
B Inpatient Services

B6 MENTAL HEALTH/PSYCHIATRY PROGRAM

B6.1 SERVICE DESCRIPTION

B6.1.1 Scope of Clinical Services

This section B6 sets out the requirements for the centralized facilities for the Facility's Mental Health/Psychiatry Program to be achieved or accommodated by Project Co in providing the Works and the Services. The range of services to be provided within this component includes:

- Adult inpatient services
- Child and adolescent inpatient services
- Adult day hospital and outpatient services, and
- Consultation/liaison services

Inpatient Services will consist of two separate and distinct programs: a 34-bed program for adults 19 years of age and older (of which 4 beds will be designated for observation/stabilization/intensive care), and a 6-bed program for child and adolescents between 10 and 19 years of age. The 40 beds are distributed as follows:

4 Intensive Observation and Treatment Unit beds

6 Child and Adolescent Unit beds

30 Adult beds

40 Total beds

The inpatient services will provide brief inpatient care aimed at diagnosing, stabilizing, and providing intensive treatment for acutely ill individuals, most of who suffer from major mental disorders. The services offered by the adult and the child and adolescent inpatient programs will be fully integrated with other related service components of the FHA mental health program, including those other programs in the community. The aim of both inpatient programs is to sufficiently stabilize and treat individuals to allow treatment and appropriate supports to continue in a less-restrictive community setting, and to provide seamless patient-centered care that is responsive to changing individual needs.

The inpatient services will have the capacity to provide secure inpatient care for individuals who are experiencing periods of acute disturbance. There will be intensive care beds located in a separate, secured section of the unit, where up to four persons can be confined, closely observed, and treated intensively for short periods of time, when their behaviour becomes so difficult to manage that it is disruptive to the overall milieu. This Intensive Observation and Treatment Unit will also serve to reduce the need for constant nursing observation that may otherwise result in considerable expense. All Secure/Observation Rooms must follow the document entitled Standards, Hospital-based Psychiatric Emergency Services: Observation Units, March 2000 edition.

The 6-bed child and adolescent program will be housed in separate, secured space, immediately adjacent to the area occupied by the adult program. Its operations will feature the use of professional staff with specialized training and experience in child and adolescent psychiatry, most of whom will work only with this population. Two of the beds will be used for observation and stabilization of acutely ill, involuntary patients, who have been assessed as requiring this level of care by a staff child psychiatrist, or resident. The other four beds will be used on, an elective basis, for intensive assessment and programmatic intervention with stabilized patients.

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Pre-adolescent who require brief inpatient care, will be admitted to the Child and Adolescent Unit, but once stabilized will be transferred to the Pediatric Inpatient Unit or to other services. Ideally, given sufficient numbers of psychiatrists on staff, the most responsible physician for each admitted child will be a staff psychiatrist. Otherwise, the children's day-to-day care will be overseen by a staff pediatrician, and each child will be assigned to a consulting psychiatrist on staff, along with a team of non-medical professionals, who will develop and help to implement a care plan and programming according to the child's individual needs.

Adjacent to the adult inpatient services area will be a 20-space Adult Psychiatric Day Hospital and Outpatient Services area, which will provide short-term assessment and treatment for acutely ill adults in two streams: one for mood disorders and affective disorders, the second for schizophrenia and psychotic disorders, most of whom will suffer from major mental disorders. Outpatient clinic services will be limited to specialized services not available in psychiatrists' offices. These will include services for post discharge patients and those with complex diagnostic issues, treatment resistant illnesses, or multi-system problems requiring more intensive psychiatric assessment, monitoring, or treatment resources than available elsewhere. Day program patients will typically attend 7-hour sessions for either interdisciplinary assessment and treatment or for a specific program. Specific limited aspects of the Adult Psychiatric Day Hospital/ Outpatient Services space and programming will be shared with the acute inpatient service.

Assessments will include physical and psychiatric evaluations. Therapeutic modalities will include structured group therapy of various types, individual psychotherapeutic sessions, pharmacotherapy, and occupational and recreational therapy.

Day hospital outpatients, in attendance for a full day (7-hour) session, will be provided with a meal tray service for lunch in the unit.

The Consultation/Liaison Service will provide patient-centred and staff-centred consultations to other Abbotsford Hospital programs. One of the goals of this program is to provide the most appropriate and expert care and support in situ.

