

Hospice Capital Program Design Standards

Version 1.0

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Copies of this report can be obtained from

INFOline: 1-866-532-3161

TTY 1-800-387-5559

Disclaimer

Space types and size standards may be revised from time to time. This document endeavors to be current and complete, but the Ministry of Health and Long-Term Care (herein “ministry”) retains the right to make changes without notification to remain current with emerging best practices.

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1.0 Introduction

The Design Standards for the Hospice Capital Program (“Design Standards”) is designed to assist Proposing Organizations (as defined in the Hospice Capital Program Policy) to develop a proposed capital project for submission to the ministry for approval. The Design Standards supports current government priorities and recognizes fiscal challenges by assisting Proposing Organizations with the effective use of limited capital resources to plan high quality health care environments. The planning principles of the Design Standards are to promote right-sizing facilities to support efficient delivery of hospice care services and to limit excessive operating costs over the lifetime of facilities.

The focus of this document is to provide guidance in defining space allocation and is not intended to provide complete technical facility design guidance. For technical building requirements such as building codes, electrical/emergency power, heating, ventilation and air conditioning, infection control, sterilization procedures, and construction-related issues, the Proposing Organization and its design team must refer to the applicable legislation, codes, standards, and other best practice industry sources. It also consolidates elements of health care facility standards from the Canadian Standards Association (CSA) and other health care planning guides to present a comprehensive set of recommendations for the community health care setting.

The Design Standards contains the Ministry of Health and Long-Term Care’s (ministry) required minimal design standards for those Hospices in Ontario provided with MOHLTC Capital Funding¹.

The ministry recommends (but does not require) the use of these design standards in developing space for hospice capital projects funded through sources of funding other than ministry capital funding.

Please note: On a case by case basis organizations who feel that the design standards cannot be met can work with the ministry to modify the design standards to support their capital build.

¹ MOHLTC Capital Funding is defined as funding approved by the ministry and provided for use specifically to develop space to support Hospice program and service delivery (i.e. “bricks and mortar” funding for renovation, addition or new built space). This is separate from Operating Funding.

1.1 Purpose

The purpose of the Design Standards is to:

- ✓ Identify the types of space for an approved hospice capital project for which the ministry will provide funding;
- ✓ Identify the maximum amount of space for an approved hospice capital project for which the ministry will provide funding; and
- ✓ Outline the basic steps to develop the space needs of a hospice facility.

The Design Standards was developed in conjunction with the following ministry HCP documents:

1. Hospice Capital Program Policy
2. Hospice Capital Program Cost Share Guide
3. Hospice Capital Program Toolkit
4. Hospice Capital Program Final Estimation of Cost

It is intended that these documents/tools are used together when planning proposed HCP projects. These resources provide the information necessary for Proposing Organizations to understand the types and amount of space the ministry will cost share for approved HCP projects to meet program and service delivery needs.

1.2 Intended Users

The Design Standards are intended for the following individuals and groups working with the Proposing Organization as per the HCP Policy:

- Functional programmers, architects and engineers to ensure that planned space meets best practice design and ministry planning, design and funding requirements; and
- Other technical and health care professionals such as infection control and occupational health and safety personnel.

Ministry staff will confirm compliance with space and functional requirements that meet the ministry's planning and design objectives ("OASIS" – see [Section 2.1](#)).

The use of the ministry's Design Standards defined in this manual is required in order to access funding through the HCP. For more information on how to access funding for this program, please refer to the HCP Policy.

The physical design of hospice facilities are intended to provide a more home-like environment than a typical acute care environment and to provide associated spaces that enable a resident/patients' family to be on-site to support them during the end of life experience.

The design standards documented in this manual support this approach to the design and build of hospice care spaces in a range of care settings.

The standards were developed through literature search, environmental scan of several community and hospital-based hospice and palliative care environments in addition to consideration of the Ontario Building Code, Fire Code, Ontario Long-Term Care Home Design Manual 2015, and Canadian Safety Association (CSA) industry standards.

2.0 Hospice Space Standards

The Community Space Standards is organized into the following four sections:

- [2.1: The Ministry's Planning and Design Objectives: "OASIS"](#)
- [2.2: Overview of the Space Planning Process](#)
- [2.3: Space Tables](#)
- [2.4: Design Considerations](#)

2.1 The Ministry's Planning and Design Objectives: "OASIS"

A fundamental goal in the planning and design of capital health care projects is to create an environment that enables health services to be delivered in the most effective and efficient, accessible and safe manner while respecting the needs of patients or clients, and staff. Capital resources should be used effectively so that all capital projects are built as a long-term investment for the community they serve.

