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Northside Hospital Enabling Works

Functional Design Brief – Arcadia House



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Table of Contents

1. Scope of Service	1
2. Service Delivery	1
3. Specific Operational Policies and Procedures	2
3.1 General	2
3.1.1 Opening Hours	2
3.1.2 Admission and Discharge Procedures.....	2
3.1.3 Access and Security	2
3.2 Clinical Support Services	2
3.3 Non-clinical Support Services	2
3.4 IT and Communications	2
3.5 Support Space and Amenities	2
4. Workforce	3
5. Functional Relationships.....	3
5.1 Relative Location	3
5.2 External Relationships.....	3
5.3 Internal Relationships	3
6. Design Requirements.....	4
6.1 Applicable to All Areas	4
6.2 Entry.....	5
6.3 Residential Areas	5
6.3.1 Bedrooms and Ensuities.....	5
6.3.2 Therapeutic Bathroom	5
6.3.3 Kitchen, Pantry and Dining.....	5
6.3.4 Laundry	5
6.3.5 Shared Lounge	5
6.3.6 Indoor Exercise Room.....	6
6.4 Residential and Day Areas	6
6.4.1 Multifunction Group Room/s	6
6.4.2 First Aid Room.....	6
6.5 Support Areas	6
6.5.1 Interview/Sensory Rooms	6
6.5.2 Offices and Workroom	6
6.6 Outdoor Spaces	6



6.7 Back of House.....	6
7. Schedule of Accommodation	6
Appendix 1 – Staff Consulted	9
Appendix 2 – Outstanding Issues and Next Steps	9

List of Figures

Figure 1 – Internal Functional Relationships Diagram	4
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List of Tables

Table 1 – Arcadia House Role Delineation and treatment Space Scope.....	1
Table 2 – Schedule of Accommodation	7



1. Scope of Service

This functional brief describes the operational and design parameters to support the Northside Hospital Enabling Works Project in permanently relocating Arcadia House, a residential drug and alcohol rehabilitation service operated by ACT Health and Directions Health.

Arcadia House is a 12-bed unit that provides withdrawal, residential and day treatments for adults with severe alcohol and other drug (AOD) problems, with treatments including:

- 1-2 week withdrawal program
- 12 week day program
- 12 week residential program with additional 'step-down' 4 week day program. Those living in NSW can complete the 4 week 'step-down' stage of the program online.
- Continuum of Care support is provided to clients prior to admission and on discharge.

Arcadia supports clients to abstain from alcohol, tobacco and other drugs and develop positive life skills that can be utilised to achieve personal goals and maintain a healthy lifestyle. Clients are supported with individual case management and counselling, therapeutic groups and relapse prevention, with the therapeutic community providing opportunities for personal growth and peer support.

Table 1 – Arcadia House Role Delineation and treatment Space Scope

Modality	Current RD - 2023	Future RD – 2033	Current Treatment Spaces - 2023	Project Scope
Arcadia House	TBC	TBC	12 residential beds	12 residential beds

2. Service Delivery

Arcadia House provides services through:

- Participation: it is a condition of admission to Arcadia House that clients participate in all aspects of the program. This includes:
 - Individualised treatment plans
 - Therapeutic group work
 - Relapse prevention
 - SMART Recovery, Narcotics and Alcoholics Anonymous meetings
 - Exercise and wellbeing activities
 - Cooking and other household chores
- Case Management: As well as participating in other aspects of the program, clients work with a Case Manager throughout their time at Arcadia House to identify goals, address individual issues and establish ongoing community supports. Every client has an individual treatment and support plan, and exit plan tailored to suit their needs and support them in their treatment journey.
- Clients may be linked with other services to address health, housing, financial, legal, employment, education and relationship issues, depending on individual needs.



Arcadia provides services on a voluntary basis for clients with a demonstrated commitment to treatment. Clients admitted to Arcadia House are medically stable, with any medical co-morbidities treated within other facilities, and clients presenting with mental health co-morbidities will be stable and appropriate for this stage of treatment.

3. Specific Operational Policies and Procedures

3.1 General

3.1.1 Opening Hours

Arcadia House operates 24 hours a day, 7 days a week. It is a residential style setting.

3.1.2 Admission and Discharge Procedures

Admissions are voluntary and strategically planned, and the service is adequately staffed to ensure that admissions and discharges are supported. Admissions and discharges will most likely occur during regular business hours.

