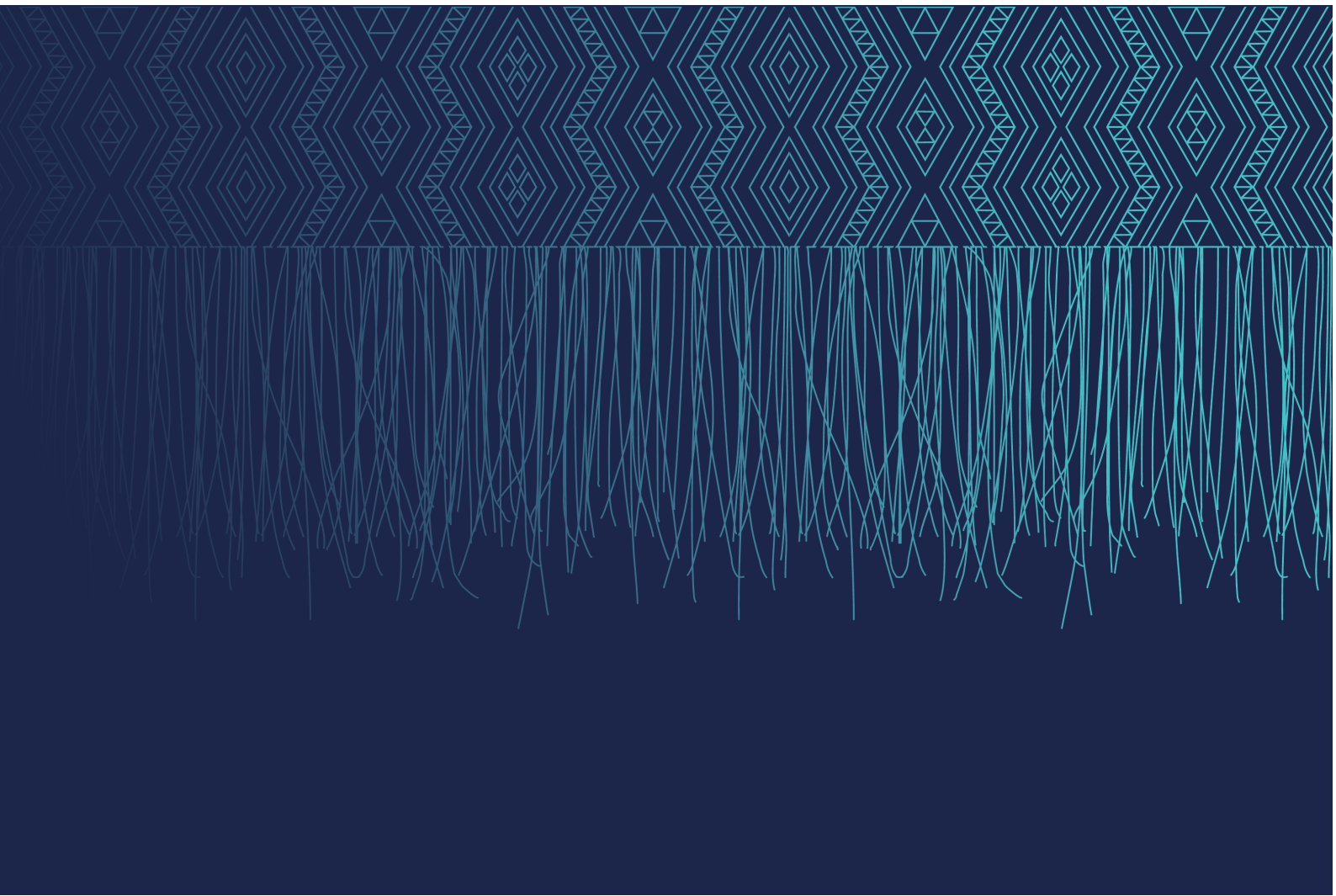


# **Health Facility Wide Practice and Approaches**

## **Template Guidance**



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## CONTENTS

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Document Control and Endorsement	6
Glossary	8
Navigating this document	9
<b>1 Introduction</b>	<b>10</b>
<b>2 General</b>	<b>11</b>
2.1 Access	11
2.2 Crisis coordination	11
2.3 Digital response	11
2.4 Community space	11
2.5 Commercial and Retail	11
2.6 External spaces	11
2.7 Workspace, Interview and Consultation spaces	11
2.8 Work Health and Safety	11
<b>3 Tikanga and Te Ao Māori Considerations</b>	<b>12</b>
3.1 Whānau facilities	12
3.2 Whakanoa / Transition spaces	12
3.3 Care of the Tūpāpaku	12
3.4 Death and Dying Rituals	12
<b>4 Patient Care</b>	<b>13</b>
4.1 Bariatric care	13
4.2 Carer engagement	13
4.3 Cognitive Decline	13
4.4 Privacy	13
4.5 Care of Children	13
4.6 Cognitive Decline	13
4.7 Privacy	14
4.8 Palliation and End of life Care	14

4.9	Patient Entertainment	14
4.10	Wait less experience	14
<b>5</b>	<b>Technology and Innovation</b>	<b>15</b>
5.1	Information and Communication Technology	15
5.2	Automation and Robotics	16
5.3	Major Medical Equipment	16
<b>6</b>	<b>Infection Prevention and Control</b>	<b>17</b>
6.1	Isolation Rooms	17
6.2	Pandemic Readiness	17
6.3	Pandemic Flows	17
<b>7</b>	<b>Operational – Clinical Support</b>	<b>18</b>
7.1	Falls Management	18
7.2	Medication Management	18
7.3	Observation and Visibility	18
7.4	Patient Flow and Bed Management and Coordination	18
7.5	Prehabilitation, Rehabilitation and Allied Health	18
7.6	Patient Movement & Transfers	18
7.7	Deteriorating Patient	18
7.8	Sterilising Services	18
<b>8</b>	<b>Operational – Non-Clinical Support</b>	<b>19</b>
8.1	Administration	19
8.2	Admissions	19
8.3	Building Services and Maintenance	19
