

**Report on Facilitation of
Special Board Meeting for the
Queensland Health Skills Development Centre
(QHSDC)**

12 May 2003

Prepared for
Queensland Health
12 May 2003

CONTENTS

		<i>Page</i>
1.0	Brief	3
2.0	Background	4
2.1	Brief history for the QHSDC	4
2.2	Current Queensland Health Education and Training Activity	5
2.3	Estimate of Demand/Volume of Specific Services	5
2.4	Overseas Study Trip Report	5
3.0	Role and Function of the QHSDC	6
3.1	Statement of Role	8
3.2	Statement of Strategic Intent	8
4.0	Clients and Stakeholders of the QHSDC	8
5.0	Guidelines for Inclusion of Educational Programs	9
5.1	Principles	9
5.2	Process	10
6.0	Proposed Programs and Activities	10
7.0	Budget and Funding Model for the QHSDC	10
8.0	Future Issues and Next Steps	11
9.0	Summary of Board Resolutions	11
Appendices		
Appendix One:	Special Board Meeting Agenda 12 May 2003	
Appendix Two:	List of Clients and Stakeholders	
Appendix Three:	Prioritised List of Proposed Programs and Activities for the QHSDC	

1.0 BRIEF

Fresco Consulting was engaged to –

- facilitate a one day workshop (10am-6pm) for Board members of the Queensland Health Skills Development Centre (QHSDC) at an extended meeting of the Board on 12 May, 2003, with the following objectives-
 - to confirm the role and function of QHSDC;
 - to confirm proposed QHSDC clients and stakeholders;
 - to confirm QHSDC budget and funding model;
 - to identify short, medium and long term goals for the QHSDC and other factors to influence priorities, then establish guidelines for educational programs to be included in the centre, and
 - to settle scope and forward plan for QHSDC programs/activities and future guidelines,
- consult with Queensland Health staff in preparation for the workshop, and
- provide a brief report on Board meeting facilitated outcomes

With Queensland Health's agreement, Fresco Consulting met with the following staff in preparation for the workshop:

QHSDC meeting schedule

Monday, 28 April

Paula Bowman
Dr Rob Stable

Friday, 2 May

Karen Roach
Margaret Marshall
Gloria Wallace

Tuesday, 6 May

Prof Michael Ward and Kate Copeland
Prof Bryan Campbell

Management Committee* (Prof Campbell with Lyn Hamill, Jane Madden, Prof Ward and Kate Copeland, and Margaret Marshall) [* At Prof Campbell's invitation.]

Fresco Consulting was also briefed with the following written material provided prior to the workshop:

Detailed Proposal – Queensland Health Skills Development Centre
Management Committee, QHSDC Board, Agenda, 6 May 2003 attaching Meeting Minutes from 8 April, 2003, (Draft) Business Plan of 8 April 2003 and Position Description Chief Executive Officer, QHSDC
Position Description Program Director (QHSDC) – Temporary
Position Description Development Director (QHSDC) – Temporary
Management Subcommittee's Budget Projection QHSDC for 2002/03 and 2003/04
Education and Training Activity in Queensland Health 2003 (attaching Mental Health Education and Training Model for Queensland and OIU – Role and Functions)
Twelve tips for setting up a clinical skills training facility (Medical Teacher, Vol 20, No 6, 1998)

QHSDC Overseas Study Trip – Prof Michael Ward and Kate Copeland
Skills Development Centre. Priority issues for consideration by the SDC management board, M Ward, 26 March 2003
Queensland Health People Plan: Building the Future for Queensland Health 2002
Queensland Health Strategic Plan 2000-2010
Queensland Health's Core Values April 2002

In consultation with Queensland Health, Fresco Consulting prepared the Workshop Agenda (at **Appendix One**) for the extended Board meeting.

At the commencement of the workshop on 12 May 2003, the Facilitator confirmed the desired outcomes for the meeting

- To clarify the role and scope of functions for the QHSDC.
- To confirm QHSDC's clients and stakeholders.
- To prioritise a list of proposed programs/activities for QHSDC
- To establish principles/guidelines for inclusion of educational programs in QHSDC in future

The Facilitator also confirmed a general understanding and agreement that it was intended that these critical outcomes would support-

- design and build decisions necessary by end of May (immediate);
- progression of business plan by the Management Committee (short term);
- program development by the program director and the Teaching and Learning Committee;
- decisions about organisational support and structure;
- development of partnership strategies; and
- development of communication, consultation and marketing plans.

