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## A Outpatient Services

### A3 GENERAL DAY CARE UNIT

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#### A3.1 SERVICE DESCRIPTION

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##### A3.1.1 Scope of Clinical Services

This section A3 sets out the requirements for the centralized facilities at the Facility for the provision of a range of medical and surgical day procedures, including those set out below, to be achieved or accommodated by Project Co in providing the Works and the Services.

- Bronchoscopies
- Colonoscopies
- Cystoscopies
- Fine wire localization and breast biopsies
- Gastrointestinal endoscopies
- Gastrointestinal laser treatments
- Hematology studies
- IV infusions/hydrations
- Nerve blocks
- Plastic surgery
- Prostate biopsies
- PICC line insert
- Pamidronate infusion
- ophthalmology procedures
- Pulmonary biopsies
- Sigmoidoscopies
- Stentings
- Vasectomies
- Blood/platelet transfusions
- Bone marrow aspirations/biopsy
- Thoracentesis
- Paracentesis
- Fine needle aspirates
- Lumbar punctures
- Apheresis
- Gastric tube insert
- Blood transfusion
- DVT/anticoagulation therapy

Procedures conducted outside this component, but which may be supported by this component for patient preparation and recovery, include the following:

- Angiograms conducted in Medical Imaging (see section C3)
- ERCP's conducted in Medical Imaging (see section C3)
- Liver and renal biopsies conducted in Medical Imaging (see section C3)
- Myelograms conducted in Medical Imaging (see section C3)

Patients who are not ready for discharge during normal operating hours will be moved to the Surgical Day Care Unit in C7 Surgical Services for an extended recovery period.

##### A3.1.1.1 Current Trends

*In providing the Works and Services, Project Co shall take into account the following trends:*

- *More interventional minimally invasive procedures conducted on an outpatient or day care basis will continue in the future and, therefore, this component will be planned for expandability.*
- *The demand for endoscopy as a diagnostic and therapeutic clinical service is increasing. This together with the increasing requirement for rapid diagnostic clinics is anticipated to lead to an expansion of the service and a possible extension of operating hours into evenings and weekends. An ability to provide 24-hour endoscopy could enable direct discharge for patients attending Emergency without significant pathology.*
- *The number of people born with heritable disorders such as haemophilia and sickle cell disease, who are surviving longer, continues to increase as more effective treatment becomes available.*

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#### **A3.1.2 Scope of Education Services**

Most teaching will occur within available service space (i.e., procedure rooms); however medical and nursing education programs will also require convenient access to group teaching facilities (10-15 persons at a time) within the component. Educational functions occurring infrequently or involving larger groups will utilize available facilities elsewhere. Educational programs will include:

- Medical/surgical residents, 4 at a time
- Medical undergraduates, up to 4 at a time
- Nursing (RN/LPN diploma, undergraduate and graduate) students, up to 8 at a time (on one shift)
- Pharmacy undergraduates/residents, 1 at a time
- Physiotherapy students, up to 2 at a time
- Occupational therapy students, up to 2 at a time
- Respiratory therapy students, up to 2 at a time
- Dietetic intern, 1 at a time
- Social work students, up to 3 at a time

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#### **A3.1.3 Scope of Research Services**

Research activities may occur within the component, but will not require dedicated facilities or staff resources beyond those already provided for patient care services.

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#### **A3.1.4 Specific Exclusions**

This specification excludes day care services and procedures provided elsewhere, including:

- Surgical day care procedures requiring general anaesthesia (see C7 Surgical Services)
- Interventional radiology procedures (see C3 Medical Imaging)
- Selected cancer care medical day care procedures (see A1(e) Cancer Centre General Clinic)

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**A3.2 OPERATIONAL DESCRIPTION**

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**A3.2.1 Minimum Hours of Operation**

Routine hours of operation will be from 0700h to 1800h, 5 days/week.

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**A3.2.2 Patient Management Processes**

**A3.2.2.1 Reception/Registration/Change**

Patients who attend the day unit normally do so by appointment. Some patients will attend on an ad hoc basis for emergency treatment, consultation, counselling or professional support or as an inpatient. They wait in the main waiting area before being called by a nurse and seen in an admission room. Some patients change into a gown in a changing room. Patients will then either wait in a changed sub wait area or be called directly into a procedure room. Some patients may walk and others will be transferred to a stretcher before entering.

