

New Zealand Health Facility Design Guidance Note

IPU Bed Mix typology - summarised

May 2025

A decorative pattern consisting of a repeating geometric motif of interlocking diamonds and triangles in a light blue color, set against a dark blue background. Below this pattern is a section of vertical, slightly wavy lines in the same light blue color, also on a dark blue background.

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Te Whatu Ora

Health New Zealand

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Explanatory note

This document provides design guidance for all New Zealand health facility design projects.

For any queries or communication about this document, please contact facility.design@health.govt.nz

Document control

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Document history

Issue Date	Version	Revision Class	Comments
September 2024	V1		First draft
January 2025	V1.1		Summarised document with outcomes only
May 2025	V1.2		Addition of HNZ Statement on bed typology
May 2025	V1.3		Update of bedmix for bariatric, hoists and P class rooms

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- Angela Mills – Principal Advisor, National Health Facility Planning, Health NZ
- Margo Kyle – GM Health Planning, Health NZ

Benchmark and external resources were also referenced in the development of this document as per section 2 and 3.

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1 Introduction

This design guidance note (DGN) supplements the Australasian Health Facility Guidelines (AusHFG) by providing guidance specific to Aotearoa New Zealand. It also provides overarching guidance for all health facility projects in Aotearoa.

The objective of this DGN is to provide design guidance and support to health facility project teams by:

- reinforcing the AusHFG as the primary reference guide to briefing and designing health facility projects in Aotearoa
- providing Aotearoa-specific health facility design guidance which is supplementary to the AusHFG.

Project Teams should refer to the AusHFG in combination with the overarching and supplementary NZ specific design guidance in this document.

This DGN applies to the design of all Health Planning Units (HPU) in new buildings and any reconfigurations or conversions of existing buildings. Health New Zealand Hauora Aotearoa (HNZ) expects reconfiguration and conversion projects to achieve the standards set out in this DGN unless pre-existing conditions require variations from this guidance. Throughout all project stages, project teams must identify and justify deviations from the AusHFG and this DGN.

This document is dynamic and will be updated as further guidance is developed.

2 Australasian Health Facility Guidelines

HNZ expects project teams to use the AusHFG as the primary reference guide for briefing and designing health facility projects. Alignment with the AusHFG is intended to encourage standardisation and provide consistency of design and project reporting across health projects without restricting innovation.

The AusHFG comprises:

- Part A: Introduction
- Part B: Health Facility Briefing and Planning
- Part C: Design for Access, Mobility, Safety and Security
- Part D: Infection Prevention and Control
- Part E: Building services and Environmental Design
- Part F: Project Implementation

Refer to: <https://healthfacilityguidelines.com.au/>

For medical services panels the sections most relevant to the design are included in:

- Part B: Health Facility Briefing and Planning
- Part C: Design for Access, Mobility, Safety and Security
- Aus HFG Pandemic Preparedness – Health Infrastructure Planning & Design Guidance, Revision 1.0, September 2023

3 Other References & Guidelines

HNZ expects project teams to refer to:

- Health NZ Health Facility Wide Practices and Approaches, v1.2, January 2025

4 Inpatient Units

When applying AusHFG recommendations, project teams must comply with relevant New Zealand standards and legislation

4.1.1 IPU Size and Podding

- Overall bed numbers in a facility will be determined via the Functional Capacity modelling process.
- Beds within an IPU shall be podded to enable some cohorting and to support staff team work practices.
- IPU sizes
 - Adult General Medical and Surgical at 32 beds.
 - Other patient groups where lower bed numbers are required will target the 24 to 32 beds size, in increments of 4 beds. 28 beds is the next most preferred option from 32 beds.
- Bed Pods
 - Standard inpatient units shall have beds podded into 8 beds.
 - Intensive Care Units may have differing pod numbers based on overall bed numbers, combination of ICU with HDU or CCU and staffing models. A preferred bed pod size for ICU would be 12.

4.1.2 Ensuites

- All bedrooms with attached ensuite shall be inboard.