2.0 BACKGROUND

2.1 Brief History of the QHSDC

In October 2001, the Royal Brisbane Hospital submitted a business case for approval of a Rapid Skills Centre. Whilst this business case was not approved, the Deputy Director-General and the Director-General did support a broadening of the proposal for the Centre to be a statewide educational facility for all QH staff.

Savings from the Quality Improvement and Enhancement Program (\$8.5m) and Unallocated Rollover Funds (\$5m) produced a Budget of \$10 848m for capital works and equipment costs and recurrent funds of \$250,000/year for a total of \$1.25m over the first 5 years of operation

In late 2002, Cabinet endorsed the establishment of the Queensland Health Skills Development Centre (QHSDS) as a State-wide resource.

It is proposed that the QHSDC will occupy 2 floors (C & D of Block 6) at the Herston campus

The target date for commencement is March 2004. Key design and build decisions are required for the capital works brief by the end of May 2003.

2.2 Current Queensland Health Education and Training Activity

The workshop was supported by a background paper providing a summary of current activity undertaken by Queensland Health for education and training.

At the Director-General's request this paper is to be extended to also include Registrar Training Programs, 'Grand Rounds'; Study and Conference Leave opportunities, and Clinical Education (of undergraduate students by Queensland Health staff)

Further the meeting noted that whilst there may not have been a corporate focus on training and development previously, the Department's Organisational Improvement Unit (as part of its business plan for the coming year and its corporate role in development of strategic improvement initiatives) intends to develop a statewide strategic training and development plan.

2.3 Estimate of Demand/Volume of Specific Services

At the workshop, the Acting Manager, Organisational Improvement Unit (OIU), outlined that there was limited information available to support a corporate understanding of the demand for specific education and training services.

The meeting noted that the QHSDC's scope and volume-complexity mix will drive the architectural brief and that such would also impact on the future earning potential of the Centre. Professor Michael Ward advised for example that minimal invasive surgery facilities were declining in income earning potential.

The meeting discussion flagged a need for market planning research into-

- Queensland Health workforce needs and forecast workforce change and
 - Universities, learned colleges and industry needs,
- within the charter of the QHSDC

2.4 Overseas Study Trip Report

Professor Michael Ward and Kate Copeland tabled and presented their study trip report to the meeting.

During meeting discussion on the impressive capabilities and proven benefits of simulation equipment in medical education, caution was expressed that procurement planning needed to include assessment of equipments' capacity to be upgraded in line with rapidly changing technology as well as maintenance and technical support requirements

The meeting also agreed that in maximising available resources for the QHSDC's activities an audit (and possible redeployment) of existing Queensland Health medical education equipment should be undertaken. Further, statewide representation in faculty support to the QHSDC and a possible reprioritisation of teaching FTEs should be explored

3.0 ROLE AND FUNCTION OF THE QHSDC

At the outset of the meeting discussion on the proposed role for the QHSDC, the necessary priority of the overarching Queensland Health's strategic plan was reinforced by a revisiting of the Queensland Health's vision and four core values:

Vision –

To provide, and to be recognised for providing, Queenslanders the best health, and health related services in the nation.

Core values

- o Quality and recognition – we strive to excel in everything we do and are proud of our achievements
- o Professionalism – we are professional in what we do in that we treat all people with dignity and respect and we look for opportunities for improvement
- o Teamwork – we work together in an open, honest and supportive way to achieve collective goals
- o Performance accountability – we accept accountability for our performance, our action and our learning

In commencing the meeting's description of the QHSDC's desired functions and positioning, the Director-General was invited to outline his vision for the Centre. The Director-General responded:

- Be the best in what we do
- QHSDC should be not only a statewide, but also an overseas and interstate resource.
- Focus on the activities yielding the most gains in the first two years of operation, and that these are likely from:
 - o Invasive/procedural skills, and
 - o Communication in a clinical setting for all staff (multi disciplinary functioning).
- This focus in the first two years to be from the Centre and remotely
- Beyond the first two years-
 - o a 'hub and spoke' arrangement is anticipated whereby an associate centre in north Queensland might be established, but there will not be a proliferation of centres – the QHSDC is a statewide resource for all Queensland Health staff; and
 - o generalist programs.
- Be regarded as value for money

'Gains' or objectives sought from the QHSDC include efficiency, safety, quality, better performing clinicians, better communication, staff satisfaction, reduced complications, reduced litigation, consistent standards.