The ministry's planning and design goals and objectives are captured under the ministry's "OASIS" principles. These principles also form the fundamental principles of CSA Z8000:

- **Operational Efficiency**
- **Accessibility**
- **Safety and Security**
- **Infection Prevention and Control**
- **Sustainability**

When undertaking a capital project, the ministry expects these objectives to be met.

2.2 Overview of the Space Planning Process

The Business Case in the HCP Toolkit is designed to guide administrators and their consultants engaged in the planning process through each of these steps. The Business Case defines programs and service composition, space requirements, overall

size, cost, and all elements required to fully understand scope, size, cost, and timelines of the project.

The design standards are organized under the following sections in [2.3 Space Tables](#):

1. Community Hospice Space
2. Hospice Space associated with Long-Term Care Home (LTCH)
3. Hospice Space in a Hospital

Each of these sections contains a design objective and design standards component and may have additional commentary on industry best practices.

2.3 Space Tables

Design Standards

The design standards represent minimal standards. Organizations may choose to expand individual space amounts or add additional room types or additional features to these requirements (e.g. add showers to resident bedrooms or add administrative spaces).

The space tables below provide a complement of rooms that may occur in a hospice. Each room has an assigned Net Square Foot (NSF) area that defines the net amount of space, not including space for circulation or building structure and thickness of walls. The NSF for each room represents ministry or CSA standard room size limits. The sizes established define the space necessary to provide effective functionality and infection prevention and control, as well as the amount of space that the ministry will fund for that room type.

Room sizes and requirements are listed in the tables below:

- [Table 1: Room Sizes and Requirements for Community Hospices](#)
- [Table 2: Room Sizes and Requirements for Hospice Associated with a LTCH](#)
- [Table 3: Room Sizes and Requirements for Hospice Associated with a Hospital](#)

2.3a. Community Hospice Space

Design Objective(s)

The design objective for hospice facilities is to design a space that provides:

- A home like environment for the resident/patient
- Support spaces to enable family to support and be with the resident/patient through the end of life experience
- Additional functional support spaces for operational requirements of the facility (e.g. administrative, building operations and medical support spaces)
- Spaces that support a homelike feel but enable the functionality of any required

medical support during the end of life experience

The following space standards have been developed to represent a ten (10) bed community based hospice care model operating from either a purpose built structure or a leasehold location.

Capital projects that are considering less than 10 beds should provide a proportional decreased amount of family support spaces.

The formula(s) for calculating the proportional decrease is identified in the space table below for relevant space types.

Capital projects that are considering more than 10 beds should provide a proportional amount of increased family support spaces. The formula(s) for calculating the proportional increase is identified in the space table below for relevant space types.

Organizations may choose to exceed space standards or add additional space types.

Table 1: Room Sizes and Requirements for Community Hospices

Description of Space Type	Quantity	Area (sf)	< 10 beds	>10 beds
Vestibule	1	75		
Multi-Use Room (Spiritual/Quiet Room)	1	160		
Reception	1	125		
Multi-Use Room (Family Activity Room)	1	160		
Kitchen (Kitchen) ¹	1	300	Decrease by 20 sf per less resident to a min. of 200 sf	Additional 30 sf per bed over 12
Dining Room	1	200		Additional 20 sf per bed over 12
Living Room	1	300		Additional 30 sf per bed over 12
Barrier-Free Washroom	2	75		Additional 1 per 10 beds
Multi-Use Room (Meeting Room)	1	200		
Staff Washroom	1	50		Increase

Description of Space Type	Quantity	Area (sf)	< 10 beds	>10 beds
				based on staffing model
Staff Room	1	100		
1 Patient Bedroom with Sleeper Chair, Barrier-Free Washroom with Shower OR 1 Patient Bedroom with Sleeper Chair, Barrier-Free Washroom (no Shower)	1 Per resident 1 Per Resident	335 285		
<u>For this option, the hospice is to provide additional bathing space as follows:</u>				
1 Tub room (3-sided access) or 1 Stretcher Shower		170		
1 Family Shower/Change Room		75		
Medication Room	1	50		
Clean Utility	1	120		
Soiled Utility	1	130		
Elevator Machinery Room ²	1	75		
Communications Room	1	50		
General Storage	1	200		
Mechanical Room ³	1	200		
Electrical Room ³	1	100		
Sprinkler Room ³	1	100		
Laundry	1	100		Additional 50 sf per 5 beds
Janitor	1	50		

¹ Kitchen is required where care model is that families and/or volunteers prepare meals for residents. Where organization prepares meals for residents, there must be space for food storage/preparation (sf TBD by organization) as well as a Pantry of 75 sf with refrigerator, microwave and sink for families to bring in and heat meals for residents. Kitchens must contain sink unit, refrigerator, stove, exhaust hood, microwave, kettle, toaster/toaster oven, dishwasher and dishes, cutlery and cups.

