

3.11 Psychiatric Outpatient Centers

Appendix material, which appears in shaded boxes at the bottom of the page, is advisory only.

The psychiatric outpatient center provides community outpatient psychiatric services.

1 General Considerations

1.1 Applicability

All standards set forth in Sections 1 through 5 of Chapter 3.1 (General Considerations, Diagnostic and Treatment Locations, Service Areas, Administrative and Public Areas, and Construction Standards) shall be met for psychiatric outpatient centers with the additions and modifications described herein. In no way are these standards to be interpreted to inhibit placing small neighborhood psychiatric outpatient centers (i.e., units with four or fewer employees) into existing commercial and residential facilities.

1.2 Functional Program

The number and type of diagnostic, clinical, and administrative areas shall be sufficient to support the services and estimated patient load described in the functional program.

1.3 Site

1.3.1 Parking

Parking spaces for patients and family shall be provided to meet the functional program.

2 Diagnostic and Treatment Areas

Facilities shall be provided only for those services specified in the functional program. Facilities provided shall meet the requirements of the specific diagnostic and clinical services as well as the standards set forth in Sections 3.1-7.1 and 3.1-7.2. Following are areas that shall be strongly considered for inclusion in any psychiatric outpatient center:

2.1 Consultation Room(s)

2.2 Group Rooms

2.2.1 Small Group Room(s)

2.2.2 Large Group Room(s)

These may also be used for activities.

2.3 Observation Room(s)

See Section 3.1-2.1.4.

2.4 Support Areas for the Psychiatric Outpatient Center

2.4.1 Nurse Station(s)

See Section 3.1-2.1.7.1.

2.4.2 Drug Distribution Station

See Section 3.1-2.1.7.2.

2.4.3 Multipurpose Rooms

Multiuse room(s) shall be provided for conferences, meetings, and health education.

2.4.3.1 One room may be primarily for staff use but also available for public access as needed.

2.4.3.2 If the program so indicates, these functions may take place in group room(s).

2.4.4 Nourishment Area(s)

Location of kitchenette(s) by the large group room(s) shall be permitted.

2.4.5 Clean Storage

See Section 3.1-2.1.7.4.

2.4.6 Soiled Holding

See Section 3.1-2.1.7.5.

2.4.7 Storage Areas

Wheelchair storage space shall be provided. See Section 3.1-2.1.7.6.

2.5 Support Areas for Staff

2.5.1 Staff Toilet and Lounge

2.5.1.1 Staff toilet and lounge shall be provided in addition to and separate from public and patient facilities.

*2.5.1.2 Centralized staff facilities are not required in small centers..

3 Administrative and Public Areas

3.1 Public Areas

3.1.1 Layout

Public areas shall be situated for convenient access and designed to promote prompt accommodation of patient needs, with consideration for personal dignity.

3.1.2 Entrances

3.1.2.1 Entrances shall be well marked, at grade level, and secured at least at the psychiatric outpatient unit.

3.1.2.2 Where entrance lobby and/or elevators are shared with other tenants, travel to the psychiatric outpatient unit shall be direct and accessible to the disabled. Except for passage through common doors, lobbies, or elevator stations, patients shall not be required to go through other occupied areas or outpatient service areas.

3.1.2.3 Entrance shall be convenient to parking and available via public transportation.

3.1.3 Reception

3.1.3.1 A reception and information counter or desk shall be located to provide visual control of the entrance to the psychiatric outpatient unit and shall be immediately apparent from that entrance.

3.1.3.2 A control counter shall have access to patient files and records for scheduling of services; this shall be permitted to be part of the reception, information, and waiting room control.

3.1.4 Waiting Area

3.1.4.1 The waiting area for patients and escorts shall be under staff control.

3.1.4.2 The seating shall contain no fewer than two spaces for each consultation room and no fewer than 1.5 spaces for the combined projected capacity at one time of the group rooms.

3.1.4.3 Where the psychiatric outpatient unit has a formal pediatrics service, a separate, controlled area for pediatric patients shall be provided.

3.1.4.4 The waiting area shall accommodate wheelchairs.

3.1.5 Public Toilet

Toilet(s) for public use shall be immediately accessible to the waiting area. In smaller units, the toilet may be unisex.

3.1.6 Drinking Water

Provisions for drinking water shall be available for waiting patients. In shared facilities, provisions for drinking water may be outside the outpatient area if convenient for use.

3.2 Administrative Areas

Each psychiatric outpatient center shall make provisions to support administrative activities, filing, and clerical work as appropriate. (See also Section 3.1-4.2.) Administrative areas shall include the following:

3.2.1 Interview Spaces

Space(s) for private interviews related to social service, credit, and so on shall be provided. Interviews may take place in an office or consultation room if the program so indicates.

3.2.2 Office Space

3.2.2.1 Office(s), separate and enclosed, with provisions for privacy, shall be provided.

3.2.2.2 Clerical space or rooms for typing and clerical work shall be separated from public areas to ensure confidentiality.

3.2.3 Patient Records

Records room(s) shall be provided with filing and storage for the safe and secure storage of patient records with provisions for ready retrieval.

APPENDIX

| **A2.5.1.2** In small centers, staff may utilize shared toilet facilities.

3.2.4 Office Supply Storage

Office supply storage (closets or cabinets) shall be provided within or convenient to administrative services.

4 Construction Standards

4.1 Applicable Standards

The standards set forth in Section 3.1-5.2 shall be met with the additions and modifications described herein:

4.2 Security

4.2.1 The level of patient safety and security shall be set by the owner in the functional program.

4.2.2 Observation of all public areas, including corridors, shall be possible.

4.2.2.1 This can be accomplished by electronic surveillance if it is not obtrusive.

4.2.2.2 Niches and hidden areas in corridors shall be prohibited.

4.3 Details

4.3.1 Tamper Resistance and Suicide Prevention

4.3.1.1 If the functional program determines suicide or staff safety risks are present, ceilings, walls, floors, windows, etc., shall be tamper-resistant in patient treatment areas. In addition, any rods, doors, grab bars, handrails, etc., shall be constructed so they do not allow attempts at suicide and cannot be used as weapons.

4.3.1.2 Cubicle curtains and draperies shall not be used where a risk assessment in the functional program clearly identifies them as a potential risk.