3.1.3 Access and Security

- Arcadia House is a residential style setting with shared staff/visitor/consumer entry.
- Fixed physical duress is not required, staff will utilise mobile duress, with duress response to be confirmed pending site selection.
- No onsite security or CCTV is required, however line of sight visibility to shared consumer spaces is necessary.
- Consumer space encourages interaction with staff and provides the ability to contact staff readily when required.

3.2 Clinical Support Services

None required on site, clients can access services at other hospitals and locations as required.

3.3 Non-clinical Support Services

- Waste management, food delivery and cleaning support occurs on a residential scale.
- Clients contribute to food preparation and cleaning as per the model of care.
- Back of house allowance included in schedule of accommodation for delivery and internal storage requirements.

3.4 IT and Communications

- Network infrastructure and capability to provide Wi-Fi access and meet the usage needs of staff, patients, and visitors.
- Consumers have access to personal devices during their stay which are kept securely in phone lockers. Charging power points are required in lockers.
- Shared desktop computers in study nook areas are required within at least one of the larger shared consumer spaces.
- Audio-visual entertainment systems will be required in activity/lounge spaces.

3.5 Support Space and Amenities

- Secure staff amenities and support spaces will be provided.
- Staff room with beverage bay and amenities for up to 7 staff members (maximum) onsite at any one time.



4. Workforce

This information has been used to inform the allocation of staff amenities (e.g. toilets, office/ workstation allocation etc.). The workspaces are indicative only and yet to be endorsed by ACT Health Executive.

Arcadia House is staffed by up to 7 staff members on shift at any time, with handover occurring between shifts. Staff members include Service Manager, Case Managers, Support Workers, and Registered Nurses.

5. Functional Relationships

5.1 Relative Location

Arcadia House operates independent to other ACT Health facilities. Factors influencing site selection include the requirements for a 12-bed facility, alongside planning requirements. The location of the site should consider the adjacency and proximity to businesses and venues that may pose risk to clients' recovery, should aim to minimise and reduce stigma to clients accessing the service, and afford their dignity and safety during their stay.

5.2 External Relationships

Nil significant external relationships have been identified for Arcadia House service operations.