²Elevator machinery room is only required in multi-floor new build designs. Not required in leasehold where these spaces are in common/landlord managed areas

³Mechanical, Electrical and Sprinkler rooms not required in leasehold where these spaces are in common/landlord managed areas

2.3b. Hospice Space Associated with a Long-Term Care Home

Design Objective(s)

The design objective for hospice space associated with a LTCH is to design a distinct space either within the physical LTCH structure, but separate from the licensed LTCH or in a structure physically separate from the LTCH.

The space standards for this hospice type mirror those of the Community Hospice with the exception where the hospice can share specified service space types with the existing LTCH, while meeting the requirements under the LTCHA, including s. 5 and Reg. 79/10, Part II, and under the LTCH Design Manual 2015 to ensure LTCH resident safety, privacy and infection/prevention/control. These space types will not be required to be duplicated in the hospice space.

Table 2: Room Sizes and Requirements for Hospice Associated with a LTCH

Description of Space Type	Quantity	Area (sf) >5 beds	Area (sq) <5 beds	Requirement Conditions
Vestibule	1	75	75	Required in a structure separate from the LTCH or where outdoor entrance is required
Multi-Use Room (Spiritual/Quiet Room)	1	160	100	Required in a structure separate from the LTCH
Reception	1	125	100	
Multi-Use Room (Family Consultation Room)	1	160	100	Required in a structure separate from the LTCH
Kitchen / Pantry / Dining Room(Kitchen)	1	300	200	Required in a structure separate from the LTCH where care model is that families and/or volunteers prepare meals for residents. Where organization prepares meals for residents, there must be space for food storage/preparation (sf TBD by organization) as well as a Pantry of 75 sf with refrigerator, microwave and sink for families to bring in and heat meals for residents
Living Room	1	300	150	
Barrier-Free	2	75	75	

Washroom				
Multi-Use Room (Meeting Room)	1	200	100	Required in a structure separate from the LTCH
Staff Washroom	1	50	50	Organizations should consider increasing number of WR based on staffing model
Staff Room	1	100	100	Organizations should consider increasing size based on staffing model
1 Patient Bedroom with Family Area, 1 Sleeper Chair, Barrier-Free Washroom with Shower OR 1 Patient Bedroom with Family Area, 1 sleeper chair, Barrier-Free Washroom (no Shower) For this option LTC to provide additional bathing space as follows: 1 Tub Room (3-sided access) or 1 Stretcher Shower and 1 Family Shower/Change Room	TBD TBD	335 285 170 75	335 285	
Med Room	1	50	50	
Clean Utility	1	120	100	
Soiled Utility	1	130	100	
Elevator Machinery Room ¹	1	75	75	Required in a structure separate from the LTCH that is multi-floor
Communications Room	1	50	50	

General Storage	1	200	100	
Mechanical Room ²	1	200	100	Required in a structure separate from the LTCH
Electrical Room ²	1	100	100	Required in a structure separate from the LTCH
Sprinkler Room ²	1	100	100	Required in a structure separate from the LTCH
Laundry	1	100	50	
Janitor	1	50	50	

¹Elevator machinery room is only required in multi-floor new build designs. Not required in leasehold where these spaces are in common/landlord managed areas

²Mechanical, Electrical and Sprinkler rooms not required in leasehold where these spaces are in common/landlord managed areas

Where hospice space associated with a LTCH is being developed that will have more than or less than 10 beds, please apply the same calculations for proportional increase/decrease of space type volumes or space type square foot allocation per the Community Hospice Space Table.

2.3c. Hospice Care Space in Patient Care Unit of a Hospital

Design Objective(s)

This design and space standards for hospice care space in a Hospital is to support the conversion of a limited number of existing acute care patient rooms within an existing patient care unit of a hospital to support hospice resident/patients.

Table 3: Room Sizes and Requirements for Hospice Associated with a Hospital

Description of Space Type	Quantity	Area (sf) >5 beds	Area (sf) <5 beds	Requirement Conditions
Multi-Use Room (Spiritual/Quiet Room)	1	160	100	
Multi-Use Room (Family Activity/ Consultation Room)	1	160	100	Required where there is no room available for this function on the unit
Kitchen (Pantry)/Dining	1	300	200	Required where there is no comparable pantry on the unit assuming that meals