All programs within Mental Health, will subscribe to the principles of broad-based care, being offered through a multi-disciplinary care team. This team will include the following mental health workers:

- Nurses/health care worker (RN, RPN, LPN)
- Psychiatrists
- Social workers
- Rehabilitation therapists (recreational therapists, occupational therapists)
- Hospitalists
- Psychologists
- Psychology associates (psychometrists)
- Family physicians
- Pharmacists
- Clinical nutritionists
- Addiction workers
- Health promotion workers
- Child youth workers
- Special education teacher
- Behavioral science technologists
- Spiritual care staff

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B6.1.1.1 Current Trends

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

- *Increasing development of mental health databases, outcome measures, and best practices.*
- *Increasing integration of hospital community services.*
- *A decrease in the use of ECT due to new therapies.*
- *An increase in the number of self-help groups.*
- *An increase in patient acuity and complexity with the closure or reduction of tertiary care centres.*
- *Shorter lengths of stay with new atypical anti-psychotic pharmaceuticals and a new generation of anti-depressants.*

B6.1.2 Scope of Education Services

The Mental Health Program will carry out a wide range educational and research functions, including a critical role in the education programs for medical, rehabilitation therapy and nursing students and students from programs for behavioural science and child youth workers. Trainees in social work, pastoral care and psychology will also learn through this program. In addition, video conferencing capabilities will be available.

- 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 (on one shift)
- pharmacy undergraduates/residents, 1 at a time
- occupational therapy students, up to 2 at a time
- dietetic intern, 1 at a time
- social work students, up to 3 at a time
- unit clerk students, up to 1 at a time

In addition to the program's critical role in the training of professional service providers, it will take on a leadership role in organizing opportunities for the ongoing education and skills training of community-based providers of mental services, family members and consumers.

B6.1.3 Scope of Research Services

The Mental Health Program will also develop and implement regular evaluations of its program components and will carry out CQI initiatives. Methods and mechanisms for ongoing monitoring of client outcomes and consumer and family satisfaction will be devised and put into place.

The Mental Health Program will participate in rigorous research studies, such as clinical trials and epidemiological studies.

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B6.1.4 Specific Exclusions

This specification excludes Mental Health/Psychiatry Program services/requirements provided elsewhere, including:

- Emergency/crisis intervention services and clinical decision unit services provided in Emergency (see section A2 Emergency)

B6.2 OPERATIONAL DESCRIPTION

B6.2.1 Minimum Hours of Operation

Hours of operation for the component will vary with each service as follows:

- Inpatient services will be operated 24 hours a day, 7 days a week.
- Regular outpatient services will be from 08:00 - 16:30 hours, Monday to Friday with flexibility for extended days and weekends.
- Emergency mental health services will be from 13:00 - 24:00 hours, 7 days a week.

B6.2.2 Patient Management Processes

B6.2.2.1 Admission

Dependent on the individual case, psychiatric patients will be admitted to the Abbotsford Hospital either voluntarily or involuntarily. The need to control or restrict inpatient activity will, therefore, be minimal, but the safety of all patients will be augmented through continuous observation by staff.

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.

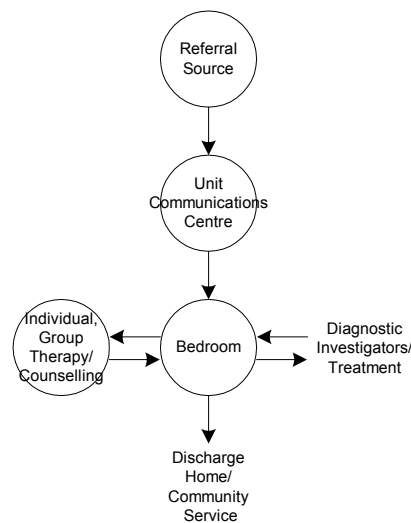
The communications desk will act as the unit clerk's base.

B6.2.2.2 Inpatient Care

Patients will be admitted to a specific bed based on their dependence level.

All Psychiatric Inpatient Units will be self-contained to maximize a close "therapeutic community" atmosphere.

Although inpatient and outpatient programs are to be located together in the complex, there must be a distinct identity for the outpatient facilities and there must be segregation of inpatient and outpatient activities.



