

The Pollock Report

*Analysis of facilities provision at
Our Lady's Hospital for Sick Children,
Crumlin, Dublin 12*



Conclusion

“The defects and deficiencies in the hospital are very great indeed, and this after heroic efforts over the years to expand and improve facilities.

“I can see hardly any scope for improvement through 'patching' the present framework, and absolutely no way in which currently accepted standards can be provided.

“The hospital is now seriously outdated. It should be replaced.”

MPA Health Strategy & Planning, December 2002

Commissioned by



The New Crumlin Hospital Group
Parents Lobby for the redevelopment of
Our Lady's Hospital for Sick Children

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This report analyses in detail, the standards of facilities provision in Our Lady's Hospital for Sick Children, Crumlin, setting them against established values, and evaluating their **capability to deliver the quality of Paediatric services required in the 21st Century**.

Every ward and department has been measured and evaluated in detail, firstly from plans of the hospital, and subsequently by visits to all the areas to verify the plans, and adjust them for amendments which have been made to the provision, over time.

(The survey does not include the Operating Theatres, as a new suite is under construction).

Ward Provision

Ward facilities fall into two groups:-

- a) The four storey block wards
- b) Single storey provision

The facilities provided are all seriously below accepted standards and many functions now regarded as fundamental to an effective ward are not provided at all.

Block Wards

The 'block' wards provision is seriously inadequate.

The facilities provided for bed areas and the supportive facilities are all seriously below accepted standards and many functions now regarded as fundamental to an effective ward are not provided at all.

There are virtually **no facilities for parents and relatives** either in the form of rest rooms and refreshment facilities or in provision for overnight stay beside an ill child.

Intensive Care

The Intensive Care provision is located in the Ward Block and it is very limited.

The main 6-bedded unit's layout is poor with most of the available space clinically unusable, and the configuration fails to provide many of the key supporting facilities.

The only provision for parents is a very small room, completely separated from this unit itself.

Some additional ITU capacity is situated elsewhere in the block in St. Patrick's Ward which is however a mixture of an Intensive Therapy Unit (ITU) and a High Dependency Unit (HDU).

It shares the **space defects and absence of essential accommodation** seen in the main unit. The two units are widely separated creating additional problems in staffing and supervision.

The main 6-bedded unit's layout is poor with most of the available space clinically unusable, and the configuration fails to provide many of the key supporting facilities.

Single Storey Wards

The single storey wards **suffer fundamentally from the same problems** as the 'block' wards, but, being at ground level have had the opportunity of extending the units and building out laterally so that they have been able to provide some additional functions, and to increase areas of some individual elements towards acceptable levels. Even so, many key areas are below standard, and important functions are not provided.

The above comments relating to ward provision, are also true of other functions - e.g. Physiotherapy - which are housed within a ward envelope, and so **suffer the same space and layout constraints**.

....many key areas are below standard, and important functions are not provided.

In focussing the comments on the very striking shortfalls in functional content and on the areas provided, sight should not be lost of the **inadequacies of configuration**.

Ward design is very out of date, wards being configured as a long string of patient rooms with a Nurse Base usually around the middle. This is an **ineffective configuration** and one which maximises nursing travel distances (and consequently the amount of **nursing time wasted**) and **minimises observation of children** by the nurses.

It would seem that any opportunities for increase of areas and addition of functions have already been taken by the Hospital Management, and that there is now effectively no room for manoeuvre within the existing framework.

A **measure of the problem** is that for the average wards of about 20 beds the present net areas are approximately 300 Mt Sq. At today's acceptable standards of content and space the comparable area would be somewhat in excess of 500 Mt Sq.

... there is now effectively no room for manoeuvre within the existing framework.

Out Patient Provision

Perhaps more than any other department Out Patients conveys the overall picture of the hospital.

It has grossly insufficient space for the range and quantity of work which it undertakes, and the spatial organisation is muddled. Everywhere it shows **evidence of patching and mending** in an attempt to create work spaces and to respond to the volume of work which is falling on it.

The clinical areas provided in the department are **seriously inadequate**, making organisation of the work flow **difficult**. The facilities for patients and relatives are **very very poor**.

The extent of the problem in this department can be fairly exactly qualified. The department at present has a net area of about 1000 Mt Sq. For a department currently undertaking its workload and with modest provision for future growth the necessary area, at current standards of provision, would be 3000 Mt Sq.

A & E Department

This department, like Out Patients, mirrors the defects of the hospital as a whole. In short, the clinical functions have insufficient area to work efficiently, the staff and relatives provision is very poor, and many areas which are standard provision for an Accident and Emergency Department are totally absent.

The net area of the department is 400 Mt Sq.

A department carrying this workload would expect to have an area of about 900 Mt Sq.

.... many areas which are standard provision for an Accident and Emergency Department are totally absent.

Diagnostic Facilities

These facilities present a more mixed picture than the direct care clinical areas and thus the level of concern about them is lower. Nevertheless **neither Imaging nor Pathology matches up to current standards.**

In Imaging all the diagnostic rooms are **too small**, staff provision is minimal and, in a hospital with a tertiary role in neurology and oncology, **there is no MRI.**

In Pathology, though Histology, Haematology and Biochemistry have been recently re-housed and provided with a pleasant atmosphere, the actual operational areas are all somewhat **lower than current standards** would require.

This report has **catalogued major deficiencies** in the amount and quality of provision generally.

It would be unjust, however, not to recognise specifically two small islands of excellence, firstly, in the complex dedicated to Genetics and to Diabetes where in spite of space constraints it has achieved attractive and acceptable functional areas and secondly, in the St. Louise unit for Child Psychiatry where space and function have been matched and where, significantly there has been no attempt to cram more functions into the space than it can realistically sustain. This unit is a delight.

