Part B – Health Facility Briefing & Design

45 Clinical Information Unit

iHFG

International Health Facility Guidelines

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45 Clinical Information Unit

1   Introduction

Description

The Clinical Information Unit provides secure maintenance, storage and retrieval of confidential clinical records. Provision should be made for 24 hour availability of clinical records either by a computerised or manual system.

The functions involved in the development and maintenance of health information systems include the following:
- Collection, assembly, sorting and circulation of records for all inpatient and outpatient units
- Transcription / typing service for outpatient letters, discharge summaries and operation reports
- Classification of diseases and procedures for inpatient admissions using an International Classification of Diseases, i.e. clinical coding
- Provision of information to management and other authorised staff for purposes such as planning, utilisation review, Quality Assurance, case mix studies and research
- Quality assurance of the medical record to ensure standards are met
- Storage of current and archived records for the prescribed time period in a secure, moisture resistant environment.

All patient related administrative, historical and medical records must be stored in a fire rated construction as indicated in local regulations.

2   Functional and Planning Considerations

Operational Models

The Clinical Information Unit will generally be provided under the direction and supervision of the Administration Unit.

Hours of Operation

The Clinical Information Unit typically will operate during business hours, Monday to Friday although larger facilities may offer a 7 days per week service. The Unit will organise provision for record retrieval after hours.

Service Delivery Models

The Clinical Information service model is dependent on a number of Operational Policies, to be addressed in the Service Plan of the facility as discussed below.

Operational Policies

Operational Policies that may have an impact on the planning of the Clinical Information Unit and may require decisions by policy makers include the following:
- How records are to be managed and identified; essential elements include:
  – Provision of a centralised record system for all inpatient, emergency and outpatient/ day patient attendances or decentralized systems; where decentralized systems are in operation, the existence of sub-files will require registration, allowing retrieval of the sub-file for patient care or medico-legal purposes
  – Provision of a unit numbering system providing a unique identification number for every patient who presents to the Hospital i.e. the Medical Record Number (MRN); the MRN issued at the time of first admission or attendance is then used for all subsequent admissions and treatment
- Provision of Patient Administration Systems with information relating to patient movements, with electronic updating for rapid record location
- The use of terminal digit filing systems in both active storage and secondary storage
- Tracking of each medical record leaving the Unit using request forms (which may be electronic); tracking may be facilitated by the use of bar code labels on the record folder

- Maintenance of record confidentiality, including authorized access to the record and release of information to other parties
- Preparation of Medico-legal reports and subpoenas in accordance with the local statutory requirements
- Retrieval of medical records from secondary storage within a set time if deemed clinically necessary; the location of secondary storage to be considered
- Provision of a centralised dictating system utilising the telephone system for clinical staff to compile discharge reports and summaries
- Transcription of discharge summaries, medical reports from operations and procedures and outpatient letters to be completed in the Unit.

The record management system chosen will also require consideration of operational policies and specific details related to implementation of new technologies including:

- Cabling and network requirements to all related hospital units
- Integration with existing communications systems
- Location of workstations
- Space and security requirements
- Air conditioning, temperature and humidity control requirements for workstations and paper record storage
- The transition process to be utilised when moving from one system to another.

Paper Medical Records

The traditional paper medical record is gradually being replaced by electronic and digitised records. While paper medical records still exist, storage space will be required within the health facility.

Electronic Medical Records

The Electronic Medical Record (EMR) is a computerised online record, which tracks and details a patient's care during the time spent in hospital. The EMR enables staff to enter patient data at the point of care and allows authorised clinicians and access a patient's records from any online location, at any time, to make rapid assessments and coordinate care. In the future, as electronic systems are implemented, the EMR will begin to replace paper-based records by integrating patient information in a central system. As a result, the provisions for paper based systems may not be required or may be reduced if an EMR is provided.

An EMR system may require scanning of miscellaneous paper records that may be sourced from outside the facility or brought in by the patient.

Digitised (Scanned) Medical Records

Records may be scanned to create a digital record and filed on a centralised server. The advantages of record scanning include:

- Improved access to records for staff, particularly for clinical staff completing summaries, for quality assurance and availability of patient admission information as needed
- Reduced space for storage of records.

Storage

Medical records must be kept for at least 7 to or 15 years after last attendance, official contact or access by or on behalf of a patient, or until the patient attains the age of 21 to 25 years, depending on local statutory requirements. If a commercial company is used to dispose of the records they should provide certification to confirm confidentiality. Records must be stored in a fire-rated construction as indicated in the local building bylaws. Note that sprinklers should NOT be installed.

