Part B – Health Facility Briefing & Design

245 Outpatients Unit

iHFG

International Health Facility Guidelines

2025

Table of Contents

245 Outpatients Unit

1 Executive Summary

This Functional Planning Unit (FPU) covers the requirements of a typical Outpatients Unit, also known as Ambulatory Care Unit, where patients receive care but do not stay overnight.

The Outpatients Unit is applicable to a wide range of facilities including (but not limited to) Polyclinics, Specialist Clinics, Primary Health Centres, General Clinics, School Clinics, Dental Clinics, Rehabilitation Centres and Traditional, Complementary and Alternative Medicine Centres (TCAM) which include Ayurveda, Chiropractic, Hijama, Homeopathy, Hotel Clinics, Naturopathy, Osteopathy, Therapeutic Massage, Traditional Chinese Medicine (TCM) and Unani Medicine.

Several Operational and Planning Models are applicable to the Outpatients Unit in a variety of settings. Operational models include Single Corridor and Double Corridor Models with Multi-disciplinary consult rooms or Single Speciality consult rooms to accommodate specialty equipment. The Outpatient Unit can be a discreet Unit within a larger facility, sharing the support services of the facility, an Integrated Unit such as a private medical practice within a building or a Stand-alone Unit not connected with another facility.

Configuration of the consult/ exam rooms will impact the planning considerations of the Unit. Consultation spaces may be provided as combined Consult/Examination Rooms or separate Consult and Examination Rooms. The advantages and disadvantages of each are discussed.

The Functional Zones and Functional Relationship Diagrams indicate the ideal External Relationships with other units and services. The size of an Outpatients Unit may vary dependent on the service plan that considers the population served, and the demand for services.

Design Considerations address a range of important issues including acoustics, privacy, safety and security and Building Services Requirements.

The Schedules of Accommodation are provided for an Outpatients Unit that is located within a health facility as well as a Stand-alone Unit. Different facility sizes are presented and guide the designers to create their project-specific SOA's.

For each of the nominated room types within the SOA the code link to the corresponding Room Data Sheets (RDS) and Room Layout Sheets (RLS) has been provided. Readers may use those codes to access this information on the rooms in the section titled Standard Components on the website.

Further reading material is suggested at the end of this FPU but none are mandatory.

Users who wish to propose minor deviations from these guidelines should use the Non-Compliance Report (in Part A appendices) to briefly describe and record their reasoning based on models of care and unique circumstances. The responsible Health Authority may then consider the circumstances and accept such deviations.

The details of this FPU follow overleaf.

2 Introduction

The Outpatient Unit, also known as Ambulatory Care Unit, refers to health care provided in hospital-based outpatient or stand-alone clinics, physician offices, ambulatory surgical centres, and many other specialized settings where patients receive care but do not remain overnight.

The Outpatient Unit may perform the following functions:

- Consultation with medical specialists, examination and investigations
- Treatment on a same day basis
- Minor procedures
- Follow up review consultation and ongoing case management
- Patient screening prior to surgery – perioperative services
- Health education or counselling sessions for patients and families
- Referral of patients to other units or disciplines for ongoing care and treatment
- Referral for admission to a hospital for inpatient services.

The services or clinical specialties that may be provided in the Outpatient Unit encompass:

- GP (General Practitioner)
- Primary Care services
- Women and child health services
- A comprehensive range of surgical specialties
- Medical specialties, including diabetes and multidisciplinary team reviews e.g. chronic disease clinics, infectious diseases services
- Pain management
- Genetics clinics
- Health Promotion initiatives.

The following specialist services provided on an outpatient or same day basis are addressed in the relevant FPU:

- Community Health Unit
- Dental (refer to Dental Surgery Unit and Oral Health Unit)
- Day Surgery (refer to Day Surgery/ Procedure Unit)
- Oncology/ Day Chemotherapy (refer to Oncology Unit – Medical (Chemotherapy)
- Mental Health, including Drug & Alcohol services (refer to Mental Health Unit - Outpatient)
- Radiotherapy (refer to Radiation Oncology/ Cancer Care Centre)
- Rehabilitation, Physiotherapy, Occupational Therapy (refer to Rehabilitation/ Allied Health)
- Renal Dialysis (refer to Renal Dialysis Unit)
- Urgent Care Centres, Acute Assessment Units, Medical Assessment Units (refer to Emergency Unit)
- IVF (refer to IVF Unit)
- Cardiac investigations/ Cardiac diagnostics such as ECG, Echocardiography, Cardiac Catheterisation etc. (refer to Cardiac Investigation Unit)
- Hyperbaric Oxygen Therapy (refer to Hyperbaric Unit)

The elements described in this FPU will apply to Outpatient Units located within a larger facility, located within a commercial development or stand-alone units.

3 Functional and Planning Considerations

Operational Models

Hours of Operation

Patient services will generally be provided during normal business hours: Monday to Friday 08.00am – 5.00pm. However, patient care requirements and flexible work schedules may require hours of operation to be extended to evenings and weekends to meet demand and operational policies. Availability of support, cleaning and maintenance services should be considered during the planning phase.

Models of Service Delivery

Flexible operational models can be built into an existing unit using modular spaces and designs. Each module should include reception, waiting, examination and treatment rooms supported by patient and staff facilities, support areas and clerical offices.

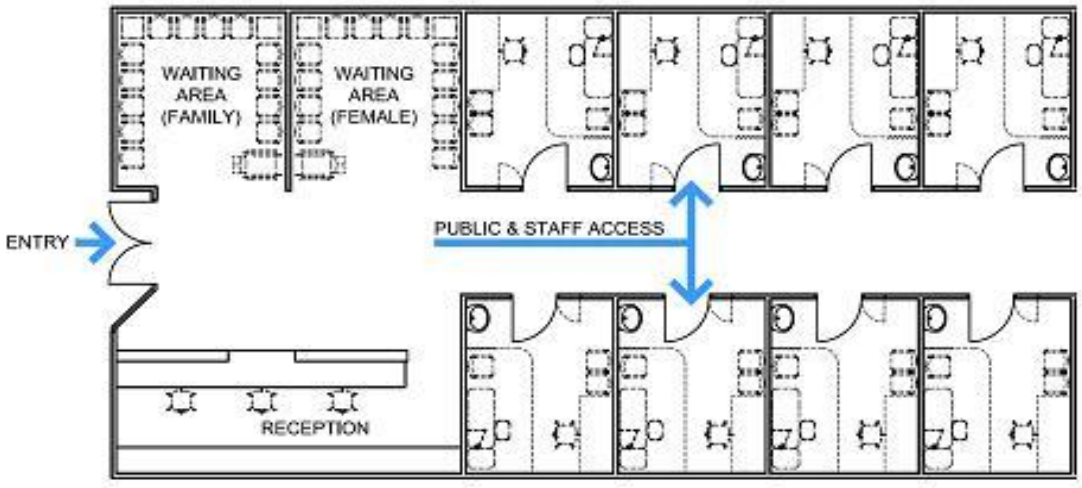
It is vital to clearly identify the Main patient/ public entry; reinforce the entry sequence with the design of site circulation systems. Staff entry and circulation should be separated from patient circulation where possible.

Consultation methods differ between medical practitioners depending on the situation. However, in all cases, the emphasis should be on achieving the optimal environment for a fully informed consultation.

