

Part B – Health Facility Briefing & Design

10 Administration Unit



*i*HFG

International Health Facility Guidelines
2023

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10 Administration Unit

1 Introduction

The Administration Unit provides an area with offices, workspaces and associated facilities for management as well as clinical and non-clinical support. This may include administrative tasks, interviews, and meetings by a range of executive, medical, nursing and support personnel.

The level and range of facilities provided for general office and executive administration functions will vary depending on the size and the management model of the facility.

The Administration Unit may include the following administrative positions or services:

- Main Reception and Enquiries
- Chief Executive Officer (CEO)
- Senior Managers and support staff
- Nursing Executive and Senior Nurse Managers
- Human Resources and Payroll staff
- Finance and Accounting Managers and support staff
- Facility Management
- Public Relations
- Legal Services
- Quality Management
- Training, Education and Research, this may be a separate area in large healthcare facilities
- Disaster Management coordination
- Clinical Administration, including medical, clinical, professional staff with support staff, although this may be a separate unit in large healthcare facilities

2 Functional and Planning Considerations

Operational Models

The operational model will be determined by the size, Operational Policies and the Service Plan of the facility.

Depending on the size and complexity of the facility, Administration Unit may be provided as a single unit or as separate functional units grouped according to discrete services such as:

- General Administration
- Clinical Administration
- Nursing Administration
- Finance
- Education (which may also form a separate Education Unit)
- Facilities Management (which may be closer to the Engineering and Maintenance Unit)
- Public Relations (which may be attached to the Main Entrance Unit)

Hours of Operation

The Administration Unit will generally operate during business hours weekdays. Some functions such as Nursing Management, Clinical Management and Staff Allocation may be provided on an extended or 24-hours basis.

Meetings and functions being held after-hours will require safe and planned access for both staff and visitors. Meeting and function rooms may also be made available for use by other departments or users after-hours and on weekends to promote the maximum utilisation of space. For such provision, alternative secure access from the outside is recommended.

3 Unit Planning Models

Location

The Administration Unit may be located in an area easily accessed by staff in the organisation and visitors. It is recommended that a separate secure entry be provided for staff. Apart from this convenience, the Administration Unit may be located in almost any floor or location within the facility.

The Administration Unit may be provided as:

- A Unit located in a non-clinical zone of a health facility
- A Unit within a separate building on the campus
- A Unit deliberately located in a clinical zone of the facility as a “soft space”, so that in the future it can be sacrificed and converted for a clinical use whilst its functions are relocated to a new building or extension.

Functional Areas

The typical Administration Unit functional areas may include:

- Entry Area:
 - Reception
 - Waiting areas with amenities for visitors
- Administration Areas; Office/s and workstations for the following functions:
 - General Administration including:
 - Executive Suite (CEO, Divisional Directors and secretarial support)
 - Public Relations
 - Legal Services
 - Ancillary support staff which may include Occupational Health and Safety, Infection Control, Quality Assurance, Disaster Coordinator, Complaints Management/ Patient Advocate, PABX/ operator/s/ telecommunications
 - Nursing Administration
 - Finance and Accounts
 - Human Resources that may include Payroll
 - Information Technology and Communications
 - Clinical and Medical Services Unit
- General Support Areas:
 - Beverage Bay for staff access
 - Cleaner's room
 - Disposal room
 - Mail Room
 - Pantry
 - Stores for files and stationery
- Staff Areas
 - Meeting Room/s; may be designated as a disaster coordination room or Board Room
 - Staff Room (may be shared)
 - Staff Toilets (may be shared)

For facilities where space is not sufficient to include all functions required, some of the above components may be provided as separate units.

Entry Area

Reception and Waiting

The Reception is the first point of contact with the Administration Unit for visitors and may act as an access control point to restrict access and direct visitors to the area required. Waiting areas should be located nearby and be suitable for a range of occupants including those in wheelchairs. Smaller Waiting areas may be provided close to offices as required. However, corridors should not be used as waiting areas for visitors.

Administration Areas

Administration areas may be provided as offices and workstations within one Unit to promote collaboration between divisions and enable maximum flexibility. The number of offices provided will be according to the endorsed full-time or part-time employees required for the Administration Unit, dependent on the size of the facility and the Operational Policies. If part time employment is considered, a form of “hot desking” may be employed using generic offices and workstations without any personal customisation.

