

**A STRATEGY  
FOR  
HEALTH CARE MASTER PLANNING**

**IRAQ MINISTRY OF HEALTH**

**April 22, 2004**

## PREFACE

The strategies outlined in this document focus primarily on the long-term plans and the master planning process required to support the vision for health care reform in Iraq. While the emphasis is on the long-term objectives, the master planning process is designed by multiple horizons, including both short and medium term strategies as well.

The health care master plan and the process to prepare such a plan are detailed in this document. The main thrust of the process is a specific set of tasks to address the complex issues of universal health care for all Iraqis. The plan and its process offer mechanisms and milestones to revise/refine and update the plan, as well as, provide ways and means to confront immediate and emergency-type situations.

The master planning process, as postulated in this document, is intended to be participatory, all-encompassing, technically sound, deliverables-oriented, and financially sustainable. It also offers to improve the health care delivery system with a definitive focus on improving the quality of care and the physical infrastructure.

The purpose of the master planning process and its outcomes is to detail a set of successful routes of action, proven elsewhere, but customized for the Iraq situation and conditions.

## INTRODUCTION

The Ministry of Health (MOH) is focused on improving the level of medical care for all Iraqi people. In support of this it is incumbent to focus on planning for the future. A viable, vibrant, and strong health care system requires a methodological approach and emphasis on master planning. Coupled with other ongoing reform activities, the Iraq health care master plan becomes the guiding map to achieve the noble objectives of taking care of all the citizens of Iraq.

The challenges facing health care master planning in Iraq result from several fundamental issues:

- 1) The requirement for an organized entity to undertake the preparation of a nationwide master plan. The proposed creation of a new entity responsible for such planning is an important step in that direction.
- 2) The need for continued vertical and horizontal integration of the healthcare system in order to enhance continuity and better quality of care.
- 3) The desire to promote and develop a decentralized health care system.
- 4) The need to develop standards for health care infrastructure.
- 5) The need to spend appropriately on preventive maintenance, normal maintenance, upgrade, rehabilitation of existing facilities, and new construction.
- 6) Changing population dynamics whereby today (2003/04) some 75% of the population lives in five cities and one urbanized corridor between Baghdad and Basrah.
- 7) The need to obtain accurate and quality data for various health care components including socio-economic, medical, physical infrastructure, medical equipment, financial, etc.
- 8) The need to effectively direct resources and funding to achieve the desired outcomes. Remarkable progress can be made within relatively short periods of time if funds and resources are effectively invested.

The Iraq MOH has recognized the urgent need for and the prerequisite for master planning for the Iraqi health care system. This health care master plan will contribute to the development of a system of health care delivery and financing that offers health care services matching the expectations of the Iraqi people.

## PLAN / CONCEPT

The Ministry of Health (MOH) is poised to embark on implementing its vision to reform the health care system in Iraq. The continued restructuring of the health care system to achieve this vision requires the commitment to prepare and develop a health care master plan to a target year with timely updates and periodic revisions.

The purpose of the master plan is to establish and engage in a comprehensive process with sufficient details to map the route from the current health care system to a systematic framework of distribution of function, authority and accountability. This includes proper distribution and utilization of human resources, facilities, equipment, and medicine to an agreed-upon “new” set of criteria and standards.

The concept and rationale for master planning at the MOH is predicated on the following essential criteria and prerequisites:

- The master plan must be patient-driven (demand).
- The master plan must be resources-driven (supply).
- The master plan must recognize that the health care system is dynamic, evolving, and ever changing in today’s Iraq, due to:
  - Changing demographics
  - Evolving disease and illness patterns
  - Advanced medical knowledge in diagnostic , treatment and wellness
  - New technological medical applications in equipment and medicine
- The master plan at all times must be cognizant of increasing costs versus limited financial resources.
- The master plan must comply with an agreed-upon set of policies, procedures, and standards.
- Finally, the master plan must be approved and empowered by the highest level of governmental authority especially the Minister of Health.