Operational Models applicable to the Outpatient Unit include:

Single Corridor Access Model

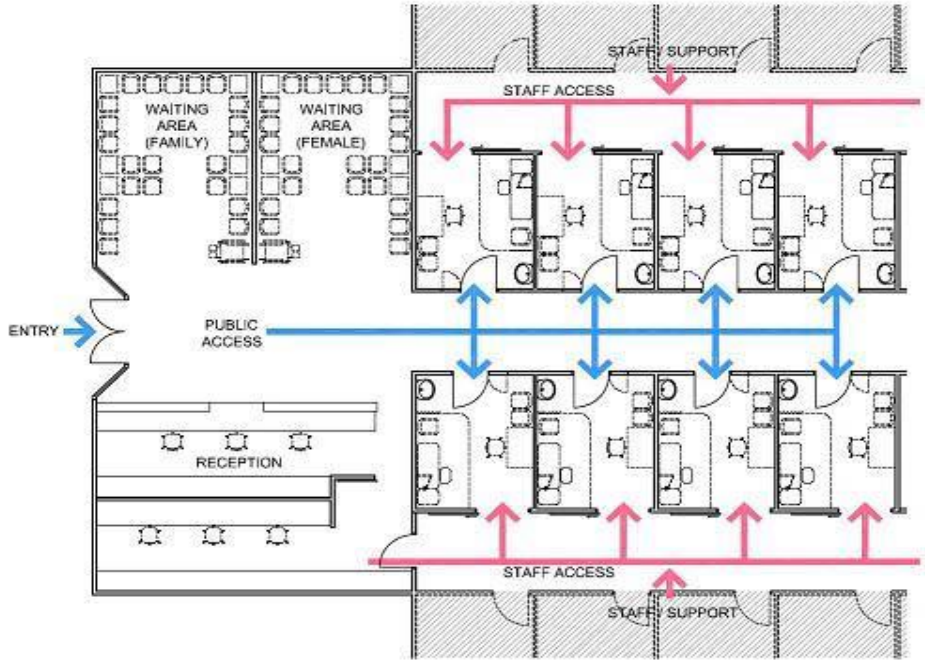
This examination/ treatment model permits multidisciplinary rooms with similar configurations accessed from a single entry point. Common reception and waiting areas enhance efficient staffing and resourcing.



Above: Single Corridor Access model

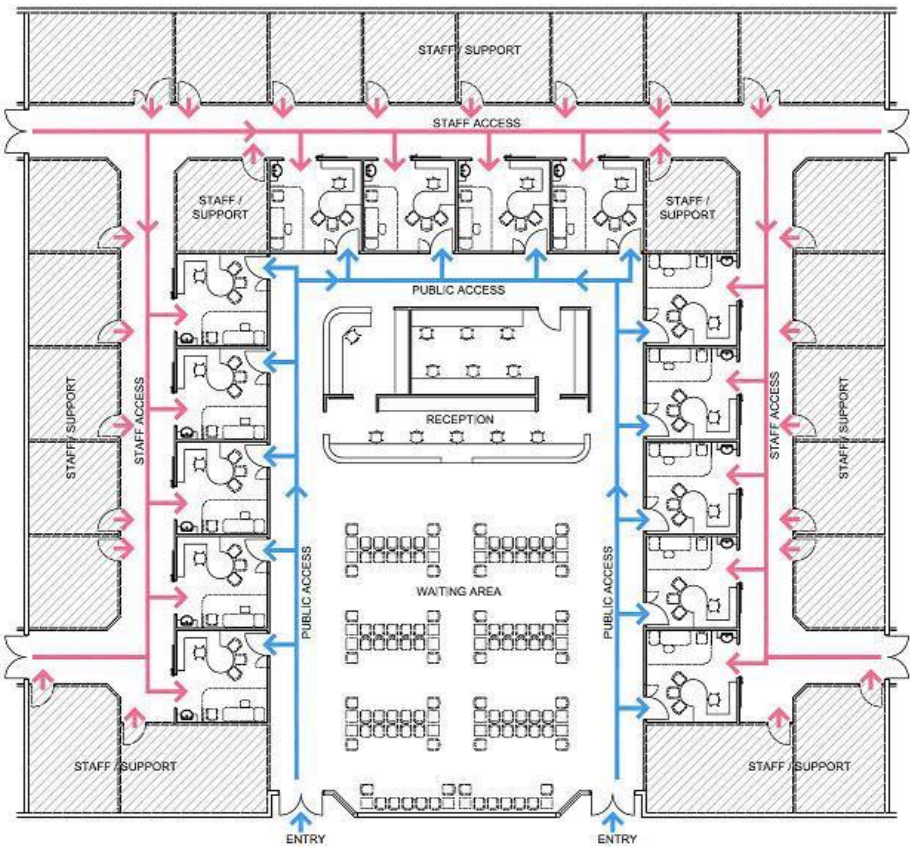
Double Corridor Access Model

Where space permits, the double corridor model enables staff support and service areas to remain discreetly separate from public access. Common reception and waiting areas enhance efficient staffing and resourcing while the consult/ examination rooms can be used by either multi-disciplinary teams or specialist providers.



Above: Double Corridor Access model with waiting area at the entry

In this model, waiting areas can be located centrally, as depicted in the below figure, but this may reduce patient privacy and confidentiality. Consideration of these benefits may be off-set, where appropriate, by convenient patient access and fast turn-over for each room module.



Above: Double Corridor Access mode with centralized waiting area

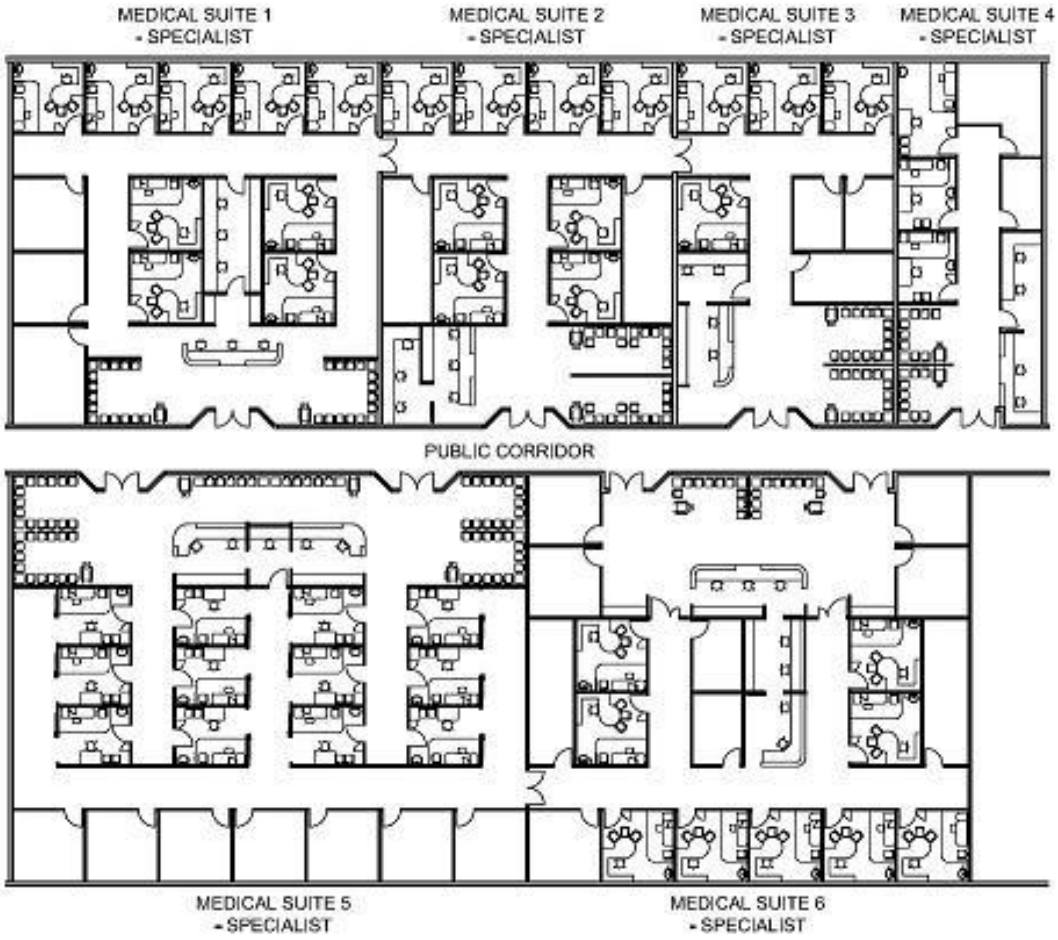
Multidisciplinary Consult Rooms

The adoption of modular consult rooms enables efficient use by multidisciplinary practitioners on a sessional basis. As service needs and workload projections vary, staffing efficiencies and patient convenience can be maintained while duplications are prevented.

