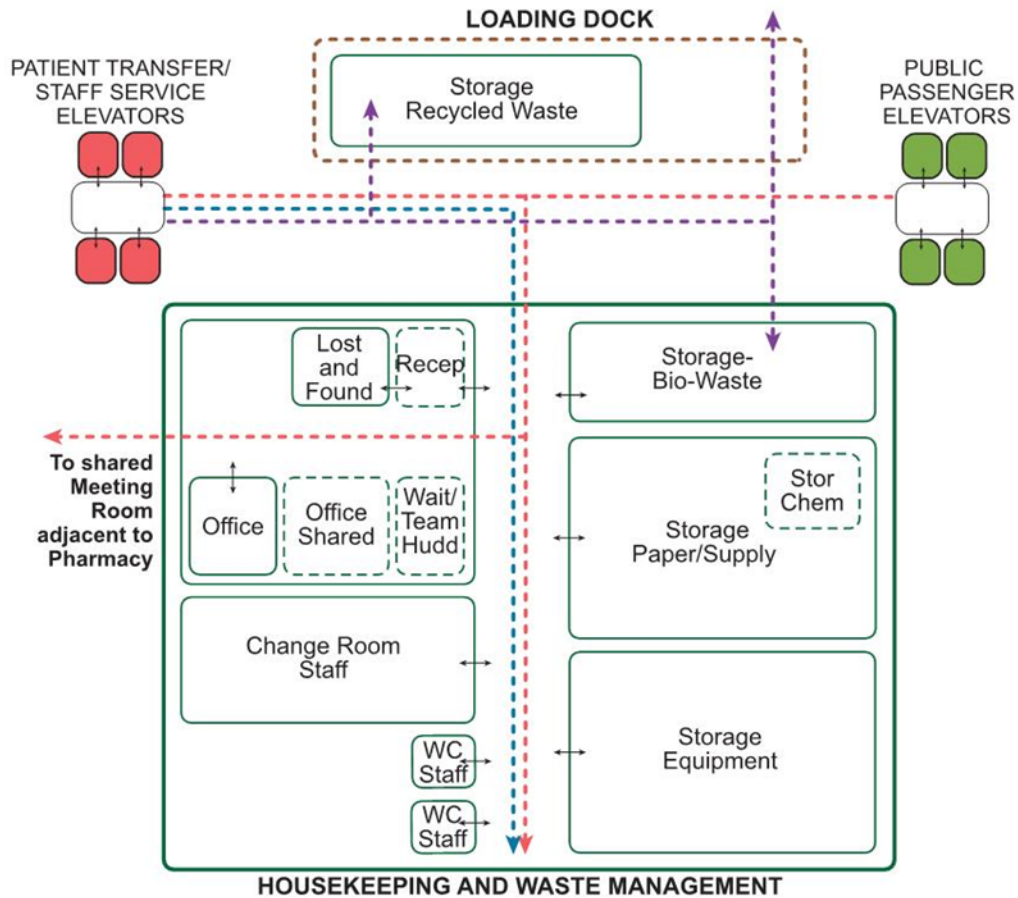


LEGEND

- Close Access by Back of House Circulation
- Convenient Access by Restricted Circulation
- Convenient Access by General Circulation

2.11.2.6 INTERNAL RELATIONSHIPS

2.11.2.6(1) The following diagram indicates internal functional relationships within this Component.



LEGEND

- General Circulation - Public
- Restricted Circulation - Staff
- Restricted Circulation - Service
- Restricted Circulation - Waste

2.11.3 BIOMEDICAL ENGINEERING

2.11.3.1 SERVICE OVERVIEW

- 2.11.3.1(1) BME will involve the use of technology, including hardware and software, to keep vital clinical equipment and medical devices fully operational to support the work of clinicians. Functions occurring in this Component will be responsible for the safe design, testing, calibration, repair, maintenance and application of medical devices that are applied to Patients.
- 2.11.3.1(2) BME Component at BH will provide medical device support and maintenance for BH, Fellburn Care Centre and the Burnaby Home Health program.
- 2.11.3.1(3) BME will not have direct contact with inpatients and outpatients.

2.11.3.2 FUNCTIONAL DESCRIPTION

2.11.3.2(1) Scope of Services

2.11.3.2(1)(a) Scope of Clinical Activity

2.11.3.2.1.(a).1 The following specifies the minimum set of functions that will be accommodated within this Component:

- (a).1.1 Receiving and temporary holding of all biomedical devices, equipment and supplies prior to distribution to clinical areas;
- (a).1.2 Repairing, maintaining, assembling, setting-up, calibrating and testing new and existing biomedical devices;
- (a).1.3 All medical devices supported by this Component will be tagged and entered into the CMMS for reporting purposes and to manage preventative maintenance schedules, alerts and asset history;
- (a).1.4 Cleaning but not sterilizing biomedical devices and components as required;
- (a).1.5 Receiving and/or preparing biomedical devices for off-site servicing, and receiving and/or preparing devices for return to use following off-site servicing;
- (a).1.6 Liaising with outside vendors for warranty or repairs;
- (a).1.7 Decommissioning and disposal of equipment; and
- (a).1.8 Assisting in equipment capital planning decisions for BH.

2.11.3.2(1)(b) Scope of Educational Activity

- 2.11.3.2.1.(b).1 BME students from technical colleges and universities will receive practical skills training through internships and co-op programs. All teaching and supervision functions will be accommodated in the general work areas, or within the Meeting Room shared with FMO.
- 2.11.3.2.1.(b).2 BME Staff will provide medical device training to clinical Staff, both during introduction of new devices and on an ongoing, as needed basis. Information transfer will primarily be done informally and take place on location in clinical areas. They will also facilitate vendor education to clinical Staff.

2.11.3.2(1)(c) Scope of Research Activity

- 2.11.3.2.1.(c).1 BME Staff and students may, from time-to-time, be engaged in research. The nature and extent of research functions will be accommodated in the general work areas and will not require specialized or dedicated facilities in this Component.

2.11.3.2(2) Scope Exclusions

2.11.3.2(2)(a) The following list specifies functions that are understood to occur in other Functional Components in BH or outside BH:

- 2.11.3.2.2.(a).1 Medical devices used to support Perioperative Services will be repaired within the Perioperative Services Component in the Workroom-Biomed. This dedicated support room will have tools, gases, and testing equipment, effectively making it a stand-alone workroom;
- 2.11.3.2.2.(a).2 Repair and maintenance of equipment serviced by FMO;
- 2.11.3.2.2.(a).3 Sterilizing of Biomedical devices and components will be accommodated in the MDRD Component; and
- 2.11.3.2.2.(a).4 Devices under vendor warranty. Some devices may be repaired within the Component with vendor support.

2.11.3.3 OPERATIONAL CONSIDERATIONS

2.11.3.3(1) Service Delivery Principles and Methods

2.11.3.3(1)(a) Patient and Family Management Processes and Flows

- 2.11.3.3.1.(a).1 Patient Flow
 - (a).1.1 Patients will not access this Component.
- 2.11.3.3.1.(a).2 Family Flow
 - (a).2.1 Family and visitors will not access this Component.
- 2.11.3.3(1)(b) Provider Work Processes and Flows
 - 2.11.3.3.1.(b).1 Staff will begin their shift in the BME area, moving throughout BH to respond to service calls and pre-booked appointments. Repairs and/or scheduled maintenance will be performed either on location or in the BME area. Clinicians will initiate repairs by submitting an online requisition. For Critical issues they will be reached through a STAT call system.
 - 2.11.3.3.1.(b).2 BME Staff will be responsible for shipping, receiving, packaging and decanting packages and equipment. This will include devices that require repair or maintenance through an outside vendor, e.g. warranty repairs.
 - 2.11.3.3.1.(b).3 BME technologists will provide medical device training, in partnership with vendors, to clinical Staff as required.
 - 2.11.3.3.1.(b).4 Workstations within the BME and satellite workshop within Perioperative Services will support the technologists in the assessment and repair of BH equipment. The workstations will be individually outfitted with test equipment and tools.
- 2.11.3.3(1)(c) Clinical and Logistical Support Processes and Flows
 - 2.11.3.3.1.(c).1 Equipment and Instruments
 - (c).1.1 Serviceable medical devices will be collected from throughout BH and brought back to the BME area for repairs and service, or repaired on location, dependent on the device. Once the device is in the BME area it will be repaired immediately or stored for later work in the Storage-Equipment. Following the completion of the service and repair, the device will be returned to the Component where it came from.
 - 2.11.3.3.1.(c).2 Consumable Supplies
 - (c).2.1 Most supplies will be direct-ordered by the BME Staff, received through the Loading Dock and brought to the BME Shipping/Receiving Area.

- (c).2.2 Paper and office supplies will be provided by the IHR Component and maintained with a minimum inventory level that will trigger a re-ordering process.
- 2.11.3.3.1.(c).3 Facilities Maintenance and Operations
 - (c).3.1 The BME area will share tools and expertise with FMO as appropriate.
 - 2.11.3.3.1.(c).4 Housekeeping and Waste Management
 - (c).4.1 Housekeeping and Waste Management will provide routine and demand cleaning of BME area.
 - (c).4.2 Tool and equipment cleaning will be provided by the BME Staff as these items may be delicate or dangerous to untrained Staff.
 - (c).4.3 Waste products will be managed according to a system of segregation at point of origin and sequential consolidation throughout the Component.
 - (c).4.4 Segregation of wastes will accommodate the following categories:
 - (c).4.4.1 General garbage including clean recycling; and
 - (c).4.4.2 Sharps.
 - (c).4.5 Waste containers will be monitored, removed and replaced by the Housekeeping and Waste Management Staff.
 - 2.11.3.3.1.(c).5 Security
 - (c).5.1 Regular “rounding” of security within the Component will be provided.
- 2.11.3.3(1)(d) Information Management
 - 2.11.3.3.1.(d).1 Information will be primarily managed online. Maintenance schedules, service requests and specification documents will be kept online and accessed through terminals located at technologist workstations.
 - 2.11.3.3.1.(d).2 Hard copy equipment manuals and specifications will be stored in this Component, but this function is expected to diminish as manuals and technical information will become accessible through company web sites and electronic libraries.
- 2.11.3.3(1)(e) Anticipated trends in services delivery
 - 2.11.3.3.1.(e).1 The following lists trends that are expected to affect the nature and or functions accommodated within this Component. Effects

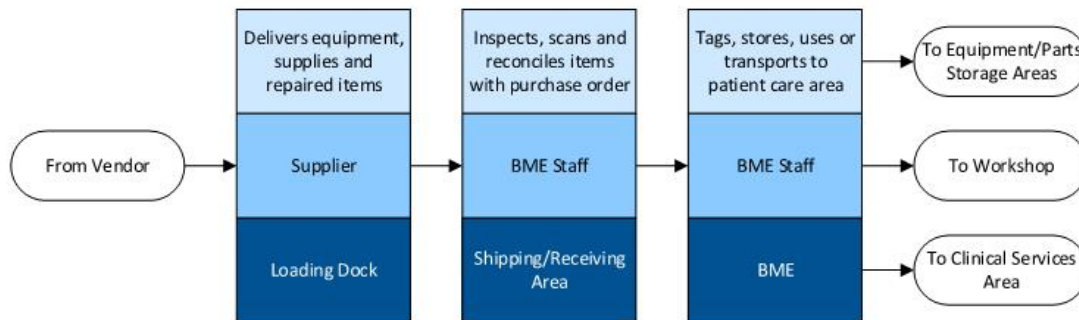
of these trends will be reflected in the Component's design:

- (e).1.1 Increasing service demand as building area and number of beds in BH increases;
- (e).1.2 Increasing use of technology in maintaining health and combatting disease;
- (e).1.3 More calibrating and troubleshooting of biomedical devices at point of use via remote (hardwired or wireless) connections with technical Staff located in the BME Component or off site; and
- (e).1.4 Increased reliance on manufacturers for service via warranty and maintenance agreements as complexity of medical devices increases.

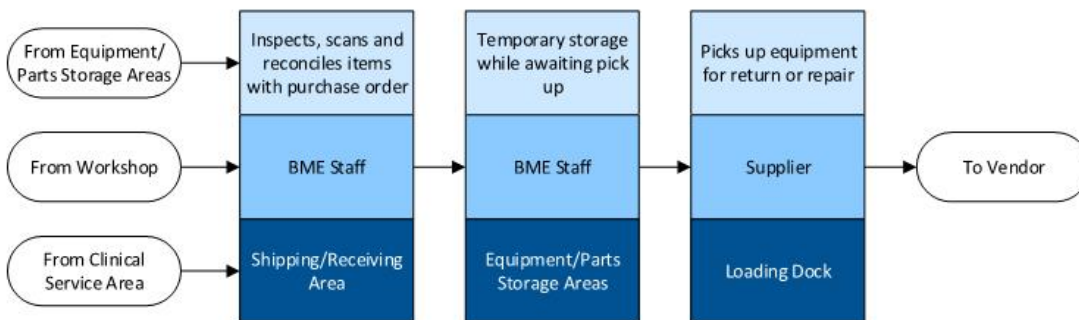
2.11.3.3(2) Workflows

2.11.3.3(2)(a) The Biomedical Engineering workflows are shown in the following workflow diagrams.

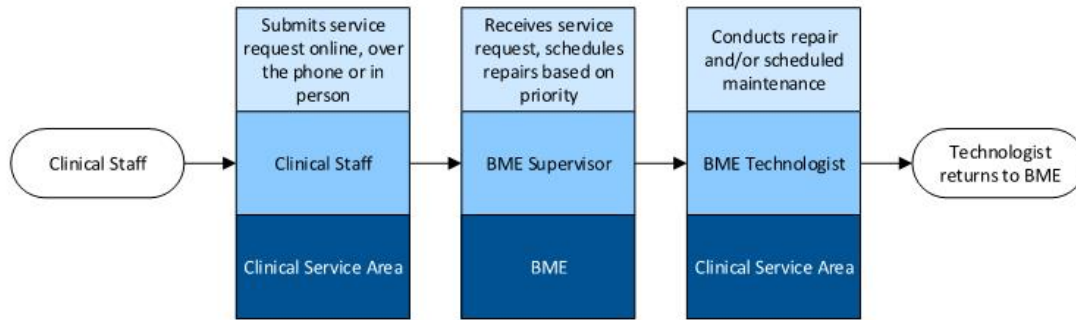
Receiving Flow



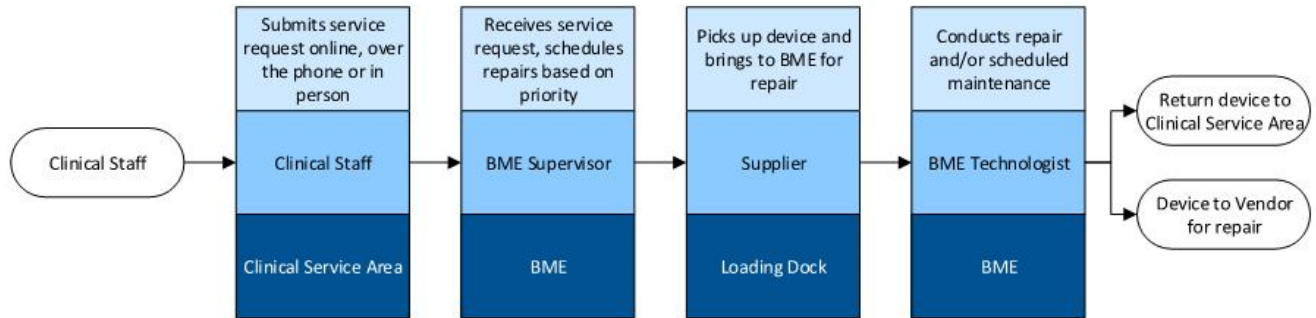
Shipping Flow



Medical Device Service and Maintenance Flow (Point of Service)



Medical Device Service and Maintenance Flow (In Department)



2.11.3.3(3) Hours of Operation

2.11.3.3(3)(a) BME will operate between 0700-2300 hours, Monday to Friday and have on-call support for evenings (past 2300 hours) and on the weekends.

2.11.3.3(3)(b) Support for Fellburn Care Centre and Home Health program will be between 0700-2300 hours with no on-call support in the evenings and on weekends.

2.11.3.3(4) Workloads

2.11.3.3(4)(a) The maximum estimated workload for this Component is shown in the following table.

BIOMEDICAL ENGINEERING	PEAK SHIFT
Director	1
Supervisor	1
Technologist	4
Technologist, Imaging	1
Student, Technologist	1
PEAK TOTAL	8

2.11.3.4 DESIGN CRITERIA

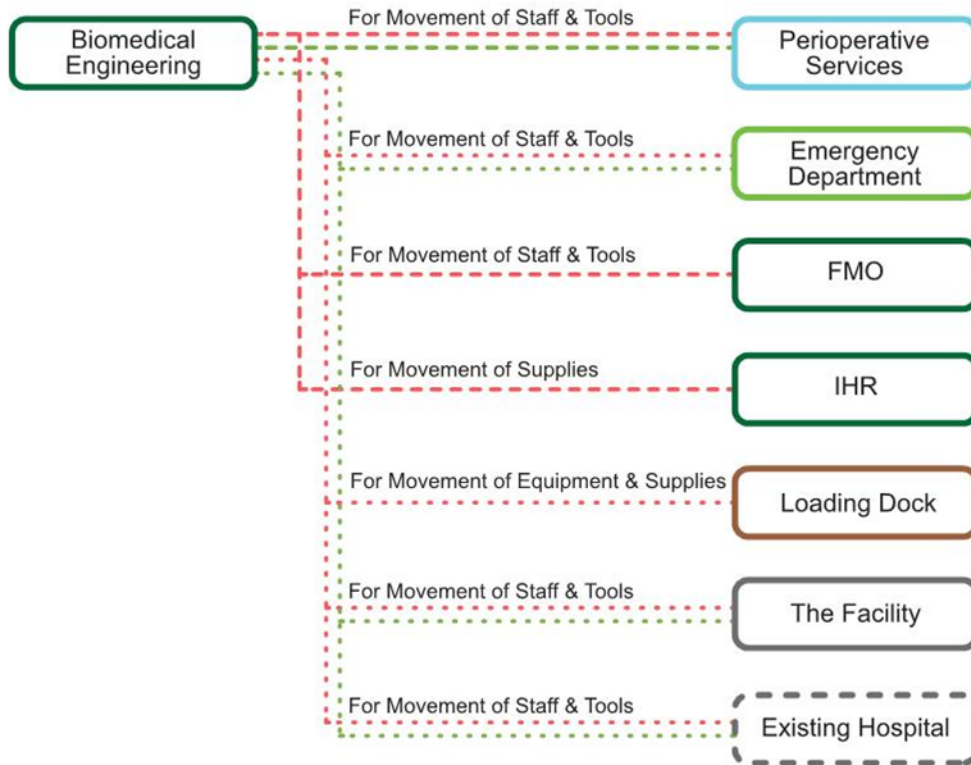
2.11.3.4(1) General Requirements

- 2.11.3.4(1)(a) The BME functions will be supported in a centralized area including a Workshop zone and an Administration zone.
 - 2.11.3.4(1)(b) This Component will have a satellite biomed room in Perioperative Services for high volume medical device repair and maintenance.
 - 2.11.3.4(1)(c) The BME Staff will have Close Access to the FMO Meeting Room and Lounge-Staff.
 - 2.11.3.4(1)(d) The BME will have Convenient Access to the Loading Dock and IHR Marshalling Area for delivery of equipment and supplies.
 - 2.11.3.4(1)(e) It will also have Convenient Access to the ED and all Patient care areas in BH to minimize equipment travel distances.
- 2.11.3.4(2) Workshop zone
- 2.11.3.4(2)(a) Workshop zone will include Shipping/Receiving Area, Workroom-Biomed, Workroom-Biomed-CT, Storage-Equipment and Storage-Parts.
 - 2.11.3.4(2)(b) Shipping/Receiving Area will have Convenient Access to the Loading Dock and Patient Transfer/Staff Service Elevators with a door to Back of House Circulation. This door will accommodate movement of large equipment.
 - 2.11.3.4(2)(c) Shipping/Receiving Area will include a workstation, a packaging area and recycling zone.
 - 2.11.3.4(2)(d) Workroom-Biomed and Workroom-Biomed-CT will be adjacent to Shipping/Receiving Area to enable convenient movement of large equipment.
 - 2.11.3.4(2)(e) Workroom-Biomed will include six (6) work zone workbenches for Staff to perform maintenance and emergency repairs and one (1) hand hygiene sink with Convenient Access to all six (6) work zone workbenches.
 - 2.11.3.4(2)(f) This room will have a minimum clear width of 3050 mm or more and will allow for 360 degree access around medical equipment to perform maintenance at each technologist workbench with natural light equivalent lighting.

- 2.11.3.4(2)(g) Workroom-Biomed will also include medical gases for each workbench, one (1) fume hood for one (1) workbench as well as Staff lockers.
 - 2.11.3.4(2)(h) Workroom-Biomed will have a ceiling equipment hoist to allow lifting of heavy mobile devices for maintenance work to be completed at a safe ergonomic level.
 - 2.11.3.4(2)(i) Workroom-Biomed-CT will have a work zone workbench and will be lead lined to allow C-arm repairs and testing. This room will also have medical gases and a ceiling equipment hoist to allow lifting of heavy mobile devices for maintenance work to be completed at a safe ergonomic level.
 - 2.11.3.4(2)(j) Workroom-Biomed will have Direct Access to Storage-Equipment and Storage-Parts.
 - 2.11.3.4(2)(k) Storage-Equipment will be an open area for holding equipment awaiting repair/parts located adjacent to Workroom-Biomed. This area will include one (1) secure door to Back of House Circulation. Both doors will accommodate movement of large equipment.
 - 2.11.3.4(2)(l) Storage-Parts will be an open area for storing parts, test equipment and supplies and will be located adjacent to Workroom-Biomed.
- 2.11.3.4(3) Administration zone
- 2.11.3.4(3)(a) Administration zone will include a private Office, an Office-Multi, a Business Centre and a Washrooms-Staff-Small.
 - 2.11.3.4(3)(b) Office-Multi will have Convenient Access to Workroom-Biomed and Workroom-Biomed-CT.
 - 2.11.3.4(3)(c) Business Centre will be an open area shared and located with Convenient Access to Staff work areas.
 - 2.11.3.4(3)(d) Washroom-Staff-Small will be placed with Convenient Access to Staff work areas.

2.11.3.5 EXTERNAL RELATIONSHIPS

2.11.3.5(1) The following diagram indicates other Functional Components that have a functional relationship with this Component.

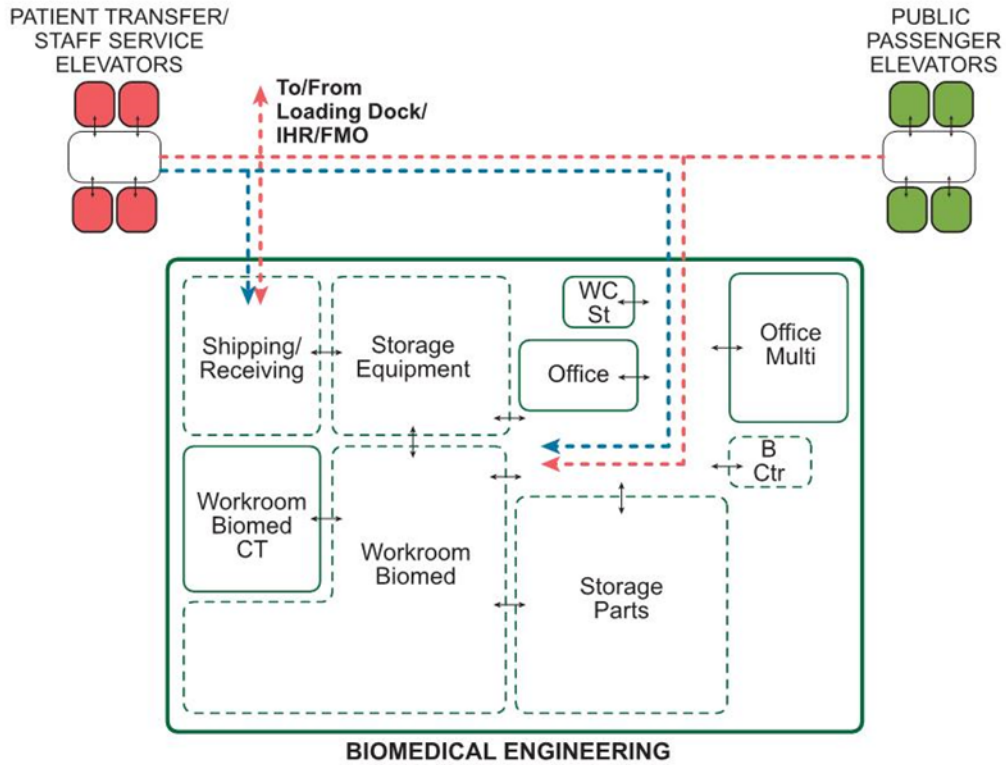


LEGEND

- - - Close Access by Restricted Circulation
- - - Close Access by General Circulation
- . . . Convenient Access by Restricted Circulation
- . . . Convenient Access by General Circulation

2.11.3.6 INTERNAL RELATIONSHIPS

2.11.3.6(1) The following diagram indicates internal functional relationships within this Component.



LEGEND

- General Circulation - Public
- Restricted Circulation - Staff
- Restricted Circulation - Service

2.11.4 IN HOSPITAL REPLENISHMENT

2.11.4.1 SERVICE OVERVIEW

- 2.11.4.1(1) IHR will support supply management for BH. This includes ordering, unpacking, confirmation, storage, distribution and replenishment of a variety of the inventory items used within BH from the Langley Fulfillment Center (LFC).
- 2.11.4.1(2) IHR is part of the PHSA Supply Chain that covers all elements of supply chain management including contracting and materials management (purchasing, warehousing and distribution) for the six (6) BC Health Authorities. Service and staffing levels will be determined through service level agreements between Supply Chain and FH.
- 2.11.4.1(3) The majority of supplies will arrive from the LFC warehouse in Langley. Supplies, including capital purchases and direct purchase items will be delivered to the LFC where they are received, stored and shipped to BH as required.