4.1.3 Standardisation

- All room design to be standardised in terms of same handed design

4.1.4 Bed Mix

- Based on Aus HFG, for Acute Adult Inpatient Units
 - A range of 50% of all beds be single based on the local patient profile eg patient profile Respiratory or Palliative Care vs surgical, numbers.
- For Paediatric, Maternity and Mental Health Inpatient Units
 - 100% of beds are single based on patient profile, e.g infection risks, developmental age, rooming in concepts/infant care, mixed antenatal and post natal, behaviours of concern, gender and age separation requirements.
 - Some Paediatric and Maternity units may have a small number of multibeds (double) depending on patient profiles and ages, where cohorting may be in the interests of the patients.
- This range aligns to Aus HFG Health Planning Unit and Pandemic Preparedness. Aus HFG recommendations for specialist areas as above is maintained.

4.1.5 Isolation

- For Acute Adult Inpatient Units:
 - 50% of bedrooms to be single in one IPU (noting some specific units maybe 100%)
 - N class rooms at a ratio of 1 per IPU
 - P class in appropriate clinical services only and for further discussion such as Oncology, Haematology, Transplant and Burns tertiary services, at ratio of 1 per IPU
- Consistent with the Aus HFG Pandemic Preparedness plan and dependant on modelling consideration to whole IPU or zones within IPUs to have ability to switch air conditioning to 100% fresh air/ no recirculation or other air flow that reduces recirculation and spread of infectious agents.

4.1.6 Bariatric

- Consistent with Aus HFG for Acute Inpatient Units that a ratio of 1-2:32 beds be Bariatric capable to circa 250kg. (Aus HFG indicates 1 per IPU at this time)
- Bariatric capability to extend to ensuite in addition to bedroom and include patient lifting devices (hoist).
- Super Bariatric (250-450kg) should be considered on a case by case basis per site based on patient and service profile.

4.1.7 Patient Lifters (Hoists)

- Refer to DGN for detail on Patient Lifting Devices for detail and type per IPU type but in summary:
 - All bariatric bedrooms
 - Adult Acute IPU - a 1:8 ratio including bariatric rooms per 32 bed ward
 - Rehabilitation (general) IPU –1:8 ratio including bariatric rooms per 32 bed ward
 - Paediatric IPU – 1:8 ration including bariatric rooms per 24 bed ward
 - Maternity IPU – bariatric and special bedrooms
 - Cardiac Care Unit – 1 additional to bariatric rooms per 6 bed unit
 - ICU | HDU – 100 of all bedrooms (only bariatric extending to ensuite)
 - Pre Op, PACU, Cath Lab and Day Procedure areas – one flex bedspace for pre and post procedure care
 - Birthing Suite – one birthing suite with pool

4.1.8 Dialysis Capability

- Dialysis that is generally provided as planned activity in either an in centre or satellite centre would be briefed separately and not included in this document

- Unplanned dialysis due to patient condition and or unexpected presentation to hospital needs consideration.
 - Generally these patients will be located in either an Intensive Care Unit or dedicated Renal IPU +/- mixed Renal and General Medicine IPU.
- There is increasing use of portable dialysis units for some patient groups/facilities. On this basis the number of fixed RO plant requirement can be reviewed on a site by site basis.
- Focus of Dialysis capability (RO plant) shall be prioritised to ICUs and IPUs that will house renal patients, or a renal patient can be transferred to for the duration of inpatient dialysis.
 - Consideration to Paediatric dialysis capability in Paediatric centres only (Starship in Auckland)
 - Consideration to any dedicated Isolation units to have dialysis capability
- **ICUs** (General, Neurological, Surgical and Cardiac) to aim for **25% of beds** with insitu or portable RO connectivity with continuous high pressure water supply
- **IPUs – modelling of need** on a site by site basis shall be undertaken with a view to consider a **pod of beds within a general unit or a dedicated incentre renal unit** that can support insitu or portable RO connectivity with continuous high pressure water supply and storage of consumables

4.1.9 HNZ Statement on IPU Typology

- Te Whatu Ora is strongly committed to increasing the number of inpatients accommodated in single occupancy rooms. (currently only 30%)
- There is ongoing consideration and changes planned in the ways that facilities are designed to meet both patient and service needs.
- There are different views and opinions around the best balance of options and models of care.
- Any facility requires a balance of safety, comfort, affordability, staffing, efficiency, privacy, and many other factors.
- Health NZ follows the AusHFG as a standard supported by evidence and clinical input. Health NZ staff are actively involved in the development and updating the guidance to provide a consistent and evidence-based approach, adapted to changing requirements
- There is a requirement for a nationally consistent approach to the design and build of our facilities to enable cost effective and quicker delivery.
- This approach does allow flexibility for different types of facility when considering the proportion of rooms that are to be single person occupancy