Single Specialty Consult Rooms

Where a range of highly specialized equipment is required during each consultation, rooms can be configured to accommodate these special requirements. Each medical specialty can be assigned their group of medical suites with associated waiting and reception areas, patient facilities and support areas.

Examples of specialities this model suits includes ENT/ Ophthalmology, Endoscopy specialties, Cancer Centre (Chemotherapy, Radiotherapy and Consulting), Cardiology and Specialist Medical Suites.



Above: Typical Specialist Medical Suites of varying sizes

The service plan of an individual facility will determine the planning needs of the Outpatients Unit.

Influencing factors include:

- Patient attendance numbers
- Numbers of specialties
- Medical, allied health and support staffing number
- Anticipated usage of medical suites and potential to share rooms between specialties
- Population profiles which drive specialty service delivery

Planning Models

Planning models applicable to the Outpatient Unit include:

- A discreet Unit within a Hospital facility or located within a hospital centre or clinic, sharing the support services of the facility
- An integrated Unit such as a private medical practice within a commercial development such as a shopping centre or an office building
- A stand-alone Unit not connected to a hospital or commercial facility. The Unit can be located on the same hospital campus

Location

Outpatients Units are commonly located at the entrance of large and small health facilities with an efficient connection to the Main Entry.

Key considerations during planning include the provision of:

- Convenient ground floor access to outpatient entry with set-down points for ambulances, patient support vehicles and private cars
- Effective wayfinding boards and enquiry points at entrances
- Patient refreshment, pharmaceutical and toilet facilities
- Waiting areas to accommodate patients, carers, children and the disabled
- Patient flow patterns to enable clinical pre-assessment, pathology, radiology services etc. prior to medical consultation
- Storage facilities for patient belongings
- Clustering procedure rooms to service consultation rooms
- Furniture, fittings, equipment, services and hydraulics to meet specific clinical requirements

Configuration

An important consideration during planning of the Outpatients Unit will be the determination of the model of consult/ examination rooms. This can have a major impact on space provision for the Unit.

Combined Consult/ Examination Rooms

Consult and examination takes place within a single room. The room will have a desk and chairs in the consultation zone and a screened examination area with a couch. The layout of the room should ensure patient privacy, particularly in the examination area. The room is suitable for multifunction use; specialist equipment is brought into the room as needed and stored when not in use.

The benefits of this type of room are:

- Flexible use – can be used for consultation or examination or both
- Compact rooms result in a space saving floor plan

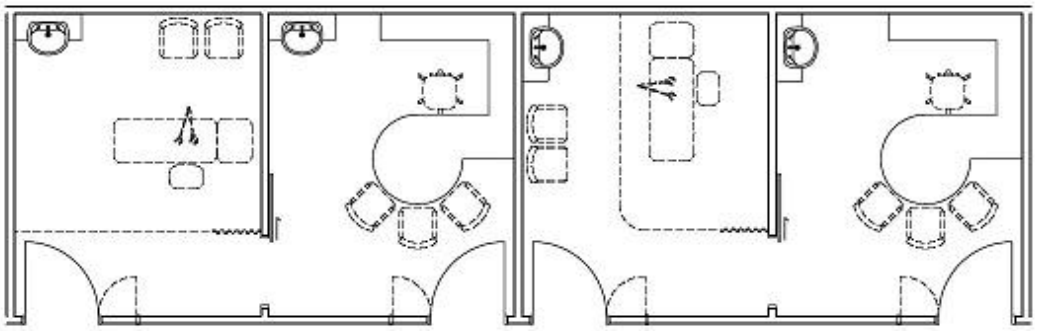
Above: Typical Consult Rooms with combined consult/ examination functions

Separate Consult and Examination Rooms

Consult and examination rooms are provided as individual rooms with separate access to each, allowing a patient to be examined separately to the consult function. This type of arrangement is appropriate for both multi-functional and specialist use of the rooms.

Benefits of this type of room:

- Allows increased throughput of patients by enabling a patient to be examined or to be changing in the examination room while another patient is occupying the Consult room
- Separate examination rooms can be converted in future to full consult/ examination rooms when additional clinic capacity is needed
- Convenient for patient consultation with multiple clinical specialists; the patient remains in place and clinicians visit the patient



Above: Separate Consult and Examination functions in collocated rooms, with alternative couch arrangements; consult and examination rooms are the same size allowing for future flexibility

Examination rooms may be sized to accommodate the examination couch and hand basin only which is space efficient and reduces the overall departmental area.

Specialist Consult/ Exam Rooms

Consult/ Examination rooms designed to accommodate a particular discipline with specialty equipment that remains in the room e.g. ENT, ophthalmology, podiatry and colorectal rooms

Benefits:

- Avoids excessive handling of expensive or sensitive equipment
- Specialist equipment available and ready to use instantly without setting up

Above: Specialist Consult/ Exam room – ENT/ Ophthalmology

Functional Areas

The Outpatient Unit consists of the following key functional areas:

- Entry Area including:
  - Reception/ Patient registration
  - Waiting Areas including provision for families
  - Interview room/s for patient and family discussions
  - Public amenities such as toilets, play area, parenting rooms
- Consult Areas with:

  - Consult and examination rooms, (combined or separate)
  - Interview and meeting rooms for patient discussions or team meetings
  - Vital signs rooms
  - Blood collection facilities
  - Support areas including utilities, store rooms, patient toilets
- Treatment Areas are optional. If provided they may include:
  - Procedure and Treatment rooms
  - Plaster room/s
  - Patient bed bays for recovery following procedures
  - Support areas incorporating utilities
- Sample Collection Area; an area where blood and other specimen samples are collected from patients. This area is optional and can be located in RDL 4-6
- Staff and Support areas such as:
  - Offices
  - Staff Room
  - Staff toilets and lockers

Entry Area

If a direct and separate entry is provided to the Unit at street level, an entry canopy shall be provided for patient drop-off and pick-up. The canopy shall be designed and sized appropriately to permit easy manoeuvring and weather protection of vehicles including cars, ambulances, taxis, and mini-vans. The entry canopy shall be located next to the Lobby/ Airlock if one is provided.

Arrival areas should allow for separate drop offs; by cars, ambulances , community vehicles and patients arriving by public transport or walking.

Reception/ Waiting

The Reception/ Waiting area of the Outpatients Unit may be shared by consultation and treatment zones and should be located to provide convenient access to both areas while allowing access to the public and provide disabled amenities for patients and visitors. The Reception area may include patient registration, a patient queuing system, self-registration and cashier facilities where appropriate. Patient registration can also be done online prior to arrival.

Waiting areas may be designed with separation to meet cultural requirements where appropriate. Waiting areas should accommodate a wide range of occupants including children, those less mobile or in wheelchairs. Provisions should be made for prams and play areas for children.

