

Part B – Health Facility Briefing & Design

110 Inpatient Unit - General



iHFG

International Health Facility Guidelines

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Table of Contents

110	Inpatient Unit - General	3
1	Introduction	3
	<i>Description</i>	3
2	Planning	3
	<i>Models of Care</i>	3
	<i>Planning Models</i>	3
	<i>Functional Areas</i>	6
	<i>Functional Relationships</i>	7
	<i>Functional Relationships Diagram</i>	8
3	Design	10
	<i>Environmental Considerations</i>	10
	<i>Space Standards and Components</i>	10
	<i>Accessibility</i>	13
	<i>Infection Control</i>	14
	<i>Safety and Security</i>	14
	<i>Finishes</i>	14
	<i>Fixtures & Fittings</i>	15
	<i>Building Services Requirements</i>	15
4	Components of the Unit	15
5	Schedule of Accommodation	16
	<i>Inpatient Unit - General</i>	16
	<i>Super VIP Suite (Optional)</i>	18
6	References and Further Reading	19

110 Inpatient Unit - General

1 Introduction

The prime function of the Inpatient Unit is to provide appropriate accommodation for the delivery of health care services including diagnosis, care and treatment to inpatients.

The Unit must also provide facilities and conditions to meet the needs of patients and visitors as well as the workplace requirements of staff.

Description

The Inpatient Unit is for general medical and surgical patients. In larger health facilities this Unit includes specialist medical and surgical patients, for example, cardiac, neurology/ neurosurgery, integrated palliative care and obstetric patients. Patients awaiting placement elsewhere may also be accommodated in this type of Unit.

2 Planning

Models of Care

Models of Care for an Inpatient Unit may vary dependent upon the patients' acuity and numbers of, and skill level of the nursing staff available.

Examples of the models of care that could be implemented include:

- patient allocation
- task assignment
- team nursing
- case management
- primary care (comprehensive range of generalist services by multidisciplinary teams that include not only GPs and nurses but also allied health professionals and other health workers) or
- a combination of the above.

The physical environment should permit of a range of models of care to be implemented, allowing flexibility for future change.

Levels of Care

The levels of care range from highly acute nursing and specialist care (high dependency), with a progression to intermediate care prior to discharge or transfer (self-care).

Patients requiring 24 hour medical intervention or cover are generally not nursed or managed within a general inpatient unit.

Planning Models

Bed Numbers and Complement

Each Inpatient Unit may contain up to 32 patient beds and shall have Bedroom accommodation complying with the Standard Components.

Additional beds up to 16 as an extension of a standard 32 bed Unit may be permitted with additional support facilities in proportion to the number of beds, for example 1 extra Sub Clean Utility, Sub Dirty Utility and storage.

For additional beds of more than 16, additional support facilities for a full unit (32 beds) is required, located to serve the additional beds.

The preferred maximum number of beds in an acute Inpatient Unit in Maternity or Paediatric Units is 20-25 beds.

A minimum of 20 % of the total bed complement shall be provided as Single Bedrooms in an Inpatient Unit used for overnight stay; the current trend is to provide a greater proportion of single bed rooms largely for infection control reasons.

Swing Beds

For flexibility and added options for utilisation it may be desirable to include provisions for Swing Beds. This may be a single bed or a group of beds that may be quickly converted from one category of use to another. An example might be long-stay beds which may be converted to acute beds.

At any given time, swing beds are part of an Inpatient Unit in terms of the total number of beds and the components of the unit. For example:

- Unit A + Swing Beds = One Inpatient Unit as per these Guidelines.
- Alternatively: Unit B + the same Swing Beds = One Inpatient Unit as per these Guidelines.