Most patients will change in a centralized change area; however, some patients may also change in their bed cubicle area.

Patients will move through the General Day Care Unit in a variety of ways depending on individual patient or procedural requirements.

**A3.2.2.2 Preparation**

Most patients will be assessed by a doctor, nurse specialist, or nurse before treatment, in a consulting room. Blood will be taken and drugs ordered from the pharmacy, before treatment can begin. Counselling will be available to the patient, family members or carers at any time during their attendance on the unit.

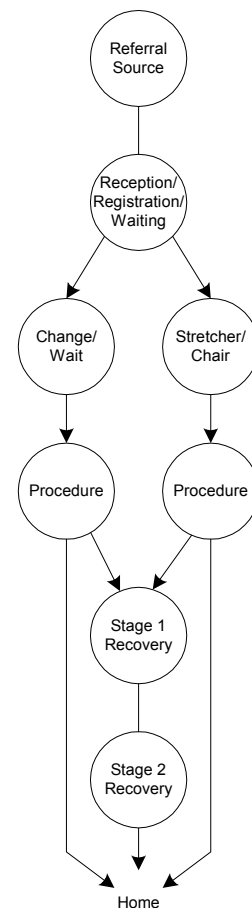
Patients, such as those requiring IV therapy, will be prepared, receive treatment and be recovered, spending 1 to 6 hours in the area in a stretcher bed and/or recliner chair.

**A3.2.2.3 Procedure**

Many patients will receive treatments or procedures directly in the patient stretcher area, while others will be prepped then are moved/directed to a minor surgical procedure room or an endoscopy room for the procedure.

Hematology patients can attend the unit for treatment on a regular basis and will be treated by doctors and/or nursing staff with factor concentrates, drugs, or blood products. The length of treatment will range from 2 hours to 6 hours. Some patients who attend may need to be transferred to an inpatient bed.

Some patients will attend for cell separation and plasma exchange. The cell separation equipment is moveable and will be taken to the patient's bed.



*Patient Flow Diagram*

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Sufficient space at each bed and chair is needed to enable the following functions to be undertaken safely and conveniently:

- Nursing activities (access from both sides)
- Positioning and use of static equipment
- Use of mobile equipment (e.g., cell separator)
- Space for 2 escorts to remain with the patient during treatment

#### **A3.2.2.4** Recovery/Change/Discharge

Following the procedure the patient will stay on the stretcher if sedation has been given and be transferred to the recovery area. Unsedated patients may wait in the second stage recovery waiting area, or be discharged directly after the procedure. Patients who are required to change will do so in the changing cubicle and clothes placed in a locker. Outpatients will leave the unit via the reception desk.

First and second stage recovery spaces will be co-located and be visible from a nurse station for patient safety.

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#### **A3.2.3** **Patient Information Management**

All relevant central registry paper work, and lab and radiology results will be forwarded to the General Day Care Unit in advance of the scheduled patient visit and (if in hardcopy) will be returned to the appropriate service within 24 hours after the patient's scheduled appointment, or may need to go to Health Records.

Patient appointments will be block scheduled on a computerized system. The slates will be received from the physician's office by noon 2 days prior to the procedure. This will be done by a community-wide model, which will have pre-registration available.

Patient record storage will be available for chronic/serial treatments in areas such as IV therapy.

Also refer to Output Specifications, Section 3: Non-Clinical Services, subsection D1 Information Management; Section 5: Design and Technical, subsection 5.3.17 Technology and Communication Systems; and Section 6: IT/Tel Services.

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#### A3.2.4 Staff Work Processes

##### A3.2.4.1 Zoning

The component will be organized in 3 main zones:

- Reception/control/change area
- Patient stretcher area
- Patient procedure area

##### A3.2.4.2 Reception/Registration

All scheduled and unscheduled patients (and/or accompanying porters and escort staff), clinicians, and visitors to the department are received at a central reception desk. All outpatients will register with the unit clerk. Inpatient will be portered to the component by porters. Patient information is checked against existing computer and manual records, and examination details are entered on the computer system. A variety of other tasks, including telephone call handling, appointment scheduling, patient preparation, receipt and dispatch of reports, tracings, x-ray films and notes, answering patient queries etc. are also undertaken here. All procedures will be scheduled through the booking clerk using the “community-wide scheduling model” currently on-line.