The QHSDC is to start gradually, build expertise, reputation and strategic linkages and then broaden its range of programs and activities

It is intended in the longer term that the QHSDC would deliver educational outcomes beyond clinical skills development and assessment (such as teamwork, health care quality and safety improvement, leadership and management skills)

Whilst the QHSDC should build on Queensland's strengths such as Queensland's national lead on quality outcomes programs and distance education with Telehealth and electronic medicine (e-learning), the QHSDC would not be a Telehealth centre for Queensland Health (although Telehealth would be a 'tool' for the QHSDC) nor would the QHSDC be positioned to deliver all Quality Improvement and Enhancement Program (QIEP) initiatives in the immediate term

The meeting also determined that the QHSDC would not be a test site for the introduction of new technologies

It is intended that the QHSDC would not duplicate existing training and development facilities and programs

The meeting accepted that there was a need for the QHSDC not to operate in isolation of Queensland Health's corporate strategic improvement initiatives, training packages and workforce development agenda and that appropriate linkages with Queensland Health's Organisational Development Branch (ODB) and Organisational Improvement Unit (OIU) was required. The meeting did not accept that this required the QHSDC to be merged with the OIU, and expressed strong reservations for the QHSDC's independence and standing in such event. The meeting suggested that valid connectivity concerns might be satisfied by a specific role for the head of the ODB on the Board of the QHSDC, rather than the head of the ODB also taking on the role of Executive Officer/Chief Executive for the QHSDC.

The meeting desired a clear delineation between the roles of the OIU, ODB and the QHSDC. The OIU, ODB (not the QHSDC) is responsible for the strategic overview and identification of 'gaps' in Queensland Health's education and training program. The QHSDC (following appropriate consultation with the OIU, ODB and the QHSDC's own programming approval processes) may fill gaps in programming by delivering training and education that is consistent with its role

The meeting also desired appropriate connectivity or linkages with other training and education providers such as with Visac, Herston Research Centre, and University of Queensland Anatomy School. Industry partnerships and collaboration with similar skills centres are also critical to the success of the QHSDC

It was agreed that the QHSDC should aim to provide its facilities and programs on a commercial basis to non-Queensland Health clients. However, the short term focus in delivery of programs is Queensland Health staff.

Discussion throughout the meeting on the scope of training and assessment in procedural and technical skills suggested activity over the following ranges:

- Training
 - Basic to leading edge
 - New skills developed rapidly
 - Update and review skills for longer-serving practitioners, or practitioners who have been absent from the workplace for extended periods
 - Undergraduates
- Assessment
 - Base competency for beginning practitioners (including a streamlined alternative for overseas trained clinicians)

- Ongoing assessment programs / identify weaknesses and require corrective action
- When there is specific suspected dysfunction
- Consideration of possible far-reaching recommendation of ACCC's recent review with the Royal College of Surgeons

In developing programs for the right reasons, demonstrating accountability and assessing the QHSDC's effectiveness, the meeting supported a critical role in research and evaluation of educational outcomes although the extent and timing for this role in the Centre requires further debate by the Board.

Assisted by the discussion of desired functions and positioning for the QHSDC, the meeting then settled the scope of the QHSDC's charter by deciding a Role Statement for the QHSDC, complemented by a Statement of Strategic Intent

3.1 Statement of Role

The meeting agreed that-

QHSDC will be a state wide resource to improve patient outcomes in Queensland through a multi disciplinary educational facility of international standard that specialises in the development, application and assessment of clinical procedural skills and communication, and is complemented by health care enhancement initiatives.

3.2 Statement of Strategic Intent

The meeting agreed further that-

The Centre aims to underpin the vision and values of Queensland Health through a focus on training, application and assessment of clinical skills both of individuals and multi disciplinary teams. The Centre will undertake educational activities state wide, nationally and internationally through local courses, distributed programs and distance education. The Centre will collaborate with clients and stakeholders and develop industry partnerships to support programming capacity and quality. The Centre will evaluate not only the quality of its programs but individual and group learning, application in the workplace and improved patient outcomes. The Centre should assess the commercial viability of its education programs and facilities and consider market opportunities.