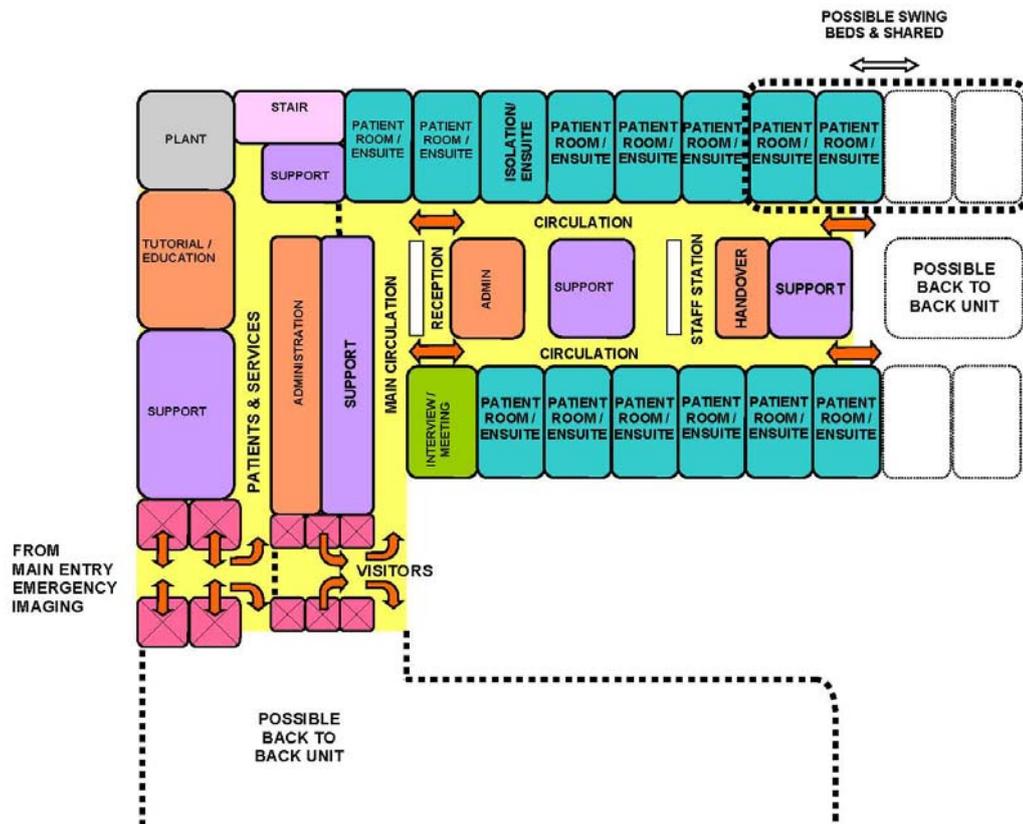
Facility design for swing beds often require additional corridor doors and provision for switching patient/ nurse call operation from one Staff Station to another. Security is also an issue, for example, converting General/Medical beds to Paediatric beds.

Unit Planning Options

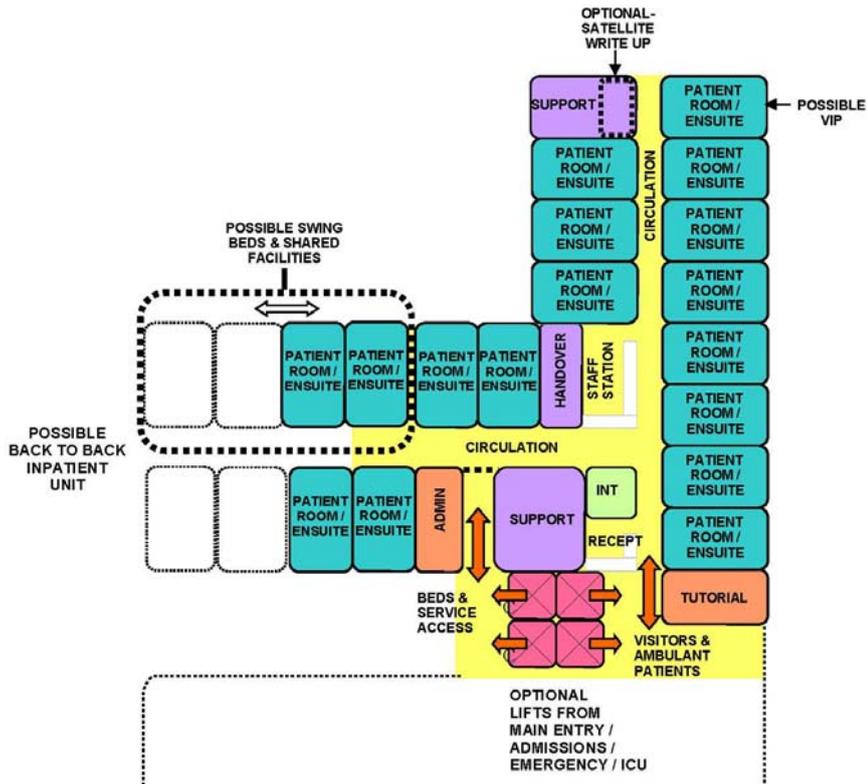
There are a number of acceptable planning options for Inpatient Units including:

- Single Corridor; Patient and support rooms are clustered along a single corridor
- Double Corridor – racetrack; patient rooms are located on the external aspects of the space and support rooms are clustered in the central areas in a racetrack configuration
- Combinations: - L, T & Y shaped corridors, patient rooms are located along external aspects, support areas may be located in a central core area – refer to examples below.

