

Appendix 3A: Clinical Specification

BC Cancer Agency – Centre for the North

Prince George Regional Hospital
Clinical Specification



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3.1.0 INTRODUCTION

VISION AND GUIDING PRINCIPLES - CENTRE FOR THE NORTH

The best patient care requires attention to both ‘tangible’ factors – the best care through application of current knowledge through evidence-based practice, and “intangible” factors that contribute to a healing environment, such as family involvement in patient treatment and the integration of amenities, including green space and quiet areas, in health care facilities. The following vision and guiding principles for the Project (the “Project Vision and Guiding Principles”) developed by the Health Authorities for the Centre for the North incorporate these and other factors.

Project Vision

Together we will create an innovative environment that inspires caring and the pursuit of knowledge and excellence

Over Arching Principle

Develop and maintain a healing and aesthetically pleasing environment that is designed for a Northern context and is responsive to diversity

Guiding Principles

Attain or exceed cancer control outcomes achievable through best practice within BC.

Build and promote partnerships that improve effectiveness and efficiency

Develop and apply integrated resources designed for a Northern context to enable:

Seamless and sustainable care and support for patients and families;

Effective exchange of information;

Sharing of technology and services; and

The ongoing learning and the development of new knowledge

Design care processes appropriate to a Northern context that optimize patient, client and family satisfaction

Foster a safe, comfortable and productive work environment that promotes provider recruitment, retention and satisfaction

Use technologies as a tool to improve access across a large geographic region, cost effectiveness, integration of services, and health outcomes

Maintain the individual identities of each of the Health Authorities and agencies while seeking opportunities to collaborate, share resources and provide seamless services

Maximize cost effectiveness and the use of available resources

Create a flexible and adaptable design to accommodate future structures, processes, care delivery systems and technological needs

Minimize impact on the natural and physical environment

Seek to understand and incorporate the needs of aboriginal people in the design of the Centre for the North.

Maintain alignment with the vision and mission of each of the partnered Health Authorities and agencies.

Document Organization

Working Paper 3: Clinical Specification presents a summary of the role and scope for the BCCA – Centre for the North and the individual component write ups for each functional component.

Included within each of the component write ups are:

- Scope of Services
- Specific Exclusions
- Key Design Requirements
- Adjacency Requirements
- Key Performance Requirements
- Workload
- Staffing
- Space Requirements

Centre for the North

Scope of Services

The BCCA – Centre for the North will consist of the following scope of outpatient cancer treatment facility

3.1.1 Radiation Therapy	<u># of Spaces</u>
Linear Accelerators	2
CT Simulator	1
Total	3

3.1.2 Systemic Treatment	<u># of Spaces</u>
Treatment Chairs	8
Treatment Beds	2
Isolation Room	1
Total	11

3.1.3 General Clinics	<u># of Spaces</u>
Exam Rooms	8
Exam Room (Stretcher)	3
ENT Exam Room	1
Procedure Room	1
Total	13

Education

The Centre for the North will provide educational resources and opportunities for staff and students associated with various teaching programs and professional involved in health programs. Links with other facilities will be development as deemed appropriate.

Research

Opportunities for medical, nursing, and allied health research such as clinical trials, clinical evaluations and health outcomes will be an important component of the Centre for the North and will also serve to attract and retain staff.

Regional Responsibilities

The Centre for the North will have significant regional BCCA cancer control coordination/facilitation responsibilities and as such will require flexible workstation space to accommodate employees who may travel to the centre on occasion but have offices elsewhere in the north or in the province

Component Adjacency Diagram

Component Number	Component Name	Radiation Therapy	Systemic Treatment Unit	General Clinics	Pharmacy	Clinical Trials	Cancer Rehabilitation	Population Oncology	Health Information Services	Professional Offices	Administration	Prevention	Volunteer Services	BC Cancer Foundation	Staff Facilities	Conference Facilities	Main Entrance
Clinical																	
3.1.1	Radiation Therapy		◇	■	-	-	-	-	◇	◇	-	-	◇	-	◇	-	◇
3.1.2	Systemic Treatment Unit			◇	■	◇	-	-	◇	◇	-	-	◇	-	◇	-	◇
3.1.3	General Clinics				◇	◇	-	-	◇	◇	-	-	◇	-	◇	-	◇
Clinical Support Area																	
3.1.4	Pharmacy					◇	-	-	◇	-	-	-	-	-	◇	-	-
3.1.5	Clinical Trials						-	-	◇	-	-	-	-	-	◇	-	-
3.1.6	Cancer Rehabilitation							-	-	-	-	-	-	-	◇	-	◇
3.1.10	Population Oncology								-	-	-	-	-	-	◇	-	◇
3.1.9	Health Information Services									◇	◇	-	-	-	◇	-	-
Non Clinical Areas																	
3.1.7	Professional Offices										■	-	-	-	-	■	-
3.1.8	Administration											-	-	-	-	■	-
3.1.11	Prevention												-	-	◇	-	-
3.1.12	Volunteer Services													-	-	-	■
3.1.13	BC Cancer Foundation														-	-	■
3.1.14	Staff Facilities																-
3.1.15	Conference Facilities																-
3.1.16	Building Support																

Read table horizontally for relevant adjacencies

- Component should be adjacent
- ◇ Distance between components should be convenient
- Adjacency not important



Summary Charts

The following pages present Workload, Staffing, and Building Space Summary Charts. Details on each of the areas are presented with the individual component write-ups.

Workloads

3.1.1 RADIATION THERAPY							
		2012	2013	2014	2015	2016	2017
Incidence		1456	1493	1534	1573	1611	1652
Referred Cases							
	Factors						
Patient Consultations (1.1:1 of Courses)	1.1	798	833	871	908	944	981
Follow-up Visits (4 per consult)	4	2900	3331	3485	3630	3775	3925
Pt. Review Visits (Fractions/4.1)	4.1	3183	3370	3574	3773	3976	4188
Courses		725	757	792	825	858	892
Fractions per course		17.9	18.0	18.1	18.2	18.3	18.4
Fractions required		12978	13626	14335	15015	15701	16400
Plans Generated (89% Course)	0.89	645	674	705	734	764	794
Simulator Visits (1.5/Course)	1.5	1088	1136	1188	1238	1287	1338
Machine Required (excludes Replacement):							
8-hour day (# fractions/year/patients/day)	7200	1.8	1.9	2.0	2.1	2.3	2.4

Assumptions

3.6patients/hour receive treatment

Number of days/year - **250**

3.1.2 SYSTEMIC THERAPY							
		2012	2013	2014	2015	2016	2017
Incidence		1456	1493	1534	1573	1611	1652
Referred Cases @	75%	1092	1120	1151	1180	1208	1239
	Factors						
New Patient Consultations	50%	546	560	575	590	604	620
Systemic Treatment (13/NPC)	13	7098	7278	7478	7668	7854	8054
Total number of Treatments		7644	7838	8054	8258	8458	8673
# of Treatment chairs Required (excludes 2 stretcher treatment areas):							
8-hour day (each treatment chair can see 2.5 patients/day)	4	8	8	8	8	8	9

Assumptions:

Number of days/ year - 250

each treatment chair can see 2.5 patients/day

3.1.3 GENERAL CLINICS							
		2012	2013	2014	2015	2016	2017
Incidence		1456	1493	1534	1573	1611	1652
Referred Cases @	75%	1092	1120	1151	1180	1208	1239
Systemic Treatment	Factors						
New Patient Consultations	50%	546	560	575	590	604	620
On-treatment assessment							
Follow up	13	7098	7278	7478	7668	7854	8054
Sub total		7644	7838	8054	8258	8458	8673
		5.1	5	5	6	6	6
Radiation Therapy							
Patient Consultations (1.1: 1 of Courses)	1.1	798	833	871	908	944	981
Follow-up Visits (4 per consult)	4	2900	3331	3485	3630	3775	3925
Pt. Review Visits (Fractions/4.1)	4.1	3183	3370	3574	3773	3946	4188
Sub Total		7606	8291	8722	9136	9523	9986
		5	6	6	6	6	8
Symptom and Pain Management							
New Patient Consultations		260	268	275	284	292	301
Follow up		374	406	418	431	443	456
Sub Total		634	674	693	715	735	757
These clinics can be run at same time as an RT or STU clinic		1	1	1	1	1	1
Total number of visits		15884	16803	17469	18109	18716	19416
# of exam rooms Required (excludes 2 procedure areas):							
number of exam rooms		3	7	8	8	8	9

Assumptions:

Number of days/ year - 250 250
each exam room can see 3 patients/ half day clinic

number of patients/day/exam room 6

3.1.4 PHARMACY							
		2012	2013	2014	2015	2016	2017
Incidence		1456	1493	1534	1573	1611	1652
Referred Cases @	75%	1092	1120	1151	1180	1208	1239
	Factors						
New Patient Consultations	50%	546	560	575	590	604	620
Systemic Treatment (13/NPC)	13	7098	7278	7478	7668	7854	8054
Total number of Treatments		7644	7838	8054	8258	8458	8673
Prescriptions							
IV Medications		7072	7263	7472	7675	7866	8081
Oral Medications		5432	5579	5740	5896	6043	6207
Total		12504	12842	13212	13571	13909	14288

Staff Summary

Component	Projected	Projected
	2012 Headcount	2012 FTE
Radiation Therapy	32	32.00
Systemic Treatment	7	7.00
General Clinics	18	13.50
Pharmacy	12	9.60
Clinical Trials	8	5.60
Cancer Rehabilitation	9	7.00
Professional Offices	14	14.00
Administrative Offices	10	10.00
Health Records	11	9.3
Population Oncology	3	3.00
Prevention	12	12.00
Foundation	2	2.00
Volunteer	1	1.00
Total	139	126

Space Requirements

Component Summary					
Rm Code	Space	Area Requirements			Remarks
		NSM		CGSM	
	Clinical				
	Radiation Therapy	649.5		985	
	Systemic Treatment Unit	265.0		390	
	General Clinics	460		651	
	Clinical Support Area				
	Pharmacy	150.5		213	
	Clinical Trials	54.0		69	
	Cancer Rehabilitation	162.5		210	
	Population Oncology	23.5		31	
	Health Information Services	129.5		170	
	Non Clinical Areas				
	Professional Offices	135		177	
	Administration	154		201	
	Prevention	41.0		54	
	Volunteer Services	25.5		34	
	BC Cancer Foundation	29.0		39	
	Resource Centre	15.0		20	
	Staff Facilities	95.0		124	
	Conference Facilities	120.0		156	(shared between all departments) tele-health capabilities)
	Building Support	145.0		191	includes Public spaces and IT requirements
	TOTAL	2654	CGSM =	3715	

DEFINITIONS:

Net Square Metres (NSM) – the actual occupiable area of each room or space as measured to the interior finished surfaces of all walls, partitions, or mechanical enclosures.

Component Gross Square Metres (CGSM) – that portion of a building assigned to a specific component (a cohesive grouping of activities or spaces related by service or physical arrangement), including net areas, internal circulation, partitions, building structure and small mechanical shafts/areas as measured from the inside fact of exterior walls and to the centre line of partitions adjoining other components or general circulation space.

3.1.1 RADIATION THERAPY (RT)

Scope of Services

Hours of Operation

RT's hours will be 8 hour days, 5 days a week.

The Radiation Therapy modules are responsible for assessing, planning, treating patients, administration and support functions (i.e., managing and organizing staff, equipment and work processes).

The modules are:

Assessment Module (see section 3.1.3 – General Clinics)

Treatment Planning Module

Radiation Treatment Module

The service functions and activities within each module can be categorized as follows:

Assessment Module

- Consultants in the General Clinic area will determine where radiation therapy is an appropriate choice for the patient. If radiation therapy is chosen, patients will be scheduled for a radiation therapy planning session in treatment planning.
- Post treatment patients will have follow-up appointments scheduled in the General Clinics.
- Patient will generally be seen once per week during a course of RT. This is call “On Treatment” review and will be done in the general clinic area.

Treatment Planning Module

- The planning session results in the establishment of a treatment plan which describes the method of treatment, including number of treatment sessions, fields required, etc. for the “course”. The main objective of treatment planning is to facilitate the accurate delivery of a predetermined dose of radiation to a prescribed target volume. Detailed planning for dose delivery is accomplished through computer calculations and simulations, preparation of immobilization devices, design, and manufacture of radiation compensators and the use of CT Simulators. Under the direction of medical physicists, the technical staff utilizes measured dosimetry data to devise a custom radiation treatment plan for each patient. Treatment planning is responsible for monitoring radiation sources to provide data needed for radiation therapy and for ongoing quality assurance and control of radiation sources.
- In addition, treatment planning monitors and ensures radiation safety for all staff and patients within the BC Cancer Agency - Centre for the North. This includes quality assurance on all treatment delivery, simulation, planning and equipment. The planning module is licensed with provincial and federal agencies to deliver radiation therapy in accordance to all standard and safety requirements.
- Treatment planning is also responsible for systems development, technical services and administration. Medical physics shall provide staff and facility resources for the design and construction of treatment planning programs (software systems), and the design of treatment apparatus.

Radiation Therapy Treatment Module

- The resources that form this module include all aspects of radiation therapy treatment and on-treatment review. In addition, there is an administration/support function.
- Once the extent and type of cancer has been determined, Oncologists and other specialists will recommend a treatment plan.
- The primary form of treatment involves the use of external beams of high-energy photons or electrons on the cancer site, commonly referred to as external beam radiation therapy. Associated with the radiation treatment itself is the ongoing medical care and management of the patient during the course of therapy as well as the complex treatment planning required before therapy is initiated.
- Once the treatment plan is established, the patient is scheduled for a series of treatments. The “fractionation” of the course of treatment can require up to 6 weeks or possibly longer. Usually 5 treatments per week are administered. Multiple fractions (multiple daily treatments of hyper-fractionation) will increase in the future.

Education

- This component shall provide radiation therapy clinical teaching for Radiation Therapy students, medical students and residents and physicists’ education programs at the BC Cancer Agency - Centre for the North. The program is critical to maintaining a supply of oncology health care professionals for cancer centres in British Columbia.
- In addition, treatment planning will be involved with in-service training for treatment planning, and selected components for radiation therapist training and may be involved in the training of medical physicists at the university level. Programs will involve in-service training modules.

Research

- Any clinical or basic research activities undertaken in any of the modules will be accommodated within service areas and may be linked to research and resources at BCCRC.
- In the future, it can be anticipated that all professional staff will pursue research grants for research related to all aspects of radiation therapy/oncology planning, delivery and care.
- Radiation therapy/oncology will have an enhanced involvement in clinical trials through affiliations with a radiation therapy clinical trials group. This will entail provision of sufficient clinical trials resources.

Specific Exclusions

- Machine shop has been excluded and services may be provided by other cancer centers as required.
- Appliance fabrication (Mould Room) space has been excluded. Individual appliances, tailor made for a specific patient, will be constructed in other areas, e.g. the CT Simulator. A small non-patient work area will still be required.
- A Cerrobend block/cut-out pouring room is excluded as these will be manufactured in other centres. A small work area is required to make minor adjustments.
- Vancouver shall continue to provide some technical and personnel support to RT for machine repair and maintenance.
- On-treatment appointments will be scheduled in the General Clinic area.
- Maintenance/repair services could be contracted from NHA or other service providers. Inventory for frequently required parts shall be carried on site.
- Facility Code Blue calls are responded to and lead by Prince George Regional Hospital.

Key Design Requirements

Spatial Requirements

- RT patient complexity will increase overtime. This will increase the length of stay, staff time spent with the patient, and services provided. Complexity of patient cases will also increase fractionation and hyper-fractionation of courses and an increase in the number of fields as conformal therapy/IMRT will become a more common practice. These indicators will affect the number of patients that can be seen and treated in RT. The RT component shall be designed to allow for future expansion. Planning shall allow for expansion of the Treatment Planning area before others areas because as volumes increase more treatment plans will need to be generated requiring an increase in work space.
- Increased use of multi-modality treatment (chemo and radiotherapy) for patients increases the complexity of treatment and effects length of stay, and required attention for staff. This will have implications on the number of patients to be seen in a day as well as waiting times within the unit. Adequate stretcher holding space is required and must be adjacent to the on-treatment assessment area.
- Multi-purpose procedure rooms for hydration, infusion, paracentesis and other medical day care procedures will be located in the General Clinics and shared with RT.
- There is insufficient workload for dedicated on-site space for manufacturing of blocks and electron cut-out devices. These services will be provided from other BC Cancer Agency Centers. A workspace for making on-site adjustments (e.g. filing etc) will be provided.
- A dedicated work area properly equipped for itinerant technicians on a STAT and regular basis is needed and should be integrated into the physics or electronic work room. Additional spare parts storage will be required.
- RT will be planned to accommodate hardcopy health records until the transition to a fully computerized system is complete.
- Physicians, allied health providers, consultants, etc., will have access to touchdown workstations throughout the RT.
- There will be sufficient workload to include Brachytherapy (>50 cases /year of prostate cancer Brachytherapy) by 2018. The requirements for Brachytherapy include access to the PGRH OR and PARR for insertion of applicators and prostate seed implants. 3.1.1.10 Equipment Room shall be large enough to accommodate the brachytherapy equipment, but be used as the Equipment Room until workloads require an HDR unit be installed. After that time, the HDR shall occupy the original Equipment Room space, and 3.1.1.21 Physics Laboratory Room can be converted by the Authority for use as the Equipment Room. Additional space to support the brachytherapy program will be required, namely a room for radioactive source storage and a clean utility/seed room in which to store and prepare applicators etc. 3.1.1.16 Physicist Assistant Work Area can be converted by the Authority to HDR support.
- **FUTURE:** The probable work flows for brachytherapy are as follows;
 - **Insertion of applicators –**
 - Patient “admitted” to PGRH
 - Applicators inserted in PGRH Operating Room (OR)

- Patient recovered in PGRH Post Anaesthetic Recovery room (PAR) until safe to transfer to Radiation Therapy
 - Patient Transferred to “Stretcher Holding Area” in Radiation Therapy
 - CT performed for planning purposes in the CT Simulator (or other imaging as required dependant on technology changes)
 - Patient waits in the holding area until planning complete
 - Receives treatment on the HDR brachytherapy unit
 - Returns to holding area
 - Receives light conscious sedation
 - Applicators removed
 - Patient remains in ‘Stretcher Holding Area’ until ready to return home
- **Prostate Seed Implants”**
- the entire admission, procedure and recovery would be performed in the PGRH OR and PAR

Environment Requirements

Privacy

- Ensure that noise transference is kept to a minimum and that adjacent spaces are sound attenuated and/or visually screened to achieve the required degree of privacy. This applies especially to staff workspaces, care stations, physician dictation areas, staff phones and computer monitors (protected from patient view). Refer to Output Specification for requirements on sound attenuation (See Appendix 3D [Sound Transmission Ratings]).
- There is a need to consider patient information privacy. There shall be a location for private conversations separated from the main reception desk.
- Acoustical consideration shall be given to reduce the noise levels. All exam rooms and meeting rooms will meet the requirements of Appendix 3D [Sound Transmission Ratings].
- Computer monitors shall be placed to limit visual exposure to patient and public areas, to protect confidential patient information.

Aesthetics

- Facilities for patients and families shall present a calm and reassuring, yet professional environment. Create an environment conducive to patient relaxation; comfortable, non-technical, possibly with music and/or television as a diversion (particularly in waiting areas).
- The colors within the area shall be designed to provide a comfortable environment for staff and patients.
- The design shall reflect the architectural vernacular of the Prince George Region and be responsive to the First Nations' population.
- Material selection shall be highly durable, cleanable, aesthetically pleasing and meet infection control standards.

Flexibility

- As much as possible, like patient treatment spaces will be designed and equipped identically.

Supervision of Patients

- Visual supervision is needed from the nursing station and work alcoves of all patients on the unit.
- Staff will be in continual visual and verbal contact with patients during Radiation Therapy from the control room.

Lighting

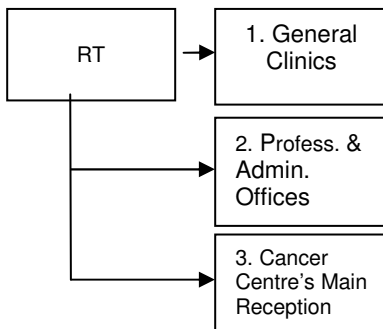
- Adequate lighting in nursing stations, team rooms, clinical areas for performing detailed tasks, etc. will be provided.
- Wherever possible daylight shall be brought in. Control of sunlight shall be addressed to limit glare and heat gain, while providing privacy.

