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GOVERNMENT OF DUBAI

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DUBAI HEALTH AUTHORITY

DHA Health Facility Guidelines 2019

Part B – Health Facility Briefing & Design

60 – Clinical Information Unit

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Executive Summary

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. This unit is sometimes referred to as 'Medical Records'. Medical Records can be in the form of paper, electronic (EMR) or digitised (scanned). The location of a Clinical Information Unit 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.

Planners must consider possible future uses of the unit envelop 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 to or a new unit can be established.

The standard Clinical Information Unit is comprised of multiple functional zones including entry/ reception, record processing area, storage and staff area. The major zone of record processing will be subdivided into assembly & sorting, transcription, clinical coding and record scanning. In addition, dictation cubicles should be provided near the perimeter of the Unit and adjacent to the reception area.

The Schedules of Accommodation are provided using references to Standard Components (typical room templates) and quantities for typical units at Role Delineation Levels (RDL) 3 to 6. Users should follow the principles established in these guidelines if they wish to create units of different sizes and configurations.

Further reading material is suggested at the end of this FPU but none are mandatory. Users who wish to propose minor deviations from these guidelines should use the **Non-Compliance Report** (**Appendix 4 in Part A**) to briefly describe and record their reasoning based on models of care and unique circumstances. The details of this FPU follow overleaf.

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60. Clinical Information Unit

1 Introduction

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. Statistics should be provided to the DHA portal; e.g. sick leave certificate or birth and death notification.
- 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
- In the case of medical disputes and complaints, the requested information should be provided to DHA via health information system

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

2 Functional & Planning Considerations

2.1 Operational Models

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

2.1.1 Hours of Operation

The Clinical Information Unit typically will operate 24 hours daily, and offer a 7-days per week service. The Unit will organise provision for record retrieval after hours.

2.1.1.1 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.

2.1.1.2 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; it may be known as the Medical Record Number (MRN) or other equivalent name. The MRN issued at the time of first admission or attendance is then used for all subsequent admissions and treatment
- The use of suitable filing numbering systems in both active storage and secondary storage
- For paper records, 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

- Provision of Patient Administration Systems with information relating to patient movements, with electronic updating for rapid record location
- 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, managed by the facilities legal team under the Administration Unit
- 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 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

2.1.1.3 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.

2.1.1.4 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 within a secured network, 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.

2.1.1.5 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

2.1.1.6 Storage

Medical records must be kept for the retention period as provided in the DHA Guideline "existing retention policy for medical record", as follows:

- 5 years for non-nationals (paper records)
- 10 years for nationals (paper records)
- Scanned/ electronic medical records shall be kept for indefinite period of time

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.

Further information can be found in **Part E –** Engineering Services of these Guidelines in relation to recommended integration with health information systems (HIS). As outlined in Part E, the above requires data access by the DHA through a system which is HL7 enabled.

3 Unit Planning Models

3.1.1 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 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 be 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.

3.1.2 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.

3.2 Functional Zones

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 and Coders
- Staff Amenities:
  - Staff Room, lockers and toilets that may be shared with an adjacent unit

3.2.1 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 viewing panel in the door and/or a camera /intercom is required.

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.

3.2.1.1 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. The provision of dictation cubicles may be decentralised with provision at clinical units where they are required.

3.2.2 Record Processing Area

3.2.2.1 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. It should be noted that records awaiting medico-legal attention will generally be stored in the Medico-Legal part of the Administration Unit Office.

3.2.2.2 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.

3.2.2.3 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.

3.2.2.4 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.

3.2.2.5 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.

3.2.2.6 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. The collection of shredded documents will be implemented by the Housekeeping and Waste Management Unit. Location near a service exit is recommended as access will be required for the removal and replacement of bins.

3.2.2.7 Record Storage

All medical records requiring storage should meet statutory requirements. Active medical records in constant use are typically stored in open metal shelving units, to provide easy access or compactus units may be used to store files. Records storage areas must be temperature and humidity controlled for preservation of records. The collection of material following shredding will generally be managed by the housekeeping/waste management unit.