Patient Flow Diagram

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The single bedrooms used for segregation will be grouped together in a less active area of the unit, but in close proximity to the care station. These beds will tend to be used for assessment purposes and the care of the more difficult patients.

Up to four patients will be accommodated in the Intensive Observation and Treatment Unit located within the adult program area. This will be a separately secured area consisting of four single, securable rooms, a small lounge area, and a nursing observation area and should also be monitored by CCTV. Ideally, the configuration would be such that two of the beds could be readily used by the general population, when security is not an issue. Two of the rooms will have an adjoining washroom (with toilet and sink) that can be locked when necessary. Two of the bedrooms will share a handicapped-accessible washroom (with toilet and sink). A shared shower will be available. In addition, provide patient bedroom doors that swing in both directions.

This unit will offer clear visual observation and an inter-communication system to the rest of the unit. It is important that this area be designed to offer flexible space, so that patients can be moved, as needed, in and out of secure space. Bedrooms will also need flexibility of use.

Excluding the 4 bed intensive observation and treatment unit, there will be single rooms in both the adult inpatient program area, and the child and adolescent program area. These single rooms will be lockable by staff with a system that can be centrally managed, but not lockable by patients. All patient rooms (including semi-privates) will be provided with a lockable cabinet for personal effects that can be opened by staff.

Create small clusters of bedrooms, (approximately 10 patients to a cluster), each with a personal living space, to allow for socialization in small groups. The clusters will be facing the nursing station to allow for proper observation and should also be monitored by CCTV. These "family modules" will act as a transition zone between the patient's bedroom and the larger group activity areas of the units.

Three "family modules" combined together with a nurse's station, recreation area and support facilities will form an inpatient unit.

These inpatient units will share facilities in the units common area with the Psychiatric Day Hospital.

Two of the bedrooms, and associated 2-piece washrooms, will be designed to accommodate patients in wheelchairs.

Create a non-institutional home-like environment. The unit should feel "open" and unoppressive, with security measures being unobtrusive.

Attention to soundproofing is essential to provide a quiet, calm milieu. Provide for noise control in the patient care areas to avoid disturbance of other activities (carpeting in lounge areas, offices and interview rooms, sound-proofed enclosure of dining/music rooms).

All patient room windows as well as any window/glass on the units will be secure and break proof. All patients will be provided with unobstructed exterior views from their beds, while ensuring patient safety and privacy.

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As much natural light as possible is preferred. Adjustable and indirect lighting is required in all patient areas and offices. Provision for the ability to control the amount of lighting in any room will be essential.

Provide opportunities for patients to express their independence and individuality. Patients should have direct access to group activity areas as well as have the opportunity for privacy according to their needs at particular times. Bedrooms should allow for patient personalization and expression of identity. Psychiatric patients are generally not physically ill or confined to bed so they require more living space than medical/surgical units.

The finishing materials will be selected to allow for more wear and be as resistant to damage as possible. Careful attention would be paid to the psychological effect of colour and decor in the planning process.

Create activity spaces that will encourage patient socialization. There must be some definite attractions to help keep patients away from their bedrooms. Explore any opportunities for patient outdoor space (provide minimum of 200 m²) such as balconies or roof gardens.

B6.2.2.3 Day Hospital/Outpatient Services

Referrals to specific outpatient clinics or the day care unit will be accepted from community and hospital-based physicians.

Patient booking/scheduling will be conducted by staff located in this component. Patients who have been pre-booked will report directly to this component on arrival to the site.

Diagnostic and treatment appointments for outpatients will be made and coordinated by the component staff responsible for managing specific clinics.

Patient portering services will be managed by Project Co as part of the E7 Service Category.

B6.2.3 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.

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B6.2.4 Staff Work Processes

B6.2.4.1 Communications

Each of the inpatient units will be administered from a centralized care station/communications centre, which will also act as a reception/control point for access to the unit. These communication centres typically include the patient care unit clerk's workstation, medication alcoves, staff washroom, etc. and a conference/report room. The central care station will also serve as a "safe room" for staff where they can retreat and call for help if under attack utilizing an emergency call bell system and, therefore, will be designed accordingly.

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

B6.2.4.2 Care Delivery

An interdisciplinary team comprised of psychiatrists, psychologists, general practitioners, nurses, social workers, pharmacists, occupational therapists, and recreation therapists will plan and conduct care programs to meet the needs of individual patients.

