



**A Guide
for Planning
Equipping and
Staffing**



**Physiotherapy
Association of
British Columbia
Patricia Grohne M.C.P.A.
Brenda Tillotson M.C.P.A.**



**Designing and
Renovating
Physiotherapy
Departments**

COPYRIGHT

©1984 by Physiotherapy Association of British Columbia

ALL RIGHTS RESERVED

No part of this manual may be reproduced or transmitted in any form by any means without permission in writing from the publisher, except by a reviewer who may quote brief passages in a review.

Published in Canada by
Physiotherapy Association of British Columbia,
Suite 310, 1070 West Broadway,
Vancouver, British Columbia, V6H 1E7

Typeset by Tiffany Graphics
Printed by Benwell-Atkins Limited
Vancouver, British Columbia.

ACKNOWLEDGEMENT

The authors, Patricia Grohne and Brenda Tillotson, together with the Physiotherapy Association of British Columbia, extend their sincere appreciation to The Mr. and Mrs. P.A. Woodward's Foundation whose financial assistance contributed to the publication of this manual, *Designing and Renovating Physiotherapy Departments*.

Canadian Cataloguing in Publication Data

Grohne, Patricia, 1944 –
Designing and renovating physiotherapy departments

Bibliography: p.
ISBN 0-9692125-0-X

1. Physical therapy services – Planning.
 2. Physical therapy services – Administration.
 3. Hospitals – Design and construction.
- I. Tillotson, Brenda. II. Physiotherapy Association of British Columbia. III. Title.
RA 975.5.P6G76 1985 362.1'786 C85-091251-2

For most physiotherapists, the opportunity to be involved in the planning of a department or of a major renovation is a once in a lifetime occurrence. Most therapists, therefore, face such a task with little or no experience. Nonetheless, it need not be viewed with undue apprehension if some basic planning principles are understood and applied.

Planning is an organized process based on a logical sequence of well-defined activities which must be followed in order to produce the desired end product — a built environment which has an harmonious relationship with operational requirements. This definition of planning is reflected in the architectural principle "Form Follows Function". Operational planning is that part of the process which must first establish all of the functional details of the department which then can serve as the basis for developing the architectural form.

The planning process requires the involvement of a well-organized team of individuals which must comprise the appropriate array of technical and creative skills. The work of such a team must be guided by written objectives, procedures and defined areas of responsibilities if it is to function in a co-ordinated manner and with unity of purpose.

These fundamental planning principles, which are too often neglected, provide a good foundation for the content of this excellent planning guide which fulfills a long standing need in the health care field.

The authors are to be highly commended for their initiative in undertaking this substantial project and for the form that has been adopted for this planning guide. The authors did not presume to tell the reader what constitutes an ideal physiotherapy department either operationally or architecturally. Rather the guide outlines in a comprehensive, detailed and logical manner the steps which must be followed and the items which must be considered in planning a physiotherapy department appropriate to the conditions and needs of a specific health care facility. This guide is equally applicable to the planning of a new department or of a major renovation.

Because planning principles and procedures have wide application and because the provision of physiotherapy services interacts with the operation of other departments, this planning guide will not only be very useful to physiotherapists, but also to other health care disciplines and administrators.

E.J. Desjardins, C.M., LL.D.
Consultant
G.F. Strong Rehabilitation Centre

MEMORANDUM

TO : [Illegible]

FROM : [Illegible]

SUBJECT: [Illegible]

[Illegible text block]

[Illegible text block]

[Illegible text block]

[Illegible text block]

Physiotherapists fully recognize their role as planners, but also recognize the difficulties of becoming effective planners without department planning guidance. This need was identified by members of the Canadian Physiotherapy Association, Division Directors of Physiotherapy, British Columbia Section. Upon the Section's recommendation, the Physiotherapy Association of British Columbia formed a Department Planning committee. The authors wrote this manual as a guide to the department planning process, while members of that committee.

The manual therefore is written for you as a Director of Physiotherapy in your role as a Department Planner. The manual guides you through the planning process, giving you a clear, detailed, step by step outline to follow. The text will be useful throughout the planning process and again later during ongoing department management.