Consideration should be given to provision of the following:

- Separate offices, shared offices and workstations where possible for executive, finance and clinical staff that are required to be situated in the Administration Unit according to the facility’s operational policies.
- Specialised administration functions such as Quality Management, Public Relations, etc. with their own group of offices and workstations as required according to the operational policies.
- Alternatively, a flexible central pool of workstations supporting a number of enclosed offices for the senior management.
- Offices for roster management, staff allocation and bed allocation staff that may require access after-hours.

The facility should ideally employ a simple office allocation guideline based on the nature of the work, level of seniority, the level of confidentiality required and other policy factors. A transparent policy will also simplify the process of briefing and design. The following simple guideline may be considered:

- CEO The largest office, around 18 m2
- Directors (the C Suite) Single offices around 12 m2
- Senior Officers Single offices around 9 m2
- Junior Officers Shared offices around 12 m2 for two
- Other Officers Workstations at 5 m2 space allocation per person

Such guidelines may be customised and standardised for each facility.

Support Areas

Support areas for the Administration Unit, including stores for files and stationery, should be located convenient to staff requiring frequent access. Secured storage should be provided for confidential records including administration, finance and human resources records.

Meeting rooms with tele-conferencing or video-conferencing facilities are encouraged for quick meetings with remote staff and other business partners.

A large Meeting Room may be used for Board meetings and disaster management.

If multipurpose meeting rooms are provided, they may be located to enable sharing by several services or Units based on a central booking system.

Staff Areas

Staff Room/s and dining areas should include a beverage bay or access to a pantry for use during meal breaks.

Staff Room/s and toilets may be shared with adjacent units where possible.

4 Functional Relationships

External

The Administration Unit should be located to provide ease access to visitors arriving from the Main Entrance of the facility. A ground level location is not necessarily required. The Administration Unit should be well sign posted and easily identifiable by staff and visitors.

Ideally there should be no need for patients to visit the Administration Unit.

The following represents preferred external functional relationships:

- Visitors access from a main “travel” corridor or from the Main Entrance
- Reasonable access to the Admission and Discharge Unit
- Possible separate external staff entry
- Service corridor access for service units such as Supply and Housekeeping.

Internal

The Executive Suite, Nursing Administration and the Finance Unit should ideally be located together in one zone to enhance staff communication and collaboration.

Clinical Administration functions including the Division of Medicine, the Division of Surgery and Clinical Research Unit may be located within or in close proximity to the Administration Unit.

Alternatively, these areas may be located close to the relevant clinical area or colocated with the Education Unit, according to the Operational Policy of the facility.

The optimum internal relationships include the following:

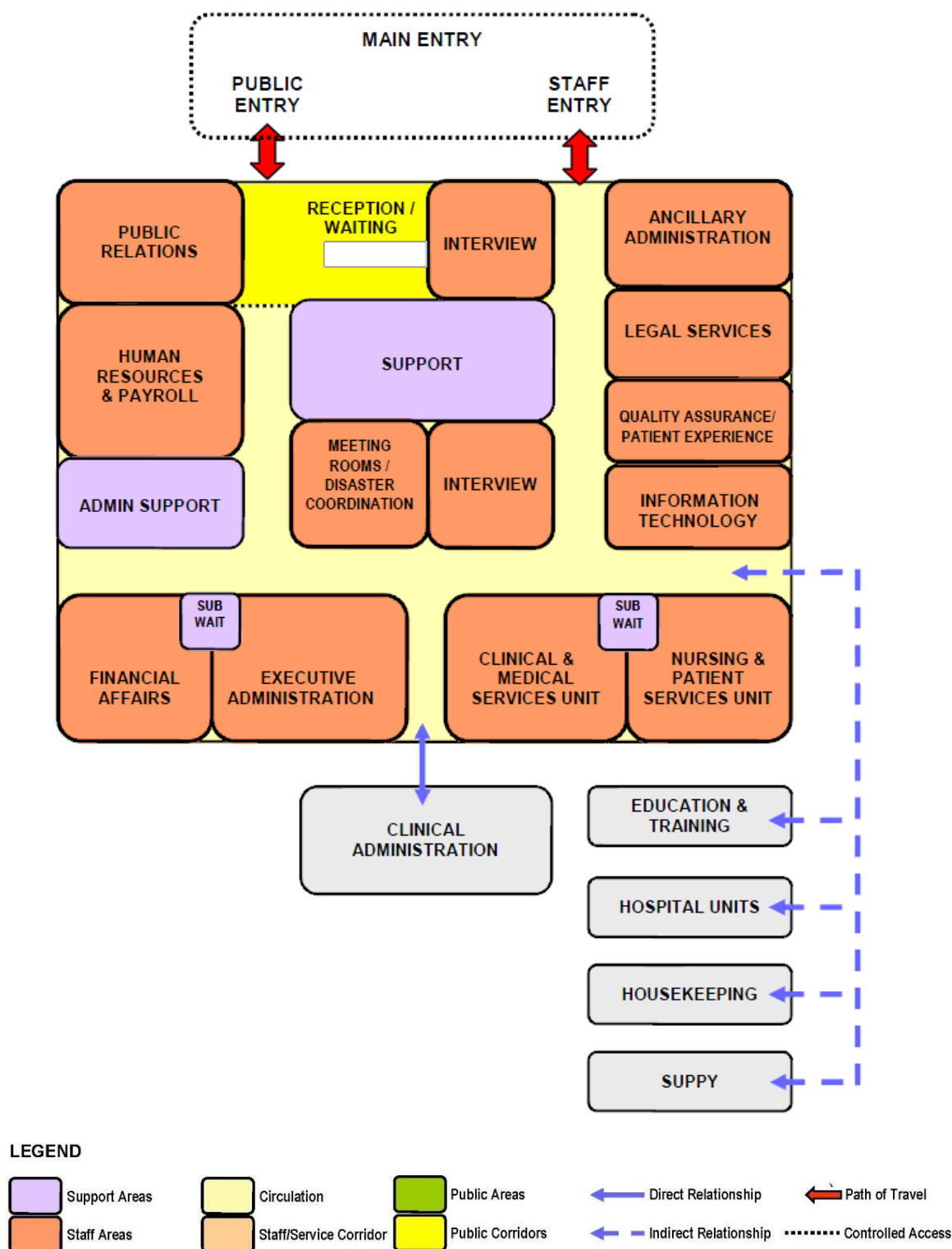
- Reception at the entrance that may act as an access control point and an interview area
- Relationship between the administrative sub-units such as Public Relations, Human Resources, Finance, and Clinical Administration etc. via internal circulation corridors
- Administration sub-units that are more frequently visited, such as Public Relations and Human Resources may be located closer to the Entry and Reception
- Support areas to be located centrally for ease of staff access
- Interview rooms may be located for all sub-units to share.

Functional Relationship Diagram

Administration Unit located within a health facility

The Functional Relationship Diagram below applies to a typical Administration unit, centrally located in a non-clinical zone within a health facility and incorporating a range of sub-units.

The key functional relationships are demonstrated in the diagram below. This model assumes that the sub-units are self-contained and group their offices together rather than sharing a central pool of workstations.



5 Design Considerations

Environmental Considerations

Acoustics

Acoustic performance and sounds levels should be designed to minimise the ambient noise level within the Unit and transmission of sound between patient, staff, and public areas.

Acoustic consideration should be given to the following during the design process:

- Acoustic separation of Meeting and Interview rooms to reduce the noise between rooms, particularly if used for tele-conferencing, video-conferencing and large meetings.
- Acoustic separation should be provided between Offices, Meeting Rooms, Interview Rooms, and adjacent corridors to reduce transfer of noise between rooms, particularly private conversations which should not be audible outside the room.
- Location of waiting areas away from Offices, Meeting, and Interview rooms
- Location of staff rooms away from public areas, Offices and Meeting rooms

Natural Light/ Lighting

Maximise the provision of natural light to areas where staff offices and workstations are located.

Windows are an important aspect of sensory orientation and psychological well-being of staff and visitors. Artificial lighting should be arranged to avoid glare on computer screens. Refer to Part C - Access, Mobility, OH&S in these Guidelines for further information.

Privacy

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

Space Standards and Components

Accessibility

Reception, Offices, Meeting rooms and Waiting areas should be designed to provide access for people in wheelchairs. Refer to Part C in these Guidelines - Access, Mobility, OH&S for further information and local Accessibility Guidelines.

Ergonomics/ Occupational Health and Safety (OH&S)

The design process and selection of furniture, fittings, fixtures and equipment must consider ergonomics and Occupational Health and Safety (OH&S) aspects to avoid injuries to staff and visitors. Particular attention should be made to design of workstations and storage areas. Adjustable height workstations may be considered. Shelving in storage areas should be placed at suitable reach heights.