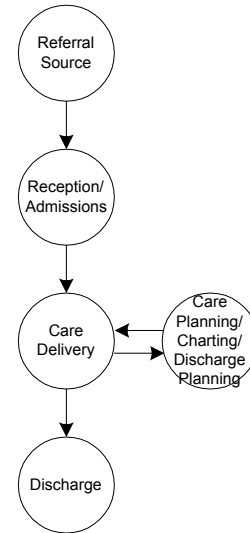
Treatment programs will combine a comprehensive assessment model with an eclectic treatment model focusing on rapid reintegration, crisis intervention, or extended treatment if required. In the most serious cases, treatment will strive to move a patient from the deteriorated or acutely disturbed state to a condition where less restrictive programs with a broader range of treatment options can be employed.

Based on individual patient needs, the team will provide for:

- Pharmacological intervention
- Behaviour control
- Individualized or group social rehabilitation programming focusing on self care, task performance, and social competence
- Milieu therapy (leisure/recreation, education and physical exercise)
- ECT treatment (procedure conducted in PACU of Surgical Services)
- Family and social network assessment and interventions.

These programs will be provided for both inpatients and outpatients and will involve sharing of some staff and facilities.

Community mental health nurses will be involved in a liaison capacity in psychiatric day care and inpatient care programs to provide continuity in psychiatric services after discharge. There will be a close liaison between inpatient and outpatient mental health services so that patients transferred from one mode of care to the other will receive coordinated treatment. Patients within Abbotsford are referred to mental health centres in the community for follow up. Those patients returning to other locations within the region will be under the responsibility of mental health services.



Process Flow Diagram

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Adequate provision of office space for staff in which to interview patients without distraction and concern for confidentiality is essential.

Provide for the visual supervision of most patient activity areas from the care stations. The highest priority is to be given to visual supervision of the patient bedrooms and corridors from the nursing stations. Care stations will be carpeted, enclosed with non-breakable glass and provided a view of all entrances and exits.

Provision must be made to secure all supply/utility rooms from patient access including a lockable cupboard for housekeeping/cleaning supplies.

B6.2.4.3 Staff Services

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 beverage making.

B6.2.5 Materiel Services

Recycling bins and a confidential paper recycling bin will be located in an alcove in each functional area. Housekeeping services will collect from all the recycling stations and the confidential paper contractor will pick up paper weekly from all the collection containers throughout the building.

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

B6.2.6 Linen/Housekeeping Services

On-unit laundry facilities, consisting of a washer and dryer, will be provided for inpatients and/or their families to use for laundering the patient's personal clothing. All other laundry services will be provided through the off-site regional laundry in Chilliwack.

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

B6.2.7 Equipment Asset Management

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

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B6.3 ACTIVITY INDICATORS

The table below summarized the projected activity for the Mental Health/Psychiatry Program services which must be addressed by Project Co in performing the Works and the Services.

B6.3.1 Hospital Activity

Unit	Minimum Projected Yearly Activity
<u>Psychiatry IOTU</u>	
# Cases	263
# Patient Days	1,314
ALOS (Days)	5.0
% Occupancy	90.0
# Beds (Set-Up)	4
<u>Psychiatry Adult Inpatient Unit</u>	
# Cases	986
# Patient Days	9,855
ALOS (Days)	10.0
% Occupancy	90.0
# Beds (Set-Up)	30
<u>Psychiatry Child & Adolescent Inpatient Unit</u>	
# Cases	394
# Patient Days	1,971
ALOS (Days)	5.0
% Occupancy	90.0
# Beds (Set-Up)	6
<u>Total</u>	
# Cases	1,643
# Patient Days	13,140
ALOS (Days)	7.8
% Occupancy	90.0
# Beds (Set-Up)	40
<u>Psychiatry Outpatient Clinic/Daycare Treatment</u>	
# Visits	3,000
ECT Visits	625
Total Visits	3,625

B6.3.2 Cancer Centre Activity (Incl. in Hospital Activity above)