Conclusion

The **defects and deficiencies in the hospital are very great indeed**, and this after heroic efforts over the years to expand and improve facilities.

I can see hardly any scope for improvement through 'patching' the present framework. **There is absolutely no way in which currently accepted standards can be provided.**

The hospital is **now seriously outdated**. It should be replaced.

The hospital is now seriously outdated. It should be replaced.

In this report we have reviewed the scope and scale of the clinical work at Our Lady's Hospital for Sick Children, Crumlin (The Hospital) and have carried out a **detailed review of the clinical provision**, which is currently available to deal with this.

In setting out our conclusions, we would urge that the history and origins of the hospital be recognised. The hospital was built in the early 1950s and was conceived as much as two decades earlier.

It is its misfortune that during this period the whole social and philosophical climate surrounding child health care has changed more than that in any other field of medicine.

At the time of the hospital's origins, it was the norm for parents to give their sick child, in trust, into the care of the hospital and to visit the child on a limited basis.

The change to the present day position could hardly be greater with **parents participating actively** in their child's care and spending virtually unlimited time with them.

That the existing **hospital is not well geared** to that approach cannot be a surprise. This report is **not therefore produced as a criticism** but aims rather to set out and quantify the extent of the shortfalls between the present position and that which would be expected with the adoption of currently accepted standards.

The report is proffered in the hope that it **may contribute constructively** to the effective future development of the hospital.

STRUCTURE OF THE REPORT

The structure of the report takes the form of a **detailed spatial analysis** of each ward and department, setting out the existing space provision for every activity and relating it to an accepted standard for that activity, so that provision can be easily recognised as 'Below Standard', 'At Standard' or 'Above Standard'.

(The accepted standards are principally those promulgated by the British Department of Health, through its Health Building Note publications and subsequent updated material. Where Building Note Guidance is no longer relevant, we have relied on generally accepted Best International Practice).

To accompany the space analysis for each area - or group of areas – there is a commentary, which places the findings in a broader context.

ACKNOWLEDGEMENTS

I wish to express my grateful thanks to all of the staff of the hospital whom I met. Their helpfulness and co-operation made my task immeasurably easier, and wherever I went I was met by cheerful, friendly and welcoming people.

I would also like to express directly my grateful thanks to Paul Kavanagh, the Chief Executive for his support to the study and for his speedy responses to my requests. My very particular thanks are owed to Claire Rice, who gave unstintingly of her time and guidance, both of which were much appreciated.

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Dr Pollock has been a Partner in *MPA International Health Strategy & Planning* since 1992, following a distinguished clinical and managerial career in the British National Health Service.

He was educated at Cambridge, and held posts in Medicine, Surgery, Trauma Services, and Radiotherapy at the Middlesex Hospital, London (a University Teaching Hospital), prior to becoming a General Surgeon in Inverness, Scotland.

Moving into Public Health Medicine with the Oxford Regional Health Authority, he developed particular expertise in the organization and delivery of Pathology and Imaging services.

He became Director of Planning and Regional Director of Public Health Medicine and was, for many years, principally responsible for the planning and organization of comprehensive healthcare services for the 2.7 million population of the Region.

Subsequently as Regional Medical Officer and Director of Public Health Medicine, he also handled the procedures for the appointment, development, assessment, and discipline of senior doctors, and for dealing with clinical complaints.

Dr. Pollock has extensive experience in strategic planning, and was responsible for introducing the methodology into the British National Health Service. He also developed a national health strategy for the Government of the Lebanon, following the end of the civil war.

Additionally he has wide international experience in facilities planning, having been a consultant on over sixty projects, spanning fifteen countries, and embracing every type of facility from community hospitals to major teaching hospitals.

He has also been active in promoting the development of Health Services Research in the UK, and created the Health Services Research Unit in Oxford University. His personal research has been in changing patterns of healthcare delivery, on the impact of future organizational structures, and on the hospital of the 21st century.

Dr. Pollock has been extensively involved in lecturing, principally on the management of healthcare, within the Oxford Region, nationally with the Department of Health, and with the London School of Hygiene and Tropical Medicine, where he held a Secretary of State's Fellowship. He also designed and initiated a Management Development Program for senior clinicians, in association with Templeton College, Oxford University. He is a Fellow of the Royal Society of Medicine and is President of the Section of Epidemiology and Public Health.

His consultancy expertise and key interests focus around the following four themes:

- ◆ Health Needs Analysis
- ◆ Service Development
- ◆ Strategic Planning & Hospital Planning
- ◆ Creative problem Solving

Dr. Pollock has homes both in San Francisco and London, and has acquired an excellent knowledge of both European and American health care challenges and opportunities.

He is committed to improving the strategic planning and organization of health care services and has experience of not-for profit and private health care services.

Out Patients

The analysis of this department shows that almost all of the spaces provided are **below acceptable standards**.

However, even this analysis conceals that for many functions there is **insufficient room** allocation. This is most obvious in disciplines such as ENT and Ophthalmology whose specialist investigative requirements are not adequately met; it is also apparent in the main general fields of General Medicine, General Surgery and Orthopaedics, where the **provision is spartan**.

Any visitor to the department during working hours will be instantly aware of the **inadequacy** of the waiting spaces and the **outdated conditions** which prevail there.

While analysis of the space actually provided gives a first view of the inadequacy of the provision made it does not adequately indicate the gap between what **is** provided and what **needs** to be provided.

Another relevant comparison would be with the provision which **ought** to be made to be able to deal sensitively with the workload which can be anticipated to fall on this hospital.