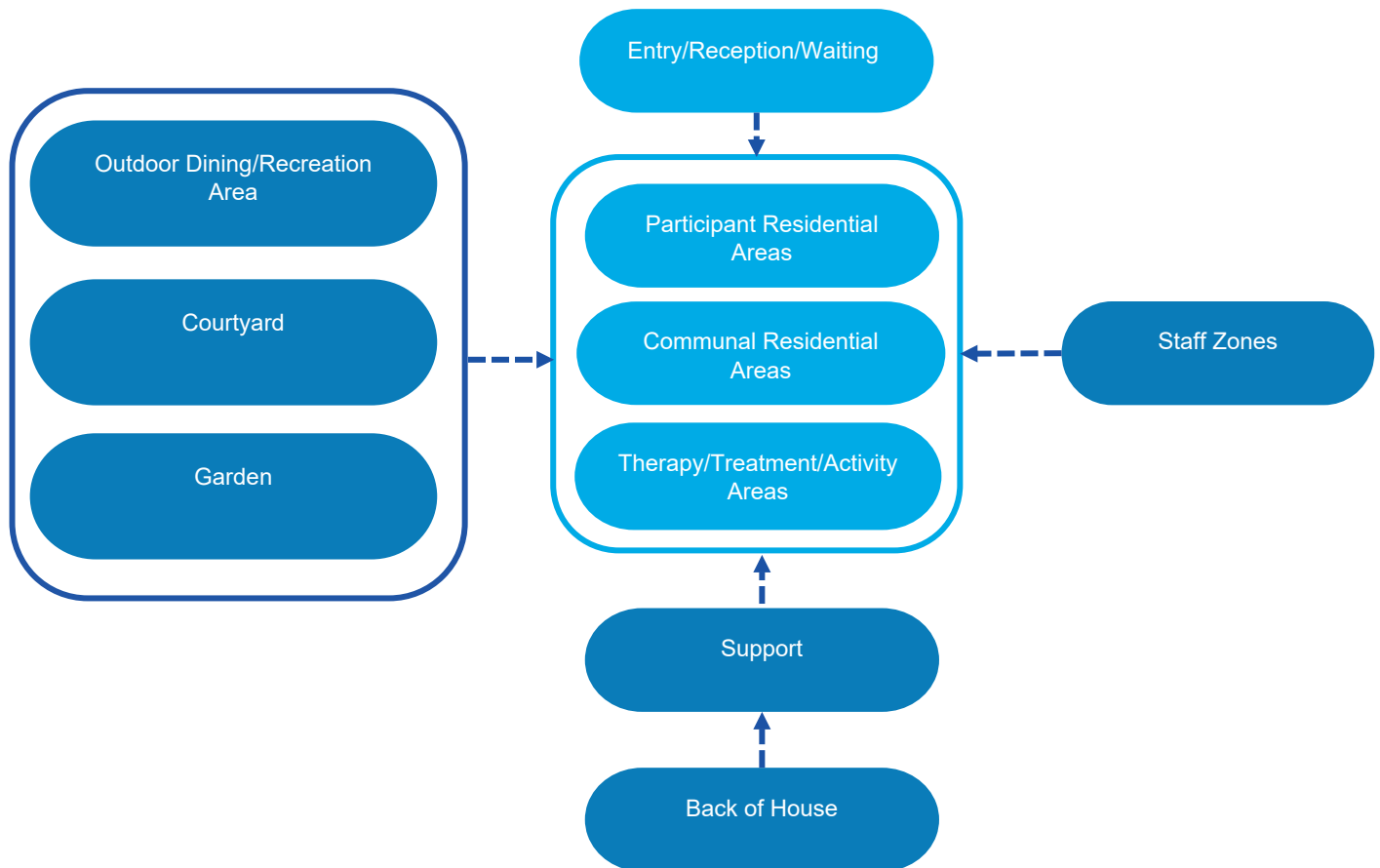
5.3 Internal Relationships

The following figure provides an indication of the functional relationships of the unit, illustrate the relative locations of entry areas, activity areas, assessment/intervention areas, clinical support, staff areas, and back of house.

- Entry/ reception/ waiting
- Participant residential areas
- Communal residential areas
- Therapy/Treatment/Activity areas
- Outdoor spaces
- Staff zones
- Clinical support areas
- Back of house



Figure 1 – Internal Functional Relationships Diagram



6. Design Requirements

6.1 Applicable to All Areas

- Trauma informed, recovery focused, non-clinical design, with users identifying that a clinical hospital appearance would be a barrier to the ability to provide effective care.
- Aim will be to provide a warm, welcoming service that provides ample opportunity for easy movement throughout the unit for consumers, and ability to share spaces readily.
- The service will require staff and consumer interaction and a high level of collaboration and therapeutic rapport.
- Service provision prioritises relationship building and developing skills for daily living thus requires the unit to have a residential feel and functionality on the scale of a 10-bed unit.
- Providing clients with the ability to interact with others is a crucial part of the therapy and process for behavioural change.
- Staff observation to community/living areas.
- Provide observation to selected bedrooms for increased patient safety.



- Balancing client interaction and shared spaces with maintaining individual client dignity and privacy is important.
- Enable safety and dignity for visiting families.
- No specific anti ligature design is required, however design should aim to balance ligature risk minimization while maintaining the intended residential style environment.

6.2 Entry

- Design for welcoming residential style entry.
- Shared staff/visitor/consumer entry is sufficient.
- Entry should have access to Patient/Visitor Lounge with a link to outdoors (preferred). Visitors to the unit are minimal, and tend to include children and families, so a link to a covered outdoor space is preferred. If site selection determines that a Patient/Visitor Lounge cannot be accessed through the entry, it must be accessible without visitors needing to enter the residential inpatient bedrooms area/s. Patient/Visitor Lounge could be eliminated if sufficient group multipurpose areas can be provided.
- Entry should also provide access to an accessible toilet able to be used by visitors.
- Entry may include a visitors property bay/lockable storage.

6.3 Residential Areas

6.3.1 Bedrooms and Ensuites

Residential accommodation for patients will be provided in either single (9 x single, 1 x accessible) or shared (2 x 2-person) bedrooms. All bedrooms will have access to an ensuite, with some ensuites shared between single rooms where necessary. Residential accommodation facilities should be gender neutral.

6.3.2 Therapeutic Bathroom

Therapeutic bathrooms including bathtubs to assist with client symptom management as required. One bathroom should be accessible.

6.3.3 Kitchen, Pantry and Dining

Combination of service provided and prepared by consumers. A fully equipped kitchen for residential cooking is required for consumer food preparation and skill building group activities. An adjacent lockable pantry for food storage, including shelving to accommodate each consumer's individual food provisions, plus space for multiple fridges and freezers is required.

