

# 6. Special Care Suites (3 Bed)

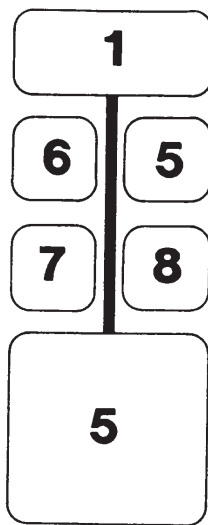
## Functional Relationships

### General issues

The functional diagrams shown below relate to the sub-units established in the Room Data Sheets. These generic conditions of relationship have been diagrammatically displayed for ease of communication. Specific interrelationships have not been shown.

## Functional Diagram

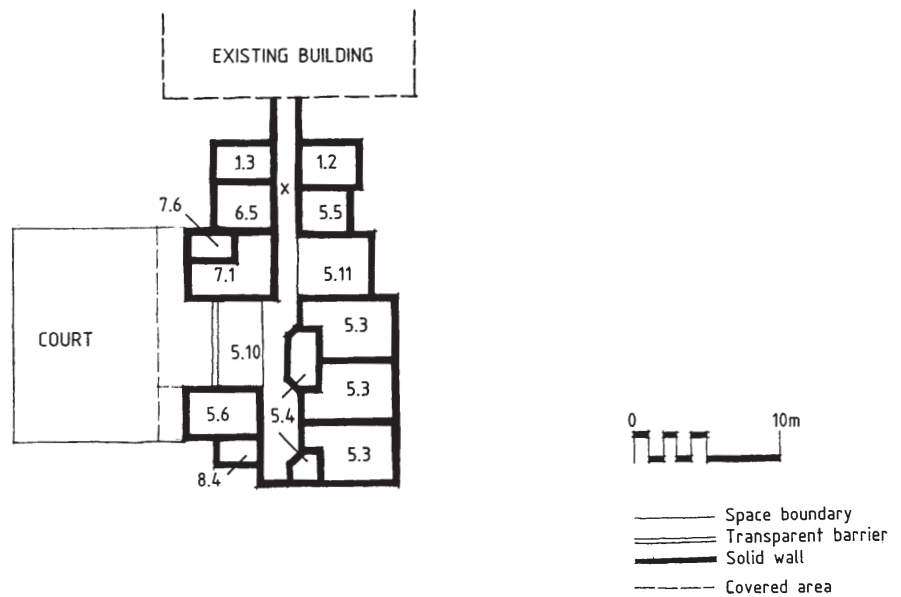
- 1 Admissions**
- 5 Consumer Areas**
- 6 Consumer Areas (High Dependency)**
- 7 Staff Facilities**
- 8 Hotel Services**



## Room Legend

The following spaces and rooms are included in the generic design.

<b>1 Admissions Sub-unit</b>	<b>6 Consumer Areas (High Dependency) Sub-unit</b>
1.2 Interview Room	6.5 Seclusion Room
1.3 Examination Room	
<b>5 Consumer Areas Sub-unit</b>	<b>7 Staff Facilities Sub-unit</b>
5.3 Special Purpose Bedroom	7.1 Nurses' Station
5.4 Bathroom	7.6 Medical Store
5.5 Kitchen	
5.6 Visitors Room	<b>8 Hotel Services Sub-unit</b>
5.10 Activities Room	8.4 Store (Patients' Effects)
5.11 Dining Room	



## Generic Layout Considerations

### General issues

The diagrammatic plan shows the significant space relationships for this facility. These have been scaled for ease of reference. They do not represent a preferred layout but one possibility of several acceptable layouts.

Building Guidelines for  
Queensland Mental Health Facilities

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**Section 3** Design Guidelines

# 6. Special Care Suites (3 Bed)

## Introduction

### How to use this document

This guideline is intended to provide general information about this facility to potential designers, managers, service providers and others. This section should be read in conjunction with the General Principles (Section 2) and the Room Data Sheets (Section 4). The design information contained herein is generic and hypothetical. Readers should be aware of the implications of site requirements, budgets, management needs and the particular requirements of the service providers and consumers for a particular project.

The paragraphs included below contain information which is divergent from that contained in other parts of the general document. Where reference is made to individual space types or rooms, this information can be found in the Room Data Sheets. For more general objectives refer to the General Principles. Special and more specific information relating to this facility is listed below.

### Facility type description

This facility provides short-term interim accommodation for an Acute Care Inpatient Unit and occupies part of a building which is primarily a health treatment building but incorporates other ancillary uses. It includes areas for public use, admission and offices, care areas, consumers' residential areas, staff facilities, hotel services and utility spaces. Provision should be made for carparks, roadways, courtyard and delivery areas.

### Facility usage

This facility caters for the use by consumers of the service, the service providers including nursing, allied health and medical professionals, hotel services and the general public. Restrictions in access to the facility will apply to some of these users but the facility will be available for use 24 hours a day all year round.

There will be generally three shifts per day for service providers and some support services. The general public, management, hotel and other ancillary services will most likely be restricted to day and evening use.