Analysis of Future Requirements

Current workload is about 62,000 cases per annum and has grown in each of the last years by 2,500. Growth to 87,000 might be assumed over the next 10 years.

Assuming 220 working days per year, and a 5 day week 1,975 cases per week might therefore be assumed for the future.

If average consultation time is 30 minutes (including turnaround time), total consultation time required per week = $1,975 \times 30 = 59,250$ minutes. With a clinic session of 3 hours (180 minutes), the number of clinic sessions required is $59,250/180 = 329$

As one consulting/examination (C/E) room can provide 10.5 day sessions, the requirement is for 33 C/E rooms.

A convenient planning pattern is to provide standard Out Patient Suites of 4 C/E rooms, each suite containing also reception, waiting, W.C., offices, utilities, treatment room etc. and totalling about 200 Mt Sq.

Adopting this pattern 8 or 9 suites would be required (9 = 1,800 Mt Sq).

In addition specialist diagnostic and treatment facilities are required for Ophthalmology, ENT, Cardiology, Neurology and Orthopaedics and these would add about 1,200 Mt Sq, giving a total area for the **Out Patient Department of about 3,000 MT SQ. The area of the existing Department is 1,000 Mt Sq.**

A & E Department

The high level of **under provision** and **non-provision of facilities** is an acute indication of the extent to which workload, clinical practice and social expectations have outstripped the 1950 conception of the Children's Hospital.

A more precise indication of this is the comparison between the net area provided in the department (235 Mt Sq) and our broad estimate of the area required for the annual case load of 35-38,000 which might be anticipated:-

Reception, Records, Waiting, Play, Triage, W.Cs	150 Mt Sq
Treatment Areas, Resuscitation, Utilities	270 Mt Sq
Observation Section	100 Mt Sq
Stores	70 Mt Sq
Offices	80 Mt Sq
Staff Facilities	80 Mt Sq
	<hr/>
	750 Mt Sq

It is plain to see that under provision of this order is **not going to be corrected by adjustments** within the existing framework, nor is it conceivable that expansion of the department to three times its present size could be achieved in situ.

The space problems and standards of provision in this department exemplify well the problems in the hospital as a whole and suggest that proceeding with **incremental additions is not a course** which can ever result in an acceptable and fully effective hospital.

Wards in the 4 Storey Block

The observations largely apply to **all of the wards** in this block. Much of the **provision is below** area for the functions undertaken, and **many facilities** which would be expected in a modern construction are **completely absent**.

This represents the extent to which ideas about the proper context for child care have changed over the five decades since the hospital's construction.

Facilities for parents are almost **totally lacking** in the major part of the hospital's in-patient provision.

The configuration of the building however determines that the additional area required for parent's accommodation and more civilised facilities for staff, **simply is not available**.

The opportunity to correct the **substantial deficiencies** in these wards **cannot be created** within the existing building framework, and the possibility of upgrading these wards for 21st century standards **is nil**.

Intensive Care Unit (ICU)

The essentials for an effective ICU are:-

- Adequate space around each patient
- Highly serviced provision
- Comprehensive support facilities

This unit is adequately serviced, but is **woefully inadequate** in every other respect.

The total area of the bed space (120 Mt Sq) might suggest that the unit achieves the accepted minimum standard of 20 Mt Sq per bed for its six beds.

This is not so: most of the area is in the centre of the unit and **does not contribute** to the area per bed, which in realistic terms is not much more than 10 Mt Sq per bed.

Further, the **shortfall in support provision**, as will be evident from the appended table (see page 22) , means that the unit **cannot be considered as adequately fulfilling proper ICU functions**.

Apart from a very small room, there are **no facilities at all for parents** in a unit where anxiety and tension among parents is bound to be at a high level.

St Patrick's (ITU/HDU)

This conversion is a praiseworthy attempt to provide ITU and HDU facilities but the patient areas are **often seriously below** accepted standards, and the shortfall in the ancillary accommodation is high.

The configuration of the building makes it impossible to include the long list of necessary, but unprovided functions.

The provision of ITU/HDU facilities - as with so much else on the site - requires a fresh start without the constraint of existing building forms.

St Michael's

The striking feature of this ward is the recent enlargement to provide a **delightful large play** area at the heart of the ward.

However in common with the ward accommodation generally in the hospital, the bed areas - with the exception of the recently created 4 bed ward- are **seriously under area**, and parent's facilities are non-existent.

St Joseph's

This ward has had additions built recently and some upgrading. The impact has been to improve the facilities and the ambiance, but it cannot be escaped that some of the most essential ward elements - the bed areas - are **very much under area**.

St Vincent's

The ward areas are generally **very much below acceptable** space standards.

Facilities for parents are **non existent** and those for staff limited.

Though the functional areas within the theatre suite are generally adequate, there is a **lack of** changing space, toilets and storage facilities.

St Anne's

Specific burns treatment facilities have been created within this unit, improving the ability to deliver higher standards of care to burns patients.

However, the bulk of the ward accommodation is of a fairly standard level, and there are **no dedicated isolation facilities** in the unit.

As is common with ward accommodation generally on the site, bed areas are **impracticably small**.

Oncology

This ward has been the subject of extensive upgrading and extension. The results of this have generally been good and have resulted in a **pleasing environment**.

However, though the scores of 'area provided' are generally good, they conceal a difficulty in relation to the expanded provision. This relates to the Parent & Child Rooms, where purely on the criterion of area, the provision passes muster, but where the **configuration of the rooms is less than ideal**.