Consult/ Examination Areas

Consult/ Examination rooms may be provided as combined consult/ examination rooms or separate rooms depending on the operational policy of the facility and the clinical specialties to be incorporated. Consult / Examination Areas should promote efficiency and provide a pleasant environment for all patient types.

Vital signs room/s will be used for measurement and recording of patient height, weight and vital signs prior to Consultation.

Blood collection can be done within the consult/ examination room. If separate facilities are provided, these will consist of blood collection bay/s used for the collection of blood specimens from patients. Privacy for patients must be provided in the bay with screen curtains, or it can be an enclosed room with a single collection bay. A staff handwashing basin should be provided in close proximity or within the room. In RDL 4 to 6 a Sample Collection Area can be provided. Refer to the below Sample collection Area section for further details.

Treatment/ Procedure Areas

Treatment rooms and Procedure Rooms will be used for minor treatments and procedures under local anaesthetic that do not require admission to the Day Surgery/ Procedures Unit. These rooms can be shared by a group of consult rooms or by different specialties.

Patient Bed Bays are provided as required for patient recovery following procedures attended within the Unit. The bed bays will require staff handwashing basins (refer to Part D for quantity), a staff station and support areas including clean and dirty utilities. This area could also be utilized for trolley or wheelchair patients awaiting transport if there is no transit lounge.

Sample Collection Area

In RDL 4 to 6 a sample collection area located in close proximity to a waiting area can be provided in accordance with the operational policy. The area will consist of:

- Blood collection bays. The number of bays should be provided according to the service plan.
- At least two patient toilets, one for males and one for females. If only two toilets are provided these should be accessible.
- A Blood Collection Work Area: an area where specimens are prepared, documented and held prior to dispatch to the laboratory. This room should include a handwash basin and a refrigerator for those samples which require to be held in a cold environment prior to dispatch.

Support Areas

Support areas for the Outpatient Units will include:

- Bays for linen
- Resuscitation trolley and mobile equipment including wheelchairs
- Cleaners room
- Clean Utility with provision for drug storage
- Dirty Utility room including facilities for urine testing and waste holding
- Staff Station
- Store Rooms for general consumables, sterile stock and equipment; this may include specialty equipment held in storage until needed in the Consult or Treatment rooms, and bulky items such as crutches, walkers and lifting equipment.

Staff Areas

Offices and workstations may be required for the Unit manager and administrative staff, to undertake administrative functions, or to facilitate educational and research activities.

Staff will need access to the following:

- Meeting room/s for education and tutorial sessions as well as meetings
- Staff room with beverage and food storage facilities
- Toilets and lockers

Staff areas may be shared with an adjacent unit if conveniently located.

Functional Relationships

External

The Outpatient Unit, whether stand-alone or part of a larger facility, will generally have working relationships with many other Units.

The planning and design of the Unit should provide the following with convenient access:

- Drop off zone/ car park
- Main Entry
- Transit Lounge for patients awaiting transport.

For Outpatient Units that are part of a larger facility or that are stand-alone within a facility campus, convenient access to the following should also be provided:

- Admission Unit (satellite, stand alone or central) for patient referrals.
- Clinical Information Unit for delivery/ return of clinical records unless digital records are used
- Day Surgery/ Procedure Unit
- Emergency Unit, for patient referrals
- Medical Imaging for diagnostic procedures
- Pharmacy for patient medications
- Pathology, specimen collection, for diagnostic studies
- Rehabilitation Unit/ Allied Health for patient follow-up

The optimum external relationships include:

- Patient access from a main circulation corridor with a relationship to the Main Entrance and car park
- Separate entry and access for staff from hospital units via a service corridor for Outpatient Units that are part of a larger facility
- Alternative access away from the Reception for patients and staff in transit to other hospital units
- Access for service units such as Supply, Housekeeping and Clinical Information via a service corridor

Internal

The internal planning of the Outpatient Unit will reflect the functional areas mentioned above.

Some of the critical considerations are:

- Flexibility in accommodating various types of use throughout different hours in the day
- Reception area should allow patients to move conveniently to and from the Consult and Treatment areas and accommodate high volume of patients, support staff, caretakers and mobility aids
- Interview rooms for support services such as social worker, cashier etc. to be conveniently located
- Self-registration stations, if provided, should be conveniently located adjacent to the waiting areas
- Sub Waiting areas may be located close to Treatment areas or included within larger outpatient units to improve patient and staff accessibility
- Staff must be able to move easily to and from Consult and Treatment areas and Reception/ Registration and Waiting areas
- Discreet and private work areas away from patients is recommended
- Staff areas should preferably have restricted access to patients

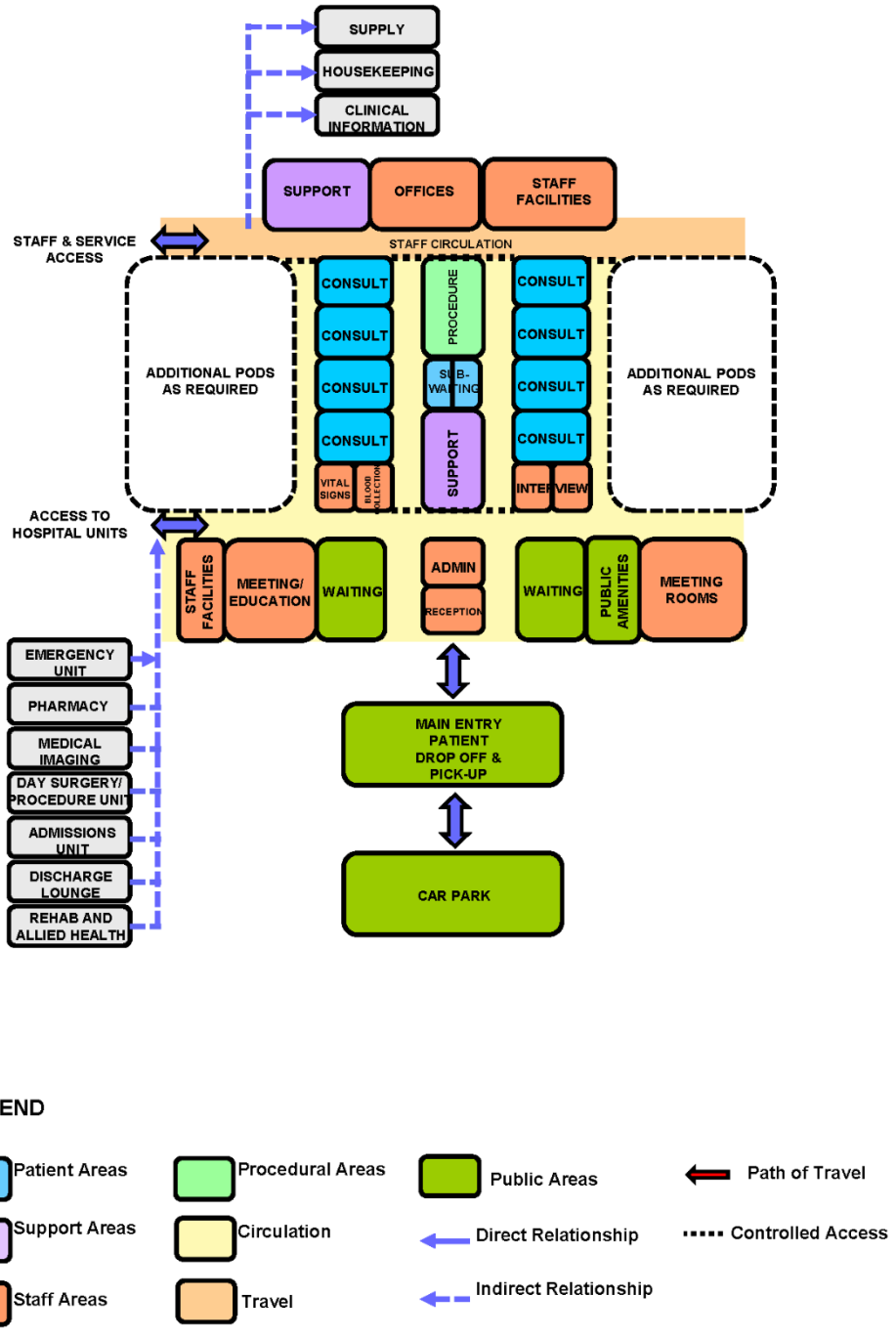
Internal relationships should include the following:

- Reception at the entrance with access to an interview area
- Access for patients to Consult and Treatment rooms directly from Waiting areas with Reception/ Administration acting as a control centre
- Support areas located conveniently to the Consult/ Treatment rooms and staff areas close to the activity centres for staff convenience

It is important for the functional areas to work effectively together to allow for an efficient, safe and pleasant environment.