Adjacency Requirements

Generous and direct circulation systems in all patient areas will be provided to allow for the efficient movement of both ambulatory and wheelchair/stretchers patients. A portering system will be used when required to transfer patients on stretchers/wheelchairs, etc. to Diagnostic Imaging and patient care units if required. The portering service will be provided by PGRH staff.

Routine high-volume procedure areas will be located closest to the scheduled patient entry/reception point and administrative, staff facilities, and clinical support areas will be located in back of house.

External Adjacencies



1. Provide direct access by dedicated circulation to the General Clinics because on-treatment assessments will be done in the General Clinics.
2. Provide direct access by general circulation to the Professional and Administrative offices for ease of clinician movement.
3. Provide direct access by general circulation to the Cancer Centre's Main Reception area for ease of way-finding (see section 3.1.15).

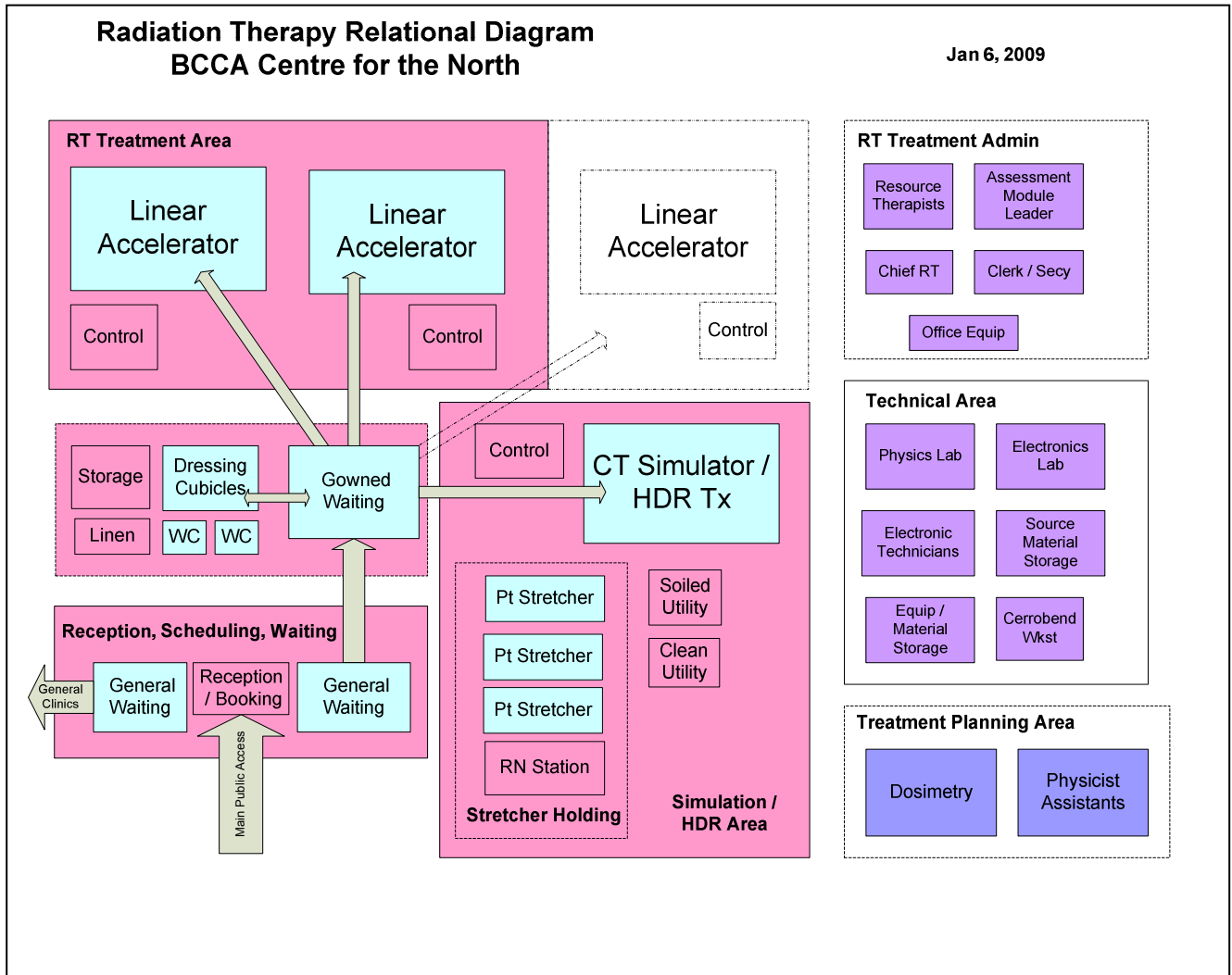
Centre for the North

Internal Adjacencies

Zoning and Workflow

RT shall be organized in the following zones.

Internal Adjacencies Diagram



1. Reception, Scheduling and Waiting

- The majority of patients will access RT via the BC Cancer Agency – Centre for the North clinic entry
- New patients will report to RT reception desk for assistance where all patient information is verified.
- This area also provides a central scheduling and booking function for Radiation therapy patients. All Radiation therapy appointments are scheduled through the RT reception/registration/booking desk
- Patients and visitors will be directed to wait in a central waiting area close to reception until they are called for their appointment. Nursing, clerical staff or volunteers will escort the patient and family to the treatment or treatment planning area.

2. Treatment Planning

- The planning system displays images from the CT simulator, allowing the proposed beams to be adjusted and displayed on these images, in addition to the calculation and display of the resulting dose distribution. The planning system also enables the calculation of the machine settings required to achieve the specified distribution.

3. Simulation Area

- Patients enter the simulation area and are directed to the change facilities.
- Patients receive education regarding planning and treatment processes.
- Patients who require an IV started for the infusion of contrast media will be escorted to a procedure room, or the “stretcher holding area”, in close proximity to the CT Simulator. The nurse will start an IV as required.
- Patients are then escorted to the simulator suite by a radiation therapist.
- Individual immobilisation devices, made from thermoplastic material or “vac-loc” bags, may be manufactured in the CT Simulator room. These devices ensure the patient maintains in the same position during each treatment and the beam is directed at the target area.
- The radiation therapist positions the patient on the CT table as appropriate.
- The radiation therapist returns to the control area adjacent to the simulator room where they can directly view the patient.
- The simulator room has an associated control room. Digital images of the patient will be taken during simulation and images will be viewed on high resolution monitors, stored on a fast access digital system and made available for viewing throughout all areas within the modules.
- Once the planning session is complete, the patient changes and returns to the reception area to make further appointments if necessary.

4. Radiation Therapy Treatment

- Patients are escorted to the treatment units by a radiation therapist who positions the patient using the immobilization device on a treatment couch.

- The therapist returns to the control area outside the treatment room to administer the treatment. Each treatment room has an associated control room.
- Patient viewing cameras, treatment delivery computers and intercom allow the radiation therapist to monitor and communicate with the patient during treatment when the patient is alone in the room.

5. On-Treatment Assessment Care

- All On-Treatment Assessment will be done in the General Clinics, which will be located directly adjacent to RT.
- Patients are assessed weekly by a radiation oncologist throughout the course of their treatment. They may also see a nurse or other disciplines for the following:
 - Education
 - Support
 - Dressing changes
 - Medication delivery
- Following radiation therapy treatment, the majority of patients will change back into street clothes and leave the department. Other patients will be transferred back to the inpatient unit in PGRH or wait for an Ambulance transfer back to a care facility.

6. Staff Support

- This area provides work space for staff.

Key Performance Requirements

The following list includes, but is not limited to the key performance requirements for RT:

Technology and Infrastructure Requirements

- Infrastructure, including IT services shall meet the requirements of a 100% of CT based planning, resulting in an increased amount of information for planning and an increase in time required for 3-dimensional treatment planning. RT shall have the capability for long-term future addition of new technologies (e.g., Intensity Modulated Radiation Therapy (IMRT), image guided RT, etc). With the use of Dynamic Documentation (Electronic Charting) each workstation shall have the capability of dual monitors, workspace, and keyboard. The BC Cancer Agency – Centre for the North clinic will have a combination of wireless with PDAs and wired capability Introduction of more computing capacity RT has specific IT service and equipment requirements including dedicated print server.
- RT will be planned for eventual full computerization of information (including bedside computers or hand-held devices) in support of electronic nurse documentation, order issue, patient registration, etc. RT will require access to new patients electronic chart initiation from Health Records.
- Electronic management of information is anticipated using a combination of desktop computers, laptops, PDAs and potentially other equipment. Clinical equipment will require access to network ports so that patient information can be downloaded directly into the electronic patient record. Networked data ports shall be provided in staff work areas as well as at the patient treatment areas.

- A Picture Archiving Communication System (PACS) will provide electronic access to diagnostic images; diagnostic quality monitors are required in the RT in addition to regular monitors.
- A communication system that provides a direct communication link between RT and the external switchboard/call centre, security, police, ambulance service, and other staff.
- RT shall require a dedicated server room with 2 servers; 1 print, and 1 application (see section 3.1.15)
- The facility is expected to have both wireless and LAN systems for maximum flexibility and dependability as well as VOIP telecommunications.
- IT technical services provide the support and resources to maintain the above activities and the research commitments of treatment planning staff, in addition to services in Cancer Centre areas.

Workload

3.1.1 RADIATION THERAPY							
		2012	2013	2014	2015	2016	2017
Incidence		1456	1493	1534	1573	1611	1652
Referred Cases							
	Factors						
Patient Consultations (1.1:1 of Courses)	1.1	798	833	871	908	944	981
Follow-up Visits (4 per consult)	4	2900	3331	3485	3630	3775	3925
Pt. Review Visits (Fractions/4.1)	4.1	3183	3370	3574	3773	3976	4188
Courses		725	757	792	825	858	892
Fractions per course		17.9	18.0	18.1	18.2	18.3	18.4
Fractions required		12978	13626	14335	15015	15701	16400
Plans Generated (89% Course)	0.89	645	674	705	734	764	794
Simulator Visits (1.1/Course)	1.1	798	833	871	908	944	981
Machine Required (excludes Replacement):							
8-hour day (# fractions/year/patients/day)	7200	1.8	1.9	2.0	2.1	2.3	2.4

Assumptions

3.6 patients/hour receive treatment
Number of days/year - **250**

Staffing

Position/Classification	Projected
	2012 FTE
Director of Clinical Operations	1.00
Planning module leader	1.00
Treatment Module Leader/Chief RT	1.00
Assessment module leader	1.00
Resource RT	2.00
Treatment RT	8.00
Planning RT's	4.00
Clerical (1 unit clerk, 1 clerk, 1 RT Booking)	3.00
Physicists	2.00
RTST/Physics assistant (QA & Electronics)	2.00
RN's	3.00
LPN's	2.00
Program Secretary (in RT)	1.00
Move to Prof staff office area	
Care Aides	2.00
Total	34.00
RT Oncologist	3.00

Assumptions:

2012 - 2 accelerators, 1 CT simulator, 725 courses, 13,050 fractions

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

Functional Areas	Patients	Staff	Visitors	Others	Total
Treatment Planning	0	10.-15	0	1.-2	11.-17
Technical Area	0	2.-5	0	1.-2	3.-7
Simulation Areas	2.-3	2.-4	2.-3	1.-2	7.-12
Radiation Therapy Area	12	8.-10	6.-8	1.-2	27.-32
RT Admin	0	9.-10	0	0	9.-10

Space Requirements

Radiation Therapy Module							
Rm Code	Space	Area Requirements					Remarks
		Units	NSM /unit	NSM	Planning Factor	CGSM	
	Reception, Scheduling and Waiting						
3.1.1.1	Reception/Booking	1	10.0	10.0	1.5	15	
3.1.1.2	Patient/Family Waiting Area	1	24.0	24.0	1.5	36	
3.1.1.3	Coat Closet	1	3.0	3.0	1.3	4	
	Sub-Total			37.0		55	
	Radiation Therapy Treatment Area						
3.1.1.4	Control Work Area	2	18.0	36.0	1.45	52	
3.1.1.5	Dual Energy Linear Accelerators	2	87.0	174.0	1.8	313	
3.1.1.6	Patient/Family Waiting Area	1	30.0	30.0	1.3	39	This area is for 25 people. Patients will be gowned in this area. Need to have filtered drinking water dispensed in this area
3.1.1.7	Dressing Cubicle, Patient	4	1.5	6.0	1.3	8	
3.1.1.8	Washroom, Patient, Wheelchair Type	2	4.5	9.0	1.3	12	
3.1.1.8a	Cubicle Change Assisted	1	4.5	4.5	1.3	6	
3.1.1.9	Linen Alcove	1	2.0	2.0	1.3	3	Shared with CT Simulation
3.1.1.10	Storage, Equipment (Future Brachytherapy)	1	20.0	20.0	1.3	26	a) Provide shielding to meet national standards for Brachytherapy (HDR), with the exception of a lead-lined door and frame b) room to be sized to accommodate future Brachytherapy (HDR).
3.1.1.11	Washroom, Staff	2	2.5	5.0	1.3	7	
	Sub-Total			286.5		466	
	RT Admin Area						
3.1.1.12	Office, Assessment Module Leader	1	9.5	9.5	1.3	12	Located on the first floor
3.1.1.12a	Office Treatment Module Leader/Chief RT	1	9.5	9.5	1.3	12	
3.1.1.13	Workstation, Clerk/Secretary	1	6.0	6.0	1.3	8	Located on the first floor
3.1.1.14	Work Area, Resource Therapists	1	18.0	18.0	1.3	23	3 workstations Located on the first floor
3.1.1.15	Office Equipment Room	1	7.0	7.0	1.3	9	Located on the first floor
	Sub-Total			50		64	

Treatment Planning Module							
Rm Code	Space	Area Requirements					Remarks
		Units	NSM /unit	NSM	Planning Factor	CGSM	
	Treatment Planning						
3.1.1.16	Work Area, Physicist assistant (Future Brachy Control)	1	10.0	10.0	1.3	13	Located on the second floor – next to Physics Labs
3.1.1.17	Dosimetry Laboratory	1	35.0	35.0	1.5	53	Located on the second floor -workstations for 6 people
3.1.1.18	Staff Washroom	1	2.5	2.5	1.3	3	
	Sub-Total			47.5		69	
	Technical Area						
3.1.1.19	Work Area, Electronic Technicians	1	15.0	15.0	1.5	23	Located on the first floor
3.1.1.20	Electronics laboratory	1	20.0	20.0	1.5	30	Located on the first floor
3.1.1.24	Cerrobend Workspace	1	7.5	7.5	1.5	11	Must have proper ventilation
3.1.1.21	Physics laboratory (Future Equipment Storage)	1	20.0	20.0	1.5	30	Located on the second floor
3.1.1.22	Storage, Equipment/Material	1	15.0	15.0	1.3	20	Located on the first floor
3.1.1.22a	Storage Radioactive sources	1	9.0	9.0	1.3	12	Required once HDR installed
	Sub-Total			86.5		126	
	Simulation Area						
3.1.1.25	Stretcher Storage Area	1	2.5	2.5	1.3	3	
3.1.1.26	Control Room	1	14.0	14.0	1.5	21	
3.1.1.27	Patient Stretcher Holding – Including Nursing Station	1	20.0	20.0	1.5	30	This area is to have med gases and other services required for recovering a patient after a procedure. It will also hold 3 stretcher bays and a small nurse station
3.1.1.28	CT Simulation Room	1	55.0	55.0	1.5	82	
3.1.1.29	Dressing Cubicle, Patient Assisted	1	2.5	2.5	1.3	4	
3.1.1.30	Washroom, Patient, Wheelchair Type	2	4.5	9.0	1.3	12	
3.1.1.31	Soiled Utility Room	1	8.0	8.0	1.3	11	
3.1.1.32	Clean Utility	1	10.0	10.0	1.3	13	
3.1.1.33	Storage, Immobilization shells	1	11	11	1.3	14	
3.1.1.34	Seed Room	1	10	10	1.5	15	
	Sub-Total			142		202	
			NSM	649.5		985	

DEFINITIONS:

Net Square Metres (NSM) – the actual occupiable area of each room or space as measured to the interior finished surfaces of all walls, partitions, or mechanical enclosures.

Component Gross Square Metres (CGSM) – that portion of a building assigned to a specific component (a cohesive grouping of activities or spaces related by service or physical arrangement), including net areas, internal circulation, partitions, building structure and small mechanical shafts/areas as measured from the inside face of exterior walls and to the centre line of partitions adjoining other components or general circulation space.

3.1.2 SYSTEMIC TREATMENT UNIT (STU)

Scope of Services

Hours of Operation

STU's hours will be 8 hour days, 5 days a week.

Description:

Pre-Chemotherapy Treatment

Before chemotherapy treatment, patients will be examined by their Oncologist in the General Clinic. Most patients will have lab work completed the day before or the morning of their clinic visit. At the clinic visit, the Oncologist will review lab work and enter a chemo order to the Pharmacy. A chemotherapy treatment appointment is scheduled for the next day, through the STU scheduling/booking desk.

Treatment Delivery

The STU treatment area shall be an open area accommodating 8 recliner chair and 2 bed cubicles with flexibility for inter-changeability.

The type of chemotherapy treatment regime that the patient will undertake will be determined after initial consultations with the Oncologist in the Cancer Center's General Clinic area.

Chemotherapy is often given in cycles that include treatment periods alternated with rest periods. The length of the patient's cycle and the number of cycles in the treatment plan will be determined by the Oncologist.

Chemotherapy is given in several ways:

- Intravenously
- Orally
- Injection (i.e. intrathecal, intramuscular, subcutaneous)
- Topically

The most common method of delivering chemotherapy is intravenously. Each treatment takes a minimum of 30 minutes and up to 6-8 hours. The STU shall accommodate 10 treatments per 2.5 chairs per day.

The range of procedures and activities to be carried out for patients within this component include, but are not limited to;

- Therapeutic (Chemo and Biologic) infusions and pushes
- Examinations
- Intrathecal and subcutaneous injections
- Minor procedures
- PICC line access/dressing/removal
- Patient education

Education

The STU will provide clinical resources for rotating students in clinical placements from university and community oncology programs, residents, medical students family practitioners, and nurses.

The STU will require touchdown work stations for education. There is potential for 4 students in an education program, to be on the unit at any one time.

Research

Any clinical research activities will be conducted by the Clinical Trials staff in the General Clinic or by chemo nurses in the STU conducting research on systemic therapy or on health outcomes.

Specific Exclusions

- Facility Code Blue calls are responded to and lead by Prince George Regional Hospital.
- Portering services will be provided by the PGRH. Cancer Centre staff may be required to accompany patients back to the inpatient unit.

Key Design Requirements

Spatial Requirements

- Demographics of patient population, increased incidence and increased complexity of treatment will increase the length of stay, staff time spent with the patient, and services provided. These indicators will affect the number of patients that can be seen and treated in STU. The STU component shall be designed to allow for future expansion.
- New labour intensive therapies such as biologic treatments and multi-drug chemotherapy shall require access to isolation rooms.
- Increased use of multi-modality treatment (chemo and radiotherapy) for patients increases the complexity of treatment and effects length of stay, and required attention for staff. This will have implications on the number of patients to be seen in a day as well as having an affect on the treatment scheduling.
- Procedure room for hydration, infusion, paracentesis and other medical day care procedures will be located in the STU.
- Unique population characteristics suggest there will be larger groups of family joining patients during treatment (5-6 family members for 1 patient), which will require larger spaces for families to be able to stay beside patients as they are receiving treatment and the waiting areas will need to be able to accommodate this increased volume.
- STU will be planned to accommodate hardcopy health records until the transition to a fully computerized system is complete.
- Physicians, allied health providers, consultants, etc., will have access to touchdown workstations throughout the STU.
- The climate of Prince George will impact the design and use of the cancer centre. Each patient treatment area and waiting area requires outerwear (including footwear) storage.
- Staff prepare supply carts before treatment which they wheel to the bedside for treatment. Storage can be centralized with space to load carts, which then go to the patient.
- Workstations shared between every two patients is required for nurse to review the treatment protocol, the drugs and the pre-printed orders.
- Areas around the treatment chair and beds must accommodate an emergency response team.
- Suction and oxygen for every patient chair and bed area.
- Nurse call to be provided per technical specifications

Environment Requirements

Privacy

- Ensure that noise transference is kept to a minimum and that adjacent spaces are sound attenuated and/or visually screened to achieve the required degree of privacy. This applies especially to staff workspaces, care stations, physician dictation areas, staff phones and computer monitors (protected from patient view). Refer to Output Specification for requirements on sound attenuation.
- Acoustical consideration shall be given to reduce the noise levels. All procedure rooms, exam rooms and counselling rooms will meet the requirements of Appendix 3D [Sound Transmission Ratings].
- Computer monitors shall be placed to limit visual exposure to patient and public areas, to protect confidential patient information.
- The work area in the care station will have full glazed partitions, but will provide acoustical privacy for staff conversations and interactions.