It is not the purpose of the manual to tell you how to set up a planning organization. Excellent books on that subject are readily available. However brief reference is made to hospital and health care planning throughout the text.

By emphasizing Department Planning the authors cover material that has not previously been published. In order to clarify the process the manual is written in two sections: Staff Planning Guidelines; and Designing and Renovating Guidelines. Although written for the Physiotherapy Planner the manual will assist other Hospital Department Planners, as the process described reflects standard practice. The manual will also assist the Architect to understand the language and terminology used by physiotherapists in the planning process.

The manual has been prepared on the assumption that a close working relationship will exist between yourself and the Architect during each step of the planning process. It is the practice of the Architect to classify all departments involved as "users", setting up relationships, and defining roles with them, both individually and in groups. It is only by a thoughtful, cooperative effort between you, the user, and the Architect, that the department you envision will come into being.

The arrangement between the Hospital and the Architect will state the scope of services the Architect will provide in respect to programming and design. Programming precedes design, as form follows function. All those involved in the planning process follow this principle. During the programming process the Architect works with the users to establish GOALS, collect and analyse FACTS, uncover and test CONCEPTS, determine NEEDS, and state the architectural PROBLEMS. The Architect analyses each problem by considering four major areas, and the many factors within these areas. The architect therefore considers problems related to: FUNCTION — people, activities, relationships; FORM — site, environment, quality; ECONOMY — initial budget, operating costs, life cycle costs; TIME — past, present, future. It is only after these problems are carefully analysed and synthesised; that design and construction commence. As a physiotherapist you apply a similar logic to patient treatment planning, and are therefore well prepared to assist the architect.

Coordination and control of this complex and often lengthy process, is the Project Manager's responsibility. If the project is large, he will no doubt form a Project Planning Team, whose work could be further backed up by committees, specialists and consultants. As a Physiotherapy Planner you may be a member of this Team or sub committee. It is important that you understand the terms of reference of these planning groups. It is also essential to establish how communications between yourself and the Project Manager will take place. This all important planning link is only briefly mentioned in the text, it being assumed that formal communications and reporting systems will be established at the commencement of the project, and will continue until its completion.

Although the planning process is exacting and time consuming, the authors hope this manual will help to make your task a rewarding experience.

Patricia Grohne, M.C.P.A.
Brenda Tillotson, M.C.P.A.

**Physiotherapy
Departments**

**Staff Planning
Guidelines**

The Staff Planning Guidelines section of the manual takes you through the process of department staff planning. This process is part of the total department planning process, therefore the authors recommend that both sections of the manual are used together.

While these guidelines have been prepared primarily for use in British Columbia, they may also be used by department planners elsewhere in Canada and abroad, to plan for the professional and non professional staff required for either new or expanded departments.

The guidelines described are based on methods developed and utilized by myself as Director of Physiotherapy for a large department at the G.F. Strong Rehabilitation Centre, Vancouver, British Columbia. When this Centre planned a major expansion, I was privileged to be a member of the Primary Coordinating Planning Group, under the chairmanship of Mr. E.J. Desjardins, C.M.,LL.D. From him I learned about the planning process, and also from Mr. John Wallace, M.A.I.B.C. of Thompson, Berwick, Pratt and Partners, who was the chief architect for that project.

The experience I gained as the 1975 Chairman of the Canadian Physiotherapy Association, Division Directors of Physiotherapy's committee studying the Canadian Schedule of Unit Values, made me aware of many aspects of staff planning in Canada, and how the statistical data collected may be used to help establish staff requirements.

These experiences plus the year to year planning for a large department have helped me in the preparation of these guidelines.

I should like to thank a few of the many people who helped me collect planning information and to write these guidelines. Ruth Fortune, M.C.P.A. for her encouragement in the early stages of the project. Pamela Jeacocke, M.C.P.A. and Joan Johnston, M.C.P.A. for planning details in relation to acute care hospital physiotherapy departments. Jane Hansell, M.C.P.A., Janice Fraser, M.C.P.A., and my husband Olin Tillotson for their technical writing assistance. Very special thanks go to manual co-author Patricia Grohne M.C.P.A. for her patience and moral support as well as for her work on the printing and publication of the manual.