8.4	Pneumatic Tube System	19
8.5	Food Services	19
8.6	Hazardous Materials	20
8.7	Housekeeping (Cleaning)	20
8.8	Linen	20



8.9	Materials Management / Supplies / Logistics	20
8.10	Courier and Mail services	20
8.11	Multifaith	20
8.12	Security	20
8.13	Vehicle Access and parking	20
8.14	Waste Management	20
<b>9</b>	<b>Staff Support</b>	<b>21</b>
9.1	Education	21
9.2	Research	21
9.3	Staff Amenity and Respite	21
9.4	Team Collaboration	21

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# Document Control and Endorsement

<b>Project Name</b>	
<b>Document name</b>	
<b>Document owner</b>	
<b>Primary Author</b>	

## Document Contributors

<b>Section</b>	<b>Primary Contributor/s</b>

## Document Revision

All revisions to the Facility Wide Practice and Approaches are recorded in this section. All updated documents must be reissued.

<b>Version</b>	<b>Issue Date</b>	<b>Reason for Issue / Changes since previous Issue</b>	<b>Doc Ref</b>

## Document Approval

The content of this document (*indicate document title and version*) has been endorsed by the following key stakeholders.

Name	Title	Signature	Date

## Endorsement Caveats

The final version of this document has been reviewed and endorsed with the following caveats:

### *Example text*

- a. *Proposed separate Paediatric ICU (subject to a separate Business Case which is in progress).*
- b. *Workforce planning is indicative only and a staff model will be prepared as part of the project.*





# Navigating this document

This **Health Facility Wide Practice and Approaches** is the third of a suite of four guidance artefacts. The purpose of each of the artefact documents are outlined below:

**Artefact 1: Strategic and Functional Design Brief Guide** provides general context, guidance, and background to the strategic and functional design briefing process and document development.