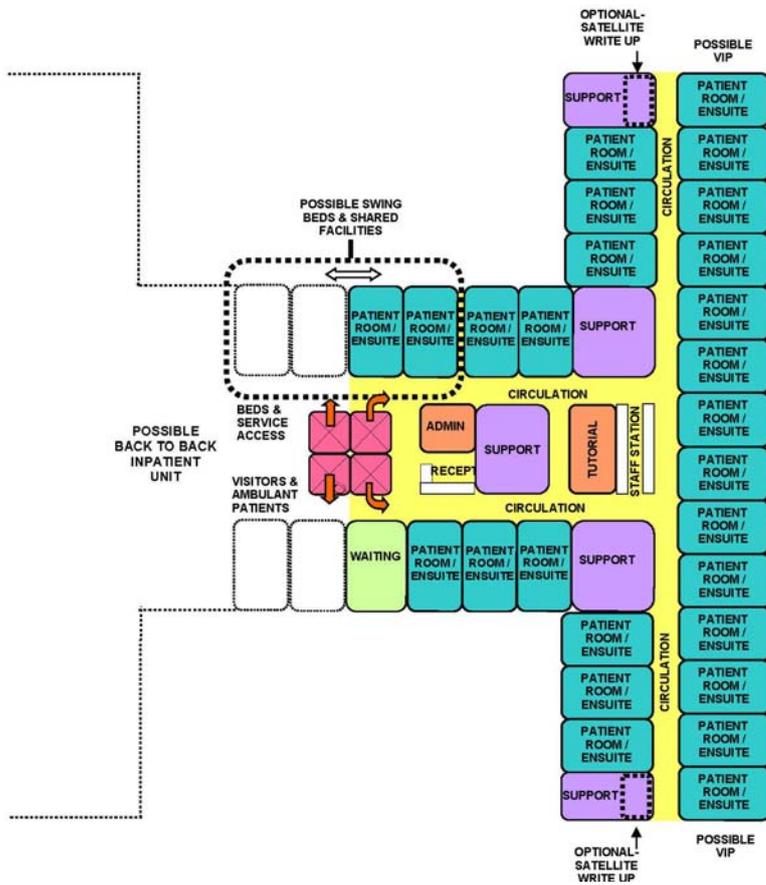
Double Corridor - Racetrack Model



L Shaped Corridor Model



T Shaped Corridor Model



Functional Areas

The Inpatient Accommodation Unit comprises the following Functional Areas or zones:

- Entry/ Reception area (may be a shared area or provided at the Main Entry) with
 - Reception desk, (optional)
 - Visitors Lounge, shared between 2 Units
 - Interview Room
 - Gowning for Staff and Visitors (optional)
- Patient Areas - areas where patients are accommodated or facilities specifically serve patients including:
 - Bedrooms
 - Ensuites
 - Patient Lounge
 - Patient Laundry for specialist Units
- Support Areas that support the functions of the unit including:
 - Beverage Bay or Pantry
 - Bays for handwashing, linen, meal trolleys, resust trolley, mobile equipment
 - Cleaner's room
 - Clean and Dirty Utility rooms
 - Stores for equipment and general stock.
- Staff Areas - areas accessed by staff, comprising:
 - Staff Station and Office for Handover
 - Offices for administration
- Shared Areas – public and clinical areas that may be shared by two or more Inpatient Units including:
 - Bathroom
 - Visitor Lounge
 - Public Amenities
 - Staff Amenities with Staff Room, Toilets and Locker areas
 - Treatment Room, according to service demand.

These Functional Areas are briefly explained below.

Entry Area

The Reception is the receiving hub of the unit and may be used to control the security of the Unit. A Waiting Lounge for visitors may be provided with access to separate male/female toilet facilities and prayer rooms. If immediately adjacent to the Unit, visitor and staff gowning and protective equipment may also be located here for infection control during ward isolation.

Patient Areas

Patient Areas include:

- Bedrooms
- Ensuites
- Lounge areas
- Patient Laundry in some Units.

All Patient areas are to comply with Standard Components.

Support Areas

Support Areas include:

- Handwashing, Linen and Equipment bays
- Clean Utility, Dirty Utility and Disposal Rooms
- Beverage Bays and Pantries
- Meeting Room/s and Interview rooms for education sessions, interviews with staff, patients and families and other meetings.

Staff Areas

Staff Areas consist of:

- Offices and workstations
- Staff Room
- Staff Station and handover room
- Toilets and Lockers.

Offices and workstations are required for administrative as well as clinical functions to facilitate educational/ research activities

Staff Areas, particularly Staff Rooms, Toilets, Showers and Lockers may be shared with adjacent Units as far as possible.

Shared Areas

In addition to the shared Staff areas above, Shared Areas include:

- Patient Bathroom
- Treatment Room
- Public Toilets
- Visitor Lounge

Functional Relationships

The Inpatient Unit is a key functional component of the hospital, connected with many clinical and operational support units. Correct functional relationships promote delivery of services that are efficient in terms of management, cost and human resources.

External

Principal relationships with other Units include:

- Ready access to diagnostic facilities such as Medical Imaging and Pathology
- Ready access from the Emergency Unit
- Ready access to Critical Care Units
- Ready access to Clinical Laboratories and Pharmacy
- Ready access to Material Management, Housekeeping and Catering Units
- Inpatient Surgical Units require ready access to Operating/ Day Procedures Units

Principal relationships with public areas include:

- Easy access from the Main Entrance of a facility
- Easy access to public amenities
- Easy access to parking

Principal relationships with Staff Areas

- Ready access to staff amenities.

