

Australasian Health Facility Guidelines (AusHFG)

HEALTH PLANNING UNIT (HPU) DEVELOPMENT General Information for Authors and Reviewers

The HPUs form individual sections of **Part B** of the Australasian Health Facility Guidelines (AusHFG).

1. GUIDE FOR AUTHORS

Terminology (see also AusHFG Terminology)

Each HPU represents a single “Unit” (aka “Department”) in a healthcare facility. The term “unit” is used as a convention for the purposes of the guidelines only. To avoid confusion, the HPUs should not be referred to in the text as “the guidelines”. The latter is an all-encompassing reference to the entire AusHFG comprising Parts A, B, C, D, E and F, Standard Components and other reference documents available on the health facility guideline website.

The word “Draft” is to be used when referring to the various stages of HPU development. The word “Version” is restricted to the issues of the Guidelines as a whole and is not to be otherwise used.

Refer to a “healthcare facility” rather than “hospital”.

HPU Naming Conventions

The names for the various HPUs have been or will be agreed at the beginning of each HPU development. Where there are jurisdictional variations these will be noted in the Preamble section of the text and can be viewed in the Reference Documents section of the AusHFG.

Abbreviations

As with HPU names, abbreviations where used will not be amended to suit each jurisdiction - e.g. OHS will be used consistently for Occupational Health & Safety and not OH&S or whatever a jurisdiction’s variation may be.

Format

Each HPU is developed to a standard format and main headings (refer Template). The main headings are embedded in the database and cannot be changed.

Numbering System

Each HPU has an identifying number (e.g. HPU 260 Coronary Care Unit) allocated by CHAA. Each main heading is numbered consecutively from 1.00 to 25.00 but multiple sub-headings may be added under each main heading (refer Template). Sub-heading numbering is done in multiples of five i.e. 1.00, 1.05, 1.10 etc so that if necessary, additional paragraphs/sub-headings may be inserted without requiring total renumbering.

Each sub-section is allocated a six number code that is embedded in the database. This code is allocated by CHAA and is only of relevance when undertaking a revision of an existing HPU. The previously allocated code and sub-section numbering must then be inserted as a means of cross-reference with the original HPU.

Content

The HPU is not a “clinical” document but it should contain enough basic information to enable a non-clinician to understand the function of the various rooms/spaces and allocate the appropriate square meter area in the Schedule of Accommodation. Depending on the context, clinical information may form part of the body of the HPU or be placed as an Appendix.

Service Planning

Planning and design for each project is predicated on a pre-determined Service Plan in accordance with individual jurisdiction policies. Service plans are not part of the HPU but service planning policies are noted in the Reference section at the end of each HPU.

Current and Future Practice

Each HPU will reflect current practice and models of care but must also address future trends and change drivers. Some of these may be outside the scope of the HPU but need to be at least mentioned e.g. robotic surgery, barn operating rooms. It is not the role of the HPU to address such future technologies in detail as they will probably only apply to very few units and would need a separate Business Case. However, any available background material may be included in the Reference section.

Other Sections of the Health Facility Guidelines

Where a section / heading addresses specific topics that are covered in other sections of the Guidelines such as Part D - Infection Prevention and Control, this should be generally referenced and only any special unit requirements addressed in detail. (Refer template).

Readability

The HPU must be “readable”:

- clear expression
- grammatically correct
- full sentences that contain a verb and not just “dot point” lists
- minimum use of acronyms and abbreviations and those that are used must be expressed in full in the first instance.

Resources

Resources used for HPU development may include:

- Recent project information and POEs
- Health department policies and guidelines
- Other design guidelines - Australian and overseas
- Professional clinical guidelines where available
- Articles
- Australian and NZ Standards
- Site visits.

2. GUIDE FOR REVIEWERS

Comments

Reviewers are to use the template provided. This allows CHAA to collate, cross-reference and keep a record of reviewers. Please do not use track changes unless the comments are very minor and please put your name at the front of the document.

Please date your comments and ensure you have noted the appropriate draft number.

CHAA Response

CHAA will “action” all comments in the column provided and return to all jurisdictions for their information. If CHAA has any queries, they will be followed up with the relevant jurisdiction and “copied” to all the other jurisdictions.

Content

Concentrate on content and unless very noticeable, try to ignore errors of spelling and grammar. These will be picked up and addressed during one of at least 3 QA checks undertaken by CHAA.

References

If you wish a particular reference to be included, please provide details so that CHAA can follow up and verify. A statement to the effect that the HPU should “provide the references for each jurisdiction” with no details makes it difficult to action and therefore does not serve any useful purpose.