Aesthetics

- Facilities for patients and families shall present a calm and reassuring, yet professional environment. Create an environment conducive to patient relaxation; comfortable, non-technical, possibly with music and/or television as a diversion (particularly in waiting areas).
- The colors within the area shall be designed to provide a comfortable environment for staff and patients.
- The design shall reflect the architectural vernacular of the Prince George Region and be responsive to the First Nations' population.
- Material selection shall be made to be highly durable, cleanable, chemotherapy resistant, meet infection control standards and be aesthetically pleasing.

Flexibility

- As much as possible, like patient treatment spaces will be designed and equipped identically.

Supervision of Patients

- Visual supervision is needed from the nursing station and work alcoves of all patients on the unit.
- Staff will be in continual visual contact with patients during treatment.

Lighting

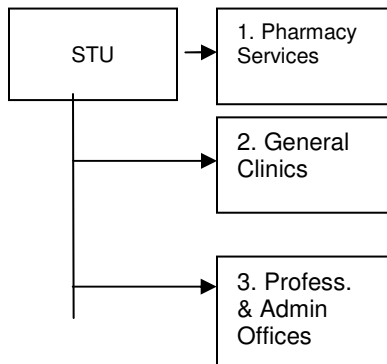
- Specialized lighting appropriate for Systemic Treatment areas shall be incorporated including task lighting. Adequate lighting in nursing stations, team rooms, and clinical areas for performing detailed tasks, etc. will be provided.
- Access to daylight and views of the exterior shall be provided directly adjacent to each patient treatment area. The patient shall have views of the exterior, while staff can maintain visual connection to patient's face. Control of sunlight shall be addressed to limit glare and heat gain, while providing privacy.

Adjacency Requirements

Generous and direct circulation systems in all patient areas shall be provided to allow for the efficient movement of both ambulatory and wheelchair/stretchers patients. A portering system will be used when required to transfer patients on stretchers/wheelchairs, etc. to Diagnostic Imaging and patient care units if required.

Routine high-volume procedure areas will be located closest to the scheduled patient entry/reception point.

External Adjacencies



1. Provide direct access by internal circulation to Pharmacy Services. The Pharmacy will be directly adjacent to the STU and will have a pass through opening for the dispensing of Systemic Therapies (refer to section 3.1.4)
2. Provide convenient access by general circulation to General Clinic Area for the movement of staff
3. Provide convenient access by general circulation to Professional and Administrative Offices for ease of clinicians.

Internal Adjacencies

Zoning and Workflow

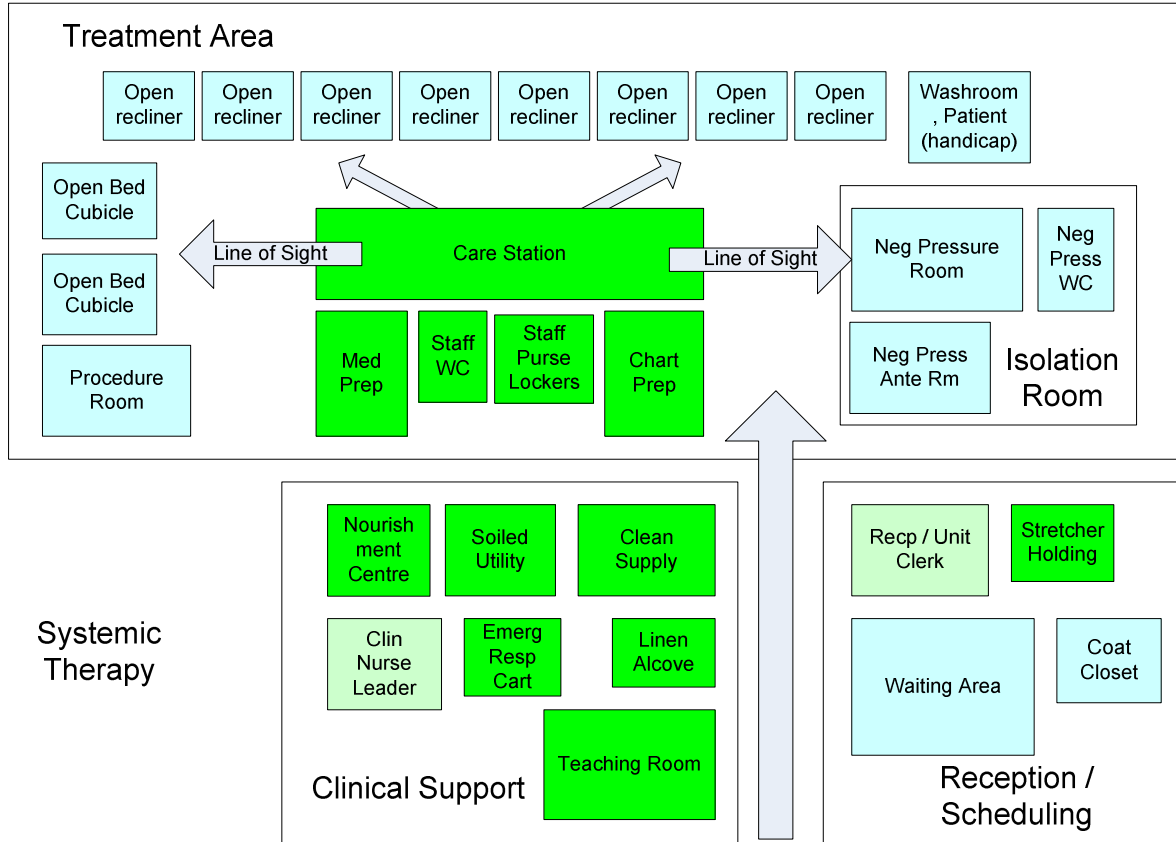
STU shall be organized in the following zones. Refer to adjacency diagram at the end of this section:

1. Reception, Scheduling and Waiting

- The majority of patients will access STU via the BC Cancer Agency – Centre for the North clinic entry
- STU Reception/Registration/Booking. All patients, visitors, and staff are received at the STU Reception desk.
- This area also provides a central scheduling and booking function for Systemic Treatment patients. All Systemic Treatment appointments are scheduled through the STU reception/registration/booking area.
- Patients and visitors will be directed to wait in a central waiting area close to reception until they are called for their appointment. Nursing or clerical staff will escort the patient and family to the treatment area.

2. Delivery of Treatment Area

- Patients undergoing chemotherapy procedures and other infusional cancer treatments will be accommodated in either beds or recliner chairs.
- Chemotherapy will be administered as a push-injection or infusion.
- Duration of stay can range from 15 minutes to 8 hours or more. Durations will vary depending on the nature of the drugs/protocols.



Nursing care vary from low levels to intensive based on the needs of the patient.

- All patients require nursing supervision to monitor for adverse reactions.
- The STU must have centrally located resuscitation equipment, giving immediate access when required.

3. Teaching/Quiet Area

- Used by clinical staff to review chemotherapy treatment regimes with patients/family and address questions/concerns. Patients may also meet with members of the Cancer Rehabilitation component including nutritionist and social workers.

4. Clinical Support

- A continuous nursing model will be applied in the STU whereby the majority of patient care, follow up, and documentation will be completed at the patient bedside. To support staff-to-staff communication, areas where staff can congregate will be provided.

Key Performance Requirements

The following list includes, but is not limited to the key performance requirements for STU:

Technology and Infrastructure Requirements

- The STU will be planned for eventual full computerization of information (including bedside computers or hand-held devices) in support of electronic nurse documentation, order issue, patient registration, etc.
- Electronic management of information is anticipated using a combination of desktop computers, laptops, PDAs and potential other equipment. Clinical equipment will require access to network ports so that patient information can be downloaded directly into the electronic patient record. Networked data ports will be provided in staff work areas as well as at the patient bedside.
- Access to clinical and educational “telehealth” service. Clinical Telehealth links will be available in the GC and will be used to link the BC Cancer Agency – Centre for the North clinic to specialists in other communities (e.g. CH) and to link smaller communities for diagnoses and consultation and education.

Workload

3.1.2 SYSTEMIC THERAPY							
		2012	2013	2014	2015	2016	2017
Incidence		1456	1493	1534	1573	1611	1652
Referred Cases @	75%	1092	1120	1151	1180	1208	1239
	Factors						
New Patient Consultations	50%	546	560	575	590	604	620
Systemic Treatment (13/NPC)	13	7098	7278	7478	7668	7854	8054
Total number of Treatments		7644	7838	8054	8258	8458	8673
# of Treatment chairs Required (excludes 2 stretcher treatment areas):							
8-hour day (each treatment chair can see 2.5 patients/day)	4	8	8	8	8	8	9

Assumptions:

Number of days/ year - 250
each treatment chair can see 2.5 patients/day

Staffing

STU	
Position/Classification	2012 FTE
Clinical Nurse Leader	1
RNs	3
Unit Clerk	1
Total	5

*There are more STU staff located in the General Clinics components

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

Functional Areas	Patients	Staff	Visitors	Others	Total
Reception/Waiting Area	4	1-2	4	1-2	10-12
Open Recliner Chair Area	8	2-3	7-9	1-2	18-22
Bed Cubicles	4	1-2	3	1-2	9-11
Support Services/Staff Work Areas	0	3-5	0	1-2	4-7
Teaching Room	1	2	1-2	1	5-6

Space Requirements

Systemic Treatment Unit							
Rm Code	Space	Area Requirements					Remarks
		Units	NSM /unit	NSM	Planning Factor	CGSM	
	Reception/Scheduling						
3.1.2.1	Workstation, Reception/ Unit Clerk	1	10.0	10.0	1.50	15	
3.1.2.2	Waiting Room Patient/Family	1	15.0	15.0	1.30	20	10 person waiting area shared with Pharmacy
3.1.2.3	Coat Alcove	1	3.0	3.0	1.30	4	
3.1.2.4	Stretcher/Wheelchair Alcove	1	6.0	6.0	1.30	8	
	Sub-Total			34.0		47	
	Treatment Area						
3.1.2.5	Open Recliner Chair Area	8	8.0	64.0	1.50	96	
3.1.2.6	Open Bed Cubicle Area	2	12.0	24.0	1.50	36	requires medical gases
3.1.2.7	Washroom, Patient, Wheelchair type	3	4.5	13.5	1.45	20	must meet accessibility standards
3.1.2.8	Linen Alcove	1	1.5	1.5	1.45	2	
3.1.2.9	Negative Pressure Room	1	12.0	12.0	1.50	18	Must have appropriate air handling to create a negative pressure room.
3.1.2.10	Negative Pressure Washroom	1	4.5	4.5	1.50	7	Located in the Negative Pressure room
3.1.2.11	Positive Pressure Ante Room	1	5.0	5.0	1.50	8	Located at the entrance of the Negative Pressure Room
3.1.2.12	Procedure Room	1	14.0	14.0	1.50	21	
3.1.2.13	Care Station	1	20.0	20.0	1.50	30	a portion of this area should be glazed off from patient access – Coat hooks for staff
3.1.2.14	Med Prep	1	10.0	10.0	1.50	15	Sink Required to prime IV lines
3.1.2.15	Chart Prep	1	10.0	10.0	1.50	15	Work surface for assembling and review charts. Chart Storage
	Sub-Total			178.5		268	
	Clinical Support Areas						
3.1.2.16	Office, Clinical Nurse Leader	1	9.0	9.0	1.30	12	
3.1.2.17	Teaching Room	1	12.0	12.0	1.30	16	5-6 people
3.1.2.18	Emergency Response Cart	1	0.5	0.5	1.30	1	in the main circulation corridor
3.1.2.19	Nourishment Centre	1	4.5	4.5	1.30	6	
3.1.2.20	Clean Supply Holding Room	1	11.0	11.0	1.50	17	
3.1.2.21	Soiled Utility Room	1	7.5	7.5	1.50	12	
3.1.2.22	Housekeeping Closet	1	5.0	5.0	1.30	7	
3.1.2.23	Staff Purse Lockers	1	0.5	0.5	1.30	1	
3.1.2.24	Washroom, Staff	1	2.5	2.5	1.30	3	
	Sub-Total			52.5		75	
	TOTAL		NSM	265	CGSM	390	

DEFINITIONS:

Net Square Metres (NSM) – the actual occupiable area of each room or space as measured to the interior finished surfaces of all walls, partitions, or mechanical enclosures.

Component Gross Square Metres (CGSM) – that portion of a building assigned to a specific component (a cohesive grouping of activities or spaces related by service or physical arrangement), including net areas, internal circulation, partitions, building structure and small mechanical shafts/areas as measured from the inside face of exterior walls and to the centre line of partitions adjoining other components or general circulation space.

3.1.3 GENERAL CLINICS (GC)

Scope of Services

Hours of Operation

The General Clinics will typically operate from 0800h to 1700h, Monday to Friday.

Description:

The General Clinics provides facilities for the examination, consultation, and treatment of new patients (including full history and physical examination for initial management and determination of treatment), follow up assessment clinics for medical oncology/radiation oncology/surgical oncology outpatients, and a pain and symptom management clinic/palliative care program.

Clinics will be operated based on physician availability and it is likely that each clinic will deal with multi-site tumour groups. The length of the patient's examination will vary from ½ to 2 hours, depending on the type of visit (new visits average 1 ½ hours, on-treatment assessments ¾ hour, and follow up review visits average ½ hour), the number of specialists examining the patient, the involvement of students, the use of interpreters and the state of the patient. The length of time for tele-health clinics are the same as above. Prior to their clinic visit, a patient may be referred elsewhere for diagnostic testing, and examination.

As patient care becomes more complex, an increased number of health professionals will be involved in patient care management. In addition to medical specialists, the patient may consult with a nurse, pharmacist, social worker, psychologist or dietician. Interview space for these consultations will be provided in this component or scheduled in the patient counselling area.

A pain and symptom management clinic/palliative care program will provide expert consultation concerning pain and symptom management for cancer patients. The program also ensures that patients whose prognosis is terminal have a seamless connection with palliative care providers in their community. Patients and families are seen anywhere in their trajectory of care when the management of their symptoms outstrip the resources of their primary oncology team, or where end of life planning is looked for by the patient and family. The program is provincial in scope with interdisciplinary consultative teams.

Nurses and other allied health professionals will see patient and families independently and interdependently of the physician visit in the general clinic area to follow up on symptom management issues, coping and daily functionality issues. Clinic exam room and/or interview space is required for this level of care.

Education

The General Clinic provides clinical resources for rotating medical/radiation/surgical oncology, pharmacy, nursing, and radiation therapy students/residents/clinical/associates, up to 3 a time. All teaching programs are accommodated within the patient care areas.

Research

Any clinical research activities will be conducted by the Clinical Trials staff in the General Clinic or by chemo nurses in the unit conducting research in drug therapy and general health outcomes. Radiation Therapy research/trials, conducted by the RT staff may also be accommodated in this area

Specific Exclusions

- Facility Code Blue calls are responded to and lead by Prince George Regional Hospital.
- Diagnostic Imaging will not be done in the Centre for the North, but through other facilities (PGRH or a community centre)
- Lab testing will be done at PGRH and may or may not be done in conjunction with a same day patient visit/treatment at the cancer centre.

Key Design Requirements

Spatial Requirements

- Demographics of patient population, increased incidence and increased complexity of treatment will increase the length of stay, staff time spent with the patient, and services provided. These indicators will affect the number of patients that can be seen and treated in the General Clinic area. The General Clinics component shall be designed to allow for future expansion.
- Increased use of multi-modality treatment (chemo and radiotherapy) for patients increases the complexity of treatment and effects length of stay, and required attention for staff. This will have implications on the number of patients to be seen in a day as well as effect scheduling.
- Flexibility in space planning vs. specialized space. All exam rooms shall include the same space layout, with the exception of the procedure rooms.
- The General Clinics shall have a procedure room equipped to do head and neck endoscopes and require a cleaning and storage area. This minor procedure room shall be equipped with OH light and medical gases.
- There shall be a storage area to house infusion pumps, IV poles, oxygen tanks, wheelchairs, and stretcher. There shall be a recharge station in this area for recharging equipment (i.e. infusion pumps)
- The General Clinics shall be designed with 2 pods of identical function with a shared core of support spaces including staff work area, clean and soiled utilities in between. The waiting and reception area will be shared by both pods.
- RT and Systemic Clinics will be operated out of the GC including RT's on-treatment assessment.
- The waiting areas will accommodate increased number of family members accompanying patients.
- The waiting areas will accommodate outwear (including footwear) storage.

Environment Requirements

Privacy

- Ensure that noise transference is kept to a minimum and that adjacent spaces are sound attenuated and/or visually screened to achieve the required degree of privacy. This applies especially to staff workspaces, care stations, physician dictation areas, staff phones and computer monitors (protected from patient view). Refer to Output Specification for requirements on sound attenuation.
- Acoustical consideration shall be given to reduce the noise levels. All procedure rooms, exam rooms and counselling rooms will meet the requirements of Appendix 3D [Sound Transmission Ratings].
- Computer monitors shall be placed to limit visual exposure to patient and public areas, to protect confidential patient information.
- The work area in the care station will partially glazed partitions to provide a line of site to clinic area and general workstation, but will provide acoustical privacy for staff conversations and interactions.

Aesthetics

- Facilities for patients and families shall present a calm and reassuring, yet professional environment. Create an environment conducive to patient relaxation; comfortable, non-technical, possibly with music and/or television as a diversion (particularly in waiting areas).
- The colors within the area shall be designed to provide a comfortable environment for staff and patients.
- The design shall reflect the architectural vernacular of the Prince George Region and be responsive to the First Nations' population.
- Material selection shall be made to be highly durable, cleanable, and aesthetically pleasing.

Flexibility

- As much as possible, like patient treatment spaces will be designed and equipped identically.

Lighting

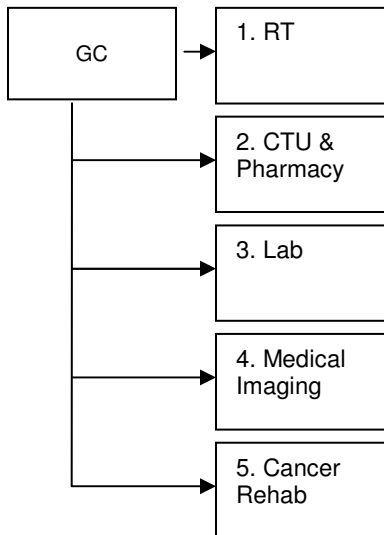
- Specialized lighting appropriate for General Clinic areas will be incorporated. Adequate lighting in nursing stations, team rooms, clinical areas for performing detailed tasks, etc. will be provided.
- Access to daylight shall be provided in the General Clinics. Control of sunlight shall be addressed to limit glare and heat gain, while providing privacy.

Adjacency Requirements

Generous and direct circulation systems in all patient areas will be provided to allow for the efficient movement of both ambulatory and wheelchair/stretchers patients. A portering system will be used when required to transfer patients on stretchers/wheelchairs, etc. to Diagnostic Imaging and patient care units if required.

Routine high-volume procedure areas will be located closest to the scheduled patient entry/reception point.