The basic steps in the process of development of a health care plan for the MOH are customized for the Iraqi setting. Most health care planning entities and grant institutions and donors follow the following basic premises:

The Overall Master Planning Process must:

- Define goals for the health care reform plan for Iraq in terms of **SMART** (Specific, Measurable, Attainable, Realistic, Time-sensitive)

- Establish planning horizons and phasing:
  - Long- and short-term
  - Updates and revisions
  - Levels of master plan (National , MOH , Governorate, community, and facility levels )
- Achieve agreement on standardization
- Undertake data collection, assessment, and validation of the current system
  - Organize, collect and/or synthesize data-base needs (Attachment A)
  - Apply standardization requirement and guidelines
  - Periodically update and refine the database
- Prepare a comprehensive Iraq health care master plan
  - Initiate development of the master plan components based on:
    - Vision criteria (universal physical accessibility for all citizens )
    - Medical mix of services ( i.e. catchments area, level of care, core medical package, etc.)
    - Staffing levels and usage patterns
    - Medical equipment and pharmaceutical supplies
    - Financial sustainability ( source of funds, system-wide financing )
    - Facility infrastructure (sizing, upgrading buildings, new facilities, design and construction methods, etc.)
  - Prepare Draft of the Master Plan
  - Review, approve, and adopt the Plan
- Implement the Plan in accordance with target dates
  - Improve or prepare additional policy and procedures manual(s) for:
    - Facility design and construction
    - Medical equipment and supplies
    - Furniture, fixtures, and equipment (F,F&E)
    - Health support services (pharmaceuticals, blood banks, laboratories, maintenance, waste management, utilities, transportation, etc.)
  - Prepare procedures for implementation steps to transition from current setting to master plan

## **ORGANIZATIONAL FRAMEWORK**

It is clear and of utmost importance to utilize the current MOH structure to prepare and execute the master planning process. The high level organization of the MOH is represented in Attachment B.

One of the essential ingredients in the success of the master planning process and the ultimate delivery of the Master Plan is the involvement and the participation of the departments and units most affected by the process and its results.

In addition, management and administrative capacity must be developed and built at the Governorate level to assume overall responsibility and accountability for the ultimate delivery of the plan.

Of course, this capacity building, both at the central (MOH) and governorate levels, will take time and effort, including provision of training and management skills for the gradual transition of responsibilities.

## MASTER PLANNING STRATEGY

In order to plan for success, it is essential to set up the specific phases, tasks and milestones of the master planning process with the following principal criteria:

- 1) Be cognizant of and utilize the new/current structure of the MOH, recognizing that one of the aims of this planning process is that it will be part of and relevant to capacity building at the MOH.
- 2) Establish three master plan horizons, to include:
  - a. Long-term ... 2015 (10+ years)
  - b. Mid-term ... 2009 (5+ years)
  - c. Short-term ... 2006 (2-3 years)
- 3) Appropriate and seek sustainable funding for the process, especially for the time required to initiate the master planning process and prepare the master plan itself. This is projected, at this time, to be 18 months based on the current conditions and environment in Iraq .
- 4) Prioritize and focus on cost-effective approaches. Sound prioritization and the adoption of pragmatic and economy-of-scale approaches are integral to the planning process. Budgeting and cost breakdowns with fiduciary accountability are crucial to the success of the process and its objectives.
- 5) Utilize the experience, expertise, and lessons-learned from other countries with similar challenges within the constraints of financial resources. In addition to potential donors, many international organizations should be approached for advisory assistance, as applicable.

The tasks to initiate, prepare, and implement the master planning process are detailed as follows. They are further presented in a schedule of milestones with proposed tasks and the estimated timeframe to undertake each task in Attachment C.