B6.4 PEOPLE REQUIREMENTS

This component will have a total staff complement in the range of 78 FTE, consisting of 99 nurses, 5 therapists, 3 social workers and 7 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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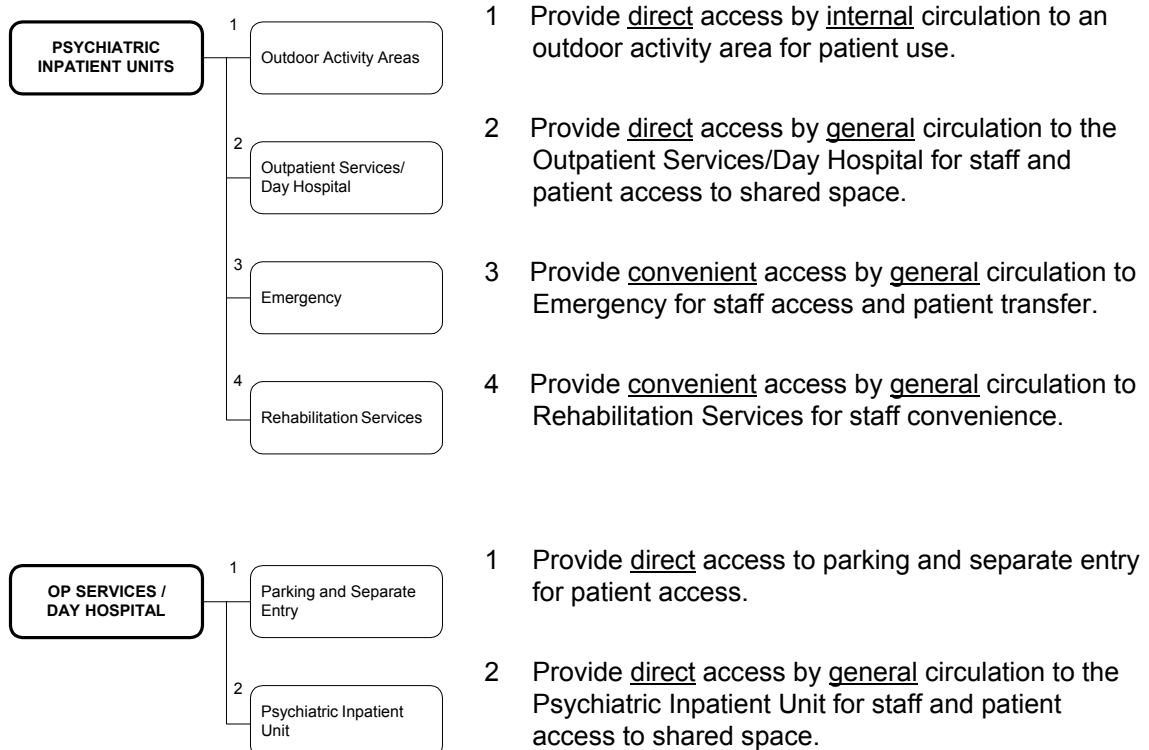
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Functional Areas	Patients	Staff	Visitors	Others	Total
<u>Psychiatric Inpatient Units</u>					
Adult Intensive Observation & Treatment Unit	4	3-4	5-6	3-4	15-18
Adult Inpatient Unit	30	28	20-30	8-10	86-98
Child & Adolescent Inpatient Unit	6	4	6-8	3-4	19-22
<u>Psychiatric Day Hospital/OP Services Area</u>					
Reception/Registration Area	6-8	1-2	2-3	1-2	10-15
Patient Care Area	6-8	6	4-6	3-4	19-24
Patient Treatment Area	25-30	8-10	10-15	3-4	46-59
<u>Shared IP/OP Service Area</u>	0	15-20	0	8-10	23-30

B6.5 DESIGN CRITERIA

B6.5.1 Key External Relationships

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



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B6.5.2 Key Internal Relationships/Environmental Considerations

The following will be achieved:

Psychiatric Inpatient Units

B6.5.2.1 Integration of Inpatient and Outpatient Programs

Provide for a continuum of psychiatric services (from community services to outpatient clinics, to day hospital services, to inpatient services, and vice versa) by locating the inpatient units with the outpatient facilities. Inpatients will share some of the staff and facility resources located in the Psychiatric Day Hospital/Outpatient Services. The shared space will be located at the interface between the inpatient and outpatient areas. Inpatients may be introduced to outpatient programs for a few days prior to discharge.

B6.5.2.2 Room Isolation Capability

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.

B6.5.2.3 Accessibility

All patient bedrooms must be stretcher, wheelchair, and patient bed accessible.