2.11.4.2 FUNCTIONAL DESCRIPTION

2.11.4.2(1) Scope of Services

2.11.4.2(1)(a) Scope of Clinical Activity

2.11.4.2.1(a).1 The following specifies the minimum set of functions that will be accommodated within this Component:

(a).1.1 Receipt of deliveries at the Loading Dock, including:

(a).1.1.1 LFC managed supplies; and

(a).1.1.2 Capital and direct purchase items received at LFC and sent to BH.

(a).1.2 Inventory management (dependant on service level), including:

(a).1.2.1 Delivering supplies, special orders and equipment to all areas of BH using an established internal distribution network;

(a).1.2.2 Managing on-site supplies to predetermined inventory levels to ensure sufficient levels of each product are available based on history of usage. Regular review of inventory to respond to demand changes; and

(a).1.2.3 Reviewing and monitoring established bedside restocking levels (essential in

areas such as critical care unit in the NT where nurses will be unable to leave Patient bedside for supplies).

- (a).1.3 Collecting, storing and return to LFC of damaged, obsolete, recalled or mistakenly delivered items.
- (a).1.4 Maintaining a STAT supply of critical supplies to address stock shortages between deliveries.
- (a).1.5 IHR will provide use of Marshalling Area to other services, e.g. BME, IMIT and equipment for unpacking, staging or temporary storage of equipment and supplies. IHR will not be responsible for receipt and distribution of these items.
- (a).1.6 Wayfinding for couriers and suppliers delivering directly to ordering Component or area, e.g. direct purchase orders not received by LFC.

2.11.4.2(1)(b) Scope of Educational Activity

- 2.11.4.2.1.(b).1 Education will focus on in-service training and orientation for new Staff. These functions will be accommodated in the IHR footprint and will not require specialized or dedicated facilities in this Component. Shared site educational space will be utilized if additional room is required.

2.11.4.2(1)(c) Scope of Research Activity

- 2.11.4.2.1.(c).1 Not applicable.

2.11.4.2(2) Scope Exclusions

- 2.11.4.2(2)(a) The following list specifies functions that are understood to occur in other Functional Components in BH or outside BH:

- 2.11.4.2.2.(a).1 Receipt and distribution of direct purchases and capital purchases arriving direct from vendor (items not received and cross-docked through LFC). These items will be delivered directly to ordering Component;
- 2.11.4.2.2.(a).2 Receipt and distribution of prepared foods, meals and raw ingredients for the Patient Food Services and Retail Food Services;
- 2.11.4.2.2.(a).3 Receipt and distribution of medical gases will be the responsibility of the Laboratory;

- 2.11.4.2.2.(a).4 Receipt and distribution of Laundry/Linen will be accommodated in the Laundry/Linen Component;
- 2.11.4.2.2.(a).5 Waste management for the site will be provided by the Housekeeping and Waste Management Component;
- 2.11.4.2.2.(a).6 Confidential disposal will be provided by a contracted vendor (currently Shred-it);
- 2.11.4.2.2.(a).7 Receipt and distribution of pharmaceuticals (other than temporary holding function) will be the responsibility of the Pharmacy Component;
- 2.11.4.2.2.(a).8 Receipt and distribution of supplies arriving via courier, lab courier and vending machine suppliers. These items will be delivered directly to the ordering Component or relevant area; and
- 2.11.4.2.2.(a).9 Flow of decedents entering and exiting BH will be the responsibility of community providers, Central Porter Services and Security as outlined in the Morgue Component.

2.11.4.3 OPERATIONAL CONSIDERATIONS

2.11.4.3(1) Service Delivery Principles and Methods

2.11.4.3(1)(a) Patient and Family Management Processes and Flows

- 2.11.4.3.1.(a).1 Patient Flow
 - (a).1.1 Patients will not access this Component.
- 2.11.4.3.1.(a).2 Family Flow
 - (a).2.1 Family and visitors will not access this Component.

2.11.4.3(1)(b) Provider Work Processes and Flows

- 2.11.4.3.1.(b).1 LFC drivers will deliver supplies on pallets to the Marshalling Area via the Loading Dock. Driver will pick up items for return to LFC, including empty pallets and shipping bins.
- 2.11.4.3.1.(b).2 Staff will begin their shift in the IHR Component, where they will unpack and confirm deliveries. Items will be sorted onto carts for distribution throughout BH. Distribution carts will be arranged by floor and area and supply room. Staff will deliver supplies and return any recycling or waste from unpacking auto restock supplies to the IHR Component for disposal. Empty pallets and shipping containers will be put aside for return to LFC.

- 2.11.4.3.1.(b).3 Supplies for restricted areas, e.g. MDRD, Perioperative Services will be decanted in the IHR and distributed by a dedicated Staff member following appropriate Infection Prevention and Control measures.
- 2.11.4.3.1.(b).4 Maintaining on-site supplies to 2-bin system or predetermined inventory levels, reviewing usage history and monitoring established clinical service area restocking levels will be performed in IHR.
- 2.11.4.3.1.(b).5 IHR will maintain a back-up supply of supplies for the site in the STAT Supply Room. Supplies will be unloaded in the Decanting Area and transported to STAT Supply Room. IHR Staff during operational hours and BH Staff during after hours will enter STAT Supply Room to retrieve supplies in cases of stock outages via secure electronic access.
- 2.11.4.3.1.(b).6 IHR Staff will access workstations located in the Office-Multi and Decanting Area for administrative purposes.
- 2.11.4.3.1.(b).7 Additional activities occurring within the Component will include:
 - (b).7.1 Coordinating substitution or comparable replacement when a specific product is unavailable;
 - (b).7.2 Coordinating product conversions and facilitating standardization of products and product changes including removal of obsolete or discontinued products;
 - (b).7.3 Product organization and labelling to ensure easy retrieval by care providers; and
 - (b).7.4 Collection, storage and return of items to the LFC.
- 2.11.4.3(1)(c) Clinical and Logistical Support Processes and Flows
 - 2.11.4.3.1.(c).1 Pharmacy Services
 - (c).1.1 LFC driver will deliver, unload and transport drugs to the Pharmacy. Although IHR Staff will not be involved in the internal distribution of drugs, the LFC driver will use space within the Marshalling Area to decant and stage drugs for distribution to the Pharmacy.
 - 2.11.4.3.1.(c).2 Laboratory Services
 - (c).2.1 A refrigerator will be provided in the IHR footprint for temporary storage of lab reagents during delivery and distribution process.

- 2.11.4.3.1.(c).3 IMIT
 - (c).3.1 IHR will provide use of Marshalling Area for unpacking and staging of IMIT materials and equipment.
- 2.11.4.3.1.(c).4 Facilities Maintenance and Operations
 - (c).4.1 IHR will provide use of Marshalling Area for unpacking and staging of FMO materials and equipment. This Component will provide a secure area for temporary storage and decanting of materials delivered for the FMO.
- 2.11.4.3.1.(c).5 Housekeeping and Waste Management
 - (c).5.1 Housekeeping and Waste Management will provide routine cleaning of this Component.
 - (c).5.2 Waste products will be managed according to a system of segregation at point of origin and sequential consolidation throughout the Component.
 - (c).5.3 Segregation of wastes will accommodate the following categories:
 - (c).5.3.1 General garbage including clean recycling; and
 - (c).5.3.2 Confidential paper.
 - (c).5.4 Waste containers will be monitored, removed and replaced by the Housekeeping and Waste Management Staff.
- 2.11.4.3.1.(c).6 Biomedical Engineering
 - (c).6.1 IHR will provide use of Marshalling Area for unpacking and staging of new clinical equipment. This Component will provide a Secure Holding Room for temporary storage and decanting of medical equipment delivered for BME.
- 2.11.4.3.1.(c).7 Laundry/Linen
 - (c).7.1 IHR will share the Loading Dock with the Laundry/Linen Component for delivery of clean linen and sending of dirty laundry.
- 2.11.4.3.1.(c).8 Security
 - (c).8.1 Regular “rounding” of security within the Component will be provided.
- 2.11.4.3(1)(d) Information Management
 - 2.11.4.3.1.(d).1 Supply levels will be managed via inventory management software on a routine schedule.
- 2.11.4.3(1)(e) Anticipated Trends in Service Delivery
 - 2.11.4.3.1.(e).1 The following lists trends that are expected to affect the nature and or functions

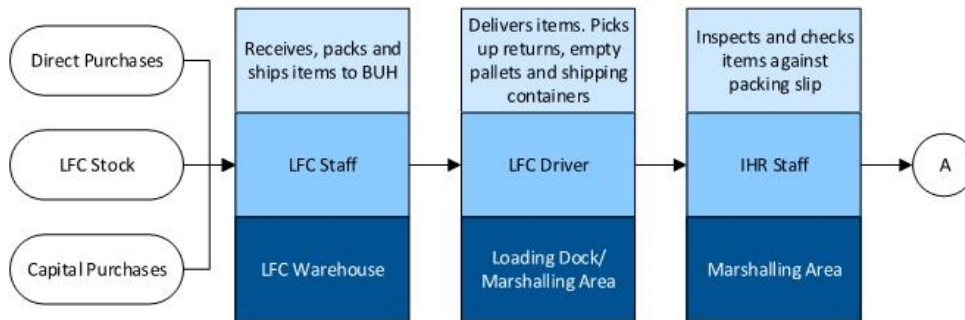
accommodated within this Component. Effects of these trends will be reflected in the Component’s design:

- (e).1.1 Replacement of current inventory management system by Kanban 2-bin system.
- (e).1.2 Potential changes to service level agreements between FH and PHSA Supply Chain resulting in expansion of IHR services to include:
 - (e).1.2.1 Tow motor services for other Components including Patient Food Services, Housekeeping and Waste Management and Laundry/Linen;
 - (e).1.2.2 Management of some direct purchase consumables in conjunction with LFC supplies; and
 - (e).1.2.3 Formal management of the Loading Dock.
- (e).1.3 Potential use of robotic delivery systems in future.

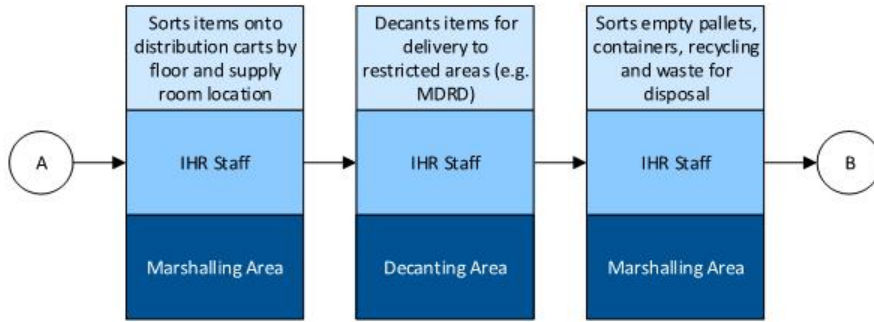
2.11.4.3(2) Workflows

2.11.4.3(2)(a) The IHR workflows are shown in the following workflow diagrams.

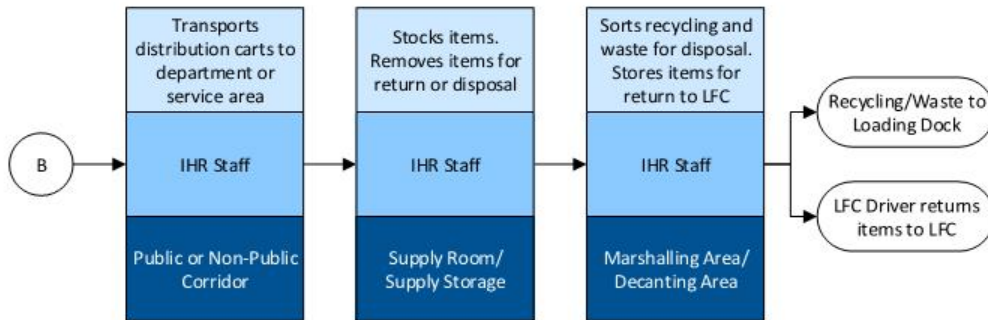
Receiving Flow



Marshalling and Decanting Flow



Distribution Flow



2.11.4.3(3) Hours of Operation

2.11.4.3(3)(a) The IHR will operate during the following hours:

2.11.4.3.3.(a).1 Between 0730-1530 hours, Monday to Friday.

2.11.4.3.3.(a).2 Between 0900-1700 hours, Saturday. Limited services – inventory only, no deliveries.

2.11.4.3.3.(a).3 Between 0700-1500, Sunday. Limited services – inventory only, no deliveries.

2.11.4.3(3)(b) Future hours will depend on Service Level Agreements with customer areas.

2.11.4.3(4) Workloads

2.11.4.3(4)(a) The maximum estimated workload for this Component is shown in the following table.

IN HOSPITAL REPLENISHMENT	PEAK SHIFT
Manager	1
Supervisor/Inventory Analyst	1
Area Supply Attendant	7
PEAK TOTAL	9

2.11.4.4 DESIGN CRITERIA

2.11.4.4(1) General Requirements

- 2.11.4.4(1)(a) The IHR will have Direct Access to the Loading Dock for receiving of supplies.
- 2.11.4.4(1)(b) This Component will have Close Access to the FMO and BME through Back of House Circulation for delivery of supplies.
- 2.11.4.4(1)(c) The IHR will also have Convenient Access to all areas of BH for delivery of supplies.
- 2.11.4.4(1)(d) The IHR will include Marshalling Area, Decanting Area and Cart Storage/Loading Area which will be zones of activity located adjacent to each other in an open area.
- 2.11.4.4(1)(e) This Component will also include a Secure Holding Room, STAT Supply Room, a private Office, an Office-Multi and a Washroom-Staff-Small with Convenient Access to Staff work areas.
- 2.11.4.4(1)(f) The IHR will have Convenient Access to the shared Meeting Room adjacent to the Pharmacy. IHR will also utilize the change room and lockers located on Level 2.

2.11.4.4(2) Marshalling Area

- 2.11.4.4(2)(a) Marshalling Area will be an open area for pallet staging and empty pallet holding. This area will accommodate pallets, pallet jacks and circulation space for Staff and equipment.
- 2.11.4.4(2)(b) Marshalling Area will have overhead rolling doors opening into the Loading Dock. There will be a communication/intercom system at this door for delivery drivers to communicate with Staff inside the Component.

2.11.4.4(3) Decanting Area

- 2.11.4.4(3)(a) Decanting Area will be an open area adjacent to Marshalling Area for breaking down packaging and storage of pallets, delivery carts, Lab refrigerator, etc.
- 2.11.4.4(3)(b) This area will have Convenient Access to recycling bins for cardboard in the adjacent Alcove-Cardboard Storage.
- 2.11.4.4(3)(c) Decanting Area will include a workstation and a hand hygiene sink.

2.11.4.4(4) Cart Storage/Loading Area

2.11.4.4(4)(a) Cart Storage/Loading Area will be an open area adjacent to Marshalling Area for delivery cart storage and Staff loading and working area.

2.11.4.4(4)(b) This area will have a door to Back of House Circulation. This door will accommodate movement of large carts, pallets and equipment.

2.11.4.4(5) Secure Holding Room

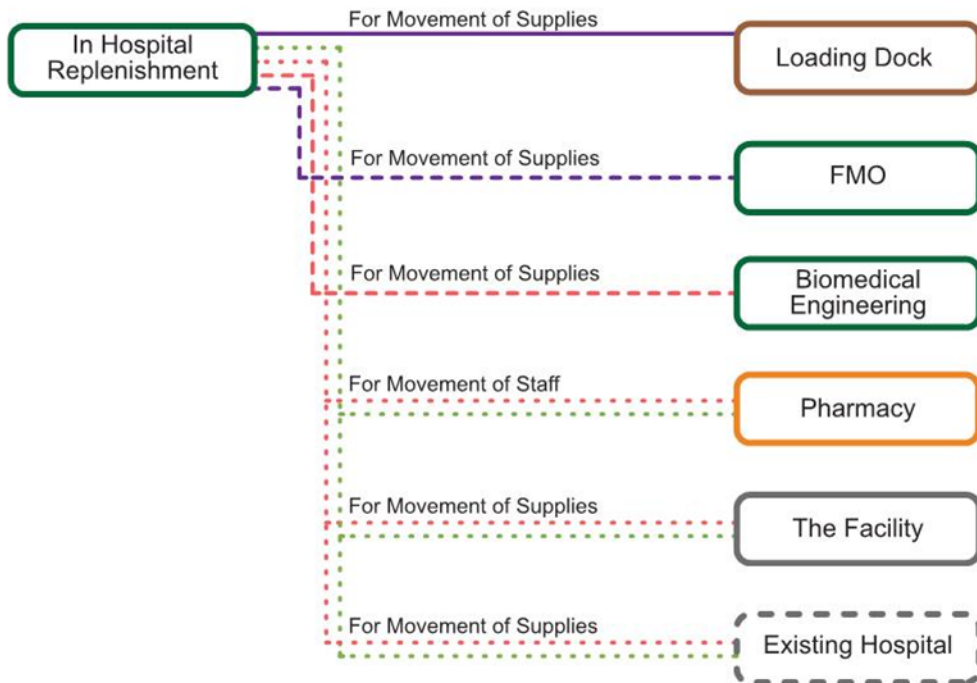
2.11.4.4(5)(a) Secure Holding Room will be an enclosed room for Clean storage for the FMO, BME and IMIT with one door to Decanting Area and one secure double door to Back of House Circulation. Both doors will have motion activated door opener and access control and will accommodate movement of large carts, pallets and equipment.

2.11.4.4(6) STAT Supply Room

2.11.4.4(6)(a) STAT Supply Room will be an enclosed room for clean storage with one door to Decanting Area and one secure door to Back of House Circulation. Both doors will have motion activated door opener and access control and will accommodate movement of large carts, pallets and equipment.

2.11.4.5 EXTERNAL RELATIONSHIPS

2.11.4.5(1) The following diagram indicates other Functional Components that have a functional relationship with this Component.



LEGEND

Direct Access by Back of House Circulation

Close Access by Back of House Circulation

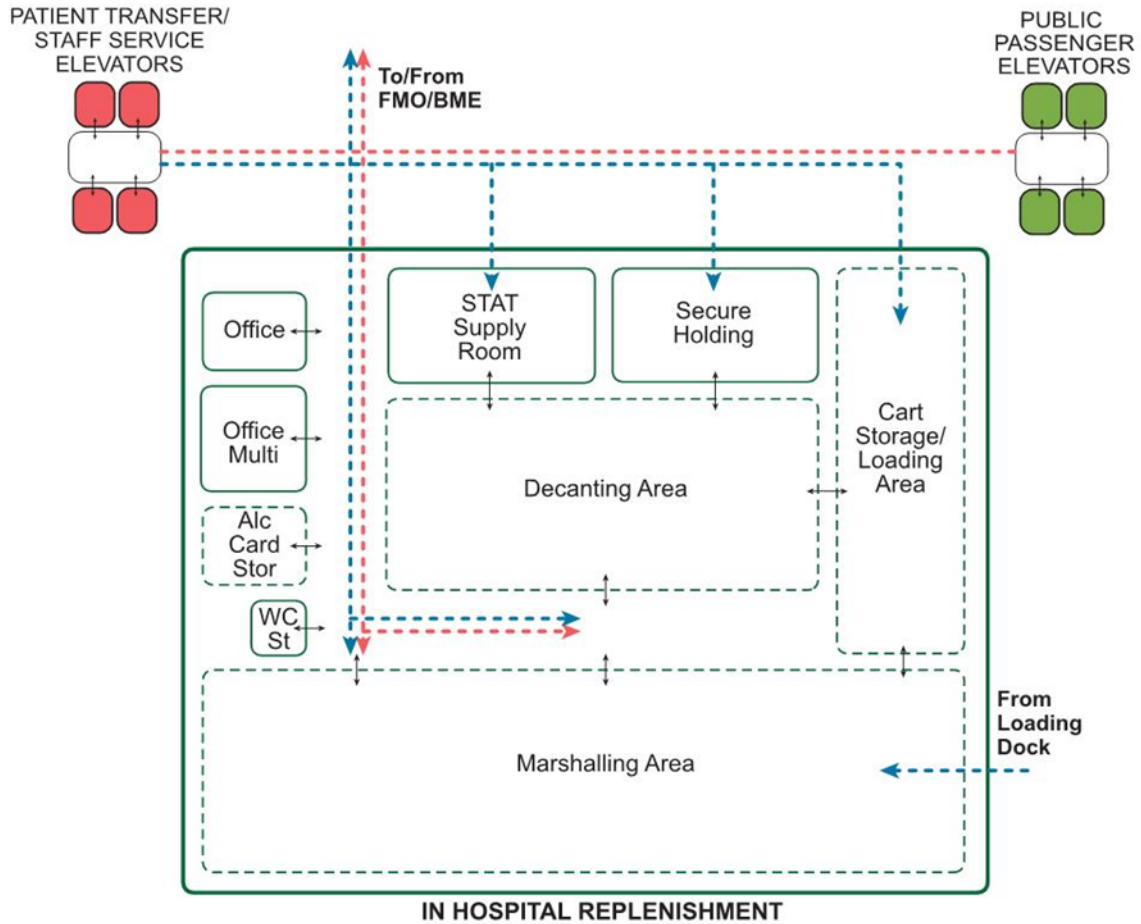
Close Access by Restricted Circulation

Convenient Access by Restricted Circulation

Convenient Access by General Circulation

2.11.4.6 INTERNAL RELATIONSHIPS

2.11.4.6(1) The following diagram indicates internal functional relationships within this Component.



LEGEND

- General Circulation
- Restricted Circulation - Staff
- Restricted Circulation - Service

2.11.5 LAUNDRY/LINEN

2.11.5.1 SERVICE OVERVIEW

2.11.5.1(1) Laundry/Linen will be a contracted service responsible for providing clean linens to BH and retrieving used and soiled linen for reprocessing. Clean, pre-made linen exchange carts will be delivered to BH and exchanged for return exchange carts at designated areas throughout BH. Soiled linen will be retrieved from Utility Room-Soiled and transported to the Laundry/Linen Component. Return exchange carts and soiled linen will be transported to an offsite laundry plant for reprocessing.

2.11.5.2 FUNCTIONAL DESCRIPTION

2.11.5.2(1) Scope of Services

2.11.5.2(1)(a) Scope of Clinical Activity

2.11.5.2.1.(a).1 The following specifies the minimum set of functions that will be accommodated within this Component:

- (a).1.1 Providing supply of clean linens, specialty items and sterile surgical linens to BH.
- (a).1.2 All laundry functions will be performed offsite. Laundry/Linen Staff will be responsible for distribution and management of linen items within BH.

2.11.5.2(1)(b) Scope of Educational Activity

2.11.5.2.1.(b).1 Teaching around safe handling and procedures will be accommodated in the Laundry/Linen footprint and will not require specialized or dedicated facilities in this Component. Shared site educational space will be utilized if additional room is required.

2.11.5.2(1)(c) Scope of Research Activity

2.11.5.2.1.(c).1 Not applicable.

2.11.5.2(2) Scope Exclusions

2.11.5.2(2)(a) The following list specifies functions that are understood to occur in other Functional Components in BH or outside BH:

- 2.11.5.2.2.(a).1 Inpatients on the Inpatient Psychiatry Unit will have access to on-unit laundry for personal use. The Laundry/Linen Staff will not be responsible for supporting this service;

- 2.11.5.2.2.(a).2 The Laundry/Linen services for the Retail Food Services Component; and
- 2.11.5.2.2.(a).3 The Laundry/Linen services for other contracted services within BH, e.g. mop cleaning for the Housekeeping and Waste Management Component. These services may be provided by the same provider (e.g. K-Bro), but they will not be accommodated within the Laundry/Linen Component.

2.11.5.3 OPERATIONAL CONSIDERATIONS

2.11.5.3(1) Service Delivery Principles and Methods

2.11.5.3(1)(a) Patient and Family Management Processes and Flows

- 2.11.5.3.1.(a).1 Patient Flow
 - (a).1.1 Patients will not access this Component.
- 2.11.5.3.1.(a).2 Family Flow
 - (a).2.1 Family and visitors will not access this Component.

2.11.5.3(1)(b) Provider Work Processes and Flows

- 2.11.5.3.1.(b).1 Supplier will deliver clean exchange carts to the Component and pick up return exchange carts and soiled laundry on a pre-determined schedule.
- 2.11.5.3.1.(b).2 Staff will begin shift in the Laundry/Linen Component, moving throughout BH to exchange linen carts following a pre-booked schedule. Return exchange carts will be brought to the Laundry/Linen Component to await pick up by supplier.
- 2.11.5.3.1.(b).3 Housekeeping and Waste Management Staff will collect soiled and used laundry from clinical service areas and deliver to Soiled Holding Room. Laundry/Linen Staff will collect soiled and used linen from Soiled Holding Room and transport to Soiled Laundry Holding Room within the Laundry/Linen Component for pick up by supplier.
- 2.11.5.3.1.(b).4 Laundry/Linen Staff will respond to requests from clinical providers via phone for back up or specialized items.
- 2.11.5.3.1.(b).5 Providers and porters will access the Laundry/Linen to obtain back up linen or specialized items on an as-needed basis during after hours only.