### **TASK 1.0 MASTER PLAN ORGANIZATION**

#### ***1.1 Establish a master planning core group that has the following qualifications and attributes:***

- Functionally representative of the entire organizational structure at the MOH It is proposed to include the following seven (7) units:
  - Directorate of Clinical Operations & Specialized Services
  - Directorate of Primary Care & Public Health
  - Directorate of Resource Management

- Directorate of Medical Logistics
  - Directorate of Operations
  - Directorate of Executive Office
  - Office of Donor Coordination
- Dedicated full-time to the Core Group for the duration of the master planning period of 18 months
  - Interdisciplinary, participatory, collaborative and results driven
  - Empowered to manage and coordinate the entire master planning process

### ***1.2 Develop Subcommittees at the Governorate Level***

Upon assembling the Core Group, one of its immediate responsibilities is to organize and facilitate subcommittees to include representatives from the MOH at the Governorate level. Governorate level participation will include at least one representative from each of the 18 Governorates. Again, the qualifications and skills of the candidate representatives should reflect comprehensive knowledge of the governorate, effective communication skills, timely feedback, and good organizational skills.

The Governorate subcommittee representatives will be called upon to meet every month initially and then every two months after streamlining the master planning process (after the first 9-12 months).

### ***1.3 Inter-agency Participation***

Participants and/or representatives from other Iraqi ministries will facilitate and accelerate the master planning process. This will allow input from critical ministries, and become an example of inter-ministry participation and integration on issues of national importance such as health care. The suggested ministries include:

- Ministry of Planning
- Ministry of Education
- Ministry of Treasury
- Ministry of Transport and Public Works
- Ministry of Defense

The Core Group led by the Director of Master Planning will identify, select, and invite individuals from the various Ministries. This group will meet monthly and as needed to facilitate the master planning process.

### ***1.4 Technical and Advisory Assistance***

The very nature and complexity of the master planning process will require technical and advisory assistance in several areas.



The need for and skill level of this technical assistance will vary by the timing and phasing of the master planning process. Some may be needed for specific and short-term support, while others will require long-term involvement. Some candidates may be mandatory because of the Iraqi regulatory process. Others will be offered to fulfill the requirements of external donors. Emphasis should also be placed on inviting academicians, endowment foundations, and private sector practitioners who can lend advice and credibility to the entire process. The key technical advisors for master planning are:

Director of Master Planning → advisor responsible for coordinating and facilitating the master planning process as described in this document.

Health Care Planner → supports the Director of Master Planning by providing expertise in identifying trends, performing socio-economic analysis, coupling needs and demographics, and identifying optimal mechanisms to program services based on need. This advisor is envisioned to be in place until sufficient capacity is realized to perform these functions within the MOH.

Medical Equipment Planner → supports the Director of Master Planning by providing expertise in the proper distribution and use of medical equipment. This advisor will possess in-depth knowledge of all aspects of medical equipment and the latest technologies in medical diagnostics, surgery, imagery, and information management and their proper incorporation into medical facilities and medical systems in general. This advisor is envisioned to be in place until sufficient capacity is realized to perform these functions within the MOH.

Additional Advisors: Additional short-term support will be required in the following areas:

- Financing/Budgeting
- Architecture/Engineering
- Standardization
- Information technology, HIS, and MIS
- Health Insurance

Additional resources can be utilized from national and international entities. Some examples include:

National (Iraq)

Major Universities such as: University of Baghdad, University of Basrah, University of Kirkuk, University of Mosul, University of Qadissiya

Iraq Society of Women  
Iraqi Islamic Council

Central Statistical Organization  
Non-Governmental Organizations ( NGO's )

### International

World Health Organization (WHO)  
World Bank (WB)  
United Nations (including UNDP, UNICEF, etc.)  
United States Agency for International Development (USAID)  
The Islamic Fund  
Asian Development Bank (ADB)  
Japan International Cooperation Agency (JICA)

### ***1.5 Status and Progress Reports***

The Core Group will be responsible for preparing and issuing status and progress reports of the master planning process including, as necessary, detailed reports and updates on specific activities and deliverables. Executive-level reports are recommended on a monthly basis to the Minister and Deputy Ministers, and as needed to address specific and urgent issues. These reports will enable the decision makers at the MOH to be aware of critical developments in the master planning process that might require guidance and/or action on their part.