Planning Models

Location

It is often not possible to locate medical records in a key clinical area, and consideration should be given to providing space in a low activity area of the hospital.

Location will be influenced by the type of records system adopted (paper, EMR) and whether or not a pneumatic or mechanical automated records transport system is to be installed and the departments to which it is linked. The decision to include such a system will strongly influence the external functional relationships of the Unit with the Outpatients Clinic area in particular, and may reduce the importance of direct access to the Emergency Unit.

It may also useful to locate the Unit to encourage access for medical staff to complete unwritten discharge summaries and provide convenient record review.

The Clinical Information Unit should be located so as to provide natural light and, if possible, views for staff who occupy the area during the working day.

Layout, Configuration

Planners must consider possible future uses of the unit envelope for such time as an electronic record system has further evolved with consequent reduction in staff and diminishing storage needs. The Unit should be considered as "soft" space into which an adjoining unit could expand or a new unit established. Secondary storage ideally will be readily accessible to minimise time wasted in retrieving records.

Functional Areas

The Clinical Information Unit will consist of the following functional areas:
- Entry/ Reception/ Administration area with
  - Waiting
  - Dictation cubicles for medical staff
  - Meeting/ Interview room for authorised staff, patients or external personnel to view records without entering the Unit
- Record Processing Area
  - Assembly/ Sorting area
  - Transcription area
  - Clinical Coding area
  - Photocopy/ Printing area
  - Record Scanning area, if applicable
  - Waste Holding area for secure document waste bins
- Record Storage area for active and archived records
- Offices for Manager, Coders, Quality Assurance, Medico-legal personnel
- Staff Amenities:
  - Staff Room, lockers and toilets that may be shared with an adjacent unit.

Entry / Reception / Administration

The Reception is the first point of contact with the Clinical Information Unit for visitors and will act as an access control point to restrict access and receive visitors. A small waiting area should be located nearby for visitors.

Entry doors should have a buzzer with key card or electronic access for authorised staff. For units that provide a 24 hour service, a peep hole in the door and/or a camera /intercom is required for after-hours access.

Access will be required within this area to a Meeting/Interview room and Dictation Cubicles so that visiting staff do not need to enter the Unit.

Dictation Cubicles

The dictating area will be used by medical staff and others to view and research medical records as well as dictating and completing the discharge summaries. The cubicles should be located on the perimeter of the unit adjacent to but inside the reception area.

The number of cubicles will depend on usage and the cubicles may be self-contained or in an open plan office in which case cubicle partitions will be required. The auditory separation of personnel is preferred as extraneous noise will be distracting to the person dictating.

Record Processing Area

Assembly & Sorting

Record assembly and sorting involves filing and arrangement of paper based documents comprising the medical records for outpatients' areas, admissions and discharges and will generally be undertaken in an open plan area. This area may have "zones" for assembled files ready for issue and records waiting to be re-filed. The record assembly area should have direct access to the filing storage areas, photocopy area and consumable stores for supplies of filing covers and stationery.

The area will include workstations and sorting tables sized to accommodate records in progress and records awaiting sorting and assembly. Each records officer will need a records storage bay and a trolley at or in close proximity to their workstation. Completed records awaiting filing will be held in a designated area prior to filing.

A temporary storage area will also be required for returned files or files awaiting delivery to departments.

Note that records awaiting medico-legal attention will generally be stored in the Medico-Legal Office.

Transcription

This area will provide the medical transcription service. Staff should be located in a quieter area of the unit but within close proximity to the dictating and general assembly/ sorting area.

Consideration should be given to the acoustic treatment of this area as staff need to listen to transcription machines, however staff should not be totally separated from the other department activities.

Clinical Coding

Clinical Coding of medical records is an activity that involves a high level of attention to avoid errors and is best performed in a quiet area of the Unit. Each coder will need a computer workstation and storage for incoming files and coding and reference manuals if these are not available on a centralised server.

Photocopying / Printing

A dedicated, acoustically-treated and ventilated space is required. This space may also be used for generating bar code labels and stationery storage. Locate with ready access to the medico-legal offices that generate a large amount of photocopying.

Record Scanning

Scanning of medical records will provide a digital copy of a paper based record, available on a central server. The advantages of record scanning include:
- Improved access to records
- Reduction of the amount of record storage space required.