4.0 CLIENTS AND STAKEHOLDERS OF THE QHSDC

The meeting considered establishing and maintaining appropriate and effective relationships with clients and stakeholders as a key success factor for the QHSDC

The need to consider the range of potential clients and stakeholders in QHSDC programming and in developing suitable communication, consultation and marketing plans was acknowledged.

The meeting agreed that the following groups represented proposed clients and stakeholders of the QHSDC

QH staff

- Clinicians
- others

All potential QH staff

- students
- OS trained professionals
- Other potential recruits

Universities
Learned colleges
Private companies

- Instrument providers
- Drug companies
- Private hospitals
- Mining companies

Private health providers
DES
Military
Professional Boards and Colleges
AMC
Registered Training
Organisations
General Public

5.0 GUIDELINES FOR INCLUSION OF EDUCATIONAL PROGRAMS

5.1 Principles

To guide fair and consistent decision-making by the Board for inclusion of educational programs within the QHSDC's responsibilities, the meeting developed the following guiding principles.

1. Consistency with QH values and ISAP.
2. Consistency and balance with the role statement and statement of strategic intent for the QHSDC
3. Consideration of Market.
 - QH needs
 - Approved Partner needs
 - Needs of both.
4. Assessment of demonstrable benefits for health outcomes.
5. Reduction of risk.
6. Reduction of costs for QH.
7. Optimise access for appropriate QH staff statewide.
8. Identified resources – funds, trainers, facilities.
9. All procedural training is competency based.
10. Consistent with QHSDC priorities.
11. Only work with partners with values compatible with QH.
12. Assessment of commercial viability and market.

5.2 Process

The meeting affirmed the key role of the QHSDC Board in development of the educational program for the QHSDC. The meeting determined that a cost/benefit assessment in support of a proposed program should be submitted to the QHSDC Board for consideration. The QHSDC Board would consider the guiding principles and assess costs and future costs and make its recommendations to the Department for final endorsement. Departmental endorsement (including decision on funding source, if necessary) will include a Departmental assessment in the usual course.

6.0 PROPOSED PROGRAMS AND ACTIVITIES

Although the meeting generally agreed that the QHSDC will have-

- sophisticated simulation models (e g METI);
- communication skills development laboratory;
- versatile training ward;
- advanced audio visual and teleconference facilities;
- electronic assisted educational material;
- flexible office space; and
- storage,

the aim of the discussion in prioritising proposed QHSDC programs and then determining design and equipment needs was to *ensure that finite budget and resources applied to Centre design and equipment aligned with the programming priorities for the QHSDC*

Appendix Three records the programming, design and equipment priorities arrived at in the meeting.

7.0 BUDGET AND FUNDING MODEL FOR THE QHSDC

The meeting affirmed the core establishment budget of \$10.848m for capital works and equipment costs and recurrent funds of \$250,000/year for a total of \$1.25m over the first 5 years of operation.

In addition to the core establishment budget, potential funding sources for the QHSDC include training spend for Queensland Health employees, private sector, universities, Commonwealth Government (pending national funding initiatives), and first responder groups.

During the discussion on QHSDC role and function, the meeting agreed that commercialisation of venues and programs would be pursued. The meeting also acknowledged in this regard that the QHSDC Board might need to reprioritise its programs pending partnership opportunities

8.0 FUTURE ISSUES AND NEXT STEPS

During the meeting, the following issues for future consideration arose:

- Possible venture partner support for dedicated mobile facility.
- Assessment of the responsibilities, reporting relationships and level of the QHSDC Chief Executive/Executive Officer (Management Committee currently has a draft position description under consideration).
- Continuation of funding for Quality Improvement and Enhancement Program initiatives, in particular the Collaborative for Health Care Improvement program
- QHSDC hours of operation.

The Board might also consider possible leveraging opportunities for the QHSDC from a Government wide perspective in alignment with the State Government's Smart State Agenda and its recently released Smart State IP Policy.

9.0 SUMMARY OF BOARD RESOLUTIONS

At the conclusion of the meeting, the Board formed to resolve the following:

1.0 Overseas Study Trip Report

The Board notes the Summary of Learnings from the recent overseas study trip undertaken by Prof Michael Ward and Ms Kate Copeland and thanks them for their Report.

