



## **ER Architecture**

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Dr Steven Holt

MBBCH (Wits), DIPPEC (SA), EMP (HPCSA)



## **Greetings from Africa**









#### South Africa

- Population 50 Million people
- Private and Public Healthcare system
- Private health care treats 8 million people
- Public health care treats
  42 million
- 60/40 State/Private spend
- Grossly under resourced public sector
- 1200 doctors graduate per year, 50% leave within 5 years
- 15% of doctors stay in the public health system
- Emergency medicine is only 12 years old as a discipline in SA
- Resultant developing infrastructure that is variable.



The ER Group provides specialised solutions within the medical industry with a vision of excellence, integrity and attention to detail





















# **Emergency Departments around the world**























# ER Architecture – Complicated Science?



















## Safety First!

- Location
- Access
- Security











### Physical Principles to consider in ED design

- Geographic Location (Urban or Rural)
  - Helipad/fixed wing access
  - Tourist destination (Disease profile, accommodation)
- Hospital facilities available (Beds, ICUs, Disciplines, Labs, Radiology services)
  - Volume of cases, availability of bed types, investigative capability
- Future growth requirements
  - Commercial considerations, space availability, Clinical decision units









### Medical principles to consider in ED design

- Pre-hospital services infrastructure
  - Case type, quality of case management, tele-health
- Specialist vs non-specialist operated
  - Referral Arrangements/holding areas
  - Skill sets of nurses and doctors
- Specialist support services
  - Referral Patterns, protocols (e.g. stroke/MI)
- Local Industry/community
  - Chemicals
  - Animals
  - Disease profile









### Human Principles to consider in ED design

- Investor or hospital expectations
- Patient type Paediatrics
- Medical staff expectations
  - Lifestyle
  - Scheduling
  - Facilities overnight, rest areas
- Religious beliefs of the community
  - Doctor gender vs patient gender
  - Separate entrances and facilities for male and female
  - Racial and religious bias









#### Process and Procedural Architecture

- Emergency Departments function best with defined process and procedure
  - Human Resource
  - Administration Policy hospital management
  - Clinical Policies reviews, near misses
  - Research
- Clinical governance process (start to end)
  - Doctors
  - Nurses
- Academic and training programs
- Creative scheduling/rosters
- Lifestyle consideration









# Key structural features of modern emergency departments

- Integrated emergency department (incorporating pre-hospital services and clinical decision units)
- Security and safety orientation
- Triage area
- Separate entrances for walking/ambulance arrivals
- Spacious design with multifunctional areas
- Visual considerations
  - Public
  - Resuscitation area
  - Fatalities
- Administration Area
- Alternative treatment areas (Urgent Care?)









# Key structural features of modern emergency departments

- Specialised areas where appropriate e.g. Paediatrics
- Easy egress and access to hospital wards, ICUs, radiology, exits
- Adequate waiting area with suitable amenities
- Hazmat capability
- Procedure rooms/theatres
- Pedestal (ceiling or floor) mounted resus points
- Electronic medical records
- Wifi
- Counselling/Bereavement facilities
- Private examination areas
- Level appropriate equipment









- Olifantsfontein Private Clinic, South Africa
- 12 beds, general community outpatient centre, private sector











- Baragwanath Hospital, Soweto, South Africa
- 3000 beds, tertiary academic hospital, state sector
- Largest hospital in the southern hemisphere











- Anncron Private Clinic, South Africa
- 160 beds, general community hospital, private sector











- Nelspruit Private Clinic, South Africa
- 350 beds, general community hospital, private sector







- Urgent Care Private Clinic, South Africa
- 12 beds, general community outpatient centre, private sector









# The Future - Mobile Emergency Departments?













Thank you

Dr Steven Holt