The number of records that may be scanned per day will be dependent on the number of staff assigned and the speed and capacity of the scanning equipment.

The paper copy of the records is generally kept for a predetermined short amount of time prior to destruction.

Waste Holding

An area for holding secure confidential document waste bins will be required. Discarded confidential documents in this unit should be destroyed by shredding. Location near a service exit is recommended as access will be required for removal and replacement of bins.

Record Storage

All medical records requiring storage should meet the statutory requirements beyond the 5 year active storage period.

Active medical records in constant use are typically stored in open metal shelving units, to provide easy access. Standard shelving bays are usually 900 mm wide and 300-400 mm deep.

Compactus units may be used to store non-active or archived files which is space efficient but are not recommended for active files where multiple staff may require access to bays at the same time.

There are a number of advantages for keeping non-active medical records readily accessible and available including:
- Time saving for staff needing to retrieve records and for staff awaiting receipt of records for clinical reasons
- Easy access for re-filing.

Fire sprinklers should NOT be installed. Records storage areas must be temperature and humidity controlled for preservation of records.

Offices

Offices should be located to allow easy access to the Unit for the Health Information Manager, staff and visitors. Offices for medico-legal staff will optimally be located near the Reception area with dual access from the Waiting Area and from inside the Unit.

Functional Relationships

External

In a traditional, paper based record environment, the critical relationship is with the Emergency Department for urgent record retrieval. Outpatient Unit/s have an indirect relationship with the Clinical Information Unit where record retrieval can be scheduled to coincide with Outpatient sessions.

Transport of files to remote Units would be enhanced by a mechanical transportation system.

In a paperless environment, there will probably be no critical relationships except for staff wanting to access records still in hard copy for research purposes etc.

The ideal external Relationships are demonstrated in the diagram below:
- Visitors access from a public circulation corridor
- Single entry and access for staff, visitors
- Indirect but important relationship to external units including Emergency, Outpatients, Day Patients, Inpatients and Critical Care units
- Indirect relationship with service units including supply and housekeeping.

Internal

A planned and organised workflow is important for efficient functioning of the Unit. Internal spaces should be organised from receipt of records, to processing, coding, scanning if appropriate and storage. Medico-legal and Quality Assurance areas should be located with convenient access to records and printing areas.

The archival store is ideally located within the Clinical Information Unit but may be located remotely with convenient access.

The optimum internal relationships include the following:
- Reception at the entrance that acts as an receiving point and an interview area in close proximity
- Access control to the entry and functional areas within the Unit, to maintain the security of records at all times
- Dictation cubicles located near the entry to the unit, so medical staff do not need to traverse the unit for reporting or research

- Support areas located centrally for ease of staff access
- Staff Amenities located at the Unit perimeter and may be shared with adjacent units
- Process of work from Assembly/Sorting, to Coding to Active Stores; Transcription and Scanning areas are additional to the primary work flow.

Functional Relationship Diagram

Figure 1 Functional Relationship Diagram:

3   Design

Construction Standards

Records storage areas will require structural engineering assessment to calculate the load requirements of the records and ensure adequate floor structure.

Records must be held in a secure, dry environment free from vermin, silverfish and other insects likely to attack the paper.

Environmental Considerations

Acoustics

Acoustic privacy will be required to Offices, Meetings Rooms, Interview rooms, Dictation cubicles, Coding workstations and all areas where confidential patient information may be discussed.

Refer to Part C - Access, Mobility, OH&S of these Guidelines for further information.

Natural Light/ Lighting

Wherever possible, the use of natural light is to be maximised for the benefit of staff working in the Unit. Record processing areas will be the major activity area of the Unit and should have access to natural daylight.

Records and archive storage areas should not be provided with natural light which may enhance deterioration of paper records.

Overhead lighting in the records store must run parallel to the direction of the filing bays to ensure adequate lighting of each aisle.

General lighting in staff work areas should be even, sufficient for illumination of the work area and non-reflective.

Refer to Part C - Access, Mobility, OH&S of these Guidelines for further information.

Privacy

Visual and acoustic privacy must be considered where confidential conversations are likely to take place in offices, meeting and interview rooms.

Interior Décor

The décor of the Unit should be of a standard that meets the expectations of staff and visitors using the service. The design of the unit should create a pleasant, professional atmosphere without appearing institutional.