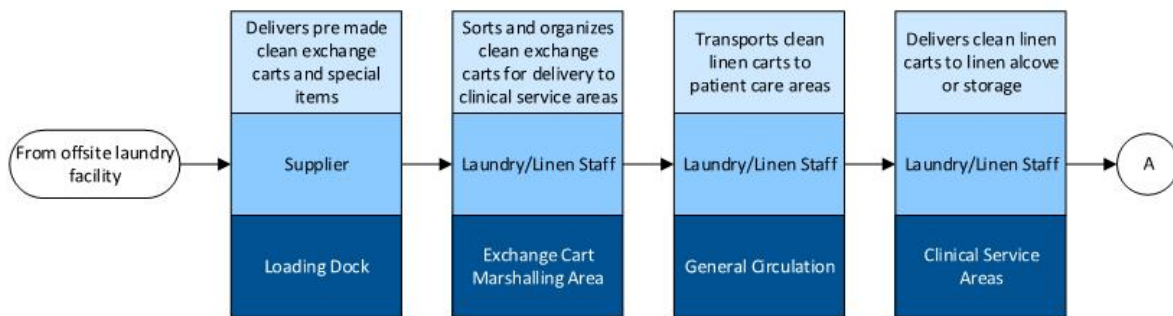
- 2.11.5.3.1.(b).6 Staff will access workstations located in the Secure Linen Room to respond to requests and for administrative purposes.
- 2.11.5.3(1)(c) Clinical and Logistical Support Processes and Flows
 - 2.11.5.3.1.(c).1 Equipment and Instruments
 - (c).1.1 Most Laundry/Linen equipment will be provided by the supplier. Closed linen carts and soiled linen bins will move around BH from the Loading Dock and Exchange Cart Marshalling Room to all areas of service before returning to the Component to await return to offsite laundry facility.
 - 2.11.5.3.1.(c).2 Facilities Maintenance and Operations
 - (c).2.1 Tow motors will be used to transport linen throughout BH as required. This equipment will be owned by BH and maintained and/or repaired by FMO.
 - 2.11.5.3.1.(c).3 Housekeeping and Waste Management
 - (c).3.1 Housekeeping and Waste Management will provide routine and demand cleaning of the Laundry/Linen Component.
 - (c).3.2 Waste products and recycling will be separated at point of use and stored until pick up by Housekeeping and Waste Management Staff.
 - (c).3.3 Waste containers will be monitored, removed and replaced by Housekeeping and Waste Management Staff.
 - 2.11.5.3.1.(c).4 Security
 - (c).4.1 Regular “rounding” of security within the Component will be provided.
 - (c).4.2 Access to this Component will be through secure electronic access.
 - 2.11.5.3(1)(d) Information Management
 - 2.11.5.3.1.(d).1 Laundry/Linen statistics will be tracked by the supplier and used to determine requirements for each area of care.
 - 2.11.5.3(1)(e) Anticipated Trends in Service Delivery
 - 2.11.5.3.1.(e).1 The following lists trends that are expected to affect the nature and or functions accommodated within this Component. Effects of these trends will be reflected in the Component’s design:

- (e).1.1 Increased volume of Laundry/Linen as number of beds in BH increases;
- (e).1.2 Increasing Infection Prevention and Control standards and requirements; and
- (e).1.3 There will be a potential for delivery and/or service hours to change, depending on BH needs, e.g. after hours delivery to reduce congestion at the Loading Dock.

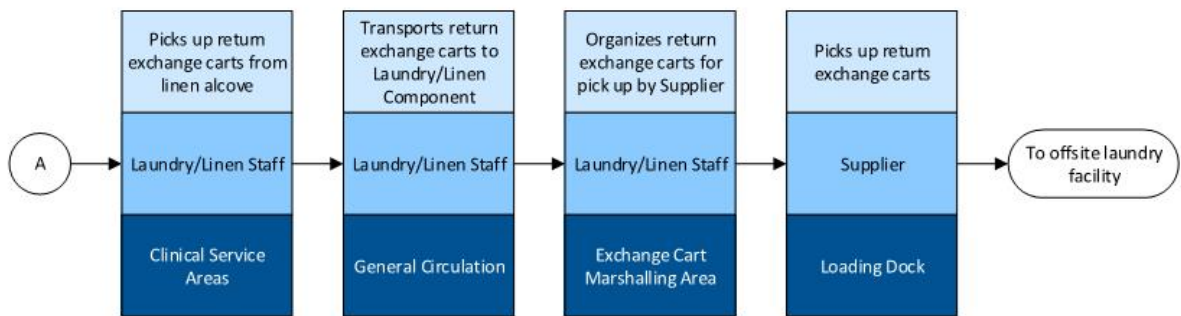
2.11.5.3(2) Workflows

2.11.5.3(2)(a) The Laundry/Linen workflows are shown in the following workflow diagrams.

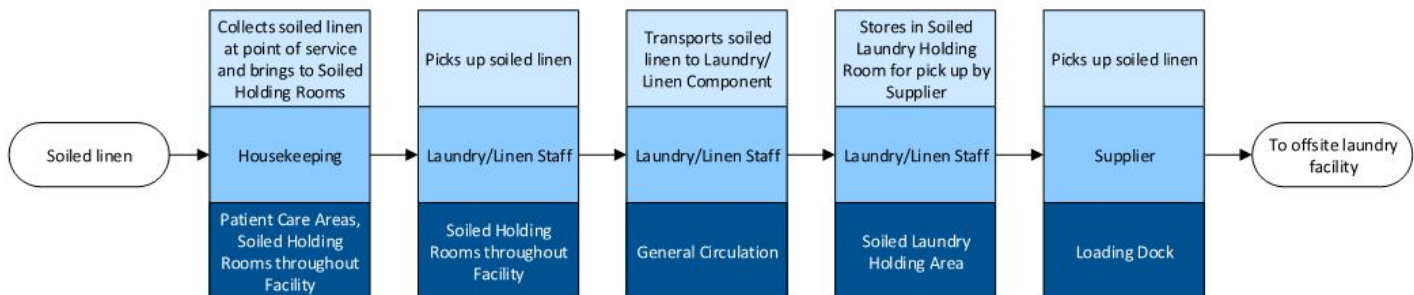
Clean Exchange Cart Flow



Return Exchange Cart Flow



Soiled Linen Flow



2.11.5.3(3) Hours of Operation

2.11.5.3(3)(a) Services will be provided between 0600-2130 hours, 7 days per week. A small emergency supply of linens will be available if required after hours. Users will arrange access to the emergency supply through Security.

2.11.5.3(4) Workloads

2.11.5.3(4)(a) The maximum estimated workload for this Component is shown in the following table.

LAUNDRY/LINEN	PEAK SHIFT
Supervisor	1
Laundry Worker	3
PEAK TOTAL	4

2.11.5.4 DESIGN CRITERIA

2.11.5.4(1) General Requirements

2.11.5.4(1)(a) The Laundry/Linen will have Direct Access to the Loading Dock through an overhead rolling door for delivery of clean linen carts and picking up dirty linen carts and soiled laundry.

2.11.5.4(1)(b) This Component will also have Convenient Access to all areas of BH for delivery and pick up of clean and soiled laundry and linen carts.

2.11.5.4(1)(c) The Laundry/Linen will include Exchange Cart Marshalling Room, Secure Linen Zone, Soiled Laundry Holding Room and a shared Washrooms-Staff-Small.

2.11.5.4(1)(d) The Laundry/Linen will require separation between clean and dirty/soiled flows for linen and laundry to avoid contamination.

2.11.5.4(1)(e) Physical separation will be required between the enclosed Soiled Laundry Holding Room and Exchange Cart Marshalling Room to prevent clean and soiled laundry to cross-contaminate.

2.11.5.4(1)(f) Shared Washroom-Staff-Small will be placed with Convenient Access to Staff work areas.

2.11.5.4(2) Exchange Cart Marshalling Room

2.11.5.4(2)(a) Exchange Cart Marshalling Room will be adjacent to the Loading Dock. This room will have a secure door to the

Loading Dock and another secure door to Back of House Circulation.

2.11.5.4(2)(b) Both doors will accommodate movement of large carts.

2.11.5.4(2)(c) This Room will be divided into three (3) separate open areas:

- 2.11.5.4.2.(c).1 Return Exchange Cart Holding;
- 2.11.5.4.2.(c).2 Clean Exchange Cart Holding; and
- 2.11.5.4.2.(c).3 Storage shelving for emergency cart supply.

2.11.5.4(2)(d) Exchange Cart Marshalling Room will include a hand hygiene sink.

2.11.5.4(3) Secure Linen Zone

2.11.5.4(3)(a) Secure Linen Zone will store slings and high value items.

2.11.5.4(3)(b) Secure Linen Room will be an enclosed secure room with Direct Access to Exchange Cart Marshalling Room.

2.11.5.4(3)(c) This room can also be a caged area inside Exchange Cart Marshalling Room located on the clean side of the room.

2.11.5.4(3)(d) This room will include a workstation and filing cabinet.

2.11.5.4(4) Soiled Laundry Holding Room

2.11.5.4(4)(a) Soiled Laundry Holding Room will have a door to Back of House Circulation with Convenient Access to the Loading Dock. This door will accommodate movement of large carts.

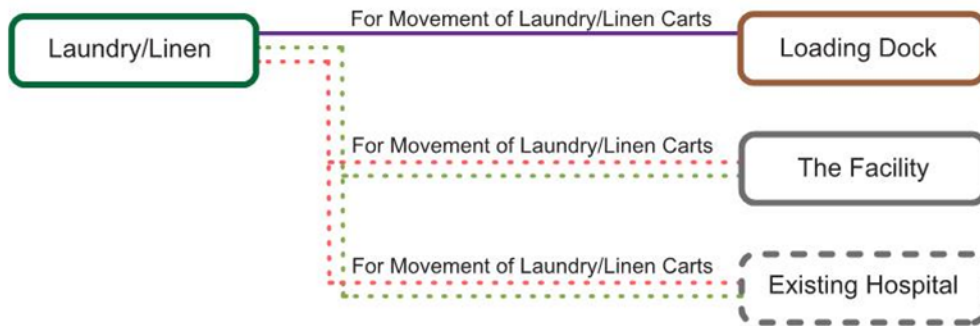
2.11.5.4(4)(b) This Room will be divided into two (2) separate open areas:

- 2.11.5.4.4.(b).1 Empty Soiled Cart Holding; and
- 2.11.5.4.4.(b).2 Full Soiled Cart Holding.

2.11.5.4(4)(c) Soiled Laundry Holding Room will include a hand hygiene sink.

2.11.5.5 EXTERNAL RELATIONSHIPS

2.11.5.5(1) The following diagram indicates other Functional Components that have a functional relationship with this Component.



LEGEND

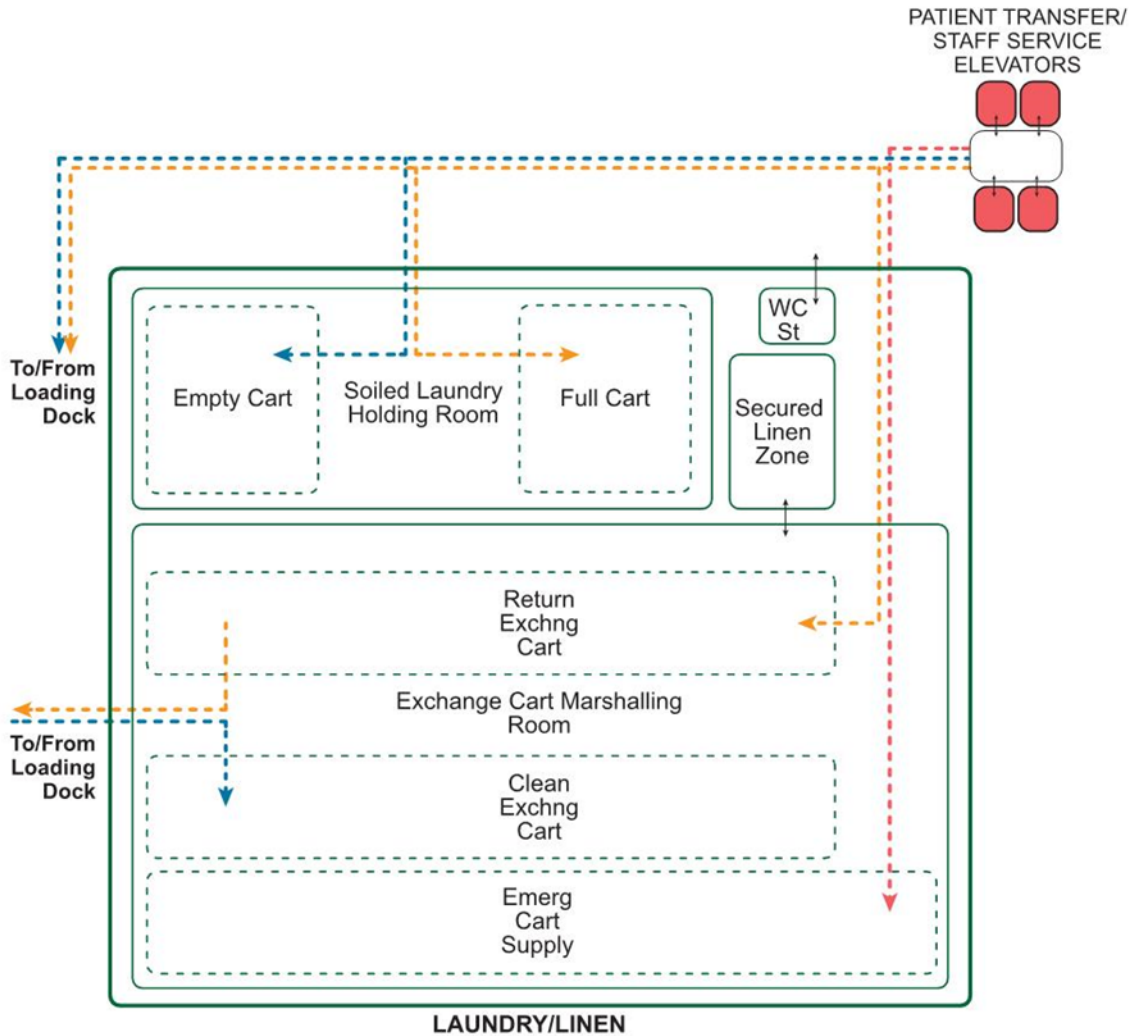
Direct Access by Back of House Circulation

Convenient Access by Restricted Circulation

Convenient Access by General Circulation

2.11.5.6 INTERNAL RELATIONSHIPS

2.11.5.6(1) The following diagram indicates internal functional relationships within this Component.



LEGEND

- General Circulation
- Restricted Circulation - Staff
- Restricted Circulation - Service - Clean
- Restricted Circulation - Service - Dirty

2.11.6 PATIENT FOOD SERVICES

2.11.6.1 SERVICE OVERVIEW

- 2.11.6.1(1) Patient Food Services will provide food and nutrition support for BH along with food production support for other facilities in FH.
- 2.11.6.1(2) Patient Food Services will cover the planning and provision of meals, snacks, beverages, and special dietary supplements including enteral nutrition.
- 2.11.6.1(3) The entirety of these services including administrative, receiving/decasing, storage, production, chilling, assembly and ware washing will be provided from the Patient Food Services Component. In addition to the Patient Food Services area, this Component will include existing serveries within the NT and new room service Serveries within the Facility.
- 2.11.6.1(4) Dietitians will provide a collaborative service with the care team for inpatients and outpatients, based on referrals from the interdisciplinary team or based on admission screening. Outpatients will continue to be seen on a referral basis.

2.11.6.2 FUNCTIONAL DESCRIPTION

2.11.6.2(1) Scope of Services

2.11.6.2(1)(a) Scope of Clinical Activity

2.11.6.2.1(a).1 The following specifies the minimum set of functions that will be accommodated within this Component:

- (a).1.1 Patient Food Services and Clinical Dietitian Services will be provided to inpatients who receive care and treatment at BH. This will include provision of meals, snacks and beverages for Patients on regular diets and those requiring therapeutic diets.
- (a).1.2 The target population for Clinical Dietitian Services will include (but not limited to) those who will be malnourished or at risk of malnutrition, gastrointestinal disturbances, poor oral intakes, require therapeutic diets, require enteral or parenteral nutrition, metabolic abnormalities, increased needs for wound healing, or require nutrition education.
- (a).1.3 Patient Food Services will include menu planning, menu processing, receiving and storage of supplies, food production, meal

- distribution to inpatients and the collection and cleaning of service wares.
- (a).1.4 The cook-chill food production system will continue into the future. The cook-chill system will allow food production Staff to cook menu items in bulk and to hold these items in chilled storage. This system will allow for greater flexibility to offer increased menu choices for BH Patients and ability to produce selected menu items for other FH hospitals.
- (a).1.5 Meals produced for other FH hospitals will be held chilled in inventory and then issued and transported off site daily.
- (a).1.6 Patient meal trays for NT units will continue to be assembled in the Patient Food Services area and reheated in unit Servery near the area of service. Lean cells will be utilized (in place of a traditional belt line) to allow for assembly of chilled meal trays. Meal assembly functions will occur over a single shift. Once assembled, carts will be placed in refrigerated holding and portered to unit Servery, docked and rethermed prior to each meal service.
- (a).1.7 For Patients in the Facility, food will be delivered chilled, to on-unit room service Serveries. The Patient Food Services Staff will meet with inpatients to offer them a selection of menu items for their meal that are suitable for their diet. Patient selections will be entered at the Patient bedside using an electronic tablet and transmitted to printer located in the unit Servery. Patient Food Services Staff will then assemble meal components in the unit Servery, reheat menu items if appropriate and deliver the meal to the Patient. Some preparation of menu items (e.g. toast) will also be performed in the Servery.
- (a).1.8 The pantry-based meal service model will provide service closer to the Patient, allowing for timely response to changes in Patient need or preferences. Ware washing will not be done on the unit; all service wares will be cleaned in Dishwashing area in the Patient Food Services Component.

- (a).1.9 For emergency preparedness, the Patient Food Services Production area will store a one (1) week supply of frozen food, four (4) day supply of perishable food and a seven (7) day supply of disposable supplies at all times. The Component will continue to be responsible for storage of contingency water supply (3 day supply of water for Patients).
- (a).1.10 Dietitian Services will be provided throughout BH to inpatients with services including nutrition assessment, medical nutrition therapy, monitoring/evaluation, and education. Service will be conducted at the bedside, or in a variety of Meeting Rooms across the campus. Administrative activities will involve planning, scheduling, and collaborating with other members of the care team. This service will vary from current as extended weekend hours will be offered. Nutrition risk screening and “first meal visit” for Patient food preferences will be implemented by a Clinical Diet Technician.
- (a).1.11 All soiled carts, trays and service wares will be returned to the Production area in the Patient Food Services Component for dishwashing and cart sanitation. Any waste generated within the Production area or Dishwashing area will be collected, separated and removed by Housekeeping and Waste Management Staff.
- (a).1.12 Any waste generated within the on-unit Servery will be placed in waste containers with lids and removed by Housekeeping and Waste Management Staff.
- (a).1.13 Outflow from the Component will include meal carts containing either bulk meals, fully assembled trays and nourishments and supplies to inpatient units and other areas, waste in various streams (from the Dishwashing area to the Loading Dock), and bulk chilled food for offsite distribution (from Storage-Cold to the Loading Dock).

2.11.6.2(1)(b) Scope of Educational Activity

- 2.11.6.2.1.(b).1 Patient Food Services will provide the following education and training opportunities:

- (b).1.1 Consult with Patients regarding proper nutrition and healthy eating;
- (b).1.2 Menu information regarding food composition and nutritional; and
- (b).1.3 Supporting dietetic internship programs.

2.11.6.2(1)(c) Scope of Research Activity

- 2.11.6.2.1.(c).1 Patient Food Services will be committed to a culture of continuous quality improvement, a systematic approach to providing and improving quality of services to best enhance Patient's health and satisfaction.

2.11.6.2(2) Scope Exclusions

- 2.11.6.2(2)(a) The following list specifies functions that are understood to occur in other Functional Components in BH and/or provide support to the Patient Food Services:

- 2.11.6.2.2.(a).1 Administrative areas and kitchen floors and walls will be cleaned by Housekeeping and Waste Management Staff;
- 2.11.6.2.2.(a).2 Kitchen equipment will be cleaned by Patient Food Services Staff due to specialized nature;
- 2.11.6.2.2.(a).3 Laundry/Linen Component will provide and process linens, aprons and scrubs for the Patient Food Services operations;
- 2.11.6.2.2.(a).4 Health Information Management will ensure food requirements are entered into Meditech Order Entry, attached to the Patient's record;
- 2.11.6.2.2.(a).5 Patient Food Services equipment will be maintained by FMO Staff and/or external contracts;
- 2.11.6.2.2.(a).6 IHR will store and provide selected supplies as requisitioned by the Patient Food Services administrative or management Staff; and
- 2.11.6.2.2.(a).7 IMIT Staff will house servers and maintain and service any computer systems utilized within the Patient Food Services.

2.11.6.3 OPERATIONAL CONSIDERATIONS

2.11.6.3(1) Service Delivery Principles and Methods

- 2.11.6.3(1)(a) Patient and Family Management Processes and Flows

2.11.6.3.1.(a).1 Patient Flow

- (a).1.1 Patients will participate in Patient menu selection and dietitian consultation. Other

areas of this Component will not be accessible to the public.

2.11.6.3.1.(a).2 Family Flow

(a).2.1 Family members will participate in Patient menu selection and dietitian consultation. Other areas of this Component will not be accessible to the public.

2.11.6.3(1)(b) Provider Work Processes and Flows

2.11.6.3.1.(b).1 Access to the Patient Food Services (including the Patient Food Services Component and on unit Servery) will be secured at all times, accessible only to the Patient Food Services Staff or other authorized Staff through secure electronic access.

2.11.6.3.1.(b).2 All Patient meals, within the NT or the Facility will be served during traditional meal time (breakfast, lunch and dinner). Actual service times will be coordinated with individual care units.

2.11.6.3.1.(b).3 Patient Food Services Staff will be responsible for the receipt of all in-coming perishable and non-perishable supplies from commercial purveyors and vendors, decasing of items and placing goods in appropriate refrigerated, frozen and dry storage rooms.

2.11.6.3.1.(b).4 Patient Food Services Staff will perform all food service related functions within the Patient Food Services Component and on units Servery including preparation, production, chilling, assembly and ware washing activities.

2.11.6.3.1.(b).5 Patient Food Services Staff will be responsible for portering of all meals and supplies to Patient units, delivery of meals to Patient bed side and retrieval of soiled trays (unless otherwise specified by care Staff for Patients in isolation or selected care types) and retrieval of soiled carts, trays and service wares.

2.11.6.3.1.(b).6 Staff will begin their shift in the Patient Food Services Component, where they will change and check in before moving to their assigned area.

2.11.6.3.1.(b).7 Visitors and suppliers will have access to the Patient Food Services administrative offices and only accompanied access to the Patient Food Services storage, production and processing areas.

2.11.6.3(1)(c) Clinical and Logistical Support Processes and Flows

2.11.6.3.1.(c).1 Equipment and Instruments

(c).1.1 All equipment will be provided by BH. Patient Food Services with support from FMO will be responsible for maintaining their own equipment.

(c).1.2 All Patient Food Services storage, production, processing, assembly and ware washing equipment will be contained within the Patient Food Services Component or on unit Servery.

(c).1.3 Patient meal carts will be portered to Patient care units during service. Soiled tray carts will be positioned within the Patient care units for collection of soiled trays and service wares.

2.11.6.3.1.(c).2 Consumable Supplies

(c).2.1 All perishable and non perishable supplies will be purchased and received by Patient Food Services Staff and stored within the Patient Food Services Component.

(c).2.2 Selected common hospital cleaning and hygiene supplies will be stored within IHR and requisitioned by Patient Food Services Staff.

2.11.6.3.1.(c).3 Laundry/Linen

(c).3.1 Patient Food Services Staff will collect soiled laundry from point of use and deliver to Utility Room-Soiled on units/floors.

(c).3.2 Soiled food service linens, cloths and mop heads will be contained within the Patient Food Services Component, collected in the Dishwashing area where they will be picked up and taken to an offsite laundry service for reprocessing.

2.11.6.3.1.(c).4 Security

(c).4.1 Regular "rounding" of security within the Component will be provided.

(c).4.2 All refrigerators and freezers within the Patient Food Services Component will include temperature recorders and alarms networked to a computerized control system monitored by both Patient Food Services and Security (during off hours).

2.11.6.3(1)(d) Information Management

2.11.6.3.1.(d).1 A computerized dietary management information system will be included to support the operation of the Patient Food Services. The

dietary management information system will be fully integrated with BH's information system.

- 2.11.6.3.1.(d).2 Computerized workstations will be included on the inpatient units for use by the clinical dietitians. These workstations will be networked to the computerized workstations in the Patient Food Services Component. Information regarding Patients' food service needs and nutritional care status will be available at these workstations. Menu orders and diet changes will be entered at these workstations and will be transmitted to the computerized workstations in the administrative offices within Patient Food Services. Tray tickets will be printed at the administrative offices within the Patient Food Services Component.
- 2.11.6.3.1.(d).3 Patient Food Services Staff will require wireless technologies for hand-held ordering tablets to facilitate Patient bed side ordering.
- 2.11.6.3.1.(d).4 Patient Food Services Component will require wireless technology for walk-in refrigerators and freezer temperature monitoring systems.

2.11.6.3(1)(e) Anticipated Trends in Service Delivery

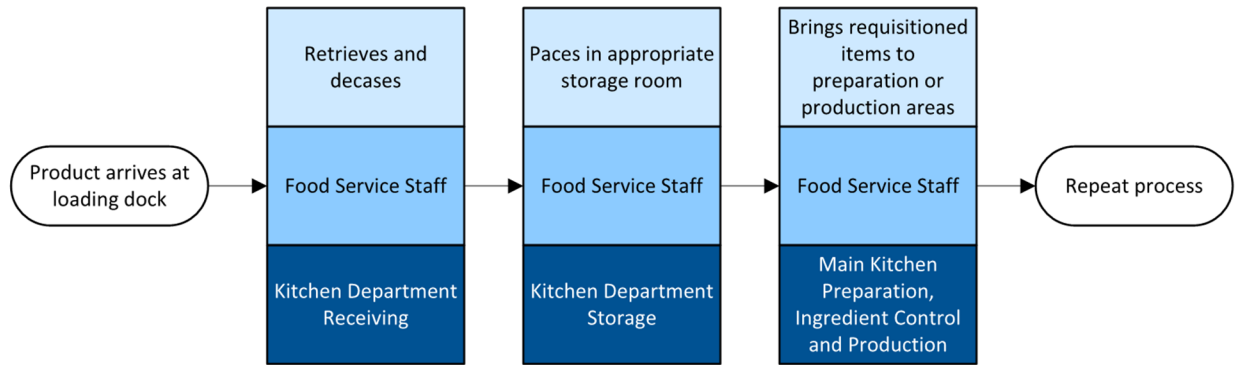
2.11.6.3.1.(e).1 The following lists trends that are expected to affect the nature and or functions accommodated within this Component. Effects of these trends will be reflected in the Component's design:

- (e).1.1 Potential to share tow motor and automated guided vehicles services with other Components including Housekeeping and Waste Management, IHR and Laundry/Linen;
- (e).1.2 Increasing Infection Prevention and Control standards, requirements and equipment;
- (e).1.3 Innovations and advances in food service production, chilling and retherm technologies;
- (e).1.4 Continuing incorporation of lean technologies and processes; and
- (e).1.5 Potential to add additional waste streams.