Note: Inpatient Units must not be located so that access to one Unit is via another

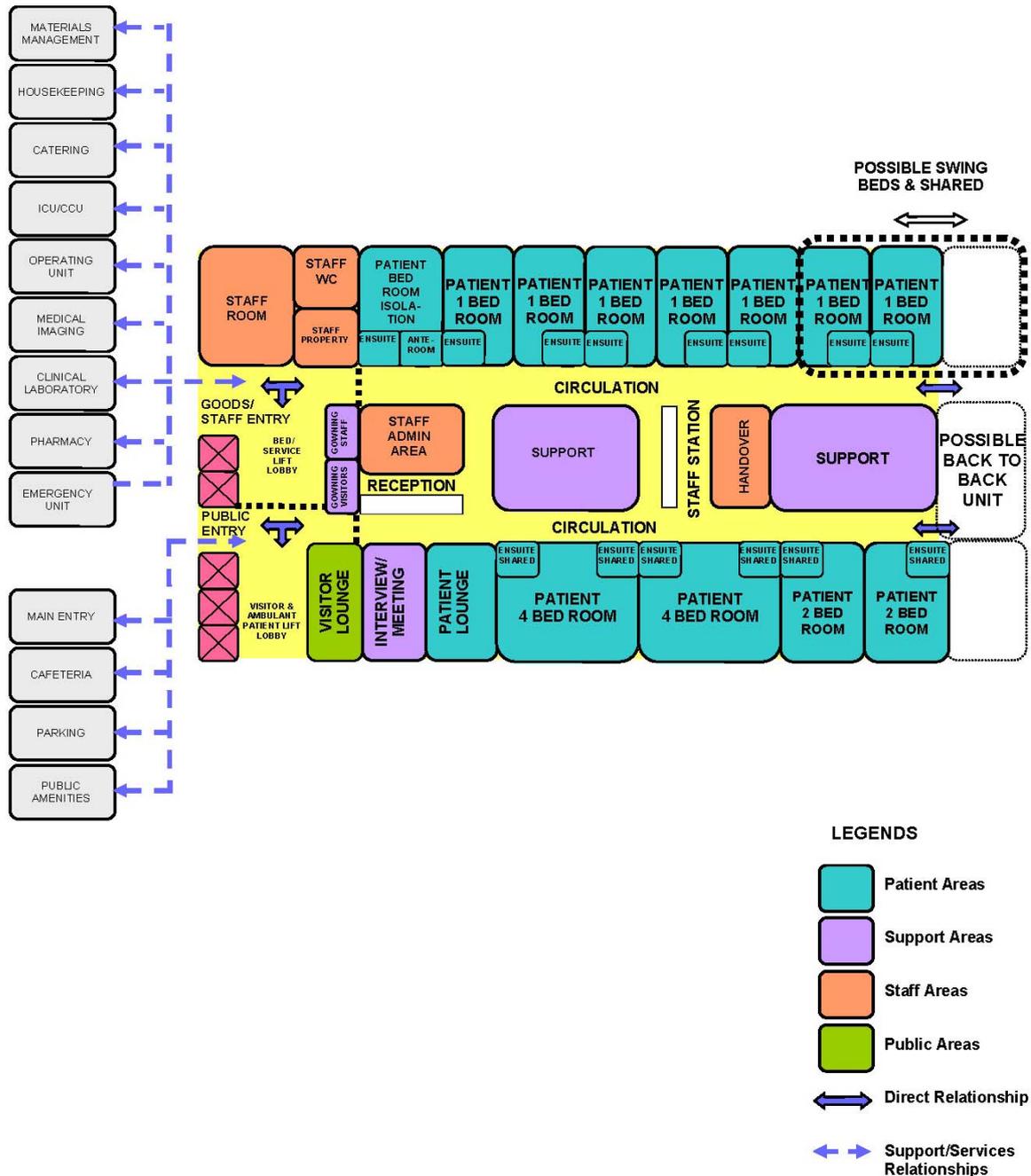
Internal

Optimum internal relationships include:

- Patient occupied areas as the core of the unit
- The Staff Station and associated areas need direct access and observation of Patient Areas
- Utility and storage areas need ready access to both patient and staff work areas
- Public Areas should be on the outer edge of the Unit
- Shared Areas should be easily accessible from the Units served

Functional Relationships Diagram

The functional relationships of the Inpatient Unit are demonstrated in the diagram below.



External relationships outlined in the diagram include:

- Clear Goods/Service/Staff Entrance
 - Access to/ from key clinical units associated with patient arrivals/ transfers via service corridor
 - Access to/ from key diagnostic facilities via service corridor
 - Entry for staff via the public or service corridor
 - Access to shared staff break and property areas via service corridor
 - Access to/ from Materials, Catering and Housekeeping Units via service corridor.

- Clear Public Entrance
 - Entry for ambulant patients and visitors directly from dedicated lift and public corridor
 - Access to / from key public areas, such as the main entrance, parking and cafeteria from the public corridor and lift

Internal relationships outlined in the diagram include:

- Bed Room(s) on the perimeter arranged in a racetrack model (although other models are also suitable)
- Staff Station is centralised for maximum patient visibility and access
- Clinical support areas located close to Staff Station(s) and centralised for ease of staff access
- Administrative areas located at the Unit entry and adjacent to Staff Station
- The Patient Lounge located close to the Unit entry allowing relatives to visit patients without traversing the entire Unit.
- Reception located at Unit entry for control over entry corridor
- Personal Protective Equipment Bays located at entry for both Staff and Visitors for infection control during ward isolation.