**Artefact 2: Health Facility Strategic Brief Template Guide** identifies the required components that should be in every Health Facility Strategic Brief prepared for Health New Zealand as a minimum. It provides an overview of the project, service planning context, cultural narrative, project design principles and the health facility functional capacity requirement for points of care.

## **Artefact 3: Health Facility Wide Practice and Approaches Template Guide**

The Health Facility Practice and Approaches will identify operational approaches and associated design requirements that are consistent across the health facility. Inputs only include those that differ from approaches described in the *New Zealand Health Facility Design Guidance* or *Australasian Health Facility Guidelines* (AHFG).

**Artefact 4: Health Planning Unit Functional Design Brief Template** identifies the required components that should be in every Health Planning Unit (HPU) Functional Design Brief report prepared for Health New Zealand as a minimum. Individual HPU Functional Design Briefs are required for each HPU identified within the scope of the project.

**Black text** is to be retained where this provides leading narrative relevant to a section.

Written content in *blue text* in a blue box provides guidance or text examples for the required output as a guide to the author. Once the document is completed, blue boxes and content guidance should be deleted.

# 1 Introduction

Operational Policies and Procedures are essential to safe practice and for the governance of the health facility. Identified facility wide practice and approaches provided in this document recognise infrastructure and its design as an important enabler.

Those listed apply to all or multiple HPU's within the scope of the project. Those specific to individual services will be described in the relevant HPU FDB.

*The list of subjects included should be refined to reflect project requirements.*

*Each subject should include a summary of the operational practice or approach and describe the specific design requirements needed to support the operational approach. Some examples are provided as an indication of required content – these should be reviewed and amended/deleted as required.*

## **2 General**

### **2.1 Access**

### **2.2 Crisis coordination**

### **2.3 Digital response**

### **2.4 Community space**

### **2.5 Commercial and Retail**

### **2.6 External spaces**

### **2.7 Workspace, Interview and Consultation spaces**

- a. *Workspaces within the facility will include enclosed offices and open workstations (allocated, shared and hot desks). Casual or visiting staff will utilise vacant workspaces or designated hot desks when onsite.*

### **2.8 Work Health and Safety**

## 3 Tikanga and Te Ao Māori Considerations

Tikanga is a Māori term that refers to cultural customs and is an essential consideration to ensure that the health facility supports care aligned with Māori culture and creates a safe environment for Māori.

Consideration of Tikanga and a Te Ao Māori world view not only benefits Māori but provides positive impacts for all individuals receiving healthcare and their whānau. While literature may generally guide, consultation and engagement with mana whenua in an advisory capacity is best practice given national documents may not reflect place-specific tikanga.

*Please reference national the Te Ao Māori framework <https://www.hqsc.govt.nz/resources/resource-library/te-ao-maori-framework/> and/or other resources where these support consideration of relevant project practice and approaches. It is important to work alongside mana whenua to identify, understand, and confirm the priority values to be applied in the project design approach. While aspects of the design to be considered to support Te Ao Māori and tikanga are varied and widespread, central and specific aspects are outlined below.*

### 3.1 Whānau facilities

### 3.2 Whakanoa / Transition spaces

### 3.3 Care of the Tūpāpaku

### 3.4 Death and Dying Rituals

## **4 Patient Care**

### **4.1 Bariatric care**

*Outline summary of local incidence and assumptions that may inform space provision.*

- a. Bariatric patients (patients with a Body Mass Index greater than 45), also referred to as 'heavier patients' (person weighing greater than 120kg), will be cared for with the appropriate bariatric equipment.*
- b. Patients will be assessed and managed under the title 'heavier patient', however with reference to design, facility planning and equipment; these patients will be referred to as bariatric.*