3.2.2.8 Offices

Offices should be located to allow easy access to the Unit for manager/s, staff and visitors.

4 Functional Relationships

4.1 External Relationships

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

4.2 Internal Relationships

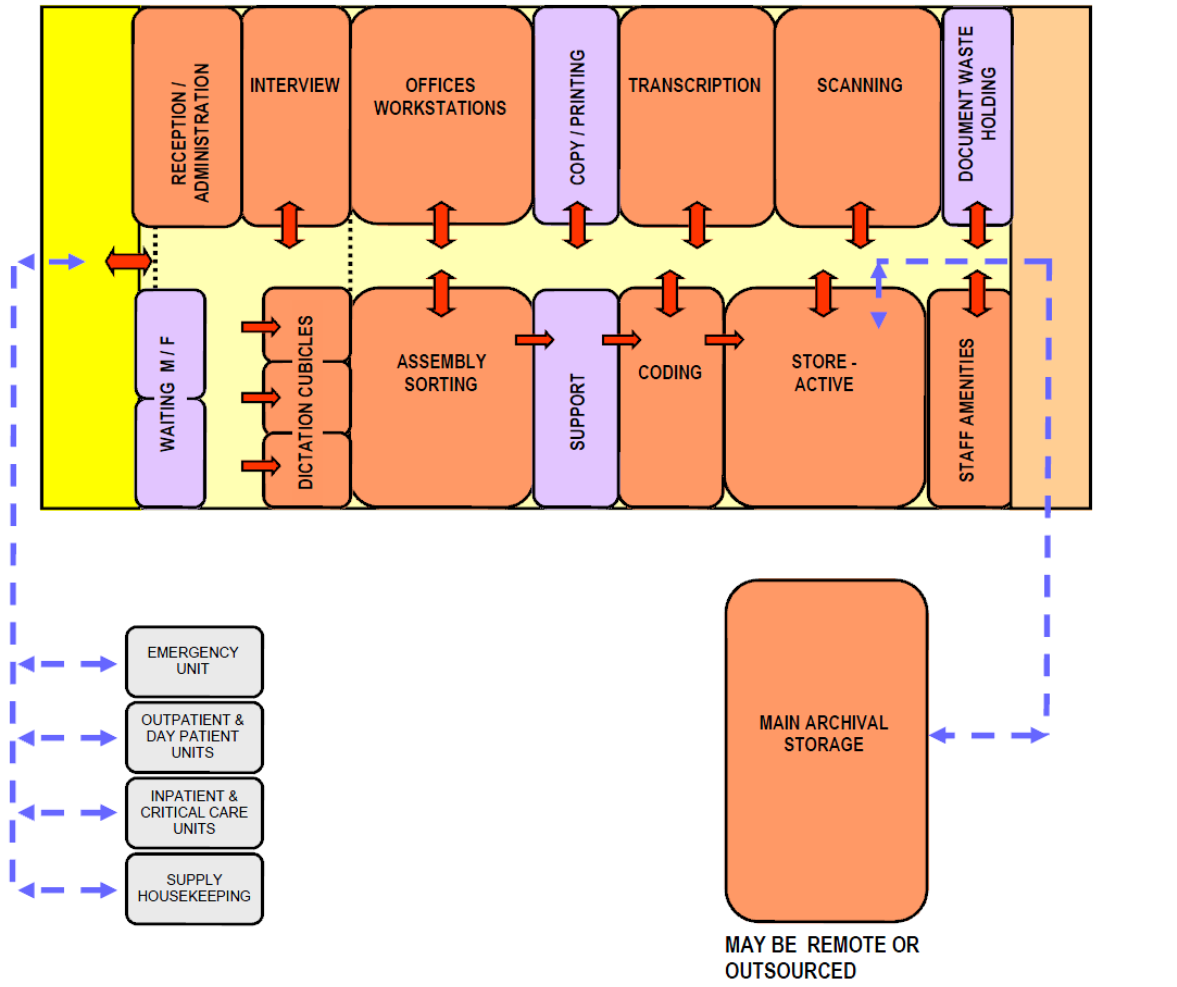
A planned and organised workflow is important for efficient functioning of the Unit. Internal spaces should be organised from receipt of records, to processing, coding, scanning if appropriate and storage. Medico-legal and Quality Assurance areas should be located with convenient access to records and 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, to Coding to Active Stores; Transcription and Scanning areas are additional to the primary work flow