It is my hope that these guidelines will smooth the path for Directors of Physiotherapy in planning their departments.

Brenda Tillotson, M.C.P.A.

	Preface	i
	Introduction	1
Section 1.	HOSPITAL PLANNING STEPS	
	Overall Plan	4
	Identifier Guidelines	6
	Correlation Chart	7
Section 2.	BUDGET SUBMISSIONS	
	Guidelines	10
Section 3.	SCOPE OF PRACTICE	
	Practice Components	12
	Role of Department	14
Section 4	GOALS AND OBJECTIVES	
	Discussion	16
	Example	17
	Job Descriptions	18
Section 5.	CASELOAD PROJECTIONS	
	Chart	20
	Analysis	21
	Standards	22
	Staff Expansion	23
Section 6.	PATIENT CARE TIME	
	Chart	26
	Direct Patient Care	27
	Indirect Patient Care	28
	Administrative Activity	31
	Clinical — Patient Care	32
Section 7.	PROFESSIONAL STAFF	
	Chart	34
	Supervisory	35
	Research	38

Section 8.	NON-PROFESSIONAL STAFF	
	Chart	40
	Duties	41
Section 9.	HOSPITAL FACILITY PROGRAM	
	Staffing	44
	Summary	45
Appendix	Bibliography	A1
	Acknowledgements	A5

Physiotherapy staff planning takes place at all hospital planning stages. Decisions regarding staff planning and hospital design affect each other.

The Director of Physiotherapy is asked to make staff estimates at an early stage for the preliminary pre-construction staffing budget. (See B.C. M.O.H. Guidelines for Project Brief Submissions).

A complete staffing budget, including Physiotherapy Staff, is submitted by the Hospital to the Finance Division of B.C. Hospital Programs during the early planning stages.

The Director of Physiotherapy constantly reviews the Hospital Master Plan and Facility Program, as well as the documentation used in their development. These are major sources of information required for Departmental Planning.

Acute care hospitals in B.C. follow specific development steps. (See B.C. M.O.H. Guideline for Facility Programming of Acute Care Facilities in British Columbia.)

Other levels of hospital care will have similar development steps. The Department Director should be cognizant of these prior to developing steps for Department planning.

**Physiotherapy
Departments**

**Planning and
Equipping Guidelines**

*"Either I will find a way, or I will make one."
Sir Philip Sidney (1554 - 1586)*

These guidelines answer two different kinds of questions about planning. The first is the nuts and bolts "how-to": how to write an equipment list, make calculations for space requirements, or project workload statistics. For these purposes, *"Planning, Equipping and Staffing a Physiotherapy Department"* is a straight forward reference, similar to a dictionary or encyclopaedia. Consult the table of contents for the pages that deal with a particular subject and work from there.

The second question, more pertinent and pervasive in context, is "How can the process of planning a Physiotherapy Department be clarified and documented?" These guidelines for *"Designing and Renovating Physiotherapy Departments"* provide an opportunity to study in chronological order each phase of planning, given here with an outline of the planning decisions needed at each phase. By using the basic resource materials given, questions can be raised, discussions held, and help sought for the specific problems of any one individual department. Examples are given where possible throughout the text, and additional space is provided for comments relating to a particular project.

It is recommended that the entire text be first considered as a whole before turning to specific planning tasks. It is well recognized that familiarity with the basics of the planning steps as well as an understanding of the function of the Physiotherapy Department are extremely important for effective and economic planning.

The background drawn upon in preparation of these guidelines is partly my own experience as Director of Physiotherapy at Burnaby Hospital. Approval of the final phases of the working drawings and the early phases of construction were my shared responsibilities there, as was a temporary move of the Physiotherapy Department into newly constructed space. Both the recognition that there were few readily available resources at that time, and the subsequent request from Physiotherapy Association of British Columbia, led me to undertake to produce these guidelines.

If you have any planning or organizing information from your own experience, or any suggestions on this material you may care to offer, please write to P.A.B.C.

