Part B – Health Facility Briefing & Design

45 Clinical Information Unit

iHFG

International Health Facility Guidelines

2023

Table of Contents

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
- Conversion of paper records to scanned records or electronic records

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 of the health facility.

Hours of Operation

The Clinical Information Unit typically will operate during business hours weekdays although larger facilities may offer a 7 days per week service. The Unit will organise provision for record retrieval after hours. Fully electronic clinical records systems have no operating hours as they are always available.

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 decentralised systems; where decentralised 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 electronically updated 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 number existence in replacement of 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 authorised 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 health facility. 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.

Some patients may carry their own paper records generated during visits to different health facilities in the past. Similarly, when patients are transferred from other facilities, some clinical records may be provided in paper form. The EMR should be capable if receiving such records (if they contain important historic data), scan and incorporate them within the system.

All new facilities should be planned based on the use of EMR as well as handling and digitising paper records when necessary. It should be noted that there may be a legal requirement for holding certain physical records in addition to electronic records, according to the laws of the Country.

An EMR is increasingly integrated into a larger electronic system generically referred to as Health Information System or HIMS (or HIS for short). HIS integrates EMR with many other management tools for outpatient bookings, bed bookings, theatre bookings, HR management, Accounts, Diets, Lab Information System (LIS), Radiology Information System (RIS) and many other features.

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 particularly clinical staff in completing summaries report for quality assurance and availability of patient admission information as needed.
- Reduced space for storage of records
- Fully digital records through the hospital-wide Health Information System (HIS).

Storage

Medical records must be kept for at least 7 to 15 years after last patient attendance. If a commercial company is used to dispose of the physical records they should provide certification to confirm confidentiality. Physical records must be stored in a fire-rated construction as indicated in the local building regulations. Backups of electronic records should be kept in a fire protected safe. In order to avoid damage to patient records, it is highly recommended to use approved methods of fire protection other than Sprinklers.

The physical records of up to 5 years are considered as current records and should be readily available for quick retrieval. Records older than 5 years may be separated in secondary (or long term) storage and retrieved only when necessary.

3 Unit Planning Models

Location

It is often not possible to locate medical records in a central area due to the competition for preferred locations by other units. The location of the traditional “Medical Records” department is less critical due to the move towards fully digital health records, accessible from any location. Therefore, in new facilities, it is recommended that the facilities be located in a low activity area.

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

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

When possible, the Clinical Information Unit should be located 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 for such time as an electronic record system has further evolved with consequent reduction in staff numbers and diminishing storage needs. The Unit should be considered as “soft” space into which an adjoining unit could expand or a new units 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 and 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.

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 includes 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,also 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 (shredder document) will be required. 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.

4 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.