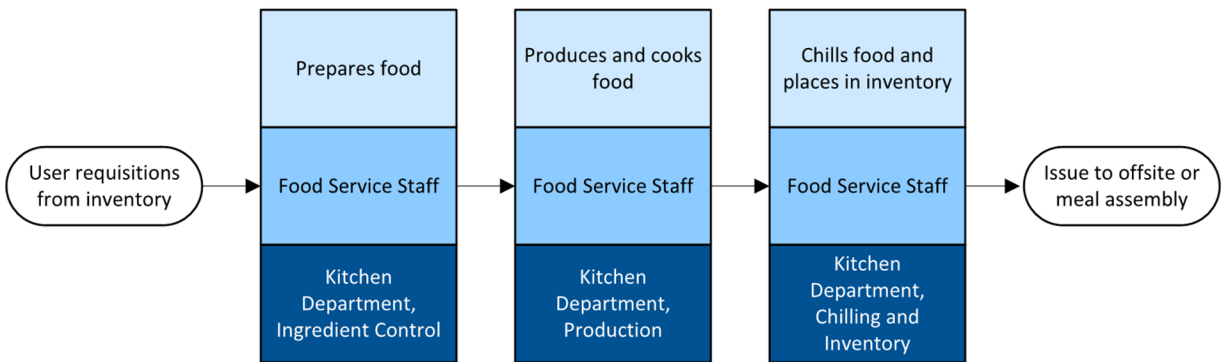
2.11.6.3(2) Workflows

2.11.6.3(2)(a) The Patient Food Services workflows are shown in the following workflow diagrams.

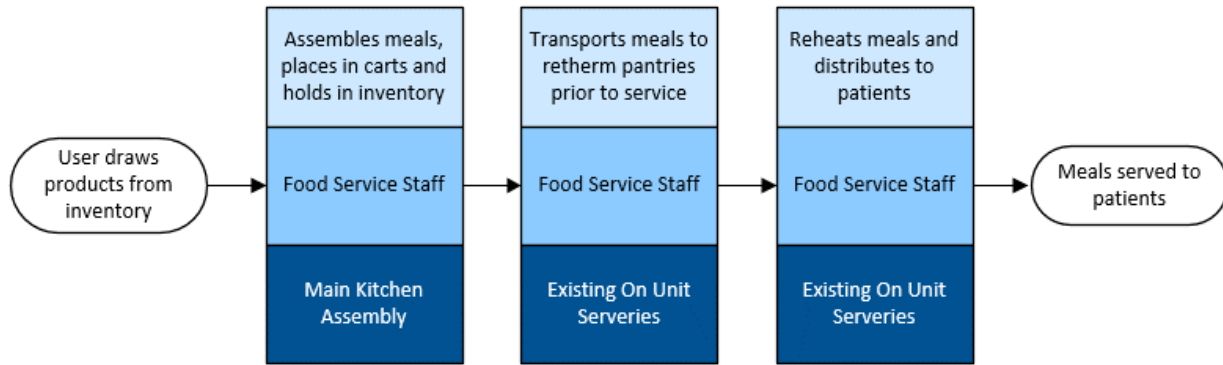
Product Receiving and Inventory Management Flow



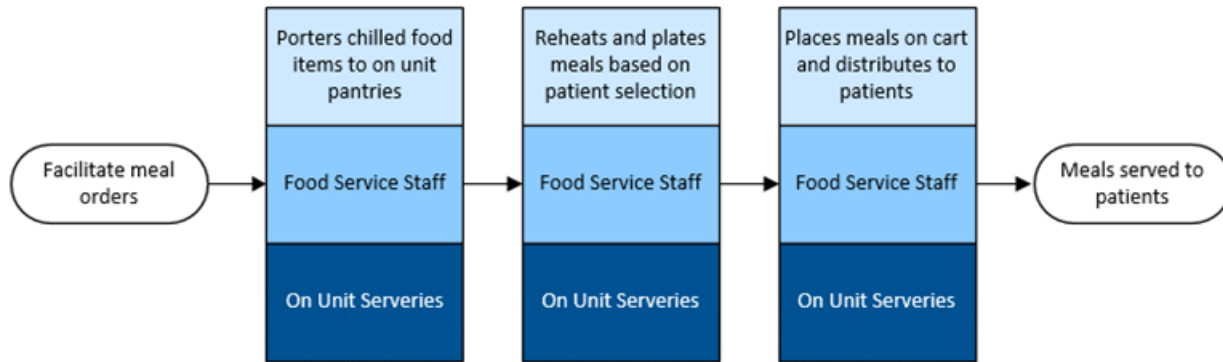
Production and Distribution Flow



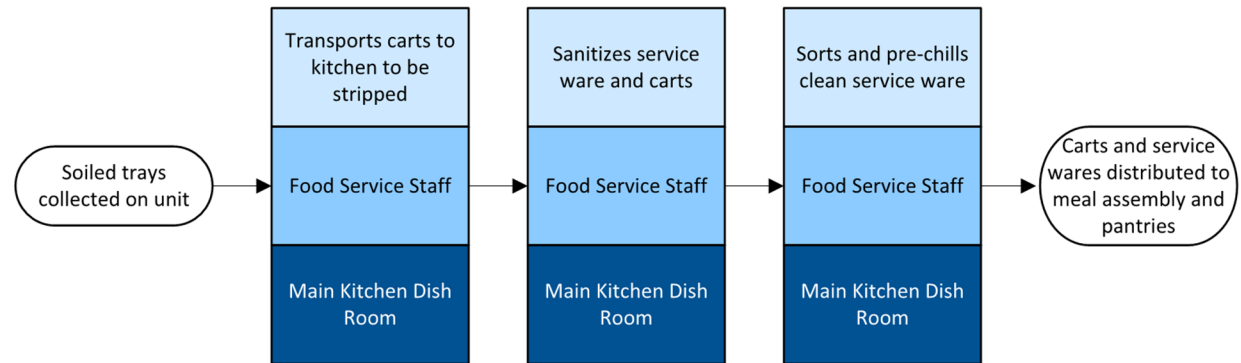
Meal Service (Existing Nursing Units) Flow



Meals Service (Phase 1 Facility) Flow



Ware washing and Waste Management Flow



2.11.6.3(3) Hours of Operation

2.11.6.3(3)(a) The Patient Food Services functions will be operational between 0530-2000 hours, 7 days a week.

2.11.6.3(3)(b) The Dietitian Services will be provided between 0800-1600 hours 7 days a week model.

2.11.6.3(4) Workloads

2.11.6.3(4)(a) Key workload indicators for the Patient Food Services will be as follows:

- 2.11.6.3.4.(a).1 ~ 323,000 meals/year served to inpatients at BH;
- 2.11.6.3.4.(a).2 ~ 18,000 meals/year served to non-admitted Patients at BH; and
- 2.11.6.3.4.(a).3 > 5,000 cases/year of food produced for other FH sites.

2.11.6.3(4)(b) The Dietitian Services annually will have:

- 2.11.6.3.4.(b).1 ~ 8,900 inpatient encounters (over all inpatient units); note this is based on no change from the current referral model. Screening for malnutrition will occur for most inpatients, especially older adults and up to 60% of these Patients will require a dietitian referral.

2.11.6.3(4)(c) Projected staffing model for this Component is shown in the following table.

PATIENT FOOD SERVICES					
	POSITION	FTE	HC	# OF STAFF @ PEAK SHIFT	NOTES
Food Services	Manager	1.00	1	1	No increase.
	Stores Attendant	1.00	1	1	No increase.
	Transportation Attendant	2.87	3	1	+15% increase for transport to individual inpatient rooms.
	Food Service Worker I	21.55	24	15	+20% increase for spoken word menu.
	Food Service Worker II	2.98	4	2	Proportional to bed increase.
	Cook 1	1.60	2	2	Proportional to bed increase.
	Food Service Supervisor I	4.49	5	3	Proportional to bed increase.
Clinical Nutrition	Dietitian Practice Leader	1.00	1	1	No increase.
	Clinical Dietitian	5.35	6	6	Increased proportional to bed increase; this is less than standards for Clinical Dietitians as described above.
	Clinical Diet Technician	4.30	5	3	Assume 1.4 FTE per 100 Patients, assume w/e, eves.
	Students	n/a	2	2	Maintained.
PEAK TOTAL		46.14	54	37	

2.11.6.4 DESIGN CRITERIA

2.11.6.4(1) General Requirements

- 2.11.6.4(1)(a) Zones of Activity within the Patient Food Services will include the following:
- 2.11.6.4.1.(a).1 Loading/Receiving;
 - 2.11.6.4.1.(a).2 Raw Storage;
 - 2.11.6.4.1.(a).3 Production;
 - 2.11.6.4.1.(a).4 Dishwashing;
 - 2.11.6.4.1.(a).5 Administration; and
 - 2.11.6.4.1.(a).6 Staff Support.
- 2.11.6.4(1)(b) The Patient Food Services will have Direct Access through Back of House Circulation to the Loading Dock for receiving food items and waste disposal.
- 2.11.6.4(1)(c) The Patient Food Services will have Convenient Access to the IHR and all Patient care areas.
- 2.11.6.4(1)(d) The Patient Food Services will be designed to be functional, square or rectangular in shape with a ratio no greater than 1.5 to 1 desired.
- 2.11.6.4(1)(e) The Patient Food Services kitchen will be designed to support a forward workflow and a separate, non-crossing flow for waste, soiled carts and service wares.

2.11.6.4(2) Loading/Receiving

- 2.11.6.4(2)(a) Loading/Receiving will be configured to accommodate holding and breakdown of pallets with incoming goods and supplies.
- 2.11.6.4(2)(b) This area will accommodate receipt and removal of equipment.
- 2.11.6.4(2)(c) This area will include a receiver workstation.
- 2.11.6.4(2)(d) Hand hygiene sink will be included in the area.
- 2.11.6.4(2)(e) Loading/Receiving will have Direct Access to the Raw Storage area.

2.11.6.4(3) Raw Storage

- 2.11.6.4(3)(a) Dry and refrigerated storage rooms will be designed to maximize storage capacity. High density track shelving will be utilized to maximize storage capacity within the space.
- 2.11.6.4(3)(b) Storage-Dry room will have double door access from the Loading/Receiving area.

- 2.11.6.4(3)(c) Storage-Dry room will be a secured enclosed space.
- 2.11.6.4(3)(d) Storage-Cold +2 to +6C and Storage-Cold -20C will be constructed of pre-fabricated refrigeration panels complete with hinged or sliding doors where possible.
- 2.11.6.4(3)(e) Where possible, Storage-Cold +2 to +6C and Storage-Cold -20C rooms will have back loading access from the Loading/Receiving area and open out into the Production area.
- 2.11.6.4(3)(f) Storage areas will be designed to provide adequate circulation through the space.
- 2.11.6.4(3)(g) A Compressor Room will be included to accommodate refrigeration compressors as well as chill water tanks to support the cook chill equipment within the Production area.

2.11.6.4(4) Production

- 2.11.6.4(4)(a) The Production area will include the following:
 - 2.11.6.4.4.(a).1 Ingredient Control Room;
 - 2.11.6.4.4.(a).2 Nourishment Preparation Area;
 - 2.11.6.4.4.(a).3 Prepare and Cook Area including production and chilling equipment;
 - 2.11.6.4.4.(a).4 Cold storage rooms for the holding of prepared and chilled product;
 - 2.11.6.4.4.(a).5 Office-2 Shared with multiple workstations;
 - 2.11.6.4.4.(a).6 Pod Assembly Area;
 - 2.11.6.4.4.(a).7 Docking Stations;
 - 2.11.6.4.4.(a).8 Prepared Cart Holding Room; and
 - 2.11.6.4.4.(a).9 Distribution Prep area for the assembly of product to be shipped off site to other FH hospitals.
- 2.11.6.4(4)(b) The Ingredient Control Room will be an enclosed room adjacent to Storage-Dry and Production area.
- 2.11.6.4(4)(c) The Nourishment Preparation Area will be an open area adjacent to the Prepare and Cook Area and Pod Assembly Area.
- 2.11.6.4(4)(d) The Prepare and Cook Area will be an open area and include exhaust hoods, high volume cooking and chilling equipment.
- 2.11.6.4(4)(e) The Prepare and Cook Area will require access to Raw Storage rooms to access food products.

- 2.11.6.4(4)(f) Cold storage rooms within the Production area will require adjacency to the Prepare and Cook Area, Distribution Prep and Pod Assembly Area.
 - 2.11.6.4(4)(g) Cold storage rooms will be constructed of pre-fabricated refrigeration panels complete with hinged or sliding doors.
 - 2.11.6.4(4)(h) The Pod Assembly Area will be an open area with adjacency to Prepare and Cook Area.
 - 2.11.6.4(4)(i) The Office-2 Share will accommodate two (2) workstations and provide direct visibility to the Prepare and Cook Area and Pod Assembly Area.
 - 2.11.6.4(4)(j) The Prepared Cart Holding Room will be directly adjacent to the Pod Assembly Area.
 - 2.11.6.4(4)(k) The Prepared Cart Holding Room will be a temperature controlled room and will be constructed of pre-fabricated refrigeration panels complete with hinged or sliding doors.
 - 2.11.6.4(4)(l) The Pod Assembly Area will have Direct Access to a Back of House corridor for distribution of meals to inpatient units.
 - 2.11.6.4(4)(m) The Docking Stations adjacent to the Pod Assembly Area will be for the re-therm units.
 - 2.11.6.4(4)(n) Hand hygiene sinks will be provided throughout the area at all points of entry and exit to the Production area.
- 2.11.6.4(5) Dishwashing
- 2.11.6.4(5)(a) The Dishwashing area will be an enclosed area designed to contain sound. The Dishwashing area will include:
 - 2.11.6.4.5.(a).1 Housekeeping Closet;
 - 2.11.6.4.5.(a).2 Storage-Chemical Room;
 - 2.11.6.4.5.(a).3 Dishwasher;
 - 2.11.6.4.5.(a).4 Cart Staging Area and Clean Cart Staging Area;
 - 2.11.6.4.5.(a).5 Dishwashing-Pots/Pans; and
 - 2.11.6.4.5.(a).6 Cart Washer.
 - 2.11.6.4(5)(b) The Housekeeping Closet and Storage-Chemical Room will be enclosed rooms.

- 2.11.6.4(5)(c) The Housekeeping Closet will include storage shelving, hand hygiene sink, utility floor sink and plumbed eye wash station.
- 2.11.6.4(5)(d) The Dishwasher, Clean Cart Staging Area and Cart Staging Area will be open areas.
- 2.11.6.4(5)(e) Cart Staging Area will have Direct Access from a Back of House corridor for the return of soiled carts and meal service wares from inpatient units.
- 2.11.6.4(5)(f) The Dishwashing-Pots/Pans will be a partially enclosed area adjacent to the Prepare and Cook Area.
- 2.11.6.4(5)(g) Hand hygiene sinks will be provided throughout the area at all points of entry and exit to the Dishwashing area.

2.11.6.4(6) Administration

- 2.11.6.4(6)(a) Administration area will include three (3) private Offices, one (1) Office-Diet and one (1) Office-Multi with seven (7) workstations.
- 2.11.6.4(6)(b) The three (3) private Offices and the Office-Multi with seven (7) workstations will have Direct Access from a Back of House corridor.
- 2.11.6.4(6)(c) The Office-Diet will have access to the Patient Food Services kitchen.

2.11.6.4(7) Staff Support

- 2.11.6.4(7)(a) Staff Support area will include a Lounge-Staff, Vestibule-Change Room, Change Room-Staff and Washroom-Staff-Small.
- 2.11.6.4(7)(b) Lounge-Staff will be shared with Patient Food Services, Housekeeping and Waste Management, IHR and Laundry/Linen with Direct Access from outside the Component. It will include a kitchenette and Staff lockers.

2.11.6.5 EXTERNAL RELATIONSHIPS

2.11.6.5(1) The following diagram indicates other Functional Components that have a functional relationship with this Component.



LEGEND

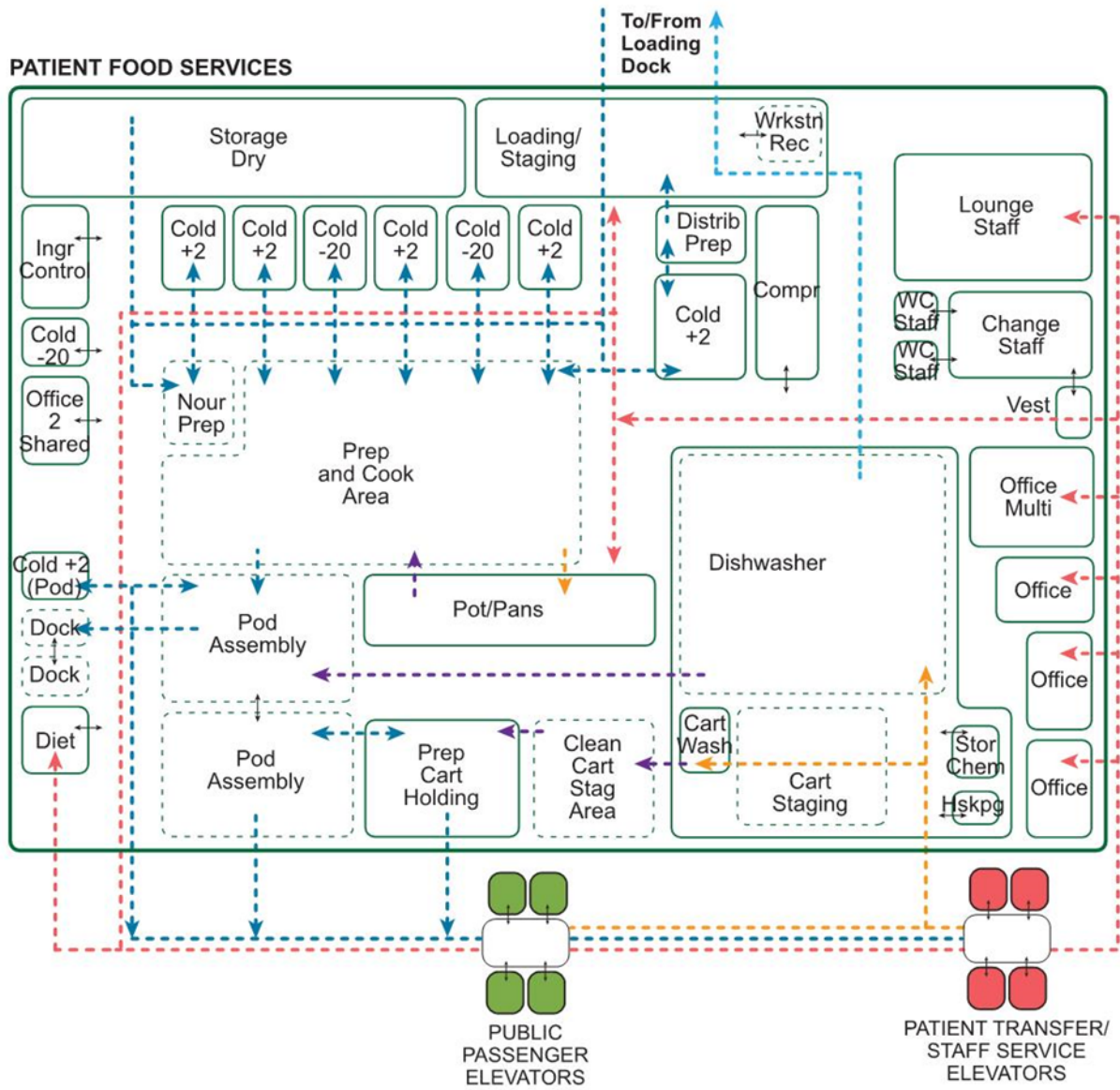
 Direct Access by Back of House Circulation

..... Convenient Access by Restricted Circulation

..... Convenient Access by General Circulation

2.11.6.6 INTERNAL RELATIONSHIPS

2.11.6.6(1) The following diagram indicates internal functional relationships within this Component.



- LEGEND**
- General Circulation
 - Restricted Circulation - Staff
 - Restricted Circulation - Food Product
 - Restricted Circulation - Service Wares (Clean)
 - Restricted Circulation - Service Wares (Soiled)
 - Restricted Circulation - Waste

2.11.7 CENTRAL PORTER SERVICES

2.11.7.1 SERVICE OVERVIEW

2.11.7.1(1) BH will rely on porters to escort Patients and materials within BH. Their primary focus will be moving Patients between Components around BH. They will not be responsible for providing medical or emergency care. In addition, porters transport decedents, charts, wheelchairs, beds, stretchers, medications, blood products, and lab specimens as needed.

2.11.7.2 FUNCTIONAL DESCRIPTION

2.11.7.2(1) Scope of Services

2.11.7.2(1)(a) Scope of Clinical Activity

2.11.7.2.1.(a).1 The following specifies the minimum set of functions that will be accommodated within this Component:

(a).1.1 Movement of Patients and materials within BH.

2.11.7.2(1)(b) Scope of Educational Activity

2.11.7.2.1.(b).1 Education around safe handling and procedures will be accommodated in the Lounge-Staff and will not require specialized or dedicated facilities in this Component. Shared site educational space will be utilized if additional room is required.

2.11.7.2(1)(c) Scope of Research Activity

2.11.7.2.1.(c).1 Not applicable.

2.11.7.2(2) Scope Exclusions

2.11.7.2(2)(a) The following list specifies functions that are understood to occur in other Functional Components in BH or outside BH:

2.11.7.2.2.(a).1 The Perioperative Services, ED and Medical Imaging Components will have their own dedicated porter services that will be separate from the Central Porter Services. However, Central Porter Services will assist in all of these areas as required.

2.11.7.3 OPERATIONAL CONSIDERATIONS

2.11.7.3(1) Service Delivery Principles and Methods

2.11.7.3(1)(a) Patient and Family Management Processes and Flows

2.11.7.3.1.(a).1 Patient Flow

(a).1.1 Central Porter Services will transport Patients throughout BH by wheelchair or stretcher. On occasion, Central Porter Services will escort ambulatory Patients.

2.11.7.3.1.(a).2 Family Flow

(a).2.1 Family members and visitors will be able to accompany Patients during transport.

2.11.7.3(1)(b) Provider Work Processes and Flows

2.11.7.3.1.(b).1 Staff will begin their shift in the Central Porter Services area and respond to service calls and pre-booked appointments throughout BH.

2.11.7.3.1.(b).2 Staff will collect transport device (e.g. stretcher or wheelchair) from holding area within the requesting service area. They will assist clinical Staff in preparing Patients and transferring to transport device. In some cases, the Patient will be prepared in advance. Central Porter Services Staff will transport Patients to requested area and return empty transport devices to holding area. Staff will then respond to the next service call or return to the Central Porter Services Component until required.

2.11.7.3.1.(b).3 Central Porter Services Staff will respond to requests to transport equipment or supplies, including empty Patient beds. They will collect equipment or supplies from the requested area and transport to another area in BH. Staff will then respond to the next service call or return to the Central Porter Services Component until required.

2.11.7.3.1.(b).4 Staff will provide access and escort to secured areas, e.g. the Morgue as required.

2.11.7.3.1.(b).5 Designated Staff will respond as part of the Code White team.

2.11.7.3.1.(b).6 The supervisor will require a dedicated workstation for administrative functions and Staff require multi-user workstations when they are in the Component.

2.11.7.3(1)(c) Clinical and Logistical Support Processes and Flows

2.11.7.3.1.(c).1 Pharmacy Services

(c).1.1 Central Porter Services will transport medication between the Pharmacy and other Patient care areas. This will include urgent,

- STAT and planned deliveries according to schedule.
- 2.11.7.3.1.(c).2 Laboratory Services
 - (c).2.1 Central Porter Services will transport specimens to the Laboratory from other Patient care areas.
 - 2.11.7.3.1.(c).3 Equipment and Instruments
 - (c).3.1 Central Porter Services will require access to equipment including wheelchairs and stretchers to transport Patients and materials. This equipment will be stored in the holding area at point of service.
 - 2.11.7.3.1.(c).4 Consumable Supplies
 - (c).4.1 This Component will be expected to have minimal supply needs (e.g. paper, stationary). All supplies will be direct purchase and delivered to the Component.
 - 2.11.7.3.1.(c).5 Housekeeping and Waste Management
 - (c).5.1 Housekeeping and Waste Management will provide routine and demand cleaning of this Component.
 - (c).5.2 Waste products will be managed according to a system of segregation at point of origin and sequential consolidation throughout the Component.
 - (c).5.3 Segregation of wastes will accommodate the following categories:
 - (c).5.3.1 General garbage including clean recycling; and
 - (c).5.3.2 Confidential paper.
 - (c).5.4 Waste containers will be monitored, removed and replaced by the Housekeeping and Waste Management Staff.
 - 2.11.7.3.1.(c).6 Laundry/Linen
 - (c).6.1 Central Porter Services will transport linen from the Laundry/Linen Component to other Patient care areas (after hours only).
 - 2.11.7.3.1.(c).7 Security
 - (c).7.1 Regular “rounding” of security within the Component will be provided.
 - 2.11.7.3(1)(d) Information Management
 - 2.11.7.3.1.(d).1 Information will be primarily managed by phone, channel radio or electronic devices.
 - 2.11.7.3.1.(d).2 Staff will have access to electronic scheduling and communication through workstations in the Central Porter Services Office.

2.11.7.3.1.(d).3 Staff will transport Patient charts to and from Health Information Management Department and Patient care areas.

2.11.7.3(1)(e) Anticipated Trends in Service Delivery

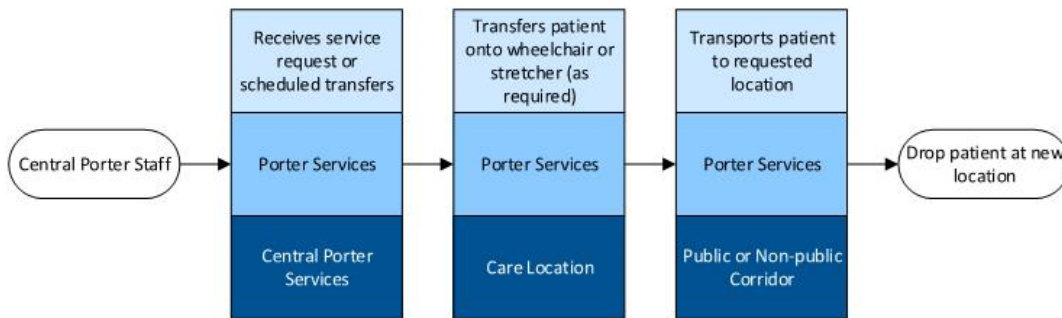
2.11.7.3.1.(e).1 The following lists trends that are expected to affect the nature and or functions accommodated within this Component. Effects of these trends will be reflected in the Component’s design:

- (e).1.1 Increased volume of calls for porters as number of beds in BH increases;
- (e).1.2 Increasing use of technology and waste reduction policies will result in adoption of a new communication system between Patient care areas and porters (e.g. use of hand-held devices).
- (e).1.3 Potential to move towards a combined or centralized service model for all porter services within BH (e.g. Central Porter Services, ED, Perioperative Services and Medical Imaging).