All correspondence will be received with interest and appreciation.

Patricia Grohne, M.C.P.A.

As is the case with most publications, a word of thanks goes to many people, without whose effort, advice and time these guidelines would not have been put into print.

In particular, my thanks go to PABC for providing the financial means to publish these guidelines; to my husband, Frithjof Grohne, for his unfailing help, support and generous technical assistance; to Brenda Tillotson for her expert advice and consultations throughout the many months of writing this manuscript — her insights and experience were invaluable; to Ruth Fortune, Jan Fraser, Dorothy Glover, Jane Hansell, Pam Jeacocke, and in particular Olin Tillotson, for their skills and expertise with the English language; to all those Directors of Physiotherapy in B.C. who assisted by completing the planning questionnaires; and to Roland Clifford, Dan Murray and Diane Pearson for their timely help with the production.

Finally my thanks go to Ann Toupin, Senior Vice-President, who guided me along the critical pathway during the construction and completion of the major expansion and renovation of Burnaby Hospital. To these and to all the others — thank you.

Preface	i
Acknowledgements	ii
Introduction	1
Glossary	2
Section 1. DEPARTMENT PROJECT BRIEF	
Overview	4
Preparatory Steps	6
Community Survey	7
Workload Statistics	9
Section 2. PHYSIOTHERAPY SERVICES	
Goals and Objectives	14
Programs	15
Hours of Operation	16
Duration of Visit	17
Treatment Areas	18
Operational Concepts	20
Location and Access	21
Working Relationships	22
Traffic Flow	26
Transportation	27
Staffing Budget	28
Space Estimates	29
Capital Costs	30
Section 3. EQUIPMENT	
Specifications	32
FIXED EQUIPMENT	
Major Treatment Areas	36
MOVABLE EQUIPMENT	
Treatment Tables	38
Electrotherapy and Actinotherapy	40
Heat and Cold Therapy	41
Hydrotherapy	42
Respiratory Care	43
Therapeutic Exercise	44
Ambulation Aids	46
Wheelchairs and ADL	47
Assessment Apparatus	48
Office Furniture	49
Inventory	50

Section 4.	HOSPITAL FACILITY PROGRAM	
	Overview	52
	History and Philosophy	54
	Role Statement	55
	Staffing and Workload	58
	Operational Concepts	59
	Space Requirements	65
	Cost Estimates	67
	Priorities	68
Section 5.	DEPARTMENT FACILITY PROGRAM	
	Overview	72
	Operational Policies	73
	Hours of Operation	78
	Duration of Visits	80
	Peak Periods	81
	Workload Statistics	82
	Automation	85
	Facility Requirements	86
Section 6.	HOSPITAL SPACE NEEDS	
	Terminology	88
	Metric Conversion	91
	DEPARTMENT SPACE NEEDS	
	Formulae	92
	Dimensions	97
	Room Check List	100
Section 7.	ROOM BY ROOM CHECK LIST	
	TREATMENT AREAS	
	Examination Room	106
	Special Treatment Room	107
	EMG/Biofeedback	108
	Treatment Cubicles	109
	Respiratory Care	111
	Wax/Plaster Area	112
	Gymnasium	113
	Hydrotherapy	115

	SUPPORT AREAS	
	Waiting Area	117
	Reception/Control	118
	Patient Washrooms	120
	Utility Area	122
	Clean Supply	123
	Soiled Holding	124
	Storage	125
	ADMINISTRATIVE AREAS	
	Offices	127
	Charting Areas	128
	Staff Services	129
	RESEARCH/TEACHING AREAS	
	Facilities	130
Section 8.	SCHEMATIC DESIGN	
	Content	132
	Alternatives	133
	Check List	134
	Block Schematics	137
	PRELIMINARY DESIGN	
	Check List	138
	Blueprint Symbols	140
	Approval	141
	WORKING DRAWINGS	
	Check List	143
Section 9.	CONSTRUCTION	
	Critical Pathway	146
	Equipment Inventory	148
	Department Identity	150
	COMPLETION	
	Acceptance of Areas	151
	Occupancy	153
	Summary	155
Appendix	Bibliography	A1
	Acknowledgements	A5

*"Man is the only animal that laughs and weeps; for he is the only animal that is struck with the difference between what things are, and what they ought to be."
William Hazlitt (1778 - 1830)*

HOW TO USE THIS MANUAL

The processes of planning are essentially the stepping stones used for changing what things are to what they ought to be. This manual for *"Designing and Renovating Physiotherapy Departments"* describes each of the planning processes and details the information needed at each step. *"Careful planning saves time and money"*. Costly errors may be avoided by using the steps of these planning guidelines.