Patients will generally be pre-booked by physicians and given instructions to prepare them for the examination at a later date. In some cases, it will be necessary to take a patient history and/or ask questions for which a greater degree of privacy is required and auditory privacy is thus important. Information regarding procedure examinations is displayed in poster and leaflet form. It is envisaged that a touch-screen, computer-based information and self-registration system will be available for patients in reception areas within the future.

A small admitting/counselling room is required close to reception for patient counselling and confidential discussions.

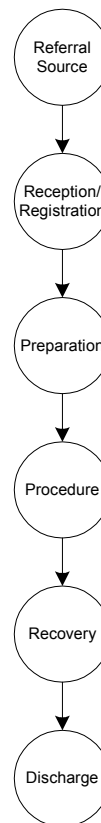
##### A3.2.4.3 Preparation/Recovery

The patient stretcher/chair area will be subdivided into 2 sub zones, one for endoscopy patients who may be suffering from nausea or other discomfort, and another sub zone for all other patients. A degree of flexibility will be provided, with the ability to swing beds from one sub zone to the other. A separate zone for recliner chairs may also be provided.

A care station will be provided for each zone and will accommodate the unit clerk for the unit.

##### A3.2.4.4 Procedure

Patients will be directed or escorted to one of the procedure rooms where staff will prepare and execute a particular procedure. Following the procedure the patient will either be discharged home or escorted to the stretcher area for a period of post-procedure recovery.



*Process Flow Diagram*

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**A3.2.4.5 Staff Services**

Staff facilities will be provided in the Ambulatory Care Centre for shared use by the General Day Care Unit. Outer clothing will be stored in coat closets located in a lockable coat hanging area. Students and volunteers will also have space for coat storage in the coat closets. Purse lockers will be provided for personal valuables and will be shared across shifts. A staff break room will be provided for staff debriefing, grieving and rest.

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**A3.2.5 Materiel Services**

All endoscopic equipment will be cleaned and sterilized by endoscopy staff within the component. Some items will go to SPD for steam sterilizing from time to time.

All cystoscopic equipment will go directly to SPD for processing.

Also refer to Output Specifications, Section 4: Facility Management Services, subsection E7 Materiel Services, and Section 2: Clinical Services, subsection C8 Sterile Processing Services.

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**A3.2.6 Linen/Housekeeping Services**

Refer to Output Specifications, Section 4: Facility Management Services, subsections E5 Housekeeping Services and E6 Laundry/Linen Services.

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**A3.2.7 Equipment Asset Management**

Refer to Output Specifications, Section 4: Facility Management Services, subsection E2 Biomedical Engineering; and Section 7: Equipment.

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**A3.3 ACTIVITY INDICATORS**

The table below summarized the projected activity for General Day Care Unit services which must be addressed by Project Co in performing the Works and the Services.

**A3.3.1 Hospital Activity**

Unit	Minimum Projected Yearly Activity
<b>Endoscopy Procedures</b>	
Cystoscopies	3,749
Bronchoscopies	262
Endoscopies	6,748
Subtotal	10,759
<b>Minor OR Cases/Visits</b>	
Vasectomies	359
Circumcision	33
Colposcopy	274
LEEP	53
Cryotherapy	103
Gync.	62
Carpal Tunnel Release	240
Trigger Finger Release	61
Plastic Procedures	1,062
Ophthalmology	446
Bone Marrow Aspiration	72
Fine Needle Aspiration	237
Vein Ligation	75
Hemorrhoid Banding	18
IM Injections	70
BCG Therapy	89
Dressing Change & Other	41
Other Minor Surgical Procedures	4,319
Subtotal, Minor OR Cases	7,614
<b>Medical Day Care Procedures/Visits</b>	
Epidural Block (Pain Clinic)	750
MIBI Starts	745
IV Therapy	
Antibiotics	3,374
PICC Line Insertion	40
Port-a-Cath Flush	35
Phlebotomy	119
Transfusions	320
Catheter Insertion/Removal	810
Urethral Dilation/Residual	210
Thiotepa DMSO Bladder Installation	311
Lumbar Puncture	11
Paracentesis	68
DVT/Anticoagulation Therapy	900
Subtotal, Medical Day Care Cases	6,198
<b>Enterostomal Care Program</b>	
Inpatient Visits	1,500
Outpatient Visits	413
Subtotal	1,913
<b>Home IV Program</b>	
Outpatient Visits	340
<b>Imaging Recovery Visits</b>	1,300
<b>Total Procedure/Visits</b>	26,499

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**A3.3.2 Cancer Centre Activity (Incl. in Hospital Activity above)**

**A3.4 PEOPLE REQUIREMENTS**

This component will have a total staff complement in the range of 36 FTE, consisting of 29 nurses, 1 therapist, 5 aides and 1 clerical/administrative personnel.