External Adjacencies



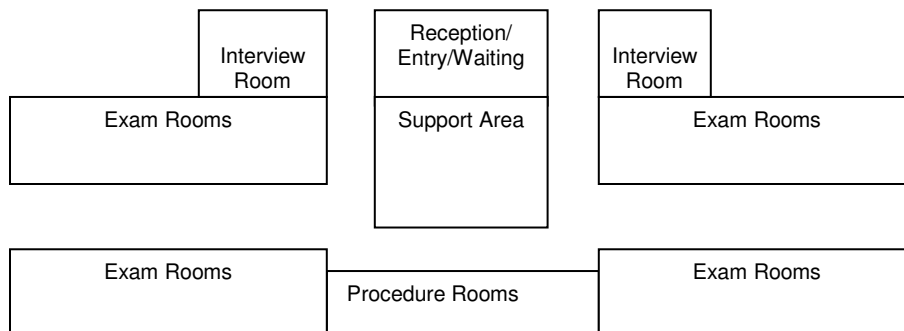
1. Provide direct access by internal circulation to Radiation Therapy for ease of patient and staff movement.
2. Provide direct access by general circulation to Chemotherapy Treatment and Pharmacy for movement of patients
3. Provide direct access by general circulation to Laboratory for ease of patient movement
4. Provide direct access by general circulation to Medical Imaging for ease of patient movement.
5. Provide direct access by general circulation to Cancer Rehabilitation for ease of patient and staff movement

Internal Adjacencies

Zoning and Workflow

General Clinics shall be organized in the following zones. Refer to adjacency diagram at the beginning of this section:

Internal Adjacency Diagram



1. Patient Referrals, Pre-Registration

- Initially, a physician will refer a patient to the BC cancer agency – Centre for the North. A clerk in BC Cancer Agency – Centre for the North will obtain the patient's pre-registration information, and will book the patient.
- The patient will book subsequent clinic appointments directly with the General Clinics. The General Clinics will refer patients to medical imaging, or other testing services or another BC Cancer Agency – Centre for the North clinic, as the patient's treatment requires.

2. Arrivals and Registration

- All patients are pre-registered. The General Clinics staff will provide centralized scheduling of patients.
- The General Clinics Staff will provide scheduling of patients following the first appointment. On the initial visit patients will proceed to the General Clinics reception desk to confirm their registration information and will then proceed to the waiting area until clinic staff calls them into the exam area.
- There will be a Patient Reception for supporting the activities that occur in the General Clinics. This area will manage repeat and series visits and provide the following:
 - Patient greeting/reception
 - Confirming and updating patient registration information
 - Providing any pre-appointment information
 - Booking for laboratory tests,
 - Booking for medical imaging
 - Booking follow-up appointments as required, and
 - Visitor/patient orientation and way-finding.

3. Clinic Visits

Following check-in, patients will be directed to the appropriate clinic space and wait in the appropriate waiting area to be called for their appointment. They will change in the exam room if required.

Exams can be administered in two formats:

- Face to Face consultation
- Telehealth consultation

4. Staff Support

Following the examination completed by the physician and other healthcare professionals, patients will also have the opportunity to meet with other support services in the clinic area. These include nursing, nutrition, psychosocial, pain and palliative care, social work, and clinical trials.

- Some of these consults will happen in an interview room, where patient, family, and care giver can discuss the patients care.

Key Performance Requirements

The following list includes, but is not limited to the key performance requirements for GC:

Technology and Infrastructure Requirements

- The General Clinics shall be planned for eventual full computerization of information (including bedside computers or hand-held devices) in support of electronic nurse documentation, order issue, patient registration, and radiation therapy electronic applications (e.g. Dynamic Documents).
- Electronic management of information is anticipated using a combination of desktop computers, laptops, PDAs and potential other equipment. Clinical equipment will require access to network ports so that patient information can be downloaded directly into the electronic patient record. Networked data ports will be provided in staff work areas as well in the exam rooms and patient areas.
- There shall be access to clinical and educational “telehealth” service. Clinical Telehealth links will be available in the General Clinics and will be used to link the BCCA – Centre for the North clinic specialists to other communities or patients in the general clinic BCA centre for teh north to specialists in other BCCA centres for diagnoses and consultation and education.
- A Picture Archiving Communication System (PACS) will provide electronic access to diagnostic images; diagnostic quality workstations are required in the General Clinics in addition to regular monitors.
- The General Clinics must be interfaced to the PGRH’s information and Lab reporting systems. Therefore Lab orders can be sent to the Lab from General Clinics electronically.

Staffing

Position/Classification	2012	
	Headcount	FTE
Systemic Clinics		
Move these to rof staff office area		
RNs	5	4
Unit Clerk	2	2.5
Care Aide	1	1
Clerical Supervisor	1	1
Sub-Total	11	10.5
Radiation Therapy Clinics		
RNs	3	2
LPNs	1	1
Unit Clerk	3	2
Care Aide	1	1
Subtotal	8	6
Total	19	16.5

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

Functional Areas	Patients	Staff	Visitors	Others	Total
Reception/Admitting	1.0-2.0	1.0-2.0	1.0-2.0	1.0-2.0	4.0-8.0
General Clinics Area (2 pods)	30.0-36.0	17.0-23.0	13.0-17.0	2.0-4.0	62.0-80.0
Shared Support Area	0.0	6.0-13.0	1.0-2.0	1.0-2.0	8.0-17.0

Space Requirements

General Clinics							
Rm Code	Space	Area Requirements					Remarks
		Units	NSM/unit	NSM	Planning Factor	CGSM	
	Reception/Admitting						
3.1.3.1	Cosmetic Counselling	1	14.0	14.0	1.45	20	Area for Wig fits and other programs; should have a retail expression
3.1.3.2	Stretcher Holding Area	2	4.0	8.0	1.30	11	
3.1.3.3	Storage Alcove, Equipment	1	9.5	9.5	1.30	12	
	Sub-Total			31.5		43	
	Clinic Area						
3.1.3.4	Workstation, Unit Clerk	2	10.0	20.0	1.50	30	1 for each pod. Will have responsibility of greeting patients
3.1.3.5	Health Unit Clerk	1	5.5	5.5	1.30	7	needs to be in a private and quiet area
3.1.3.6	Waiting Area	1	36.0	36.0	1.30	47	seating for approximately 24 patients/family/visitors
3.1.3.7	Coat Closet	2	1.0	2.0	1.30	3	Storage of Outwear for Patients and Family
3.1.3.8	Inter Professional Team Room	2	20	40	1.30	52	5-6 workstations; includes dictation cubicle; includes purse locker area; must have coat closet for outwear storage
3.1.3.9	Weight Scale Alcove	2	2.0	4.0	1.50	6	one at the entrance of each pod in a private area
3.1.3.10	Emergency Response Cart	1	0.5	0.5	1.30	1	Easily accessible from circulation corridors for the code team
3.1.3.11	Telehealth Exam Area	2	5.0	10.0	1.50	15	Area for Oncologist to hold clinics with patients in remote areas; one in each pod;
3.1.3.12	Exam Room	8	11.0	88.0	1.50	132	Hand-wash sink; computer workstation; exam table; 2 guest chairs;
3.1.3.13	Exam Room, Stretcher	3	13.0	39.0	1.50	59	needs to be large enough to accommodate a stretcher; hand wash sink; computer workstation; 2 guest chairs;
3.1.3.14	ENT Exam Room	1	14.0	14.0	1.5	21	Equipped with an ENT chair place in the room to allow for access behind the patient in the chair; should be equipped with medical gases; sink; storage; charting area; computer workstation; 2 guest chairs;
3.1.3.15	Not used						
3.1.3.16	Not used						
3.1.3.17	Not used						
3.1.3.18	Patient Counselling Area	2	11.0	22.0	1.30	29	1 in each pod; should provide seating for 4-6 people

Rm Code	Space	Area Requirements					Remarks
		Units	NSM/unit	NSM	Planning Factor	CGSM	
3.1.3.19	Procedure Room	1	15.0	15.0	1.50	23	Med Gases Required
3.1.3.20	Washroom, Patient, Wheelchair Access	2	4.5	9.0	1.50	14	Needs to meet accessibility standards
3.1.3.21	Washroom, Staff	2	2.5	5.0	1.30	7	
3.1.3.22	Scope Cleaning Room	1	10.0	10.0	1.50	15	Must meet specific IP&C requirements for equipment and cleaning procedures and flow
	Sub-Total			320		461	
	Shared Support Areas						
3.1.3.23	Office, Clinical Nurse Educator	1	9.0	9.0	1.30	12	Located on the second floor
3.1.3.24	Clinical/Conference Room	1	20.0	20.0	1.30	26	Must be equipped with tele-health capability
3.1.3.25	Clinical Supervisor	1	9.0	9.0	1.30	12	
3.1.3.26	Pain and Symptom Management Nurse	1	9.0	9.0	1.30	12	
3.1.3.27	Office, Telephone Care Management	1	9.0	9.0	1.30	12	
3.1.3.28	Not used						
3.1.3.29	Chart Prep	1	16	16.0	1.50	24	work surface for the preparation of charts and chart storage
3.1.3.30	Photocopier Alcove	1	7.5	7.5	1.30	10	Share with RT
3.1.3.31	Clean supply holding Room	1	15.0	15.0	1.30	20	shared between pods
3.1.3.32	Soiled Utility Room	1	9.0	9.0	1.30	12	shared between pods
3.1.3.33	Housekeeping Closet	1	5.0	5.0	1.30	7	shared between pods
	Sub-Total			108.5		147	
	TOTAL		NSM	460	CGSM	651	

DEFINITIONS:

Net Square Metres (NSM) – the actual occupiable area of each room or space as measured to the interior finished surfaces of all walls, partitions, or mechanical enclosures.

Component Gross Square Metres (CGSM) – that portion of a building assigned to a specific component (a cohesive grouping of activities or spaces related by service or physical arrangement), including net areas, internal circulation, partitions, building structure and small mechanical shafts/areas as measured from the inside face of exterior walls and to the centre line of partitions adjoining other components or general circulation space.

3.1.4 PHARMACY

Scope of Services

Hours of Operation

The Pharmacy will typically operate from 0730 to 1700h, Monday to Friday.

Description:

Pharmacy primary function is pharmaceutical care of oncology patients. This includes chemotherapy checking, IV preparation, outpatient dispensing, patient counselling, medication reconciliation and other clinical pharmacy services.

Prepares and provides all cancer treatment medications (oral and IV), clinical oncology services to ambulatory cancer patients in the cancer centre. The Pharmacy also provides clinical pharmacy services (including pharmaceutical care, drug therapy, monitoring, patient counselling, and medication histories) for patients. A continual review and education on drug information, drug use, evaluation and formulary review take place in the Pharmacy as well.

The Pharmacy's primary function is drug distribution and dispensing. This involves a several step processing including order entry, assembly and checking. The Pharmacy also dispenses stat doses, ward-stock and narcotics required by patients in the Cancer Centre.

The Pharmacy is responsible for drug storage, including room temperature and refrigerated storage, freezer storage and storage of controlled substances. Pharmacy is also responsible for the purchasing, receiving, and storage of cancer treatment medications and other medications required by patients in the Cancer Centre

Pharmacy has an important relationship to Clinical Trials whereby the Clinical Trials pharmacist operates out of the pharmacy area. Participation in clinical trials research activity (including control of investigational drugs and development study protocols) is done through the pharmacy area.

Provincial pharmacy mandate which sets standards and provides resources shall be met by the BC Cancer Agency's Centre for the North Pharmacy.

Education

The Pharmacy will provide clinical resources for the education of pharmacy undergraduate students, pharmacy residents, graduate pharmacy students and pharmacy technician students. There will be a planned maximum capacity of 2 students on rotation at a time for 6 months of the year. The pharmacists will be actively involved in educating the staff, as well as, in teaching clinical staff at outreach locations. In addition, the pharmacists may develop information sheets and other resources for patients. Facilitate pharmacist's education and development to provide a higher level of pharmaceutical care.

Research

Development and facilitates the participation of medication clinical trials, and Pharmacy staff will assist in the development and facilitation of research activity. The Cancer Centre Pharmacy will receive, issue, and control investigational drugs and actively participate in clinical trials. Pharmacists will also conduct pharmacy-based research

Specific Exclusions

- Facility Code Blue calls are responded to and lead by Prince George Regional Hospital.
- Pharmacy will not provide any other type of pharmaceutical product other than what is directly related to the treatment of cancer.

Key Design Requirements

Spatial Requirements

- Increased use of multi-modality treatment (chemo and radiotherapy) for patients increases the complexity of treatment and effects length of stay, and required attention for staff. This will have implications on the number of patients to be seen in a day as well as effect treatment scheduling. It will also affect drugs dispensing and protocols for pharmacy.
- The oral dispensing counter shall be secured after hours by means of a rolling shutter or other securable system.
- When dispensing IV medication from the processing room to the dispensing area, an airlock pass through system shall be utilized. It is critical that the dispensing area be equipped with a large work surface to support a minimum of 2 workstations with dual monitor configurations. One of the workstations shall be the remote dispensing area. The user shall not have to reach over the counter to dispense the medications.
- The receiving area shall have a storage system for holding broken down card board boxes until they can be picked up for recycling.
- The drug preparation shall be done in a negative pressure room with an ante room for separation from dispensing area.
- The ante room will be large enough to hold storage supplies needed in the drug preparation area.
- The Pharmacy must meet the College of Pharmacists standards for retail pharmacies (for the outpatient dispensary).
- The IV chemo preparation room shall be HEPA filtered and have negative pressure to meet Worksafe BC, BCCA Pharmacy directives, USP797 and NIOSH standards for drug preparation.
- The Ante Room and all equipment within (fridge and freezer) must meet Clinical Trials Standards (NCIC).

Environment Requirements

Privacy

- Ensure that noise transference is kept to a minimum and that adjacent spaces are sound attenuated and/or visually screened to achieve the required degree of privacy. This applies especially to staff workspaces, care stations, physician dictation areas, staff phones and computer monitors (protected from patient view). Refer to Output Specification for requirements on sound attenuation.
- Acoustical consideration shall be given to reduce the noise levels. All procedure rooms, exam rooms and counselling rooms will meet the requirements of Appendix 3D [Sound Transmission Ratings].
- Computer monitors shall be placed to limit visual exposure to patient and public areas, to protect confidential patient information.
- The private interview room will meet the same sound requirements as are applicable to an exam room, as described in Appendix 3D [Sound Transmission Ratings].

Aesthetics

- Facilities for patients and families shall present a calm and reassuring, yet professional environment. Create an environment conducive to patient relaxation; comfortable, non-technical, possibly with music and/or television as a diversion (particularly in waiting areas).
- The colors within the area shall be designed to provide a comfortable environment for staff and patients.
- The design shall reflect the architectural vernacular of the Prince George Region and be responsive to the First Nations' population.
- Material selection shall be made to be highly durable, cleanable, and aesthetically pleasing.

Flexibility

- As much as possible, like patient treatment spaces will be designed and equipped identically.

Lighting

- Specialized lighting appropriate for Pharmacy area shall be incorporated. Adequate lighting in nursing stations, team rooms, clinical areas for performing detailed tasks, etc. shall be provided.
- Access to daylight and views of the exterior would be desirable. Appropriate light and glare control shall be implemented to provide a well lit and comfortable environment.

Ergonomic Considerations

- The height of shelving and depth of countertops and wicket should be designed to prevent musculoskeletal injury resulting from reaching and stretching.
- The wicket in the oral dispensary will be designed to accommodate wheelchair access to patients
- The entrances to the counseling area, receiving area and IV prep area will be handicapped fitted to assist in hands free entry

Centre for the North

Clinical Specification

3.1.4 Pharmacy

- Temperature Control

- Storage of clinical trials drugs requires room temperature control between 15 to 25 degrees C. A 24 hours monitoring system is required.

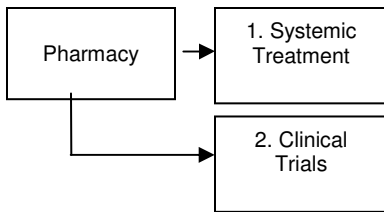
- **Adjacency Requirements**

Generous and direct circulation systems in all patient areas will be provided to allow for the efficient movement of both ambulatory and wheelchair/stretcher patients. A portering system will be used when required to transfer patients on stretchers/wheelchairs, etc. to Diagnostic Imaging and patient care units if required.

Routine high-volume procedure areas will be located closest to the scheduled patient entry/reception point.

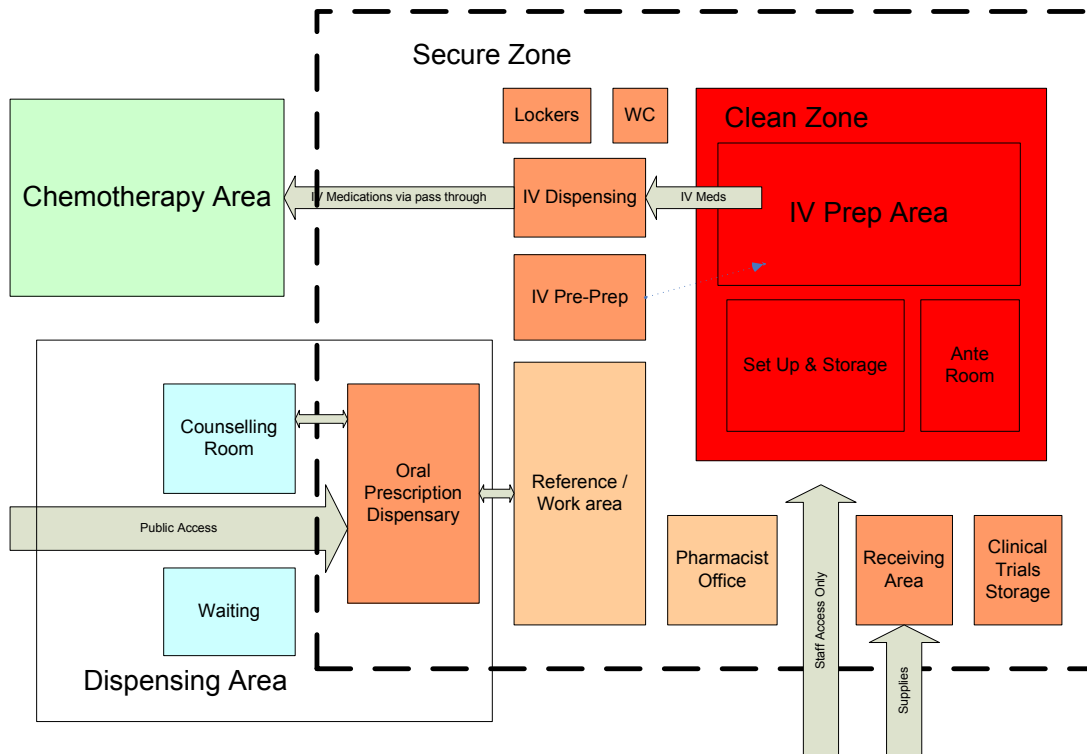
Pharmacy must be co-located with the STU. An air lock system shall be utilized to dispense IV treatments to the STU.

External Adjacencies



1. Provide direct dedicated access to Systemic Treatment
2. Provide direct access through general circulation to the clinical trials work area

Internal Adjacencies



Zoning and Workflow

Pharmacy shall be organized in the following zones:

1. Outpatient Dispensing Area

- Oral dispensing will be done through a wicket window to patients requiring outpatient medication as part of their cancer treatment. No other drug types will be dispensed from the pharmacy.
- As per College of Pharmacists of BC requirements, a minimum of 3 sqm of clear working space aside from the service counters,
-

2. IV Dispensing Area

- Once IV drugs have been prepared, they will be dispensed to the STU through the dispensing area. This area will also dispense through the tele-pharmacy system. There is a second workstation required for the remote dispensing function.

3. Preparation Area

- Once a drug order has been received and checked by the pharmacist, it is taken into a negative pressure preparation room to be mixed and prepared. A pharmacy technician will prepare the drug, have the pharmacist check it and then send it to the dispensing area through a pressurized pass-through in the adjacent wall to the dispensing area.

○

4. Work area

- A place where pharmacy personnel can complete paperwork, conduct research and manage clerical tasks

Key Performance Requirements

The following list includes, but is not limited to the key performance requirements for Pharmacy:

Technology and Infrastructure Requirements

- The Pharmacy shall be planned for eventual full computerization of information (including bedside computers or hand-held devices) in support of electronic nurse documentation, order issue, patient registration, etc.
- Electronic management of information is anticipated using a combination of desktop computers, laptops, PDAs and potential other equipment. Clinical equipment will require access to network ports so that patient information can be downloaded directly into the electronic patient record. Networked data ports will be provided in staff work areas as well in the exam rooms and patient areas.
- An communication system that provides direct communication links between Pharmacy and the external switchboard/call centre Security. There should be a dedicated secure (digital) line in the pharmacy for security monitoring.
- The Pharmacy must be interfaced to the PGRH's information and Lab reporting systems. Therefore Lab orders can be sent to the Lab from Pharmacy electronically.