PLANNING STEPS

Pre-planning — the Project Brief

Sections 1-3 give the information necessary to prepare the Project Brief; this background information is prepared months or years before construction is commenced.

Detailed planning — the Facility Program

Sections 4-7 give the specific detail required to prepare the Facility Program.

Final planning — Schematic and Preliminary Design, Working Drawings

Sections 8-10 outline the steps necessary to translate the written plans into Working Drawings for construction.

Construction, Completion and Occupancy

Sections 11-12 provide check lists of details of design, construction and occupancy.

Continuing staff planning

The *"Guidelines for Physiotherapy Staffing"* compiled by Brenda Tillotson provide a method to monitor staffing on a continuing basis. It is recommended that the entire text be read as a whole before turning to specific staff planning tasks.

PLANNING TEAM

Planning a Physiotherapy Department becomes the responsibility of all members of the Planning Team; and these guidelines are presented as a means to facilitate communication between the Administrator, Architect, Contractor, Director of Physiotherapy, Hospital Planning Consultant and the Project Manager. Additional copies of the guidelines may be obtained by writing to the Physiotherapy Association of British Columbia (P.A.B.C.).

LAYOUT OF MANUAL

The extra space provided in the text allows for additional comments pertinent to a specific project to be included by the Director of Physiotherapy, thus establishing a physiotherapy department planning manual for a particular hospital construction project, which may then be used on an ongoing basis throughout that planning process.

DEFINITION OF PLANNING TERMS

Terminology used for the planning process may vary from province to province or from country to country. Therefore the following list of terms used in these guidelines are defined for clarity of understanding.

Anywhere Hospital — used as a name to indicate an Acute General Hospital

Architect — used not generically, but specifically to identify one or more Architects assigned to a particular Hospital project.

Contractor — used not generically, but specifically to identify the company and its representatives awarded the contract to construct a particular Hospital Building or Renovating Project.

Department or

Physiotherapy Department — used not generically, but specifically to refer to the functional area of the Hospital where physiotherapy services are housed. Sometimes this area may be referred to as **Physical Medicine Department, Rehabilitation Medicine Department** or **Physical Therapy Department**.

department — used generically to refer to all departments of a Hospital.

Facility Program — a document combining functional and architectural programming. Sometimes referred to as the **Functional Program**, it is a refinement of the Master Plan and the Project Brief.

Master Plan — a narrative document containing Regional Planning information. It is a guide to a single Hospital's growth to meet the role assigned to it in the Provincial Role Study and the Regional Health Plan.

Project Brief — a detailed narrative document containing a specific proposal to build or renovate a Hospital to fulfill its clearly defined role as outlined in the Master Plan.

Provincial Role Study — a narrative document containing Provincial Planning information. It is a guide to the preferred growth of all Hospitals and Institutions to provide correlated Health Care Services within one province.

Regional Health Plan — a narrative document containing Regional Planning information. It is a guide to the preferred growth of all Hospitals and Institutions to provide correlated Health Care Services within a region of a province. Services unavailable within the region due to geographic or economic constraints are provided by referral to another region of the province.

Schematic Design — a physical planning document containing a site plan and site utilization diagrams indicating the location of major elements of the buildings, access to and egress from the site and buildings on the site, locations of public utilities and car parking.

Metric Conversion — see Hospital Space Needs, Section 6, Metric Conversion, page 91.