Refer to Part C in these Guidelines - Access, Mobility, OH&S and local Occupational Health, and Safety standards for further information.

Size of the Unit

The size of the Administration unit will be dependent on the size and level of service of the health facility, as determined by the facility's Service Plan and Operational Policies. Schedules of Accommodation have been provided for an Administration Unit in a typical hospital at Role Delineation Levels 2 to 6.

Office Allocation Guide

And their recommended sizes are provided below.

- CEO - Single Office 18m²
- Directors - Single Office 15m²
- Deputy Directors - Single Office 12m²
- Other Offices - Single Office 9m²

- Shared Office for 2 - 12m²
- Shared Office for 3 - 15m²
- Shared Office for 4 - 20m²
- Workstation - 5m²

Safety and Security

The Administration Unit should include the following security considerations:

- Entry to the Administration Unit, Reception and Waiting may require restricted access such as electronic card reader; with an intercom/ phone, CCTV, and remote door release from Reception.
- All Offices require lockable doors.
- Rooms located on the perimeter of the Unit should be locked when they are not in use.
- All Storerooms for files, records and equipment should be lockable.
- After-hours access which may be required to some Offices and Meeting Rooms and may also involve security personnel.

Finishes

The Administration Unit décor should be pleasant and professional in character. 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
- Ease of cleaning and compliant with infection control standards

Refer also to Part C – Access, Mobility, OH&S in these Guidelines for further information on internal finishes.

Fixtures, Fittings and Equipment

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

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

Building Service Requirements

Information and Communication Technology

The Administration Unit has a managing role in the facility and requires reliable and effective IT/ Communications service for efficient operation of the service.

The IT design should address:

- Clinical information systems, Management information systems and electronic records
- Voice/ data cabling and outlets for phones, fax, and computers/ DECT
- Network data requirements and wireless network requirements
- Video and teleconferencing capability, including connection to meeting rooms for educational purposes.
- CCTV surveillance if indicated
- Communications rooms and server rooms

Heating, Ventilation and Air conditioning (HVAC)

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 Regulatory for 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.

Infection Control

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

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

Antiseptic Hand Rubs

Antiseptic hand rubs should be located so they are readily available for use at Reception, entry points, circulation corridors and in 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.

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), 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 Administration Unit contains Standard Components to comply with details in the Standard Components described in these Guidelines. Refer to Standard Components Room Data Sheets and Room Layout Sheets.

Non-Standard Components

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

7 Schedule of Accommodation – Administration Unit

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 known 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.

The following should be considered in conjunction with the SOA/s provided in this FPU:

- Areas noted in Schedules of Accommodation take precedence over all other areas noted in this FPU.
- Rooms indicated in the schedule reflect the typical arrangement according to the Role Delineation and/ or capacity required for the clinical service.
- Exact requirements for room quantities and sizes reflect Key Planning Units (KPU) identified in the Service Plan and the Operational Policies of the Unit
- All areas shown in the SOA follow the No-Gap system described elsewhere in these Guidelines. Refer to Part B Preliminaries
- 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.