Description of Space Type	Quantity	Area (sf) >5 beds	Area (sf) <5 beds	Requirement Conditions
Room				will be managed through hospital centralized resources. Kitchen/Pantry/Dining Room will have refrigerator, sink and microwave so that families can bring in pre-prepared food, store and reheat.
Living Room	1	300	150	Required where there is no patient/family lounge on the unit
Barrier-Free Washroom	2	75	1 @75	Required where there is no similar type facility available for visitors
Multi-Use Room (Meeting Room)	1	200	100	Required where there is no room available for this function on the unit
Staff Washroom	1	50	50	Required where there is no Staff Washroom available on the unit
Staff Room	1	100	100	Required where there is no existing staff room on the unit
I Patient Bedroom with Family Area, 1 sleeper chair, Barrier-Free Washroom with Shower OR 1 Patient Bedroom with Family Area, 1 sleeper chair, Barrier-Free Washroom (no Shower)	TBD	335	335	
<u>Hospital to utilize existing or provide new bathing space:</u> 1 Tub Room (3-sided	TBD	285	285	

Description of Space Type	Quantity	Area (sf) >5 beds	Area (sf) <5 beds	Requirement Conditions
access) or 1 Stretcher Shower and 1 Family Shower/ Change Room		170 75		
Medication Room	1	50	50	Required where there is no room available for this function on the unit
Clean Utility	1	120	100	Required where there is no room available for this function on the unit
Soiled Utility	1	130	100	Required where there is no room available for this function on the unit
Elevator Machinery Room ¹	1	75	75	Required in a structure separate from the hospital that is multi-floor
Communications Room	1	50	50	Required where there is no room available for this function on the unit
General Storage	1	200	100	Required where there is no room available for this function on the unit
Laundry	1	100	50	
Janitor	1	50	50	Required where there is no room available for this function on the unit

¹Elevator machinery room is only required in multi-floor new build designs. Not required in leasehold where these spaces are in common/landlord managed areas

2.4 Design Considerations

For all capital projects, the ministry expects that all facilities will be compliant with all codes and standards, such as, but not limited to the most current and future versions of the following regulations:

- Ontario Building Code;
- Ontario Fire Code;
- Electrical Safety Code under the Electricity Act;
- CSA standards for health care facilities;
- Accessibility for Ontarians with Disabilities Act; and
- Occupational Health and Safety Act.

It is the responsibility of the Proposing Organization to ensure that project submissions are designed and built to meet all applicable requirements. Establishing criteria for items such as fire safety for building occupants, cabling, emergency power needs, and plumbing requirements will impact budget planning and, possibly, site selection. Incorporation of the impacts of these requirements should be addressed as early as possible in the planning process.

2.4a. Infection Prevention and Control (IPAC)

Understanding the scope of IPAC planning is critical to planning a facility, from the early identification of the client risk profile with the preparation of an Infection Control Risk Assessment (ICRA), to location of hand hygiene sinks and alcohol-based hand rub stations. Sections on IPAC in CSA Z8000 provide an excellent overview of the principles and issues to be considered. The ministry requires that the IPAC measures of CSA Z8000 are incorporated into hospice care facilities. The Proposing Organization is required to retain an independent, accredited ICP as part of the facility planning and design team to lead the implementation of the standards and best practice.

2.4b. Building Systems for Hospices

Hospices are classified as “Class B” facilities, as defined in *CAN/CSA Z317.2 Special Requirements for Heating, Ventilation, and Air-Conditioning (HVAC) Systems in Health Care Facilities*. The standard requires enhanced ventilation and filtration systems. Hospice facilities require a certain level of building services, such as ventilation, electrical and plumbing services, than commercial buildings. It is the responsibility of the hospice and its consultants to ensure that the facility design meets required health and life safety regulations, and is designed to standards that create the appropriate physical environment for the type of health care that is being provided.

For hospices located on leased premises, the selection of a suitable location and lease terms must adhere to health care facility requirements and CSA standards.

The ministry expects that facilities will be designed to meet the CSA standards and the costs to meet standards be included in early capital cost budgets and in more detailed cost estimates.

3.0 Conclusion

The use of the Design Standards in conjunction with the HCP Toolkit should enable hospice facility administrators and planners to arrive at a total space requirement that aligns with program and service needs. The ministry encourages the Proposing Organization and their design teams to strive for the effective use of space to create a safe and quality environment for the delivery of health care.

4.0 Additional Resources

The current versions of:

Canadian Standards Association CSAZ317.1 - Special Requirements for Plumbing Installations in Health Care Facilities

Canadian Standards Association CAN/CSA Z317.2 - Special Requirements for Heating, Ventilation, and Air-Conditioning (HVAC) Systems in Health Care Facilities

Canadian Standards Association CSA Z317.13 - Infection Control during Construction, Renovation and Maintenance of Health Care Facilities

Canadian Standards Association CSA Z8000 - Canadian Health Care Facilities

Canadian Standards Association CSA Z32 - Electrical Safety Systems in Health Care Facilities

Canadian Standards Association CSA Z317.5 - Illumination Design in Health Care Facilities