1. *Accreditation of Physiotherapy Services Policy and Procedures Manual*. Canadian Physiotherapy Association, June 1980.
2. *Auxiliary Personnel for Physiotherapy Departments*. Canadian Physiotherapy Association, 1977, revised 1983.
3. *Canadian Schedule of Unit Values for Physiotherapy*. Statistics Canada, Health Division, 1977.
4. Cox, Neville. "The ABC of Expansion." *Hospital Administration in Canada*, January 1978.
5. *Department of Rehabilitation: A Design Guide*. Department of Health and Social Security, 1974, (U.K.), Appendix 1975.
6. Erickson, Eugene R., Pedersen, Elbert. "Design Criteria for a Rehabilitation Unit". *JAHA*, March 1965, Volume 39.
7. *Equipment Grant Procedure (1980). Equipment Work Sheets for Approved Hospital Construction Programmes Rehabilitation Services and Extended Care (1980), Physiotherapy and Occupational Therapy Services. Basic Physiotherapy Equipment for Hospitals (1979)*. B.C. Hospital Programmes.
8. *Equipment Guideline for Acute and Extended Care Hospitals in B.C.* B.C. Health Association, 1979.
9. *Evaluation and Space Programming Methodology Series 6, Physiotherapy, Occupational Therapy, Speech Pathology and Audiology Departments (final draft)*. Health and Welfare Canada, 1978.
10. Excerpts from the *Pharmacy Act, Bylaws and Rules relative to Pharmacy Premises*.
11. *Extended Care Hospitals Selected Equipment List*. B.C. Hospital Programs, 1974.
12. Falta, Patricia. "Building Design for the Handicapped". *Canadian Doctor*, December 1977.
13. Fredrickson, Dorothy. "Space and Program Development" *Physical Therapy*, Volume 50, Number 8, August 1970.
14. *Guide for compiling a Policy Manual for a Physiotherapy Department*. Canadian Physiotherapy Association, 1977.
15. *Guidelines for Establishing Standards for Special Services in Hospitals, Rehabilitation Medicine Unit*. Health Services Directorate, Health Services and Promotion Branch, National Health and Welfare, 1978.

16. *Guidelines for Planning Occupational Therapy Departments*. Canadian Association of Occupational Therapists, 1971.
17. Godrey, Dr. C.M. "A Planning Guide to Future Rehabilitation Services, Decision Making at Primary Levels". *Journal of the Canadian Physiotherapy Association*, June 1970, Volume 22, No. 3.
18. Halkett, Murray. "Hospital Planning in one B.C. Region". *Health Care in Canada*, January 1979.
19. Hart, D.J. "What you Should Know About Carpeting in the Hospital". *Hospital Administration in Canada*, February 1968.
20. Hearn, Ambrose M. *A Profile of Hospital Physiotherapy Services in Ontario*. Toronto, Ontario: 1972.
21. "Hospital Centre Meeting: The Planning of Physiotherapy Departments". *Journal of Chartered Society of Physiotherapy*, November 1967; January 1969.
22. *Hospital Planning Manual, A Guide to Programming and Planning Construction Projects*. Ontario Ministry of Health Institutional Planning Branch, 1978.
23. *Hospital Role Study: A Discussion Paper on Hospital Services in B.C., Phase 1*, 1979; Phase 1 Addendum, 1981.
24. *Housing the Handicapped*. Central Mortgage and Housing Corporation, 1977.
25. *Job Descriptions*. Canadian Physiotherapy Association, 1974.
26. DeJourno, Thomas E. "Carpet for Hospital Installation". *Canadian Hospital*, April 1973.
27. *Manual on Metric Building Drawing Practice*. National Research Council of Canada, Special Technical Publication No. 3 of the Division of Building Research, Order No. 15234, 1977.
28. *Medical Rehabilitation: The Pattern for the Future*. Scottish Home and Health Department, Scottish Health Services Council Edinburgh, Her Majesty's Stationery Office: 1976.
29. Milne, Colin. "Design of a Hospital Physiotherapy Department". *Journal of the Canadian Physiotherapy Association*, March 1967, Volume 19, Number 2.
30. O'Neill, Michaela. *Planning of Physiotherapy Departments*. Unpublished manuscript.
31. O'Neill, Michaela. *Pool Study*. 1974.
32. Parkinson, J.M. "Planning a New Physiotherapy Department — A Personal Experience." *Physiotherapy*, August 1981, Volume 67, Number 8.
33. *Physical Therapy Administration and Management*. Robert J. Hickok. Williams and Wilkins, 1974.