## **TASK 2.0 MASTER PLAN DATA AND STANDARDS DEVELOPMENT**

### ***2.1 Establish Master Plan Database***

Quantitative and qualitative data are essential for a comprehensive master planning process. There have been significant baseline surveys undertaken in the past year (2003 – March 2004). Data on health care indicators, level of care, capacity of the physical infrastructure system, human resources and assessment of specialty medical needs are to become the benchmark for the ultimate master plan.

Collection and organization of this data should proceed as soon as possible. Available information will be compiled, gaps identified, and strategies developed to collect needed information. A preliminary list of required data is included in Attachment A for review.

### ***2.2 Prepare Standardization Requirements and Guidelines***

Standardization efforts are currently underway by the various Directorates at the Ministry. These efforts are to be facilitated by the master planning process, especially those dealing with health care physical infrastructure (i.e., clinics, hospitals, supporting infrastructure such as water systems, waste management, transportation, etc.).

### ***2.3 Integrate with Health Information Systems (HIS)***

Integrating the master planning process with the MOH HIS will ensure the production of relevant, reliable, and updated information for planning, policy development, and health care accountability systems.

This integration will proceed and follow the installation and expansion of the various components of the HIS. The master planning process will thus have long-term connection with relevant health information. Further support will be provided through dedicated systems that allow the monitoring of design, renovation, and new construction of health facilities.

## **TASK 3.0 PREPARATION OF MASTER PLAN**

### ***3.1 Programming and Services***

The master plan will be based on the needs of the Iraqi people and the desires of the MOH to meet those needs. It is essential therefore to begin by determining needed services and programming these services into the master planning process. Tasks that will be undertaken include:

- 3.1.1 Determining clinical service needs at the Governorate level
- 3.1.2 Determining physician and nursing needs by specialty
- 3.1.3 Determining final medical service mix by facility
- 3.1.4 Recommending space programming at public health clinics and hospitals
- 3.1.5 Develop guidelines for the design/construction processes
- 3.1.6 Approval at Ministerial and Governorate levels

### ***3.2 Health Care Physical Infrastructure***

Based on needed services and their programming, physical infrastructure needs will be incorporated into the master plan as follows:

- 3.2.1 Develop physical infrastructure standards
- 3.2.2 Physical infrastructure improvement plans will be developed by Governorate and by facility in each Governorate
- 3.2.3 Incorporate ongoing improvement and rehabilitation programs for clinics and hospitals
- 3.2.4 Initiate assembly of facility infrastructure data by room (see room data sheet Attachment D)
- 3.2.5 Develop capital improvements program for five (5) and ten (10) year target investment dates

### ***3.3 Medical Equipment Planning***

Medical equipment needs will be incorporated into the planning process in conjunction with planning for the physical infrastructure. The following constitute the major activities that will be performed on a per facility basis:

- 3.3.1 Develop major equipment list
- 3.3.2 Develop room by room needs
- 3.3.3 Develop and incorporate equipment budget into the master planning process
- 3.3.4 Develop the procurement program
- 3.3.5 Provide support for maintaining the procurement program, warranty, and preventive maintenance programs

### **TASK 4.0 FINANCE AND BUDGETING**

A major output of the master planning process is a detailed budget. Activities related to this are as follows:

- 4.1 Develop budget projections (operational and capital)
- 4.2 Coordinate master planning input into budgeting and financial reporting systems
- 4.3 Obtain input from and assist in donor coordination program
- 4.4 Monitor and control master planning budget allocation

### **TASK 5.0 IMPLEMENTATION OF MASTER PLAN**

Proper implementation of the master plan will involve coordinated efforts from multiple entities in the MOH and elsewhere as previously discussed. The following activities will assist with implementing the plan and also establish a dynamic process for review and modification:

- 5.1 Establish master plan framework and document methodology and deliverables
- 5.2 Prepare consolidated draft master plan by target year (up to 3 years, 5 years, and 10 years )
- 5.3 Develop revision procedures and update methodologies
- 5.4 Facilitate draft review through workshops and timely feedback
- 5.5 Adopt and implement the master plan