All washrooms will be wheelchair accessible.

Also refer to Output Specifications, Section 1: Key Site and Building Design Criteria, subsection 1.2.4.7 Design Standards for the Disabled.

B6.5.2.4 Security

Unless otherwise stated (for specific units), security of patient care activities will be achieved by unobtrusive means. The patients should not sense physical containment. Judiciously located staff-occupied areas should provide security through visual observation of most patient activity, bathroom, and bedroom areas.

Offices, interview rooms, and group rooms will require silent alarm systems.

The location of nursing stations should permit visual observation/monitoring of the units' entries.

Provide versatility of 3 single rooms to act as security or "protective" rooms as well as normal private rooms as need dictates. Special treatment of fixtures will be required (including wider doors which swing out, an absence of handles, tamper-proof electrical fixtures and solid ceilings). In the Psychiatric Inpatient Units, lighting to patient rooms will be controlled from the hallway. The secured private rooms will have T.V. monitoring potential and water control shut-off from the nursing station and will need to be sound proofed with observation windows in the doors.

A communications system between staff, security, and patients is paramount.

Patient bathrooms will be lockable to allow for the option of making them inaccessible to some patients, and should have 2-way opening capability to allow for emergency access and egress.

All facilities (including the outdoor area) must be designed with patient safety and security in mind.

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

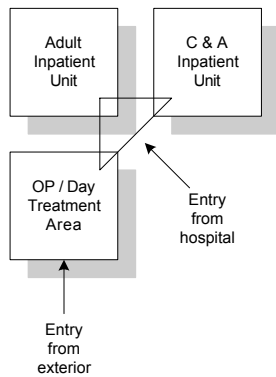
B6.5.2.5 Special Requirements

Patient pay phones (at least 2 per unit) will be provided remote from the care station for independent use by patients. A secured outside patio/garden area will be provided adjacent to the unit. It will be large enough to have a smoking area, quiet sitting places, an area for some outside recreational activities, i.e., hoop for basketball. There should be no outside contact or access with this area.

B6.5.2.6 Component Functional Diagrams

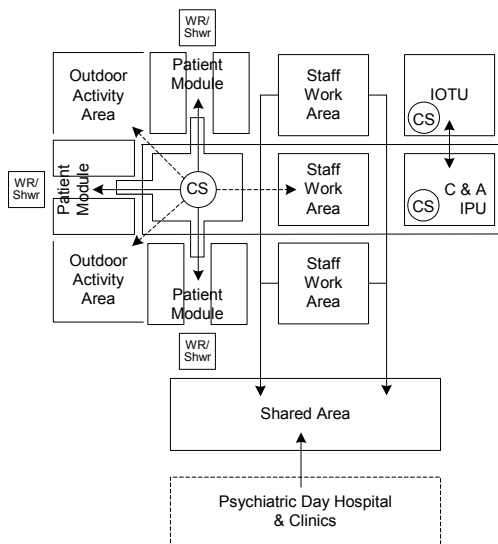
The spatial organization of this component will be generally as shown in the diagrams below.