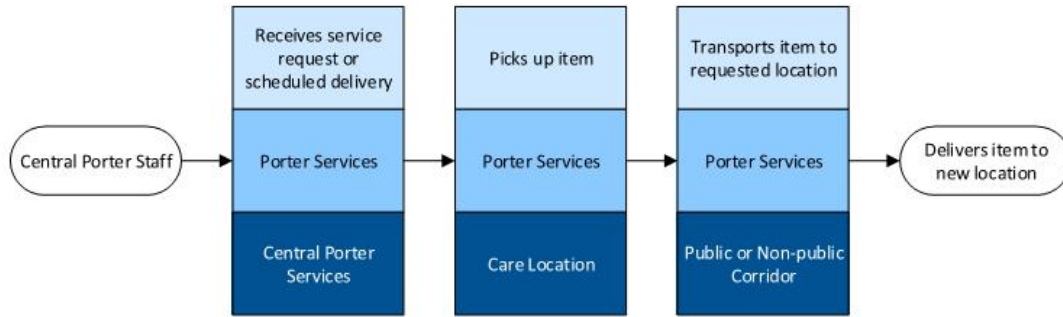
2.11.7.3(2) Workflows

2.11.7.3(2)(a) The Central Porter Services workflows are shown in the following workflow diagrams.

Patient Transfer Flow



Equipment/Supply Transfer Flow



2.11.7.3(3) Hours of Operation

2.11.7.3(3)(a) Services in this Component will be provided 24/7. Depending on call volume, the goal will be to reach Components within twenty (20) minutes of request based on requested urgency.

2.11.7.3(4) Workloads

2.11.7.3(4)(a) The maximum estimated workload for this Component is shown in the following table.

CENTRAL PORTER SERVICES	PEAK SHIFT
Supervisor	1
Porters	6
PEAK TOTAL	7

2.11.7.4 DESIGN CRITERIA

2.11.7.4(1) General Requirements

2.11.7.4(1)(a) The Central Porter Services will have Close Access to the existing Equipment Depot for picking up and dropping off equipment through Restricted Circulation.

2.11.7.4(1)(b) This Component will also have Convenient Access to all areas of BH for picking up and dropping off Patients, equipment, supplies, medication, specimens, etc.

2.11.7.4(1)(c) The Central Porter Services will include a private Office and a Lounge-Staff located adjacent to each other.

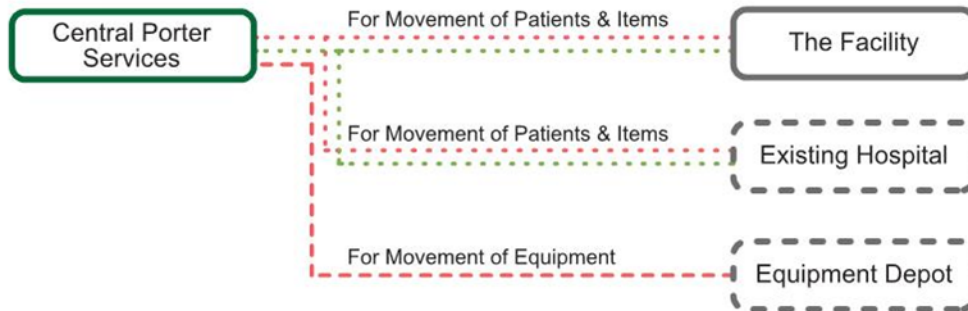
2.11.7.4(1)(d) Lounge-Staff will include a workstation, kitchenette and Staff lockers.

2.11.7.4(1)(e) A Stretcher/Wheelchair Holding Area with space for holding stretchers and wheelchairs will be included in

Central Porter Services and will have Close Access to
Central Porter Services.

2.11.7.5 EXTERNAL RELATIONSHIPS

2.11.7.5(1) The following diagram indicates other Functional Components that have a functional relationship with this Component.

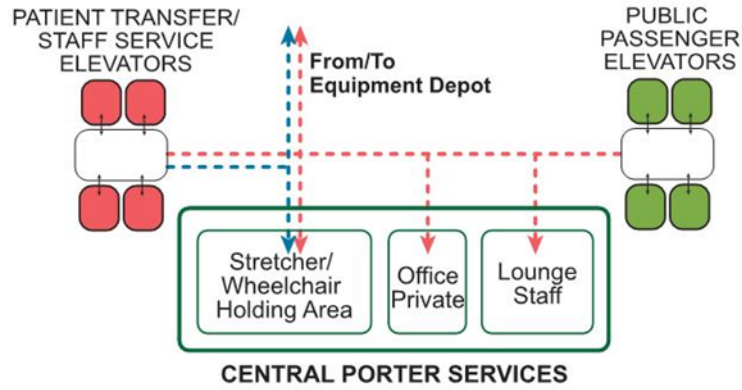


LEGEND

- Close Access by Restricted Circulation
- Convenient Access by Restricted Circulation
- Convenient Access by General Circulation

2.11.7.6 INTERNAL RELATIONSHIPS

2.11.7.6(1) The following diagram indicates internal functional relationships within this Component.



2.11.8 LOADING DOCK

2.11.8.1 SERVICE OVERVIEW

2.11.8.1(1) The Loading Dock will support the entire BH in deliveries and pick ups but will specifically be required for the Pharmacy, FMO, Housekeeping and Waste Management, IHR, Laundry/Linen, Patient Food Services and Retail Food Services.

2.11.8.2 FUNCTIONAL DESCRIPTION

2.11.8.2(1) Scope of Services

2.11.8.2(1)(a) Scope of Clinical and Non-Clinical Activity

2.11.8.2.1.(a).1 The following specifies the minimum set of functions that will be accommodated within this Component:

- (a).1.1 The main entrance of the Loading Dock will be used for deliveries and item removal for all Components within BH;
- (a).1.2 Trucks providing delivery and pick up will have access to the Loading Dock using either a deck leveller at berths or bays, or a ramp;
- (a).1.3 The Loading Dock will have capacity in designated areas for storage of ready for pick up garbage compaction, recycling, cardboard compaction, compostable, electronics, light tubes, batteries, Furniture recycling and flammable chemicals;
- (a).1.4 Deliveries and pickups will be pre-scheduled and coordinated to reduce waiting time for available berths or bays and congestion in the parking spaces, driveways, loading ramp and entrances to BH;
- (a).1.5 Parking spots near the Loading Dock will be used by some couriers for services near the Loading Dock and for contractors with permission from the FMO; and
- (a).1.6 The area will have a Receiving Clerk Monday to Friday to coordinate deliveries and receive items.

2.11.8.2(1)(b) Scope of Educational Activity

2.11.8.2.1.(b).1 There will be no educational activity occurring in this Component.

2.11.8.2(1)(c) Scope of Research Activity

2.11.8.2.1.(c).1 There will be no research activity occurring in this Component.

2.11.8.2(2) Scope Exclusions

2.11.8.2(2)(a) The following list specifies functions that are understood to occur in other Functional Components in BH or outside BH:

2.11.8.2.2.(a).1 Courier services to Components that will not be adjacent to the Loading Dock will use an alternate entrance to BH.

2.11.8.3 OPERATIONAL CONSIDERATIONS

2.11.8.3(1) Service Delivery Principles and Methods

2.11.8.3(1)(a) Patient and Family Management Processes and Flows

2.11.8.3.1.(a).1 Patient Flow

(a).1.1 Not applicable. The Loading Dock will be a restricted area with no Patient access.

2.11.8.3.1.(a).2 Family Flow

(a).2.1 Not applicable. The Loading Dock will be a restricted area with no public access.

2.11.8.3(1)(b) Provider Work Processes and Flows

2.11.8.3.1.(b).1 Pharmacy

(b).1.1 Pharmaceutical products will be delivered by truck via the Loading Dock berth or bay with a deck leveller (some will arrive on skids) and be delivered directly to the Pharmacy Component.

(b).1.2 Pharmaceutical wastes will be picked up directly from the Storage-Bio-Waste space in the Housekeeping and Waste Management Component by an outside contractor and removed through the Loading Dock.

2.11.8.3.1.(b).2 Facilities Maintenance and Operations

(b).2.1 At times, the FMO will receive equipment through the Loading Dock which will be transported directly by the vendor to their Component for receiving, assembly and preparation. The FMO will move decommissioned equipment or electronics to the Loading Dock for storage and removal.

(b).2.2 The FMO will designate parking spots for use by preauthorized outside contractors.

2.11.8.3.1.(b).3 Housekeeping and Waste Management

- (b).3.1 The Housekeeping and Waste Management Staff will place waste items and recycling collected from BH into the garbage and cardboard compactors located at the Loading Dock for pick up by contracted service providers.
 - (b).3.2 The Housekeeping and Waste Management will place items of Furniture into a designated furniture bin located with Convenient Access to the Loading Dock and accessible by a ramp from the dock for pick up by contracted service providers.
 - (b).3.3 The Housekeeping and Waste Management will place electronics recycling and higher value items into a designated storage space on or adjacent to the Loading Dock for pick up by contracted service providers.
 - (b).3.4 The Housekeeping and Waste Management will place organic waste items collected from the BH into storage containers located at the Loading Dock for pick up by contracted service providers.
- 2.11.8.3.1.(b).4 In Hospital Replenishment
- (b).4.1 The IHR Staff will receive items to the Component to be distributed throughout BH. Supplies will be received, checked and recorded by the Receiving Clerk who will be located within the IHR Component. The IHR Staff will unpack the items within the Component.
- 2.11.8.3.1.(b).5 Laundry/Linen
- (b).5.1 Contractor linen trucks will use a loading berth or bay on the Loading Dock to empty clean, full linen carts into their Component area. Return exchange linen carts and soiled laundry will be moved from the Laundry/Linen Component to the Loading Dock into contractor linen trucks for return to an offsite facility for reprocessing.
- 2.11.8.3.1.(b).6 Patient and Retail Food Services
- (b).6.1 The Patient Food Services deliveries will be received by Staff through their dedicated door between the Loading Dock and the Patient Food Services Component. Within the Component, items will be moved by the vendor into Loading/Staging Area for either

- direct placement into designated freezers, refrigerators and dry storage, or for unpacking/unboxing of items first.
- (b).6.2 The Patient Food Services will have food waste, garbage and recycling areas located with Convenient Access to the Loading Dock for movement of these items into the outer disposal areas.
 - (b).6.3 Food prepared for use at other sites will be picked up from the kitchen and shipped through their dedicated door between the Patient Food Services Component and Loading Dock.
 - (b).6.4 Vendors will deliver food items to Retail Food Services (cafeteria and/or contracted vendor) via the main Loading Dock door entrance, not through the dedicated Patient Food Services entrance.
- 2.11.8.3(1)(c) Clinical and Logistical Support Processes and Flows
- 2.11.8.3.1.(c).1 Equipment and Instruments
 - (c).1.1 New or replacement equipment will enter BH via the Loading Dock for delivery either directly to the receiving unit or to a holding area for assembly and testing.
 - (c).1.2 Equipment, electronics and Furniture no longer required or functional will be placed in the designated storage or recycling area of the Loading Dock.
 - (c).1.3 Large, high value equipment will occasionally be delivered to the Loading Dock Component. Temporary, secure storage space will be required within BH to accommodate these items.
 - 2.11.8.3.1.(c).2 Consumable Supplies
 - (c).2.1 Disposable items will be distributed to designated containers and compactors in the Loading Dock footprint as appropriate.
 - 2.11.8.3.1.(c).3 Housekeeping and Waste Management
 - (c).3.1 Waste products will be managed according to a system of segregation at point of origin and sequential consolidation on the Loading Dock.
 - (c).3.2 Segregation of wastes will accommodate general waste compactor, cardboard compactor, recycling containers (segregated for glass, metals, plastic/styrofoam, paper),

compostable materials, Furniture recycling, and electronics recycling.

(c).3.3 Waste containers and compactors will have routine emptying/pick up according to a pre-arranged schedule or as required.

(c).3.4 This space will be able to occasionally accommodate waste from large scale construction and/or renovation projects.

2.11.8.3(1)(d) Anticipated Trends in Service Delivery

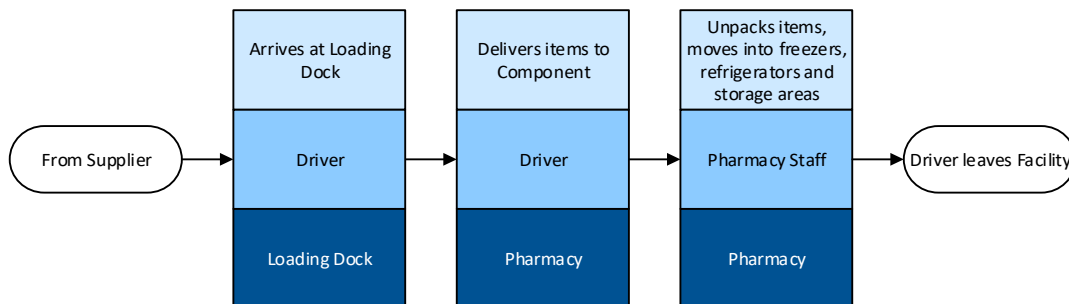
2.11.8.3.1.(d).1 The following lists trends that are expected to affect the nature and or functions accommodated within this Component. Effects of these trends will be reflected in the Component's design:

- (d).1.1 Infection Prevention and Control will likely remain an ongoing challenge in all areas of BH, requiring an enhanced approach and standards to meet these needs that will impact requirements in the Loading Dock;
- (d).1.2 New technologies and robotics will change how items will be received and delivered; and
- (d).1.3 Accommodation of new recycling and/or waste streams will be required.

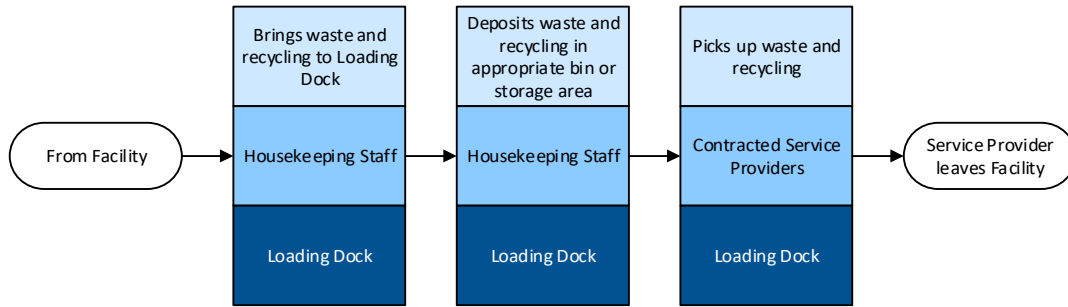
2.11.8.3(2) Workflows

2.11.8.3(2)(a) The Loading Dock workflows are shown in the following workflow diagrams.

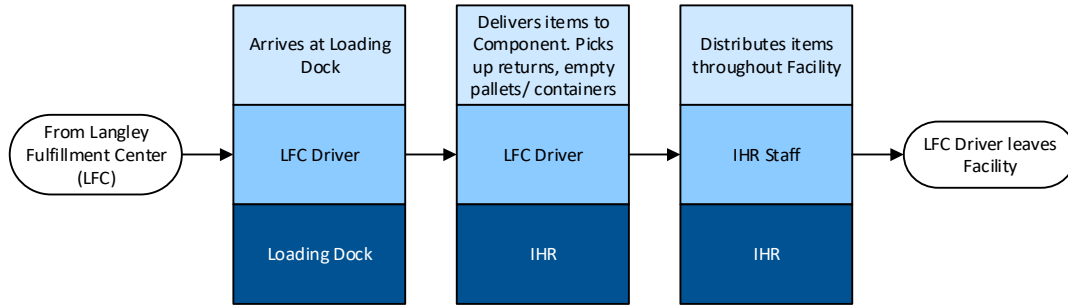
Pharmacy Flow



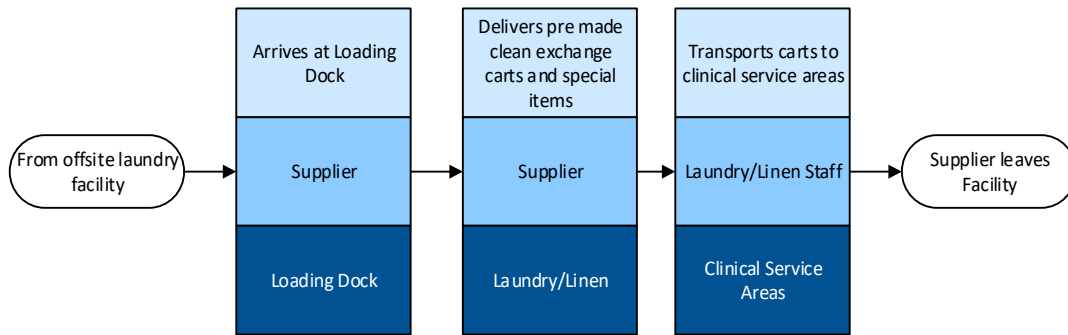
Housekeeping and Waste Management Flow



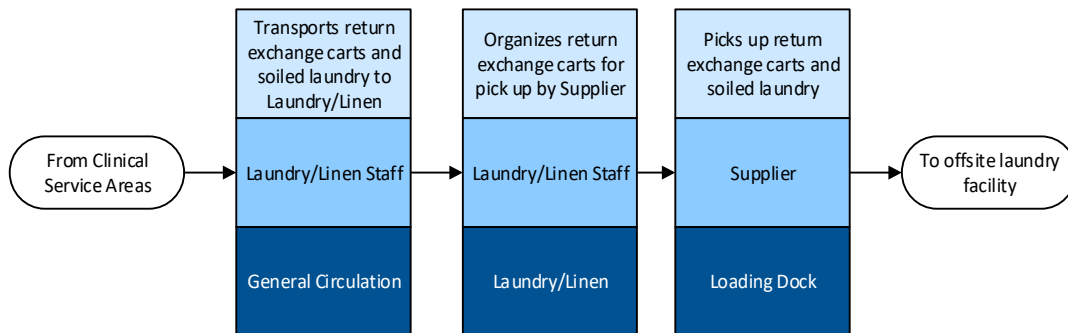
IHR Flow



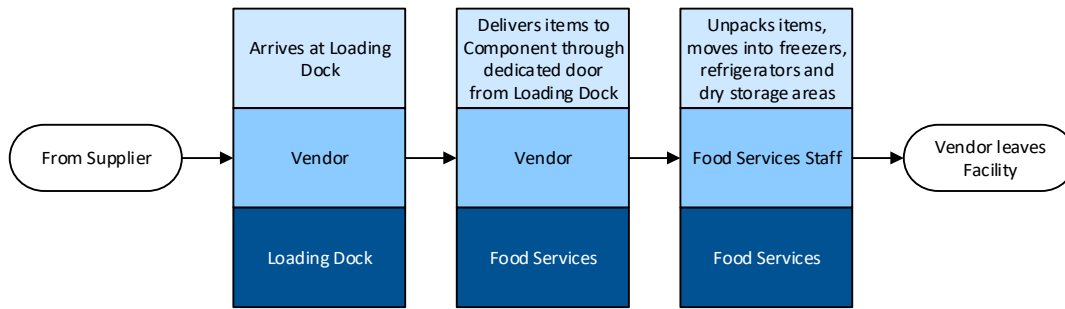
Laundry/Linen Arrival Flow



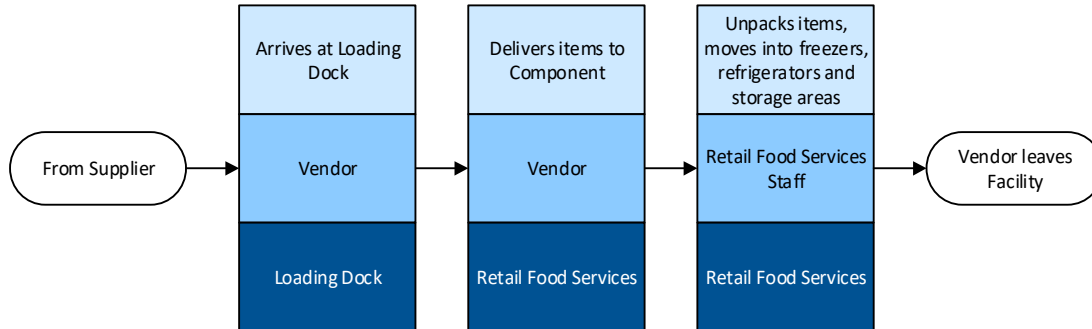
Laundry/Linen Exit Flow



Patient Food Services Flow



Retail Food Services Flow



2.11.8.3(3) Hours of Operation

2.11.8.3(3)(a) The main Loading Dock will operate 24/7 with restricted access control. Receiving will occur between 0800-1600 hours, Monday to Friday.

2.11.8.3(4) Workloads

2.11.8.3(4)(a) The maximum estimated workload for this Component is shown in the following table.

LOADING DOCK	PEAK SHIFT
Receiving Clerk	1
PEAK TOTAL	1

2.11.8.4 DESIGN CRITERIA

2.11.8.4(1) General Requirements

2.11.8.4(1)(a) The Loading Dock scope of work will include modifications and renovations to existing BH Loading Dock to meet design requirements in this section.

2.11.8.4(1)(b) The Loading Dock will have Direct Access through Back of House Circulation to the Housekeeping and Waste Management for biological waste removal.

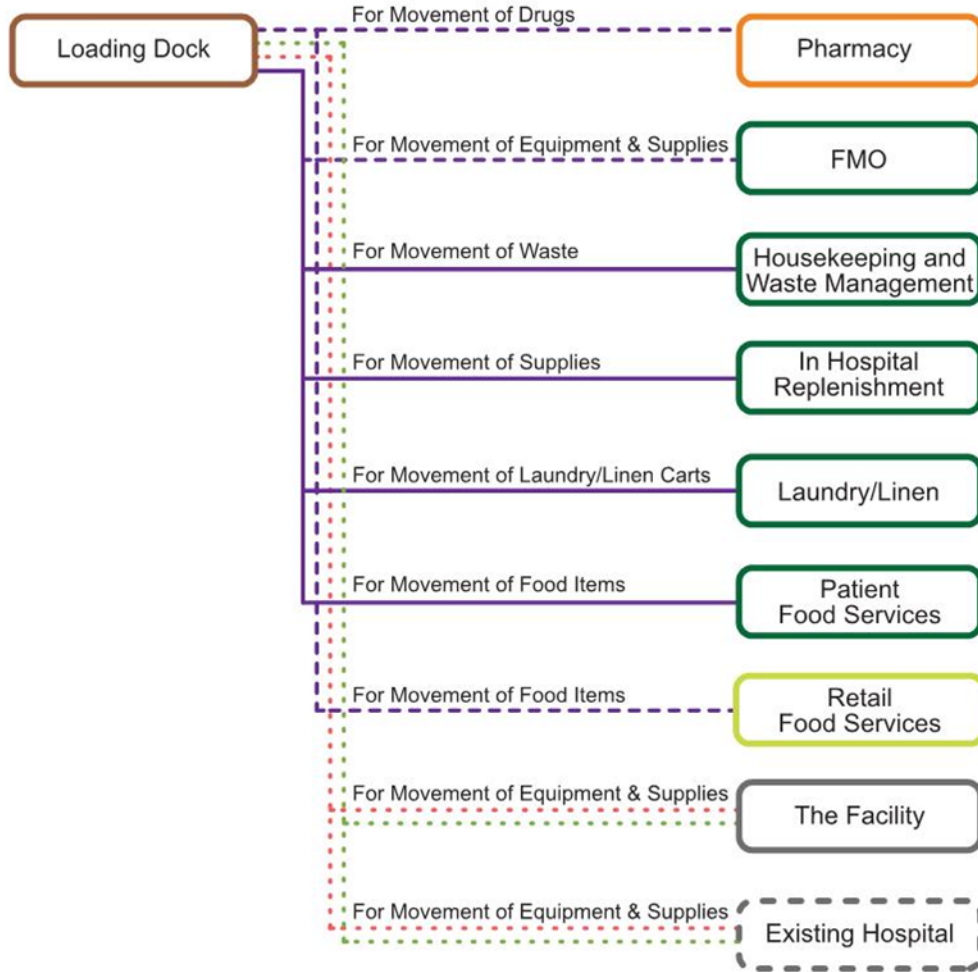
- 2.11.8.4(1)(c) It will also have Direct Access through Back of House Circulation to the Housekeeping and Waste Management for waste disposal, to the IHR for receiving supplies, to the Laundry/Linen for delivery of clean linen carts and picking up dirty linen carts and soiled laundry and to the Patient Food Services for receiving food items.
- 2.11.8.4(1)(d) The Loading Dock will have Close Access to the Pharmacy for receiving pharmaceuticals, to the FMO for receiving and shipping equipment and supplies and to the Retail Food Services for receiving food items.
- 2.11.8.4(1)(e) The Loading Dock will not accommodate Morgue transfers. The Morgue will have a separate dedicated entrance.
- 2.11.8.4(1)(f) The Loading Dock will include the following:
- 2.11.8.4.1.(f).1 A minimum of three (3) Loading berths or bays minimum 3.3 m wide each with deck levellers for larger trailers and trucks;
 - 2.11.8.4.1.(f).2 Parking spots for the smaller trucks, vans or cars;
 - 2.11.8.4.1.(f).3 Overhead rolling doors that will open and close for access to the interior of the building from the exterior loading bays;
 - 2.11.8.4.1.(f).4 Main doors for access to the interior of the building from the exterior loading bays;
 - 2.11.8.4.1.(f).5 Palette hold and compostable waste area adjacent to the apron;
 - 2.11.8.4.1.(f).6 Waste and recycling compactors and bins; and
 - 2.11.8.4.1.(f).7 The Receiving Clerk Office located adjacent to the Loading Dock with Line of Sight to the comings and goings of the Loading Dock activity.
- 2.11.8.4(1)(g) Dimensions and layout of the Loading Dock will provide segregation of material streams including general waste compactor, cardboard compactor, recycling containers, and compostable materials.
- 2.11.8.4(1)(h) The Loading Dock layout, doors and Back of House Circulation leading to and from the Loading Dock will provide required turning radius and circulation space for movement of large packages, tow motors, pallet jacks and dollies.
- 2.11.8.4(1)(i) The Loading Dock will have a continuous platform free of structural supports, changes in grade, or other features

that impede movement of items transported by tow motors, pallet jacks, dollies, carts and hand trucks. Back of House Circulation to and from the Loading Dock will be straight and require minimum width of three (3) m.

