
B Inpatient Services

B2 GENERAL MEDICAL/SURGICAL INPATIENT CARE UNITS

B2.1 SERVICE DESCRIPTION

B2.1.1 Scope of Clinical Services

This section B2 sets out the requirements for the Facility's general medical and surgical inpatient beds to be achieved or accommodated by Project Co in providing the Works and the Services.

This component will provide facilities for the delivery of secondary and selected tertiary acute care to medical and surgical adult inpatients within a total of 150 beds distributed initially as follows:

- 140 medical/surgical beds
- 10 oncology beds

The specification assumes a "typical" general-purpose medical/surgical inpatient unit and although unique needs of subspecialties promote physical differences between units, the intent remains to provide flexible units capable of adapting to changes in inpatient care use and methods over the building's life. Promotion of "flexibility" does not preclude the designation of beds for special purposes (such as for oncology) or for design modifications around these designated beds to enhance functionality.

The new facilities will provide for an enhanced focus on ergonomic design both for patients and staff.

An increased emphasis will be placed on family-involved care in support of holistic care of the patient.

Care services in the Inpatient Units (IPUs) will include, among others:

- Administering medications, consulting with physicians, pharmacists and other interdisciplinary team members
- Conducting shift reports and participating in interdisciplinary patient conferences
- Coordinating, implementing, communicating, administering, scheduling, and evaluating the overall operations of the unit
- Documenting patients' progress and maintaining patient electronic charts/records
- Educating patients, family, staff and students
- Facilitating patient comfort and relaxation, recreation and activation
- Facilitation of family centred care
- Preparing patients for diagnostic and treatment services
- Providing family/visitor support, consultation and counselling
- Receiving, assessing and monitoring patients' holistic needs
- Routine and emergency nursing care including examinations and treatments

Medical services in the unit will include, among others:

- Admitting patients directly or via the emergency areas
- Documenting historical medical information
- Documenting patients' medical progress on patient electronic charts
- Educating patients, family, staff, students, and residents
- Ordering medical diagnostic and treatment procedures
- Participating in interdisciplinary patient conferences
- Participating in the overall program development for their respective areas

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- Prescribing medications, consulting with nursing staff and pharmacists
- Providing emergency medical examination and treatment
- Providing physical examinations and some medical procedures

Clinical professional service team members (e.g., physiotherapy, occupational therapy, respiratory care, laboratory, pharmacy, education, spiritual care, etc.) will travel to the Inpatient Units from their central components, as required. Selected team member will have permanent or shared counselling space within the IPU floor support areas, as follows:

- Physiotherapy/occupational therapy: one satellite treatment area to support all medical/surgical beds
- Social worker: dedicated office space for 4 persons with nearby counseling space for patients
- Pharmacist: dedicated office space for up to 4 persons
- Hospitalist: dedicated office space for 4 persons
- Dietitian: dedicated office space for 6 persons

All of the above may be involved in interdisciplinary patient conferences from time to time.

B2.1.1.1 Current Trends

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

- *In the future, the Medical Inpatient Units will provide facilities for the treatment of infectious disease, chronic ventilator patients, and increased oncology patients.*
- *Patients requiring inpatient care are becoming older and are often more dependent. They are likely to have greater co-morbidities, and require close co-ordination with primary care for discharge arrangements.*
- *Surgical specialties are now becoming increasingly specialist and more complex surgery will continue to develop.*
- *The parallel development of day and short stay care for a greater range of procedures, both invasive and non-invasive, will accentuate the trend in changes in inpatient care.*
- *It is anticipated that for surgical specialties there will be a trend to increasing numbers of tertiary referrals.*
- *Services are provided increasingly by multi-disciplinary teams, involving physicians, surgeons, specialist nurses and technical staff.*

B2.1.2 Scope of Education Services

The Medical/Surgical IPUs will provide clinical resources in support of teaching programs for the following types and numbers of students:

- Medical/surgical residents, 4 at a time
- Medical undergraduates, up to 4 at a time
- Nursing (diploma, undergraduate and graduate) students, up to 8 at a time per IPU (on one shift)

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- 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

Clinical teaching programs will be accommodated in patient care areas. Formal lectures or continuing education will not be accommodated in the clinical areas.