B6.5.2.6.1 Macro Relationship Diagram



B6.5.2.6.2 Micro Relationship Diagram

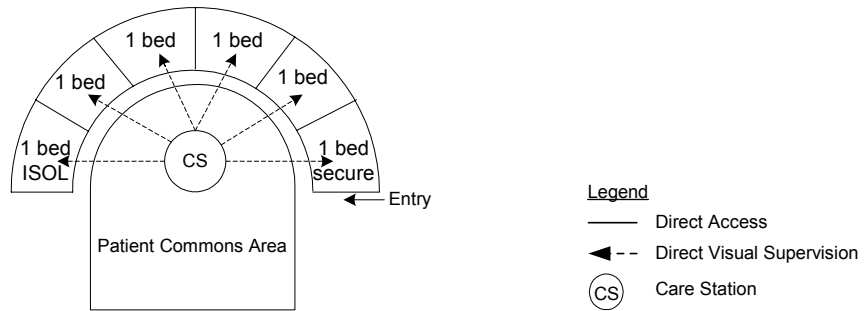
Adult Inpatient Unit



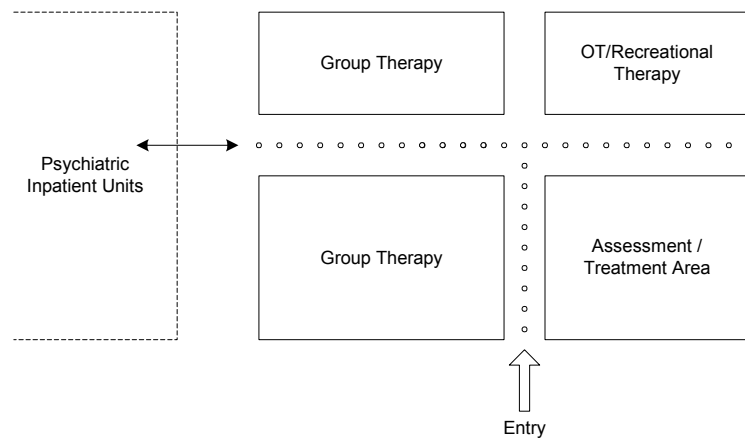
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Child & Adolescent Inpatient Unit



Day Hospital/Outpatient Services Area



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B6.5.3 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
Psychiatric Inpatient Units				
<u>Adult Intensive Observation and Treatment Unit (4 beds)</u>				
01	Secure/Observation Unit	3	14.0	42.0
02	Shower Room, Patient	1		4.0
03	Secure/Observation, Isolation Unit	1		14.0
04	Ante Room	1		4.0
05	Unassigned Reference Number	0		0.0
06	Care Station	1		9.0
07	Medication Alcove	1		4.0
08	Washroom, Staff	1		2.5
09	Patient Commons	1		26.0
10	Washroom, Patient, Wheelchair Type	1		4.5
11	Interview Room	1		11.0
	Clean Supply Holding Room			0 ¹
	Soiled Utility Room			0 ¹
	Soiled Holding Room			0 ¹
Subtotal				121.0
<u>Adult Inpatient Unit (30 beds)</u>				
12	Bedroom, Private	5	12.0	60.0
13	Washroom, Patient, Wheelchair Type	3	5.5	16.5

¹ Shared with Adult IPU.

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Ref	Space	Area Requirements		
		units	nsm/unit	nsm
14	Bedroom, Semi-Private	2	24.5	49.0
15	Shower, Room	2	5.0	10.0
16				
16-1	Bedroom, Private, Isolation (with Ante Room B6-17) REMARK – 1 in one cluster only	See Remark		12.0
16-2	Bedroom, Private (with Ante Room B6-17) REMARK – 1 in each of the remaining 2 clusters	See Remark	12.0	24.0
17	Ante Room	1		4.0
18	Washroom, Patient, Wheelchair Type	1		5.5
Subtotal, One 10-Bed Care Cluster				157.0
Subtotal, Three 10-Bed Care Clusters				471.0
<u>Staff Work Area</u>				
19	Tub Room	1		9.0
20	Care Station	1		36.0
21	Pneumatic Tube Station	1		1.0
22	Medication Room	1		8.0
23	Dictation Cubicle	1		(1.5)
24	Crash Cart Alcove	1		0.5
25	Conference/Team Report Room	1		20.0
26	Office, Unit Coordinator	1		9.0
27	Group Therapy Room	2	16.0	32.0
28	Conference Room	1		40.0
29	Interview Room	4	11.0	44.0
30	Patient Dining/Commons Area	1		90.0
31	Nourishment Centre	1		(12.0)

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Ref	Space	Area Requirements		
		units	nsm/unit	nsm
32	Food Service Galley	1		(20.0)
	Outdoor Patio/Smoking Area			0
33	Patient Lounge/Activity	1		54.5
34	Clean Supply Holding Room	1		(10.0)
35	Soiled Utility Room	1		(10.0)
36	Soiled Holding Room	1		(8.0)
37	Laundry Room	1		11.0
38	Housekeeping Closet	1		(5.0)
39	Washroom, Staff	1		2.5
	Subtotal			424.0
	<u>Child & Adolescent Inpatient Unit (6 beds)</u>			
40	Bedroom, Private	4	12.0	48.0
41	Secure/Observation Unit	1		14.0
42	Washroom, Patient, Wheelchair Type	2	5.5	11.0
43	Shower Room	2	5.0	10.0
44	Bedroom, Single, Isolation	1		14.0
45	Ante Room	1		4.0
46	Washroom, Patient, Wheelchair Type	1		5.5
47	Care Station	1		9.0
48	Pneumatic Tube Station	1		1.0
49	Medication Alcove	1		4.0
50	Washroom, Staff	1		2.5
51	Conference/Team Report Room	1		14.0
52	Patient Dining/Commons Area	1		38.0