- 2.11.8.4(1)(j) A ramp will be located at the Loading Dock to accommodate the manual transport of items from the driveway bed to the Loading Dock. The ramp will be a straight run with no turns. The ramp's maximum grade will be in compliance with WorkSafe BC standards and will not be more than 2%.
- 2.11.8.4(1)(k) Couriers requiring delivery or pickup to an adjacent Component to the Loading Dock will use designated parking spots and the ramp or the stairs to access the Loading Dock.
- 2.11.8.4(1)(l) Garbage and cardboard compactors will be located adjacent to the Loading Dock apron. Organic waste container will be on the apron and adjacent to Patient Food Services' loading bay doors.
- 2.11.8.4(1)(m) The Loading Dock will have an overhanging roof on the entire horizontal platform with a clearance of minimum 4.2 m in height from the dock level for protection and RFID sensors in the overhang to track items entering and leaving BH.
- 2.11.8.4(1)(n) All exterior doors leading to the Loading Dock will be monitored with an entry camera and have secure electronic access. Doors will have motion activated door openers.
- 2.11.8.4(1)(o) Loading apron and bays will be monitored by an external security camera.
- 2.11.8.4(1)(p) There will be a communication/video intercom system at the Loading Dock for Staff inside the Receiving Clerk Office and other Components adjacent to the Loading Dock to communicate with delivery Staff/visitors and provide remote access.
- 2.11.8.4(1)(q) Ergonomics will be considered in the design of work areas.
- 2.11.8.4(1)(r) Sufficient lighting will be provided at the Loading Dock to allow proper inspection of items.

2.11.8.5 EXTERNAL RELATIONSHIPS

2.11.8.5(1) The following diagram indicates other Functional Components that have a functional relationship with this Component.



LEGEND

 Direct Access by Back of House Circulation

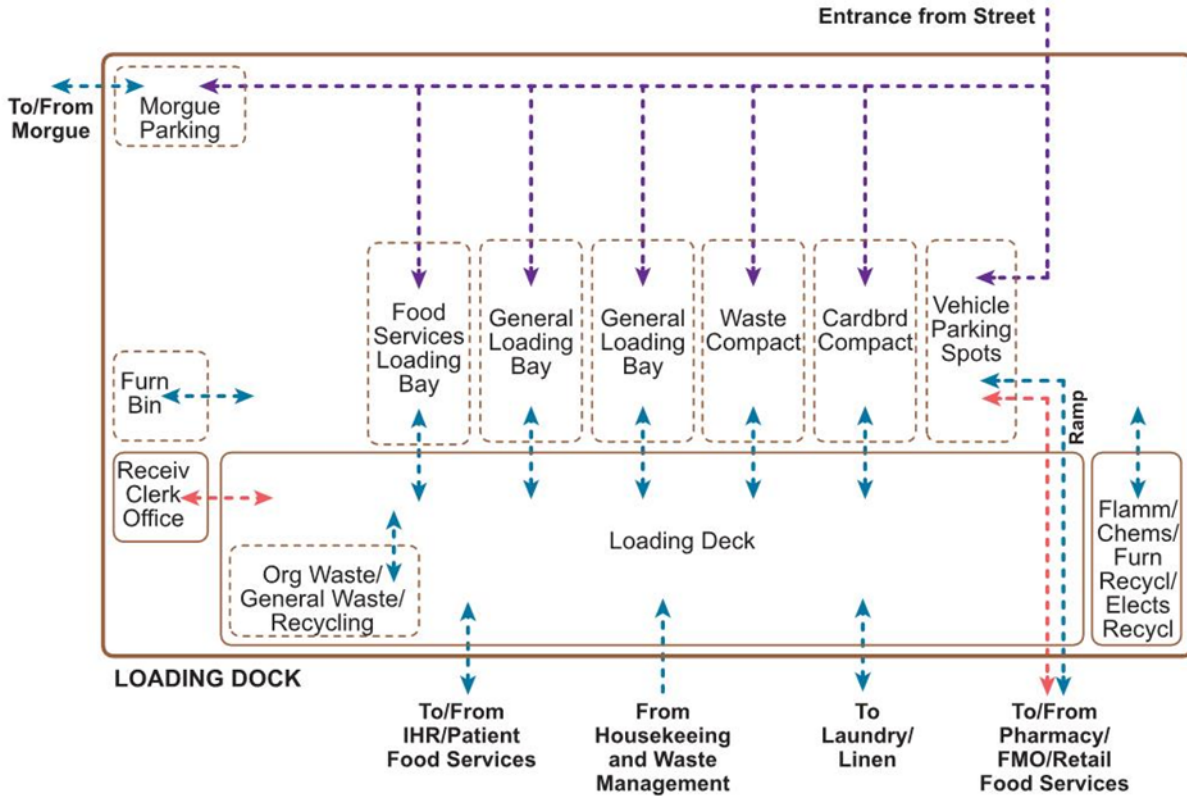
 Close Access by Back of House Circulation

 Convenient Access by Restricted Circulation

 Convenient Access by General Circulation

2.11.8.6 INTERNAL RELATIONSHIPS

2.11.8.6(1) The following diagram indicates internal functional relationships within this Component.



LEGEND

- General Circulation
- Restricted Circulation - Staff
- Restricted Circulation - Service
- Loading Flow

2.11.9 SCHEDULE OF ACCOMMODATION

2.11.9.1 The following table lists the number of spaces, Net Areas and space contents as minimum requirements.

Summary of Operational Support

K1. FACILITIES MAINTENANCE AND OPERATIONS	
K1.1 - ADMINISTRATION	84.2
K1.2 - STAFF SUPPORT	25.5
K1.3 - WORKSHOP ZONE	489.0
K1.4 - ENGINEERS	61.0
K1.5 - STORAGE	160.0
K2. HOUSEKEEPING AND WASTE MANAGEMENT	200.6
K3. BIOMEDICAL ENGINEERING	
K3.1 - WORKSHOP	118.0
K3.2 - ADMINISTRATION	34.5
K4. IN HOSPITAL REPLENISHMENT	249.3
K5. LAUNDRY/LINEN	221.5
K6. PATIENT FOOD SERVICES	
K6.1 - LOADING/RECEIVING	44.7
K6.2 - RAW STORAGE	169.0
K6.3 - PRODUCTION	368.7
K6.4 - DISHWASHING	220.1
K6.5 - ADMINISTRATION	66.0
K6.6 - STAFF SUPPORT	76.5
K7. CENTRAL PORTER SERVICES	51.0
OPERATIONAL SUPPORT PROGRAMMED SPACE NSM:	2,639.6

Ref. No.	Room Type	Area Requirements			DBF/ CM	Remarks
		nsm/unit	units	nsm		
K1. FACILITIES MAINTENANCE AND OPERATIONS						
K1.1 - ADMINISTRATION						
K1.1.1	Reception/File Storage	15.2	1	15.2	DBF	Incl. 2 workstations, key storage.
K1.1.2	Business Centre	4.0	1	4.0	DBF	
K1.1.3	Office-Large	11.0	3	33.0	DBF	Private Office.
K1.1.4	Meeting Room	20.0	1	20.0	DBF	To accommodate 10 people.
K1.1.5	Storage-Archive	12.0	1	12.0	DBF	
TOTAL NSM: ADMINISTRATION				84.2		
K1.2 - STAFF SUPPORT						
K1.2.1	Lounge-Staff	22.0	1	22.0	DBF	Incl. 1 touchdown workstation, seating, kitchenette, half lockers for FMO/BME.
K1.2.2	Washroom-Staff-Small	3.5	1	3.5	DBF	2-piece, non-accessible washroom.

Ref. No.	Room Type	Area Requirements			DBF/ CM	Remarks
		nsm/unit	units	nsm		
TOTAL NSM: STAFF SUPPORT				25.5		
K1.3 - WORKSHOP ZONE						
K1.3.1	Wash-Down Room	12.0	1	12.0	DBF	
K1.3.2	Workroom-Maintenance MW5	70.0	1	70.0	DBF	Incl. 5 workbenches, industrial shelving, tool peg board.
K1.3.3	Workroom-Bed Repair and Wheelchair Repair Zone	50.0	1	50.0	DBF	Incl. 1 workbench, hoist chain, floor lift.
K1.3.4	Bed Hold Area	25.0	1	25.0	DBF	Holding area for beds waiting for repair, vertical bed storage lift, parts, return to units.
K1.3.5	Workroom-Metal/Welding	45.0	1	45.0	DBF	Incl. 2 workbenches, band saw, drill press, welding.
K1.3.6	Workroom-Electrical	80.0	1	80.0	DBF	Incl. 5 workbenches, workbench with tool peg board, drawing table.
K1.3.7	Workroom-Carpentry	80.0	1	80.0	DBF	Incl. 1 workbench, basic carpentry equipment.
K1.3.8	Workroom-Locksmith	7.5	1	7.5	DBF	Incl. 1 workbench, tool peg board, dust extractor, key cutter.
K1.3.9	Workroom-Paint	30.0	1	30.0	DBF	Incl. workbench, paint mixer, paint shaker, paint can storage shelving, drying room.
K1.3.10	Workroom-Plumbing	40.0	1	40.0	DBF	Incl. 2 workbenches, consumable supply shelving, spare parts shelving, work table, drawing table, threading machine, movable hood.
K1.3.11	Workroom	4.6	4	18.4	DBF	Incl. workstation requirements for workrooms. Incl head Electrician.
K1.3.12	Rapid Response Ready Room	14.0	1	14.0	DBF	Incl. water pumps, filter dryers, humidifiers, flood response PPE.
K1.3.13	Storage-Equipment	10.0	1	10.0	DBF	Incl. containment control cubes.
K1.3.14	Alcove-Emergency Shower/Eye Wash	1.5	1	1.5	DBF	
K1.3.15	Washroom/Shower-Staff	5.6	1	5.6	DBF	3-piece, accessible for Persons with Disabilities.
TOTAL NSM: WORKSHOP ZONE				489.0		
K1.4 - ENGINEERS						
K1.4.1	Control Room	14.0	1	14.0	DBF	Incl. 2 workstations, control panel for boiler, chiller and PTS.
K1.4.2	Workroom-Engineers	10.0	1	10.0	DBF	Incl. 1 workbench and tools for repairs.
K1.4.3	Workroom-Engineers	16.0	1	16.0	DBF	Incl. 2 workstations, plant table, kitchenette.
K1.4.4	Office	9.0	1	9.0	DBF	Private office for Chief Engineer.
K1.4.5	Washroom/Shower-Staff	6.0	2	12.0	DBF	3-piece, accessible for Persons with Disabilities. Incl. change area.
TOTAL NSM: ENGINEERS				61.0		
K1.5 - STORAGE						
K1.5.1	Storage-Central	60.0	1	60.0	DBF	Incl. 1 workstation, high density shelving.
K1.5.2	Storage-Bulk Building Materials	100.0	1	100.0	DBF	Incl. containment cubes, building materials, high density shelving.
TOTAL NSM: STORAGE				160.0		

Ref. No.	Room Type	Area Requirements			DBF/ CM	Remarks
		nsm/unit	units	nsm		
TOTAL NSM: FACILITIES MAINTENANCE AND OPERATIONS				819.7		

K2. HOUSEKEEPING AND WASTE MANAGEMENT						
K2.1 - HOUSEKEEPING AND WASTE MANAGEMENT						
K2.1.1	Reception Area	4.6	1	4.6	CM	Incl. 1 workstation, drop box.
K2.1.2	Waiting/Team Huddle Area	6.0	1	6.0	CM	For team huddle.
K2.1.3	Office	9.0	1	9.0	CM	Private office.
K2.1.4	Office-2 Shared	12.0	1	12.0	CM	Incl. 2 workstations.
K2.1.5	Storage-Paper/Supply	54.0	1	54.0	DBF	
K2.1.6	Storage-Equipment	52.0	1	52.0	DBF	Incl. charging for 6 burnishers, unused housekeeping carts, vacuums.
K2.1.7	Storage-Bio-Waste	25.0	1	25.0	DBF	Incl. signage, scale.
K2.1.8	Change Room-Staff	25.0	1	25.0	DBF	Incl. change cubicles, 1 shower stall.
K2.1.9	Washroom-Staff-Small	3.5	2	7.0	DBF	2-piece, non-accessible washroom.
K2.1.10	Lost and Found Room	6.0	1	6.0	CM	
K2.1.11	Storage-Recycled Waste	-	1	-	CM	Incl. 5 types of recycled waste in the Loading Dock area.
TOTAL NSM: HOUSEKEEPING AND WASTE MANAGEMENT				200.6		

K3. BIOMEDICAL ENGINEERING						
K3.1 - WORKSHOP						
K3.1.1	Shipping/Receiving Area	14.0	1	14.0	DBF	Incl. 1 workstation, packaging area, recycling zone.
K3.1.2	Workroom-Biomed	42.0	1	42.0	DBF	Incl. 6 work zone workbenches, ceiling equipment hoist.
K3.1.3	Workroom-Biomed-CT	12.0	1	12.0	DBF	Incl. 1 work zone workbench, ceiling equipment hoist. Lead lined enclosed room.
K3.1.4	Storage-Equipment	20.0	1	20.0	DBF	Incl. equipment awaiting repair/parts.
K3.1.5	Storage-Parts	30.0	1	30.0	DBF	Incl. parts, test equipment, supplies.
TOTAL NSM: WORKSHOP				118.0		
K3.2 - ADMINISTRATION						
K3.2.1	Office	9.0	1	9.0	DBF	Private office.
K3.2.2	Office-Multi	18.0	1	18.0	DBF	Incl. 4 workstations.
K3.2.3	Business Centre	4.0	1	4.0	DBF	
K3.2.4	Washrooms-Staff-Small	3.5	1	3.5	DBF	2-piece, non-accessible washroom.
TOTAL NSM: ADMINISTRATION				34.5		
TOTAL NSM: BIOMEDICAL ENGINEERING				152.5		

K4. IN HOSPITAL REPLENISHMENT						
K4.1 - IN HOSPITAL REPLENISHMENT						

Ref. No.	Room Type	Area Requirements			DBF/ CM	Remarks
		nsm/unit	units	nsm		
K4.1.1	Marshalling Area	80.0	1	80.0	CM	Open area incl. full pallet staging (holding and unloading), empty pallet holding, 2 pallet jacks.
K4.1.2	Decanting Area	50.0	1	50.0	CM	Open area incl. full pallets, delivery carts, STAT pallets, MDR holding, donations, returns, special POs, archived PO, eBola, Lab refrigerator, Pharmacy cage, 1 workstation.
K4.1.3	Alcove-Cardboard Storage	10.0	1	10.0	CM	
K4.1.4	Cart Storage/Loading Area	44.0	1	44.0	CM	Open area incl. storage for delivery carts, loading/working area.
K4.1.5	Secure Holding Room	14.0	1	14.0	CM	Clean storage room for FMO, Biomed, IMIT.
K4.1.6	STAT Supply Room	25.0	1	25.0	CM	Clean storage room.
K4.1.7	Office	9.0	1	9.0	CM	Private office.
K4.1.8	Office-Multi	13.8	1	13.8	CM	Incl. 3 workstations.
K4.1.9	Washroom-Staff-Small	3.5	1	3.5	CM	2-piece, non-accessible washroom.
TOTAL NSM: IN HOSPITAL REPLENISHMENT				249.3		

K5. LAUNDRY/LINEN						
K5.1 - LAUNDRY/LINEN						
K5.1.1	Exchange Cart Marshalling Room	154.0	1	154.0	CM	Incl. complete set of linen exchange carts for site, laundry carts from units, shelving for emergency cart supply, 1 workstation.
K5.1.2	Secure Linen Zone	12.0	1	12.0	CM	Incl. 1 workstation.
K5.1.3	Soiled Laundry Holding Room	52.0	1	52.0	CM	Incl. full soiled laundry carts, empty soiled laundry carts.
K5.1.4	Washrooms-Staff-Small	3.5	1	3.5	CM	2-piece, non-accessible washroom.
TOTAL NSM: LAUNDRY/LINEN				221.5		

K6. PATIENT FOOD SERVICES						
K6.1 - LOADING/RECEIVING						
K6.1.1	Loading/Staging Area	40.1	1	40.1	CM	Incl. recycling, staging area for incoming pallets and staging area for items distributed off site.
K6.1.2	Workstation-Receiving	4.6	1	4.6	CM	Incl. 1 workstation and document storage.
TOTAL NSM: LOADING/RECEIVING				44.7		
K6.2 - RAW STORAGE						
K6.2.1	Storage-Cold +2 to +6C	11.5	4	46.0	CM	For raw foods, dairy, vegetable, meat, fish/poultry.
K6.2.2	Storage-Cold -20C	11.5	2	23.0	CM	For raw foods (together).
K6.2.3	Storage-Dry	80.0	1	80.0	CM	For dry foods, 4 day supply of perishable foods and 7-day supply of disposables. Incl. bottled water storage.
K6.2.4	Compressor Room	20.0	1	20.0	CM	Incl. compressors.
TOTAL NSM: RAW STORAGE				169.0		

Ref. No.	Room Type	Area Requirements			DBF/ CM	Remarks
		nsm/unit	units	nsm		
K6.3 - PRODUCTION						
K6.3.1	Ingredient Control Room	15.0	1	15.0	CM	Incl. locked small cabinet for small ingredients.
K6.3.2	Nourishment Preparation Area	15.0	1	15.0	CM	Incl. special supplements, tube feed, commercial refrigerator.
K6.3.3	Prepare and Cook Area	150.0	1	150.0	CM	Incl. food preparation equipment and small wares.
K6.3.4	Office-2 Shared	12.0	1	12.0	CM	Incl. 2 workstations.
K6.3.5	Storage-Cold +2 to +6C	20.0	1	20.0	CM	Incl. prepared foods, up to 5 days.
K6.3.6	Storage-Cold +2 to +6C (POD)	7.0	1	7.0	CM	Incl. pod assembly supplies.
K6.3.7	Storage-Cold -20C	9.5	1	9.5	CM	Incl. emergency 1 week supply of frozen foods.
K6.3.8	Pod Assembly Area	44.9	2	89.8	CM	Incl. 2 pod stations, end station allowances.
K6.3.9	Docking Stations	6.0	2	12.0	CM	For Pod re-therm units.
K6.3.10	Prepared Cart Holding Room	28.0	1	28.0	CM	Incl. 20 carts (retherm carts and bulk food carts).
K6.3.11	Distribution Prep	10.4	1	10.4	CM	For up to 4 pallets.
TOTAL NSM: PRODUCTION				368.7		
K6.4 - DISHWASHING						
K6.4.1	Cart Staging Area	28.0	1	28.0	CM	Incl. 20 dirty carts.
K6.4.2	Cart Washer	7.5	1	7.5	CM	
K6.4.3	Clean Cart Staging Area	28.0	1	28.0	CM	Clean cart and dish storage area.
K6.4.4	Dishwasher	125.0	1	125.0	CM	Incl. garbage area, 2x8.3m lines (one for sorting, one for dishwashing).
K6.4.5	Housekeeping Closet	3.0	1	3.0	CM	
K6.4.6	Storage-Chemical Room	4.6	1	4.6	CM	
K6.4.7	Dishwashing-Pots/Pans	24.0	1	24.0	CM	One pot washer with three wash sinks.
TOTAL NSM: DISHWASHING				220.1		
K6.5 - ADMINISTRATION						
K6.5.1	Office	9.0	3	27.0	CM	Private office. One Office to be collocated with Prepared Cart Holding Room.
K6.5.2	Office-Diet	12.0	1	12.0	CM	Private office for ticketing, reviewing meal plans.
K6.5.3	Office-Multi	27.0	1	27.0	CM	Incl. 7 touchdown workstations, resources, storage for personal belongings.
TOTAL NSM: ADMINISTRATION				66.0		
K6.6 - STAFF SUPPORT						
K6.6.1	Lounge-Staff	45.0	1	45.0	CM	Incl. 2 touchdown workstations, kitchenette, 90 purse lockers, to be located centrally in Food Service footprint and shared with Food Services, Housekeeping, IHR, Laundry/Linen.
K6.6.2	Vestibule-Change Room	5.0	1	5.0	CM	Incl. clean and dirty uniforms.
K6.6.3	Change Room-Staff	19.5	1	19.5	CM	Incl. 5 change cubicles.

Ref. No.	Room Type	Area Requirements			DBF/ CM	Remarks
		nsm/unit	units	nsm		
K6.6.4	Washroom-Staff-Small	3.5	2	7.0	CM	2-piece, non-accessible washroom, to be located adjacent to Change Room-Staff.
TOTAL NSM: STAFF SUPPORT				76.5		
TOTAL NSM: PATIENT FOOD SERVICES				945.0		

K7. CENTRAL PORTER SERVICES						
K7.1 - CENTRAL PORTER SERVICES						
K7.1.1	Office	9.0	1	9.0	CM	Private office.
K7.1.2	Lounge-Staff	12.0	1	12.0	CM	Incl. 1 touchdown workstation, kitchenette.
K7.1.3	Stretcher/Wheelchair Holding Area	30.0	1	30.0	CM	
TOTAL NSM: CENTRAL PORTER SERVICES				51.0		

TOTAL NSM: OPERATIONAL SUPPORT				2,639.6		
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L. MANAGEMENT ADMINISTRATION

2.12 MANAGEMENT ADMINISTRATION

2.12.1 HOSPITAL ADMINISTRATION

2.12.1.1 SERVICE OVERVIEW

2.12.1.1(1) The Hospital Administration will be responsible for the operation, oversight and planning of BH. This Component will accommodate administrative and non-Patient contact functions required to support the day-to-day operations of BH and the Authority funded services conducted off-site (e.g. Fellburn Care Centre).

2.12.1.2 FUNCTIONAL DESCRIPTION

2.12.1.2(1) Scope of Services

2.12.1.2(1)(a) Scope of Activity

2.12.1.2.1(a).1 The following specifies the minimum set of functions that will be accommodated within this Component:

- (a).1.1 Office-based functions including reading, producing correspondence and documents, small scale printing and photocopying;
- (a).1.2 Storage and administration functions;
- (a).1.3 Meetings between Staff;
- (a).1.4 Medical Staff administration, including granting and tracking hospital privileges; and
- (a).1.5 The Emergency Operations Centre (EOC) will be accommodated in the Hospital Administration Meeting Room-Large-EOC in the case of a major disaster event. This Meeting Room will be adjacent to the Burnaby Hospital Foundation Meeting Room-Small for access to additional space if required.

2.12.1.2(1)(b) Scope of Educational Activity

2.12.1.2.1(b).1 Staff working in this Component will engage in instructional and informational sessions. All teaching and supervision functions will be accommodated within the Component, on location throughout BH, or within shared site educational space if additional room is required.

2.12.1.2(1)(c) Scope of Research Activity

2.12.1.2.1(c).1 Staff working in this Component will, from time-to-time, be engaged in research, typically involving literature reviews and data analysis. The nature and extent of research functions will

be accommodated in the general work areas and will not require specialized or dedicated facilities in this Component.

2.12.1.2(2) Scope Exclusions

2.12.1.2(2)(a) The following list specifies functions that are understood to occur in other Functional Components in BH or outside BH:

- 2.12.1.2.2.(a).1 Permanent office accommodation for the Authority's Corporate Services will not be accommodated in this Component. Touchdown workstations will be provided, either within this space or in designated areas elsewhere in BH; and
- 2.12.1.2.2.(a).2 Wayfinding and Patient information will not be accommodated in this Component.

2.12.1.3 OPERATIONAL CONSIDERATIONS

2.12.1.3(1) Service Delivery Principles and Methods

2.12.1.3(1)(a) Patient and Family Management Processes and Flows

2.12.1.3.1.(a).1 Patient Flow

(a).1.1 This service will be primarily administrative in nature and will not provide direct Patient care. Patients may visit or submit inquiries to this Component.

2.12.1.3.1.(a).2 Family Flow

(a).2.1 This service will be primarily administrative in nature and will not provide direct Patient care. Family may visit or submit inquiries to this Component.

2.12.1.3(1)(b) Provider Work Processes and Flows

2.12.1.3.1.(b).1 There will be few applicable service flows within this Component. Often, Staff members will enter the office for the day, complete their duties at workstations with some visitors, e.g. couriers, other Staff members, and leave for the day.

2.12.1.3.1.(b).2 Staff will hold regular meetings with Staff and visitors and move throughout BH providing oversight and operational support.

2.12.1.3.1.(b).3 Workstations within each Component will support Staff in providing administrative functions.