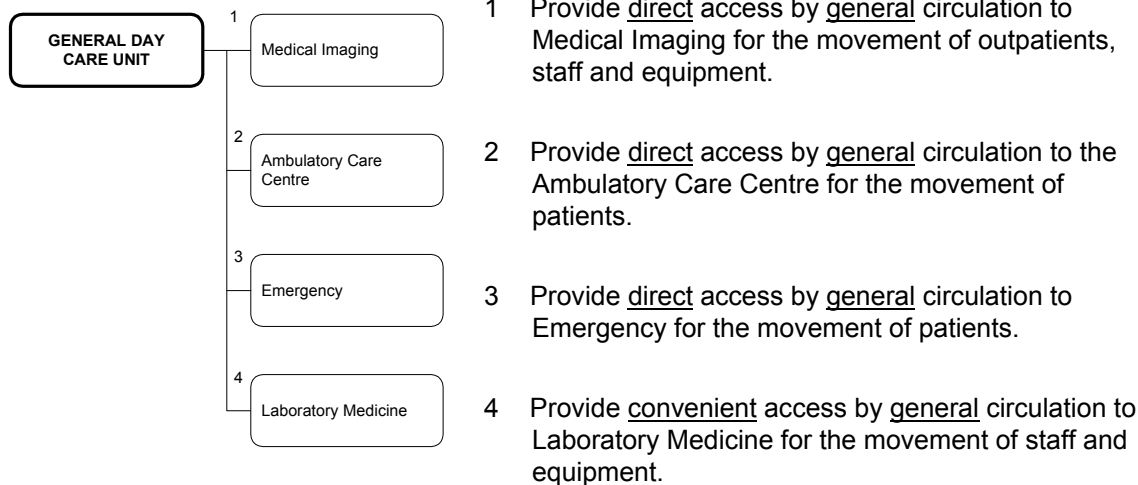
It is anticipated that the key functional areas in the component will need to accommodate the following maximum number of people.

Functional Areas	Patients	Staff	Visitors	Others	Total
Reception/Control Area	10-12	2	6-8	1-2	19-22
Patient Stretcher Care Area	10	10	8-10	4-6	32-36
Procedure Area	11	10	0	12-15	33-36

**A3.5 DESIGN CRITERIA**

**A3.5.1 Key External Relationships**

The following key relationships will be achieved in the priority order as numbered for the purposes stated:



*Note: Provide direct external access from parking and the outpatient entry for ease of patient movement.*



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#### A3.5.2 Key Internal Relationships/ Environmental Considerations

The following will be achieved:

##### A3.5.2.1 Privacy

Provide complete visual and acoustic privacy for patients in examination, treatment and procedure areas. Privacy is of the utmost importance and control of sound transmission between rooms is a critical design consideration.

##### A3.5.2.2 Environment

Traffic in the patient preparation/recovery area will be minimized, in order to reduce noise and confusion frequently experienced by patients.

Also refer to Output Specifications, Section 1: Key Site and Building Design Criteria, subsection 1.2.5 Indoor Environmental Quality.

##### A3.5.2.3 Security

Security features will be provided to minimize theft. Access to the component for patients and visitors will be through one door only. Closed circuit television monitoring may need to be installed.

Also refer to Output Specifications, Section 1: Key Site and Building Design Criteria, subsection 1.2.2.3 Security and Personal Safety.

##### A3.5.2.4 Lighting

Lighting will be variable throughout the component and will be of sufficient intensity to facilitate reading, especially in patient teaching areas.

Also refer to Output Specifications, Section 5: Design and Technical, subsection 5.3.16.11 Lighting.