Inservice education and patient teaching programs will be conducted on a regular basis throughout the unit's patient/ clinical care spaces as well as in staff conference/meeting room(s) and patient/family teaching room(s) equipped with computer/TV/video link.

B2.1.3 Scope of Research Services

Research activities may occur within the component but will not require unique staff or facility resources. Office/work space will be provided in the Inpatient Unit floor support areas for use by clinical researchers. An ethics advisor will be located in the FHA administration off-site.

B2.1.4 Specific Exclusions

This specification excludes inpatient services/requirements provided elsewhere, including:

- Critical care services provided in B1 Comprehensive Cardiology Care Units and B4 Intensive/ Stepdown Care Units
- Obstetrics and pediatric care services provided in B5 Maternal Child Program
- Psychiatric/mental health services provided in B6 Mental Health/Psychiatry Program
- Palliative care services provided in B3 Tertiary Palliative Care Unit

B2.2 OPERATIONAL DESCRIPTION

B2.2.1 Minimum Hours of Operation

The IPUs will be staffed 24 hours a day, 7 days a week.

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B2.2.2 Patient Management Processes

B2.2.2.1 Reception/Admission

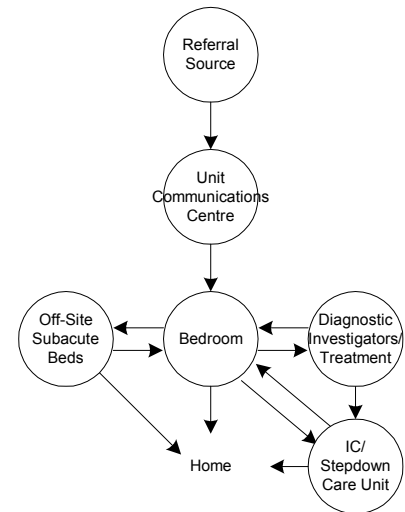
Patients will be admitted to an inpatient unit by pre-arrangement, through the admitting office, as unscheduled patients through the Emergency department, and through inter-hospital transfers. On admission ambulant patients will report to the unit communications desk.

The communications desk will act as the unit clerk's base.

B2.2.2.2 Care

Patients will be admitted to a specific bed based on their dependence level. All patients will be monitored from one of the care stations, each supporting 10 beds.

Each private and semi-private room will have an ensuite washroom with wc, sink and shower. Patients who require an assisted bath will use assisted bathrooms, located centrally on the unit.



Patient Flow Diagram

Oncology patients will be accommodated in one 10-bed cluster.

Patient bedrooms will be provided as a mix of privates and semi-privates as indicated in the schedule of accommodation.

Provide all patients with exterior views from their beds and some level of individual privacy in multi-bedded rooms. Consideration must be given to windowsill heights to enable visibility of ground level activity.

Provide shelf space for patient's personal items, flowers, etc., visible from the bed and possible at the window (deep window sill).

Provide attractive options to encourage patient activation and promote patient independence wherever possible.

Wall, floor and ceiling surfaces, as well as furnishings, will be carefully designed and selected to create a bright, cheerful, and safe environment for patient recovery. All surfaces must be non-porous and be easily cleaned. All covering materials must be fire retardant.

Maintain a sense of personal scale within the unit. Consider the possibility of creating clusters of patient rooms each with its own mini-lounge space.

Exploit any opportunities for patient and staff outdoor space (balconies, roof gardens, etc.).

Consideration will be given to physical layouts and design features which minimize the typically institutional aspects of inpatient accommodation and maximize non-institutional hotel/residential aspects in order to provide a more therapeutic healing environment that should promote quicker recovery, ambulation, etc.

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One quiet/treatment room will be required for special procedures, exam and/or more private consultation than is possible in a patient bedroom. Flexibility for changing to future use will be of high priority in the placement and design of this room.

One of the private bedrooms in each unit should receive special sound-isolation provisions. Particularly, noisy patients will be transferred to this room to avoid disturbance of other patients.