Computerized physician order entry and integrated databases shall also be developed to support stream integration of healthcare providers.

- Clinical Tele-pharmacy links will be available in the pharmacy and will be used to link the Cancer Centre to specialists in other communities and to link smaller communities for diagnoses and consultation
- Pharmacy must have access to the current pharmacy system being utilized by BCCA. At present, this is Worx. This also requires specific thermal printers.
- Access to PharmaNet system is required.
- Pharmacy must have access to CAIS (or equivalent) system for BCCA
- Pharmacy must have access to the PGRH system to review lab data.

Workload

3.1.4 PHARMACY							
		2012	2013	2014	2015	2016	2017
Incidence		1456	1493	1534	1573	1611	1652
Referred Cases @	75%	1092	1120	1151	1180	1208	1239
	Factors						
New Patient Consultations	50%	546	560	575	590	604	620
Systemic Treatment (13/NPC)	13	7098	7278	7478	7668	7854	8054
Total number of Treatments		7644	7838	8054	8258	8458	8673
Prescriptions							
IV Medications		7072	7263	7472	7675	7866	8081
Oral Medications		5432	5579	5740	5896	6043	6207
Total		12504	12842	13212	13571	13909	14288

Staffing

Position/Classification	2012	
	Headcount	FTE
Pharmacist 4		1
Pharmacist		3
Pharmacy Assistant		3
CON		0.4
Pain & Symptom Management Pharmacist		0.2
Medication Reconciliation Pharmacist		1
Clinical Trials Pharmacist*		
Clinical Trials Pharmacist Technician*		
Total		8.6
* Included in the Clinical Trials Component		

Space Requirements

Pharmacy							
Rm Code	Space	Area Requirements					Remarks
		Units	NSM/unit	NSM	Planning Factor	CGSM	
	Dispensing Area						
3.1.4.1	Waiting Area	1	8.0	0		0	shared with STU
3.1.4.2	Counselling Area	1	12.0	12	1.3	16	access from waiting area; direct access to Oral Dispensary
3.1.4.3	Oral Prescription Dispensary	1	20.0	20.0	1.5	30	2 workstations and counter open to public. Must be secure after hours Space for double stainless steel sink, fridge storage area – min. 4sqm as required by College of Pharm. BC plus non chemo drug storage space 15 x 4 ft shelving unit.
	Sub-Total			32		46	
	Preparation Area						
3.1.4.4	IV Pre-Preparation Area	1	11.0	11.0	1.5	17	
3.1.4.5	IV Preparation Area	1	15.0	15.0	1.5	23	Must have appropriate ventilation and pressurization for the preparation of toxic materials. Must have hood vent in the room; requires an airlock pass through to IV Dispensing Must be configured so that the BSCs are installed side by side, Sufficient space to hold 4 lakeside carts and counterspace .
3.1.4.6	Ante Room/ Storage Area	1	17.0	17.0	1.5	26	must be adjacent to the IV Prep Area and provide appropriate ventilation and pressurization to achieve air separation between the IV Prep Area and IV Dispensing; eye wash station. 5 x 5ft stainless steel supplies cart dor drug storage, fridge ,freezer.and dishwasher. Bench to sit while donning PPE.. Required a hands-free stainless steel scrub sink.
3.1.4.7	decontamination shower	1	2.0	2.0	1.5	3	needs to be in close proximate to drug handling – in the Ante Room Raised shower area so that water is contained. No drainage due to infection control.
3.1.4.8	IV Dispensing	1	7.5	7.5	1.5	11	includes Remote Dispensing work station; has an opening to the STU for dispensing
	Sub-Total			52.5		80	
	Support Areas						
3.1.4.9	Office, Pharmacist	1	9.0	9.0	1.3	12	
3.1.4.10	Reference/Work Area	1	25.0	25.0	1.3	33	5 workstations
3.1.4.11	Storage, Drug Kits, Clinical Trials	1	9.0	9.0	1.3	12	Requires a Fridge and Freezer counter and sink. This can be reduced to 9sqm so that we can increase storage area required above.
3.1.4.12	Staff Washroom	1	3.0	3.0	1.3	4	Adjacent to the Locker room; must have clothing hooks and shelf to facilitate staff changing

Centre for the North

3.1.4.13	Locker Alcove, Staff	1	10.0	10.0	1.3	13	includes 10 half lockers. And coat storage linen cart and dirty linen bin
3.1.4.14	Receiving Area	1	10.0	10.0	1.3	13	must have holding area for cardboard recycling
	Sub-Total			66.0		87	
	TOTAL		NSM	150.5	CGSM	213	

DEFINITIONS:

Net Square Metres (NSM) – the actual occupiable area of each room or space as measured to the interior finished surfaces of all walls, partitions, or mechanical enclosures.

Component Gross Square Metres (CGSM) – that portion of a building assigned to a specific component (a cohesive grouping of activities or spaces related by service or physical arrangement), including net areas, internal circulation, partitions, building structure and small mechanical shafts/areas as measured from the inside face of exterior walls and to the centre line of partitions adjoining other components or general circulation space.

3.1.5 CLINICAL TRIALS

Scope of Services

Hours of Operation

Clinical Trials will typically operate from 0800h to 1700h, Monday to Friday.

Description:

Clinical Trials study new methods of screening, prevention diagnosis, or treatment of a disease with a specific group of patients. The objectives of Clinical Trials are to identify the most effective treatment for specific types of cancer, to improve survival rates and/or increase the comfort of patients. The various aspects of cancer care that may be studied in Clinical Trials include chemotherapy, radiation therapy, nutrition, quality of life measures, and pain management.

The success of clinical trials in identifying new agents and treatment modalities will result in decreased morbidity for cancer patients. Clinical Trials will be involved in up to 5 to 10 active studies annually.

Clinical Trials staff will collect statistical data in accordance with clinical trials designed by the various groups, and will meet to discuss the treatment of different diseases. Each trial will have protocols to follow for the collection of data, the assessment of patients and the efficacy of the treatment program. It is dependent on coordinating with the caregivers, the collection of data and assessment of patients who are participating in a trial. The BC Cancer Agency - Centre for the North may also be involved in developing Phase II and III trials.

Several of the Clinical trials mandate includes initiating and encouraging promising new trial projects and clinical developments. Recruiting potentially eligible patients is the corner stone of clinical trials, as trials generally have specific requirements for participation. Clinical Trials will undertake patient physical assessments to garner their ability to participate in the study as well as their response to the trial.

Clinical Trials is also responsible for controlling and managing the content, flow and accuracy of trials, as well as monitoring the distribution of clinical trials medications. They also provide patient teaching and support relevant to the trials they are enrolled in. Clinical Trials also provides and promotes clinical trial awareness to health care professionals and the public.

Assisting in the coordination of oncology clinical trials, Clinical Trials also interprets and utilizes complex clinical trial data. This data is maintained in comprehensive files on the various studies.

Education

The BC Cancer Agency - Centre for the North is responsible for ensuring that Clinical Trials staff are knowledgeable in current clinical trials procedures, national and international guidelines, regulations issued by TPD of Health Canada, Canada, FDA, ICH-GCP, EU and other institutions. Certification of staff through professional organizations will be ensured. In addition, the attendance of courses and seminars offered by professional organizations and public institutions will be encouraged.

- Organizing in-services/workshops for staff and investigators to discuss clinical trials procedures/research
- Keeping investigators up to date on current regulatory practices.

Research

This component will include central facilities in support of the BC Cancer Agency - Centre for the North's clinical trials protocols. The BC Cancer Agency - Centre for the North will participate in regional, national, and international studies.

Specific Exclusions

- Clinical Trials will not be equipped to operate Phase 1 Trials.

Key Design Requirements

Spatial Requirements

- Planning should acknowledge the number of visits and the differing LOS per visit type (initial visit, ongoing monitoring and follow up). There will be increased LOS for patients on a clinical trial as there are additional test and observations that must be completed to satisfy the trial.
- There shall be sufficient space to store lab kits, procedure and patient documentation binders, as well as, equipment supplied by the clinical trial.
- A monitor room shall be provided for clinical trial monitors. It shall be located in proximately to clinical trials, but not directly in the area. The entrance for the monitor room shall be off a public corridor. When not used as a monitor room it will be used as a small meeting room.
- Clinical Trials shall be secured with a card-lock system.
- Clinical Trials also has space in the Pharmacy and all drug kits received for trials will be kept in the pharmacy. Separate storage will be required in the pharmacy area for clinical trials.

Environment Requirements

Privacy

- Ensure that noise transference is kept to a minimum and that adjacent spaces are sound attenuated and/or visually screened to achieve the required degree of privacy. This applies especially to staff workspaces, care stations, physician dictation areas, and staff phones. Refer to Output Specification for requirements on sound attenuation.
- Acoustical consideration shall be given to reduce the noise levels. All procedure rooms, exam rooms and counselling rooms will meet the requirements of Appendix 3D [Sound Transmission Ratings].

Aesthetics

- Facilities for patients and families shall present a calm and reassuring, yet professional environment. Create an environment conducive to patient relaxation; comfortable, non-technical, possibly with music and/or television as a diversion (particularly in waiting areas).
- The colors within the area shall be designed to provide a comfortable environment for staff and patients.
- The design shall reflect the architectural vernacular of the Prince George Region and be responsive to the First Nations' population.
- Material selection shall be made to be highly durable, cleanable, and aesthetically pleasing.

Flexibility

- As much as possible, like patient treatment spaces will be designed and equipped identically.

Lighting

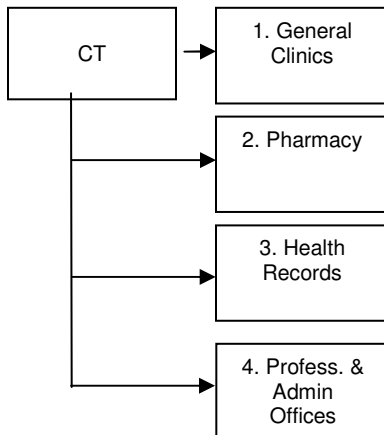
- Specialized lighting appropriate for Clinical Trials area shall be incorporated. Adequate lighting in team rooms, workstations, and clinical areas for performing detailed tasks, etc. shall be provided.
- Access to daylight and views of the exterior would be desirable. Appropriate light and glare control shall be implemented to provide a well lit and comfortable environment.

Adjacency Requirements

Generous and direct circulation systems in all patient areas will be provided to allow for the efficient movement of both ambulatory and wheelchair/stretchers patients. A portering system will be used when required to transfer patients on stretchers/wheelchairs, etc. to Diagnostic Imaging and patient care units if required.

Routine high-volume procedure areas will be located closest to the scheduled patient entry/reception point.

External Adjacencies



1. Provide direct access to the General Clinics Area.
2. Provide adjacent access to pharmacy.
3. Provide direct access to the Health Records Area.
4. Provide direct access by general circulation to the Professional and Administrative Offices

Internal Adjacencies

Zoning and Workflow

Clinical Trials shall be organized in the following zones.

Clinical Trials Participation

Once a patient has been identified eligible to participate in a clinical trial, researchers will review key facts about the clinical trials before they decide to participate. Staff will interview patients in the General Clinic area.

Once the patient decides to participate, they will sign an informed consent form.

During the clinical trial, the study participant will work with members of the research team. The research team may include the principal investigator, doctors, nurse, dieticians, and other health care professionals.

The participant will be required to come in at designated times for tests, completing log information, or completing questionnaires. The nurse coordinator may administer tests or treatments to the study participants at designated intervals throughout the course of the trial.

An area for the storage of kits and drugs on trials and a workroom to see patients and assembly of materials for clinical trials will be provided in the Pharmacy area.

Patients will be monitored by data managers and nurses during their participation in the study.

Once the trial ends, the research team may continue to contact participants via telephone

Key Performance Requirements

The following list includes, but is not limited to the key performance requirements for Clinical Trials Unit:

Technology and Infrastructure Requirements

- Clinical Trials shall be planned for eventual full computerization of information (including bedside computers or hand-held devices) in support of electronic nurse documentation, order issue, patient registration, etc.
- Electronic management of information is anticipated using a combination of desktop computers, laptops, PDAs and potential other equipment. Clinical equipment will require access to network ports so that patient information can be downloaded directly into the electronic patient record. Networked data ports will be provided in staff work areas as well in the exam rooms and patient areas.
- A communication system that provides direct communication links between Clinical Trials and the external switchboard/call centre, and other staff.
- Access to clinical and educational “telehealth” service. Clinical Telehealth links will be available in the Pharmacy and will be used to link the BC cancer agency – Centre for the North clinic to specialists in other communities (e.g. CH) and to link smaller communities for diagnoses and consultation.
- The Clinical Trials must be interfaced to the PGRH’s information and Lab reporting systems. Therefore Lab orders can be sent to the Lab from Pharmacy electronically. Computerized physician order entry and integrated databases shall also be developed to support stream integration of healthcare providers.

Workload

Clinical Trials is expected to have approximately 5 to 10 active studies annually.

Staffing

Position/Classification	2012	
	Headcount	FTE
Data Coordinators	2	1.5
Data Manager	1	1
Nurse Coordinators	2	1.5
Pharmacist	1	0.4
Pharmacist technician	1	0.2
Clerical/Admin	1	1
Total	8	5.6

Space Requirements

Clinical Trials							
Rm Code	Space	Area Requirements					Remarks
		Units	NSM/unit	NSM	Planning Factor	CGSM	
3.1.5.1	Workstation, Data Manager	1	6.5	6.5	1.3	8	area closed to public; security access required
3.1.5.2	Work Area, Nurse Coordinator	2	5.5	11.0	1.3	14	area closed to public; security access required
3.1.5.3	Data Coordinators	2	5.5	11.0	1.3	14	area closed to public; security access required
3.1.5.4	Workstation, Unit Clerk	1	5.5	5.5	1.3	7	area open to the public
3.1.5.5	Storage, Files	3	3.0	9.0	1.3	12	area closed to public; security access required
3.1.5.6	Monitor Room	1	11.0	11.0	1.3	14	workstation required
	TOTAL		NSM	54.0	CGSM	69	

DEFINITIONS:

Net Square Metres (NSM) – the actual occupiable area of each room or space as measured to the interior finished surfaces of all walls, partitions, or mechanical enclosures.

Component Gross Square Metres (CGSM) – that portion of a building assigned to a specific component (a cohesive grouping of activities or spaces related by service or physical arrangement), including net areas, internal circulation, partitions, building structure and small mechanical shafts/areas as measured from the inside face of exterior walls and to the centre line of partitions adjoining other components or general circulation space.

3.1.6 CANCER REHABILITATION

Scope of Services

Hours of Operation

Cancer Rehabilitation will typically operate from 0800h to 1700h, Monday to Friday.

Description:

Social workers and clinical counsellors will provide counselling of patients and their families, including adjustment to the diagnosis of cancer, coping with treatment, relaxation training, palliative care concerns and bereavement follow-up. Social workers and clinical counsellors will often meet with families in their offices. Services will be provided to BC Cancer Agency - Centre for the North General Clinic patients. Psychiatric counselling is available for 2 sessions per week, with the potential for evening service as workload increases.

Nutritionists will provide counselling to patients and their families on the issues related to diets and the cancer treatment plan that have been recommended. Approximately 75% the workload for the nutritionist are patients undergoing Radiation Therapy.

Group therapy sessions are conducted by the counselling staff in programs such as relaxation, therapeutic touch, women's health and children's support. The counsellors will work with other health members such as oncologists and nurses to develop an interdisciplinary approach to treatment of each cancer patient. Creative art and music therapy programs are offered to patients.

The Navigator will help patients and families navigate through the treatment process by providing information, support, and linkages to key service providers. This program will likely be implemented in the Centre for the North and will be associated with Cancer Rehabilitation as well as other allied health groups in addition to the association with the BC Cancer Agencies library and information kiosks.

Education

Education Services will be accommodated as follows: Counselling, social worker, psychiatry and dietetic interns and graduate students will rotate through this department as part of a practicum placement (maximum 2-5 students at a time)

Research

Staff located in this component will participate in clinical and social behavioural research activity of the center, but will do so within space provided. Staff may also collaborate with palliative care and neuropsychological in research activities.

Specific Exclusions

BCCA will purchase services for speech and physiotherapy and they will be provided outside the BCCA Centre for the North.

Key Design Requirements

Spatial Requirements

- Counselling offices shall be designed, so in the case of emergency, the counsellor is not trapped behind furniture with no way to safely exit the room.
- The entrance to the counselling rooms will include a side light within the frame and shall have 50% of the surface covered with translucent film. The film shall be placed to obscure the view into the room as someone passes by, but will allow someone to gain visual access to the room (they may have to bend down to see in) in case of emergency.
- This area will share a space with Population Oncology. The shared facilities including waiting and reception area, as well as a common photocopy and kitchen alcove.
- Cancer Rehabilitation shall have access to multi-purpose room with storage for equipment. Equipment will include yoga and mediation mats, blankets, bolsters, chairs, and tables. This room shall also be equipped with tele-health video conferencing.

Environment Requirements

Privacy

- Ensure that noise transference is kept to a minimum and that adjacent spaces are sound attenuated and/or visually screened to achieve the required degree of privacy. This applies especially to staff workspaces, care stations, physician dictation areas, staff phones. Refer to Output Specification for requirements on sound attenuation.
- Acoustical consideration shall be given to reduce the noise levels. All procedure rooms, exam rooms and counselling rooms will meet the requirements of Appendix 3D [Sound Transmission Ratings].
- Computer monitors shall be placed to limit visual exposure to patient and public areas, to protect confidential patient information.

Aesthetics

- Facilities for patients and families shall present a calm and reassuring, yet professional environment. Create an environment conducive to patient relaxation; comfortable, non-technical, possibly with music and/or television as a diversion (particularly in waiting areas).
- The colors within the area shall be designed to provide a comfortable environment for staff and patients.
- The design shall reflect the architectural vernacular of the Prince George Region and be responsive to the First Nations' population.
- Material selection shall be made to be highly durable, cleanable, and aesthetically pleasing.

Flexibility

- As much as possible, like patient treatment spaces will be designed and equipped identically.

Lighting

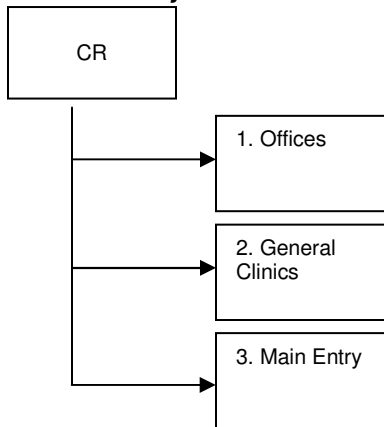
- Adequate lighting in team rooms, workstations, and clinical areas for performing detailed tasks, etc. shall be provided.
- Access to daylight and views of the exterior would be desirable. Appropriate light and glare control shall be implemented to provide a well lit and comfortable environment.

Adjacency Requirements

Generous and direct circulation systems in all patient areas will be provided to allow for the efficient movement of both ambulatory and wheelchair/stretchers patients. A portering system will be used when required to transfer patients on stretchers/wheelchairs, etc. to Diagnostic Imaging and patient care units if required.

Routine high-volume procedure areas will be located closest to the scheduled patient entry/reception point.

External Adjacencies



1. Provide direct access by general circulation to the Offices
2. Provide direct access by general circulation to General Clinics
3. Provide direct access by general circulation to Main Entrance

Internal Adjacencies

Zoning and Workflow

Cancer Rehabilitation shall be organized in the following zones.

Reception/Registration/Booking

- Patients arriving early, relatives/carers waiting for patients in Cancer Rehabilitation, and patients in between consultations will utilize the waiting area adjacent to the reception and shared with Population Oncology.
- Patients will be referred to Cancer Rehabilitation from a variety of services, including the community. Through a central scheduling program, patient's appointments will be coordinated during their time at the BC Cancer Agency - Centre for the North. All patients, clinicians, and visitors to the Cancer Rehabilitation will be received at the reception desk in this area. A variety of other tasks, including telephone call handling, appointment scheduling, answering patient's questions etc. are also undertaken here.