Administration Unit located within a health facility

ROOM/ SPACE	Standard Component Room Codes	RDL 1/2			RDL 3			RDL 4			RDL 5			RDL 6			Remarks
		Qty x m2			Qty x m2			Qty x m2			Qty x m2			Qty x m2			
Entry Area																	
Reception/ Clerical	recl-10-i similar recl-15-i similar	1	x	9	1	x	9	1	x	10	1	x	12	1	x	12	1 - 2 staff. May be replaced by a workstation.
Waiting	wait-sub-i or wait-10-i wait-15-i	2	x	5	2	x	5	2	x	10	2	x	15	2	x	15	Gender segregated; 1.2 m2 per person
Waiting - Sub	wait-sub-i							1	x	5	1	x	5	2	x	5	Optional, Areas for visitors to wait close to Offices.
Toilet - Accessible	wcac-i	2	x	6	1	x	6	1	x	6	1	x	6	1	x	6	If not available nearby. May require separate family/female facilities
Toilet – Public, 3 m2	wcpu-3-i				2	x	3	2	x	3	2	x	3	2	x	3	If not available nearby
General Administration																	
Office - CEO	off-ceo-i	1	x	18	1	x	18	1	x	18	1	x	18	1	x	18	
Ensuite - Toilet	wcst-i similar	1	x	6	1	x	6	1	x	6	1	x	6	1	x	6	Attached to CEO Office
Office - Directors (Divisional)	off-ceo-i				1	x	15	2	x	15	3	x	15	5	x	15	Nursing, Medical, Finance, HR, Operations, Disaster Coordinator
Ensuite – Toilet	wcst-i similar				1	x	5	2	x	5	3	x	5	5	x	5	Optional; attached to Directors Office
Office - Deputy Directors/Manager (Divisional)	off-s12-i				1	x	12	2	x	12	3	x	12	5	x	12	Nursing, Medical, Finance, HR, Operations
Office – Workstation (Secretarial)	off-ws-i	1	x	5	1	x	5	2	x	5	4	x	5	6	x	5	Executive support; Note 1
Office – Operator	off-s12-i							1	x	12	1	x	12	1	x	12	Telephone operator
Office – Single Person	off-s9-i										1	x	9	2	x	9	Public Relations, Legal Services, Complaints, Patient Advocate
Office – 2 Person Shared	off-2p-i							1	x	12	1	x	12	1	x	12	OH&S staff
Telephone Operator	tlop-i similar				1	x	10	1	x	10	1	x	15	1	x	20	May be located within Main Entrance
Nursing Administration																	
Office – Supervisors (Nursing)	off-s9-i	1	x	9	1	x	9	1	x	9	2	x	9	4	x	9	

Part B: Health Facility Briefing & Design
Administration Unit

ROOM/ SPACE	Standard Component Room Codes	RDL 1/2 Qty x m2			RDL 3 Qty x m2			RDL 4 Qty x m2			RDL 5 Qty x m2			RDL 6 Qty x m2			Remarks
Office - Workstation (Nursing)	off-ws-i				1	x	5	1	x	5	2	x	5	4	x	5	Infection Control, QM, Education etc.
Finance & Accounts																	
Office – Managers (Finance)	off-s9-i	1	x	9	1	x	9	1	x	9	1	x	9	2	x	9	Finance and Accounts
Office - Workstation	off-ws-i							4	x	5	6	x	5	8	x	5	Accounts support
Human Resources																	
Office Managers (HR)	off-s9-i	1	x	9	1	x	9	1	x	9	2	x	9	2	x	9	
Office – 2 Person Shared	off-2p-i				1	x	12	1	x	12	2	x	12	2	x	12	HR clerical support
Office - Workstation	off-ws-i				1	x	5	1	x	5	2	x	5	2	x	5	HR administrative staff.
Interview Room (s)	off-s9-i				1	x	9	1	x	9	2	x	9	2	x	9	For interviews of 2-3 people
IT/ Communications																	
Office Managers (IT/Communications))	off-s9-i	1	x	9	1	x	9	1	x	9	2	x	9	2	x	9	
Office – 4 Person Shared	off-4p-i										1	x	20	1	x	20	IT support/Technical staff
Server Room	comm-12-i similar	1	x	*	1	x	*	1	x	*	1	x	*	1	x	*	*Area as required, part of Engineering; Size dependent on IT operational system.
Facilities Management/ Quality Assurance																	
Office Managers (FM/ QA)	off-s9-i	1	x	9	1	x	9	1	x	9	2	x	9	2	x	9	
Office - Workstation	off-ws-i				1	x	5	4	x	5	6	x	5	8	x	5	FM/ QS administrative staff
Support Areas																	
Bay – Beverage, Open Plan	bbev-op-i	1	x	5	1	x	5	1	x	5	1	x	5	1	x	5	If no Staff Lounge
Cleaners Room	clrm-6-i	1	x	6	1	x	6	1	x	6	1	x	6	1	x	6	With storage of cleaning materials.
Disposal Room	disp-8-i similar	1	x	8	1	x	8	1	x	10	1	x	10	1	x	10	With locked confidential paper waste bins
Mail Room	NS										1	x	10	1	x	10	Optional, Lockable
Pantry	ptry-i										1	x	8	1	x	8	Optional for functions