##### A3.5.2.5 Room Isolation Capability

All bronchoscopies will be performed in a negative pressure room in accordance to Canadian guidelines.

Also refer to Output Specifications, Section 1: Key Site and Building Design Criteria, subsection 1.2.4.5 Infection Control; and Section 5: Design and Technical, Division 15 Mechanical.

##### A3.5.2.6 Sterility

Create a sterile environment in the procedure rooms for the conduct of “clean” procedures such as bronchoscopy and pulmonary biopsy. These rooms must be fully equipped for monitoring and resuscitation. Bronchoscopy suites will be provided with negative pressure.

##### A3.5.2.7 Component Functional Diagrams

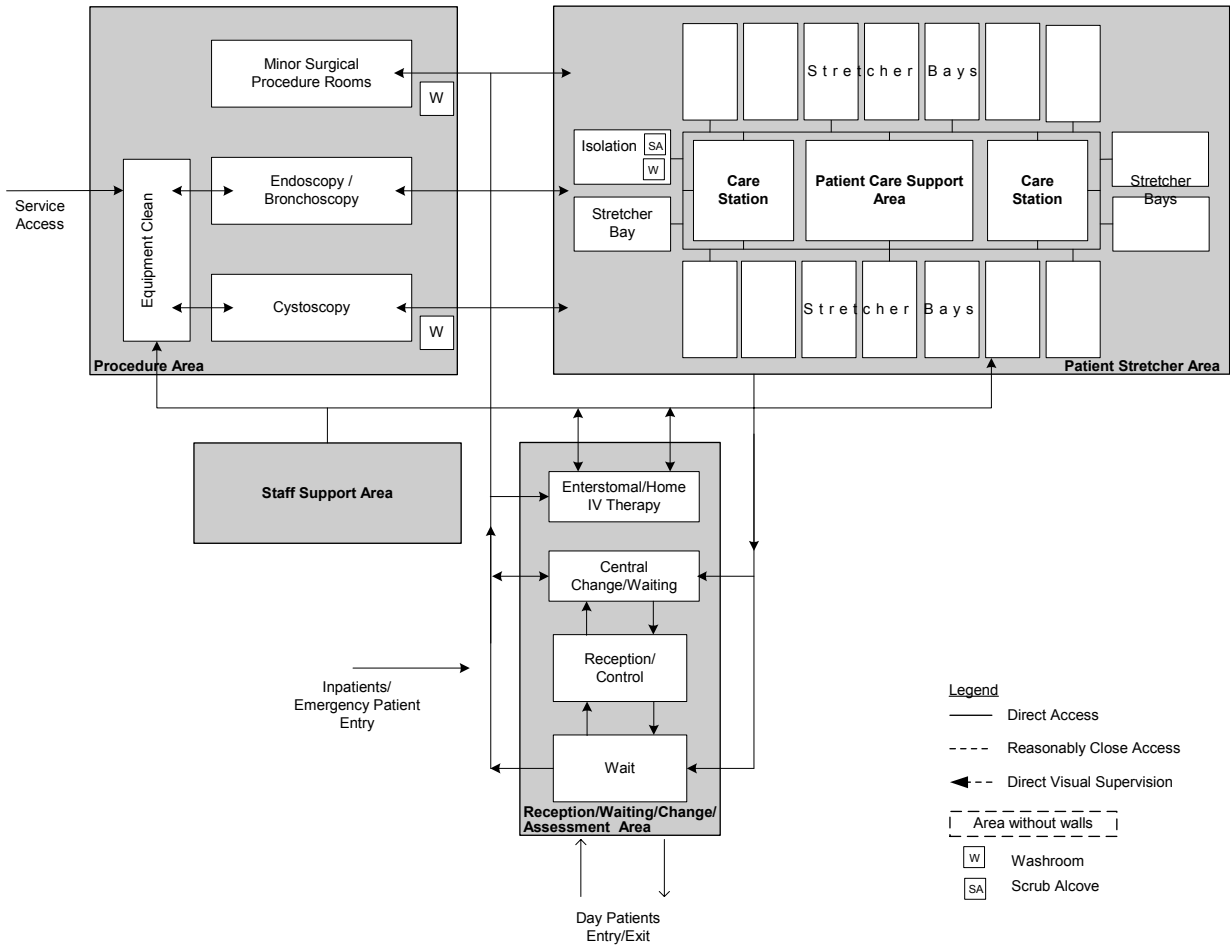
The spatial organization of this component will be generally as shown in the diagrams below.

