

8. Extended Inpatient Acquired Brain Damage Unit (16 Bed)

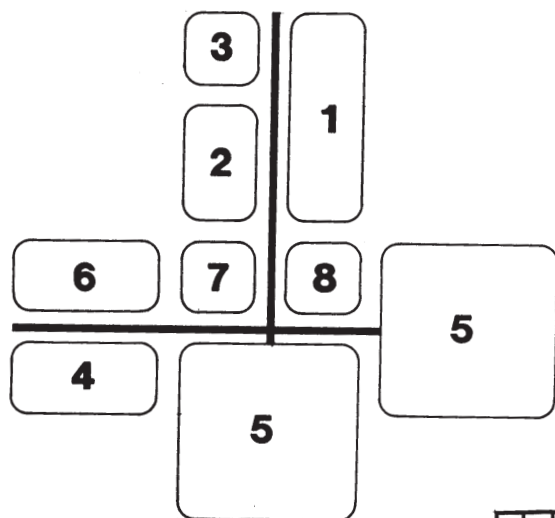
Functional Relationships

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

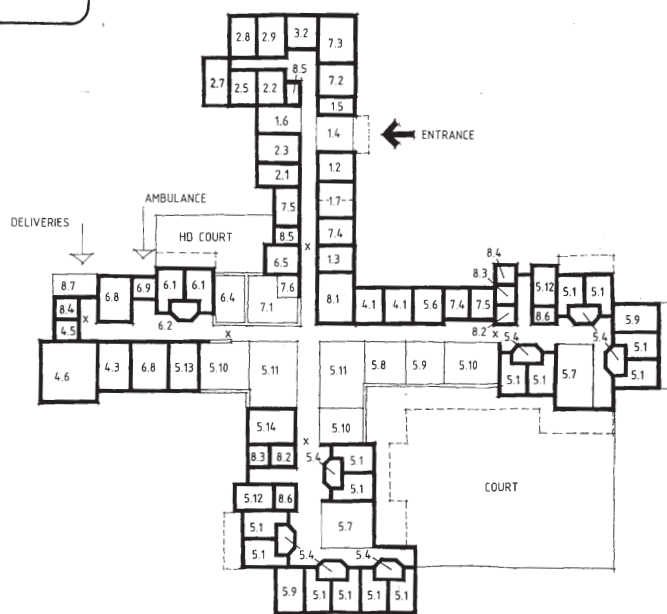
- 1 Admissions**
- 2 Consulting/Allied Health**
- 3 Nursing Staff**
- 4 Specialist Areas**
- 5 Consumer Areas**
- 6 Consumer Areas (High Dependency)**
- 7 Staff Facilities**
- 8 Hotel Services**



Room Legend

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

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| 1 Admissions Sub-unit | 5.8 Music Lounge/
Night Lounge |
| 1.2 Interview Room | 5.9 Quiet Lounge |
| 1.3 Examination Room | 5.10 Activities Room |
| 1.4 Entrance | 5.11 Dining Room |
| 1.5 Reception | 5.12 Laundry |
| 1.6 Waiting | 5.13 Treatment Room |
| 1.7 Visitors Toilet | 5.14 Consumer Toilet |
| 2 Consulting/Allied Health Sub-unit | 6 Consumer Areas (High Dependency) Sub-unit |
| 2.1 Director's Office | 6.1 Single Bedroom (HD) |
| 2.2 Consulting Psychiatrist | 6.2 Bathroom |
| 2.3 Registrar's Office | 6.4 Lounge/Dining Room |
| 2.5 Psychologist | 6.5 Seclusion Room |
| 2.7 Social Worker | 6.8 Assisted Bathroom |
| 2.8 Administrative Staff | 6.9 Ambulance Entrance |
| 2.9 Consumer/
NGO Meeting Room | 7 Staff Facilities Sub-unit |
| 3 Nursing Staff Sub-unit | 7.1 Nurses' Station |
| 3.2 Nurses' Office | 7.2 Staff Lunch Room/Lounge |
| 4 Specialist Areas Sub-unit | 7.3 Staff Toilets/Change Room |
| 4.1 Consulting Room | 7.4 Clean Utility Room |
| 4.3 Group/Interview Room | 7.5 Dirty Utility Room |
| 4.5 Equipment | 7.6 Medical Store |
| 4.6 Gymnasium | 8 Hotel Services Sub-unit |
| 5 Consumer Areas Sub-unit | 8.1 Servery |
| 5.1 Single Bedroom | 8.2 Clean Linen Store |
| 5.4 Bathroom | 8.3 Soiled Linen Store |
| 5.6 Visitors Room | 8.4 Store (Patients' Effects) |
| 5.7 Main Lounge | 8.5 Store (General) |
| | 8.6 Cleaner's Room |
| | 8.7 Loading Dock |