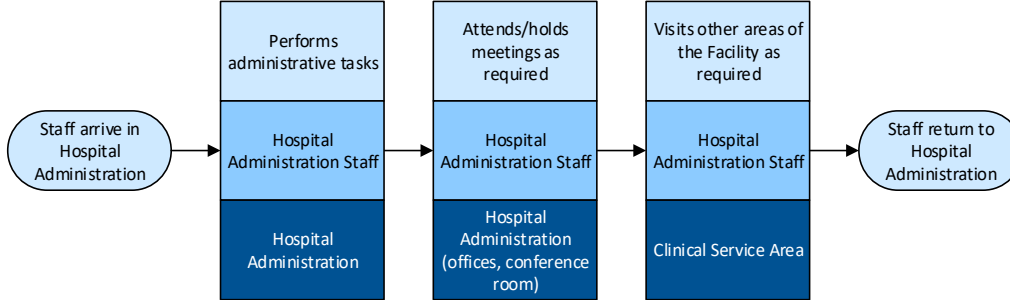
2.12.1.3(1)(c) Clinical and Logistical Support Processes and Flows

- 2.12.1.3.1.(c).1 Consumable Supplies
 - (c).1.1 Consumable supplies will be provided to this Component by the IHR or through direct purchase and delivery.
- 2.12.1.3.1.(c).2 Housekeeping and Waste Management
 - (c).2.1 Housekeeping and Waste Management will provide routine and on demand cleaning services to all areas of this Component.
 - (c).2.2 Waste products will be managed according to a system of segregation at point of origin and sequential consolidation throughout this Component.
 - (c).2.3 Segregation of wastes will accommodate the following categories:
 - (c).2.3.1 General garbage including clean recycling; and
 - (c).2.3.2 Confidential paper.
 - (c).2.4 Waste containers will be monitored, removed and replaced by Housekeeping and Waste Management Staff.
- 2.12.1.3.1.(c).3 Security
 - (c).3.1 Regular “rounding” of security within the Component will be provided.
 - (c).3.2 The entrance will have access control.
- 2.12.1.3(1)(d) Information Management
 - 2.12.1.3.1.(d).1 Information will be primarily managed electronically. Some hardcopy documentation will remain.
- 2.12.1.3(1)(e) Anticipated Trends in Service Delivery
 - 2.12.1.3.1.(e).1 The following lists trends that are expected to affect the nature and or functions accommodated within this Component. Effects of these trends will be reflected in the Component’s design:
 - (e).1.1 Administrative spaces will be trending towards offering more choices in work mode, allowing Staff to select between, for example, quiet versus collaborative environments within a workday; and
 - (e).1.2 Teleconferencing and videoconferencing will be increasing in popularity as modes of communication, including screen sharing and presentation components. Administrative spaces will include infrastructure to allow for these technologies.

2.12.1.3(2) Workflows

2.12.1.3(2)(a) The Hospital Administration workflows are shown in the following workflow diagram.

General Workflow



2.12.1.3(3) Hours of Operation

2.12.1.3(3)(a) The Hospital Administration will operate between 0800-1600 hours (flexible), Monday to Friday.

2.12.1.3(4) Workloads

2.12.1.3(4)(a) The maximum estimated workload for this Component is shown in the following table.

HOSPITAL ADMINISTRATION	PEAK SHIFT
Executive Director	1
Directors	5
Medical Director	1
Executive Assistant	7
Coordinator	2
Business Analyst	2
PEAK TOTAL	18

2.12.1.4 DESIGN CRITERIA

2.12.1.4(1) General Requirements

2.12.1.4(1)(a) The Hospital Administration will have Convenient Access to all BH areas for Staff including the Facility and the Existing Hospital.

2.12.1.4(1)(b) The Hospital Administration will have Convenient Access to the Main Entrance and Public Services.

2.12.1.4(1)(c) It will also have Direct Access to the Burnaby Hospital Foundation.

- 2.12.1.4(1)(d) The Hospital Administration will contain different types of offices including private Office, Office-Large, Office-Multi and Office-Multi-Open. All Offices will be designed ergonomically with the use of modular furnishings and casework to provide maximum flexibility.
- 2.12.1.4(1)(e) A Waiting Area will be located at the entrance to the Component adjacent to and with Line of Sight from Office-Multi-Open.
- 2.12.1.4(1)(f) Office-Large will be located on an exterior wall to have access to Direct Natural Light. Other private Offices will also be preferably located on an exterior wall.
- 2.12.1.4(1)(g) Office-Multi-Open will be an open area centrally located within the Component with Close Access to all private Offices. Office-Large will be visible from Office-Multi-Open.
- 2.12.1.4(1)(h) The following spaces will be grouped together and shared between Hospital Administration and Burnaby Hospital Foundation and will have Direct Access from both Components:
- 2.12.1.4.1.(h).1 Meeting Room-Large-EOC;
 - 2.12.1.4.1.(h).2 Alcove-EOC Equipment;
 - 2.12.1.4.1.(h).3 Meeting Room-Small; and
 - 2.12.1.4.1.(h).4 Alcove-Nourishment.
- 2.12.1.4(1)(i) Meeting Room-Large-EOC will be adjacent to Meeting Room-Small.
- 2.12.1.4(1)(j) Meeting Room-Large-EOC will be utilized as the EOC as required. Meeting Room-Large-EOC will have the following requirements:
- 2.12.1.4.1.(j).1 MSAT phone, analog phone lines, trunk radio, fax lines, network connections and/or Wi-Fi (to accommodate a minimum of laptops and copier, printer and scanner);
 - 2.12.1.4.1.(j).2 Large TVs, audio visual and video conference capabilities, TV cable or satellite connections;
 - 2.12.1.4.1.(j).3 Ability to see outside for current weather conditions;
 - 2.12.1.4.1.(j).4 Flexibility to accommodate a large number of people working in the room at the same time doing a variety of tasks; and
 - 2.12.1.4.1.(j).5 This Meeting Room will be designed as per Division 26 and 27 of Schedule 3 [Design and Construction Specifications].

- 2.12.1.4(1)(k) Meeting Room-Small will have the following requirements:
 - 2.12.1.4.1.(k).1 Large TV, audio visual and video conference capabilities, TV cable or satellite connections;
 - 2.12.1.4.1.(k).2 Ability to accommodate computers and printers as per Division 26 and 27 of Schedule 3 [Design and Construction Specifications]; and
 - 2.12.1.4.1.(k).3 This Meeting Room will be used as additional EOC space when required.

- 2.12.1.4(1)(l) Alcove-EOC Equipment will be located within Meeting Room-Large-EOC and will have lockable storage cabinets to accommodate large amounts of supplies and equipment. Ability to charge MSAT phones and other electronic devices within the Alcove-EOC Equipment will be required.

- 2.12.1.4(1)(m) Business Centre will be an enclosed room shared and located with Close Access to all Staff work areas.

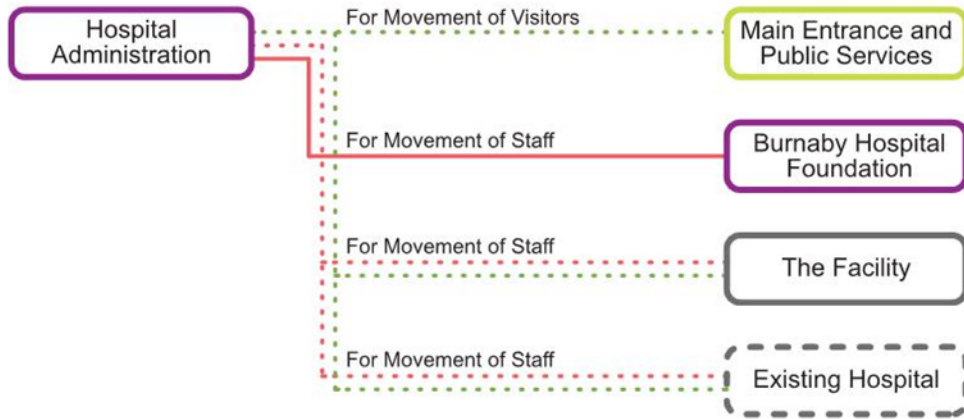
- 2.12.1.4(1)(n) Washroom-Staff will be placed with Convenient Access to Staff work areas.

- 2.12.1.4(1)(o) Natural light and views will be maximized for Staff.

- 2.12.1.4(1)(p) The physical environment will facilitate team collaboration.

2.12.1.5 EXTERNAL RELATIONSHIPS

2.12.1.5(1) The following diagram indicates other Functional Components that have a functional relationship with this Component.

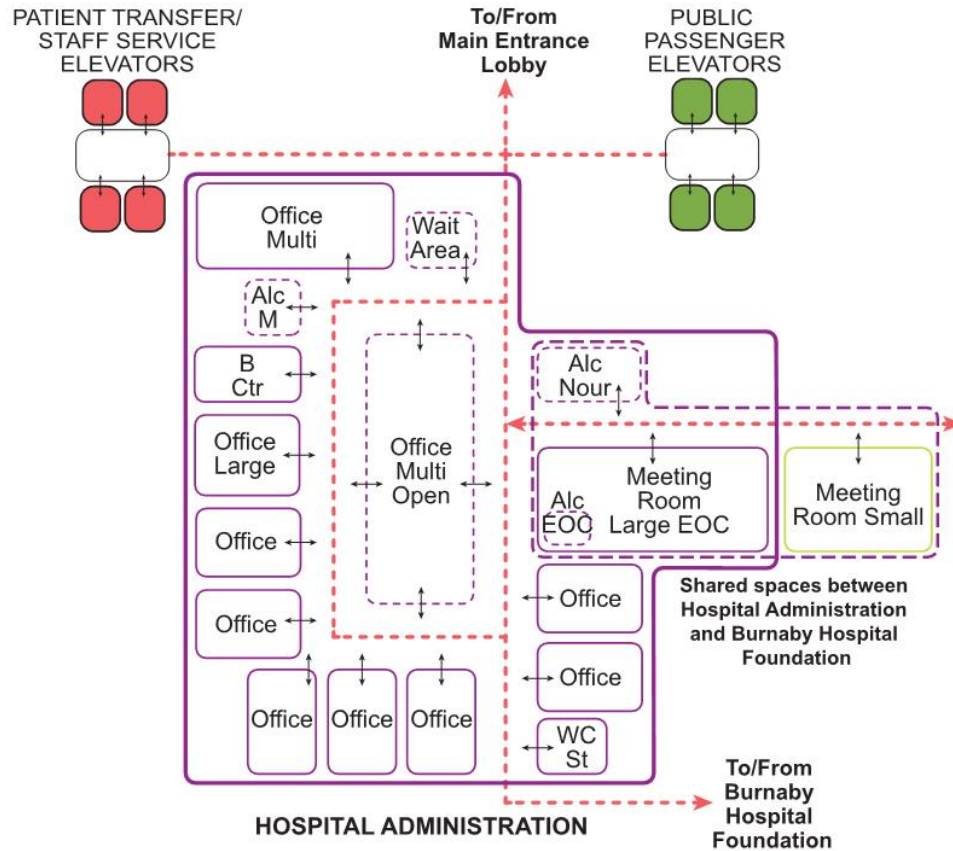


LEGEND

- Direct Access by Restricted Circulation
- Convenient Access by Restricted Circulation
- Convenient Access by General Circulation

2.12.1.6 INTERNAL RELATIONSHIPS

2.12.1.6(1) The following diagram indicates internal functional relationships within this Component.



LEGEND

- General Circulation - Public
- Restricted Circulation - Staff
- Restricted Circulation - Service

2.12.2 BURNABY HOSPITAL FOUNDATION

2.12.2.1 SERVICE OVERVIEW

2.12.2.1(1) The Burnaby Hospital Foundation is a non-profit organization that supports the programs and services of BH and Fellburn Care Centre through fundraising and community engagement. Staff within this Component will organize events, meet with donors and manage all giving including planned and annual, personal and corporate. The Burnaby Hospital Foundation will coordinate with the Hospital Administration to ensure funding alignment and advertise opportunities to potential donors.

2.12.2.2 FUNCTIONAL DESCRIPTION

2.12.2.2(1) Scope of Services

2.12.2.2(1)(a) Scope of Activity

2.12.2.2.1.(a).1 The following specifies the minimum set of functions that will be accommodated within this Component:

- (a).1.1 Office-based functions including reading, producing correspondence and documents, small scale printing and photocopying;
- (a).1.2 Storage and administration functions;
- (a).1.3 Meetings with Staff and donors; and
- (a).1.4 Locking of donations and sensitive documents in a safe box (ideally within Finance office).

2.12.2.2(1)(b) Scope of Educational Activity

2.12.2.2.1.(b).1 Staff working in this Component will engage in instructional and informational sessions. All educational functions will be accommodated within the general work areas and will not require specialized or dedicated facilities in this Component.

2.12.2.2(1)(c) Scope of Research Activity

2.12.2.2.1.(c).1 Staff working in this Component will, from time-to-time, be engaged in research, typically involving literature reviews and data analysis. The nature and extent of research functions will be accommodated in the general work areas and will not require specialized or dedicated facilities in this Component.

2.12.2.2(2) Scope Exclusions

2.12.2.2(2)(a) The following list specifies functions that are understood to occur in other Functional Components in BH or outside BH:

- 2.12.2.2.2.(a).1 The Burnaby Hospital Foundation will hold fundraising events in locations within BH that are outside this Component, e.g. Lecture Room in Education and Learning Component; and
- 2.12.2.2.2.(a).2 The Burnaby Hospital Foundation will hold fundraising events at offsite locations.

2.12.2.3 OPERATIONAL CONSIDERATIONS

2.12.2.3(1) Service Delivery Principles and Methods

2.12.2.3(1)(a) Patient and Family Management Processes and Flows

2.12.2.3.1.(a).1 Patient Flow

- (a).1.1 This service will be primarily administrative in nature and will not provide direct Patient care. Patients will visit or submit inquiries to this Component.
- (a).1.2 It will be important for this Component to be visible to Patients.

2.12.2.3.1.(a).2 Family Flow

- (a).2.1 Family, visitors and potential donors will visit or submit inquiries to this Component.
- (a).2.2 It will be important for this Component to be visible for family and visitors.

2.12.2.3(1)(b) Provider Work Processes and Flows

2.12.2.3.1.(b).1 There will be few applicable service flows within this Component. Often, Staff members will enter the office for the day, complete their duties at workstations with some visitors (e.g. couriers, other Staff members) and leave for the day.

2.12.2.3.1.(b).2 Staff will hold regular meetings with visitors and potential donors. The need for privacy when speaking with donors will be imperative.

2.12.2.3.1.(b).3 Workstations within this Component will support Staff in providing administrative functions.

2.12.2.3(1)(c) Clinical and Logistical Support Processes and Flows

2.12.2.3.1.(c).1 Consumable Supplies

- (c).1.1 Consumable supplies will be provided to this Component through direct purchase and delivery.

2.12.2.3.1.(c).2 Housekeeping and Waste Management

- (c).2.1 Housekeeping and Waste Management will provide routine and on demand cleaning services to all areas of this Component.
- (c).2.2 Waste products will be managed according to a system of segregation at point of origin and sequential consolidation throughout the Component.
- (c).2.3 Segregation of wastes will accommodate the following categories:
 - (c).2.3.1 General garbage including clean recycling; and
 - (c).2.3.2 Confidential paper.
- (c).2.4 Waste containers will be monitored, removed and replaced by Housekeeping and Waste Management Staff.

2.12.2.3.1.(c).3 Security

- (c).3.1 Regular “rounding” of security within the Component will be provided.

2.12.2.3(1)(d) Information Management

- 2.12.2.3.1.(d).1 Information will be primarily managed electronically. Hardcopy documentation will remain onsite due to CRA compliance requirements.

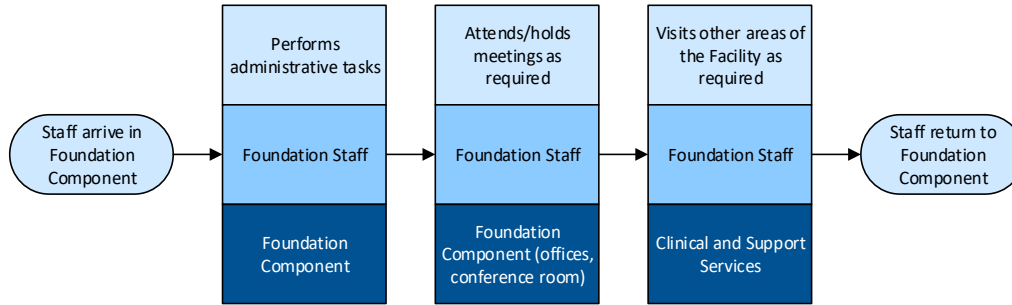
2.12.2.3(1)(e) Anticipated Trends in Service Delivery

- 2.12.2.3.1.(e).1 The following lists trends that are expected to affect the nature and or functions accommodated within this Component. Effects of these trends will be reflected in the Component’s design:
 - (e).1.1 Administrative spaces will be trending towards offering more choices in work modes, allowing employees to select between, for example, quiet versus collaborative environments within a workday; and
 - (e).1.2 Teleconferencing and videoconferencing will be increasing in popularity as modes of communication, including screen sharing and presentation components. Administrative spaces will include infrastructure to allow for these technologies.

2.12.2.3(2) Workflows

- 2.12.2.3(2)(a) The Burnaby Hospital Foundation workflows are shown in the following workflow diagram.

General Workflow



2.12.2.3(3) Hours of Operation

2.12.2.3(3)(a) The Burnaby Hospital Foundation will operate between 0700-1800 hours, Monday to Friday.

2.12.2.3(4) Workloads

2.12.2.3(4)(a) The maximum estimated workload for this Component is shown in the following table.

BURNABY HOSPITAL FOUNDATION	PEAK SHIFT
CEO	1
Directors	4
Database Administrator	1
Manager	2
Coordinator	4
Case writer	1
PEAK TOTAL	13

2.12.2.4 DESIGN CRITERIA

2.12.2.4(1) General Requirements

2.12.2.4(1)(a) The Burnaby Hospital Foundation will be a separate area visible to and easily accessed by the public. Access to the Burnaby Hospital Foundation will be welcoming.

2.12.2.4(1)(b) The Burnaby Hospital Foundation will have Direct Access and visibility from the Main Entrance and Public Services.

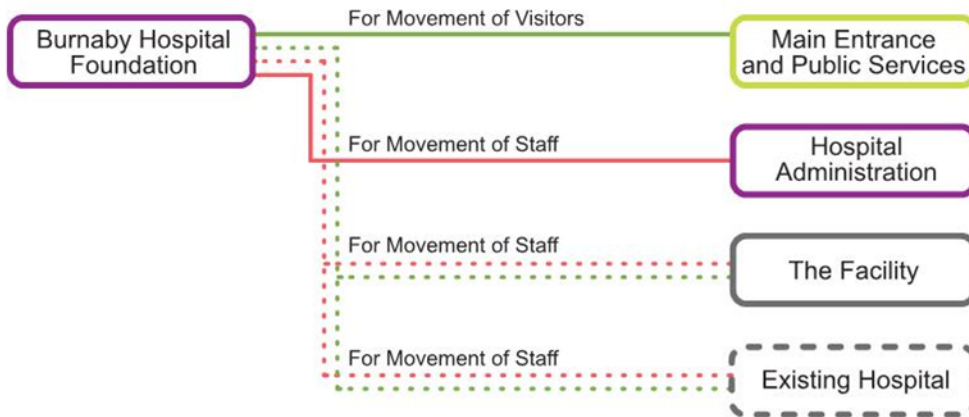
2.12.2.4(1)(c) The Burnaby Hospital Foundation will have Convenient Access to all BH areas for Staff including the Facility and the Existing Hospital.

2.12.2.4(1)(d) It will also have Direct Access to the Hospital Administration.

- 2.12.2.4(1)(e) The Burnaby Hospital Foundation entrance will include a Reception and an adjacent Waiting Area.
- 2.12.2.4(1)(f) Reception desk will be positioned for Staff to observe the Waiting Area and to provide security control.
- 2.12.2.4(1)(g) Lounge-Donor will be an enclosed room with Convenient Access to Reception. This room will include seating, fireplace and nourishment station.
- 2.12.2.4(1)(h) The Hospital Administration will contain different types of offices including private Office, Office-Large and Office-Multi-Open. All Offices will be designed ergonomically with the use of modular furnishings and casework to provide maximum flexibility.
- 2.12.2.4(1)(i) Office-Multi-Open will be an open area adjacent to Reception and Waiting Area.
- 2.12.2.4(1)(j) The Burnaby Hospital Foundation Meeting Room-Small will be located on an exterior wall with Direct Access to Meeting Room-Large-EOC in the Hospital Administration. These Meeting Rooms will be adjacent and part of a shared space that will include an Alcove-Nourishment and Alcove-EOC Equipment and will have Direct Access from both the Burnaby Hospital Foundation and Hospital Administration Components.
- 2.12.2.4(1)(k) Meeting Room-Small and Meeting Room-Large-EOC will be utilized as the EOC as required. Refer to Hospital Administration Component for EOC requirements.
- 2.12.2.4(1)(l) Business Centre will be an open area located adjacent to Office-Multi-Open with Convenient Access to all Staff work areas.
- 2.12.2.4(1)(m) Washroom-Staff will be placed with Convenient Access to Staff work areas.
- 2.12.2.4(1)(n) Natural light and views will be maximized for Staff.
- 2.12.2.4(1)(o) The physical environment will facilitate team collaboration.

2.12.2.5 EXTERNAL RELATIONSHIPS

2.12.2.5(1) The following diagram indicates other Functional Components that have a functional relationship with this Component.



LEGEND

Direct Access by Restricted Circulation

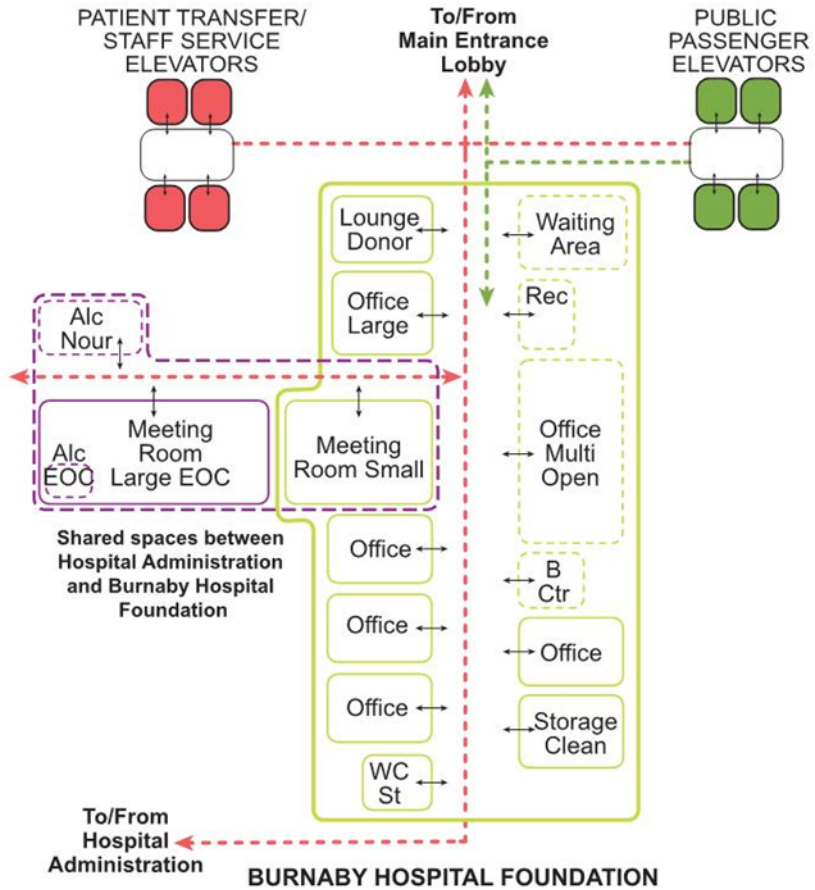
Direct Access by General Circulation

Convenient Access by Restricted Circulation

Convenient Access by General Circulation

2.12.2.6 INTERNAL RELATIONSHIPS

2.12.2.6(1) The following diagram indicates internal functional relationships within this Component.



LEGEND

- General Circulation - Donor/Public
- Restricted Circulation - Staff
- Restricted Circulation - Service

2.12.3 SITE SUPPORT SERVICES ADMINISTRATION OFFICES

2.12.3.1 SERVICE OVERVIEW

2.12.3.1(1) Components included within the Site Support Services Administration Offices will provide administrative oversight and support to various functions throughout BH: Workplace Health, Human Resources, Infection Prevention and Control (IPAC), Information Management and Information Technology (IMIT), Patient Entertainment and Information, Staffing Services, Hospital Employees Union (HEU/HSA), British Columbia Nurses Union (BCNU), Security and Hospital Admin Offices.

2.12.3.2 FUNCTIONAL DESCRIPTION

2.12.3.2(1) Scope of Services

2.12.3.2(1)(a) Scope of Activity

2.12.3.2.1.(a).1 The following specifies the minimum set of functions that will be accommodated within this Component:

- (a).1.1 Office-based and administrative functions including reading, producing correspondence and documents, small scale printing and photocopying;
- (a).1.2 Storage, including sensitive or confidential documents;
- (a).1.3 Meetings and consultation with Staff in person or over phone or Teleconference. For the majority of these services, this will include highly sensitive or confidential communication; and
- (a).1.4 Activities specific to this Component include:
 - (a).1.4.1 Workplace Health will provide education, initiatives, testing and response to incidents related to workplace health and safety. It will also manage regional Staff issues regarding Staff health including return to work and attendance.
 - (a).1.4.2 Human Resources will provide coaching and consultation in Staff and labour relations, Human Rights, advocacy, management education, orientation and development, workforce planning, organizational change and respectful workplace.

- (a).1.4.3 IPAC will provide site-specific statistics, reporting, Patient tracking and training to clinical service areas regarding Infection Prevention and Control.
- (a).1.4.4 IMIT will provide service desk and hardware support including repair and storage.
- (a).1.4.5 Patient Entertainment and Information will provide Patient entertainment and information at inpatient beds. This will include integration with education and menu ordering in the future.
- (a).1.4.6 Staffing Services will provide site Staff scheduling and payroll support.
- (a).1.4.7 HEU/HSA will represent members, including during grievances and negotiations.
- (a).1.4.8 BCNU will represent members, including during grievances and negotiations.
- (a).1.4.9 Security will accommodate Staff lockers and lounge functions for Security Staff.
- (a).1.4.10 Hospital Admin Offices will include Quality and Patient Experience Staff and Wound Care Clinicians.
- (a).1.4.11 Quality and Patient Experience Staff will provide education and training to Staff and families. These activities will occur in clinical service areas throughout BH.
- (a).1.4.12 Wound Care Clinicians will provide assessment, treatment, support and consultation for Patients with wounds and skin concerns. These activities will occur in clinical service areas throughout BH.

2.12.3.2(1)(b) Scope of Educational Activity

- 2.12.3.2.1.(b).1 Staff working in this Component will engage in instructional and informational sessions. All teaching and education functions will be accommodated within the Component, on location throughout BH, or within shared site educational space if additional room is required. Computer training will be accommodated in the

Computer Training Room located in the Hospital Lecture and Education Facilities Component.

2.12.3.2(1)(c) Scope of Research Activity

- 2.12.3.2.1.(c).1 Staff working in this Component will, from time-to-time, be engaged in research, typically involving literature reviews and data analysis. The nature and extent of research functions will be accommodated in the general work areas and will not require specialized or dedicated facilities in this Component.