##### A3.5.2.7.1 Macro Relationship Diagram

None provided

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**A3.5.2.7.2 Micro Relationship Diagram**



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**A3.5.3 Schedule of Accommodation** (Note: Spaces listed in parentheses ( ) are spaces supporting services provided by Project Co and are included in the total net square metres.)

Ref	Space	Area Requirements		
		units	nsm/unit	nsm
	<u>Reception/Control/Change Area</u>			
01	Reception Desk	1		12.0
02	Office Equipment Room	1		12.0
03	Interview/Admitting Room	4	4.0	16.0
04	Alcove, Wheelchair Storage	1		3.5
05	Patient/Family Waiting Area (Stage 2 Recovery Area)	1		30.0
06	Washroom, Public	1		2.5
07	Dressing Cubicle, Patient	4	1.5	6.0
08	Dressing Cubicle, Patient Assisted	1		2.5
09	Washroom, Patient, Wheelchair Type	1		4.5
10	Patient Locker Area	1		15.0
11	Patient Waiting, Changed	1		6.0
	Subtotal			110.0
	<u>Enterostomal/Home IV Therapy Area</u>			
12	Office/Workroom, Enterostomal	1		10.0
13	Office/Workroom, Home IV Therapy RN	1		9.0
14	Storage, Supplies	1		4.0
15	Treatment/Counselling Room	1		20.0
16	Washroom, Patient, Wheelchair Type	1		4.5
17	Exam/Consultation Room, Home IV Therapy	1		11.0
	Subtotal			58.5

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Ref	Space	Area Requirements		
		units	nsm/unit	nsm
	<u>Patient Stretcher Care Area</u>			
18	Preparation/Procedure/Stage 1 Recovery Stretcher Bed/Recliner Area	17	7.5	127.5
19	Private Room (with Ante Room A3-20)	1		12.0
20	Ante Room	1		4.0
21	Washroom, Patient, Wheelchair Type	1		4.5
22	Alcove, Linen Cart	2	1.0	(2.0)
23	Care Station	2	10.0	20.0
24	Pneumatic Tube Station	1		1.0
25	Medication Alcove	1		6.0
26	Dictation Area	2	1.5	(3.0)
27	Crash Cart Alcove	1		0.5
28	Nourishment Centre	1		(5.5)
29	Consult Room	2	9.0	18.0
30	Washroom, Patient, Wheelchair Access	1		3.5
31	Clean Supply Holding Room	1		(15.0)
32	Soiled Utility Room	1		(12.0)
33	Soiled Holding Room	1		(8.0)
34	Storage Alcove, Equipment	1		25.0
	Subtotal			267.5
	<u>Patient Procedure Area</u>			
35	Minor Surgical Procedure Rooms	5	18.0	90.0
36	Clean Supply Holding Room	1		(10.0)
37	Washroom, Patient Wheelchair Type	1		4.5
38	Endoscopy/Bronchoscopy Room	4	23.0	92.0

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Ref	Space	Area Requirements		
		units	nsm/unit	nsm
39	Cystoscopy Room	2	23.0	46.0
40	Washroom, Patient Wheelchair Type	1		4.5
41	Alcove, Linen Cart	2	1.5	(3.0)
42	Scope Cleaning Room	1		20.0
43	Soiled Holding Room	1		(12.0)
44	Storage, Alcove, Mobile C-Arm	1		3.5
Subtotal				-8.5
<u>Staff Facilities</u>				
45	Break/Team Room	1		24.0
46	Staff Locker Room	1		9.5
47	Washroom, Staff	1		7.5
Subtotal				41.0
<b>Total</b>				<b>762.5</b>

**A3.6 DESIGN GUIDANCE**

None

**A3.7 OTHER SPECIFICATIONS**

General medical and selected surgical day procedures are primarily based in the General Day Care Unit, however, other specifications that will be consulted are:

- A1(c) Cancer Centre Chemotherapy Treatment Unit
- A1(e) Cancer Centre General Clinic
- A1(h) Cancer Centre Radiation Therapy
- A4 Renal Services
- B5 Maternal Child Program
- C1 Diagnostic Services
- C7 Surgical Services

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