2.0 Statement of QHSDC Role

The Board endorses the following Role Statement for the QHSDC –

QHSDC will be a state wide resource to improve patient outcomes in Queensland through multi disciplinary educational facility of international standard that specialises in the development, application and assessment of clinical procedural skills and communication and is complemented by health care enhancement initiatives.

3.0 Statement of Strategic Intent

The Board endorses the following Statement of Strategic Intent for the QHSDC-

The Centre aims to underpin the vision and values of QH through a focus on training, application and assessment of clinical skills both of individuals and multi disciplinary teams. The Centre will undertake educational activities state wide, nationally and internationally through local courses, distributed programs and distance education. The Centre will collaborate with clients and stakeholders and develop industry partnerships to support programming capacity and quality. The Centre will evaluate not only the quality of its programs but individual and group learning, application in the workplace and improved patient outcomes. The Centre should assess the commercial viability of its education programs and facilities and consider market opportunities.

4.0 QHSDC Clients and Stakeholders

- 4.1 The Board endorses the list of clients and stakeholders (at **Appendix Two**)
- 4.2 In order to establish and maintain effective and strategic relationships, the Board resolves that the Development Director in conjunction with the Program Director and in consultation with the Management Committee, is to develop communication, consultation and marketing plans suitable for the range of clients and stakeholders of the QHSDC, including strategies to reinforce that the facility is statewide and principles to guide fair and consistent relationships with all universities and other stakeholder groups, as appropriate.

5.0 Prioritised List of Programs and Activities for the QHSDC

- 5.1 The Board endorses the prioritised list of QHSDC programs and activities (at **Appendix Three**) for action
- 5.2 The Board resolves that the Management Committee, Teaching and Learning Committee and Project Control Group are to provide regular reports to the Board on progress arising

6.0 Guidelines for Inclusion of Programs and Activities

The Board resolves to adopt the following principles and processes to guide fair and consistent decision-making on the inclusion of programs and activities in the QHSDC's responsibilities

Principles

1. Consistency with QH values and ISAP.
2. Consistency and balance with the role statement and statement of strategic intent for the QHSDC
3. Consideration of Market
 - QH needs
 - Approved Partner needs
 - Needs of both.
- 4 Assessment of demonstrable benefits for health outcomes
5. Reduction of risk.
- 6 Reduction of costs for QH
- 7 Optimise access for appropriate QH staff statewide.
8. Identified resources – funds, trainers, facilities
9. All procedural training is competency based.
- 10 Consistent with QHSDC priorities
11. Only work with partners with values compatible with QH
- 12 Assessment of commercial viability and market

Process

- Cost benefit assessment submitted to Board
- Board assess cost, future costs and make recommendations to department (includes Departmental assessment)

7.0 Funding and Business Principles

- 7.1 The Board reaffirms the establishment budget for the QHSDC as \$10.848m for capital works and equipment costs and \$250,000/year to a total of \$1.25m over the first five years for recurrent costs
- 7.2 The Board acknowledges that it may need to reprioritise its programs pending partnership opportunities
- 7.3 The Board endorses commercialisation of venues and programs.

8.0 Future Issues and Next Steps

- 8.1 The Board supports exploring venture partner support for dedicated mobile facility
- 8.2 The Board endorses the original organisational support structure for the Centre

FRESCO CONSULTING



Simone Webbe
Principal

Queensland Health Skills Development Centre (QHSDC)

**Agenda
for Special Board Meeting
7th Floor Large Conference Room, QH Building**

10am – 6pm
Monday, 12 May 2003

Attendees:

QHSDC Board Members - Dr Rob Stable (Board Chair), Prof Bryan Campbell (Chair, Management Committee), Ms Lyn Hamill, Ms Rachel Hunter, Ms Jane Madden, Dr John Menzies represented by Mr David Jay (Acting Chair, Project Control Committee), Ms Karen Roach (Chair, Teaching and Learning Committee), Ms Gloria Wallace, Mr Ken Whelan, Prof Michael Ward (Interim Program Director), Ms Kate Copeland (Development Director (Project Director)), Dr Mark Waters, Dr Steve Buckland
QHSDC secretariat and QH – Ms Paula Bowman, Ms Kann Walduck and Dr Robert Boots
Facilitator – Ms Simone Webbe (Principal, Fresco Consulting)