Consultation

- The patient will be directed to the appropriate counselling room, office or therapy room by a member of the staff. It is assumed that a dedicated central outpatient scheduling system is available to co-ordinate the booking of appointments.
- Need access to a procedure room on a regular basis for training patients with gastric tubes.

Key Performance Requirements

The following list includes, but is not limited to the key performance requirements for Cancer Rehabilitation:

Technology and Infrastructure Requirements

- Cancer Rehabilitation shall be planned for eventual full computerization of information (including bedside computers or hand-held devices) in support of electronic nurse documentation, order issue, patient registration, etc.
- Electronic management of information is anticipated using a combination of desktop computers, laptops, PDAs and potential other equipment. Clinical equipment will require access to network ports so that patient information can be downloaded directly into the electronic patient record. Networked data ports will be provided in staff work areas as well in the exam rooms and patient areas.
- An communication system that provides direct communication links between Cancer Rehabilitation and the external switchboard/call centre, security, police, ambulance service, and other staff. The reception desk shall have an emergency button placed under the desk, which will alert security that there is an emergency situation in the Cancer Rehabilitation and that attention is required. Security will can emergency response if necessary.
- Access to clinical and educational “telehealth” service. Clinical Telehealth links will be available and will be used to link the BC cancer agency – Centre for the North clinic to specialists in other communities (e.g. CH) and to link smaller communities for diagnoses and consultation and education.

Workload

Not applicable to this component.

Staffing

Position/Classification	2012	
	Headcount	FTE
Social Worker	2	2
Dietitians	2	1.5
Psychiatrist	2	2
Admin Staff	2	2
Total	8	7.5

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

Functional Areas	Patients	Staff	Visitors	Others	Total
Reception Area	1.0-2.0	1.0-2.0	1.0-2.0	1.0	5.0-7.0
Interview/Couselling/Office Area	6.0-7.0	4.0	1.0-2.0	1.0	12.0-14.0
Multipurpose Meeting Room	6.0-8.0	1.0-2.0	1.0-2.0	1.0	9.0-13.0

Space Requirements

Cancer Rehabilitation							
Rm Code	Space	Area Requirements					Remarks
		Units	NSM/unit	NSM	Planning Factor	CGSM	
3.1.6.1	Waiting Area	1	6.0	6.0	1.3	8	Shared with Population Information
3.1.6.2	Workstation, Secretary	1	5.5	5.5	1.3	7	Needs to be adjacent to waiting area
3.1.6.3	Office Work Room/Storage	1	10.0	10.0	1.3	13	Photocopier/Print/Fax in this room Shared with Population Information
3.1.6.4	Office, Team Leader	2	12.0	24.0	1.3	30	Patient counseling in office – 1 Dietary, 1 PFC
3.1.6.5	Office, Social Workers	2	11.0	22.0	1.3	29	Patient counseling in office
3.1.6.6	Office, Dietitians	1	11.0	11.0	1.3	14	Patient counseling in office
3.1.6.7	Office, Psychiatrist	2	12.0	24.0	1.3	31	Patient counseling in office. Workstation configuration must allow Psychiatrist have access to door
3.1.6.8	Counseling Room	1	11.0	11.0	1.3	14	To be shared with Population Information
3.1.6.9	Multi-purpose room	1	30.0	30.0	1.3	39	Needs to have Video conference capability - to be a large open room with counter and sink
3.1.6.10	Storage, Equipment	1	10.0	10.0	1.3	13	Adjacent to Multi-purpose room for storage of various group equipment (mats, blankets, bolsters)
3.1.6.11	Washroom, Patient/Public, Wheelchair access	2	4.5	9.0	1.3	12	Must meet Accessibility Guidelines
	TOTAL		NSM	162.5	CGSM	210	

DEFINITIONS:

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3.1.7 PROFESSIONAL OFFICES

Scope of Services

Hours of Operation

Professional staff offices will typically operate from 0800h to 1700h, Monday to Friday. **However, access will be required 24 hours per day, seven days a week as clinicians and administrators are on-call and must come in on weekends, holidays and for emergencies.**

Description:

This section sets out the requirements for the BC Cancer Agency - Centre for the North Professional Offices. This component provides centralized office and support facility accommodations for medical oncology, radiation oncology, GPOs, physicists and other residents, medical/non medical students, and support staff.

The Professional Staff Offices administer on-site clinical services operations that include, but are not limited to the followings services - Professional staff meetings, Professional interviews and assessments, and general coordination.

Professional offices will complete managerial tasks from the office area including utilization management, quality assurance, and quality improvement/risk management. They will develop and monitor BC Cancer Agency - Centre for the North workload statistics and other performance measures. They will also liaison between medical, clinical and non-clinical support staff, community/regional partners, any relevant colleges of medicine, other external agencies and the public.

Centre for the North

Clinical Specification
3.1.7 Professional Offices

Education

N/A

Research

N/A

Specific Exclusions

N/A

Key Design Requirements

Spatial Requirements

- The offices shall accommodate a small meeting table for professional staff to have small meetings within their office.
- This area will share space with Administration. The shared facilities including a common photocopy and kitchen alcove.

Environment Requirements

Privacy

- Ensure that noise transference is kept to a minimum and that adjacent spaces are sound attenuated and/or visually screened to achieve the required degree of privacy. Refer to Output Specification for requirements on sound attenuation.
- Acoustical consideration shall be given to reduce the noise levels. All professional offices will meet the requirements of Appendix 3D [Sound Transmission Ratings].
- Computer monitors shall be placed to limit visual exposure to patient and public areas, to protect confidential patient information.

Aesthetics

- The colors within the area shall be designed to provide a comfortable environment for staff and patients.
- The design shall reflect the architectural vernacular of the Prince George Region and be responsive to the First Nations' population.
- Material selection shall be made to be highly durable, cleanable, and aesthetically pleasing.

Flexibility

- Consider the use of modular furnishings and plan offices to have identical functions.

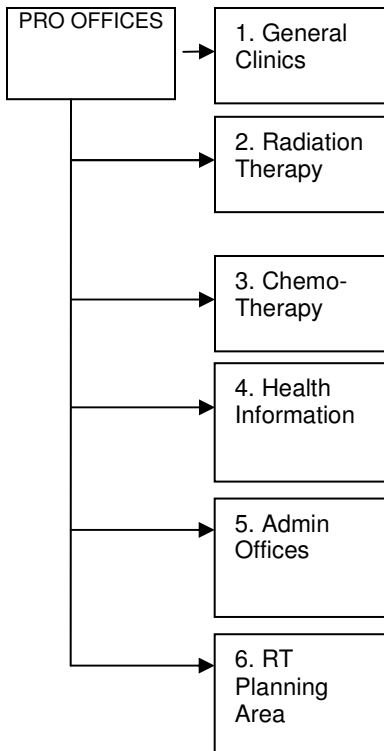
Lighting

- Adequate lighting in team rooms, workstations, and offices for performing detailed tasks, etc. shall be provided.
- Access to daylight and views of the exterior would be desirable. Appropriate light and glare control shall be implemented to provide a well lit and comfortable environment.

Adjacency Requirements

Professional Offices shall be located on the second floor directly adjacent to the Administrative Offices and the RT treatment planning area.

External Adjacencies



1. Provide convenient access by general circulation to General Clinics for ease of clinician movement
2. Provide convenient access by general circulation to Radiation Therapy for ease of clinician and physicist movement.
3. Provide convenient access by general circulation to the Systemic Treatment Unit for ease of clinician movement.
4. Provide convenient access by general circulation to the Health Information component for ease of chart access by clinicians.
5. Provide direct access by dedicated circulation to the Administration Offices.
6. Provide direct access by dedicated circulation to the Administration Offices.

Internal Adjacencies

Zoning and Workflow

Professional Offices shall be organized in the following zones.

Workstations

The Workstation area shall accommodate support staff and they shall be located directly adjacent to the Professional offices and have visual connection to the entrance of the area for receiving any visitors to the area.

Offices

This component is primarily used by professional staff for their offices. Medical staff will go to the various outpatient examination and treatment areas. Offices will be used for administration, consultation, reviewing clinical material and preparing various reports. Physicists will go to the treatment planning module to conduct hands-on planning duties and to the treatment module for machine QA, commissioning, etc.

Support Space

This area includes photocopy alcove, kitchenette, and storage area.

Key Performance Requirements

The following list includes, but is not limited the key performance requirements for Professional Offices:

Technology and Infrastructure Requirements

- Professional offices shall be planned for eventual full computerization of information (including bedside computers or hand-held devices) in support of electronic nurse documentation, order issue, patient registration, and RT electronic record eg Dynamic Documents etc.
- Electronic management of information is anticipated using a combination of desktop computers, laptops, PDAs and potential other equipment. Clinical equipment will require access to network ports so that patient information can be downloaded directly into the electronic patient record. Networked data ports will be provided in staff work areas as well in the exam rooms and patient areas.
-
- There shall be access to clinical and educational “telehealth” service. Clinical Telehealth links will be available in the General Clinics and will be used to link the BC Cancer Agency – Centre for the North clinic specialists to other communities or patients in the general clinic BCA centre for the north to specialists in other BCCA centres for diagnoses and consultation and education.
-

Workload

Not applicable to this component.

Staffing

Position/Classification	2012	
	Headcount	FTE
Medical Oncologist		3
Radiation Oncologist		3
Pain & Symptom Management		1
GPO		2
Medical Physics Leader		1
Physicists		2
Clerical/Admin Staff		2
Medical Secretaries		3.5
Total		17.5

Space Requirements

Professional Staff Offices							
Rm Code	Space	Area Requirements					Remarks
		Units	NSM/unit	NSM	Planning Factor	CGSM	
	Professional Staff Office Area						
3.1.7.1	Medical Physics Leader	1	12.0	12.0	1.3	16	
3.1.7.2	Physicist Office	2	11.0	22.0	1.3	29	
3.1.7.3	GPO	1	13.0	13.0	1.3	17	Shared office (2 people)
3.1.7.4	Not Used	0	0	0	0	0	
3.1.7.5	Medical Secretary	4	5.5	22	1.3	29	Must to adjacent to Professional Offices
3.1.7.6	Office, Professional	6	11.0	66.0	1.3	86	3 Rad Oncs, 3 Systemic
3.1.7.7	Washroom, Staff	2	2.5	0	1.3	0	Shared with Admin Offices
3.1.7.8	Photocopy/Print Room	1	0	0	1.3	0	Shared with Admin Offices
	TOTAL		NSM	135	CGSM	177	

DEFINITIONS:

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Component Gross Square Metres (CGSM) – that portion of a building assigned to a specific component (a cohesive grouping of activities or spaces related by service or physical arrangement), including net areas, internal circulation, partitions, building structure and small mechanical shafts/areas as measured from the inside fact of exterior walls and to the centre line of partitions adjoining other components or general circulation space.

3.1.8 ADMINISTRATIVE OFFICES

Scope of Services

Hours of Operation

Administrative offices will typically operate from 0800h to 1700h, Monday to Friday. However, access will be required 24 hours per day, seven days a week as clinicians and administrators are on-call and must come in on weekends, holidays and for emergencies.

Description:

This section sets out the requirements for the Administrative Offices for the BC Cancer Agency - Centre for the North. This component provides centralized office and support facility accommodations for administration and support staff including senior administrative, managerial, and secretarial work.

Activities taking place in the administration component included but are not limited to, professional interviews and assessments, general coordination and management of purchase services, administrative and professional staff meetings, labour relations, general coordination of all BC Cancer Agency - Centre for the North programs and processes.

The Administrative Offices also handle the financial aspects of running the BC Cancer Agency's Centre for the North including budget preparation and expenditure monitoring, purchasing and payment authorization, and management of purchase services.

Education

Educational events and activities may be coordinated through this office area. In addition, there may be opportunities for administrator graduate students, secretarial or other clerical students to have experiences at the centre.

Research

The Inter Professional Research Cluster will undertake various research endeavours and will be supported by several research support staff. The support staff will conduct literature searches and review, as well as other specific tasks required to undertake research activities.

Specific Exclusions

N/A

Key Design Requirements

Spatial Requirements

- The offices shall accommodate a small meeting table for administrative staff to have small meetings within their office.
- This area will share space with Professional Offices. The shared facilities including waiting and reception area, as well as a common photocopy and kitchen alcove.
- Consider placing offices in-board and open workstations placed directly by the exterior glazing. This will provide more access to natural daylight for all members of the Administrative Office team.

Environment Requirements

Privacy

- Ensure that noise transference is kept to a minimum and that adjacent spaces are sound attenuated and/or visually screened to achieve the required degree of privacy. Refer to Output Specification for requirements on sound attenuation.
- Acoustical consideration shall be given to reduce the noise levels. All offices and meeting rooms will meet the requirements of Appendix 3D [Sound Transmission Ratings]
- Computer monitors shall be placed to limit visual exposure to patient and public view, to protect confidential patient information.

Aesthetics

- The colors within the area shall be designed to provide a comfortable environment for staff.
- The design shall reflect the architectural vernacular of the Prince George Region and be responsive to the First Nations' population.
- Material selection shall be made to be highly durable, cleanable, and aesthetically pleasing.

Flexibility

- Consider the used of modular furniture and partition systems to allow for growth and flexibility in the administrative areas.

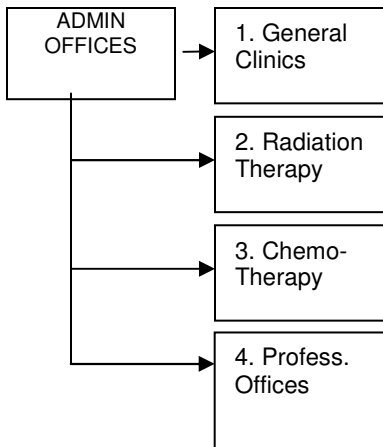
Lighting

- Adequate lighting in team rooms, workstations, and clinical areas for performing detailed tasks, etc. shall be provided.
- Access to daylight and views of the exterior would be desirable for all workstations and offices. Consider centralizing offices around the core and providing daylight access to the open workstation area with interior glazing for the office spaces.
- Appropriate light and glare control shall be implemented to provide a well lit and comfortable environment.

Adjacency Requirements

The Administrative Offices shall be located on the second floor directly adjacent to the Professional Offices.

External Adjacencies



1. Provide convenient access by general circulation to General Clinics for ease of clinician movement
2. Provide convenient access by general circulation to Radiation Therapy for ease of clinical and physicists movement.
3. Provide convenient access by general circulation to the Systemic Treatment Unit for ease of clinician movement.
4. Provide direct access by dedicated circulation to the Professional Office component.

Internal Adjacencies

Zoning and Workflow

Administrative Offices shall be organized in the following zones.

Open Workstations

The open workstation area will be occupied with clerical staff and other administrative positions. This zone shall have visual access to the entrance of the component so staff will also be responsible for receiving any visitors.

Offices

This component is primarily used by administrative staff for their offices. Offices will be used for administration, consultation and preparing various reports.

Support Space

This area includes photocopy alcove, kitchenette, and storage area and will be shared with the Professional Staff office component.

Key Performance Requirements

The following list includes, but is not limited to the key performance requirements for Administrative Offices:

Technology and Infrastructure Requirements

- Administrative offices shall be planned for eventual full computerization of information (including bedside computers or hand-held devices) in support of electronic nurse documentation, order issue, patient registration, RT electronic record eg Dynamic Documents etc.
- Electronic management of information is anticipated using a combination of desktop computers, laptops, PDAs and potential other equipment. Clinical equipment will require access to network ports so that patient information can be downloaded directly into the electronic patient record. Networked data ports will be provided in staff work areas as well in the exam rooms and patient areas.
- A communication system that provides direct communication links between Administrative offices and the external switchboard/call centre and other staff.
- .
- There shall be access to clinical and educational “telehealth” service. Clinical Telehealth links will be available in the General Clinics and will be used to link the BC Cancer Agency – Centre for the North clinic specialists to other communities or patients in the general clinic BCA centre ftheteh north to specialists in other BCCA centres for diagnoses and consultation and education.

Workload

Not applicable to this component.

Staffing

Position/Classification	2012	
	Headcount	FTE
Director Operations	2	2
Executive Assistant	1	1
Secretaries	2	2
Finance Clerk	1	1
Human Resources	1	1
IP&C, OH&S	1	1
Education Coordinator	1	1
Total	9	9

Space Requirements

Administration Offices							
Rm Code	Space	Area Requirements					Remarks
		Units	NSM/unit	NSM	Planning Factor	CGSM	
	Cancer Centre Administration						
3.1.8.0	Waiting Room	1	7.0	7.0	1.3	9	
3.1.8.1	Workroom/Storage	1	24.5	24.5	1.3	32	including Photocopier
3.1.8.2	Director Operations	2	11.0	22.0	1.3	29	
3.1.8.3	RT Program Secretary	1	5.5	5.5	1.3	7	Moved from Prof Staff offices
3.1.8.4	Workstation, Executive Assistant	2	6.0	12.0	1.3	16	
3.1.8.5	Office, Finance Clerk	1	9.0	9.0	1.3	12	
3.1.8.6	Flex Offices	2	9.0	18.0	1.3	23	to be shared by visiting administration
3.1.8.7	Flex Workstations	2	5.5	11.0	1.3	14	to be shared by visiting administration
3.1.8.9	ST Program Secretary	1	5.5	5.5	1.3	7	
3.1.8.10	Housekeeping Room	1	5.0	5.0	1.3	7	
3.1.8.11	Not used						
3.1.8.12	Coffee Station	1	4.0	4.0	1.3	5	To be have a microwave, undercount fridge (x2), plumbed coffee, sink, storage cupboards
3.1.8.13	Staff Washroom	2	2.5	5.0	1.3	7	
	Inter-Professional Research Cluster						
3.1.8.14	Workstations	3	5.5	16.5	1.3	21	work space for students
3.1.8.15	Office, bio-statistician	1	9.0	9.0	1.3	12	
	TOTAL		NSM	154	CGSM =	201	

Conference Facilities							
Rm Code	Space	Area Requirements					Remarks
		Units	NSM/unit	NSM	Planning Factor	CGSM	
3.1.8.16	Large Multi-purpose Room	1	50.0	50.0	1.3	65	(25-35 people); telehealth capability
3.1.8.17	Seminar Room	2	20.0	40.0	1.3	52	(12-15 people); telehealth capability
3.1.8.18	Meeting Room	2	15.0	30.0	1.3	39	(6-8 people); telehealth capability
	TOTAL		NSM	120.0	CGSM	156	

DEFINITIONS:

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Component Gross Square Metres (CGSM) – that portion of a building assigned to a specific component (a cohesive grouping of activities or spaces related by service or physical arrangement), including net areas, internal circulation, partitions, building structure and small mechanical shafts/areas as measured from the inside face of exterior walls and to the centre line of partitions adjoining other components or general circulation space.

3.1.9 HEALTH INFORMATION SERVICES (HIS)

Scope of Services

Hours of Operation

Health Information Services will typically operate from 0800h to 1600h Monday to Friday. Access may be required on an emergency basis 24 hours per day.

Description:

The range of services to be provided within this component includes:

Registration/Admitting – approximately 100% of BC Cancer Agency - Centre for the North patients are pre-registered in the Agency's Information System (Currently CAIS). Creation of hybrid (paper and electronic chart)

Record Processing and Chart Management – Processing of patient/client records for admissions, discharge, and assembling in a standardized format are health record functions. Records processing for rerouting of electronic documents for physician coverage is also completed. Chart management includes chart retrieval, delivery to and from appointments, clinical trials and chart tracking updates. Record processing for rerouting of electronic documents for physician coverage.

Records Retention and Retrieval – Health records personnel by whom records are stored and retrieved maintain on-site and off-site hardcopy record storage systems.

Release of Information – Patients/clients authorize the health care organization to release their health information for continuing care and to various third parties. ROI requests additional information for continuity of care. Consent is requested for releases in keeping with policy, procedures and relevant legislation including Freedom of Information and Protection of Privacy (FOIPPA) legislation.

Incomplete Records – A notification process to medical professional practice leaders occurs for outstanding record completion.

Coding, Data Collection, Statistical Reporting and Data Quality – The health record administrator applies knowledge of disease process and policies, procedures and standards in keeping with cancer reporting and research for provision and maintenance of accurate and complete clinical dataset. Provides statistical reporting.

Electronic Document Management – (Corporate Resource, offsite resources for PG work) – includes matching electronic documents or images to patients, document classification and routing to physicians for review and signature.