Functional Relationship Diagram

Outpatients Unit, all models



4 Design Considerations

General

Waiting areas, Consult/ Examination and Treatment areas will need to be designed to cater to a wide range of patients visiting the unit, including elderly, parents with children, patients with limited mobility and bariatric patients.

The design should give patients and visitors the impression of an organised and efficient unit.

Environmental Considerations

Acoustics

Acoustic privacy is required in Consult, Interview, Treatment rooms and any rooms where confidential information will be discussed.

The transfer of sound between clinical spaces should be minimised to reduce the potential of staff error from disruptions and miscommunication and to increase patient safety and privacy. Noisy areas such as Waiting rooms and play areas should be located away from consult, treatment and staff areas.

Natural Light

Where possible, the use of natural light shall be maximised within the Unit. Sufficient levels of natural lighting can provide a sense of wellbeing for both staff and patients, reduce patient discomfort and stress and is more likely to lead to better service outcomes.

Windows are particularly desirable in waiting areas and staff lounges. If windows cannot be provided, alternatives such as skylights may be considered.

Privacy

Careful consideration of privacy and patient comfort is required to reduce discomfort and stress for patients including:

- Discreet and non-public access to medical records
- Privacy screening to all examination bays and patient bed bays
- Location of doors to avoid patient exposure in Consult and Treatment rooms

Interior Decor

Interior décor refers to colour, textures, surface finishes, fixtures, fittings, furnishings, artworks and atmosphere. It is desirable that these elements are combined to create a calming, non-threatening environment.

Colours should be used in combination with lighting to ensure that they do not mask skin colours as this can be a problem in areas where clinical observation takes place.

Space Standards and Components

Accessibility

Wheelchair access is required in all patient areas including Consult, Treatment, Procedure and Waiting rooms. Waiting areas should also include space and power outlets for charging electric mobility equipment along with suitable seating for patients with disabilities or mobility aids. The Unit will require suitable seating and provisions for bariatric patients.

Doors

All entry points, doors or openings, shall be a minimum of 1200 mm wide, unobstructed. Larger openings may be required for special equipment, as determined by the Operational Policy, to allow the manoeuvring of beds, trolleys, equipment and wheelchairs without manual handling risks and risk of damage. Doors used for emergency bed transfer to the Operating Units must be appropriately positioned and sized. A minimum of 1400mm clear opening is recommended for doors requiring bed/ trolley access.

Also refer to Part C – Access, Mobility, OH&S of these Guidelines.

Ergonomics/ OH&S

Design of clinical spaces including Consult, Examination, Treatment and Procedure rooms must consider Ergonomics and OH&S issues for patient and staff safety and welfare.

Refer to Part C – Access, Mobility, OH&S of these Guidelines for more information.

Size of the Unit

The size of the Unit will be determined by a Clinical Services Plan and will take into consideration:

- The size of the population served by the Unit and demographic trends
- The number of clinical practitioners available
- The average length of consultation or treatment
- The number of referrals and transfers from other local regions or hospitals
- The number of other Outpatient Units in the vicinity.

Safety & Security

A high standard of safety and security can be achieved with early planning in the development of the unit and careful configuration of spaces and zones in order to:

- Control the entry and exit points to and from the Unit
- Improve the observation of patient and clinical areas for staff
- Reduce duplication by grouping of functions, optimizing the space utilization and promoting efficient staff and patient management.

The perimeter of the Unit should be secured and consideration given to electronic access. Access to public areas shall be carefully planned so that the safety and security of staff areas within the Unit are not compromised. Zones within the Unit may need to be lockable when not in use, preferably electronically. This can be achieved by the use of doors to circulation corridors and automated shutters to entrances when the Outpatient Service is not operational after hours and weekends.

Internally within the Outpatients Unit all offices require lockable doors and all store rooms for files, records and equipment should be lockable.

Finishes

Wall Protection

In all areas where patient observation is critical, colours shall be chosen that do not alter the observer's perception of skin colour.

The following aspects should always be considered when specifying internal finishes:

- Cleaning and infection control
- Fire safety of the materials
- Patient care and comfort
- Staff safety, particularly for floor finishes
- Cultural/ social perceptions of a professional healthcare environment.

Refer to Part C of these Guidelines and Standard Components for more information on wall protection, floor finishes and ceiling finishes.

Fixtures, Fittings & Equipment

Equipment, furniture, fittings and the facility itself shall be designed and constructed to be safe, robust and meet the needs of a range of users with varying mobility needs.

All furniture, fittings and equipment selections for the Outpatients Unit should be made with consideration to ergonomic and Occupational Health and Safety (OH& S) aspects.

Refer to Part C of these Guidelines - Access, Mobility, OH&S, the Room Layout Sheets (RLS) and Room Data Sheets (RDS) for more information.

Window Treatments

Window treatments should be durable and easy to clean. Consideration may be given to the use of blinds, shutters, tinted glass, reflective glass, exterior overhangs or louvers to control the level of lighting.

Building Service Requirements

Mechanical Services (HVAC)

The unit shall have appropriate air conditioning that allows control of temperature and humidity for patient and staff comfort. Refer also to Standard Components Room Data Sheets.

Medical Gases

Medical gases may be provided within Consult, Procedure and Treatment rooms as required by the facility's operational policy.

Refer to Part E of these guidelines and to the Standard Components, RDS and RLS.

Information Technology (IT) and Communications

The Outpatients Unit requires a wide range of systems to ensure the storage of patient information and image management is efficient and effective. These systems include but are not limited to:

- Picture archiving communications systems (PACS) and storage for digital archives
- Voice/ data cabling and outlets for phones and computers
- Network data requirements and wireless network requirements to support remote reporting
- Video and teleconferencing capability
- CCTV surveillance if indicated
- Patient, staff, emergency call, duress alarms and paging systems
- Communications rooms and server rooms.

Close collaboration with the IT Unit and obtaining advice from consultants early in the design phase is recommended.

Nurse Call / Emergency Call / Staff Call

Emergency call facilities shall be provided in all Consult, Examination, Procedure, Treatment rooms and patient areas in order for staff to request for urgent assistance. Staff Assist Call and Patient Call are optional and are subject to the operational policies of the facility. Emergency Call, Staff Call and Patient Call are required in all patient toilets.

Infection Control

Standard precautions apply to the Outpatients Unit areas to prevent cross infection between patients, staff and visitors. Hand hygiene is important, and it is recommended that in addition to hand basins, medicated hand gel dispensers be located strategically in staff circulation corridors.

Hand Basins

Basins suitable for surgical scrubbing procedures shall be provided for each Procedure and Treatment room (refer to Standard Components Room Layout and Room Data Sheets). Clinical hand-washing facilities shall be located convenient to the Staff Stations and patient areas.