In these rooms the increased area, allowing bed provision for a parent, has been achieved by extending the ward outwards, but still on the basis of the original single room configuration. Though the end result is a room which provides an improved area, the configuration is of a long narrow room with the space equally attributed to parent space and to child space so that the clinical space is still very tight with **failing functional space around the patient**.

This example serves to indicate the **very great difficulties** of creating a new and up to date ward configuration by expanding on an existing floor plan and gives weight to the case for replacement (rather than refurbishment) as the effective future strategy.

Physiotherapy

Though receiving a number of 'at standard' marks, it is **markedly substandard** in the areas provided for its main functions - Gym, Hydrotherapy, Occupational Therapy and in the supporting facilities for staff and patients.

Genetics

This is one of the **most successful conversions** to have been undertaken in the hospital. Its success had been due to managing to provide acceptable functional areas for the clinical and scientific functions and most of its 'failures' are near misses.

Diabetic Unit

This small conversion manages to create a pleasing atmosphere, but on analysis most of the spaces provided are **either too small for their functions** and the impression is created of the functions being **shoe-horned** to fit the available space.

St Louise's

This recently constructed unit is of **very high quality** and presents a pleasing and tranquil environment, ideally suited for the investigation of disturbed children and their families. It is notable, that the spaces provided have been appropriately matched to the function to be undertaken, and, by contrast to developments elsewhere in the hospital, there has been **no attempt to cram** more elements into the predetermined space, than it can properly sustain.

Imaging

The fundamental problems on this department are that

- all the diagnostic rooms are **below currently acceptable** areas
- there is **no MRI** provision
- provision for staff is **minimal**

Expanding the department in its current location to correct these inadequacies would appear at best extremely difficult, and - more realistically - **impossible**. Yet the provision of MRI is of the highest priority if the excellence of the hospital's tertiary role is to be maintained.

Pathology

Recently re-housed in refurbished space, these elements of Pathology suffer from the evident fact that the **available space is insufficient** to meet the needs of the laboratories.

The effect of the refurbishment has been to produce a department with quite a pleasant environment. Unfortunately, the spaces are **simply too small** for the functions to be undertaken and the overcrowding created by attempting to house the necessary equipment, is already becoming apparent.


Microbiology


This section of Pathology is housed in older accommodation, which is not adequate in area and where the impression is of the functions being **shoe-horned** into available space with the effect that functionability is compromised.


The main laboratory areas are **seriously under area**, so that bench space is over occupied with equipment, and working conditions are difficult.

How does OLHSC rate?

	Actual	Standard	Below	At	Above
	Sq Mt	Sq Mt			
Medical Clinics					
Waiting	35	50	√		
Phlebotomy	12	30	√		
Nurse Station/Reception	25	25		√	
Consulting/Exam Rooms (3)	12	15	√		
(1)	30	-	-	-	-
Surgical/ENT Clinics					
Nurse Station/Reception	25	25		√	
Waiting	35	50	√		
ENT/C/E Rooms (2)	27.5	15			√
Speech Clinic	17.5	20	√		
Audio Clinic	17.5	20	√		
Waiting(Surgery)	35	50	√		
Surgery C/E Rooms (2)	17.5	15			√
Secretary	12	10			√
OPD Reception	35	30			√
OPD Supervisor	15	15		√	
Secretarial Office	35	40	√		
Secretarial Supervisor	14	15		√	
Clinic Waiting	20	50	√		
W.C.	9	5			√
Eye Clinic					
Clinic Room	35	-	-	-	
Exam Room	10	15	√		
Orthoptic Clinic	20	30	√		
Ophthalmic Testing	18	30	√		
Respiratory Medicine Office	8	10	√		
Child Psychology Clinic					
Waiting	16	40	√		
W.Cs (2)	8	5			√
Store	5	-	-	-	-
Secretary	10	10		√	
Observation Rooms (3)	8	10	√		
Clinic Room	15	15		√	
Psychiatrists Offices (4)	10	10		√	

 = Facilities which exist at the hospital, which are Above Standard

 = Facilities which exist at the hospital, which are At Standard

 = Facilities which exist at the hospital, which are Below Standard

 = Facilities which exist at the hospital, for which there is no equivalent standard

How does OLHSC rate?

	Actual	Standard	Below	At	Above
	Sq Mt	Sq Mt			
Social Work Department					
MSW Offices (4)	12	10			√
MSW Offices (2)	15	15		√	
Conference Room	16	20	√		
Interview Room	16	15		√	
Orthopaedic Clinic					
Clinic Room	35	-	-	-	
Plaster Room	20	30	√		
Social Work Offices					
1	30	-	-	-	
1	20	-	-	-	
1	15	-	-	-	
Dermatology Clinic					
Waiting	20	-	-	-	
W.C.	4	-	-	-	
Consulting Rooms (1)	17.5	15			√
(2)	12	15	√		
Private Clinic					
Waiting Area	40	40		√	
Office	8	10	√		
W.C. with Lobby	6	5		√	
Consultants Room (3)	10	12-15	√		
(1)	18	12-15			√
W.C.	6	5		√	
Secretaries	20	20		√	
Medical Records Department					
Main Store/Workroom	110	-	-	-	-
Secondary Store	40	-	-	-	-
Reading Room	10	-	-	-	-
Dictation Room	15	-	-	-	-
Discharge Office	10	-	-	-	-
W.C. (Male)	4	-	-	-	-
W.C. (Female) (2)	8	-	-	-	-

The area of the existing Department is 1,000 M².

How does OLHSC rate?