### **4.2 Carer engagement**

### **4.3 Cognitive Decline**

### **4.4 Privacy**

### **4.5 Care of Children**

*Outline health facility scope of services for children.*

### **4.6 Cognitive Decline**

#### **4.6.1 Visual Impairment**

#### **4.6.2 Elder Environments**



4.6.3 Dementia

4.6.4 Delirium

**4.7 Privacy**

**4.8 Palliation and End of life Care**

**4.9 Patient Entertainment**

**4.10 Wait less experience**

## 5 Technology and Innovation

In the rapidly evolving landscape of healthcare, the integration of cutting-edge technology and innovative solutions has become imperative for health facilities in the delivery of efficient care and logistic workflows.

This section describes technology and innovation approaches identified for this health facility project, focusing on key approaches for devices, communication systems, and other technological advancements. As the healthcare industry undergoes unprecedented transformations driven by digitalisation, artificial intelligence, and data analytics, health facilities must strategically adopt and leverage these advancements to enhance clinical outcomes, streamline operations, and improve overall patient experiences.

*Under the following headings, describe the project wide approaches referencing guidance provided in AusHFG Part B and C and the NZDGN where applicable.*

### 5.1 Information and Communication Technology

*Summarise the data and digital technologies that are anticipated to be adopted by the health facility to support delivery needs. Typically, the following should be considered:*

- a. Access to digital medical records*
- b. Clinical applications such as eReferrals, iSoft, WebPAS*
- c. Patient management network and web-based applications*
- d. Telehealth (virtual clinical appointments) and*
- e. High-definition real-time videoconferencing technologies*
- f. Clinical equipment monitoring, e.g., remote medication fridge monitoring*
- g. Automated medication management*
- h. Application of Artificial Intelligence systems*

#### 5.1.1 Staff Devices and Tools

#### 5.1.2 Communication Systems



5.1.3 Clinical Information Systems

5.1.4 Real Time Tracking

**5.2 Automation and Robotics**

**5.3 Major Medical Equipment**





## **6 Infection Prevention and Control**

### **6.1 Isolation Rooms**

### **6.2 Pandemic Readiness**

### **6.3 Pandemic Flows**



## **7 Operational – Clinical Support**

### **7.1 Falls Management**

### **7.2 Medication Management**

### **7.3 Observation and Visibility**

### **7.4 Patient Flow and Bed Management and Coordination**

### **7.5 Prehabilitation, Rehabilitation and Allied Health**

### **7.6 Patient Movement & Transfers**

### **7.7 Deteriorating Patient**

### **7.8 Sterilising Services**

## **8 Operational – Non-Clinical Support**

### **8.1 Administration**

### **8.2 Admissions**

### **8.3 Building Services and Maintenance**

#### 8.3.1 Equipment Management

#### 8.3.2 Equipment Management – Clinical

#### 8.3.3 Equipment Management – Non Clinical

#### 8.3.4 Equipment Management (Storage & Tracking)

### **8.4 Pneumatic Tube System**

### **8.5 Food Services**

- a. *Food will be delivered as per the current operational policy, however the inclusion of rethermalisation trolleys will be required due to the increased distance from the existing kitchen to the new departments.*
- b. *Consideration for the back of house circulation pathways for food deliveries is required during the design phase.*



8.5.1 Menu Selection and Meal Ordering

**8.6 Hazardous Materials**

**8.7 Housekeeping (Cleaning)**

**8.8 Linen**

**8.9 Materials Management / Supplies / Logistics**

**8.10 Courier and Mail services**

**8.11 Multifaith**

**8.12 Security**

**8.13 Vehicle Access and parking**

**8.14 Waste Management**

## **9 Staff Support**

### **9.1 Education**

### **9.2 Research**

### **9.3 Staff Amenity and Respite**

- a. *Staff amenities will be centralised where appropriate, including change rooms and showers.*

### **9.4 Team Collaboration**