3 Design

Environmental Considerations

Acoustics

The Inpatient Unit should be designed to minimise the ambient noise level within the unit and transmission of sound between patient areas, staff areas and public areas. Consideration should be given to the location of noisy areas or activity, preferably placing them away from quiet areas including patient bedrooms.

Acoustic treatment is required to the following:

- patient bedrooms,
- interview and meeting rooms
- treatment rooms
- staff rooms
- toilets and showers.

Refer also to Part C of these Guidelines.

Natural Light

The use of natural light should be maximised throughout the Unit. Windows are an important aspect of sensory orientation and psychological well-being of patients. Natural light must be available in all bedrooms and is desirable in patient areas such as lounge rooms.

Observation and Privacy

The design of the Inpatient Unit needs to consider the contradictory requirement for staff visibility of patients while maintaining patient privacy. Unit design and location of staff stations offer varying degrees of visibility and privacy. The patient acuity including high dependency, elderly or intermediate care is a major influence.

Factors for consideration include:

- use of windows in internal walls and/or doors
- location of beds that may affect direct staff visibility
- provision of bed screens to ensure privacy of patients undergoing treatment;
- location of sanitary facilities to provide privacy for patients while not preventing observation by staff.

Space Standards and Components

Room Capacity and Dimensions

Maximum room capacity shall be four patients.

Minimum dimensions, excluding such items as ensuites, built-in robes, alcoves, entrance lobbies and floor mounted mechanical equipment shall be as follows:

ROOM TYPE	WIDTH	LENGTH
SINGLE BED ROOM	3450 mm	3600 mm
TWO BED ROOM	3450 mm	5600 mm
FOUR BED ROOM	6100 mm	5600 mm

Minimum room dimensions are based on overall bed dimensions (buffer to buffer) of 2250 mm long x 1050 mm wide. Minor encroachments including columns and hand basins that do not interfere with functions may be ignored when determining space requirements

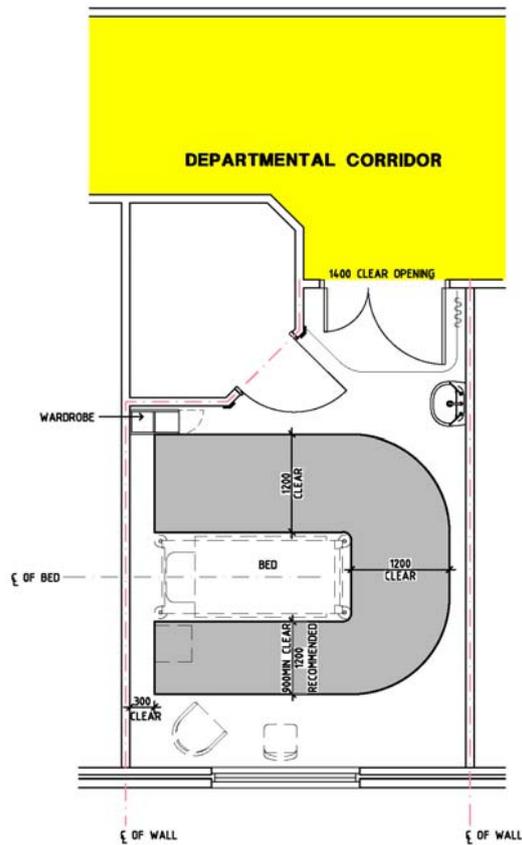
Bed Spacing / Clearances

Bed dimensions become a critical consideration in ascertaining final room sizes. The dimensions noted in these Guidelines are intended as minimums and do not prohibit the use of larger rooms where required.

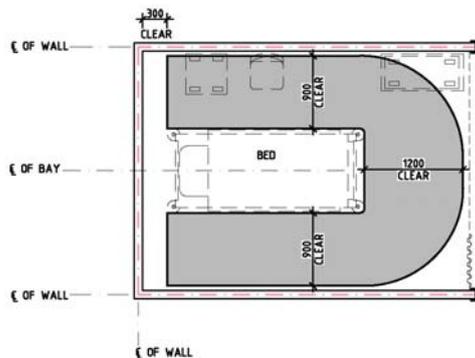
In bed rooms there shall be a clearance of 1200 mm available at the foot of each bed and ideally to one side to allow for easy movement of equipment and beds.

This is represented diagrammatically below:

Typical Single Bed Rooms



Typical Bed Bay



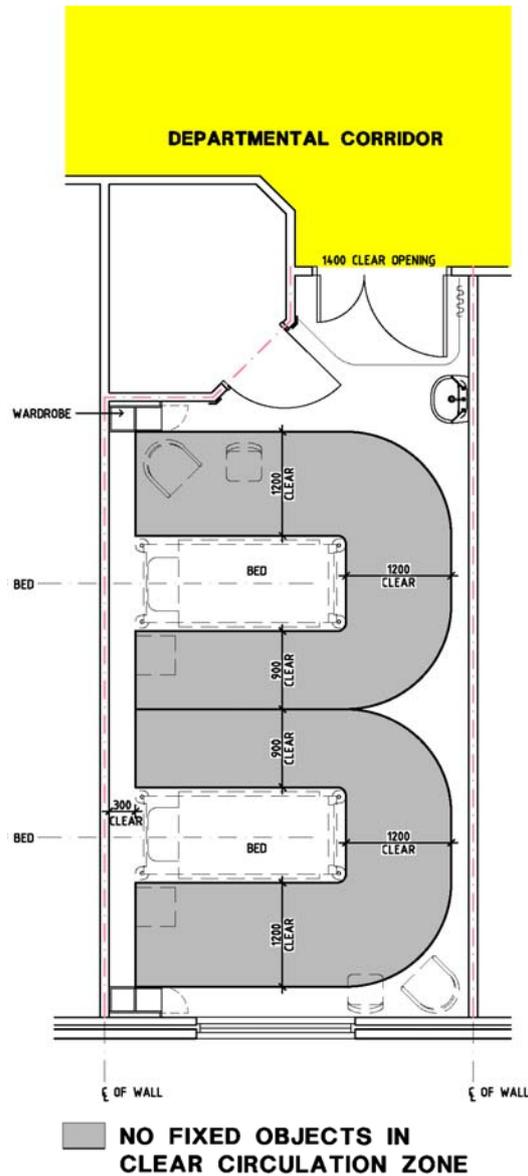
 **NO FIXED OBJECTS IN CLEAR CIRCULATION ZONE**

Typical 2 Bed Rooms

In 2 Bed Rooms, the minimum distance between beds shall be 900 mm to each side of each bed and 1200mm at the foot of each bed; the distance between bed centrelines should not be less than 2400 mm.

Paediatric bedrooms that contain cots may have reduced bed centres, but consideration must be given to the spatial needs of visiting relatives. To allow for more flexible use of the room the above clearances are still recommended. Consider allowing additional floor area within the room for the children to play.

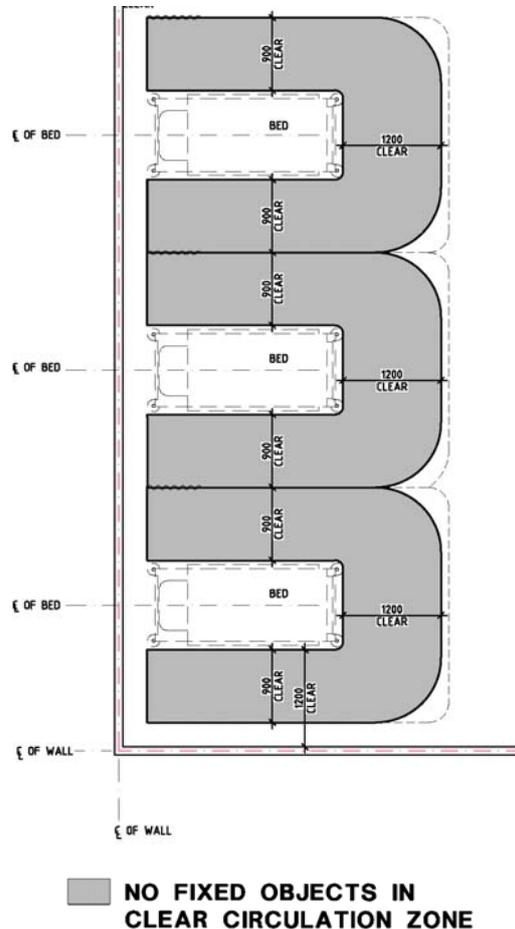
The clearance required around beds is represented diagrammatically below:



Multiple Bed Bays

In multiple-bed bays, the minimum distance between beds shall be 900 mm to each side of each bed and 1200mm at the foot of the bed; the distance between bed centrelines should not be less than 2400 mm.

The clearance required around beds in multiple-bed areas is represented diagrammatically below:



Bariatric Patient Facilities

In each Inpatient Unit provide facilities for bariatric patients according to the facility Operational Policy. Provisions include:

- Large single Bedroom; Bedrooms require additional space for a bariatric bed and lifter access
- Large single Ensuite, with access door to permit lifter access with staff assisting patient transfers

Refer to Inpatient Unit - Bariatric in these Guidelines for specific additional requirements.

All fixtures and fittings for bariatric patients need to accommodate up to 350 kg weight. Ceiling suspended lifting system may be considered between the Bedroom bed area and the adjacent Ensuite.

Accessibility

A Bedroom and Ensuite should be provided with full accessibility compliance; the quantity of accessible rooms to be determined by the service plan. Accessible bedrooms and ensuites should enable normal activity for wheelchair dependant patients, as opposed to patients who are in a wheelchair as a result of their hospitalisation.

Infection Control

Hand Basins

Hand-washing facilities shall not impact on minimum clear corridor widths. At least one is to be conveniently accessible to the Staff Station. Handbasins are to comply with Standard Components - Bay - Hand-washing and Part D - Infection Control.

Isolation Rooms

At least one 'Class S - Standard' Isolation Room shall be provided for each 32 bed Inpatient Unit. At least one 'Class N - Negative Pressure' Isolation Room shall be provided for each 100 beds in facilities of level 4 and above. These beds may be used for normal acute care when not required for isolation.