	Actual	Standard	Below	At	Above
	Sq Mt	Sq Mt			
Offices/Reception	7	25	√		
Waiting	25	50	√		
W.C.	5	10	√		
Triage	10.5	25	√		
Major Treatment (3 places)	40	50	√		
Dirty Utility	8.5	10	√		
Interview Room	9	10		√	
Sub-Waiting	7	-	-	-	-
Nurses Base/CU	30	20/25			√
Examination Rooms:					
(2 x 9)	18	10		√	
(1 x 18)	18	20		√	
Office	9	10		√	
Cleaners Bay	2	6	√		
Staff Room	13	25-30	√		
Staff W.C.	3	5	√		
Store	2	15	√		
Office	9	10		√	
Office	10	10		√	
W.C.	9	5			√
Not Provided					
Play Area					
Nursing Mothers					
Baby Changing					
Trolley/Wheelchair Bay					
Grieving Room					
Decontamination Room					
Resuscitation Room					
Observation Section					
Offices - Social Workers					
Offices - Secretaries					

How does OLHSC rate?

OUR LADY'S						
	Actual	Standard	Below	At	Above	
	Sq Mt	Sq Mt				
Supporting Areas						
Mothers Waiting & W.C.	19	-	-	-	-	
Clinic Room	19	15				√
Sister	9	10		√		
Dirty Linen	5.5	-	-	-	-	
Dirty Utility	11	10				√
Trolley Bay	7	5-8		√		
Kitchen	10	10		√		
W.Cs (3)	10	7.5				√
Staff W.C.	3	5	√			
Store	5	15	√			
Clean Utility	7.5	10	√			
Store	5.5	15	√			
Linen	7.5	6				√
Day/Play Room	15	10				√
Bed Areas						
4 Bed Room (2)	22.5 (45)	50	√			
2 Bed Room (3)	11 (33)	20	√			
Nurse Base	11	15	√			
Single Room (11)	7.5 (82.5)	15	√			
Not Provided						
Ward Clerk Office						
Doctors Office						
Assisted Bath						
Parents Sitting Room						
On Call Room (shared)						

How does OLHSC rate?

	Actual	Standard	Below	At	Above
	Sq Mt	Sq Mt			
Supporting Areas					
Play Room/Dining	21	25	√		
Linen	5.25	6		√	
Store	5.25	10-15	√		
Kitchen	10.5	10		√	
Cleaners	3.75	10	√		
W.Cs (3)	8.75	7.5			√
Bathroom	12	10			√
Trolley Bay	7	-	-	-	-
Dirty Utility	11.25	10			√
W.C.	7	7.5		√	
Nurse Base	8	10	√		
Treatment Room	17.5	15			√
Echo Lab*	19.25	15			√
Bed Areas					
1 Bed Ward (11)	7.5 (82.5)	15	√		
2 Bed Ward (3)	12.75 (38.25)	25	√		
4 Bed Ward (2)	25.5 (51)	50	√		
*This room is within the envelope of the Ward but is not part of it					
Not Provided					
Ward Clerk Office					
Doctors Office					
Nursing Office					
Parents Sitting Room					
Nursing Mothers/Baby Change					
Visitors W.C.					

How does OLHSC rate?

	Actual	Standard	Below	At	Above
	Sq Mt	Sq Mt			
Supporting Areas					
Waiting	9	-	-	-	-
Cleaners Room	4.5	10	√		
W.C.	4.5	5		√	
W.C.	3.25	2.5			√
Sister	9	10		√	
Echo Lab*	10	15	√		
Treatment Room	17.5	15			√
Kitchen	14	10			√
Linen	7.5	6			√
Clean Utility	6	10	√		
Dirty Utility	10.5	10		√	
Cot Areas	17.5	15			√
Single Cubicles (17)	7.5 (127.5)	7.5		√	
2 Cot Cubicles	11.5	20	√		
Nurse Base	12	15	√		
Exit Lobby	6	-	-	-	-
Not Provided					
Ward Clerk Office					
Doctors Office					
Nursing Mothers					
Staff Rest Room (shared)					
On Call Room (shared)					
Parent Sitting Room					

*This room is within the envelope of the ward but not part of it

How does OLHSC rate?

	Actual	Standard	Below	At	Above
	Sq Mt	Sq Mt			
Store	5	15	√		
Store	2.5	15	√		
Office	5	10	√		
W.C.	4.5	2.5-3			√
Sister	10.5	10		√	
Gastroenterology/Liver	15	20	√		
Gastroenterology	17.5	-	-	-	-
X-Ray Conference Room	12	15	√		
Dental Office	11.5	10			√
Lobby	4	-	-	-	-
Linen	7.5	6			√
Kitchen	6	10	√		
W.Cs (3)	10.5	7.5-10			√
Dental Surgeon	13.5	15	√		
Dental Surgeon	7.5	15	√		
Waiting/Playroom	13.5	20-25	√		
Day Care Ward	75	-	-	-	-
Double Infant Cubicles (3)	7.5 (22.5)	7.5		√	
Not Provided					
Ward Clerk Office					
Doctors Office					
Nursing Mothers/Baby Change					
Dining Space					
Staff Rest Room					
Parents Sitting Room					

How does OLHSC rate?

	Actual	Standard	Below	At	Above
	Sq Mt	Sq Mt			
2 Bed Room	15	25	√		
Single Rooms (21)	7.5/(157.5)	15	√		
Sister	9	10		√	
Staff Room	7	10	√		
Sluice	8	8-10		√	
Treatment Room	12	15	√		
Household Store	7	-	-	-	-
Linen	9.5	6			√
Equipment	9	15	√		
Kitchen	10.5	10		√	
Bottle Feed	7	-	-	-	-
Nurse Base	9.5	15	√		
Patients Kitchen	7.5	20	√		
Patients W.C./Showers	5.25	7.5	√		
Nursing Mothers	2.5	5	√		
Staff W.C./Showers	5.25	7.5	√		
Not Provided					
Ward Clerk Office					
Doctors Office					
Dining/Play Space					
Parents Sitting Room/Pantry					
On Call Room					
Wheelchair Store					

How does OLHSC rate?