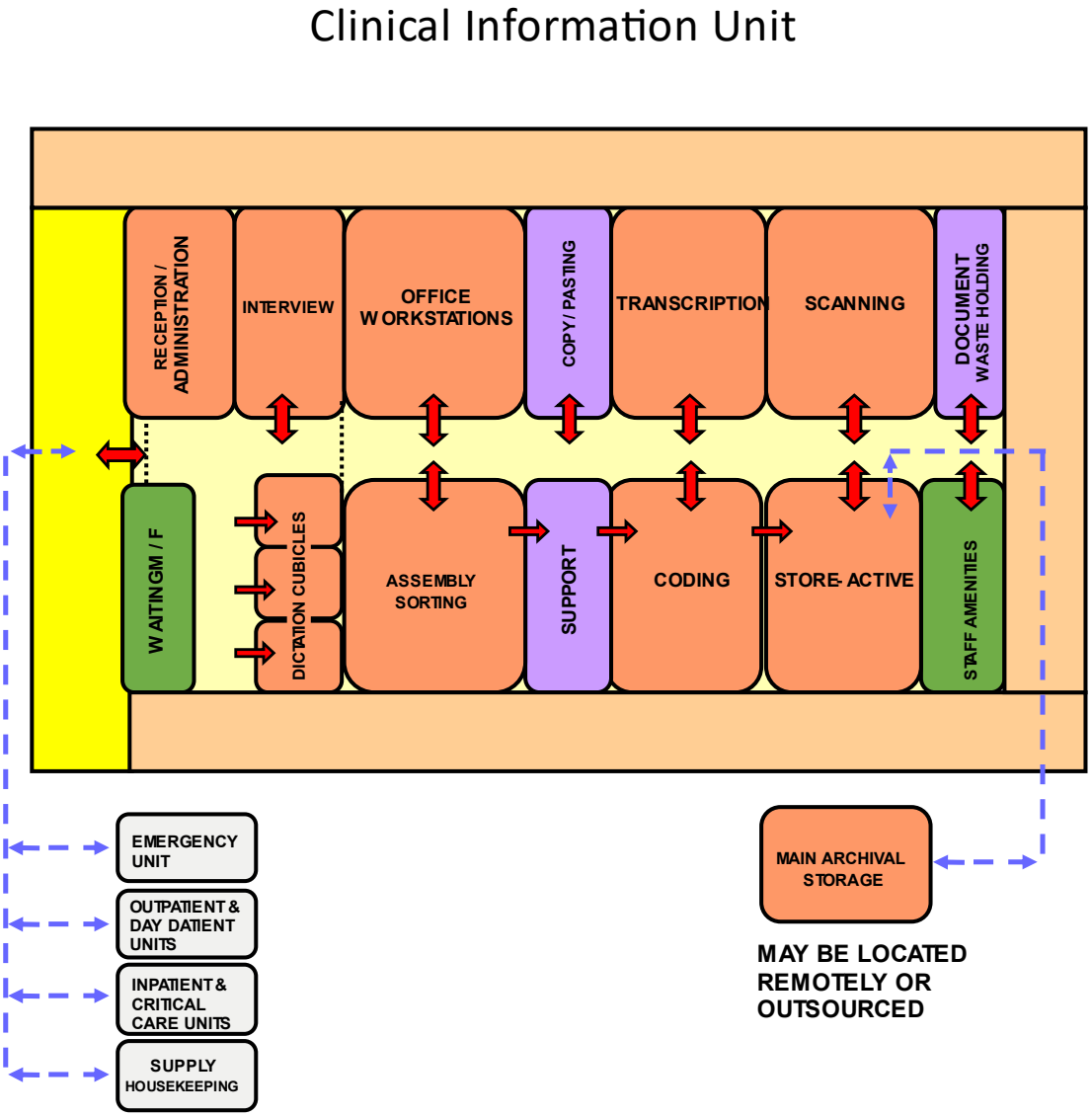
The optimum internal relationships include the following:

- Reception at the entrance that acts as a 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, Coding to Active Stores; Transcription and Scanning areas are additional to the primary workflow.

The following Functional Relationship Diagram refers to a facility which has both Paper Based storage and scanning facilities for digitising paper records.

This FPU does not cover technical requirements of the electronic requirements of EMR, HIS or data centres. For such information, refer to the supplier's manuals and recommendations for hardware. Software and supporting facilities.

Functional Relationship Diagram



5 Design Considerations

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

The Clinical Information Unit should be designed to minimise the ambient noise level within the Unit and transmission of sound between staff work areas.

Acoustic privacy should be provided to:

- Offices
- Meetings Rooms
- Interview rooms
- Dictation cubicles
- Coding workstations
- All areas where confidential patient information may be discussed.