Space Standards and Components

Accessibility

Reception, Offices, Meeting/Interview rooms and Waiting areas should be design to provided access for people in wheelchairs that may include staff or visitors. Refer to Part C in these Guidelines - Access, Mobility, OH&S and local Accessibility Guidelines for further information.

Ergonomics/ OH&S

The Clinical Information Unit should be designed with consideration to ergonomics to ensure an optimal working environment. Aspects for consideration will include height of benches and height of equipment in constant use, particularly photocopiers and scanners. Particular attention should be made to design of workstations and storage areas. Adjustable height workstations may be considered.

Storage Areas

The number of shelves in each bay should be six or up to a maximum of seven. The highest shelf should not exceed 2175mm and be reachable by staff using a library step stool. The highest shelf for staff reach without a step stool should not be higher than 1700 mm. Step ladders should not be used for safety purposes.

Aisles between bays of shelving should have a minimum width of 750 mm, however 900 mm is recommended to allow space for records trolleys, library stools and staff transit. Access aisles used as a thoroughfare should be a minimum of 1500 mm wide to allow for trolley access and must comply with fire egress requirements.

Refer to Part C – Access, Mobility, OH&S of these Guidelines for more information.

Size of the Unit

The size of the Clinical Information Unit will be dependent on the service to be provided by the Unit, the type and quantity of physical records to be stored and the number of staff.

In addition to records processing and storage areas, accommodation will be required for:
- Health Information Manager
- Medico-legal and Quality Assurance staff
- Clinical coders
- Medical typists
- Administrative staff.

Schedules of Accommodation have been provided for typical units serving RDL3-4 and 5-6 hospitals.

Safety & Security

Security of the Unit must be carefully considered due to the confidential nature of the documents being handled in the Unit and to prevent record loss or damage.

Department entry and exit points should be limited and fitted with access control – manual or electronic. All other egress points should be locked and/ or locally alarmed and well sign posted to deter unauthorised egress. Locking on all egress doors is to comply with relevant fire regulations.

Operational policy may require a security officer to accompany non departmental staff in the department to retrieve records after- hours.

Security issues to be addressed include:
- Adequate security for staff that may be working in an isolated area of the campus
- Visitors should only be able to access the department via the Reception
- Reception counters should be designed so that it would be difficult/ impossible to climb over
- Motion sensors to storage areas to be considered to identify unauthorized access.

Security for Scanned and Electronic Records

Scanned and electronic medical records including server storage devices will be subject to data security considerations to prevent loss of data and ensure authorised access. Refer to relevant local and international standards related to data security for further information.

Finishes

Finishes should be selected with consideration of the following:
- Acoustic properties of the materials; the use of carpet and acoustic panels will assist in absorption of sound
- Durability, replacement and cleaning of materials
- Fire safety of the materials
- Promote an efficient and pleasant working environment for staff and visitors.

Provide wall protection to all areas where trolleys are in use.

Refer to Part C - Access, Mobility, OH&S of these Guidelines and Standard Components for more information on wall protection, floor finishes and ceiling finishes.

Fixtures, Fittings & Equipment

All furniture, fittings and equipment selections for the Clinical Information Unit should be made with consideration to ergonomic and Occupational Health and Safety (OH& S) aspects.

Shelving, workstations and work benches must meet Occupational Health & Safety standards.

Refer to Part C of these Guidelines - Access, Mobility, OH&S, the Room Layout Sheets (RLS) and Room Data Sheets (RDS) for more information

Window Treatments

Window treatment should be installed to external windows to control sunlight and glare to working areas of the Unit and for staff privacy from outside observation.

Building Service Requirements

Information Technology/ Communications

The Clinical Information Unit will require the following Information Technology/ Communications considerations:

- The provision for remote dictating from the administrative and clinical areas to a central dictating unit as required by the Operational Policy of the Unit
- Telephones to Offices, Dictation cubicles, Interview rooms, Meeting Rooms and Records Storage areas (active and archive)
- Computer networking and servers associated with patient administration systems, electronic records systems, scanned records
- Duress alarm system, to be located at Reception and in Meeting rooms.

Heating, Ventilation and Air conditioning

The unit shall have appropriate air conditioning that allows control of temperature and humidity for the proper storage of paper records as applicable.

Offices, open plan workstation areas, Meeting Rooms, Interview Rooms and Staff Rooms should be air-conditioned for the benefit of staff and visitors to the Unit. The local or country specific mechanical requirements should be consulted.