Centre for the North

Education

N/A

Research

N/A

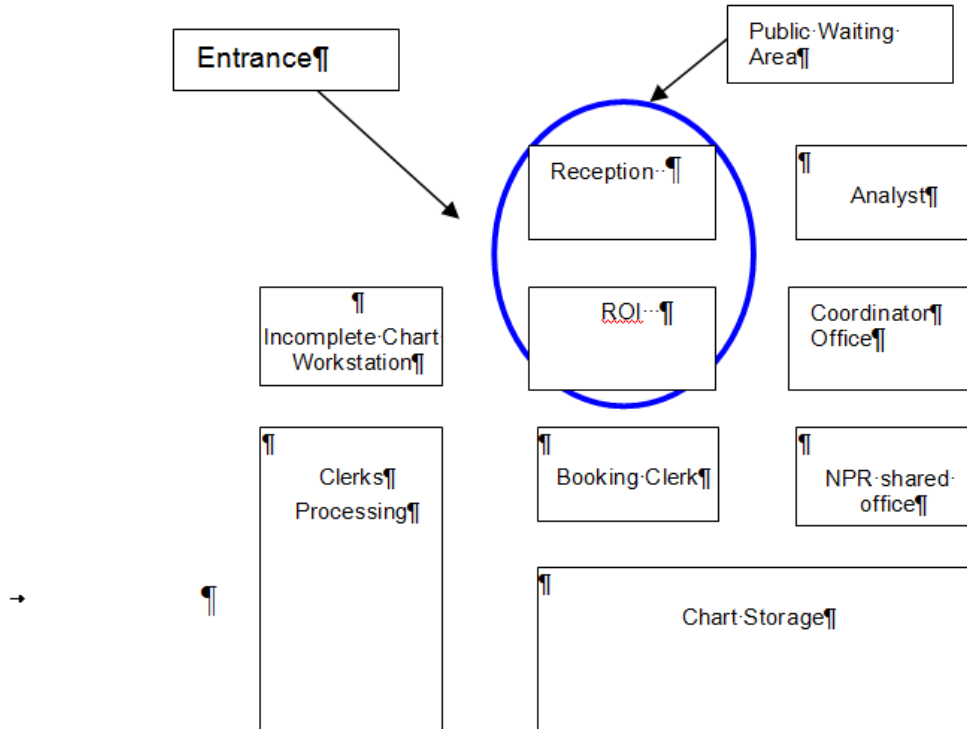
Specific Exclusions

N/A

Key Design Requirements

Spatial Requirements

- The offices shall accommodate a small meeting table for administrative staff to have small meetings within their office.
- This area will share space with Professional Offices. The shared facilities including waiting and reception area, as well as a common photocopy and kitchen alcove.
- Consider placing offices in-board and open workstations placed directly by the exterior glazing. This will provide more access to natural daylight for all members of the Administrative Office team.
- Waiting area for patient, close to Release of Information office but restricted access to remaining functions of HIS due to confidential records.



Environment Requirements

Privacy and Security

- Ensure that noise transference is kept to a minimum and that adjacent spaces are sound attenuated and/or visually screened to achieve the required degree of privacy. Refer to Output Specification for requirements on sound attenuation.
- Acoustical consideration shall be given to reduce the noise levels. All offices and meeting rooms' partitions shall have a minimum Sound Transfer Coefficient (STC) of 65.
- Computer monitors shall be placed to limit visual exposure to patient and public view, to protect confidential patient information.
- Ensure secured work area and record storage area due to confidential patient records.

Aesthetics

- Patients and families require comfortable waiting area outside of Release of Information (ROI). Access to remainder of department is secured.
- The colors within the area shall be designed to provide a comfortable environment for staff and patients.
- The design shall reflect the architectural vernacular of the Prince George Region and be responsive to the First Nations' population.
- Material selection shall be made to be highly durable, cleanable, and aesthetically pleasing.

Flexibility

- Consider the used of modular furniture and partition systems to allow for growth and flexibility in the administrative areas.
- Flexible shelving in processing area to organize, store charts awaiting delivery to clinics. Chart movement will change overtime once a full clinical information system is introduced.

Lighting

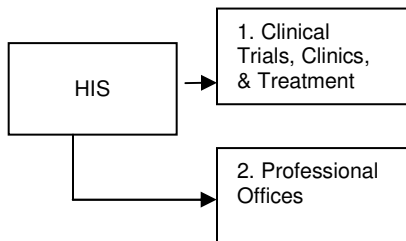
- Adequate lighting at workstations, and clinical areas for performing detailed tasks, and concentrated work on computers shall be provided.
- Access to daylight and views of the exterior would be desirable for all workstations and offices. Consider centralizing offices around the core and providing daylight access to the open workstation area with interior glazing for the office spaces.
- Appropriate light and glare control shall be implemented to provide a well lit and comfortable environment.

Adjacency Requirements

Generous and direct circulation systems in all patient areas will be provided to allow for the efficient movement of both ambulatory and wheelchair/stretchers patients. A portering system will be used when required to transfer patients on stretchers/wheelchairs, etc. to Diagnostic Imaging and patient care units if required.

Routine high-volume procedure areas will be located closest to the scheduled patient entry/reception point.

External Adjacencies



1. Provide direct access by general circulation to Clinical Trials, Clinics, and Treatment areas for the movement and temporary storage of health records
2. Provide direct access by general circulation to Professional Offices for the movement of staff.

Internal Adjacencies

Zoning and Workflow

Health Information Management shall be organized in the following zones. Refer to adjacency diagram at the end of the key design requirements section:

Registration/Booking

Patients will be pre-registered in the BCCA information system (CAIS). Patient referral is processed for completeness, provided for physician triage and first appointment is booked. Registration information is confirmed with the patient prior to the first visit. Subsequent patient appointments are booked by the clinics or treatment areas. Patient status is updated in the CAIS information system. Patients are not checked in, information is updated for cancellations. Where out-of province/out-of-country charges apply for cancer services, these will be collected and processed by the finance personnel.

Release of Information

Requests for information for continuity of patient care and releases patient information in records to continuing care requests and third party requests. Patients often make requests and pickup documents in person.

Chart Processing Area

This is the area where charts are sorted, updated and signed out in chart tracking before delivery. Charts returned are processed through a “return” station that updates chart tracking and redirects chart for next request and/or filing.

Office and Admin Area

This component is primarily used by administrative staff for their offices. Offices will be provided in HIS for the Coordinator, ROI staff, Health Record Administrator and New Patient Referral staff. The ROI Office receive requests from patient so close proximity to a waiting is required. Booking Clerk functions includes extensive phone work so sound attenuation is required.

Key Performance Requirements

The following list includes, but is not limited the key performance requirements for Administrative Offices:

Technology and Infrastructure Requirements

- Health Information Services shall be planned for eventual full clinical information system (including bedside computers or hand-held devices) in support of electronic nurse documentation, order issue, patient registration, etc. Historical existing paper patient record is typically not converted to electronic so some paper chart storage will remain.
- Electronic management of information is anticipated using a combination of desktop computers, laptops, PDAs and potential other equipment. Clinical equipment will require access to network ports so that patient information can be downloaded directly into the electronic patient record. Networked data ports will be provided in staff work areas as well in the exam rooms and patient areas.
- A communication system that provides direct communication links between Administrative offices and the external switchboard/call centre, and other staff.

Workload

3.1.9 Health Records							
		2012	2013	2014	2015	2016	2017
Incidence		1456	1493	1534	1573	1611	1652
Referred Cases @	75%	1092	1120	1151	1180	1208	1239
	Factors						
Chart Generated for each patient/year		1092	1120	1151	1180	1208	1239

Staffing

Position/Classification	2012	
	Headcount	FTE
Coordinator	1	1
NPR	2	1.5
ROI (Health Record Admin)	1	1
Clerk 4	4	3.5
Clerk 1*		0.5
Analyst	2	1.3
Booking Clerk	1	0.5
Total	11	9.3

* Electronic Health Record Clerk (FTE 0.5) is located within the Corporate section in Vancouver.

Space Requirements

Health Information Services							
Rm Code	Space	Area Requirements					Remarks
		Units	NSM/unit	NSM	Planning Factor	CGSM	
3.1.9.1	New Patient Referrals	2	5.5	11.0	1.3	14	
3.1.9.2	Booking Clerk	1	5.5	5.5	1.3	7	
3.1.9.3	Processing Area	1	25.0	25.0	1.3	33	includes 4 workstations and chart sorting area
3.1.9.4	Chart Storage	1	35.0	35.0	1.3	46	High Density Mobile Shelving to be used. 5 shelves/unit 2500 linear feet required
3.1.9.5	Coordinator's Office	1	9.0	9.0	1.3	12	
3.1.9.6	Chart Receiving	1	9.0	9.0	1.3	12	
3.1.9.7	Photocopier/Printer Alcove	1	7.5	7.5	1.3	10	
3.1.9.8	HRA - ROI	1	9.0	9.0	1.3	12	
3.1.9.9	(HRAs)	1	13	13	1.3	17	Shared office for 2 HRAs
3.1.9.10	ROI - Reception	1	5.5	5.5	1.3	7	
	TOTAL		NSM =	129.5	CGSM =	170	

DEFINITIONS:

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Component Gross Square Metres (CGSM) – that portion of a building assigned to a specific component (a cohesive grouping of activities or spaces related by service or physical arrangement), including net areas, internal circulation, partitions, building structure and small mechanical shafts/areas as measured from the inside fact of exterior walls and to the centre line of partitions adjoining other components or general circulation space.

3.1.10 POPULATION ONCOLOGY

Scope of Services

Hours of Operation

Population Oncology will typically operate from 0830h to 1630h, Monday to Friday.

Description:

The range of services to be provided within this component includes:

The Population Oncology program provides service to clients who, for the most part, do not have cancer and are part of the well population. The hereditary cancer program provides counselling to those who have a family history suggestion of an inheritable cancer and monitors clients who are at high risk of developing cancer. Consultations will take place in this component.

Surveillance and Outcomes

Education

N/A

Research

N/A

Specific Exclusions

Population Oncology administrative activities and the genetics laboratory testing activity will remain in the current location and not be relocated to the BC Cancer Agency – Centre for the North. The Screening Mammography Screening Program will continue, and as appropriate, expand service to northern communities through established screening centres and mobile service provision.

Key Design Requirements

Spatial Requirements

- The entrance to the counselling rooms will include a side light within the frame and shall have 50% of the surface covered with translucent film. The film shall be placed to obscure the view into the room as someone passes by, but will allow someone to gain visual access to the room (they may have to bend down to see in) in case of emergency.
- This area will share a space with Cancer Rehabilitation. The shared facilities including waiting and reception area, as well as a common photocopy and kitchen alcove.

Environment Requirements

Privacy

- Ensure that noise transference is kept to a minimum and that adjacent spaces are sound attenuated and/or visually screened to achieve the required degree of privacy. This applies especially to staff workspaces, care stations, physician dictation areas, staff phones and computer monitors (protected from patient view). Refer to Output Specification for requirements on sound attenuation.
- Acoustical consideration shall be given to reduce the noise levels. All procedure rooms, exam rooms and counselling rooms will meet the requirements of Appendix 3D [Sound Transmission Ratings].
- Computer monitors shall be placed to limit visual exposure to patient and public view, to protect confidential patient information.

Aesthetics

- Facilities for patients and families shall present a calm and reassuring, yet professional environment. Create an environment conducive to patient relaxation; comfortable, non-technical, possibly with music and/or television as a diversion (particularly in waiting areas).
- The colors within the area shall be designed to provide a comfortable environment for staff and patients.
- The design shall reflect the architectural vernacular of the Prince George Region and be responsive to the First Nations' population.
- Material selection shall be made to be highly durable, cleanable, and aesthetically pleasing.

Flexibility

- Consider the used of modular furniture

Lighting

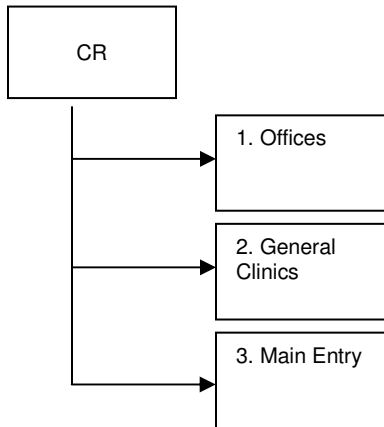
- Adequate lighting in team rooms, workstations, and clinical areas for performing detailed tasks, etc. shall be provided.
- Appropriate light and glare control shall be implemented to provide a well lit and comfortable environment.

Adjacency Requirements

Generous and direct circulation systems in all patient areas will be provided to allow for the efficient movement of both ambulatory and wheelchair/stretchers patients. A portering system will be used when required to transfer patients on stretchers/wheelchairs, etc. to Diagnostic Imaging and patient care units if required.

Routine high-volume procedure areas will be located closest to the scheduled patient entry/reception point.

External Adjacencies



1. Provide direct access by general circulation to the Offices
2. Provide direct access by general circulation to General Clinics
3. Provide direct access by general circulation to Main Entrance

Internal Adjacencies

Zoning and Workflow

Population Oncology shall be organized in the following zones.

Registration/Booking

Clients will entry area and check-in with reception. The reception function will be shared with Cancer Rehabilitation.

Counselling and Office Area

The clients will be directed to the appropriate counselling room, office or therapy room by a member of the staff.

Key Performance Requirements

The following list includes, but is not limited to the key performance requirements for Population Oncology:

Technology and Infrastructure Requirements

- Population Oncology shall be planned for eventual full computerization of information (including bedside computers or hand-held devices) in support of electronic nurse documentation, order issue, patient registration, etc.
- Electronic management of information is anticipated using a combination of desktop computers, laptops, PDAs and potential other equipment. Clinical equipment will require access to network ports so that patient information can be downloaded directly into the electronic patient record. Networked data ports will be provided in staff work areas as well in the exam rooms and patient areas.
- An communication system that provides direct communication links between Population Oncology and the external switchboard/call centre, security, police, ambulance service, and other staff.

Workload

N/A

Staffing

Position/Classification	2012	
	Headcount	FTE
Genetics Counsellor	1	1
Coordinator (Surveillance & Outcomes)	1	1
Admin Support	1	1
Total	3	3

Space Requirements

Population Oncology							
Rm Code	Space	Area Requirements					Remarks
		Units	NSM/unit	NSM	Planning Factor	CGSM	
Genetic Secretary Cancer Program							
3.1.10.1	Office for Genetics Counsellor	1	9.0	9.0	1.3	12	
3.1.10.2	Workstation - Support Staff	1	5.5	5.5	1.3	7	
3.1.10.3	Counselling Room	1	11.0	0	1.3	0	Shared with Cancer Rehab
Surveillance & Outcomes Support							
3.1.10.4	Office for Surveillance Coordinator	1.00	9.00	9.00	1.30	12	Located in the Administration component
TOTAL			NSM =	23.5	CGSM =	31	

DEFINITIONS:

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Component Gross Square Metres (CGSM) – that portion of a building assigned to a specific component (a cohesive grouping of activities or spaces related by service or physical arrangement), including net areas, internal circulation, partitions, building structure and small mechanical shafts/areas as measured from the inside face of exterior walls and to the centre line of partitions adjoining other components or general circulation space.

3.1.11 PREVENTION

Scope of Services

Hours of Operation

Prevention will typically operate from 0830h to 1630h, Monday to Friday.

Description:

The work of prevention is critical in lowering the occurrence of cancer, and will continue to require increased support to education a greater population. Prevention offers a variety of community programs and the majority of there work is completed out in the communities of the North.

Education

N/A

Research

N/A

Specific Exclusions

Community Program Coordinators (CPC) will be located out in the various communities they serve and will not require assigned seating at the BC Cancer Agency's Centre for the North.

Key Design Requirements

Spatial Requirements

- Offices shall be designed, so the occupant's back is not to the door when seated at the computer.
- The entrance to the office will include a side light within the frame and shall have 50% of the surface covered with translucent film. The film shall be placed to obscure the view into the room as someone passes by.

Environment Requirements

Privacy

- Ensure that noise transference is kept to a minimum and that adjacent spaces are sound attenuated and/or visually screened to achieve the required degree of privacy. This applies especially to staff workspaces, care stations, physician dictation areas, staff phones and computer monitors (protected from patient view). Refer to Output Specification for requirements on sound attenuation.
- Acoustical consideration shall be given to reduce the noise levels. All procedure rooms, exam rooms and counselling rooms will meet the requirements of Appendix 3D [Sound Transmission Ratings].
- Computer monitors shall be placed to limit visual exposure to patient and public view, to protect confidential patient information.

Aesthetics

- Facilities for patients and families shall present a calm and reassuring, yet professional environment. Create an environment conducive to patient relaxation; comfortable, non-technical, possibly with music and/or television as a diversion (particularly in waiting areas).
- The colors within the area shall be designed to provide a comfortable environment for staff and patients.
- The design shall reflect the architectural vernacular of the Prince George Region and be responsive to the First Nations' population.
- Material selection shall be made to be highly durable, cleanable, and aesthetically pleasing.

Flexibility

- Consider the used of modular furniture

Lighting

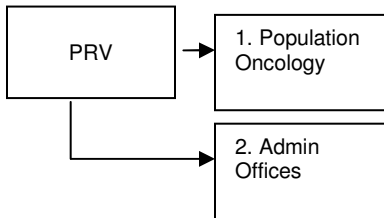
- Adequate lighting in team rooms, workstations, and clinical areas for performing detailed tasks, etc. shall be provided.
- Appropriate light and glare control shall be implemented to provide a well lit and comfortable environment.

Adjacency Requirements

Generous and direct circulation systems in all patient areas will be provided to allow for the efficient movement of both ambulatory and wheelchair/stretchers patients. A portering system will be used when required to transfer patients on stretchers/wheelchairs, etc. to Diagnostic Imaging and patient care units if required.

Routine high-volume procedure areas will be located closest to the scheduled patient entry/reception point.

External Adjacencies



1. Provide direct access by general circulation to Population Oncology.
2. Provide direct access by general circulation to the Admin Offices

Internal Adjacencies

Zoning and Workflow

Prevention shall be organized in the following zone.

Office Area

Prevention works in many of the communities of the North and the Centre for the North will be the central location for the program. This program does not meet with the public at the Centre for the North.

Key Performance Requirements

The following list includes, but is not limited to the key performance requirements for Prevention:

Technology and Infrastructure Requirements

- Prevention shall be planned for eventual full computerization of information (including bedside computers or hand-held devices) in support of electronic nurse documentation, order issue, patient registration, etc.
- Electronic management of information is anticipated using a combination of desktop computers, laptops, PDAs and potential other equipment. Clinical equipment will require access to network ports so that patient information can be downloaded directly into the electronic patient record. Networked data ports will be provided in staff work areas as well in the exam rooms and patient areas.
- An communication system that provides direct communication links between Prevention and the external switchboard/call centre, and other staff.
- Access to clinical and educational “tele-health” service. Clinical Tele-health links will be available in the meeting rooms that Prevention will have access to and will be used to link the BC Cancer agency – Centre for the North clinic to specialists in other communities and to link smaller communities for diagnoses and consultation.

Workload

N/A

Staffing

Position/Classification	2012	
	Headcount	FTE
Program Coordinator	1	1
CPC	8	3.5
Students	2	-
Assistant	2	1
Total	13	5.5

Space Requirements

Prevention							
Rm Code	Space	Area Requirements					Remarks
		Units	NSM/unit	NSM	Planning Factor	CGSM	
3.1.11.1	Office, Director	1	9.0	9.0	1.3	12	
3.1.11.2	Workstations (assistant, CPC, Students)	4	5.5	22.0	1.3	29	
3.1.11.3	Active inventory	1	10.0	10.0	1.3	13	For Literature and Educational Information Will need access to bulk staging
	TOTAL		NSM	41.0	CGSM	54	

DEFINITIONS:

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Component Gross Square Metres (CGSM) – that portion of a building assigned to a specific component (a cohesive grouping of activities or spaces related by service or physical arrangement), including net areas, internal circulation, partitions, building structure and small mechanical shafts/areas as measured from the inside face of exterior walls and to the centre line of partitions adjoining other components or general circulation space.

3.1.12 STAFF FACILITIES

Scope of Services

Hours of Operation

Staff Facilities will be available to staff during facility operation.