B2.2.2.3 Visitation

Provide a central patient/family/visitor lounge(s) with the option to be designated by activity type to suit the varied environmental needs of patients (e.g., active/noisy, passive/quiet, etc.). Each unit may have one small lounge for a certain activity type and patients will be expected to move to the lounge of their choice. Hand washing facilities will be available at every 40-bed support area for the visitors and public.

B2.2.3 Patient Information Management

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.

B2.2.4 Staff Work Processes

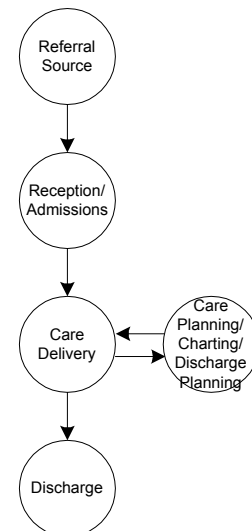
B2.2.4.1 Communications

Each 40-bed inpatient unit will be administered from a centralized communications centre, which will also act as a reception/control point for access to the unit. This communication centre will include the patient care unit clerk's workstation, the office of the in-charge nurse and a conference/report room. Patient care substations will be provided ensuite with clusters of 10 patient beds.

A multi-disciplinary and multi-team approach to care will be carried out in the units. Work stations at the communications desk, at the care stations, rooms for visiting professionals and for interviewing/counselling will achieve an ordered use of space.

B2.2.4.2 Care Delivery

Care delivery will be based on a patient-centred, family-involved service supported by an interdisciplinary team. Assigned RN's and LPN will generally be assigned for all of the nursing care provided for up to 10 patients during all shifts. 10 beds is considered the most efficient ratio of patients/RN. Higher or lower levels of care may be required for selected patients, but lower than for critical or stepdown care patients. In some cases, a nurse may be assigned a particular patient with higher acuity.



Process Flow Diagram

Provide a compactness of inpatient unit layout, which enables visual supervision of and direct access to patient bedrooms from the staff work areas.

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Provide maximum visibility of staff work areas from the individual patient beds in order to reassure patients that nursing care is close at hand.

Minimize nurse "in-flight time" and maximize nurse-patient visibility by locating frequently utilized staff work areas and support spaces close to the patient bed spaces. In order to achieve the above criteria it is recommended that small care sub-stations be provided as well as a central communications centre within each inpatient unit. These sub-stations provide simple workstations for (computer) charting purposes and would contain basic communications.

Each sub-station will be located en-suite with a 10-bed cluster. 4 clusters consisting of 40 beds will be managed as an inpatient unit.

Maintain only essential patient care support areas within the unit proper. All other support areas will be centralized for sharing between 2 or more inpatient units ("floor support areas"). Within the unit, spaces will be located close to patient bedrooms in the following order of priority: care station(s), medication dispensing area, utility rooms, patient bathing areas, staff conference area, dictation area, and office areas.

Although it is agreed that the 10-bed cluster is the most efficient for general nursing care, an occasional requirement for a larger or smaller cluster to meet specific demands and the physical layout should recognize this and make every effort to provide the flexibility to achieve it.

Nurses, physicians, therapists, etc. will require an area where they can discuss or document a patient's condition/information in private. Since the care station desk area will likely be highly accessible to patients and their family/visitors, an acoustically private staff conference/charting room will also be provided. This area will be glass-fronted so that staff can observe patients from within. This room could have sliding glass doors to the nurse station to facilitate frequent access and observation between the two spaces.

Interdisciplinary conversations will be private and not overheard by patients. Activities in the care stations should not disturb sleeping patients; therefore, the care stations will be designed with as many sound control measures as possible.

The medications alcove will be discreetly located. Access to it will be visually supervised from the care station, and will be securable with a separate lockable narcotics cupboard.

All beds are to be visible to a staff base, while allowing a degree of patient privacy to be maintained. The care substation must accommodate telephones, nurse call, patient's notes storage, computer terminals, two person's working and two visitors.

Multidisciplinary clinical staff will enter information to clinical records by electronic or manual means, discuss clinical issues, make confidential telephone calls, review x-ray and other diagnostic results in a discrete area. This area must have good visibility between it and the staff base and may be shared and accessible from 4 clusters. The space will need to accommodate 3 persons with associated workstations, printer, telephones and image viewing boxes.