## **ATTACHMENT A: MASTER PLANNING DATA NEEDS**

### **A- HEALTH – CARE FACILITY.**

#### **1. NAME**

#### **2. LOCATION**

- 2.1 Governorate**
- 2.2 District**
- 2.3 Sub-District**
- 2.4 Village**

#### **3. CATEGORY**

- 3.1 Public Health Center**
- 3.2 Specialized Curative H.C.C**
- 3.3 specialized Preventive H.C.C**
- 3.4 Hospital**
- 3.5 Pharmacy**
- 3.6 Dental Health Care**
- 3.7 Other**

#### **4. TYPE**

- 4.1 Public**
- 4.2 Private**
- 4.3 Military**
- 4.4 Teaching Hospital**

#### **5. FACILITY PROFILE**

- 5.1 Age ( Year built )**
- 5.2 Overall Site plan**
- 5.3 Building (s) Size and Layout**
- 5.4 Condition.**
  - a. Civil /Structural**
  - b. Mechanical**
  - c. Electrical**
  - d. Plumbing / Sanitation**
  - e. Communications**

### **B- PATIENT / ACTIVITY BY FACILITY.**

- 1. Current Population In Catchment area**
- 2. Population Pyramid (age group distribution by sex)**
- 3. Number Of Outpatients**
- 4. Inpatient Admissions**

- 4.1 Total Inpatient Days**
- 4.2 Bed Occupancy rate**
- 4.3 Average Length**

**5. Number Of Births**

**5.5 Normal Deliveries**

**5.6 Special Delivers**

**6. Number Of Surgeries**

**6.1 Major**

**6.2 Major**

**7. Tests**

**7.1 Laboratory**

**7.2 Imaging**

**8. Number Of Communicable Diseases**

**8.1 Outpatients**

**8.2 Inpatients**

**9. Number Of Non- Communicable Diseases**

**9.1 Outpatients**

**9.2 inpatients**

**C- HEALTH – CARE OCCUPATION**

**1. Physicians**

**1.1 General Practitioners**

**1.2 Surgeons**

**1.3 Specialty Doctors**

**2. Dentistry**

**2.1 Dentists**

**2.2 Dental Assistants**

**3. Nursing**

**3.1 Licensed Nurses**

**3.2 Nursing Aides**

**3.3 Orderlies / Attendants**

**3.4 Home Health Aides**

**4. Pharmacy**

**4.1 Pharmacists**

**4.2 Inpatients**

**5. Medical Assistants**

**5.1 Radiologists**

- 5.2 Imaging Technicians**
- 5.3 Bio- Meds**
- 5.4 Other**

## **D- MEDICAL EQUIPEMENT AND SUPPLIES**

### **1. No. of beds by Type**

- 1.1 Regular Patient**
- 1.2 Intensive Care**
- 1.3 Surgical**
- 1.4 Other**

### **2. Radiology & Imaging**

- 2.1 Imaging / X-Rays**
- 2.2 CT- SCAN**
- 2.3 Fluoroscopy**
- 2.4 Mammography**

### **3. Diagnostic**

- 3.1 Detailed List of diagnostic equipments.**

### **4. Consumables & Vaccines**

## **E- STANDARDS & CODES**

### **1. Accreditations & Licensing**

- 1.1 Physicians**
- 1.2 Nursing**
- 1.3 Technicians**

### **2. Training & Education**

- 2.1 Internship**
- 2.2 Continuing Medical Education**

### **3. Facility**

- 3.1 Accreditation**
- 3.2 A/E Standards / Specification**
- 3.3 Construction Standards.**

### **4. Maintenance & Codes**

- 4.1 Water System**
- 4.2 Waste Disposal**
- 4.3 Electrical**
- 4.4 Mechanical**
- 4.5 Communication./MIS**
- 4.6 Medical Gases**