A communal dining room that accommodates up to 20 people for communal dining is required. Furniture can be individual or shared arrangement. Dining furniture should be sturdy but easily moved so the room can be reconfigured to suit a range of consumer groups.

6.3.4 Laundry

Consumers are required to wash and care for their own clothing and linen. A laundry able to accommodate two washing machines and one dryer (separate washer/dryers are preferred). Access to outdoor clothesline space is also required.

6.3.5 Shared Lounge

A shared lounge area to allow consumers space for watching television at night, with a link to outdoors preferred.



6.3.6 Indoor Exercise Room

An indoor exercise room – if possible in space. Exercise equipment could be provided throughout unit.

6.4 Residential and Day Areas

6.4.1 Multifunction Group Room/s

One large multifunction group room or two smaller group room spaces (dependent on site constraints) to accommodate a variety of group activities (e.g. art therapy, yoga, therapeutic groups). Multifunction group room/s will either have no carpet, or if two spaces will only have one that is carpeted. A link to outdoors is preferred, but not a requirement.

6.4.2 First Aid Room

A multipurpose First Aid Room that can be used for analysis testing, drug screening, medication storage and interview when required. First Aid Room should have vinyl flooring and include a hand basin.

6.5 Support Areas

6.5.1 Interview/Sensory Rooms

Multipurpose interview/sensory rooms will be used for individual therapeutic intervention and sensory modulation. Sensory modulation is the ability to regulate and organise responses to sensory input in a graded and adaptive manner. A sensory modulation room will be utilised to assist consumers to use sensory modulation equipment to manage distress and agitation and promote recovery and rehabilitation. These rooms can be used for consumers and staff members to have quiet and private conversations where needed.

6.5.2 Offices and Workroom

Staff will have access to an office for the provision of note writing and as a touch down point when they are not actively with consumers. There will be spaces within the staff zone where handover can occur between shifts. There will be office space and amenities available to staff.

6.6 Outdoor Spaces

Outdoor space is an important element of clinical care delivery. Courtyards are to be considered as extensions of the therapeutic space and are required to provide clinical intervention and play a large part in the physical health of the consumer.

Courtyards and outdoor spaces allowing outdoor dining, visitors and for therapeutic space is required and ideally located near the entry.

6.7 Back of House

- Back of house operations will be lead by the provider (Directions) and will remain at residential scale.
- Storage is required for cleaning supplies.
- Waste is management through domestic waste management, with nil other provisions required.

7. Schedule of Accommodation

The Australasian Health Facility Guidelines (AushFG) Health Planning Unit 0155 and 0136 have been used as a starting point with users, and this brief reflects the model of care as informed by the Project User Group. Changes to the brief may be required once a site has been identified to accommodate site/refurbishment restrictions.



Table 2 – Schedule of Accommodation

Functional Grouping	Room Name	No.	M2	Room total	Comments
Entry Area					
Entry	Lounge - Patient/Family/Carer	1	15	15	Link to outdoors preferred. If not in entry area, easily accessible without having to traverse residential bedroom area. Could be removed if needed, if group area is multipurpose
Entry	Waiting	1	5	5	Include counter? Design for welcoming entry, can be circulation instead of dedicated space if required
Entry	Toilet - Accessible	1	6	6	TBC consultant
Entry	Visitors Lockers	1	2	2	Might be included in waiting/entry area
Residential Areas					
Residential	1 Bed Room Residential or Clinical	7	15	105	Might reduce bed number if fit out as double rooms for protective factor. TBC chief psychiatrist guidelines. Anti ligature not required
Residential	1 Bedroom – Accessible, Residential	1	16.5	16.5	Residential fittings and furniture, Anti ligature not required
Residential	2 bed-room	2	18	36	Bariatric or special needs patients. Number of beds will depend on local jurisdictional policies.
Residential	Dining Room/ Beverage Bay	1	26	26	Furniture can be individual or shared. Co-locate with kitchen in open domestic style for free use throughout day for consumers. Note 7.5m2 per consumer applied across combined dining, kitchen and living/lounge areas.
Residential	Ensuite	9	5	45	Some ensuites can be shared between single rooms. Antilig not required.
Residential	Laundry	1	10	10	2 washers, 1 dryer
Residential	Store - Patient Property	1	10	10	Decreased due to length of stay of consumers
Residential	Ensuite - Accessible	1	7	7	Dedicated ensuite
Residential	Ensuite – Bariatric	-		0	Bariatric requirements will be dependent on local jurisdictional policies
Residential	Bathroom - Therapeutic	2	12	24	One to be accessible. TBC if toilet required.
Residential	Kitchen	1	24	24	For domestic scale/use. Not ADL kitchen. Co-locate with dining for free use throughout day for consumers. Note 7.5m2 per consumer applied