Diagnostic Imaging examinations (specifically mobile x-ray and mobile ultrasound) will be carried out at the bedside in the Inpatient Unit. Mobile fluoroscopy may be carried out in the treatment room. It is projected that 7,275 mobile x-ray procedures will be undertaken per annum. A dedicated alcove or room for parking and storage of mobile x-ray equipment and re-charging batteries is required on inpatient floors and these areas/rooms will be adequately ventilated.

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An informal space for up to 12 persons is required for the nursing teams to undertake handover meetings during shift changes. Counselling and interview meetings will also be undertaken and could be located in this informal space.

B2.2.4.3 Staff Services

Outer clothing will be stored in lockable coat closets. 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 small staff break room will be provided for beverage making, staff debriefing, grieving and rest.

B2.2.5 Materiel Services

Fast-turnover, general medical/surgical supplies, including sterile supplies, will be transported by Project Co staff to the component and to each grouping of two 10-bed clusters using a scheduled top-up cart system.

Cytotoxic waste associated with the 10 oncology beds will be handled/disposed of separately from regular waste.

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

B2.2.6 Linen/Housekeeping Services

Cytotoxic linen associated with the 10 oncology beds will be handled/disposed of separately from regular waste.

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

B2.2.7 Equipment Asset Management

See Section 7: Equipment for a list for items of equipment stored on or close to the IPU's. The Project Co design should provide occasional alcoves close to bed areas for certain equipment items used on a frequent basis.

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

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B2.3 ACTIVITY INDICATORS

The table below summarized the projected activity for General Medical/Surgical Inpatient Care Units services which must be addressed by Project Co in performing the Works and the Services.

B2.3.1 Hospital Activity

Unit	Minimum Projected Yearly Activity
<u>Medical/Surgical Inpatient Units</u>	
# Cases	7,075
# Patient-Days	45,990
ALOS (Days)	6.5
% Occupancy	90.0
# Beds Set-Up	140
<u>Oncology Inpatient Unit</u>	
# Cases	657
# Patient-Days	3,285
ALOS (Days)	5.0
% Occupancy	90.0
# Beds Set-Up	10
<u>Total</u>	
# Cases	7,732
# Patient-Days	49,275
ALOS (Days)	6.37
% Occupancy	90.0
# Beds Set-Up	150
# Respiratory Procedures	12,064
# Clinical IP Nutrition Counselling Minutes	295,088

B2.3.2 Cancer Centre Activity (Incl. in Hospital Activity above)

B2.4 PEOPLE REQUIREMENTS

This component will have a total staff complement in the range of 222 FTE, consisting of 3 patient care managers, 5 patient care coordinators, 3 nurse clinicians, 149 registered nurses, 17 licensed practical nurses, 5 social workers, 5 respiratory technicians, 5 clerical dietitians, 2 dietitian clerks, 15 aides, and 13 clerical/administrative personnel.