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Ref	Space	Area Requirements		
		units	nsm/unit	nsm
53	Nourishment Centre	1		(8.0)
54	Family Visiting/Interview Room	1		11.0
55	Clean Supply Holding Room	1		(10.0)
56	Soiled Utility Room	1		(10.0)
57	Soiled Holding Room	1		(8.0)
	Subtotal			216.0
	Total, Psychiatric Inpatient Units			1232.0
	Adult Day Hospital/Outpatient Services Area			
	<u>Reception/Registration Area</u>			
58	Reception/Waiting Area	1		16.5
59	Telephone Area	1		1.0
60	Washroom, Patient, Wheelchair Access	1		3.5
61	Washroom, Patient, Wheelchair Type	1		4.5
	Subtotal			25.5
	<u>Patient Care Area</u>			
62	Office/Interview, Psychiatrist	1		12.0
63	Office/Interview, Nursing	2	12.0	24.0
64	Office/Interview, Social Worker	1		12.0
65	Office/Interview, Multipurpose	2	12.0	24.0
66	Washroom, Staff	1		2.5
	Subtotal			74.5
	<u>Patient Treatment Area</u>			
67	Storage, Equipment	1		12.0

B Inpatient Services

B6 MENTAL HEALTH/PSYCHIATRY PROGRAM

Ref	Space	Area Requirements		
		units	nsm/unit	nsm
68	Office, Occupational Therapist	2	9.0	18.0
	Activity Areas, Occupational/ Recreational Therapy			
69	Carpentry Area	1		16.0
70	Ceramics/Clay Area	1		20.0
71	Crafts Area	1		20.0
72	Kitchen Area	1		13.0
	Washroom, Patient			0 ²
	Activity Area, Gym			0 ³
73	Interview Room	1		8.0
74	Interview Room, Family	1		16.0
75	Treatment Room	1		12.0
76	Group Therapy Room	2	16.0	32.0
77	Observation Area	1		5.0
78	Housekeeping Closet	1		(5.0)
	Subtotal			177.0
	Total, Adult Day Hospital/ Outpatient Services Area			277.0
	Shared Inpatient/Outpatient Service Area			
79	Break Room, Staff	1		12.0
80	Staff Coat Closet	1		4.0
81	Washroom, Staff	2	2.5	5.0
82	Office, Clinical Nurse Specialist	1		9.0
83	Office, Head of Psychiatry	1		12.0

² See Reception/Registration Area.

³ See C6 Rehabilitation Services.

B Inpatient Services

B6 MENTAL HEALTH/PSYCHIATRY PROGRAM

Ref	Space	Area Requirements		
		units	nsm/unit	nsm
84	Office, Clinical Pharmacist	1		9.0
85	Office, Fellow/Student	1		9.0
	Office, Emergency Mental Health Services Team			0
86	Office, Consultation/Liaison	2	9.0	18.0
87	Storage, AV Equipment/Chairs	1		5.0
Total, Shared Inpatient/Outpatient Service Area				83.0

Summary	NSM
Psychiatric Inpatient Units	1232.0
Adult Day Hospital/Outpatient Services Area	277.0
Shared Inpatient/Outpatient Service Area	83.0
Grand Total	1592.0

B6.6 DESIGN GUIDANCE

The Facility's Mental Health/Psychiatry Program must comply with:

- STANDARDS, *Hospital-Based Psychiatric Emergency Services: Observation Units*, Ministry of Health and Ministry Responsible for Seniors, March 2000

B6.7 OTHER SPECIFICATIONS

Psychiatric inpatient and outpatient services are primarily based in the Mental Health/Psychiatric Program, however, other specifications that will be consulted are:

- A2 Emergency
- B1 Comprehensive Cardiology Care Units
- B3 Tertiary Palliative Care Unit
- B4 Intensive/Stepdown Care Units
- C7 Surgical Services

B Inpatient Services

B6 MENTAL HEALTH/PSYCHIATRY PROGRAM

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