Objectives

1. Objectives for the special Board meeting

Background to assist issues' resolution

2. Brief recap of the history of the QHSDC project to date
(Paper entitled *Detailed Proposal* dated 23 July 2002 – attached)
3. Questions on current Qld Health education and training resources and programs
(Background paper by Organisational Improvement Unit for consideration prior to meeting - attached)
4. Estimate of demand/volume of specific services
[10.45am – 11am - break for morning tea]
5. Report of Study Tnp to overseas Skills Centres
[12.30pm – 1pm – break for lunch]

QHSDC – Charter and related issues

6. Discuss vision and settle statement of QHSDC's role
7. Confirm proposed QHSDC clients and stakeholders
8. Identify possible QHSDC programs/activities (both general and specific)
- brainstorm list only at this stage
9. Identify short, medium and long term goals for the QHSDC and other factors to influence priorities – establish guidelines for QHSDC programs/activities
[3.30pm – 3.45pm – break for afternoon tea]
10. Revisit brainstormed list of possible QHSDC programs/activities and allocate priorities and test guidelines – settle scope and forward plan for QHSDC programs/activities and future guidelines
11. Confirm funding and business principles
12. Consider any future issues and plan next steps
(e.g. private sector partnership strategies and opportunities for further development, organisational support requirements; training and development strategy for Qld Health)

Board Resolutions

Appendix 2

Category	Client	Stakeholder	Issue
QH staff	✓ (primary)	✓	
<ul style="list-style-type: none"> • Clinicians • others 			
All potential QH staff	✓	✓	
<ul style="list-style-type: none"> • students • OS trained professionals • Other potential recruits 			
Universities	✓	✓	
Learned colleges	✓	✓	
Private companies	✓	✓	
<ul style="list-style-type: none"> • Instrument providers • Drug companies • Private hospitals • Mining companies 			
Private health providers	✓		
DES	✓		
Military	✓		
Professional Boards and Colleges	✓	✓	
AMC		✓	
Registered Training Organisations		✓	
General Public		✓	

Appendix 3

Program/ Activity (General or specific)	Internal External	Client	Priority 1 – 2 – 3 Future Not at all	On site Off site Both	Design/ Build/ Equipment
Clinical procedural and technical skills <ul style="list-style-type: none"> • training • assessment 	Internal	All procedural staff <ul style="list-style-type: none"> • high risk 	1 3	Both	Virtual lab (simulators) <ul style="list-style-type: none"> • MIST surgical simulator • Large open plan space for range of simulators • Wet lab Other simulators <ul style="list-style-type: none"> • Bronchoscope • Upper and lower GI endoscope • VIST (1) subject to business case High fidelity simulator (METI, HPS); associated operating theatre and debrief room Medium fidelity simulator Storage +++ Harvey simulator (requires market evaluation and analysis of criticality for SDC programming) Simulated ward
Orthopaedics	Internal	QH staff	2	On site	Orthopaedic models/simulation <ul style="list-style-type: none"> • Arthroscopy • Saw bones
Emergency Management of Severe	External	RACS 50/year	2	On site Some off	Rooms/space



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Program/ Activity (General or specific)	Internal External	Client	Priority 1 - 2 - 3 Future Not at all	On site Off site Both	Design/ Build/ Equipment
Trauma				site	
Operating theatre critical incident program (Anaes)	External	RANZCA 100/year	1 (do here rather than interstate)	On site	
Obstetrics	Internal	Midwives Obstetricians	1	Both	
Communication • Doctor/patient • Doctor/carer • Response to individual patient disaster • Disaster scenario • Teamwork	Internal	QH staff Universities Colleges	1	Both	Communication lab • one on one • group • observation room/multi function (3) • IT and AV facilities and virtual meeting technologies (access grid technology)
Disaster response organisation	Internal	Multidisciplinary Major hospitals Highly relevant to other emergency services	1	On site	
Training trainers	Internal			Both	
Quality • CHI activities • CDP	Internal	QH staff	Subject to evaluation		Seminar rooms Offices Connectivity
Leadership and Management programs	Internal	QH staff	3		
Office space					Flexible office space (around 6)

Program/ Activity (General or specific)	Internal External	Client	Priority 1 - 2 - 3 Future Not at all	On site Off site Both	Design/ Build/ Equipment
					Waiting area/preparation area for simulation patients Technicians room