Safety and Security

An Inpatient Unit shall provide a safe and secure environment for patients, staff and visitors, while remaining a non-threatening and supportive atmosphere conducive to recovery.

The facility, furniture, fittings and equipment must be designed and constructed in such a way that all users of the facility are not exposed to avoidable risks of injury.

Security issues are important due to the increasing prevalence of violence and theft in health care facilities.

The arrangement of spaces and zones shall offer a high standard of security through the grouping of like functions, control over access and egress from the Unit and the provision of optimum observation for staff. The level of observation and visibility has security implications

Drug Storage

Each Inpatient Accommodation Unit shall have a lockable storage area or cupboard containing:

- Benches and shelving
- Lockable cupboards for the storage of restricted substances
- A lockable steel cabinet for the storage of drugs of addiction
- A refrigerator, as required; to store restricted substances, it must be lockable or housed within a lockable storage area
- Space for medication trolley

Note: Storage for dangerous drugs must be in accordance with the relevant legislation.

Finishes

Finishes including fabrics, floor, wall and ceiling finishes, should be relaxing and non-institutional as far as possible. The following additional factors should be considered in the selection of finishes:

- acoustic properties
- durability
- ease of cleaning
- infection control
- fire safety
- movement of equipment.

In areas where clinical observation is critical such as bedrooms and treatment areas, colour selected must not impede the accurate assessment of skin tones.

Fixtures & Fittings

Bed Screens

In multiple-bed rooms, visual privacy from casual observation by other patients and visitors shall be provided for each patient. The design for privacy shall not restrict patient access to the entrance, toilet or shower.

Curtains / Blinds

Each room shall have partial blackout facilities (blinds or lined curtains) to allow patients to rest during the daytime.

Building Services Requirements

Information Technology/ Communications

Unit design should address the following Information Technology/ Communications issues:

- Electronic records
- Hand-held computers
- Picture Archiving Communication System (PACS)
- Paging and personal telephones replacing some aspects of call systems
- Data entry including scripts and investigation requests
- Bar coding for supplies and X-rays / Records
- Data and communication outlets, servers and communication room requirements.

Nurse Call

Hospitals must provide an electronic call system that allows patients and staff to alert nurses and other health care staff in a discreet manner at all times. Patient calls are to be registered at the Staff Stations and must be audible within the service areas of the Unit including Clean Utilities and Dirty Utilities. If calls are not answered the call system should escalate the call priority. The Nurse Call system may also use mobile paging systems or SMS to notify staff of a call.

Patient Entertainment Systems

Patients may be provided with entertainment/ communications systems according to the Operational Policy of the facility including television, bedside telephone, radio and internet access.

Dialysis Stations

The Inpatient Unit should provide one Bedroom with a dialysis drain for use with mobile dialysis equipment, as needed by the Unit Operational Policy.

Pneumatic Tube Systems

The Inpatient Unit may include a pneumatic tube station, as determined by the facility Operational Policy. If provided the station should be located in close proximity to the Staff Station or under direct staff supervision.

Hydraulics

Warm water supplied to all areas accessed by patients within the Inpatient Unit must not exceed 43 degrees Celsius. This requirement included all staff handwash basins and sinks located within patient accessible areas.

4 Components of the Unit

The Inpatient Unit consists of Standard Components to comply with details described in these Guidelines. Refer also to Standard Components Room Data Sheets and Room Layout Sheets

5 Schedule of Accommodation

The Schedule of Accommodation for a 30 Bed Unit at RDL levels 3 to 6. Although categorised by level of service, this does not necessarily lead to different physical requirements. The Schedule of Accommodation lists generic spaces that form an Inpatient Unit. Quantities and sizes of some spaces need to be determined in response to the service needs of each unit on a case by case basis.

Inpatient Unit - General

ROOM/ SPACE	Standard Component Room Codes								RDL 3 to 6 Qty x m ² 30 Beds	Remarks
Entry Area										
Reception	RECL-12-I								1 x 12	Optional
Lounge - Visitor	WAIT-20-I								1 x 20	Shared between 2 units
Meeting Room - Small	MEET-12-I								1 x 12	
Gowning, Staff/ Visitors	ANRM-I (similar)								4 x 6	Optional, separate Staff/ Visitors and Male/ Female rooms
Patient Areas										
1 Bed Room	1 BR-ST-18-I								18 x 18	Mix and number depend on service demand
1 Bed Room - Isolation	1 BR-IS-N-28-I, 1 BR-IS-P-28-I								1 x 28	Class N or P as required by service demand
1 Bed Room - Large	1 BR-LG-28-I								1 x 28	Minimum 1 per facility; may be used for bariatric / special needs patients
1 Bed Room - VIP	1 BR-VIP-30-I								2 x 30	Provide according to demand
2 Bed Room	2 BR-ST-28-I								4 x 28	Mix and number depend on service demand
4 Bed Room	4 BR-ST-49-I								49	Mix and number depend on service demand
Anteroom	ANRM-I								1 x 6	For 1 Bed Room - Isolation
Ensuite - Standard	ENS-ST-I								23 x 5	1 to be directly accessible from each 1 and 2 Bed Rooms, including isolation room. 2 to each 4 Bed Room
Ensuite - Super	ENS-SP-I								1 x 6	For 1 Bed Room - Large. Special fittings required for bariatrics
Ensuite - VIP	ENS-VIP-I								2 x 8	For 1 Bed Room - VIP
Lounge - Patient	LNPT-20-I								1 x 20	1 per 60 beds or may be shared between 2 units
Laundry - Patient	LAUN-PT-I								1 x 6	For specialist units e.g. rehabilitation; as required by service demand
Toilet - Patient	WCPT-I								1 x 4	Optional; dependent on provision of communal areas
Support Areas										
Bay - Beverage, Enclosed	BBEV-ENC-I								1 x 5	
Bay - Handwashing, Type B	BHWS-B-I								4 x 1	In addition to basins in patient rooms. Refer to Part D