ROOM/ SPACE	Standard Component Room Codes	RDL 1/2 Qty x m2			RDL 3 Qty x m2			RDL 4 Qty x m2			RDL 5 Qty x m2			RDL 6 Qty x m2			Remarks
Store - Files	stfs-10-i similar				1	x	8	1	x	10	1	x	20	1	x	20	Documents & minutes
Store - Files	stfs-10-i similar	1	x	8	1	x	8	1	x	10	1	x	10	1	x	10	Personnel files
Store - Photocopy/ Stationery	stps-8-i or similar	1	x	8	1	x	8	1	x	8	1	x	8	1	x	8	Storage of paper and stationery supplies.
Staff Areas																	
Meeting Room - Large, 55 m2	meet-l-55-i										1	x	55	1	x	55	Up to 45 persons; disaster coordination
Meeting Room – Medium/Large 30 m2	meet-l-30-i							1	x	30				1	x	30	Up to 20 persons; may be Board Room
Meeting Room - Medium/ Large, 20 m2	meet-l-30-i similar	1	x	20							1	x	20	1	x	20	Up to 16 persons
Meeting Room - Small, 12 m2	meet-l-15-i similar				1	x	12	1	x	12	2	x	12	4	x	12	Interviews
Meeting Room - Small, 9 m2	meet-9-i	1	x	9	1	x	9	2	x	9	2	x	9	2	x	9	Interview/ small meeting functions
Computer Training Room	cotr-i				1	x	12*	1		16*	1	x	20	1	x	24	*Optional, for staff training
Staff Lounge	srm-15-i srm-25-i				2	x	12	2	x	18	2	x	18	2	x	25	Optional; includes Beverage Bay
Toilet - Staff M/F	wcst-i	2	x	3	2	x	3	2	x	3	2	x	3	2	x	3	
Sub Total		175.5			250			401			642			835			
Circulation %		20			20			20			25			25			
Area Total		211			300			481			803			1044			

Note 1: Please also 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 will 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.
- Office areas are to be provided according to the Unit role delineation and number of endorsed full time positions in the unit

8 Future Trends

Future trends that may affect the Administration Unit include:

- Management innovation that focuses on new ways of allocating scarce resources as the workforce becomes more adaptable, creative and mobile, requiring more flexibility.
- Increased focus on developing talent of individuals in the workforce while robots perform the routine tasks; this may require fundamental organisational redesign.
- An increased pressure on hospital management to reduce costs while increasing productivity and service, supporting an increasing population.
- A greater use of technology and improved software to support managing the service, particularly portable devices which enables administrative staff to be more mobile with instant information sources available to make decisions.

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 (Aus). 'Part B - Health Facility Briefing and Planning 0120 Administration Unit Revision 5, 2016, refer to website www.healthfacilitydesign.com.au
- European Union Program for Employment and Social Solidarity PROGRESS (2007-2013) Occupational Health and Safety Risks in the Healthcare Sector - Guide to Prevention and Good Practice, Refer to: www.acoem.org%2FuploadedFiles%2FPublic_Affairs%2FPolicies_And_Position_Statements%2FGuidelines%2FGuidelines%2FMCOH%2520Guidance.pdf&usq=AFQjCNFIXIZ5ImE_aazYC-Mcj6p9lrCCNw
- Facility Guidelines Institute, Guidelines for Design and Construction of Health Care Facilities; 2014 Edition; refer to website www.fgiguidelines.org
- Gov.UK: Department of Health, Building Notes, Designing health and community care buildings (HBN 00- 01), refer to: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/316247/HBN_00-01-2.pdf
- Gov.UK Department of Health, Building Notes, Designing Generic Clinical and Support Spaces (HBN 00-03), Refer to: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/147845/HBN_00-03_Final.pdf
- Health and Building Executive, UK. The law on VDUs: An easy guide: Making sure your office complies with the Health and Safety (Display Screen Equipment) Regulations 1992 (as amended in 2002), refer to: <http://www.hse.gov.uk>
- Health Building Note 00-01 Health Facilities Scotland, Core elements: General design guidance for healthcare buildings, refer to www.hfs.scot.nhs.uk%2Fpublications%2F1413797038-HBN_00-01%2520General%2520design%2520guidance%2520for%2520healthcare%2520buildings_cover.pdf&usq=AFQjCNEN2QU5lauE4vr7cdLU0wybA_HfPw
- U.S. Department of Veterans Affairs, Office of Construction & Facilities Management, Technical Information Library, Refer to: <http://www.cfm.va.gov/til/index.asp>