34. *Physical Therapy Service, A Guide to Organization and Management*. American Hospital Association, 1965.
35. *Physiotherapy in the Proposed British Columbia Medical Centre*. 1973.
36. Planning the Physical Therapy Department — six papers —
 1. Burton, Leroy G. "Construction Program for Rehabilitation Facilities and Services."
 2. Magistro, Charles M., Harnish, J. Dewey. "Design and Construction."
 3. Hammer, Norman L. "Opening the Department."
 4. Patton, Frances L. "Justification and General Cost of Space."
 5. Noland, Royce P. "Equipping the Department."
 6. McKillop, James B. Fiscal Aspects.
Journal of the American Physical Therapy Association, December 1965, Volume 45, Number 12.
37. *Rehabilitation Services in Hospitals and Related Facilities, A Guide to Planning Organization and Management*. American Hospital Association, 1966.
38. *Rehabilitation Centre Planning, An Architectural Guide*. Salmon, F. Cuthbert, Salmon, Christine F. Pennsylvania State University Press, 1959.
39. *Scope of Practice*. Canadian Physiotherapy Association, 1980.
40. *Standards for Hospital Physiotherapy Services*. Canadian Physiotherapy Association, 1972.
41. *Standards for Physical Facilities in Physiotherapy, Draft 3*. Canadian Physiotherapy Association, 1980.
42. *Suggested Basic Equipment for a Small Physiotherapy Department*. Canadian Physiotherapy Association, 1978.
43. *Treatment and Progress Records*. Canadian Physiotherapy Association, 1977.

Most of the reference material quoted here is available through the Physiotherapy Association of B.C. (P.A.B.C.), or through the Canadian Physiotherapy Association (C.P.A.).

**CONSULTATION AND VOLUNTEER SERVICES
RENDERED FOR PHYSIOTHERAPY DEPARTMENT
PLANNING MANUAL**

Many hundreds of volunteer hours have been spent on the Physiotherapy Department Planning Manual project. Over a period of six years, the authors have consulted and worked with people from inside the Health Care Industry and have sought consultation, advice and volunteer time from many other individuals and privately owned companies. The volunteer time and service has been contributed in many and various ways, most of which are listed below.

The authors, Patricia Grohne and Brenda Tillotson have co-ordinated the entire project acting as researchers, authors, editors and publishers. They have acted as couriers, secretaries and volunteer co-ordinators throughout the six years of the project. For the sake of clarity, because of their involvement in every stage, the authors have not been listed repeatedly.

The authors wish to thank the many individuals and organizations who have been involved in the preparation of this manual over the past few years. In particular, the authors, together with the Physiotherapy Association of British Columbia, extend their sincere appreciation to The Mr. and Mrs. P.A. Woodward's Foundation, whose financial assistance contributed to the publication of this manual.

I. FORMATIVE STAGE 1978 – 1980**INITIAL PREPARATION**• **Established need for manual**

Canadian Physiotherapy Association (C.P.A.)
Division, Directors of Physiotherapy, British
Columbia
Membership

Physiotherapy Association of British Columbia
(P.A.B.C.)
Membership

P.A.B.C. Department Planning Committee
Ruth Fortune, M.C.P.A. (Chairman)
Patricia Grohne, M.C.P.A.
Brenda Tillotson, M.C.P.A.

Literature Search

School of Rehabilitation Medicine, University of
British Columbia
Ruth Fortune, M.C.P.A. Lecturer

• **Study of current planning procedures in British Columbia**

P.A.B.C.
*Questionnaires completed by Physiotherapy
Directors of new departments:*
Ivan Abbott, M.C.P.A.
Valerie Donovan, M.C.P.A.
Christian Reuter, M.C.P.A.