The administration of care involves procedures which have some similarities with general hospital care, e.g. admission, examination, allocation of residential accommodation and the provision of services needed to maintain consumers' stay in the unit. In addition, there is a significant need for direct observation of consumer areas, especially in activity, living and dining areas and external spaces. Nurses' stations are the hub of most observation configurations, but there is a requirement that care is also available in all spaces used by consumers and that the designs do not encourage passive observation. Consumer spaces should reflect a variety of activities and offer numerous areas for individual respite, while still providing for care interaction.

When not in use, the facility should have sufficient versatility to provide alternative health care delivery. Consultation with hospital management of the facility would be required to evaluate extent of versatility.

### Building design philosophy and general intent

This building should be designed to maximise the dignity of consumers while establishing appropriate levels of professional care and a therapeutic environment. The design should promote accessibility to all sections of society through the process of consultative design and by attention to environmental design processes, to produce equitable, comprehensible and sustainable buildings.

The facility will:

- Provide short-term treatment and relief of symptoms for people of all ages who present with acute episodes of mental illness.
- Provide a safe, therapeutic and culturally appropriate environment for stabilisation of symptoms sufficient to enable consumer to return to the community with appropriate support or transfer to a facility with appropriate therapeutic support.
- Allow implementation of management strategies appropriate to the level of behavioural disturbance.
- Provide containment in especially prepared room in the event of onset of dangerous behaviour.
- Provide facilities to ensure continuity of care in case management models. This will involve liaison between inpatient and community or other services, both at pre- and post-admission and at discharge planning.

Other types of service that may be administered from this facility might include drug and alcohol services, children's services and interim overflow from general health service.

Economic sustainability of capital works and recurrent funding for mental health facilities place the onus on designers to provide efficiency in circulation and economy of functional areas. A fine balance between efficient design, longevity and low maintenance buildings, optimum bed numbers, optimum clinical staffing of care providers and effective personal and support services management will provide a "best model" facility.

## Staffing Profile

### General issues

The administration of care in this type of facility requires a model that involves nursing professionals at the centre of continuous care, with ongoing consultant support from medical officers or visiting psychiatrists and occupational therapists and with administrative support from clerical and management staff elsewhere in the hospital. Hotel services can be provided in the form of Queensland Health hotel services or as off-site contract provisions. Support from outside the service may be provided by non-government organisations or informal public or family support. A large proportion of those using the facility will be visiting for limited times, generally during day and evening periods.

### Schedule of user types

The following table gives an example of a mix of staff typical for this facility and is provided to establish a notional maximum number expected to be in the facility on the busiest shift.

User group	Maximum FTE for any single shift
Nursing	2
Medical	1
Support	1
TOTAL	4

These figures represent an economical staffing module for 3 beds but are suitable for a range up to 6 beds.

## General Design Principles

The following are special requirements in addition to the General Principles (Section 2).

### Siting and site selection

- Preferably sited at ground level within a regional hospital building complex.
- Sited adjacent to a lightly trafficked road or street and to landscaped parkland or other outlook.

### Site layout

Preferably located on a single level on ground directly accessible to other hospital buildings.

## Schedule of Functional Areas

No.	Function Name	Req	m <sup>2</sup> (min.)	Total	Remarks
1.0	Admissions			22	Sub-unit
1.2	Interview Room	1	12	12	
1.3	Examination Room	1	10	10	For 2 FTE+2m <sup>2</sup> /FTE > 2
5.0	Consumer Areas			117.5	Sub-unit
5.3	Special Purpose Bedroom	3	15	45	For consumer and related person
5.4	Bathroom	3	5.5	16.5	1 to 2 users each
5.5	Kitchen	1	10	10	Accessible to consumers
5.6	Visitors Room	1	10	10	
5.10	Activities Room	1	15+3	18	+1m <sup>2</sup> /bed
5.11	Dining Room	1	15+3	18	+1m <sup>2</sup> /bed (20 consumers max.)

No.	Function Name	Req	m <sup>2</sup> (min.)	Total	Remarks
6.0	Consumer Areas (High Dependency)			10	Sub-unit
6.5	Seclusion Room	1	10	10	
7.0	Staff Facilities			21	Sub-unit
7.1	Nurses' Station	1	15	15	For 2 FTE+2.5m <sup>2</sup> /FTE >2
7.6	Medical Store	1	6	6	
8.0	Hotel Services			2.5	Sub-unit
8.4	Store (Patients' Effects)	1	2 0.5	2.5	+0.2m <sup>2</sup> /bed
	Sub-total			173	
	Circulation, Storage and Misc. @25%			43	
	Carparking for 2 Cars (1 disabled)				+0.5/bed; 0.1/disabled; 0.1/visitors
	TOTAL			216	

## Particular Space Considerations

### General issues

This facility will be built in a regional hospital campus adjacent to other hospital facilities. The nature of the facility care and proximity may allow the common use of support services and other facilities. Significant numbers of spaces can be deleted or re-configured for this generic design.

### Specific space management requirements

The nature and extent of versatility will establish the final space requirements for this facility. Where conflicts of spatial needs are apparent, the design team should err on the side of these guidelines.

Please attach your list of specific requirements behind this document.