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

8

Section 3 Design Guidelines

8. Extended Inpatient Acquired Brain Damage Unit (16 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 document 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 accommodation for an Extended Treatment and Rehabilitation Inpatient Unit. The building is primarily a health treatment building but incorporates other ancillary uses. It includes areas for public use, admission and offices, care areas, consumer's residential areas, staff facilities, hotel services and utility spaces. Provision should be made for carparks, roadways, public and private courtyards and delivery areas.

Facility usage

This facility caters for the use by consumers of the service, the service providers, including nursing, medical and allied health professionals, non-government organisations, Queensland Health employees and other management service providers, hotel services, students, research visitors and the general public. Restrictions in access to the facility will apply to some of these users but the facility will be fully operational 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 hospital care, e.g. admission, examination, allocation of residential accommodation and the provision of services needed to maintain consumers' stay in the unit, but there will be more emphasis on the residential component. In addition, there is a 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, it is essential that the ambience of this facility is residential, as many consumers will reside in the facility for many years.

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 treatment and rehabilitation over an extended period of time for adults with acquired brain injury and associated mental disorder.
- Provide a safe and therapeutic environment for return of health sufficient to enable the consumer to return to the community with appropriate support.
- Provide spaces for the administration of medication, psychological and social approaches to managing symptoms and for the education of the consumer, family and carers about the illness and recovery.
- Provide intensive care for consumers experiencing extremely acute phases of illness.
- Allow implementation of management strategies appropriate to the level of behavioural disturbance.
- Provide containment in specially prepared rooms in the event of the onset of dangerous behaviour.
- Provide counselling spaces for consumers, families and carers.

- Provide for specific groups such as ATSI and non english speaking background.
- 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.
- Provide an image and ambience associated with home for long-stay consumers.
- Provide facilities for electroconvulsive therapy, where this can not be undertaken within a day procedures unit in the hospital.

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 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, visiting psychiatrists, psychologists, social workers and occupational therapists and with administrative support from clerical and management staff. 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	5
Allied Health	2
Medical	2
Administration	1
Support	3
TOTAL	13

General Design Principles

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

Siting and site selection

- Preferably sited close to other health facilities. The facility may be a stand-alone unit or part of a larger health facility.
- 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. If necessary, publicly accessible offices and allied health/consulting areas could be located in storeys above.

Security and privacy

High-dependency consumer areas should have defined separate courtyard areas with more attention to privacy and security.