2.12.3.2(2) Scope Exclusions

- 2.12.3.2(2)(a) The following list specifies functions that are understood to occur in other Functional Components in BH or outside BH:

- 2.12.3.2.2.(a).1 Staff will participate in meetings, consultation, education, training and other activities in other Components throughout BH.

2.12.3.3 OPERATIONAL CONSIDERATIONS

2.12.3.3(1) Service Delivery Principles and Methods

2.12.3.3(1)(a) Patient and Family Management Processes and Flows

2.12.3.3.1.(a).1 Patient Flow

- (a).1.1 The services provided within this Component will be primarily administrative in nature. Patients will not access this Component.
- (a).1.2 Patients will interact with Staff from Patient Entertainment and Information at point of service regarding entertainment orders.
- (a).1.3 Patients will be assessed and receive treatment from Wound Care Clinicians in BH clinical spaces in clinical service areas.

2.12.3.3.1.(a).2 Family Flow

- (a).2.1 Family will not access this Component.

2.12.3.3(1)(b) Provider Work Processes and Flows

- 2.12.3.3.1.(b).1 There will be few applicable service flows within these administrative areas. Often, Staff members will enter the office for the day, complete their duties at workstations with some visitors, e.g. couriers, other Staff members and leave for the day. Exceptions to this service flow are described below:

- (b).1.1 Workplace Health Staff will move throughout BH to support service providers;
 - (b).1.2 Human Resources Staff will meet with Staff, managers and union representatives in the Human Resources Offices and in other locations throughout BH, e.g. unit manager Office;
 - (b).1.3 IPAC Staff will move throughout BH to conduct training, monitoring and assessments;
 - (b).1.4 IMIT will move throughout BH to conduct training, repairs, installations and moves. They will also bring equipment from service areas and repair within IMIT Component. Staff will regularly receive deliveries and pick up equipment from the Loading Dock or the IHR storage area;
 - (b).1.5 Patient Entertainment and Information Staff will move throughout the inpatient units to promote services;
 - (b).1.6 HEU/HSA Staff will meet routinely with members in the HEU/HSA Office-2 Shared and in other locations, e.g. unit manager Office throughout BH;
 - (b).1.7 BCNU Staff will meet routinely with members and steward colleagues in the BCNU Office and in other locations, e.g. unit manager Office throughout BH; and
 - (b).1.8 Security Staff will store their personal belongings in the Security Component before moving throughout BH to provide routine rounding and response to requests. Staff will return to the Security Component for breaks and to complete administrative paperwork.
 - (b).1.9 Quality and Patient Experience Staff will move throughout BH to provide education and training to Staff and families.
 - (b).1.10 Wound Care Clinicians will perform assessments, provide care, support, counselling and therapy in Patient Rooms and outpatient locations.
- 2.12.3.3.1.(b).2 Workstations within each Component will support Staff in providing administrative functions.

2.12.3.3(1)(c) Clinical and Logistical Support Processes and Flows

2.12.3.3.1.(c).1 Equipment and Instruments

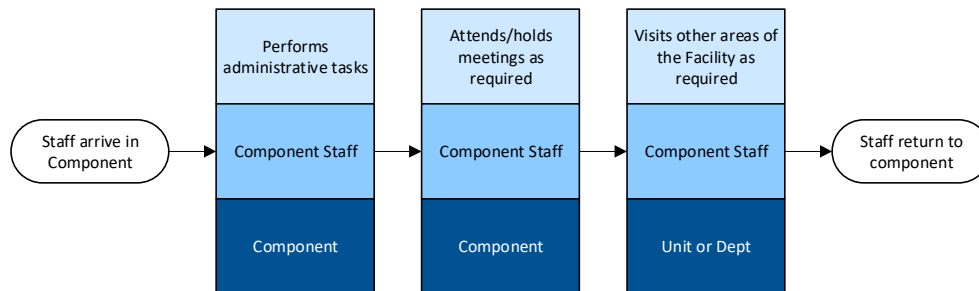
- (c).1.1 Equipment needs will be minimal for most of this Component and will primarily consist of office related items.
- (c).1.2 IMIT will store and/or repair equipment within their Component.
- (c).1.3 Workplace Health will store specialized equipment, e.g. fit testing equipment within its Component.
- 2.12.3.3.1.(c).2 Consumable Supplies
 - (c).2.1 Consumable supplies will be purchased directly and delivered to this Component.
- 2.12.3.3.1.(c).3 Housekeeping and Waste Management
 - (c).3.1 Housekeeping and Waste Management will provide routine and on demand cleaning services to all areas of this Component.
 - (c).3.2 Waste products will be managed according to a system of segregation at point of origin and sequential consolidation throughout this Component.
 - (c).3.3 Segregation of wastes will accommodate the following categories:
 - (c).3.3.1 General garbage including clean recycling; and
 - (c).3.3.2 Confidential paper.
 - (c).3.4 Waste containers will be monitored, removed and replaced by Housekeeping and Waste Management Staff.
- 2.12.3.3.1.(c).4 Security
 - (c).4.1 Regular “rounding” of security within the Component will be provided.
 - (c).4.2 Access to this Component will be restricted to authorized Staff and visitors through access control.
- 2.12.3.3(1)(d) Information Management
 - 2.12.3.3.1.(d).1 Information will be managed online when possible. Hard copy documentation will remain.
 - 2.12.3.3.1.(d).2 The majority of these services will require the ability to securely store sensitive and confidential documents, and resource materials.
- 2.12.3.3(1)(e) Anticipated Trends in Service Delivery
 - 2.12.3.3.1.(e).1 The following lists trends that are expected to affect the nature and or functions accommodated within this Component. Effects of these trends will be reflected in the Component’s design:

- (e).1.1 Administrative spaces will be trending towards offering more choices in work mode, allowing employees to select between, for example, quiet versus collaborative environments within a workday; and
- (e).1.2 Teleconferencing and videoconferencing will be increasing in popularity as modes of communication, including screen sharing and presentation components. Administrative spaces will include infrastructure to allow for these technologies.

2.12.3.3(2) Workflows

2.12.3.3(2)(a) The Site Support Services Administration Offices workflows are shown in the following workflow diagram.

General Workflow



2.12.3.3(3) Hours of Operation

- 2.12.3.3(3)(a) Workplace Health will operate between 0800-1700 hours, Monday to Friday.
- 2.12.3.3(3)(b) Human Resources will operate between 0800-1600 hours, Monday to Friday.
- 2.12.3.3(3)(c) IPAC will operate between 0800-1600 hours, 7 days a week.
- 2.12.3.3(3)(d) IMIT will operate between 0700-1800 hours, Monday to Friday. Staff will be available on call outside regular hours.
- 2.12.3.3(3)(e) Patient Entertainment and Information will operate between 1400-1900 hours, 7 days a week.
- 2.12.3.3(3)(f) Staffing Services will operate between 0700-1500 hours, Monday to Friday, with flexible evening and weekend coverage.

2.12.3.3(3)(g) HEU/HSA will have variable, flexible hours, 7 days a week.

2.12.3.3(3)(h) BCNU will operate between 0900-1700 hours, Monday to Friday.

2.12.3.3(3)(i) Security will be available for Staff access 24/7.

2.12.3.3(3)(j) Quality and Patient Experience Staff will operate between 0900-1700 hours, Monday to Friday.

2.12.3.3(3)(k) Wound Care Clinicians will have variable, flexible hours, 7 days a week.

2.12.3.3(4) Workloads

2.12.3.3(4)(a) The maximum estimated workload for this Component is shown in the following table.

SITE SUPPORT SERVICES ADMINISTRATION OFFICES	PEAK SHIFT
Workplace Health	
Occupational Hygienist	3
Ergonomist	1
Safety Consultant	1
Disability Management Consultant	1
Sub Total	6
Human Resources	
Human Resource Representatives	7
Sub Total	7
IPAC	
Site Infection Prevention and Control Practitioner	3
Hand Hygiene Auditor	1
Sub Total	4
IMIT	
Service Desk Representative	1
Tech Moves (on site when required)	6
Sub Total	7
Patient Entertainment and Information	
Representative	1
Sub Total	1
Staffing Services	

SITE SUPPORT SERVICES ADMINISTRATION OFFICES	PEAK SHIFT
Manager	1
Supervisor	1
Program Clerks (an additional 2 Program Clerks will be accommodated in the Perioperative Services Component)	6
Sub Total	8
HEU/HSA	
HEU Union Representative	1
HSA Union Representative	1
Sub Total	2
BCNU	
BCNU Union Representative	1
Sub Total	1
Security	
Supervisor	1
Security Personnel	2
Sub Total	3
Hospital Admin Offices	
Quality and Patient Experience Staff	2
Wound Care Clinicians	2
Sub Total	4
PEAK TOTAL	43

2.12.3.4 DESIGN CRITERIA

2.12.3.4(1) General Requirements

2.12.3.4(1)(a) The Site Support Services Administration Offices will include the following sub-Components:

- 2.12.3.4.1.(a).1 Workplace Health;
- 2.12.3.4.1.(a).2 Human Resources;
- 2.12.3.4.1.(a).3 IPAC;
- 2.12.3.4.1.(a).4 IMIT;
- 2.12.3.4.1.(a).5 Patient Entertainment and Information;
- 2.12.3.4.1.(a).6 Staffing Services;
- 2.12.3.4.1.(a).7 HEU/HSA;
- 2.12.3.4.1.(a).8 BCNU;
- 2.12.3.4.1.(a).9 Security; and
- 2.12.3.4.1.(a).10 Hospital Admin Offices.

2.12.3.4(1)(b) These sub-Components will not be required to be all grouped in one area.

- 2.12.3.4(1)(c) The Site Support Services Administration Offices will have Convenient Access to all BH areas for Staff.
 - 2.12.3.4(1)(d) Workplace Health and Human Resources may be adjacent.
 - 2.12.3.4(1)(e) Meeting Rooms in this Component will primarily be used as break out rooms and may be shared between Workplace Health and Human Resources.
 - 2.12.3.4(1)(f) HEU/HSA and BCNU will not be grouped with Human Resources.
 - 2.12.3.4(1)(g) Security will be located in an area that will provide the most Convenient Access to the entire BH including Phase 1 and 2.
 - 2.12.3.4(1)(h) Hospital Admin Offices will not be required to be grouped in one area. Groupings as per Internal Relationships diagrams will be preferred.
 - 2.12.3.4(1)(i) All Offices and Workstations will be designed ergonomically with the use of modular furnishings and casework to provide maximum flexibility.
 - 2.12.3.4(1)(j) Natural light and views will be maximized for Staff.
 - 2.12.3.4(1)(k) The physical environment will facilitate team collaboration.
- 2.12.3.4(2) Workplace Health
- 2.12.3.4(2)(a) Workplace Health will contain different types of offices including private Office and Office-Multi.
 - 2.12.3.4(2)(b) Storage-Equipment in this area will store testing equipment for monitoring (noise, light, humidity).
- 2.12.3.4(3) Human Resources
- 2.12.3.4(3)(a) Human Resources will contain different types of offices including private Office and Office-2 Shared.
 - 2.12.3.4(3)(b) This area will also have a dedicated enclosed Business Centre with Convenient Access to a Meeting Room and all Staff work areas.
- 2.12.3.4(4) IPAC
- 2.12.3.4(4)(a) IPAC will include an Office-Multi.

2.12.3.4(5) IMIT

2.12.3.4(5)(a) IMIT will include an Office-Multi and an open Workstation-Equipment Repair inside Office-Multi for electronics repairs.

2.12.3.4(5)(b) Storage-Equipment in this area will store tool carts, paper and equipment.

2.12.3.4(6) Patient Entertainment and Information

2.12.3.4(6)(a) Patient Entertainment and Information area will be a private Office-Small.

2.12.3.4(7) Staffing Services

2.12.3.4(7)(a) Staffing Services will contain different types of offices including private Office and Office-Multi.

2.12.3.4(7)(b) This area will also have a dedicated open Business Centre with Convenient Access to all Staff work areas.

2.12.3.4(8) HEU/HSA

2.12.3.4(8)(a) HEU/HSA will share an Office-2 Shared and an open Storage-Filing area in Office-2 Shared.

2.12.3.4(9) BCNU

2.12.3.4(9)(a) BCNU will include a private Office.

2.12.3.4(10) Security

2.12.3.4(10)(a) Office/Staff Lounge will include touchdown workstations, kitchenette, a change cubicle and Staff lockers.

2.12.3.4(11) Hospital Admin Offices

2.12.3.4(11)(a) Hospital Admin Offices will include an Office-2 Shared for Quality and Patient Experience Staff and an Office-2 Shared for Wound Care Clinicians.

2.12.3.5 EXTERNAL RELATIONSHIPS

2.12.3.5(1) The following diagram indicates other Functional Components that have a functional relationship with this Component.



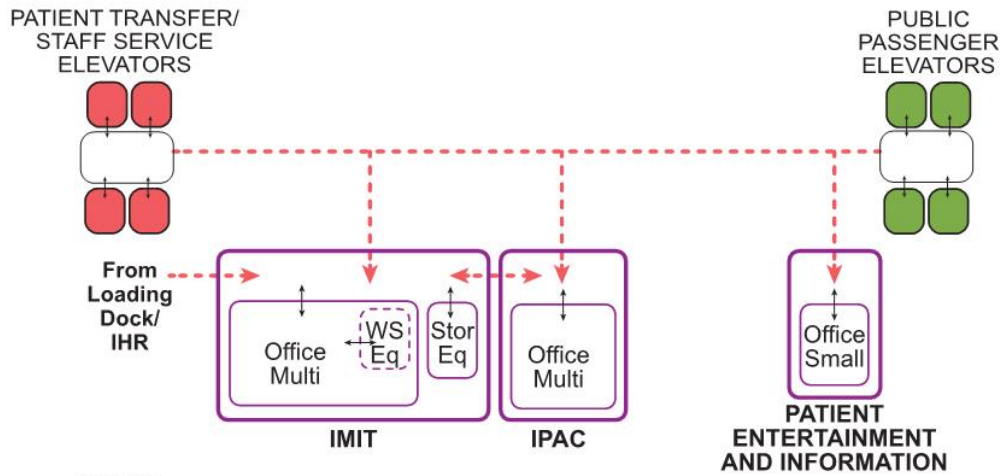
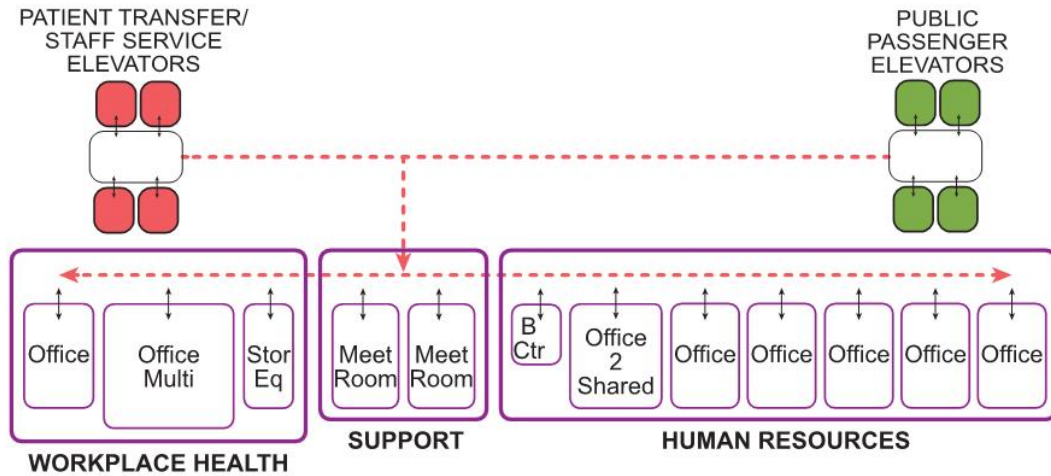
LEGEND

Convenient Access by Restricted Circulation

Convenient Access by General Circulation

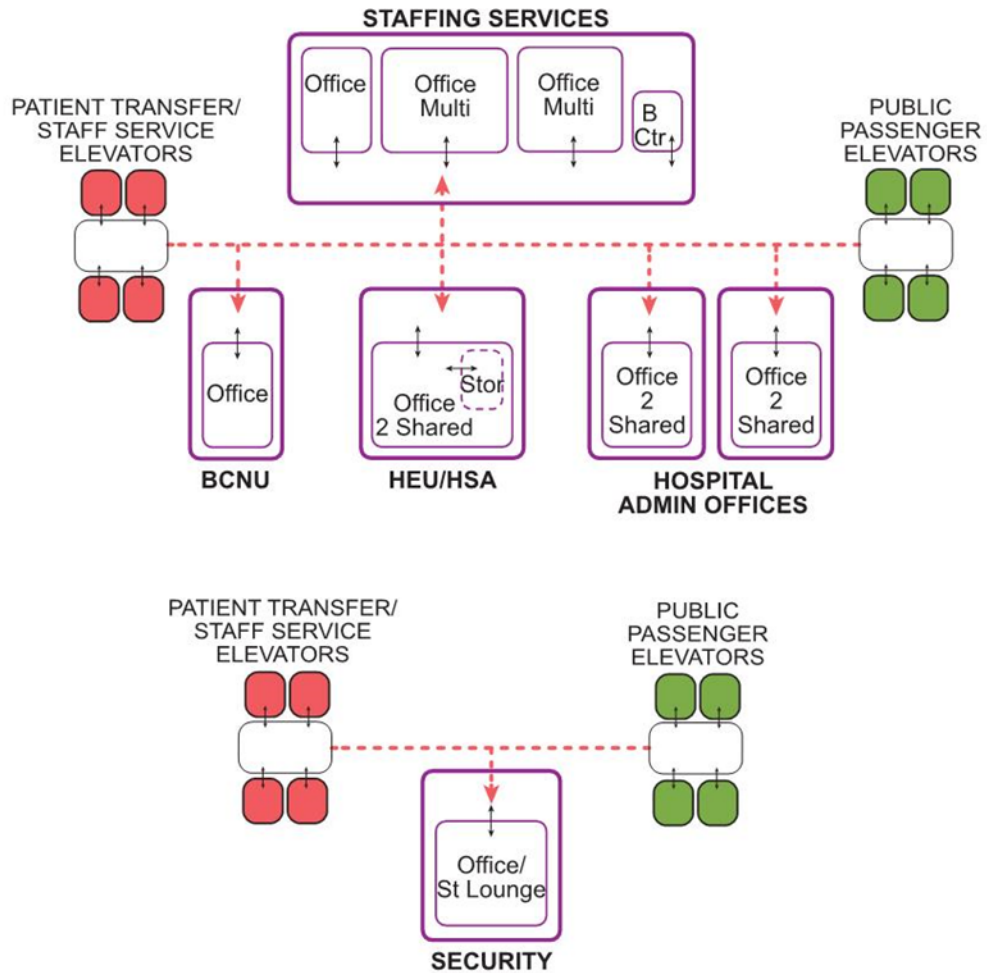
2.12.3.6 INTERNAL RELATIONSHIPS

2.12.3.6(1) The following diagrams indicate internal functional relationships within this Component.



LEGEND

- General Circulation - Public
- Restricted Circulation - Staff
- Restricted Circulation - Service



2.12.4 SCHEDULE OF ACCOMMODATION

2.12.4.1 The following table lists the number of spaces, Net Areas and space contents as minimum requirements.

Summary of Management Administration

L1. HOSPITAL ADMINISTRATION	175.2
L2. BURNABY HOSPITAL FOUNDATION	125.7
L3. SITE SUPPORT SERVICES ADMINISTRATION OFFICES	
L3.1 - WORKPLACE HEALTH	35.0
L3.2 - HUMAN RESOURCES	60.5
L3.3 - IPAC	16.0
L3.4 – IMIT	29.0
L3.5 - PATIENT ENTERTAINMENT AND INFORMATION	7.5
L3.6 - STAFFING SERVICES	44.7
L3.7 - HEU/HSA	14.0
L3.8 - BCNU	9.0
L3.9 - SECURITY	18.0
L3.10 - HOSPITAL ADMIN OFFICES	24.0
L3.11 - SUPPORT	16.0
MANAGEMENT ADMINISTRATION PROGRAMMED SPACE NSM:	574.6

Ref. No.	Room Type	Area Requirements			DBF/ CM	Remarks
		nsm/unit	units	nsm		
L1. HOSPITAL ADMINISTRATION						
L1.1 - HOSPITAL ADMINISTRATION						
L1.1.1	Office	9.0	7	63.0	DBF	Private office.
L1.1.2	Office-Large	10.0	1	10.0	DBF	Private office.
L1.1.3	Office-Multi	18.0	1	18.0	DBF	Incl. 4 workstations.
L1.1.4	Office-Multi-Open	27.6	1	27.6	DBF	Incl. 6 workstations.
L1.1.5	Meeting Room-Large-EOC	34.0	1	34.0	DBF	To accommodate 22 people. Shared between Hospital Administration and Burnaby Hospital Foundation.
L1.1.6	Alcove-EOC Equipment	2.0	1	2.0	DBF	Shared between Hospital Administration and Burnaby Hospital Foundation.
L1.1.7	Waiting Area	4.0	1	4.0	DBF	To accommodate 3 people.
L1.1.8	Business Centre	6.0	1	6.0	DBF	
L1.1.9	Alcove-Nourishment	4.0	1	4.0	DBF	Alcove for nourishment station. Shared between Hospital Administration and Burnaby Hospital Foundation.
L1.1.10	Alcove-Mail	2.0	1	2.0	DBF	Incl. mail slots.
L1.1.11	Washroom-Staff	4.6	1	4.6	DBF	2-piece, accessible for Persons with Disabilities.
TOTAL NSM: HOSPITAL ADMINISTRATION				175.2		

Ref. No.	Room Type	Area Requirements			DBF/ CM	Remarks
		nsm/unit	units	nsm		

L2. BURNABY HOSPITAL FOUNDATION						
L2.1 - BURNABY HOSPITAL FOUNDATION						
L2.1.1	Reception	4.6	1	4.6	DBF	Incl. 1 workstation.
L2.1.2	Waiting Area	6.0	1	6.0	DBF	To accommodate 3 people. Incl. coat closet.
L2.1.3	Lounge-Donor	9.0	1	9.0	DBF	To accommodate 4 people. Incl. fireplace, nourishment station.
L2.1.4	Meeting Room-Small	18.0	1	18.0	DBF	To accommodate 10 people. Shared between Hospital Administration and Burnaby Hospital Foundation.
L2.1.5	Office	9.0	4	36.0	DBF	Private office.
L2.1.6	Office-Large	10.0	1	10.0	DBF	Private office.
L2.1.7	Office-Multi-Open	24.0	1	24.0	DBF	Incl. 8 touchdown workstations.
L2.1.8	Business Centre	3.5	1	3.5	DBF	
L2.1.9	Storage-Clean	10.0	1	10.0	DBF	
L2.1.10	Washroom-Staff	4.6	1	4.6	DBF	2-piece, accessible for Persons with Disabilities.
TOTAL NSM: BURNABY HOSPITAL FOUNDATION				125.7		

L3. SITE SUPPORT SERVICES ADMINISTRATION OFFICES						
L3.1 - WORKPLACE HEALTH						
L3.1.1	Office	9.0	1	9.0	CM	Private office.
L3.1.2	Office-Multi	20.0	1	20.0	CM	Incl. 5 workstations.
L3.1.3	Storage-Equipment	6.0	1	6.0	CM	
TOTAL NSM: WORKPLACE HEALTH				35.0		
L3.2 - HUMAN RESOURCES						
L3.2.1	Office	9.0	5	45.0	CM	Private office.
L3.2.2	Office-2 Shared	12.0	1	12.0	CM	Incl. 2 workstations.
L3.2.3	Business Centre	3.5	1	3.5	CM	
TOTAL NSM: HUMAN RESOURCES				60.5		
L3.3 - IPAC						
L3.3.1	Office-Multi	16.0	1	16.0	CM	Incl. 4 workstations.
TOTAL NSM: IPAC				16.0		
L3.4 - IMIT						
L3.4.1	Office-Multi	16.0	1	16.0	CM	Incl. 4 workstations.
L3.4.2	Workstation-Equipment Repair	5.0	1	5.0	CM	Incl. 1 workstation.
L3.4.3	Storage-Equipment	8.0	1	8.0	CM	
TOTAL NSM: IMIT				29.0		
L3.5 - PATIENT ENTERTAINMENT AND INFORMATION						
L3.5.1	Office-Small	7.5	1	7.5	CM	Private office.
TOTAL NSM: PATIENT ENTERTAINMENT AND INFORMATION				7.5		

Ref. No.	Room Type	Area Requirements			DBF/ CM	Remarks
		nsm/unit	units	nsm		
L3.6 - STAFFING SERVICES						
L3.6.1	Office	9.0	1	9.0	CM	Private office.
L3.6.2	Office-Multi	18.4	1	18.4	CM	Incl. 4 workstations.
L3.6.3	Office-Multi	13.8	1	13.8	CM	Incl. 3 workstations.
L3.6.4	Business Centre	3.5	1	3.5	CM	
TOTAL NSM: STAFFING SERVICES				44.7		
L3.7 - HEU/HSA						
L3.7.1	Office-2 Shared	12.0	1	12.0	CM	Incl. 2 workstations.
L3.7.2	Storage-Filing	2.0	1	2.0	CM	
TOTAL NSM: HEU/HSA				14.0		
L3.8 - BCNU						
L3.8.1	Office	9.0	1	9.0	CM	Private office.
TOTAL NSM: BCNU				9.0		
L3.9 - SECURITY						
L3.9.1	Office/Staff Lounge	18.0	1	18.0	CM	Incl. 2 touchdown workstations, kitchenette, 1 change cubicle.
TOTAL NSM: SECURITY				18.0		
L3.10 - HOSPITAL ADMIN OFFICES						
L3.10.1	Office-2 Shared	12.0	1	12.0	DBF	Incl. 2 workstations.
L3.10.2	Office-2 Shared	12.0	1	12.0	CM	Incl. 2 workstations.
TOTAL NSM: SUPPORT				24.0		
L3.11 - SUPPORT						
L3.11.1	Meeting Room	8.0	2	16.0	CM	To accommodate 4 people.
TOTAL NSM: SUPPORT				16.0		
TOTAL NSM: SITE SUPPORT SERVICES				273.7		
ADMINISTRATION OFFICES						
TOTAL NSM: MANAGEMENT ADMINISTRATION				574.6		