## **4.7 Food**

# **F- FINANCING & FUNDING**

## **1. Sources Of Financing**

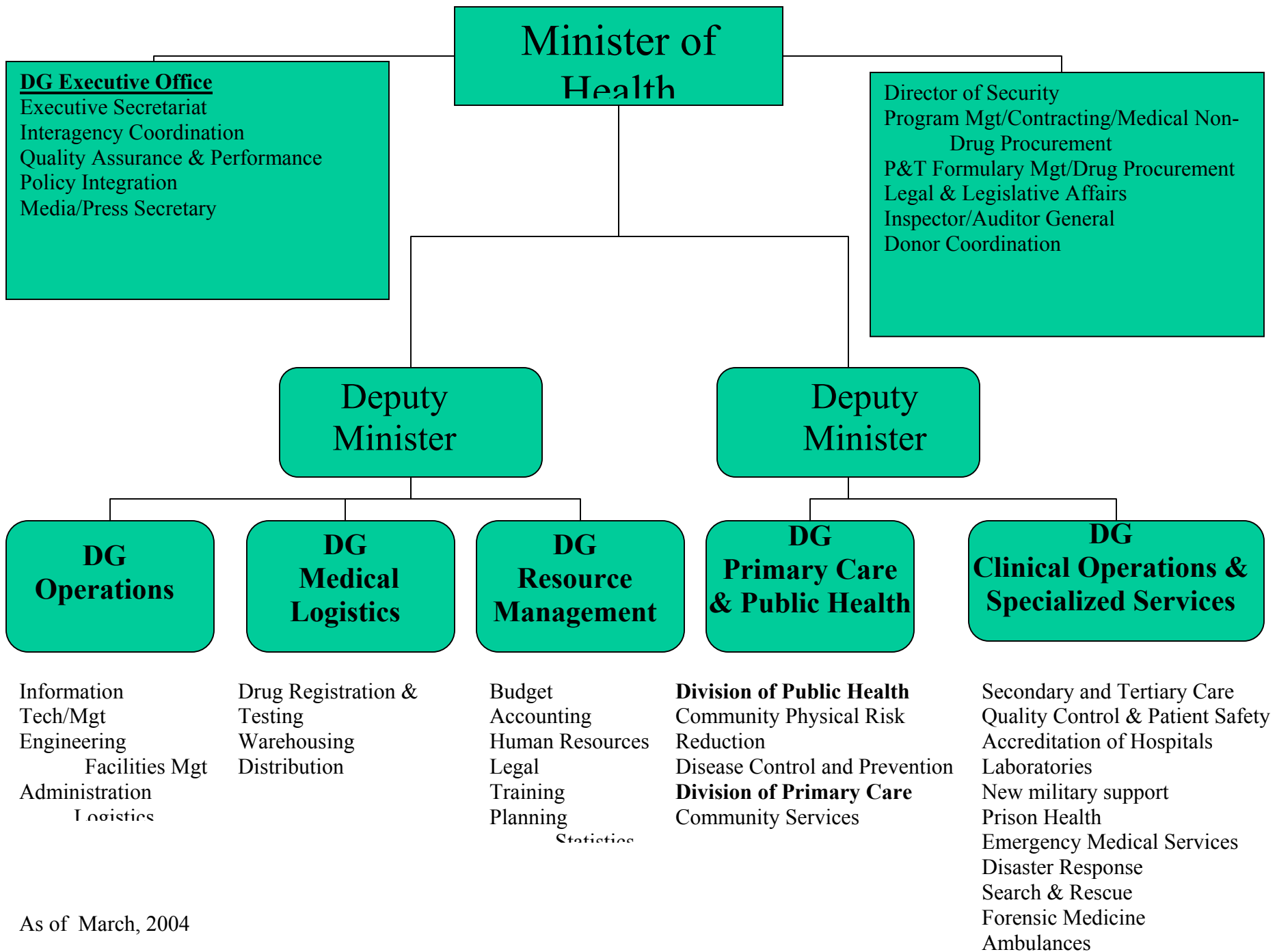
- 1.1 General Fund (M.O.H)**
- 1.2 Other Governmental Providers**
- 1.3 Private Providers**
- 1.4 Donor Sources**
- 1.5 Insurance / Co-payment**