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

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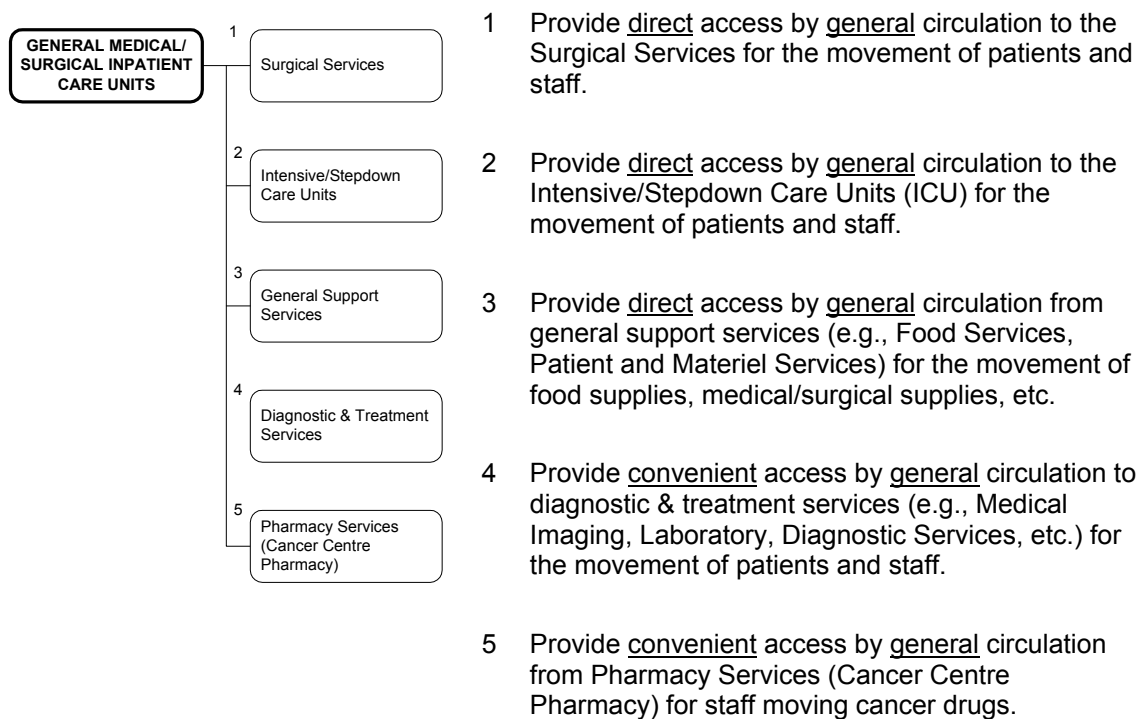
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Functional Areas	Patients	Staff	Visitors	Others	Total
10-Bed Care Cluster Patient Care Area	10	3	25-30	3-5	41-48
20-Bed Support Area	0	1-2	0	1	2-3
40-Bed Support Area Patient Care Support Area	10-15	4-5	8-10	1-2	23-32
Staff Work Area	0	15-20	0	5-6	20-26
80-Bed Support Area	8-10	15-20	4-5	10-15	37-50

B2.5 DESIGN CRITERIA

B2.5.1 Key External Relationships

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



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B2.5.2 Key Internal Relationships/ Environmental Considerations

The following will be achieved:

B2.5.2.1 General Physical Organization

The Inpatient Units will be organized to provide for current medical/surgical/oncology patient groupings (nursing units) as well as provide certain patient care and staff support facilities central to each 10 beds, 20 beds, 40 beds, plus a floor support area for up to 80 beds.

B2.5.2.2 Security of Wanderers

Special provisions will be included to prevent cognitively impaired patients from wandering off unit.

B2.5.2.3 Universal Room

Budgetary limitations have not allowed for a true 'universal room' but every attempt will be made with the space available to provide the features of a universal room. These include an outboard washroom location, fully accessible, maximum observation of the patient from the corridor, a designated family zone and staff work zone, etc.

B2.5.2.4 Room Isolation Capability/Infection Control

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.

B2.5.2.5 Safety in the Workplace

Design of isolated staff workstations, especially those used by staff at night, should ensure the maximum safety of staff by means of glass walls for visibility and/or staff emergency call system access.