	Actual	Standard	Below	At	Above
	Sq Mt	Sq Mt			
Changing	8.75	-	-	-	-
W.C./Shower	3.75	7.5	√		
Dirty Utility	6.25	10	√		
Cleaner	2.25	6-10	√		
Equipment	15	25	√		
Sterile Store	9	10-15		√	
Kitchen	11.25	10			√
Isolation Room (with en-suite sluice and lobby)	20	25	√		
Isolation Room	16	20	√		
Nurse Base	9	10		√	
ICU Ward (6 places)	121*	120	√	(√)	
Not Provided					
On Call Room					
Laboratory					
Sisters Office					
Doctors Office					
Staff Rest Room/Pantry					
Parents Sitting Room & Pantry					
Parents W.C.					
Siblings Play Area					
Nursing Mothers/Baby Change					

*Much of this space is in the centre of the Ward and does not contribute to bed/cot spacing which is only of about the standard of a General Ward, and much inferior to that required of an ICU

How does OLHSC rate?

	Actual	Standard	Below	At	Above
	Sq Mt	Sq Mt			
Clinical Areas					
Single Isolation Room & Lobby (ITU)	22.5	25-30	√		
3 Bed Room (HDU)	32	45	√		
Single Room (4)	12	20	√		
Treatment Room/CU	17.5	15			√
2 Bed Room (ITU)	22.5	40	√		
1 Bed Room (1+PU) (2)	11.25	20	√		
4 Bed Room (HPU)	22.5	55	√		
Supporting Areas					
Ward Office	8.75	15	√		
Interview Room	7.5	10	√		
Laboratory	8	10		√	
Sisters Office	8.25	10	√		
Linen	5.25	5-6		√	
Kitchen	10.5	10		√	
Dirty Utility	10.5	10		√	
Medical Store	9	10		√	
General Store	5.25	10	√		
Staff W.C.	3.5	5	√		
Conference Room	24.25	20-25		√	
Store	23.5	15-20			√
Not Provided					
On Call Room					
Doctors Office					
Staff Rest Room/Pantry					
Parents Sitting Room/Pantry					
Parents W.C.					
Parents Overnight Stay Room					
Siblings Play Area					
Nursing Mothers/Baby Change					

How does OLHSC rate?

	Actual	Standard	Below	At	Above
	Sq Mt	Sq Mt			
Clinical Areas					
4 Bed Ward	40	40		√	
3 Bed Wards (3)	13.5	20	√		
2 Bed Ward	16	20	√		
1 Bed Ward	8	12-15	√		
Isolation Room	10.5	15-20	√		
Treatment Room	20	15			√
Assisted Bath	12	12-15		√	
Assisted W.C.	4	4-5		√	
Staff Base & Clean Utility	13.5	12-15		√	
Dirty Utility	12	10			√
Supporting Areas					
Play Room	30	30		√	
New Play Room	75	30			√
W.Cs (2)	4	4		√	
Shower	3	4	√		
Staff W.C.	8	5			√
Store	10	10		√	
Linen	6	6		√	
Equipment Store	12	10-15		√	
Office	6	10	√		
Waiting	8	10	√		
Kitchen	18	15			√
Cystic Fibrosis Nurse & En-Suite W.C.	18	10-15			√
Cleaner	8	5-10		√	
Not Provided					
Ward Clerk Office					
Doctors Office					
Parents Sitting Room					
Parents W.C.					
Mothers Room					
Staff Rest Room					

How does OLHSC rate?

	Actual	Standard	Below	At	Above
	Sq Mt	Sq Mt			
Waiting - W.C.	16.5	-	-	-	-
Staff W.C.	4.5	2.5-3			√
Sister	9	10		√	
Staff Base	12	15	√		
Treatment Room	19	15			√
Kitchen	14	10			√
Linen	7.5	6			√
Stores	15	15		√	
Respiratory Equipment	4.5	10	√		
DU	12	10			√
Single Cot Room (18)	7.5 (13.5)	7.6		√	
Not Provided					
Ward Clerk Office					
Doctors Office					
Nursing Mothers/Baby Change					
Parents Sitting Room & Pantry					

How does OLHSC rate?

	Actual	Standard	Below	At	Above
	Sq Mt	Sq Mt			
Clinical Areas					
Single Rooms (2)	7.5	15	√		
Single Room (1)	12.25	18	√		
Two Bed Room (2)	13.5	25	√		
Two Bed Room (3)	21	25	√		
Four Bed Room	36	45-50	√		
Four Bed Room	25	45-50	√		
Support Areas					
Nurse Base/CU	17	10-15		√	
Sister Office	12	10		√	
Parents Waiting	12	15-20	√		
En-suite W.C.	5	5		√	
Cleaner	7.5	10	√		
Equipment Store	16	15		√	
Bath (Assisted)	9	12-15	√		
Disabled Shower	9	7.5-10			√
W.C.	7	5			√
Dirty Utility	11.5	10			√
Disabled W.C.	4	5		√	
W.Cs (3)	8.75	7.5			√
Linen Store	6	6-8		√	
General Store	6	10	√		
Kitchen	10.5	10-15		√	
Disabled W.C.	3	5	√		
Play Room	22.5	20-25		√	
Not Provided					
Ward Office					
Doctors Office					
Nursing Mothers/Baby Change					
Staff Rest Room					

How does OLHSC rate?