4.3 Functional Relationship Diagram



5 Design Considerations

5.1 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.

5.2 Environmental Considerations

5.2.1 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

5.2.2 Natural Light/ Lighting

The use of natural light should be maximised throughout the Unit. Windows are an important aspect of sensory orientation and psychological well-being of staff and visitors.

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.

5.3 Accessibility

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

5.4 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 given to the design of workstations and storage areas. Adjustable height workstations may be considered.

5.4.1.1 Storage Areas

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.

5.4.2 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:

- Clinical Information Manager
- Clinical coders
- Medical typists
- Administrative staff

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

5.5 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.

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 monitor access

5.5.1 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.

5.6 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.

The following factors shall be considered:

- Aesthetic appearance
- Acoustic properties
- Durability
- Fire safety
- Ease of cleaning and compliant with infection control standards
- Suitable floor finishes with respect to slip resistance and movement of equipment and trolleys

For further details refer to **Part C – Access, Mobility and OH&S** and **Part D – Infection Control** in these Guidelines.

5.7 Fittings, Fixtures & 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 - Access, Mobility, OH&S**, the **Room Layout Sheets (RLS)** and **Room Data Sheets (RDS)** of these Guidelines for more information

5.7.1 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.

5.8 Building Service Requirements

This section identifies unit specific services briefing requirements only and must be read in conjunction with **Part E - Engineering Services** for the detailed parameters and standards applicable.

5.8.1 Information and Communication Technology

The Clinical Information Unit requires reliable and effective IT / Communications service for efficient operation of the service. The IT design should address:

- Patient/ clinical information systems and electronic records
- Voice/ data cabling and outlets for phones, fax and computers
- Network data requirements and wireless network requirements to support remote reporting
- CCTV surveillance if indicated

5.8.2 Heating, Ventilation and Air conditioning

The Clinical Information Unit should be air-conditioned to provide a comfortable working environment for staff and visitors with temperature and humidity for the proper storage of paper records. Refer to **Part E - Engineering Services** in these guidelines and to the **Standard Components, RDS and RLS** for further information.

5.8.3 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.

5.8.4 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.

5.9 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. Hand wash basins are recommended where paper records are being handled.

5.9.1 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 related to Infection Control refer **to Part D – Infection Control** in these Guidelines.

6 Standard Components of the Unit

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
2	Provided by the Client and installed by the builder
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), medical gases, nurse/ emergency 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.

6.1 Non-Standard Rooms

Non-standard rooms are rooms are those which have not yet been standardised within these guidelines. As such there are very few Non-standard rooms. These are identified in the Schedules of Accommodation as NS and are separately covered below.

6.1.1 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

6.1.2 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

6.1.3 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.m2
- Storage area for holding the scanned documents prior to destruction

6.1.4 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 and whether scanning and destruction of records is undertaken

7 Schedule of Accommodation

The Schedule of Accommodation (SOA) provided below represents generic requirements for this Unit. It identifies the rooms required along with the room quantities and the recommended room areas. The sum of theroom areas is shown as the Sub Total as the Net Area. The Total area is the Sub Total plus the circulation percentage. The circulation percentage represents the minimum recommended target area for corridors within the Unit in an efficient and appropriate design.