Electrical Services

If an Electronic Medical Record system is implemented, components of the system such as terminal and servers may require an uninterruptible power supply.

Pneumatic Tube Systems

The Clinical Information Unit may include a pneumatic tube station, connecting key clinical units with the main support units as determined by the facility Operational Policy. If provided the station should be located in close proximity to the Reception under direct staff supervision with record security maintained at all times.

Infection Control

Infection Control measures applicable to the Clinical Information Unit will involve prevention of cross infection between staff and visitors. Hand hygiene is an essential element and provision of medicated hand gel dispensers or hand wipes at the Reception and in circulation corridors is recommended.

For further information refer to Part D – Infection Control in these Guidelines.

4 Components of the Unit

Standard Components

The Clinical Information Unit will contain Standard Components to comply with details in the Standard Components described in these Guidelines. Refer to Standard Components Room Data Sheets and Room Layout Sheets.

Non-Standard Components

Non Standard rooms are identified in the Schedules of Accommodation as NS and are described below.

Dictation Cubicles

Dictation Cubicles will be located close to the Unit entry area for ease of access for medical personnel.

The cubicles will provide a single work station of 3 - 4m^2 and may be partially enclosed with partitions.

Requirements for each cubicle will include:
- Acoustic treatment to partitions
- Desk or workstation with ergonomic height adjustable chair
- Workstation shelf unit
- Computer and telephone access with power and data provision.

Records Transcription

Records transcription should be located between the Entry area and Record Assembly area. Transcription services will require single quiet workstations of 4 - 5.5m^2 each, to listen to recorded notes and type reports.

Requirements include
- Workstation with acoustic treatment to partitions
- Ergonomic height adjustable chair
- Dictation system connections
- Computer and telephone access with data and power provision

Records Scanning

Records scanning should be located with ready access to the Records Assembly and Sorting Area.

The Records Scanning area will require:
- Benches for checking and organising each file
- Scanning unit/s – bench top or desk top
- Quality control workstations of 4 - 5.5.m^2
- Storage area for holding the scanned documents prior to destruction.

Secure Confidential Waste Holding

A Bay is required for holding secure confidential waste bins and should be located close to an external exit for bin retrieval and replacement. The area should also have convenient access from record processing, printing and photocopying areas.

The bay will require:
- Wall protection to protect from damage
- Secure confidential waste holding bins, 240 litre; the quantity will be dependent on the scale of the service and whether scanning and destruction of records is undertaken.

5   Schedule of Accommodation

Clinical Information Unit

ROOM/ SPACE	Standard Component Room Codes							RDL 3/4L Qty x m²			RDL 5/6L Qty x m²			Remarks
Entry/ Reception														
Reception	recl-10-i recl-15-i							1	x	10	1	x	15	may include a Pneumatic Tube station
Waiting	wait-sub-i							1	x	4	1	x	6	
Meeting/ Interview Room	meet-9-i							1	x	9	1	x	9	
Dictation Cubicles	NS							3	x	4	5	x	4	Medical Staff reporting, research
Record Processing														
Bay- Mobile Equipment	bmeq-4-i							1	x	4	3	x	4	Medical records trolleys
Records Transcription	NS							1	x	15	1	x	25	Workstations for 3, 5 persons respectively, as required
Assembly/ Sorting	assco-i similar							1	x	20	1	x	40	reduce for an EMR system
Clinical Coding	off-ws-i							4	x	5.5	8	x	5.5	Quiet zone
Records Scanning	NS							1	x	20	1	x	40	Optional
Photocopy/ Printing	stps-10-i similar							1	x	10	1	x	10	
Bay - Secure Waste Holding	NS							1	x	2	1	x	4	Secure confidential waste bins
Storage														
Records Store - Active	strs-60-i similar							1	x	80	1	x	200	May be reduced for an electronic records system
Records Store - Archived	strs-60-i strs-80-i							1	x	60	1	x	80	Project specific, may be located off-site; may be reduced if scanning is implemented
Store - General	stgn-9-i stgn-12-i							1	x	9	1	x	12	Stationery and supplies used in records processing e.g., folders etc.
Staff Offices/ Amenities														
Office - Single Person, 12m2	off-12-i								x	12		x	12	Manager
Office - Single Person, 9m2	off-9-i								x			x	9	Note 1; Deputy Manager/ Supervisor
Office – 2 Person Shared	off-2p-i							1	x	12	2	x	12	Note 1; Medico-legal, Quality Assurance
Office - Workstations	off-ws-i							2	x	5.5	4	x	5.5	Note 1; Administrative support
Meeting Room – Medium/Large	meet-l-20-i							shared			1	x	20	Meetings, Training
Property Bay - Staff	prop-2-i							1	x	2	2	x	2	
Bay – Beverage, Open plan	bbev-op-i							1	x	4				Staff & meeting room beverages