	Actual	Standard	Below	At	Above
	Sq Mt	Sq Mt			
Theatre Suite					
Anaesthetic Room	10	15	√		
Theatre	30	30-35		√	
Sluice/DU	12	10			√
Recovery	20	20-30		√	
Office	10	10		√	
Beds					
3 x 4 Bed Bay	3 x 20	3 x 40	√		
Nurse Station/CU	14	20	√		
Sluice/DU	8.75	10	√		
Bath	4	10	√		
W.Cs:					
x 2	4	5		√	
x 2	5	5		√	
Staff	8	7.5-10		√	
Kitchen	12.25	15	√		
Linen	3.5	5	√		
Stores	4	10-15	√		
Stores	2	-	-	-	-
Not Provided					
Theatre Changing Rooms					
Theatre Stores					
Staff Rest Room/Pantry					
Parents Sitting Room/Pantry					
Play Area					
Nursing Mothers/Baby Change					

How does OLHSC rate?

	Actual	Standard	Below	At	Above
	Sq Mt	Sq Mt			
Clinical Areas					
Treatment Room	20	25	√		
Burns Treatment	13.5	15	√		
4 Bed Ward	30	50	√		
2 Bed Ward (3)	15 (45)	20	√		
1 Bed Ward (9)	7.5 (67.5)	12-15	√		
Fasting Room	10	12-15	√		
Support Areas					
Waiting & W.C.	20	25	√		
Play Area	30	20-25			√
Sisters Office	9	10		√	
Bathroom (1)	6.5	10	√		
Bathroom (2)	11	10		√	
Dirty Utility	11	10		√	
Nurse Base/Clean Utility	15	15		√	
W.Cs - Staff	2	2.5		√	
W.Cs - Patient (3)	11	10		√	
Clean Utility (1)	8	10	√		
Clean Utility (2)	3	-	-	-	
Kitchen	13.5	10-15		√	
Store	9	10-15		√	
Trolley Bay	2	-	-	-	-

How does OLHSC rate?

	Actual	Standard	Below	At	Above
	Sq Mt	Sq Mt			
Clinical Areas					
Consulting Rooms (2 x 16)	32	(2 x 15)		√	
Cell Separator	16	15-20		√	
Day Care Ward	39	-	-	-	-
2 Bed Ward	19.5	20		√	
Treatment Room	15	15		√	
Parent & Child Room (5 x 19.5)	97.5	(5 x 20)		√	
Parent & Child Room	16.25	20	√		
Single Bed Ward (2 x 12.75)	25.5	(2 x 15)	√		
Laminar Flow Room (2 x 17)	34	(2 x 15)		√	
Isolation Rooms (3 x 17)	51	3 x 20	√		
Isolation Room + en-suite W.C.	19	20		√	
Support Facilities					
Secretary Office	11.5	10			√
Data Manager	10.5	10		√	
MSW	9.5	10		√	
Sister Office	5.25	10	√		
Housemaid Store	7.5	10	√		
Dirty Linen	5.25	5		√	
Clean Utility	8.75	8-10		√	
Assisted Bath	8.25	12-15	√		
Staff W.C./Shower (Female)	5.25	7.5	√		
Dirty Utility	10.5	10		√	
Staff W.C. (Male)	3.5	3		√	
Patient W.C. (3 x 2.5)	7.5	7.5		√	
Nurse Base	20	15			√
Clean Utility	11.75	10			√
Dirty Utility	13.75	10			√
Pantry	8	8-10		√	
W.C./Shower	6.75	7.5		√	
Disposal	2.25	5	√		
Solarium	19.5	-	-	-	-
Kitchen	12	10-15		√	
Patient/Family Facilities					
Parents Sitting Room	22.5	20-25		√	
Parents W.C./Shower	7	7.5		√	
Parents Kitchen	9.5	10		√	
Waiting	12	12-15		√	
W.C.	4	2.5-4		√	
Play/Wait	14	15-20	√		
Parents Bedrooms (2 x 15)	30	2 x 15		√	
Playroom	35	30-40		√	

How does OLHSC rate?

	Actual	Standard	Below	At	Above
	Sq Mt	Sq Mt			
Gym	88.5	90-100	√		
Hydrotherapy	26.5	40	√		
Electrical Treatment	13.5	20	√		
Occupational Therapy	7.25	20	√		
Chest Room	35	30-40		√	
Treatment Room	14.25	15		√	
Splint Room	19	20		√	
Support Areas					
Waiting Area	8	20-30	√		
Kitchen	16	18		√	
Patient W.Cs	15	10-15		√	
Patient W.Cs	10	10		√	
Staff W.Cs	10	10		√	
Staff Room	16	20	√		
Store Room	10	10-15		√	
Equipment Store	11.5	20	√		
Lockers	10	-	-	-	-
Cleaner/Sluice	8	8-10		√	
Filing Room 1	5.5	-	-	-	-
Filing Room 2	5.5	-	-	-	-
Conference Room	11.25	20	√		
Office	8	10	√		
Superintendent Physio Office & W.C.	16	15-20		√	
Not Provided					
Reception					
Play Area					
Interview/Consult					
Patient Changing (Male/Female)					
Nursing Mother/Baby Change					

How does OLHSC rate?