Within the SOA, room sizes are indicated for typical units and are organised into the functional zones. Not all rooms identified are mandatory therefore, optional rooms are indicated in the Remarks. These guidelines do not dictate the size of the facilities, therefore, the SOA provided represents a limited sample based on assumed unit sizes. The actual size of the facilities is determined by 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 known as Role Delineation Level (RDL) and numbered from 1 to 6. Refer to the full **Role Delineation Framwork** (**Part A - Appendix 6**) in these gduielines for a full description of RDL's.

The table below shows alternative SOA's for role delineations from RDL3 to 6, of different sizes.

Any proposed deviations from the mandatory requirements, justified by innovative and alternative operational models may be proposed and record in the **Non-Compliance Report** (refer to **Part A - Appendix 4**) with any departure from the Guidelines for consideration by the DHA for approval.

7.1 Clinical Information Unit

ROOM/ SPACE	Standard Component Room Codes							RDL 3/4 Qty x m²			RDL 5/6 Qty x m²			Remarks
Entry/ Reception														
Reception/ Clerical	recl-10-d recl-15-d							1	x	10	1	x	15	May include a Pneumatic Tube station
Waiting	wait-sub-d similar							1	x	4	1	x	6	
Meeting/ Interview Room	meet-9-d							1	x	9	1	x	9	May use for records review
Dictation Cubicles	NS							3	x	4	5	x	4	Medical Staff reporting, research
Record Processing														
Bay- Mobile Equipment	bmeq-4-d							1	x	4	3	x	4	Medical records trolleys
Records Transcription	NS							1	x	15	1	x	25	Workstations for 3, 5 persons respectively,
Assembly/ Sorting	assco-d similar							1	x	20	1	x	40	reduce for an EMR system
Workstation - Clinical Coding	off-ws-d							4	x	5.5	8	x	5.5	Quiet zone
Records Scanning	NS							1	x	20	1	x	40	Optional
Store - Photocopy/ Stationery	stps-8-d similar							1	x	10	1	x	10	
Bay - Secure Waste Holding	NS							1	x	2	1	x	4	Secure confidential waste bins
Storage														
Store - Records	strs-60-d similar							1	x	100	1	x	240	May be reduced for an electronic records system
Store - General	stgn-8-d stgn-14-d							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-d							1	x	12	1	x	12	Manager
Office - Single Person	off-s9-d							1	x	9	1	x	9	Note 1; Deputy Manager/ Supervisor
Office - Workstations	off-ws-d							2	x	5.5	4	x	5.5	Note 1; Administrative support
Meeting Room – Medium/Large	meet-l-15-d similar							shared			1	x	20	Meetings, Training

ROOM/ SPACE	Standard Component Room Codes							RDL 3/4 Qty x m²			RDL 5/6 Qty x m²			Remarks
Property Bay - Staff	prop-3-d similar							1	x	2	2	x	2	
Bay – Beverage, Open plan	bbev-op-d							1	x	5				Staff & meeting room beverages
Staff Room	srm-15-d							shared			1	x	15	May be shared
Toilet - Staff	wcst-d							1	x	3	2	x	3	may be shared with an adjacent unit
Sub Total										**278**			**567**	
Circulation %										**15**			**15**	
Area Total										**319.7**			**652**	

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 RDL
- 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 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:

- Dubai Health Authority, Health Regulation Sector (DHA), Health Record Guidelines, 2012, refer to website: https://www.dha.gov.ae/Documents/Regulations/Guidelines
- 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 Health Facility Guideline (iHFG) www.healthdesign.com.au/ihfg
- 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
- Ministry of Health UAE, Unified Healthcare Professional Qualification Requirements, 2017, refer to website: https://www.haad.ae/haad/tabid/927/Default.aspx
- 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
- The Facility Guidelines Institute (US), Guidelines for Design and Construction of Hospitals, 2018. Refer to website: www.fgiguidelines.org
- The Facility Guidelines Institute (US), Guidelines for Design and Construction of Outpatient Facilities, 2018. Refer to website: www.fgiguidelines.org