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

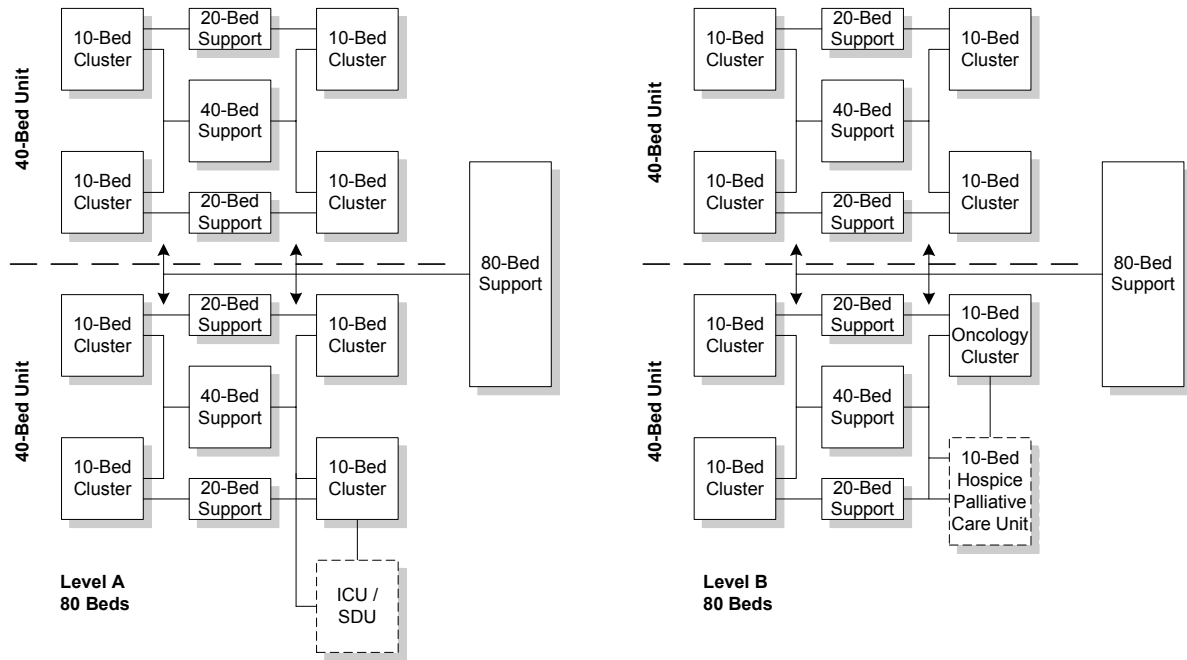
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B2.5.2.6 Component Functional Diagrams