	Actual	Standard	Below	At	Above
	Sq Mt	Sq Mt			
Waiting (shared with Diabetic)	20	20		√	
Secretary	10.5	10		√	
Laboratories					
Technician (2)	10.5	10		√	
Tissue Culture	10.5	15		√	
Dark Room	10.5	10		√	
Staff Room	16.5	20	√		
Store	12	-	-	-	-
Cold Room	6	6		√	
Preparation	23	20-25		√	
Molecular Lab	30	-	-	-	-
Cytogenetics (with fluorescent)	50	-	-	-	-
Molecular Lab	29	-	-	-	-
Medical Genetics					
Conference Room	16.5	20	√		
Consultants Office (2)	10.5	10		√	
Computer Data Base	10.5	10		√	
Consultant Nurse	10.5	10		√	
Exam Room (2)	10.5	10		√	
W.Cs (2)	5	5		√	
Secretaries	9	12	√		
Registration/Consultant Office	15	15		√	
Files/Supplies	15	15		√	

How does OLHSC rate?

	Actual	Standard	Below	At	Above
	Sq Mt	Sq Mt			
Waiting (shared with Genetics)	20	20		√	
Secretary	10.5	10		√	
W.C.	2.5	2.5		√	
Clinical Measurement	10.5	15		√	
En-suite Store	2.5	-	-	-	-
Kitchen	8.75	10	√		
Consultants Office	12.25	10		√	
Consultants Office	10.50	10		√	
Consulting Room	13	15	√		
Consulting Room	12.25	15	√		
Consulting Room	8.75	10	√		
Interview Room	8.75	10	√		
Interview Room	6.5	10	√		
Nurse Educator	8.75	10	√		
W.C.	2.25	2.5		√	
Shower	1.5	5	√		

ST. LOUISE'S UNIT

How does OLHSC rate?

	Actual	Standard	Below	At	Above
	Sq Mt	Sq Mt			
Reception Area (including W.C.)	34	55			
Waiting Room 1	13				√
Waiting Room 2	15				
Secretarial Office	22	20			√
Office	10	10		√	
Therapy Interview Rooms (3)	30 (90)	25			√
Observation Rooms (3)	8 (24)	8		√	
W.Cs (2)	2.75 (5.5)	2.5			√
Offices (6)	11 (66)	10		√	
Offices (1)	16	15		√	
Offices (1)	18	15			√

How does OLHSC rate?

	Actual	Standard	Below	At	Above
	Sq Mt	Sq Mt			
Ultrasound Rooms (2 x 12)	24	20	√		
Waiting	6	10	√		
In Patient Waiting	8.5	20	√		
W.C.	2.5	5	√		
Dark Room	10.5	10		√	
X-Ray Room 1	30	35	√		
Viewing	14	15		√	
Dark Room	10	10		√	
X-Ray Room 2	19	35	√		
X-Ray Room 3	21	35	√		
Waiting	19.5	20		√	
Doctors Room	8.75	10	√		
Scrub Up	5	10	√		
Store	3.5	10	√		
Control Room	12.5	12-15		√	
Cardiac Cath Lab	40	45		√	
Computer Room	6.75	6-10		√	
X-Ray Room 4 with W.C. and Prep Area	37	45	√		
CT Suite					
Reception Office and Waiting	24.5	30	√		
Sorting Office	8.5	10	√		
Typists Office	15	15		√	
X-Ray Supervisors Office	6	10	√		
CT Computer	5	-	-	-	
CT Room	30	40	√		
CT Scan Control	7.5	10	√		
Assistant/Viewing	11	10		√	
CT Scan Waiting	11	-	-	-	-
Radiologist (Offices 4 x 10.5)	42	10		√	
Conference Room & Lobby	30	30		√	
W.C.	5	5		√	
Cleaner	20	10			√
Staff Rest Room	6	25-30	√		
Nuclear Medicine Suite	55	-	-	-	-

How does OLHSC rate?

	Actual	Standard	Below	At	Above
	Sq Mt	Sq Mt			
Histopathology					
Histopathology Office	11.25	15	√		
Office	8.25	10	√		
Consultants Office	11.25	15	√		
Store	6.25	10	√		
Main Lab	34	60	√		
Secondary Lab	26	25		√	
Haematology					
Blood Transfusion					
Consultants Office (separate)	10.5	10		√	
Entrance Lobby (shared with Biochemistry)	17	-	-	-	-
Blood Transfusion Lab	23	35-40	√		
Store	5.25	10	√		
Locker Room	7	10	√		
Shower	2	4	√		
W.C.	1.5	2	√		
Main Haematology Lab	70	70-80		√	
Laminar Flow Lab	7	15	√		
Lab	8	15	√		
Biochemistry					
Lab 1	65	70-80	√		
Lab 2	40	40		√	
Cleaner/Disposal	11.75	10			√
Offices					
Offices (3)	11.25	10			√
Offices (2)	7.5	10	√		
Seminar Room					
Duty Room	16	20	√		
W.Cs (2)	5	5		√	

How does OLHSC rate?

	Actual	Standard	Below	At	Above
	Sq Mt	Sq Mt			
Lab Managers Office	10.5	10		√	
Specimen Reception	7	10	√		
General Office	30	40		√	
W.C.	5	5		√	
Main Lab	44	160-180			
Lab 2	30		√		
Lab 3	30				
Blood Culture	10.5	20	√		
Warm Room	6.5	10.15	√		
Office/Lab	17.5	15			√
Office	10.5	10		√	
Consultants Office & En-Suite W.C.	16.5	17		√	
Post Mortem					
Post Mortem Changing Room	13.5	10-15		√	
W.C.	5	5		√	
Post Mortem Room	30	30-35		√	
Mortuary					
Entrance Porch	-				
Waiting Lobby	-				
Mortuary Chapel	-				
Ancillary Accommodation in Separate Building					
Staff Room/Seminar	35	25-30		√	
Overflow Lab (Breath Testing etc.)	35	-	-	-	-