Description:

Provide locker storage for staff, provide washroom and shower facilities for staff, provide kitchen for storage and preparation of staff meals. Provide seating for staff during breaks. Lockers must be able to accommodate the bulky nature of winter outerwear and footwear. In addition, it should be able to drain away water that may accumulate due to melting snow.

Education

N/A

Research

N/A

Specific Exclusions

- Purse lockers and coat closets shall be located on the unit as well for staff.
- Pharmacy shall be located adjacent to the staff locker rooms or they shall require their own locker area, as they are required to where scrubs into the pharmacy area.
- There will be no food service offer in the centre. Food service will be available from the PGRH cafeteria.

Key Design Requirements

Spatial Requirements

N/A

Environment Requirements

Privacy

Ensure that noise transference is kept to a minimum and that adjacent spaces are sound attenuated and/or visually screened to achieve the required degree of privacy. Refer to Output Specification for requirements on sound attenuation.

Aesthetics

- Facilities shall present a calm and reassuring, yet professional environment. The colors within the area shall be designed to provide a comfortable environment for staff. The design shall reflect the architectural vernacular of the Prince George Region and be responsive to the First Nations' population.
- Material selection shall be made to be highly durable, cleanable, and aesthetically pleasing.

Flexibility

- Consider the use of modular furniture

Lighting

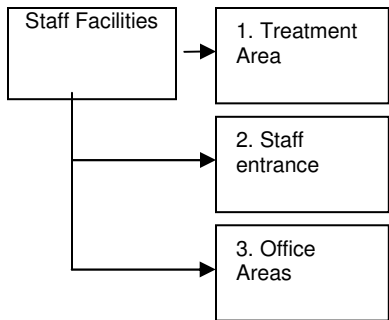
- Appropriate light and glare control shall be implemented to provide a well lit and comfortable environment.

Centre for the North

Adjacency Requirements

Staff facilities shall be out of the general circulation of patient flow and visitor population. It will be located on the second floor.

External Adjacencies



1. Provide convenient access by general circulation to Treatment Areas
2. Provide convenient access by general circulation to entrance
3. Provide access by general circulation to Offices Areas

Internal Adjacencies

Zoning and Workflow

N/A

Key Performance Requirements

The following list includes, but is not limited the key performance requirements for Staff Facilities:

Technology and Infrastructure Requirements

- A communication system that provides direct communication links between Staff Facilities and the external switchboard/call centre, and other staff.

Workload

N/A

Staffing

N/A

Space Requirements

Staff Facilities							
Rm Code	Space	Area Requirements					Remarks
		Units	NSM/unit	NSM	Planning Factor	CGSM	
3.1.12.1	Staff Break Room	1	40.0	40.0	1.3	52	To have Kitchenette; fridge, sink, microwave, access to exterior view
3.1.12.2	Locker/Change Room, Female	1	20.0	20.0	1.3	26	half lockers; boot storage
3.1.12.3	Washroom, Female	1	15.0	15.0	1.3	20	
3.1.12.4	Locker/Change Room, Male	1	10.0	10.0	1.3	13	
3.1.12.5	Washroom, Male	1	10.0	10.0	1.3	13	half lockers; boot storage
	TOTAL		NSM	95.0	CGSM	124	

DEFINITIONS:

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3.1.13 VOLUNTEER SERVICES

Scope of Services

Hours of Operation

This component will typically operate from 0830h to 1630h, Monday to Friday

Description:

The range of services to be provided within this component includes: Reception/greeting at main entry in conjunction with a full-time staff member, therapeutic touch clinic, Cancer Information, Orienting patients to the BC Cancer Agency - Centre for the North and it's resources, preparation of crafts for sale to raise funds, and book delivery on the library cart to patient care areas.

Education

N/A

Research

N/A

Specific Exclusions

N/A

Key Design Requirements

Spatial Requirements

- Volunteers will work in various units through out the facility. Unless otherwise noted the Volunteers have no spatial requirements on the units.
- The Volunteer lounge will be used by volunteers for checking in, personal belonging storage, meeting area and break area.

Environment Requirements

Privacy

- Computer monitors shall be placed to limit visual exposure to patient and public view, to protect confidential patient information.

Aesthetics

- Facilities for patients and families shall present a calm and reassuring, yet professional environment. Create an environment conducive to patient relaxation; comfortable, non-technical, possibly with music and/or television as a diversion (particularly in waiting areas).
- The colors within the area shall be designed to provide a comfortable environment for staff and patients.
- The design shall reflect the architectural vernacular of the Prince George Region and be responsive to the First Nations' population.
- Material selection shall be made to be highly durable, cleanable, and aesthetically pleasing.

Flexibility

- Consider the used of modular furniture

Lighting

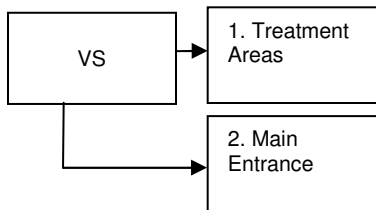
- Appropriate light and glare control shall be implemented to provide a well lit and comfortable environment.

Adjacency Requirements

Generous and direct circulation systems in all patient areas will be provided to allow for the efficient movement of both ambulatory and wheelchair/stretchers patients. A portering system will be used when required to transfer patients on stretchers/wheelchairs, etc. to Diagnostic Imaging and patient care units if required.

Routine high-volume procedure areas will be located closest to the scheduled patient entry/reception point.

External Adjacencies



1. Provide direct access by general circulation to Treatment areas for the movement of medical records.
2. Provide direct access by general circulation to the Main Entrance.

Internal Adjacencies

Zoning and Workflow

Volunteer Services shall be organized in the following zones.

Volunteer Lounge

Volunteers will have access to the volunteer lounge where they are able to lock up outwear and put on any required articles of clothing. Volunteers will return here before departing.

A nourishment area should be provided for beverage making, refrigerator for lunch storage, and appropriate storage.

Worksite

Volunteers will report to their designated area to help with support services (mentioned in scope of services)

Key Performance Requirements

The following list includes, but is not limited to the key performance requirements for Volunteer Services:

Technology and Infrastructure Requirements

- Electronic management of information is anticipated using a combination of desktop computers, laptops, PDAs and potential other equipment. Networked data ports will be provided in volunteer lounge.

Workload

N/A

Staffing

Position/Classification	2012	
	Headcount	FTE
Coordinator	1	1
Total	1	1

Space Requirements

Volunteer Services							
Rm Code	Space	Area Requirements					Remarks
		Units	NSM/unit	NSM	Planning Factor	CGSM	
3.1.13.1	Volunteer Lounge	1.00	12.00	12.00	1.30	16	Includes kitchenette, computer terminal and locker storage
3.1.13.2	Washroom	1.00	4.50	4.50	1.30	6	
3.1.13.3	Office, Volunteer Services	1.00	9.00	9.00	1.30	12	
	TOTAL		NSM	25.5	CGSM	34	

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Component Gross Square Metres (CGSM) – that portion of a building assigned to a specific component (a cohesive grouping of activities or spaces related by service or physical arrangement), including net areas, internal circulation, partitions, building structure and small mechanical shafts/areas as measured from the inside face of exterior walls and to the centre line of partitions adjoining other components or general circulation space.

3.1.14 CANCER FOUNDATION

Scope of Services

Hours of Operation

The Cancer Foundation will typically operate from 0830h to 1630h, Monday to Friday.

Description:

Foundation Offices/Donor Recognition provides office for the BCCA Foundation, established to solicit monetary donations, and accept any donations made by patients, visitors, or families, and manage the allocation of these funds for capital acquisitions. Distinct donor recognition areas will be provided to recognize a list of supporters/contributors. Innovative methods that provide flexibility yet pay tribute to donors that are to be incorporated into the main entrance of the Centre for the North. The area also displays Foundation activities information.

Education

N/A

Research

N/A

Specific Exclusions

N/A

Key Design Requirements

Spatial Requirements

- Offices shall be designed, so the occupant's back is not to the door when seated at the computer.
- The entrance to the office will include a side light within the frame and shall have 50% of the surface covered with translucent film. The film shall be placed to obscure the view into the room as someone passes by.

Environment Requirements

Privacy

- Ensure that noise transference is kept to a minimum and that adjacent spaces are sound attenuated and/or visually screened to achieve the required degree of privacy.
- Computer monitors shall be placed to limit visual exposure to patient and public view, to protect confidential patient information.

Aesthetics

- Facilities for patients and families shall present a calm and reassuring, yet professional environment. Create an environment conducive to patient relaxation; comfortable, non-technical, possibly with music and/or television as a diversion (particularly in waiting areas).
- The colors within the area shall be designed to provide a comfortable environment for staff and patients.
- The design shall reflect the architectural vernacular of the Prince George Region and be responsive to the First Nations' population.
- Material selection shall be made to be highly durable, cleanable, and aesthetically pleasing.

Flexibility

- Consider the used of modular furniture

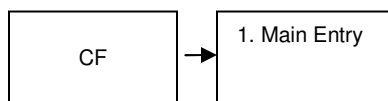
Lighting

- Adequate lighting in offices and workstations for performing detailed tasks, etc. shall be provided.
- Appropriate light and glare control shall be implemented to provide a well lit and comfortable environment.

Adjacency Requirements

Routine high-volume procedure areas will be located closest to the scheduled patient entry/reception point.

External Adjacencies



1. Provide direct visible access to the main entry.

Internal Adjacencies

Zoning and Workflow

Cancer Foundation shall be organized in the following zones:

Registration/Booking

Clients will entry area and check-in with reception.

Office Area

The clients will be directed to the appropriate office by a member of the staff.

Key Performance Requirements

The following list includes, but is not limited to the key performance requirements for Cancer Foundation:

Technology and Infrastructure Requirements

- Electronic management of information is anticipated using a combination of desktop computers, laptops, PDAs and potential other equipment. Networked data ports will be provided in Cancer Foundation.
- A communication system that provides direct communication links between Cancer Foundation and the external switchboard/call centre, and other staff.

Workload

N/A

Staffing

Position/Classification	2012	
	Headcount	FTE
Coordinator	1	1
Admin Support	1	1
Total	1	1

Space Requirements

Cancer Foundation							
Rm Code	Space	Area Requirements					Remarks
		Units	NSM/unit	NSM	Planning Factor	CGSM	
3.1.14.1	Coordinator Office	1	9.0	9.0	1.3	12	
3.1.14.2	Workstation	1	5.5	5.5	1.3	7	
3.1.14.3	Reception/Waiting area	1	7.5	7.5	1.3	10	literature display
3.1.14.4	Storage - Media & literature	1	5.0	5.0	1.3	7	
3.1.14.5	Donor Wall						located in main lobby
3.1.14.6	Printer/Photocopier Alcove	1	2.0	2.0	1.3	3	
	TOTAL		NSM	29.0	CGSM	39	

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3.1.15 PUBLIC SPACE & BUILDING INFRASTRUCTURE

Scope of Services

Hours of Operation

Building Support will typically operate from 0730h to 1730h, Monday to Friday.

Description:

The public space portion of this component will provide:

General reception and information desk

Public washroom facilities

Public waiting area, a portion of the waiting area shall be located in close proximity to the exit to facilitate people waiting to be picked up from the facility.

Emergency Supply cabinets can be grouped together or disturbed through out the facility. If they are located in a corridor, the cabinet must be recessed into an alcove to maintain appropriate corridor widths.

The IT requirements shall be incorporated into the design of the facility and include the requirements listed in the space requirements section of this component in conjunction with the technical specification.

Education

N/A

Research

N/A

Specific Exclusions

Key Design Requirements

Spatial Requirements

- The Main Reception/Information desk shall be located in the main reception area of the centre, directly adjacent to the main entrance and vertical circulation
- The area shall be open and accessible by the public during business hours but secured after hours.
- There shall be an emergency call button to notify security in the case of a security risk.
- Acoustical consideration shall be made for the main lobby area to reduce the noise levels

Environment Requirements

Privacy

- Ensure that noise transference is kept to a minimum and that adjacent spaces are sound attenuated and/or visually screened to achieve the required degree of privacy. This applies especially to staff workspaces, care stations, physician dictation areas, staff phones and computer monitors (protected from patient view).
- Computer monitors shall be placed to limit visual exposure to patient and public view, to protect confidential patient information.

Aesthetics

- Facilities for patients and families shall present a calm and reassuring, yet professional environment. Create an environment conducive to patient relaxation; comfortable, non-technical, possibly with music and/or television as a diversion (particularly in waiting areas).
- The colors within the area shall be designed to provide a comfortable environment for staff and patients.
- The design shall reflect the architectural vernacular of the Prince George Region and be responsive to the First Nations' population.
- Material selection shall be made to be highly durable, cleanable, meet infection control standards and be aesthetically pleasing.

Flexibility

- Consider the used of modular furniture

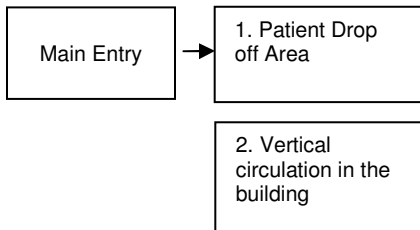
Lighting

- Adequate lighting in team rooms, workstations, and clinical areas for performing detailed tasks, etc. shall be provided.
- Appropriate light and glare control shall be implemented to provide a well lit and comfortable environment.

Adjacency Requirements

Routine high-volume procedure areas will be located closest to the scheduled patient entry/reception point.

External Adjacencies



1. Provide direct access to the exterior entrance and patient drop off zone
2. Provide direct access to the vertical circulation for the building

Internal Adjacencies

Zoning and Workflow

Information/Reception Desk

Clients will entry area and have the opportunity to have someone aid them with way finding and general information.

Key Performance Requirements

The following list includes, but is not limited to the key performance requirements for Prevention:

Technology and Infrastructure Requirements

- An communication system that provides direct communication links between Prevention and the external switchboard/call centre, security, police, ambulance service, and other staff.

Workload

N/A

Staffing

Position/Classification	2012	
	Headcount	FTE
Receptionist/Information Desk	1	1
Total	1	1

Space Requirements

Building Support							
Rm Code	Space	Area Requirements					Remarks
		Units	NSM/unit	NSM	Planning Factor	CGSM	
Public Spaces							
3.1.15.1	Main Reception/Information	1.0	12.0	12.0	1.3	16	Provide pay phones in the Facility's entry lobby
3.1.15.2	Public Waiting	1.0	15.0	15.0	1.3	20	Waiting for 10 people; in proximity to entrance
3.1.15.3	Venting Area	1.0	5.0	5.0	1.3	7	
3.1.15.4	Public Washroom (Female)	1.0	4.5	4.5	1.3	6	Main Lobby
3.1.15.5	Public Washroom (Male)	1.0	4.5	4.5	1.3	6	Main Lobby
3.1.15.6	Housekeeping Room	1.0	5.0	5.0	1.3	7	
3.1.15.7	Emergency Supply Cabinet Alcove	6.0	1.0	6.0	1.3	8	Located in an accessible area. Recessed out of circulation
3.1.15.8	Spiritual Care Room	1.0	12.0	12.0	1.3	16	
	Sub-Total			64.0		86	
IT Requirements							
3.1.15.9	Network Service Provider Access Room	1.0	9.0	9.0	1.3	12	room for termination of network and telphony service accessible by illec.
3.1.15.10	Server/Core Network	1.0	18.0	18.0	1.3	23	3-telecom racks required; 4-server racks required; Fibre distribution between racks required; Fibre distribution from telecom rack to each edge network closet.
3.1.15.11	Workroom	1.0	8.0	8.0	1.3	10	Millwork bench required for equipment assemble and repairs.
3.1.15.11b	Storage Area	1.0	10.0	10.0	1.3	13	
3.1.15.12	Edge Communication Closet	4.0	9.0	36.0	1.3	47	3.5mx3.5m room per floor per 150m linear distance; power to be provided from redundant UPS feed; cooling provided from A/C in HVAC/Power Services
	Sub-Total			81.0		105	
	TOTAL		NSM	145.0	CGSM	191	

Resource Center							
Rm Code	Space	Area Requirements					Remarks
	CIC	Units	NSM/ unit	NSM	Planning Factor	CGSM	
3.1.15.13	Public Use Computer Workstation	2.0	2.5	5.0	1.3	7	
3.1.15.14	Literature Storage	1.0	10.0	10.0	1.3	13	
	TOTAL		NSM =	15.0	CGSM =	20	

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3.1.16 SUPPORT SERVICES

Scope of Services

Hours of Operation

Support Services hours will range throughout the day and evening 5 days a week depending on the task required.

Description:

Laboratory Services

All laboratory services for the BC Cancer Agency's Centre for the North will be a service provided from the PGRH. Refer to PGRH planning for implications of service delivery on the cancer centre.

Diagnostic Imaging

All Diagnostic Imaging services for BC Cancer Agency patients will be provided from the PGRH Diagnostic Imaging department. Refer to PGRH planning for implications of service delivery on the cancer centre

Infection Prevention and Control (IPC)

The following are design requirements for IPC shall be provided:

- Air handling and negative pressure rooms shall meet hospital standards
- One hand-washing sink per exam/procedure room/treatment room with space for wall mounted soap, lotion and paper towel dispensers
- A waiting room area with the ability to segregate patients according to risk (cough, rash etc.)

Pharmacy

Pharmacy will be part of the BC Cancer Agency - Centre for the North. It will provide pharmaceutical support for all treatment areas (See section 3.1.4)

Medical Day Care

The following are examples of services that will be provided by PGRH:

- Hydration
- Transfusions
- PICC insertions
- Parenteritis

Emergency Services

An Emergency response team will provide coverage to the Centre for the North.

OR and PAR

Services will be required in the future to support the Brachytherapy program

Logistical and Materiel Support Services

Materiel Services – Logistics

Inventories of consumable supplies required by treatment units for day-to-day operations are generally maintained close to point-of-use, using a combination of top-up cart systems and fixed shelving. Medical/surgical supplies will be topped up by Logistics staff and held in a clean supply room within a designated area within the treatment units. Sterile supplies will be provided by exchange cart in accordance with scheduled procedure needs. These services will be provided by PGRH.

Distribution

Housekeeping at PGRH moves supplies and equipment between onsite destinations and porters/patients. A store of patient care equipment is held centrally and distributed on request.

Linen Services/Clean Supplies

Clean linen will be transported to each functional area of all treatment units using a scheduled exchange cart system. Medical/surgical supplies and clean linen will be held in a clean supply room or linen alcove within designated areas. These services will be provided by PGRH.

Soiled Holding

A soiled holding area will be included for holding dirty laundry, garbage and biohazard materials for all treatment units. An affluent disposal system shall be provided for immediate on-unit disposal of bodily fluids.

Housekeeping Services

Housekeeping provides the cleaning service for PGRH/ BC cancer agency – Centre for the North clinic. A housekeeping closet for the storage of equipment and supplies will be provided for the facility. The closet is to include a mop sink and shelving for storage.

Food Services

A nourishment centre, equipped with fridge/microwave/hot water tap/individual ice machine, will be located in the treatment units.

Equipment Management

Equipment storage space will be provided within the treatment units and clinics for frequent use (at least once a month) items (e.g., stretcher, wheelchairs, IV carts and poles). Soiled and/or contaminated reusable equipment will be cleaned and/or decontaminated in the Central Sterilization Room (CSR) in PGRH.

Staff Facilities

The facility will have shared staff facilities (e.g. main lockers etc.) Purse lockers will be provided on the unit for personal valuables and will be shared across shifts.

A central staff lounge/break room will be provided which will include tables, chairs, fridge, microwave, cabinets, sink, and a coat rack. The lounge will have card access for staff security. (See section 3.1.12)

Volunteer Services

Volunteers will be available to assist patients (e.g., putting on coats, or providing a snack, etc.).

Security

The following security features will be employed in the area:

- Unsupervised entrances will be equipped with automated card readers and all entrances shall be monitored by surveillance equipment which is visible to people entering the area;
- Planning and design shall provide the means to minimize theft;
- Where isolated staff workstations are required design shall incorporate glass walls for visibility and/or staff emergency call systems to ensure the maximum safety of staff

Accessibility

The facility will be designed for full wheelchair accessibility in washrooms, waiting rooms, and procedure rooms. Turning radiuses shall meet barrier free standards and allow for two-sided transfers in washroom areas.

Doors throughout the area shall be automatic to allow for easy access by stretchers and wheelchairs.