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

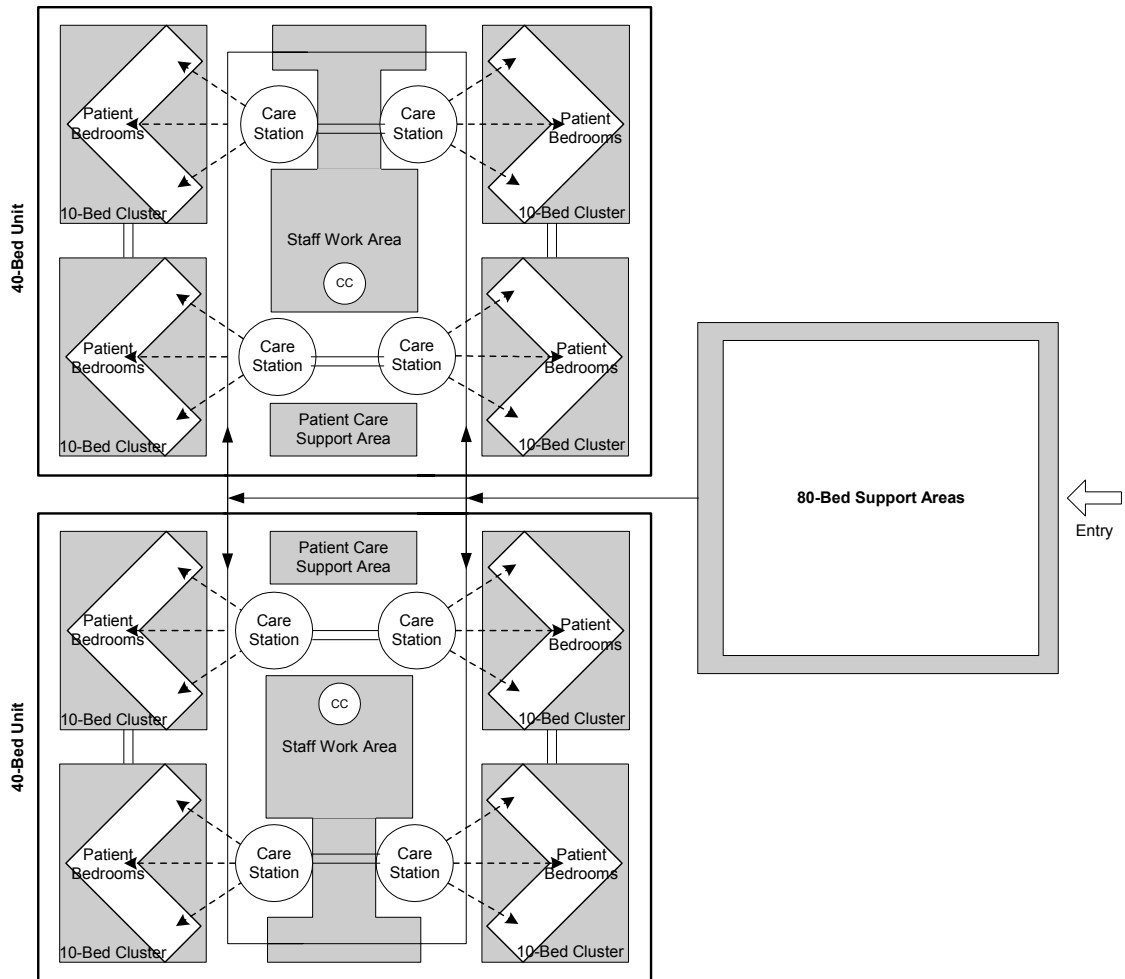
B2.5.2.6.1 Macro Relationship Diagram



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B2.5.2.6.2 Micro Relationship Diagram



Legend

- Immediately Adjacent
- Direct Access
- - - Reasonably Close Access
- ◀ - - - Direct Visual Supervision
- CC Communications Centre

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B2.5.3 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>10-Bed Care Cluster</u>				
01				
01-1	Bedroom, Private (Isolation with Ante Room B2-02)	*1	16.0	368.0
01-2	Bedroom, Private (with Ante Room B2-02)	*2	16.0	208.0
01-3	Bedroom, Private (without Ante Room)	*3	16.0	320.0
02	Ante Room	*4	4.0	144.0
03	Washroom, Patient, Wheelchair Type	*5	5.5	308.0
04	Bedroom, Semi-Private	*6	26.0	1092.0
05	Washroom, Patient, Wheelchair Type	*7	5.5	231.0
06	Care Sub-Station	*8	8.0	112.0

- 1 10 in 1 cluster (isolation cluster), 1 in each of the remaining 13 clusters
- 2 1 in each of 13 clusters, 0 in the isolation cluster
- 3 2 in each of 10 clusters, 0 in 3 clusters, 0 in isolation cluster
- 4 10 in 1 cluster (isolation cluster), 2 in each of the remaining 13 clusters
- 5 1 for every Private Isolation, Private with Ante and Private Bedrooms
- 6 3 in 10 clusters, 4 in 3 clusters, 0 in isolation cluster
- 7 1 for every Semi-Private Bedroom
- 8 1 for each of the 14 clusters

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Ref	Space	Area Requirements		
		units	nsm/unit	nsm
Subtotal, Fourteen 10-Bed Care Clusters				2783.0
<u>10-Bed Care Cluster, Oncology</u>				
07				
07-1	Bedroom, Private (Isolation with Ante Room B2-08)	1	16.0	16.0
07-2	Bedroom, Private (with Ante Room B2-08)	1	16.0	16.0
07-3	Bedroom, Private (without Ante Room)	2	16.0	32.0
08	Ante Room	2	4.0	8.0
09	Washroom, Patient, Wheelchair Type	4	5.5	22.0
010	Bedroom, Semi-Private	3	26.0	78.0
011	Washroom, Patient, Wheelchair Type	3	5.5	16.5
012	Care Sub-Station	1		8.0
Subtotal, One 10-Bed Care Cluster, Oncology				196.5
<u>20-Bed Support Area</u>				
013	Storage Room, Equipment	1		20.0
014	Alcove, Linen Cart	1		(2.0)
015	Clean Room Supply Holding	1		(15.0)
016	Soiled Utility Room	1		(10.0)
Subtotal, One 20-Bed Support Area				47.0
Subtotal, Eight 20-Bed Support Area				376.0
<u>40-Bed Support Area</u>				
<u>Patient Care Support Area</u>				
017	Shower Room, Stretcher	1		10.0
018	Assisted (Treatment) Bath	1		14.0