					across combined dining, kitchen and living/lounge areas.
Residential	Pantry	1	12	12	Pantry and x2 fridges/freezers required.
Residential	Lounge - General / Shared	1	40	40	Link to outdoors preferred. Note 7.5m2 per consumer applied across combined dining, kitchen and living/lounge areas.
Residential	Indoor Exercise Room	1	22	22	If possible in space. Exercise equipment could be provided throughout space e.g. outdoor or multipurpose room.
Residential	Courtyard - Outdoor Dining, Activities	1	90	90	Size as able
Residential and Day Areas					
Residential & Day	Toilet - Accessible	1	6	6	For consumer use, close to activity and outdoor areas
Residential & Day	First Aid Room	1	14	14	Medication storage, vinyl, minor dressings etc, preferably hand basin
Residential & Day	Multifunction Group Room	1	70	70	Link to outdoors preferred but not a requirement. Not carpeted, or two separate rooms one not carpeted. Can reduce if needed
Support Areas					
Support	Cleaner's Room	1	5	5	
Support	Disposal Room	1	6	6	Domestic bins, can be outside
Support	Interview Room / Sensory Room	2	14	28	
Support	Office - Workroom	1	25	25	Including benching and computers and beverage bay.
Support	Office - Single Person, 9m2	1	12	12	2 staff, managers office
Support	Store - Equipment	1	20	20	Can be reduced/removed if space an issue
Staff Work Areas and Amenities					
Staff Zone	Property Bay - Staff	1	3	3	
Staff Zone	Shower - Staff - combined shower toilet	1	4	4	confirm size with accessibility
Staff Zone	Accessible Toilet - Staff	1	7	7	
Staff Zone	Meeting Room/Staff Room	1	20	20	Include beverage bay
Back of House	Allowance	1	100	100	Allowance, TBC



Appendix 1 – Staff Consulted

Name	Position	Organisation
Bronwyn Hendry	CEO	Directions Health Services
Megan Arnold	Senior Director	ACT Health (Alcohol, Tobacco and Other Drugs)
Justeen Stapleton	Senior Director; Northside Hospital Project	ACT Health (Strategic Infrastructure Branch)
Rebecca Sweetman	Director of Facility and Planning; Northside Hospital Project	ACT Health (Strategic Infrastructure Branch)
Robert Vidaic	Project and Administration Support Officer; Northside Hospital Transition	ACT Health (Strategic Infrastructure Branch)

Appendix 2 – Outstanding Issues and Next Steps

Progress to the next stage of planning will require resolution of issues that may not have finalised during the Functional Briefing consultation process. These issues are documented below.

Issue	Action required
Back of House requirements are site dependent and currently unconfirmed.	Project Team and Project User Group to confirm back of house with wider hospital providers when there is greater site certainty e.g. access, vehicle drop-off requirements.
Brief and SOA are pending advice re overall compliance	Project Team to support BCA/accessibility/fire/etc reviews, noting number of toilets and type of toilets may change based on advice.
Potential changes to SOA based on site / refurb constraints.	Project Team to review and adjust SOA with stakeholder input as required when there is greater site certainty.
Changes from Aus HFG guidelines to accommodate refurb restraints, models of care and provider feedback.	Project Team to ensure agreed and ratified governance process of approval from ACT Health for AusHFG variations.
Future scope for Arcadia House brief is as per instructed by ACT and provider as no Clinical Service Plan or Model of Care available.	Project Team to ensure approval through ACT Health project governance to confirm strategic alignment.
Shared bedrooms and associated bathroom requested by provider	Project User Group and ACT Health to confirm comfort with providing shared residential bedrooms and bathrooms.
Outstanding operational items require user confirmation	Project User Group to confirm: Client inclusions: Clients admitted to Arcadia House are medically stable, with any medical co-morbidities treated within other facilities, and clients presenting with mental health co-morbidities will be stable and appropriate for this stage of treatment. Workforce: up to 7 FTE of Service Manager, Case Managers, Support Workers, Registered Nurses.