For further information refer to Part D – Infection Control in these Guidelines.

Antiseptic Hand Rubs

Antiseptic Hand Rubs should be located so they are readily available for use at points of care and in high traffic areas.

The placement of Antiseptic Hand Rubs should be consistent and reliable throughout facilities. Antiseptic hand rubs are to comply with Part D - Infection Control, in these guidelines.

Antiseptic Hand Rubs, although very useful and welcome, cannot fully replace Hand Wash Bays. Both are required.

Waste Management

Clinical waste management shall be provided within the Consult, Procedure and Treatment rooms according to the facility's operational policies. Provision of sharps containers shall be in compliance with the Hospital's Infection Control Policy.

Refer also to Part D – Infection Control for further information.

5 Components of the Unit

Standard Components

Standard Components are typical rooms in a health facility, each represented by a Room Data Sheet (RDS) and Room Layout Sheet (RLS). Sometimes, there are more than one configuration possible and therefore, more than one room layout sheet can be found in the Standard Components for a room with same function. They may differ in room size and/or the requirement of FF&FE items.

The Room Data Sheets are presented in a written format, describing the minimum briefing requirements of each room type divided into the following categories:

- Room Primary Information; includes Briefed Areas, Occupancy, Room Description, relationships and special room requirements
- Building Fabric and Finishes; describes fabric and finishes for the room's ceiling, floor, walls, doors and glazing requirements
- Furniture and Fittings; lists all the fittings and furniture typically located in the room; Furniture and Fittings are identified with a group number indicating who is responsible for providing the item according to a widely accepted description as follows:

Group	Description
1	Provided and installed by the Builder/ Contractor
2	Provided by the Client and installed by the Builder/Contractor
3	Provided and installed by the Client

- Fixtures and Equipment; includes all the serviced equipment typically located in the room along with the services required such as power, data and hydraulics; Fixtures and Equipment are also identified with a group number as above indicating who is responsible for provision
- Building Services; indicates the requirement for communications, power, Heating, Ventilation and Air conditioning (HVAC), medical gases, nurse/ emergency call and lighting along with quantities and types where appropriate. Provision of all services items listed is mandatory.

The Room Layout Sheets (RLS's) are indicative plan layouts and elevations illustrating an example of good design. The RLS indicated are deemed to satisfy these Guidelines. Alternative layouts and innovative planning shall be deemed to comply with these Guidelines provided that the following criteria are met:

- Compliance with the text of these Guidelines
- Minimum floor areas as shown in the schedule of accommodation
- Clearances and accessibility around various objects shown or implied
- Inclusion of all mandatory items identified in the RDS

Standard Components have considered the required design parameters described in these Guidelines. Each FPU should be designed with compliance to Standard Components - Room Data Sheets and Room Layout Sheets, nominated in the Schedules of Accommodation in Appendices of this FPU.

Non-Standard Components

Non-Standard rooms are identified in the Schedules of Accommodation as NS and are described below.

6 Schedule of Equipment (SOE)

This Schedule of Equipment (SOE) below lists the major equipment required for the key rooms in this FPU.

Room Name		
Consult Room, Room Code (cons-i), Examination Room, Room Code (cons-i)		
Air flowmeter (optional)	Monitor: physiologic, vital signs (optional)	Table: examination/ treatment
Diagnostic set	Oxygen flowmeter (optional)	
Light: examination (optional)	Suction adapter (optional)	
Treatment Room, Room Code (trmt-14-i)		
Air flowmeter	Light: examination	Refrigerator: drugs (optional)
Diagnostic set (optional)	Monitor: physiologic, acute care	Stretcher: procedure/ recovery
Infusion pump: single channel	Oxygen flowmeter	Suction adapter
Procedure Room, Room Code (proc-20-i)		
Air flowmeter	Monitor: physiologic, acute care	Stretcher: procedure/ recovery
Infusion pump: single channel	Oxygen flowmeter	Suction adapter
Light: procedure	Refrigerator: drugs (optional)	
Plaster Room, Room Code (plst-14-i)		
Air flowmeter	Monitor: physiologic, vital signs (optional)	Suction adapter
Cast cutter: with vacuum	Oxygen flowmeter	
Light: examination	Stretcher: procedure/ recovery	
Consult/ Exam Room - ENT, Room Code (cons-ent-i)		
Air flowmeter	Diagnostic set: ENT	Suction adapter
Chair: ENT	Oxygen flowmeter	Treatment unit: ENT
Consult/ Exam Room - Ophthalmolog, Room Code (cons-opt-i)		
Air flowmeter	Lensometer: automatic	Slit lamp: digital, with camera
Auto refractometer/ keratometer	Ophthalmoscope: indirect, binocular	Stand: examination/ treatment, ophthalmic
Chart monitor: ophthalmic	Oxygen flowmeter	Suction adapter
Diagnostic set: ophthalmic	Phoropter: digital	Tonometer: applanation

7 Schedule of Accommodation – Outpatients Unit

Outpatients Unit located within a health facility

The following Schedule of Accommodation includes both combined and separate Consult/ Examination Rooms.

The schedule below has been listed for very typical RDL provisions. However, this relationship between size and RDL is not mandatory and in fact any RDL may have any number of rooms as set out in the facility's service plan.

Room/ Space	Standard Component Room Codes	RDL 2 & 3 Qty x m²	RDL 4 Qty x m²	RDL 5 Qty x m²	RDL 6 Qty x m²	Remarks
Entry / Reception		**3 Rooms**	**6 Rooms**	**12 Rooms**	**18 Rooms**	
Reception/ Clerical	recl-10-i recl-15-i recl-20-i	1 x 10	1 x 10	1 x 15	1 x 20	May include space for self-registration of patients
Waiting	wait-10-i wait-15-i wait-25-i	1 x 10	1 x 10	1 x 15	1 x 25	May be divided into Female/ Family areas as applicable Part may be provided as Sub Waiting near Consult rooms
Waiting - Family	wait-10-i wait-15-i wait-25-i		1 x 10	1 x 15	1 x 25	
Play Area	plap-10-i similar		1 x 8	1 x 10	1 x 10	
Bay - Wheelchair Park	bwc-i		1 x 4	1 x 4	1 x 4	May share with Main facility if located close
Bay - Drinking Fountain	bdf-1-i	1 x 1	1 x 1	1 x 1	1 x 1	
Interview Room - Family	intf-i		1 x 12	1 x 12	2 x 12	
Store - Files	stfs-8-i stfs-10-i	1 x 8	1 x 8	1 x 10	1 x 10	For clinical records; optional if electronic records used
Toilet - Accessible	wcac-i	2 x 6	2 x 6	2 x 6	2 x 6	May share with Main facility if located close
Toilet - Public	wcpu-3-i		2 x 3	2 x 3	2 x 3	May share with Main facility if located close
Consult Areas		**3 Rooms**	**6 Rooms**	**12 Rooms**	**18 Rooms**	
Consult Room	cons-i	3 x 14	6 x 14	12 x 14	9 x 14	Combined Consult/ Examination Room
Consult - Office	cons-i similar				9 x 14	Separate Consult/ Office and Examination rooms
Examination Room	cons-i similar				9 x 14	Separate Consult/ Office and Examination rooms
Vital Signs Room	vsr-i		1 x 8	2 x 8	2 x 8	
Support Areas		**3 Rooms**	**6 Rooms**	**12 Rooms**	**18 Rooms**	
Bay - Handwashing, Type B	bhws-b-i	1 x 1	2 x 1	3 x 1	4 x 1	In corridors and staff work areas
Bay – Linen	blin-i	1 x 2	1 x 2	1 x 2	1 x 2	
Bay - Mobile Equipment	bmeq-4-i		1 x 4	2 x 4	2 x 4	For scales, lifting equipment
Bay - Resuscitation Trolley	bres-i	1 x 1.5	1 x 1.5	1 x 1.5	1 x 1.5	
Blood Collection Bay	bldc-5-i	1 x 1.5	1 x 5	1 x 5	2 x 5	Optional; may use a shared facility if located close
Clean-up Room	clup-7-i		1 x 7	1 x 7	1 x 7	Optional may use Dirty Utility
Clean Utility	clur-8-i clur-12-i clur-14-i		1 x 8	1 x 12	1 x 14	
Dirty Utility	dtur-s-i dtur-10-i dtur-12-i	1 x 8	1 x 8	1 x 10	1 x 12	
Disposal Room	disp-5-i disp-8-i	Shared	1 x 5	1 x 8	1 x 8	May combine with Dirty Utility
Staff Station	sstn-5-i sstn-10-i sstn-14-i		1 x 5	1 x 10	1 x 14	May be provided as small sub stations to a group of rooms
Store - Equipment	steq-10-i steq-14-i		1 x 10	1 x 10	1 x 14	
Store - General	stgn-10-i stgn-14-i	1 x 10	1 x 10	1 x 10	1 x 14	
Toilet - Accessible	wcac-i		2 x 6	2 x 6	2 x 6	
Toilet - Patient	wcpt-i	1 x 4	1 x 4	2 x 4	2 x 4	
Treatment/ Procedure Areas		**1 Room**	**2 Rooms**	**3 Rooms**	**4 Rooms**	**Optional – Dependent on Service Plan**
Procedure Room	proc-20-i		1 x 20	2 x 20	3 x 20	No of rooms determined by service being delivered; may provide combination of Procedure & Treatment rooms
Treatment Room	trmt-14-i	1 x 14	1 x 14	1 x 14	1 x 14	Optional; number determined by service plan