ROOM/ SPACE	Standard Component Room Codes							RDL 3/4L Qty x m²			RDL 5/6L Qty x m²			Remarks
Staff Room	srm-15-i							shared			1	x	15	May be shared
Toilet - Staff	wcst-i							1	x	3	2	x	3	may be shared with an adjacent unit
Sub Total								321.0			629.0			
Circulation %								15			15			
Area Total								369.2			723.4			

Note 1: Offices and workstations to be provided according to the number of approved full time positions within the Unit

Also note the following:
- Areas noted in Schedules of Accommodation take precedence over all other areas noted in the FPU.
- Rooms indicated in the schedule reflect the typical arrangement according to the Role Delineation.
- Exact requirements for room quantities and sizes will reflect Key Planning Units identified in the Service Plan and the Operational Policies of the Unit.
- Room sizes indicated should be viewed as a minimum requirement; variations are acceptable to reflect the needs of individual Unit.
- Office areas are to be provided according to the Unit role delineation and number of endorsed full time positions in the unit.
- Staff and support rooms may be shared between Functional Planning Units dependent on location and accessibility to each unit and may provide scope to reduce duplication of facilities.
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6   Future Trends

Future trends for health records include:
- Further uptake of Electronic Medical Records within healthcare facilities, globally. This will require significant investment in healthcare information technology
- Intercommunication between EMR systems may be developed; currently many health facilities develop their own systems which do not have connectivity with other hospitals and medical clinics systems
- Centralised or personal health records, allowing patients to be more involved with their care
- Improvements to EMRs will be aimed at speeding up documentation and making it simpler and easier for clinicians and other healthcare workers to enter data
- Customised reporting from data supplied in health records
- The EMR data will provide a valuable source of information for researches to enhance research activities and improve diagnostic accuracy.

7   Further Reading

- Australasian Health Facility Guidelines, Part B Health Facility Briefing and Planning, 0240 – Health Information Unit, Rev 6, 2016; refer to website www.healthfacilitydesign.com.au
- Guidelines for Design and Construction of Hospitals and Outpatient Facilities; The Facility Guidelines Institute (US), 2014 Edition; refer to website www.fgiguidelines.org
- Healthcare IT News, What will EHRs look like in 2020, May 2015, refer to: http://www.healthcareitnews.com/news/what-will-ehrs-look-2020
- International Organisation for Standardization ISO 15489-1:2016 Information and documentation - Records Management – Part 1: Concepts and principles, refer to https://www.iso.org/standard/62542.html
- NHS Estates (UK) HBN 00-03 Clinical and Clinical Support Spaces, 2013 refer to https://www.gov.uk/government/publications/design-and-layout-of-generic-clinical-and-clinical-support-spaces
- NHS Estates (UK) HBN 12 Outpatients Department, 2004, refer to https://www.gov.uk/government/publications/guidance-on-the-design-of-an-out-patients-department

iHFG

The International Health Facility Guidelines recommends the use of <u>HFBS "Health Facility Briefing System"</u> to edit all room data sheet information for your project.

HFBS provides edit access to all iHFG standard rooms, and departments, and more than 100 custom report templates.

HFBS **Health Facility Briefing System**

Briefing Module

The Health Facility Briefing System (HFBS) has numerous modules available via annual subscription. It suits healthcare Architects, Medical Planners, Equipment Planners Project Managers and Health Authorities.

Use the HFBS Briefing Module to quickly drag in health facility departments or pre-configured room templates from the iHFG standard, edit the room features such as finishes, furniture, fittings, fixtures, medical equipment, engineering services. The system can print or download as PDF more than 100 custom reports including room data sheets, schedules, and more…

To learn more about the HFBS web-based Healthcare Briefing and Design Software and to obtain editable versions of the "Standard Components" including Room Data Sheets (RDS) and Room Layout Sheets (RLS) offered on the iHFG website, signup for HFBS using the link below.

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