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Ref	Space	Area Requirements		
		units	nsm/unit	nsm
019	Lounge, Patient/Family/Visitor	1		25.0
020	Quiet Room	1		15.0
021	Multi-Use Counselling Room	1		15.0
	Subtotal			79.0
	<u>Staff Work Area</u>			
022	Communications Centre	1		12.0
023	Pneumatic Tube Station	1		1.0
024	Medications Room	1		9.0
025	Dictation Cubicle	1		(1.5)
026	Office Equipment Room	1		10.0
027	Conference/Team Report Room	1		18.0
028	Imaging Viewing/Consult Area	1		6.0
029	Nourishment/Station/Galley	1		(6.0)
030	Crash Cart Alcove	1		0.5
031	Alcove, Stretchers/Patient Hoists/Lifts	1		6.0
032	Housekeeping Closet	1		(5.0)
033	Office/Interview, Social Worker	1		12.0
034	Office, Shared	1		9.0
035	Break Room, Staff	1		20.0
036	Staff Coat Closet	1		4.0
037	Washroom, Staff	1		3.5
	Subtotal			123.5
	Subtotal, One 40-Bed Support Area			202.5
	Subtotal, Four 40-Bed Support Area			810.0

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Ref	Space	Area Requirements		
		units	nsm/unit	nsm
<u>80-Bed Support Area 'A'</u>				
038	Food Service Galley	1		(20.0)
039	Washroom, Public, Wheelchair Access	2	3.5	7.0
040	Telephone, Public	1		2.5
041	Meeting Room	1		32.0
042	Patient/Family/Student Teaching Room	1		10.0
043	Treatment Room	1		14.0
044	Office, Chief of Medicine	1		9.0
045	Office, Patient Care Manager	2	9.0	18.0
046	Office, Nurse Clinician	1		12.0
047	Office, Hospitalists	1		12.0
048	Office, Staffing Clerk	1		9.0
049	On Call Room	6	7.0	42.0
050	Lounge Room	1		25.0
051	Washroom, On Call	2	4.0	8.0
052	Office, Pharmacists	1		10.0
053	Night Pharmacy Room	1		7.0
054	Housekeeping Closet	1		(8.0)
Subtotal, 80-Bed Support Area 'A'				245.5
<u>80-Bed Support Area 'B'</u>				
055	Food Service Galley	1		(20.0)
056	Washroom, Public, Wheelchair Access	2	3.5	7.0
057	Telephone, Public	1		2.5
058	Meeting Room	1		32.0

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Ref	Space	Area Requirements		
		units	nsm/unit	nsm
059	Rehabilitation Room	1		40.0
060	PT/OT Equipment Store	1		10.0
061	Assessment Room	1		15.0
062	Patient/Family/Student Teaching Room	1		10.0
063	Treatment Room	1		14.0
064	Office, Chief of Surgery	1		9.0
065	Office, Patient Care Manager	2	9.0	18.0
066	Office, Nurse Clinician	1		12.0
067	Office, Pharmacists	1		12.0
068	Office, Chief Clinical Dietitian	1		9.0
069	Office, Clinical Dietitians	1		24.0
070	Office, Dietitian Clerks	1		12.0
071	Office, Multipurpose	1		12.0
072	Housekeeping Closet	1		(8.0)
Subtotal, 80-Bed Support Area 'B'				266.5

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Summary	units	nsm/unit	nsm
10-Bed Care Cluster	14	204.5	2783.0
10-Bed Care Cluster, Oncology	1		196.5
20-Bed Support Area	8	47.0	376.0
40-Bed Support Area	4	202.5	810.0
80-Bed Support Area 'A'	1		245.5
80-Bed Support Area 'B'	1		266.5
Grand Total			4677.5

B2.6 DESIGN GUIDANCE

None

B2.7 OTHER SPECIFICATIONS

Medical and surgical inpatient services are primarily based in the General Medical/Surgical Inpatient Units, however, other specifications that will be consulted are:

- B1 Comprehensive Cardiology Care Unit
- B4 Intensive/Stepdown Care Units