## **2. Uses Of Funds**

- 2.1 Public Expenditures**
  - 2.1.1 Operating**
  - 2.1.2 Capital**
  
- 2.2 Private Providers**
  - 2.2.1 Operating**
  - 2.2.2 Capital**
  
- 2.3 Pharmaceuticals**
  - 2.3.1 Public Dispensing**
  - 2.3.2 Retail**



**ATTACHMENT B: ORGANIZATION OF THE MINISTRY OF HEALTH**



As of March, 2004

**ATTACHMENT C: SCHEDULE AND MILESTONES**

# IRAQ MASTER PLANNING MILESTONES

## Tasks & Time Frames

## Months Post Initiation

		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
<b>1.0</b>	<b>MASTER PLAN ORGANIZATION</b>																		
1.1	Establish Core Group	█																	
1.2	Develop Sub-Committees at Governorate		█																
1.3	Arrange for Inter-Agency Participation		█	█															
1.4	Organize Technical and Advisory Assistance		█	█	█														
1.5	Status and Progress Reporting		█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█
<b>2.0</b>	<b>MASTER PLAN DATA-BASE DEVELOPMENT</b>																		
2.1	Establish Master Plan Data-Base		█	█	█	█	█												
2.2	Prepare Standardization Requirements & Guidelines		█	█	█	█	█												
2.3	Integrate with Health Information Systems			█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█
<b>3.0</b>	<b>PREPARATION OF MASTER PLAN</b>																		
3.1	Programming and Services																		
	3.1.1 Determine needs at Governorate			█	█	█	█												
	3.1.2 Determine Physician/Nursing needs			█	█	█	█	█											
	3.1.3 Determine medical services mix by facility			█	█	█	█	█	█	█									
	3.1.4 Recommend space programming at PHC's/Hosp.		█	█	█	█	█	█	█	█	█								
	3.1.5 Develop guidelines for Design & Construction			█	█	█	█	█	█	█	█	█	█						
	3.1.6 Approval at ministerial & Governorate level			█	█	█	█	█	█	█	█	█	█			█			█
3.2	Health Care Physical Infrastructure																		
	3.2.1 Develop infrastructure standards			█	█	█	█												
	3.2.2 Develop infrastructure improvements plans			█	█	█	█	█											
	3.2.3 Incorporate on-going improvement programs		█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█
	3.2.4 Assemble room data sheets			█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█
	3.2.5 Cap. Improvement Programs (3,5 and 10 years)			█	█	█													
3.3	Medical Equipment Planning																		
	3.3.1 Develop Major Equipment List			█	█	█	█	█	█	█	█	█							
	3.3.2 Develop room by room needs			█	█	█	█	█	█	█	█	█							
	3.3.3 Develop and incorporate equipment budget			█	█	█	█	█	█	█	█	█							
	3.3.4 Develop procurement program			█	█	█	█	█	█	█	█	█							
	3.3.5 Maintain procurement schedules, warranty etc			█	█	█	█	█	█	█	█	█	█			█		█	█
<b>4.0</b>	<b>FINANCE AND BUDGETING</b>																		
4.1	Develop budget projections (Operating & Capital )			█	█	█	█												
4.2	Coordinate master planning /financial reporting systems			█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█
4.3	Incorporate donor program in master planning process			█	█	█	█												
4.4	Monitor & control master planning budget allocation			█	█	█	█	█		█				█				█	
<b>5.0</b>	<b>IMPLEMENTATION OF THE MASTER PLAN</b>																		
5.1	Establish reporting framework, methodology & deliverables			█	█	█	█												
5.2	Prepare Draft of Master Plan ( 3,5 & 10 years)						█						█	█					
5.3	Develop plan revision and update procedures																█	█	█
5.4	Facilitate Draft review via workshops etc														█	█	█	█	
5.5	Adopt and implement IRAQ Master Plan																		█