Inpatient Unit - General

ROOM/ SPACE	Standard Component Room Codes								RDL 3 to 6 Qty x m ² 30 Beds	Remarks
Bay - Linen	BLIN-I								2 x 2	Quantity and location to be determined for each facility
Bay - Meal Trolley	BMT-4-I								1 x 4	Optional; dependent on catering and operational policies
Bay - Mobile Equipment	BMEQ-4-I								1 x 4	Quantity, size and location dependent on equipment to be stored
Bay - Personal Protective Equipment	BPPE-I								4 x 1.5	In addition to those required for isolation rooms. Refer to Part D
Bay - Resuscitation Trolley	BRES-I								1 x 1.5	
Cleaner's Room	CLRM-5-I								1 x 5	Include separate cupboard for dry goods
Clean Utility / Medication	CLUM-14-I								1 x 14	
Dirty Utility	DTUR-14-I								1 x 14	2 may be required to minimise travel distances
Disposal Room	DISP-8-I								1 x 8	
Pantry	PTRY-I								1 x 8	Optional if Beverage Bay provided.
Store - Equipment	STEQ-20-I								1 x 20	Size dependent on equipment to be stored. Located for staff access only
Store - General	STGN-10-I								1 x 10	Size as per service demand and operational policies
Staff Areas										
Office - Clinical / Handover	OFF-CLN-I								1 x 15	
Office - Single Person, 12m2	OFF-S12-I								2 x 12	NUM office and clinical personnel as needed
Staff Station	SSTN-14-I								1 x 14	May include ward clerk. Size and location dependent on operational policies
Shared Areas										
Bathroom	BATH-I								1 x 15	1 per 60 beds or may be shared between 2 units
Meeting Room - Medium / Large	MEET-L-20-I								1 x 20	Tutorial; shared between 2 units
Property Bay - Staff	PROP-2-I								2 x 2	Separated for male and female. Number of lockers depends on staff complement per shift
Staff Room	SRM-18-I								1 x 18	Include Beverage Bay
Toilet - Staff	WCST-I								2 x 3	Separated for male and female
Toilet - Public	WCPU-3-I								2 x 3	Separated for male and female. Minimum 1 pair per floor
Toilet - Accessible	WCAC-I								1 x 6	Minimum 1 per floor
Treatment Room	TRMT-14-I								1 x 14	Optional; provide according to service demand
Sub Total									1079.5	
Circulation %									32	
Total Areas									1424.9	

Super VIP Suite (Optional)

ROOM/ SPACE	Standard Component Room Codes									RDL ALL Qty x m ²	Remarks
										1 Bed	Provide according to service demand
1 Bed Room - Super VIP	1 BR-SVIP-50-I									1 x 50	
Ensuite - Super VIP	ENS-SVIP-I									1 x 20	
Store - Equipment	STEQ-10-I									1 x 10	
Pantry - Super VIP	PTRY-SVIP-I									1 x 12	
Lounge / Dining - Super VIP	LD-SVIP-I									1 x 37	
Family / Carer Room	F-CR-SVIP-I									1 x 33	
Ensuite - Visitor	ENS-VIS-I									1 x 5	
Sub Total										167.0	
Circulation %										32	
Total Areas										220.44	

Please note the following:

- Areas noted in Schedules of Accommodation take precedence over all other areas noted in the Standard Components.
- Rooms indicated in the schedule reflect the typical arrangement according to the Role Delineation.
- Exact requirements for room quantities and sizes 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.
- 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.
- Offices to be provided according to the number of approved full time positions within the Unit

6 References and Further Reading

- Australasian Health Facility Guidelines, Part B Health Facility Briefing and Planning, 0340 - Inpatient Accommodation Unit, Rev 5, 2016; refer to website www.healthfacilitydesign.com.au
- CDC Guidelines for Environmental Infection Control in Health-Care Facilities, 2003, refer to website <https://www.cdc.gov/infectioncontrol/guidelines/index.html>
- Guidelines for Design and Construction of Hospitals; The Facility Guidelines Institute, 2018 Edition; refer to website www.fgiguideines.org
- DH (Department of Health) (UK) Health Building Note 04-01: Adult Inpatient Facilities, 2009, refer to website www.estatesknowledge.dh.gov.uk



The International Health Facility Guidelines recommends the use of HFBS “Health Facility Briefing System” 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...

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