Additional acoustic privacy considerations include:

- Waiting Areas should not be located close to Offices, Meeting and Interview Room/s
- Staff Room/s should not be located close to Public and Waiting Areas

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 designed to provide 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 2175 mm 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 plan includes 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 RDL 3-4 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 unauthorised 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

Internal finishes including floor, walls, joinery, and ceilings should be suitable for the multipurpose function of the unit while promoting a pleasant environment for visitors and staff. 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
- Suitable floor finishes with respect to slip resistance and movement of equipment and trolleys
- 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 and Communication Technology

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)
- Duress alarm system to be located at Reception and in Meeting rooms
- Patient/ clinical information systems and electronic records
- Voice/ data cabling and outlets for phones, fax and computers/ DECT
- Network data requirements and wireless network requirements to support remote reporting
- CCTV surveillance if indicated.

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. Refer to Part E - Engineering Services in these guidelines and to the Standard Components, RDS and RLS for further information.

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. The station should be located in close proximity to the Reception under direct staff supervision with record security maintained at all times.

Infection Control

Standard precautions apply to the Clinical Information Unit to prevent cross infection between staff and visitors. Hand hygiene is important and it is recommended that medicated hand gel dispensers be located strategically in staff areas and circulation corridors.

Antiseptic Hand Rubs

Antiseptic hand rubs should be located so they are readily available for use at Reception in document handling areas and high traffic areas.

The placement of antiseptic hand rubs should be consistent and reliable throughout facilities. Antiseptic hand rubs are to comply with Part D - Infection Control in these guidelines.

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

6 Components of the Unit

Standard Components

Standard Components are typical rooms within a health facility, each represented by a Room Data Sheet (RDS) and a Room Layout Sheet (RLS).

The Room Data Sheets are written descriptions representing the minimum briefing requirements of each room type, described under various categories:

- Room Primary Information; includes Briefed Area, Occupancy, Room Description and relationships, and special room requirements).
- Building Fabric and Finishes; identifies the fabric and finish required for the room ceiling, floor, walls, doors, and glazing requirements.
- Furniture and Fittings; lists all the fittings and furniture typically located in the room; Furniture and Fittings are identified with a group number indicating who is responsible for providing the item according to a widely accepted description as follows:

Group	Description
1	Provided and installed by the Builder/ Contractor
2	Provided by the Client and installed by the Builder/Contractor
3	Provided and installed by the Client

- Fixtures and Equipment; includes all the serviced equipment typically located in the room along with the services required such as power, data and hydraulics; Fixtures and Equipment are also identified with a group number as above indicating who is responsible for provision.
- Building Services; indicates the requirement for communications, power, Heating, Ventilation and Air conditioning (HVAC), staff call and lighting along with quantities and types where appropriate. Provision of all services items listed is mandatory.

The Room Layout Sheets (RLS's) are indicative plan layouts and elevations illustrating an example of good design. The RLS indicated are deemed to satisfy these Guidelines. Alternative layouts and innovative planning shall be deemed to comply with these Guidelines provided that the following criteria are met:

- Compliance with the text of these Guidelines
- Minimum floor areas as shown in the schedule of accommodation
- Clearances and accessibility around various objects shown or implied
- Inclusion of all mandatory items identified in the RDS

The Clinical Information Unit consists of Standard Components to comply with details described in these Guidelines. Refer to Standard Components Room Data Sheets (RDS) and Room Layout Sheets (RLS) separately provided.

Non-Standard Components

Non-standard rooms are rooms which have not yet been standardized within these guidelines. As such there are very few Non-standard rooms. 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 workstation of 3 – 4 m^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 - 5.5 m^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 – benchtop or desktop
- Quality control workstations of 4 - 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 litres; the quantity will be dependent on the scale of the service whether scanning and destruction of records is undertaken.

7 Schedule of Accommodation

The Schedule of Accommodation (SOA) provided in this FPU represents generic requirements for this Unit. It identifies the rooms required along with the room quantities and the recommended room areas. The sum of the room areas is shown as the Sub Total as the Net Area. The total area comprises of the sub-total areas of these rooms plus an additional percentage of the sub-total applied as the circulation (corridors within the Unit). Circulation is represented as a percentage is the minimum recommended target area. Any external areas and optional rooms/ spaces are not included in the total areas in the SOA.