Room/ Space	Standard Component Room Codes	RDL 2 & 3 Qty x m²	RDL 4 Qty x m²	RDL 5 Qty x m²	RDL 6 Qty x m²	Remarks
Patient Bay - Holding/ Recovery	pbtr-h-10-i	1 x 10	5 x 10	8 x 10	10 x 10	2 Beds per Procedure room + holding beds; Separate M/F as required. May be shared with the Urgent Care in RDL 2/3
Bay Handwashing	bhws-a-i	1 x 1	1 x 1	2 x 1	2 x 1	refer to Part D
Bay - Linen	blin-i	1 x 2	1 x 2	1 x 2	1 x 2	
Bay - Resuscitation Trolley	bres-i	1 x 1.5	1 x 1.5	1 x 1.5	1 x 1.5	may be shared if located conveniently
Clean Utility	clur-8-i clur-12-i			1 x 8	1 x 12	
Dirty Utility	dtur-s-i dtur-10-i	Shared	1 x 8	1 x 8	1 x 10	Optional may share with Consulting Area if located close
Plaster Room	plst-14-i			1 14	1 14	Optional, for fracture clinic or hand clinic
Staff Station	sstn-5-i sstn-10-i			1 x 5	1 x 10	
Staff Station/ Clean Utility	sscu-i	1 x 9	1 x 9			Suitable for small procedures areas
Toilet - Accessible, Patient	wcac-i	2 x 6	2 x 6	2 x 6	2 x 6	
Sample Collection Area (Optional)						
Blood Collection Bay	bldc-5-i		2 x 5	3 x 5	4 x 5	Number to be provided as per the service plan
Blood Collection Work Area	bldcw-i		1 x 12	1 x 12	1 x 12	
Toilet - Patient	wcpt-i				2 x 4	
Toilet - Accessible	wcac-i		2 x 6	2 x 6	1 x 6	
Staff Areas						
Office - Single Person	off-s9-i	Shared	1 x 9	1 x 9	1 x 9	Manager; Note 1
Meeting Room - Small	meet-9-i	Shared	1 x 9	1 x 9	1 x 9	Optional; Interviews, private discussions, team meetings
Property Bay - Staff	prop-2-i	Shared	1 x 2	2 x 2	2 x 2	May be shared with adjacent Unit
Staff Room	srm-15-i srm-20-i srm-25-i	Shared	1 x 15	1 x 20	1 x 25	Includes Beverage Bay; may be shared with adjacent Unit
Toilet - Staff, (M/F)	wcst-i	Shared	2 x 3	2 x 3	4 x 3	May be shared with adjacent Unit
Sub Total		**109**	**244.5**	**378.5**	**642.5**	
Circulation %		**32**	**32**	**32**	**32**	
Area Total		**145**	**323**	**500**	**848**	

Note 1: Offices to be provided according to the number of approved full-time positions within the Unit

Outpatients Unit - Stand-alone

The following Schedule of Accommodation includes both combined and separate Consult/ Examination Rooms.

Room/ Space	Standard Component Room Codes	This Column is not used	RDL 4 Qty x m²	RDL 5 Qty x m²	RDL 6 Qty x m²	Remarks
Entry / Reception			**6 Rooms**	**12 Rooms**	**18 Rooms**	
Airlock - Entry	airle-6-i airle-10-i		1 x 6	1 x 10	1 x 10	
Reception/ Clerical	recl-10-i recl-15-i recl-20-i		1 x 10	1 x 15	1 x 20	May include space for self-registration of patients
Waiting	wait-10-i wait-15-i wait-25-i		1 x 10	1 x 15	1 x 25	May be divided into Female/ Family areas as applicable Part may be provided as Sub Waiting near Consult rooms
Waiting - Family	wait-10-i wait-15-i wait-25-i		1 x 10	1 x 15	1 x 25	
Play Area	plap-10-i similar		1 x 8	1 x 10	1 x 10	
Bay - Wheelchair Park	bwc-i		1 x 4	1 x 4	1 x 4	May share with Main facility if located close
Bay - Drinking Fountain	bfd-1-i		1 x 1	1 x 1	1 x 1	
Interview Room - Family	intf-i		1 x 12	1 x 12	2 x 12	
Store - Files	stfs-8-i stfs-10-i		1 x 8	1 x 10	1 x 10	For clinical records; optional if electronic records used
Toilet - Accessible	wcac-i		2 x 6	2 x 6	2 x 6	May share with Main facility if located close
Toilet - Public	wcpu-3-i		2 x 3	2 x 3	2 x 3	May share with Main facility if located close
Consult Areas			**6 Rooms**	**12 Rooms**	**18 Rooms**	
Consult/ Exam Room	cons-i		6 x 14	12 x 14	9 x 14	Combined Consult/ Examination Room
Consult - Office	cons-i similar				9 x 14	Separate Consult/ Office and Examination rooms
Examination Room	cons-i similar				7 x 14	Separate Consult/ Office and Examination rooms
Consult/ Exam Room - ENT	cons-ent-i				1 x 14	Provide as per clinical service plan
Consult/ Exam Room - Ophthalmology	cons-opt-i				1 x 14	Provide as per clinical service plan
Interview Room - Family	intf-i		1 x 12	1 x 12	1 x 12	Also for Allied Health use
Meeting Room - Small	meet-9-i		1 x 9	1 x 9	1 x 9	Optional; Interviews, private discussions, team meetings
Vital Signs Room	vsr-i		1 x 8	2 x 8	2 x 8	
Support Areas			**6 Rooms**	**12 Rooms**	**18 Rooms**	
Bay - Handwashing, Type B	bhws-b-i		2 x 1	3 x 1	4 x 1	In corridors and staff work areas
Bay – Linen	blin-i		1 x 2	1 x 2	1 x 2	
Bay - Mobile Equipment	bmeq-4-i		1 x 4	2 x 4	2 x 4	For scales, lifting equipment
Bay - Resuscitation Trolley	bres-i		1 x 1.5	1 x 1.5	1 x 1.5	
Blood Collection Bay	bldc-5-i		1 x 5	1 x 5	2 x 5	Optional; may use a shared facility if located close
Cleaners Room	clrm-6-i		1 x 6	1 x 6	1 x 6	
Clean-up Room	clup-7-i		1 x 7	1 x 7	1 x 7	Optional may use Dirty Utility
Clean Utility	clur-8-i clur-12-i clur-14-i		1 x 8	1 x 12	1 x 14	
Disposal Room	disp-5-i disp-8-i		1 x 5	1 x 8	1 x 8	May combine with Dirty Utility
Dirty Utility	dtur-s-i dtur-10-i dtur-12-i		1 x 8	1 x 10	1 x 12	
Linen Holding - Clean	disp-8-i similar disp-10-i similar		1 x 8	1 x 10	1 x 10	
Linen Holding - Dirty	disp-5-i similar disp-8-i similar		1 x 5	1 x 8	1 x 8	
Loading Dock	lodk-i similar		1 x 15	1 x 15	1 x 20	
Staff Station	sstn-5-i sstn-10-i sstn-14-i		1 x 5	1 x 10	1 x 14	May be provided as small sub stations to a group of rooms
Store - Equipment	steq-10-i steq-14-i		1 x 10	1 x 10	1 x 14	
Store - General	stgn-10-i stgn-14-i		1 x 10	1 x 10	1 x 14	
Toilet - Accessible	wcac-i		2 x 6	2 x 6	2 x 6	
Toilet - Patient	wcpt-i		1 x 4	2 x 4	2 x 4	