• **Consultation, acceptance of manual in principle; relationship established to proposed Ministry of Health Hospital Department Planning guidelines.**

P.A.B.C. Executive
B.C.H.P. Department
Planning Committee
*D. Thomson, Assistant Deputy Minister, Professional
and Institutional Services Hospital Programs*
G. F. Fisher, Director, Hospital Construction Planning.
*E. Luscombe, Assistant Director, Hospital Consultant
and Inspection.*
K. M. Cassidy, Physiotherapy Consultant
*Susan Fife, P.A.B.C. representative government
communications*
*Ruth Fortune, (Chairman), P.A.B.C. Department
Planning Committee*
Jean Gibb, Physiotherapy Consultant

PLANNING FOR MANUAL• **Fiscal planning**

P.A.B.C. Executive Committee
Cathy Cowan, M.C.P.A.
Lee Cross, M.C.P.A.
Dorothy Glover, M.C.P.A.
Ann Hotter, M.C.P.A.
Dawn Milord, M.C.P.A.

• **Ministry of Health (M.O.H.) – criteria for planning; space, staff and equipment.**

Doris McKay, M.D.
Valerie Cassidy, Physiotherapy consultant

• **Study of scope of manual**

Department Planning Committee, C.P.A.
Members
Patricia Girard, C.P.A. Director at large clinical

• **Style and content**

Department Planning Committee, C.P.A.
Members
G. F. Strong Rehabilitation Centre
E. J. Desjardins, C.M., LL.D. Manager
West Graphika Ltd.
Frithjof Grohne

II. WRITING STAGE 1980 – 1984**STAFF PLANNING**

P.A.B.C. Department Planning Committee
Sub-committee on staff planning
Brenda Tillotson, M.C.P.A. (Chairman)
Pamela Jeacocke, M.C.P.A.
Joan Johnston, M.C.P.A.

• **Workload – Review of Measurement Systems**

• **Staff planning study of methods, union contracts, job descriptions for professional and non-professional staff.**

- **Staffing patterns in British Columbia – a study**
- **Scope of practice, role and goals**
- **A British Columbia Hospital role study**

DESIGNING AND EQUIPPING

- **Department design**
Directors of Physiotherapy Departments
Julia Cluff, M.C.P.A.
Leslie Nuk, M.C.P.A.
Christian Reuter, M.C.P.A.
P.A.B.C. Department Planning Committee
Members

- **Equipment lists**
British Columbia Hospitals Association
Patricia Wadsworth, B.C.H.A. Executive Director
Jack Chaput, B.C.H.A.
Physiotherapy Department Directors
Dorothy Glover, M.C.P.A.
B.C.H.P. Construction Division
Roger Vale

- **Space planning and department planning in other provinces**
Canadian Physiotherapy Association
Patricia Girard, M.C.P.A.
C.P.A. Director-at-large clinical

- **Blueprint symbols**
Thompson, Berwick, Pratt and partners
John Wallace, M.A.I.B.C.
G. F. Strong Rehabilitation Centre

- **Metrication**
Thompson, Berwick, Pratt and partners
John Wallace, M.A.I.B.C.
Norman Hotson Associates Ltd.
Norman Hotson, M.A.I.B.C.

- **Organization planning, materiel management, occupancy and orientation procedures**
Burnaby General Hospital
Ann Toupin, Senior vice-president
Patricia Grohne, M.C.P.A.

TECHNICAL PREPARATION OF MANUSCRIPT

- **Foreword**
G. F. Strong Rehabilitation Centre
E. J. Desjardins, C.M., LL.D. Consultant

- **Introduction, Role of the architect**
Thompson, Berwick, Pratt and partners
John Wallace, M.A.I.B.C.

- **Flow charts**
West Graphika Ltd.
Frithjof Grohne
Freelance draughtsman
Hilmar Foelmi

- **Typesetting for charts**
West Graphika Ltd.
Nola Davies

- **Clerical services**
G. F. Strong Rehabilitation Centre
Clerical Staff
West Graphika Ltd.
Brenda Jowett

- **Pagination, page and section design**
West Graphika Ltd.
Frithjof Grohne
Eric Ansley
Daniel Murray