Within the SOA, room sizes indicated for typical units and are organized into functional zones. Not all rooms identified are mandatory, therefore, some rooms are found as optional in the corresponding Remarks. These Guidelines do not dictate the size of the facilities and the SOA provided represents a limited sample based on assumed unit sizes. The actual size of the facilities is determined by the Service Planning or Feasibility Studies. Quantities of rooms need to be proportionally adjusted to suit the desired unit size and service needs.

The Schedule of Accommodation are developed for particular levels of services knowns as Role Delineation Level (RDL) and numbered from 1 to 6. Applicable RDL's are noted in each SOA provided in this FPU and not necessarily all six RDL's are applicable. Refer to Part A for a full description of the RDL's.

Clinical Information Unit

ROOM/ SPACE	Standard Component	RDL 3/4L			RDL 5/6L			Remarks
	Room Codes	Qty x m²			Qty x m²			
Entry/ Reception								
Reception/ Clerical	recl-10-i recl-15-i	1	x	10	1	x	15	may include a Pneumatic Tube station
Waiting	wait-sub-i similar	1	x	4	1	x	6	
Meeting/ Interview Room	meet-9-i similar	1	x	9	1	x	9	
Dictation Cubicles	NS	3	x	4	5	x	4	Medical Staff reporting, research
Record Processing								
Assembly/ Sorting	assco-i similar	1	x	20	1	x	40	reduce for an EMR system
Bay - Secure Waste Holding	NS	1	x	2	1	x	4	Secure confidential waste bins
Bay - Mobile Equipment	bmeq-4-i	1	x	4	3	x	4	Medical records trolleys
Workstation - Clinical Coding	off-ws-i similar	4	x	5	8	x	5	Quiet zone
Store - Photocopy/ Stationery	stps-8-i similar	1	x	10	1	x	10	
Records Transcription	NS	1	x	15	1	x	25	Workstations for 3, 5 persons respectively,
Records Scanning	NS	1	x	20	1	x	40	Optional
Storage								
Store - Records	strs-60-i similar	1	x	80	1	x	200	May be reduced for an electronic records system
Records Store - Archived	strs-60-i similar	1	x	60	1	x	80	Project specific, may be located off-site; may be reduced if scanning is done
Store - General	stgn-8-i , stgn-14-i	1	x	8	1	x	14	Stationery and supplies used in records processing e.g., folders etc.
Staff Offices/ Amenities								
Office - Single Person	off-s12-i	1	x	12	1	x	12	Manager
Office - Single Person	off-s9-i				1	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	4	x	5	Note 1; Administrative support
Meeting Room - Medium/Large	meet-l-15-i similar	shared			1	x	20	Meetings, Training
Property Bay - Staff	prop-3-i	2	x	3	2	x	3	
Bay - Beverage, Open plan	bbev-op-i	1	x	5				Staff & meeting room beverages
Staff Lounge	srm-15-i	shared			2	x	15	May be shared
Toilet - Staff	wcst-i	1	x	3	2	x	3	may be shared with an adjacent unit
Sub Total		**305**			**608**			
Circulation %		**15**			**15**			
Area Total		**351**			**699**			

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 sample bed numbers.
- All the areas shown in the SOA follow the No-Gap system described elsewhere in these Guidelines.

- Exact requirements for room quantities and sizes shall reflect Key Planning Units (KPU) identified in the Clinical 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.
- Offices are to be provided according to the number of approved full-time positions within the Unit.

8 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 research to enhance research activities and improve diagnostic accuracy.

9 Further Reading

In addition to Sections referenced in this FPU, i.e. Part C- Access, Mobility, OH&S and Part D - Infection Control and Part E - Engineering Services, readers may find the following helpful:

- 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-if-generic-clinical-and-clinical-support-spaces
- NHS Estates (UK) HBN 12 Outpatients Department, 2004, refer to https://www.gov.uk/government/publications/guidance-in-the-design-if-an-iut-patients-department