**ATTACHMENT D: ROOM DATA SHEET**

ROOM DATA SHEET

Department:  
 Room Name:  
 Room Area:

MINISTRY OF HEALTH

HEALTH CARE FACILITY

GOVERNORATE:  
 DISTRICT:

WALLS

	Exposed Concrete
	Plaster
	Waterproof
	Gypsum Board
	Ceramic Tile
	Paint Semi-Gloss
	Vinyl Fabric
	Wallpaper
	Wallpaper Border
	Other

BASE

	Covered Flooring
	Rubber Size
	Wood
	Quarry Tile
	Ceramic Tile
	Concrete
	Other

WAINSCOAT

	Vinyl
	Ceramic Tile
	Stainless Steel
	Wood Panel
	Wall Guard
	Cart Rail
	Corner Guard
	Other

FLOOR FINISH

	Exposed Concrete
	Vinyl Composite
	Sheet Vinyl
	Ceramic Tile
	Linoleum
	Carpet
	Conductive Material
	Other

CEILING

	Exposed Structure
	Epoxy Paint
	Plaster
	Gypsum Board
	Acoustic Tile
	Metal Pans
	Other

DOORS

	Lead Lined
	Vision Panel
	Solid Core Wood
	Special
	Roll-Down
	Bi-Fold

ROOM DATA SHEET

Department:  
 Room Name:  
 Room Area:

MINISTRY OF HEALTH  
**HEALTH CARE FACILITY**

GOVERNORATE:  
 DISTRICT:

**WINDOWS**

	Fixed
	Operable
	Type of Glass
	Lead
	Pass Thru
	Other

**LIGHT**

	Incandescent
	Fluorescent
	Emergency
	Explosion Proof
	Examination (ceiling)
	Mercury
	Dimmer
	Other

**ENVIRON SYSTEM**

	Special Temperature
	Relative Humidity
	Room Pressure
	Air Change
	Control Location
	Supply Location
	Return Location
	Fume Hoods
	Exhaust Hoods
	Laminar Flow
	Other

**ELECTRICAL**

	Equipotential Ground
	Isolating Transformation
	Conduct Meter
	Motorized Proj. Screen
	Remote Door Release
	Electric Clock
	Elapsed Time Indicator
	Employee Time Clock
	Automatic Doors
	Other

**SPECIAL REQUIREMENTS**

	Visual Supervision
	Operable Window
	Natural Light
	Vibration Dampening
	Noise Abatement
	Fire Protection
	Explosion Protection
	Usual Floor Loads
	Radiation Protection
	Sun Control
	Handicapped Access
	Other

**PIPED GASES/UTILITIES**

	Oxygen
	Vacuum
	Nitrogen
	Medical Air
	Natural Gas
	Deionized Water
	Distilled Water
	Chilled Water
	Cold Water
	Hot Water
	Medical Air
	Other

ROOM DATA SHEET

MINISTRY OF HEALTH

GOVERNORATE:

Department:  
Room Name:  
Room Area:

HEALTH CARE FACILITY

DISTRICT:

PLUMBING

	Sink
	Lavatory
	Counter (single)
	Counter (double)
	Scrub
	Clinic
	Water Closet
	Shower
	Bath
	Service Sink
	Electric Water Cooler
	House Bibb
	Floor Drain
	Special Rough-in
	Plaster-trap
	Other

COMMUNICATIONS

	Telephone
	Wall
	Desk
	In-house Only
	Nurse Call
	Pull Station
	Duty Station
	Master
	Audio Visual
	Visual
	Emergency Visual
	Blue
	Intercom
	Staff
	Slave
	Record
	Read-Out
	CCTV
	Camera
	Monitor
	Security
	Panic Button
	Computer
	Terminal
	Printer
	Alarms
	Fire/Heat/Smoke
	Hot Water
	Narcotics
	Recreational TV
	VCR/DVD
	Other