Room/ Space	Standard Component Room Codes	This Column is not used	RDL 4 Qty x m²	RDL 5 Qty x m²	RDL 6 Qty x m²	Remarks
Waste Holding/ Recyclables	waco-i similar		1 x 15	1 20	1 x 25	
Treatment/ Procedure Areas			**2 Rooms**	**3 Rooms**	**4 Rooms**	**Optional – Dependent on Service Plan**
Procedure Room	proc-20-i		1 x 20	2 x 20	3 x 20	No of rooms determined by service being delivered; may provide combination of Procedure & Treatment rooms
Treatment Room	trmt-14-i		1 x 14	1 x 14	1 x 14	Optional; number determined by service plan
Patient Bay - Holding/ Recovery	pbtr-h-10-i		5 x 10	8 x 10	10 x 10	2 Beds per Procedure room + holding beds; Separate M/F as required. May be shared with Urgent Care for RDL 2/3
Bay Handwashing	bhws-a-i		1 x 1	2 x 1	2 x 1	refer to Part D
Bay - Linen	blin-i		1 x 2	1 x 2	1 x 2	
Bay - Resuscitation Trolley	bres-i		1 x 1.5	1 x 1.5	1 x 1.5	may be shared with Consulting area if located conveniently
Clean Utility	clur-8-i clur-12-i			1 x 8	1 x 12	
Dirty Utility	dtur-s-i dtur-10-i		1 x 8	1 x 8	1 x 10	Optional may share with Consulting Area if located close
Plaster Room	plst-14-i			1 14	1 14	Optional, for fracture clinic or hand clinic
Staff Station	sstn-5-i sstn-10-i			1 x 5	1 x 10	
Staff Station/ Clean Utility	sscu-i		1 x 9			Suitable for small procedures areas
Toilet - Accessible, Patient	wcac-i		2 x 6	2 x 6	2 x 6	
Sample Collection Area (Optional)						
Blood Collection Bay	bldc-5-i		2 x 5	3 x 5	4 x 5	Number to be provided as per the service plan
Blood Collection Work Area	bldcw-i		1 x 12	1 x 12	1 x 12	
Toilet - Patient	wcpt-i				2 x 4	
Toilet - Accessible	wcac-i		2 x 6	2 x 6	1 x 6	
Staff Areas						
Office - Single Person, 12m2	off-s12-i		1 x 12	1 x 12	1 x 12	Service Director; Note 1
Office - Single Person	off-s9-i		1 x 9	1 x 9	1 x 9	Manager; Note 1
Office - 2 Person, Shared	off-2p-i		1 x 12	1 x 12	1 x 12	Note 1
Property Bay - Staff	prop-2-i		1 x 2	2 x 2	2 x 2	
Staff Room	srm-15-i srm-20-i srm-25-i		1 x 15	1 x 20	1 x 25	Includes Beverage Bay; may be shared with adjacent Unit
Toilet - Staff, (M/F)	wcst-i		2 x 3	2 x 3	4 x 3	May be shared with adjacent Unit
Sub Total			**467**	**677**	**1029**	
Circulation %			**32**	**32**	**32**	
Area Total			**616**	**894**	**1358**	

Note 1: Offices to be provided according to the number of approved full-time positions within the Unit

The following notes apply to all above Schedules of Accommodation:

- Areas noted in Schedules of Accommodation take precedence over all other areas noted in the FPU.
- Rooms indicated in the schedule reflect the typical arrangement according to the Role Delineation.
- Exact requirements for room quantities and sizes will reflect Key Planning Units identified in the Service Plan and the Operational Policies of the Unit.
- Room sizes indicated should be viewed as a minimum requirement; variations are acceptable to reflect the needs of individual Unit.
- Office areas are to be provided according to the Unit role delineation and number of endorsed full-time positions in the unit.
- Staff and support rooms may be shared between Functional Planning Units dependent on location and accessibility to each unit and may provide scope to

reduce duplication of facilities.

8 Future Trends

Aging populations and increasing chronic diseases are projected to lead to more frequent patient visits to outpatient/ ambulatory care facilities.

Advances in technology will continue to enable non-invasive procedures and treatments to deliver effective healthcare into more outpatient/ ambulatory settings.

Integration of wellness programs into outpatient/ ambulatory care settings to align disease prevention, research and education with site based clinical specialties.

Outpatients/ ambulatory care centres are expected to become super specialised and benefit from grouping of medical specialties to allow patients to source all services from one ambulatory model, maximizing capital expenses and extending efficiencies.

Telehealth services will offer access to medical expertise that may be unavailable locally. Remote area monitoring and communication conducted through interactive video telemedicine and teleconferencing services may lead to reduced outpatient attendances while promoting preventative medical information.

Contemporary and improved healthcare facility designs encourage patient independence with simple layouts, clear uncomplicated routes, visual cues, check-in centres and effective signage.

9 Further Reading

- American Institute of Architects, John Barker AIA, MCARB, Ed Pocock AIA, & Charles Huber, Hobbs & Black Associates Inc. 'The Future of Ambulatory Care' refer to website: http://www.aia.org/practicing/groups/kc/AIAB086508
- Australasian Health Facility Guidelines, Australasian Health Infrastructure Alliance, HPU B.0155 Ambulatory Care Unit (2020) https://healthfacilityguidelines.com.au/health-planning-units
- Guidelines for Design and Construction of Health Care Facilities, The Facilities Guidelines Institute, 2022; refer to website www.fgiguidelines.org
- Gov.UK Department of Health (DH) Out-patient care Health Building Note 12-01: Consulting, examination and treatment facilities (2008); refer to website https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/142892/HBN_12-01_SuppA_DSSA.pdf
- Gov.UK Department of Health (DH) Primary and community care Health Building Note 11-01: Facilities for primary and community care services (2013), refer to website: https://www.england.nhs.uk/mids-east/wp-content/uploads/sites/7/2014/07/health-build-pc.pdf