Schedule of Functional Areas

No.	Function Name	Req	m ² (min.)	Total	Remarks
1.0	Admissions			76	Sub-unit
1.2	Interview Room	1	12	12	
1.3	Examination Room	1	10	10	For 2 FTE+2m ² /FTE > 2
1.4	Entrance	1	15	15	+5m ² outside area
1.5	Reception	1	8	8	Includes desk+2m ² per FTE
1.6	Waiting	1	15	15	For 8 users+2m ² / user >8
1.7	Visitors Toilets	2	8	16	For 1 sex and disabled
2.0	Consulting/Allied Health			80	Sub-unit
2.1	Director's Office	1	12	12	
2.2	Consulting Psychiatrist	1	10	10	
2.3	Registrar's Office	1	12	12	
2.5	Psychologist	1	12	12	
2.7	Social Worker	1	12	12	
2.8	Administrative Staff	1	10	10	For 1 FTE+5m ² /FTE > 1
2.9	Consumer/ NGO Meeting Room	1	12	12	
3.0	Nursing Staff			10	Sub-unit
3.2	Nurses' Office	1	10	10	For 2 FTE+5m ² /FTE > 2
4.0	Specialist Area			68	Sub-unit
4.1	Consulting Room	2	10	20	For 2 users
4.3	Group/Interview Room	1	12	12	For 3 users
4.5	Equipment	1	6	6	
4.6	Gymnasium	1	30	30	Consumer uses
5.0	Consumer Areas			471	Sub-unit
5.1	Single Bedroom	14	12	168	
5.4	Bathroom	14	5.5	77	1 to 2 users each
5.6	Visitors Room	1	10	10	
5.7	Main Lounge	2	15	30	+1m ² /bed
5.8	Music Lounge/ Night Lounge	1	10+5	15	+1m ² /bed
5.9	Quiet Lounge	3	12	36	For 6 persons
5.10	Activities Room	3	15	45	+1m ² /bed
5.11	Dining Room	2	15+8	46	+1m ² /bed (20 consumers max.)
5.12	Laundry	2	5+3	16	+0.2m ² / bed
5.13	Treatment Room	1	12	12	
5.14	Consumer Toilet	2	8	16	For 1 sex and disabled

No.	Function Name	Req	m ² (min.)	Total	Remarks
6.0	Consumer Areas (High Dependency)			95	Sub-unit
6.1	Single Bedroom (HD)	2	12	24	
6.2	Bathroom	2	5.5	11	
6.4	Lounge/Dining Room	1	12	12	+2m ² /bed
6.5	Seclusion Room	1	10	10	
6.8	Assisted Bathroom	2	15	30	
6.9	Ambulance Entrance	1	8	8	
7.0	Staff Facilities/Areas			101	Sub-unit
7.1	Nurses' Station	1	15+10	25	For 2 FTE+2.5m ² /FTE > 2
7.2	Staff Lunch Room/ Lounge	1	15	15	12 users
7.3	Staff Toilets/ Change Room	1	15	15	Male and female
7.4	Clean Utility Room	2	8+2	20	+0.25m ² /bed > 10
7.5	Dirty Utility Room	2	8+2	20	+0.25m ² /bed > 10
7.6	Medical Store	1	6	6	
8.0	Hotel Services			81.8	Sub-unit
8.1	Servery	1	15+8	23	+0.5m ² /bed
8.2	Clean Linen Store	2	4+1.6	11.2	+0.2m ² /bed
8.3	Soiled Linen Store	2	4+1.5	11.2	+0.2m ² /bed
8.4	Store (Patients' Effects)	2	2+1.6	7.2	+0.2m ² /bed
8.5	Store (General)	2	4+1.6	11.2	+0.2m ² /bed
8.6	Cleaner's Room	2	4	8	
8.7	Loading Dock	1	10	10	Covered outdoor
	Sub-total			983	
	Circulation, Storage and Misc. @25%			246	
	Carparking for 14 Cars (12+2 disabled)				+0.5/bed; 0.1/disabled; 0.1/visitors
	TOTAL			1229	

Particular Space Considerations

General issues

This facility will most likely be built as a stand-alone unit or a separate unit within a hospital campus. The nature of the facility care and proximity may allow the common use of support services and other facilities.

Specific space management requirements

Where allied health and consulting medical services can be provided from another mental health inpatients unit or community mental health centre in close proximity, some office spaces from this sub-unit may be reduced or deleted.

The size of this facility warrants the inclusion of a small High-dependency Consumer Sub-unit that is able to be observed from the general Nurses' Station.

Please attach your list of specific requirements behind this document.